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# BULGARIA GROWS WITH ITS CHILDREN

Building Professional Competences  
of the Early Childhood Workforce

## **BULGARIA GROWS WITH ITS CHILDREN:**

### **Building Professional Competences of the Early Childhood Workforce**

**Research by For Our Children Foundation on the needs for formation and enhancement of competences for early childhood development of the workforce in the sectors education, healthcare and social protection**

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This report was developed by a research team of the For Our Children Foundation, led by Dr. Natalia Mihailova and researchers Dr. Ivanka Shalapatova, Elitsa Gerginova, Savelina Roussinova, and Dimitar Ivanchev. The report is a result of the research conducted by this research team among specialists working with children in the age group 0-7 years in the fields of education, healthcare and social services. The editors of the report are Dr. Ivanka Shalapatova and Vania Kaneva.

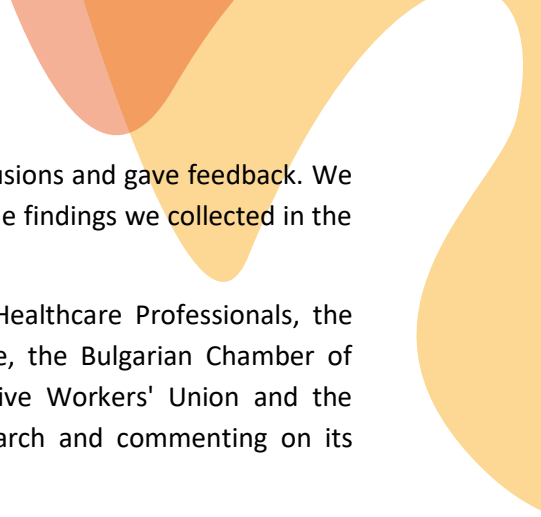
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The study involved a wide range of specialists working with children 0-7 years in the fields of education, health and social services from Sofia, Stara Zagora and Ihtiman. They took the time to share their views on the research topics. Many of them had to deal with challenges in order to establish a virtual connection with us, due to the anti-epidemic restrictions imposed in the period March - May 2020. We appreciate these efforts, as well as the important data, observations and analyses we received from the specialists.

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## **Abbreviations used**

**APD** - Agency for People with Disabilities  
**ASA** – Agency for Social Assistance  
**BAHP** - Bulgarian Association of Healthcare Professionals  
**BMA** - Bulgarian Medical Association  
**BPA** - Bulgarian Paediatric Association  
**BRC** - Bulgarian Red Cross  
**CCS** - Center for Community Support  
**CECD** - Center for Early Childhood Development  
**CPL** - Child Protection Law  
**CRC** - Convention on the Rights of the Child  
**CRPD** - Convention on the Rights of Persons with Disabilities  
**CSRI** - Center for Social Rehabilitation and Integration  
**CSSCF** - Complex for social services for children and families  
**DC** - Day Care Centers  
**DCC** - Diagnostic Consultative Center  
**DCP** - Department of Child Protection  
**EAP** - European Academy of Paediatrics  
**ECD** - Early childhood development  
**ECEC** – Early childhood education and care  
**EU** - European Union  
**EUMP** - European Union of Medical Professionals  
**GP** - General Practitioner  
**HCA** – Healthcare Act  
**HEIs** – Higher Education Institutions  
**HMSCC** - Homes for Medical and Social Care for Children  
**ILO** - International Labor Organization  
**MES** - Ministry of Education and Science  
**MoH** - Ministry of Health  
**MLSP** - Ministry of Labor and Social Policy  
**NCPP** - National Child Protection Program  
**NGO** - Non-governmental organization  
**NSC** - National strategy for the child

**NSI** - National Statistical Institute

**OECD** - Organization for Economic Cooperation and Development

**OMEP** (Organisation Mondiale pour l'Éducation Prescolaire) - World Organization for Preschool Education

**PLC** - Professional learning communities

**PQD** - Professional qualification degree

**PSEL** - Preschool and School Education Act

**RAE** - Regional Administration of Education

**RDSA** - Regional Directorate for Social Assistance

**RHI** - Regional Health Inspectorate

**SACP** - State Agency for Child Protection

**SAL** - Social Assistance Act

**SEN** - Special educational needs

**SSA** - Social Services Act

**UNICEF** - United Nations Children's Fund

**VET** - Vocational Education and Training

**WHO** - World Health Organization

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## Message from the Executive Director of Foundation for Our Children

For 28 years, our Foundation has been working to ensure that every child in Bulgaria grows up happily in a supportive family environment and reaches their full potential. For Our Children Foundation focuses on early childhood - the first 7 years of the child's life. This is the most vulnerable and fundamental period that can give a strong impetus to human development. We reach children and their families directly with our social and integrated services in Sofia and Plovdiv districts, and in recent years, our efforts have also focused on policies and measures to promote early childhood development in Bulgaria. The present study is part of our research on early childhood development, through which we aim to collect key data, to point out the problems, to shed light on decisions, and to influence the process of making decisions that affect the future of Bulgarian children and give guidance to their parents.

The study is part of the initiative *Bulgaria Grows with Its Children* which focuses on professionals working with young children and their families in the health, education and social systems. The topic of people working directly with children and parents in these systems stands out when we look for solution to problems and when we think not only about tomorrow but also about the future. European policies highlight the importance of education, motivation and support for the workforce. In our country, this topic is even more important given the workforce shortage in these sectors as well as the low indicators of reach of healthcare, early childhood education and care, and social protection to children.

The report outlines policies and measures aimed at the development of the workforce, including initial education, professional development and working conditions, as well as presents data from the experience of 461 specialists working directly with children and families. The research among professionals working with children reveals the need for targeted measures to upgrade the competencies of professionals, both in their initial education and continuing professional development, focuses on the prestige of the professions in this area and the recognition by parents and society of the results from the work of the specialists. We also pay attention to working conditions. Doctors, nurses, midwives, educators, social workers, psychologists, therapists and all other professionals who are dedicated to the care, health, education and development of children deserve to work in an environment that supports their professional development and provides secure and motivating working conditions. Their knowledge, skills and competences are key for the wellbeing of the children and hence for preparing a strong future of the nation. It is of particular importance that state policies should ensure the necessary knowledge, skills and competencies of the workforce as well as dignified working conditions. This is the enabling environment for professionals to work in partnership with parents and help them cope with difficulties in the upbringing and development of their children.



One of the main conclusions of the research team is that the lack of a comprehensive, consolidated vision for investment in early childhood development as a key to our prosperity as a society has a negative impact on the quality of education and care for young children. We need an integrated modern early childhood development policy with clearly defined roles and responsibilities of the various stakeholders and a strategic plan for the provision of quality and accessible services by a motivated and competent workforce. Time will tell whether our society will choose this priority on behalf of our children.

Our Foundation's team is thankful to all professionals who took part in the study, as well as to all the other professionals in the health, social and educational sectors who work tirelessly to support our children to grow and develop, and give their parents hope and confidence that they will cope. The project "Bulgaria grows with its children" would not have been possible without the support of the Active Citizens in Bulgaria Fund, part of the Financial Mechanism of the European Economic Area 2014-2021, for which we are deeply grateful. Our work in the field of early childhood development continues thanks to thousands of like-minded people and friends who believe in our vision of development and a happy childhood for the children of Bulgaria. Thank you for your trust and wish you a pleasant reading! Let's keep in mind that change depends on us, and children cannot wait, they have the right to be happy from the first breath, from the first caress and touch of tenderness!

Sincerely,

Ivanka Shalapatova

Executive Director

For Our Children Foundation

## Foreword

When at the end of 2019 For Our Children Foundation in Bulgaria asked me to collaborate with them in a research project on the early childhood workforce in Bulgaria, I was also involved together with colleagues from different European member states in a policy research project on integrated working in Early Childhood Development (ECD). This review of recent research and case studies commissioned by the European Commission has proven that efforts to improve the development and well-being of children and families must involve a wide range of policies, services and actions. No single sector on its own can hope to achieve sustainable improvements.<sup>[1]</sup> There is a growing recognition among researchers, policy makers and practitioners that different sectors of early childhood development (health, education and social work) need to become better integrated if Early Childhood Development (ECD) wants to address complex issues such as poverty and promote social inclusion. Only multi-dimensional, aligned and integrated responses and interventions in early years can address the complex and multi-faceted needs of all children and their families. The collaboration between these three sectors aims to better serve all children and families by responding better to their multi-faced needs. By making services from different sectors better connected to one another overlap in service delivery can also be avoided.

According to this NESET<sup>[2]</sup> study on Integrated working, a close collaboration between the three sectors requires well-qualified, experienced and competent staff with additional competences or attitudes such as the willingness to cooperate with others and reflect on one's own practice; open-mindedness to shared learning; and an enabling, welcoming, participative and inclusive work attitude. Professionals must also be equipped with competences in family and community engagement, in laying the groundwork for mutual respect, and in building relationships.

Preservice training institutions that prepare professionals to work in early years (education, health, social work) should develop more joint courses, engage in greater collaboration, and offer more joint internships. Continuous professional development (training courses and seminars, professional learning communities, as well as networking and mentoring), should be available to develop competences on the central issues involved in collaboration of the three sectors, such as networking, cooperation and functioning within integrated services.

So, when I had a look at the project proposal that For Our Children Foundation has sent to me, I was very enthusiast to participate in this research because this proposal was in perfect alignment with the recommendations of this European study. During my visit to Sofia in February 2020, a couple of weeks before the pandemic, I met a very dynamic team that was preparing the research. Together with my colleague Ayça Alayli, we had very inspiring talks on how to set up this important research in Bulgaria. When the lockdown took over our lives in March 2020, I thought that the For Our Children team would cancel the project, but I underestimated their entrepreneurship: they continued the research in difficult circumstances and finalised it in January 2021. The results and the recommendations of this research are very inspiring not only for the Bulgarian sectors of health, social work and education, but also for many countries in Europe. I hope this report will help increase the professionalization of the workers in the three sectors. The findings and conclusions that reflect the experiences of a wide range of professionals, will inspire the universities and the training centres to set up pre- and in-service trainings with a focus on an holistic view on the young child and on cooperation and dialogue among professionals from various sectors as a core competence.

I hope the findings and conclusions will inspire universities and training centres to set up pre- and in-service trainings with a focus on an holistic view on the young child and on cooperation and dialogue among professionals from various sectors as a core competence. This will be an important move for the professionalization of the workers in the three sectors.

Dr. Jan Peeters

Senior researcher Ghent University

Senior consultant Fair Start Stories

<sup>[1]</sup> Vandekerckhove, A., Hulpia, H., Hutova, J., Peeters, J. Makareviciénė, A. (2019). *The role of ECEC in integrated working, benefitting vulnerable groups such as Roma*. NESET. Luxembourg: European Union.

<https://www.researchgate.net/publication/332876571>

<sup>[2]</sup> NESET is a network consisting of 60 experts representing 28 EU Member States, Albania, Belarus, Bosnia and Herzegovina, Canada, Iceland, Kosovo, Montenegro, North Macedonia, Norway, Serbia, and the US. It provides scientific support, country-specific expertise, and advice to the European Commission in relation to the equity and social aspects of all types and levels of education and training. More information about the network is available at: <https://nesetweb.eu/en/>



## SUMMARY

Scientific evidence from across the globe has demonstrated that investments in early childhood development – the period which lays the foundations of the person’s wellbeing and development has a high rate of return for families and societies (Irwin et al., 2007). The two United Nations Conventions, The Convention on the Rights of the Child<sup>[1]</sup> and the Convention on the Rights of Persons with Disabilities<sup>[2]</sup>, are the core international human rights instruments that guarantee the rights of all children, including children with disabilities, to develop “to the maximum extent possible” and to receive support for the realization of fundamental human rights.

Contemporary European studies confirm that the quality of education and care in the early childhood depends on the presence of a professional and competent workforce that works within a ‘competent system’. This includes each individual professional, teams of professionals in each separate organization or service and competent management at local and national levels (Urban et al., 2011).

Each of the levels of the competent system unfolds in the dimensions of knowledge, practice, and values (ibid, p. 33). To improve the quality of education and care in the early childhood age, respectively the effects for children and families, it is necessary to develop all the components of the competent system. The Key principles of the European quality framework for early childhood education and care, formulated by European experts, highlight the cooperation between different stakeholders: individual professionals, teams of professionals, educational institutions, local authorities, non-governmental organizations (NGOs). The Framework emphasizes the interinstitutional cooperation and partnership (for example between educational and health institutions), partnership between professional communities (for instance between early childhood education and care facilities and schools), networking, including local authorities and NGOs (European Commission, 2014). To make this cooperation possible, a common framework of early childhood education and care (ECEC) policies at a national level is necessary (ibid, p.61-62).

In relation to the Framework for Nurturing Care of the World Health Organization (World Health Organization, United Nations Children’s Fund, World Bank Group, 2018), the Early Childhood Workforce Initiative<sup>[3]</sup> suggests three approaches, to prepare the workforce for supporting nurturing care: to form a consensus regarding the concept of nurturing care among the workforce in the respective areas; initial training and continuous professional development of the workforce need to include nurturing care; to pay attention to the working conditions, which limit the possibilities for early childhood professionals to support families (Hatipoglu, Neuman, 2018). The workforce is defined as ‘the most important factor for the wellbeing, learning and development of children’ in the EU Council Recommendation on High-Quality Early Childhood Education and Care Systems (Council Recommendation of 22 May 2019). Therefore, the Council views professional development of the workforce and working conditions as the main components of quality in early childhood education and care.

## GOAL AND METHODOLOGY

The goal of the research ‘Bulgaria grows with its children: Building professional competences for early childhood development’ (hereinafter referred to as ‘research on the early years workforce’ and ‘the research’) is to outline the main directions for improvement of the professionalization of the early years workforce on the basis of data – quantitative and qualitative – as well as to formulate recommendations for policy development in this area.

The research methodology includes a system of qualitative and quantitative methods for data collection. An in-depth review and analysis of strategic documents, scientific research and regulatory frameworks has been conducted. A quantitative study among a total of 461 professionals in the educational, social and health sectors has been conducted, as well as focus groups and interviews with 78 representatives in the three sectors at a national, regional, and local levels.

The participants in the study are professionals from the three sectors, more specifically early childhood education and care teachers, kindergarten principals, representatives of regional departments of education, the Ministry of Education and Science, social workers, psychologists, pedagogues, managers of social services in the community, managers of Centres for early childhood development, representatives of the Ministry of Labour and Social policy, the Agency for Social Assistance, general practitioners (GPs), paediatricians, nurses, representatives of Regional Health Inspectorates, and local authorities. University lecturers, students and parents also took part in the study.

The data from the quantitative studies on the early years workforce, is processed via statistical distributions, while qualitative data is processed through content analysis and interpreted with a view to the key factors defining the professionalization of the workforce: initial training, continuous professional development and working conditions in the three sectors and at all levels of the 'competent system' (individual, institution, intersectoral, national and international).

## **MAIN RESULTS**

### ***Competence profiles of the professionals in the three sectors***

The International Step by Step Association (ISSA) recommends developing professional and training competence profiles, in order to make initial training and continuous professional development effective (Putcha, 2018). The competence profiles contain requirements on knowledge and skills, which professionals need to have (ibid). The topic of competence profiles is discussed in a number of studies, some of which (UNICEF, 2019) emphasize that it is more useful for these profiles to be more general and not tightly specialized, because, on one hand, this allows for a better adaptation to the concrete local needs and, on the other hand, these profiles enhance the possibility for participation and professional autonomy. It is also recommended for the competence profiles to be created together with practitioners, researchers and policymakers (Urban et al., 2011).

The data from the research on the early years workforce show that in the three main sectors in Bulgaria – healthcare, education and social work, there are different professional groups, which work with and support children at an early age and their families. Professional competence in the three sectors is defined in different ways. It is present mostly in regulatory documents, describing knowledge, skills, and relationships, needed to take a certain job position. The competence profile of the professionals, working in the educational sector, includes knowledge, skills and approaches, related to early childhood learning, educational achievements, pedagogical interactions with the children and educational work (Regulation № 15, 2019). General values such as child participation approach, cooperation with parents, development of the child's personal potential, multicultural approach, and inclusive education, are incorporated in the professional competence profile of the teacher. The competence profile of the professionals in the health sector includes knowledge and skills for meeting children's health needs (Regulation № 7, 2016). None of these sectors, however, is focused on early childhood development, rather it seems that the three sectors include separate early childhood development components.

The only sector, in which the competence profiles of the professionals are not regulated, is the social sector.

### ***Academic qualification of the professionals, working with children at an early age***

#### Educational sector

Data from the Organization for Economic Cooperation and development (OECD, 2018) shows that a higher educational degree (Bachelor/Master) leads to more stimulating interactions between ECEC professionals and children. An alignment between the professional competence profile (what the institutions are expecting from a practitioner) and the training competence profile (the competences that are taught in the initial training) ensures a reciprocal relationship between theory and practice in the training institution, as well as in the childcare facility. This balance between theory and practice supports the professionals to develop a critical reflection on their own practice and that of their colleagues, which researchers define as a key competence to work in the early childhood sector (Urban et al., 2011).

The data from the early years workforce research shows that 77,6% of the professionals in pre-school education in Bulgaria have a master's degree. Higher education for professionals in this system is oriented towards developing pedagogical and didactical knowledge and competences that stimulate children's early learning and development. The curriculums are oriented towards children from a broad age group, without a focus on preschool age. The participants in the focus group discussions of the research have debated the insufficient knowledge and skills, related to the work with children with special needs, diagnosing these children, working in a group, and also working with families, they received in the initial university training. The relationship between theory and practice is established through work experience (internships) in kindergartens and schools that have contracts with universities. The data from the research shows that in spite of the practical training in the course of the initial university education, which is relatively well balanced with theory, the practical preparation of the future teachers does not seem to lead to the development of the necessary competences for working with children and families in practice.

#### Social services sector

UNICEF's strategic framework for strengthening the workforce in the social services, oriented towards child protection, determines the main guidelines for development and support for the workforce in the social sector (UNICEF, 2019). The guidelines concern many professions, related to providing social services. One of them is the social worker profession. The development of the workforce requires: establishment of international cooperation in training of the workforce; alignment of training of the workforce with the national standards and priorities; integrating fieldwork with knowledge of the local needs in the training of the workforce; possibilities for additional training and continuous professional development. The support for the workforce requires: to improve policies for attracting and keeping social workers; to support social services by creating associations and councils; to invest in supervisions of the quality of work of the professionals in the field; to encourage career development and growth; to promote public trust in the profession of the social worker (ibid).

In the last decade, the practice of involving users of the services in the training of social workers has become more popular and developed in several European countries. Scientific research in different countries shows that the systematic involvement of users in the training of social workers is a successful strategy for balancing theory and practice (Driessens et al., 2016).

Professionals in the social sector in Bulgaria have higher education, with 95% of them holding bachelor's or master's degree in a wide range of programmes such as psychology, speech therapy, social work. The initial training in social work provides a fundamental preparation, the development of competences in the field of various social problems for people of different ages, as well as in-depth theoretical knowledge in different scientific areas. University training provides competences for working with children and focuses on child development, without a special focus on early childhood. Internships are organized in social services, including services that work with children and families, but there is no focus on children at an early age. The participants in the focus groups and interviews concluded that the extent of the internship has been increasing in recent years, however it lacks a focus on early-age children and their families. As a result, professionals don't feel well prepared for practical fieldwork after finishing higher education.

### Healthcare sector

On the occasion of the publication of the Framework for Nurturing care of WHO, UNICEF and the World Bank, the European Academy of Paediatrics<sup>[4]</sup> made recommendations for the education of paediatricians with the aim of supporting the early childhood development (European Academy of Paediatrics, 2018). Paediatricians' education should include clinical paediatric examination for the new-born, including premature babies, growth, and development, feeding, social factors, protection, prevention of infectious diseases and the identification and treatment of childhood diseases. In addition, the initial training should include the development of competences beyond the medical expertise such as competences for work with vulnerable groups of children, for cooperation with professionals from other sectors, and others (ibid.).

The European Academy of Paediatrics emphasizes that the training of future paediatricians is very important, and it should include more than skills and knowledge related to medical paediatric expertise. Paediatricians should be able to work together with other professionals such as teachers, social workers, etc. In addition, due to the fact that other professionals such as general practitioners also take care of children, an integrated and multidisciplinary approach is necessary, in order to improve the health and well-being of young children across Europe.

The data from the early years workforce research shows that university training in general medicine and paediatrics is highly insufficient to meet the needs of children at an early age. The competences that are taught are mostly focused on the medical aspects; other competences addressing the communicative and psychological needs of children and families, child participation and development, are less well developed. Therefore, the initial training has to focus more on topics like working with parents, child participation and the creation of a rich environment for child development. According to the participants in the focus groups and the interviews, the medical preparation has a good enough balance between theory and practice, but the training is limited to paediatric expertise. The specialisation in paediatrics is focused on medical care and does not include additional competences linked to communication, teamwork, leadership and ethical issues.

### ***Continuous professional development (CPD)***

#### Educational sector

Scientific evidence points to the great importance of continuous professional development, which is as important as initial education (European Commission, 2014). A systematic review of scientific publications in 28 European countries made it possible to draw conclusions as to what are critical success factors in determining a positive impact of CPD programmes on the improvement of pedagogical practices and hence on the quality of ECEC settings. First, CPD provision must be embedded in a coherent pedagogical framework or curriculum that builds upon research and addresses local needs. Secondly, CPD initiatives should be grounded in an active involvement of practitioners in the transformative process for the improvement of educational practices within ECEC settings. Third, CPD needs to be focused on practitioners' learning in practice, in dialogue with colleagues and parents and, in order to maximise the effectiveness of CPD practice, a mentor or coach should be available during ECEC staff childfree hours (Peeters et al, 2015; Peleman et al., 2018).

The data from our research in Bulgaria shows that the goals and expected results from the work of professionals in the educational sector are related mostly to children's learning, their development and preparation for starting school. These goals determine the theoretical and practical preparation of the practitioners, they are the framework for organizing pedagogical situations, for separate predefined areas of knowledge, for meeting the needs for development and early learning. Activities such as communication with and support for families, work with vulnerable groups, work with children with special educational needs, get much less attention and therefore present serious challenges due to insufficient knowledge and skills as well as due to the organization of the work.

One of the challenges in relation to CPD in the educational sector is lack of induction training for newly recruited staff. Sixty-one percent of professionals share that they have not taken part in such trainings. Furthermore, the existing CPD framework seems complicated, oriented more towards quantity and variety of possibilities, than responding to the practical needs of professionals and involving them. Only 22% of respondents declare that individual and group supervision, as well as mentorship are used in their facilities as CPD. The creation and development of a community for innovations, observation and self-reflection seems to be in the early stages of implementation in the system of preschool education.

#### Social sector

UNICEF's standards for parental support programmes suggest various good practices (UNICEF, 2017). Some of the standards relate specifically to the social service workforce, which provides programmes for parents. These standards prescribe high quality training of the workforce, knowledge about the respective programmes and about the scientific research on early childhood development (ECD), as well as the need for supervision. It is recommended that the workforce should have access to professional support and development through mentoring, in order to provide high quality services (ibid).

The data from the early years workforce research in Bulgaria shows that the goals and expected results from professionals in the social sector are related mostly to the reduction of risk factors for children and families, support for improving the social workers' capacity to deal with problematic situations, and support for social inclusion.

There are no social services, oriented exclusively towards support for children at an early age and their families. This task is discussed as a basis for the development of services of an integrated nature. In order to realize activities for needs assessment, planning and support, social workers are prepared theoretically and in practice. Among the topics which are indicated as challenging for them are support for ECD, work with specific groups of clients, and work on cases of violence and aggressive behaviour.

The system for continuous professional development in the social sector does not have a common framework, developed with the active participation of the professional community. According to 40% of respondents in the survey, there are no induction trainings, while 41% think that advanced and continuous professional training is lacking and only 11% say that there is a system for mentorship and support when they start work.

The main challenges in professional development in the social sector are a lack of a common framework for upgrading knowledge and for the development of a community for innovations, observations and self-reflection.

### Healthcare sector

In most European countries, continuous medical education is obligatory for physicians and other medical specialists. According to an EU study on medical specialists<sup>[5]</sup>, in 2018 out of 31 European countries, in 14 including Bulgaria, continuous medical education is not obligatory (CME-CPD, 2019). In Bulgaria physicians can choose whether or not to undertake continuous medical education (after their university education). They can prove their qualification with a certificate, issued by the Union of Bulgarian Physicians (Healthcare Act, 2005).

Our research among professionals from the health sector shows that the goals and expected results of their work are related mostly to children's health, diagnosing diseases and treatment of different health issues. These goals lead to a professional competence profile with a focus on meeting health needs, and professionals receive a good theoretical and practical preparation for this. The tasks of the physicians for prevention, communication, support for families and healthy lifestyle, although present in the professional competence profile, are overlooked due to the deficit of knowledge as well as due to the organization of their work.

The professionals who participated in the early years workforce research in Bulgaria express their difficulties in taking part in different forms of continuous medical education. Participation depends on their personal initiative, time, and resources. Continuous medical education has not been developed as a coherent framework, containing different possibilities like participation in forums, congresses and trainings.

### ***Supporting work environment and leadership***

The specialists and other practitioners, working with young children and their families, need childfree time, (Peeters et al, 2015) in order to reflect on practice and develop inspiring new pedagogical practices to be able to provide support for children and parents (European Commission, 2014). The most important working conditions, which influence the quality of ECEC are the adult/child ratio, the size of the group and salaries of the staff (OECD, 2012). Due to the complex interaction between different factors, the researchers cannot make definitive conclusions on the optimal ratio of number of staff to number of children and regards the size of the groups. They suggest that this ratio should be determined depending on the local conditions, qualification of the practitioners and good practices (European Commission, 2014).

When it comes to remuneration of staff, international research shows the need for measures to overcome the existing discrepancies in pay and professional preparation of teachers and staff taking care of children. In a number of countries, the staff which takes care of children is underpaid and has limited possibilities for professional development (Bennett, 2006).

Creation of favourable work conditions depends to a high degree on the management of ECEC services (European Commission, 2014). The leaders of the educational institutions are those who develop a shared common framework, provide different possibilities for continuous professional development, they organize possibilities for exchanging good practices and provide pedagogical support for the staff, working with children in a vulnerable situation (Urban, et al., 2011). Effective leadership requires continuous professional development of the leaders, as well as policies and regulations, which would provide opportunities for the leaders to effectively manage ECEC services (OECD, 2019).

The data from the early years workforce research in Bulgaria shows diverse patterns of work conditions in the three sectors. In the educational sector, work conditions have been improved in recent years, when it comes to salaries, safe working conditions, provision of materials and resources. At the same time, however, the number of children in a kindergarten classroom is very high and the staff-child ratio is 1:27. It is necessary to point out that two teachers work with each group, but not at the same time. The issue of the workload of the teachers and the inclusion of children with special educational needs is experienced by the practitioners as a challenge.

The situation in the social sector is quite different. Work conditions have not been improved, the staff is severely underpaid, the status of the profession continues to be low, thus it is not an attractive occupation, which leads to a high turnover. The number of cases of children at an early age is an average of 14 per month per social worker. The facilities and available resources vary according to the type of service and service provider.

In the health sector, the working conditions are different depending on the different categories of professionals. The salaries depend on the type of practice and workplace of the medical specialists (hospital, private doctor's office, etc.) There are efforts to improve working conditions for medical nurses in kindergartens and crèches, but they are still in the early stages and related mostly to the resources of municipalities. The paediatricians work with an average of 15 children per day, while nurses in crèches work with an average of 5 to 8 children.

The data on the main activities of the professionals in the three sectors shows that apart from working with children, a very big share is taken up by administrative work and paperwork (78,7% in the social sector, 77% in the system of preschool education, 78% for doctors and paediatricians) and a significantly smaller share goes for working with families and the community, as well as for activities related to professional development.

The leadership capacity and possibilities provided for development are challenging in the educational and social sector, while in healthcare this topic has not been researched in depth due to the focus on the individual practices. The managers of services have mostly administrative functions at the expense of skills for forming and developing teams. There is no developed system for increasing the capacity of managers in any of the three sectors. This task is not a function of the system, but an individual responsibility.

### ***Professional learning communities and intersectoral communication***

Scientific literature and European practices in the field of ECEC study the influence of the so-called Professional Learning Communities (PLC) on capacity building for professionals in this sphere. The analysis of the advisory network for the European commission NESET, highlights five criteria, which determine the PLCs (Sharmahd et al., 2017):

1. Practitioners frequently engage in 'reflective and in-depth dialogues' with colleagues about educational matters based on daily practice.
2. Practitioners move towards a 'deprivatization of practices', by observing each other's practice and giving feedback, building links with people living in the neighbourhood around the childcare facility, dialogue with parents and intersectoral interaction.
3. There is investment in 'collective responsibility', as school (or social work or health work) improvement is not considered any-more as solely the responsibility of the director or of a single practitioner.
4. There is a focus on reaching shared values and vision, based on children rights and respect for diversity.
5. These four characteristics need a fifth condition to be realized. This condition is the presence of 'leadership' as a key factor in transforming the culture of the institution.

Our research in Bulgaria shows that in the educational and social sectors there are opportunities for a teamwork approach (according to 86% of the participants in the educational sector and 83% of the participants in the social sector). If this leads towards a kind of professional learning community depends on the extent to which the five conditions above are met in the specific services. The competences to reflect on one's own practice are also present in the educational sector (80%) and the social sector (75%) and indicated far less by paediatricians and GPs (29%). The reflective practices, however, depend on the organization of work, the model of communication, leadership, and the specific service provider. Whether the organization of work in the education and health sectors favours such conditions is a debatable issue, while in the social sector it is mostly connected with case management.

In 2020, Bulgaria has no active national strategic policies for child wellbeing and ECD.<sup>[6]</sup> The sectoral nature of policies and services in Bulgaria presupposes an intersectoral cooperation, which would ensure the focus of the efforts and support for ECD. The study has identified a presence of formal collaboration between the three sectors at the level of national policy. At the local level, coordination depends on the desire for cooperation and there are no legalized formal mechanisms for its implementation, apart from specific policies for prevention of violence, deinstitutionalization, etc. At the micro level of a case, communication between the sectors depends on the desire and professionalism of the people working there, and not on an active model of cooperation.

## **RECOMMENDATIONS**

### ***Training and Professional Competence Profile***

Although competence profiles for the educational and health sector exist, our study shows that they are too narrowly focused on learning in the educational sector and on medical issues in the health sector. A mixed group of early childhood experts, researchers, policy makers and practitioners needs to be brought together to define the broad competences that practitioners need to have (Professional Competences Profile) to work in each of the three sectors. Another group of university lecturers, practitioners and policymakers need to develop a Training Competence Profile for the three sectors. The topics that have to be included for the three sectors are:

- knowledge, skills and approaches in the various aspects of child development from a holistic perspective (physical, cognitive, social, and emotional) and skills to create relationships with children, to observe and plan activities for the child's development, and to identify difficulties of the individual child;
- knowledge, skills and approaches for nurturing care (good health, nutrition, early learning, stimulating environment, safety and security for the children at early age) and strategies for supporting parents to provide nurturing care;
- knowledge, skills and approaches for applying different learning strategies for children according to their age and skills and for organizing an environment for learning and development according to the age of the children;
- knowledge, skills and approaches for communication with children and for their participation and skills for creating a stimulating environment and engagement of the children in various activities;
- knowledge, skills and approaches for assessing the influence of the family environment, the capacity of the family, and encouraging the participation of the family in the care for children;
- knowledge, skills and approaches for respect of the rights of the child, understanding the specific needs of children, applying individual approaches and creating an appropriate environment for learning and development of children with special educational needs and children from vulnerable groups.

### ***Continuous professional development***

The system for continuous professional development in the three sectors should be improved. In the education and health sectors improvement should go along the lines of strengthening the connection between the needs of the workforce and the available training programmes, supervision and methodological support. In the social sector continuous professional development should be built as a system. The content of the professional support should upgrade the skills and knowledge related to professionals' current work tasks and be preceded by a needs analysis at the individual and system level.

The system for continuous professional development should be a part of an entire framework, developed with the active participation of and in a dialogue with professionals, the scientific community and families.

### ***Intersectoral communication***

Possibilities should be provided for intersectoral communication in relation to policies and services for children at an early age, by using clear mechanisms for cooperation between professionals at the level of an individual case and at the policy level. This might be ensured by using an integrated system or integrated services, which would be connected with each other, exchange information and work on a common goal.

<sup>[1]</sup> The CRC is in force for Bulgaria since June 1991.

<sup>[2]</sup> The CRPD is in force for Bulgaria since 21.04.2012.

<sup>[3]</sup> The Early Childhood Workforce Initiative is an initiative of the International Step by Step Association (ISSA), which was created with the aim to help policymakers in specific countries support the development of a quality workforce. More information about the Initiative is available at: <https://www.issa.nl/workforce>

<sup>[4]</sup> The European Academy in paediatrics is the paediatric division of the EU for medical specialists, See more information at: <https://www.eapaediatrics.eu/about/>

<sup>[5]</sup> The European union of medical specialists (EUMS) is the oldest organization of medical specialists in the EU, founded in 1958. The Bulgarian union of medical specialist is a member of EUMS since 2007.

<sup>[6]</sup> The National strategy for the child, adopted by a Decision of the National Assembly of the Republic of Bulgaria in January 2008 was in force until the end of 2018. In 2019, the work on the new National strategy for the child 2019-2030 has been stopped and a new strategy has not been adopted. In 2019, the work on a Strategy for early childhood development of the working group at the Ministry of Education and Science has also been stopped.

## 1. Introduction

The study on the professionalization and working conditions of the workforce<sup>1</sup> in the field of early childhood development (ECD) is implemented as part of the initiative "Bulgaria grows with its children", which For Our Children Foundation implemented with the financial support of Iceland, Liechtenstein and Norway for the Active Citizens Fund Bulgaria under the financial mechanism of the European Economic Area 2014-2020. The project is aimed at improving the quality of services and public policy measures to promote ECD. The results of the study give grounds to make recommendations for changes in public policies in Bulgaria in order to achieve a higher quality of ECD services.

Research around the world provides strong arguments for countries' investment in ECD, a period that lays the foundations of a person's well-being, development and behavior throughout life (Irwin et al, 2007). The UN Convention on the Rights of the Child<sup>2</sup> and the UN Convention on the Rights of Persons with Disabilities<sup>3</sup> are the two international legal instruments that affirm the right of all children, including children with disabilities, to develop "to the fullest extent possible" and to receive the necessary support for the realization of fundamental human rights.

Education, professional development and the working conditions of the early childhood development workforce are part of the standards that each country must establish and adhere to in accordance with its obligations for the rights of the child under the UN Convention on the Rights of the Child. The Committee on the Rights of the Child notes that in order to attract a highly skilled workforce, "working with young children must be valued in society and well paid". States must ensure that the workforce "must have sound and up-to-date theoretical training and practical understanding; to apply appropriate child-centered care, programs and pedagogical methods, and to have access to specialized professional resources and support, including programs for supervision and monitoring of the programs." (Committee on the Rights of the Child, 2005).

The UN Convention on the Rights of Persons with Disabilities (Article 4 (1)(i)) requires Member States to promote the training of Convention rights for professionals working with persons with disabilities with a view to better providing the assistance and services guaranteed by those rights.

Two international documents in recent years highlight the crucial role of the workforce in the quality of early childhood services: The Nurturing Care for Early Childhood Development (hereinafter "the Nurturing Care Framework") of the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the World Bank (WB) (World Health Organization, United Nations Children's

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<sup>1</sup>The term "labor force" in this report corresponds to the use of this term by the Committee on the Rights of the Child and refers to professionals working with young children in the education, health and social services sectors. In the report we also use the term "staff" in the sense in which it is used in documents of the European Union, ie. these are the people working in any regulated activity for education and care in early childhood.

<sup>2</sup>Bulgaria ratified the CRC on April 11, 1991. and it has been in force since June 1991.

<sup>3</sup>Bulgaria ratified the CRPD on January 26, 2012. and it is in force from 21.04.2012.

Fund, World Bank Group, 2018) and the Council of the European Union Recommendation on High Quality Early Childhood Education and Care Systems (Council of the European Union, May 22, 2019).

The Nurturing Care Framework calls on all parties to "strengthen the capacity of the workforce so that it can support responsible care and early learning, which all families must provide to children, including children with additional needs". The document recommends upgrading existing resources to include support for responsive care and early learning within existing services provided by government and NGOs. In this regard, the International Early Childhood Workforce Initiative (Hatipoglu & Neuman, 2018) proposes three approaches to prepare the workforce to support full care: to form a consensus on the concept of full care among the workforce in relevant areas; initial education and professional development of the workforce to include full care; and to pay attention to working conditions that restrict early childhood professionals from supporting families.

The staff is identified as "the most important factor for the well-being, learning and development of children" in the Council of the European Union Recommendation on High Quality Early Childhood Education and Care Systems and that is why the Council considers staff professional development and working conditions as main components of the quality of education and care in early childhood. The Council Recommendation reflects research data from EU Member States under the European Quality Framework for Early Childhood Education and Care (EU ECEC Quality Framework, 2014), which highlights the need for targeted efforts by Member States to develop qualified staff and supportive working conditions, including professional leadership (ibid.).

## 2. Framework of the study

### 2.1. Goals and objectives of the study

The general aim of the study is to formulate the main guidelines for improving the professional knowledge and skills of the workforce in the field of early childhood development and to provide data - quantitative and qualitative - and based on them recommendations for the development of public policies in this area.

Specific tasks:

- To study the characteristics of the existing models for initial education and the continuing professional development of the workforce in the field of early childhood development in terms of the competencies and skills that are necessary for the full early childhood development;
- To study the needs of professionals in the fields of health, education and social services for education and professional development for effective support for early childhood development in view of good European practices;
- To study the needs for improving the working conditions of professionals in the fields of health, education and social services in order to effectively support early childhood development in view of good European practices;
- To formulate recommendations for the application of good European and other international practices with a proven effect on the quality of services in early childhood.

The main research question is: "What are the needs of professionals working with young children in the fields of education, health and social services in terms of competence acquisition, continuing professional development and working conditions in order to be able to effectively support early childhood development?"

## 2.2. Conceptual framework and methodology of the research

### 2.2.1. Conceptual framework

The theoretical framework of the study is based on several basic concepts related to the definition of early childhood development and care, the framework for policies for nurturing care, the quality of education and care at an early age, the importance of the workforce to provide quality services, continuing professional development, competent system, etc.

In the first place, the Conceptual framework is based on the aforementioned main policy documents - the WHO document "Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential" (2018) and the Recommendation of the Council of the European Union on High Quality Early Childhood Education and Care Systems (2019).

Next, a number of studies can be cited that give rise to a growing consensus that the way in which workers in early childhood development services are trained and supported is key to the quality of these services and the results achieved by children. In this regard, a number of studies also indicate that individual competences alone are not sufficient to ensure quality. A "competent system" is needed that supports the professionalization of staff by ensuring cooperation between individual professionals, teams and institutions, as well as competent management at the level of national policies (Peeters, Sharmahd, & Budginaite, 2018).

Based on the stated fundamental theoretical concepts and a set of definitions adopted by the research team, a methodological framework of the research was developed (Appendix 1). The framework follows the basic levels of the competent system, formulating research questions and indicators, as well as research methods. In addition, the framework of the study provides basic definitions that shape the theoretical framework and shape the context.

The study report is structured through the main areas of analysis, namely initial training, continuing professional development and working conditions, for the three sectors and at all levels of the competent system (individual, systemic, cross-sectoral, national and international). An analysis of strategic guidelines for the development of the workforce in the field of early childhood development is presented in international documents and research, as well as an analysis of the legislation in the main sectors (health, education and social).

### 2.2.2. Basic methods for collecting information, scope and organization of the research

The field study was conducted in the period May-September 2020. Quantitative surveys were conducted throughout the country, and qualitative surveys were conducted in the municipalities of Stara Zagora, Sofia and Ihtiman.

The target groups of the study, identified in the three key sectors related to supporting early childhood development and working with young children, are as follows:

- Specialists working in the system of pre-school education at national and local level: experts from Regional Administration for Education (RAE), experts from the Ministry of Education and Science (MES), experts from municipalities, kindergarten teachers and principals in kindergartens and nursery groups at kindergartens, children's teachers of preschool groups in schools.
- Specialists working in social and integrated services at national and local level: experts from the Ministry of Labor and Social Policy (MLSP), the Agency for Social Assistance (ASA), the State

Agency for Child Protection (SACP), Regional Directorates for Social Assistance (RDSA), Departments for Child Protection (DCP), Agency for People with Disabilities (APD), municipalities, foster parents, social workers, pedagogues, psychologists, rehabilitators, speech therapists working in centers for community support (CCSs), Centers for Social Rehabilitation and Integration (CSRI), Community Centers, Day Care Centers (DC), Early Childhood Development Centers, Municipal Centers for Integrated Services, Social Services Complexes for Children and Families (CSSCF).

- General practitioners and pediatricians, experts from Regional Health Inspectorates (RHI), municipalities, nursery nurses.
- Teachers in higher education institutions (HEIs), preparing specialists for the educational, social and health sector, as well as students in HEIs.
- Parents of young children, including children with special educational needs.

The main methods of collecting information that serve as a basis for the analysis are quantitative and qualitative.

The study includes a review and analysis of strategic documents, research, reports, and legislation which are used to identify key policies, priority areas, research and data and to outline the context and available information on the topic, data on the situation in other countries and to provide a basis for analysis of the collected data. A full list of the documents reviewed and analyzed is available in the References section of the report.

The quantitative methods that were used included an online questionnaire among the three groups of professionals. Three questionnaires were developed (Appendix 2) for each sector separately with common topics, which would allow a comparative analysis of the main areas identified and levels of the competent system. The main stages in the development of the questionnaires are related to the formulation of key indicators through which the main topics identified are broken down after the desk study, and the conceptual framework, structuring the questionnaire to follow a logical sequence, an expert assessment to ensure the clarity and relevance of the questionnaire, programming, re-testing, testing with representatives of the target group, sending to the respondents and double reminder.

The following quantitative studies were performed:

- A national representative survey among professionals from the preschool education system with a sample formed on the basis of a two-stage random selection. In the first place, a selection was made from the list of kindergartens in the country, observing proportionality by districts in the country. Then, from each kindergarten it is planned to include two random workers. Questionnaires were sent to 220 kindergartens in the country, filled in by 157 respondents.
- A national representative survey among social sector professionals. The sample was formed on the basis of a two-stage random selection, and an initial preliminary analysis of social services of a consultative nature, working with children at an early age. Once these services have been selected from the full list of social services, a random selection was made from them, observing proportionality by districts in the country and also including all services for early childhood development. After that, two workers from each service were included at random. Questionnaires were sent to 185 social services in the country, and 272 respondents completed them.
- A survey among general practitioners and pediatricians. The study involved 32 general practitioners and pediatricians. This number of respondents reflects the absence of the contact

details of all doctors around the country. For this reason, the study was sent to professional organizations of pediatricians and general practitioners, as well as to Diagnostic and Consulting Centers (DCC) in the country.

Qualitative methods included conducting in-depth semi-structured interviews and focus groups among representatives of the health, education and social sectors. The criteria for selection of respondents in the focus groups are the following:

- Size: capital, regional center, small town
- Existence of a kindergarten
- Existence of a Community Center / Integrated ECD Services, Maternal and Child Health Counseling Center and / or social services working with young children
- Existence of a university that trains staff for the social, educational and health sectors

The application of the selection criteria, collectively or individually, allowed the identification of three settlements for the focus groups: Sofia, Stara Zagora and Ihtiman.

The criteria for selecting respondents to participate in in-depth interviews, in addition to those mentioned above, include representation of the three main sectors (health, education and social sphere), as well as levels of government (national and local). Twelve guides for conducting focus groups and interviews have been developed (Appendix 3), which follow the main topics identified in the conceptual framework, and which are tailored to the sector and the position of the respondents and allow triangulation of the received information. With a view to the participation of respondents from different groups, sectors and at different levels in the systems, invitation letters have been developed and were sent to key ministries (MLSP, MES, Ministry of Health of the Republic of Bulgaria (MoH)), state and national agencies and institutions and professional organizations,

The selection of parents was carried out by the "snowball" method and by invitation from the kindergarten and social service providers.

13 focus groups with 49 participants were conducted, as well as 28 interviews with 29 participants.

### 2.2.3. Research ethics

In the course of data collection, the basic ethical principles in conducting research have been observed. They are confidentiality of information, respect for the opinion of the respondents, informed consent about the goals and objectives of the survey, the opportunity to refuse participation, as well as to leave the survey at any time when they feel insecure or unwilling to answer questions.

With regard to the different phases of the study, the following actions have been taken to ensure quality and to comply with ethical principles. During the preparatory phase, the institutions responsible for providing services were contacted by letter in order to liaise with them and to present the objectives and tasks of the study, as well as how the data was to be collected and analyzed. All participants were informed about the purposes of the survey, the use of data and provided consent to participate. Appropriate action was taken during the study to ensure quality and confidentiality. Prior to the start of the interviews and focus groups, information was provided on the purpose of the survey, the types of questions, the omission of questions or termination of participation, and confidentiality. The quality of the interviews and focus groups is ensured by training moderators to conduct discussions and interviews. This ensures the necessary conditions for understanding the content, moderating a group or individual process/discussion, following the

guidelines, but also the flexibility to respond to the emotions of the participants and the different direction that the interview or discussion can take. When filling in the questionnaires on their own, the respondents are provided with enough time and opportunity to fill them in, to refuse some of the questions or to receive an explanation.

All interviews and focus groups, as well as the completion of the questionnaires were carried out with a flexible schedule in accordance with the time availability of the respondents.

#### 2.2.4. Methods for processing and analysis of empirical data

Data from the quantitative surveys were processed with the SPSS statistical package. The data from the closed questions are processed with statistical distributions, and from the open questions with qualitative analysis of the content.

The data from the quantitative survey are interpreted according to key indicators related to education, qualifications, support when starting a new job, training and supervision, working conditions, usefulness and availability of knowledge, skills and values.

All interviews and focus group discussions were recorded with the informed consent of the respondents and were conducted in an appropriate online environment or on site. Qualitative content analysis was used for quality data analysis. The main element of analysis are coding categories determined by the main research topics and derived from the data. The coding categories and analysis were performed with NVivo quality data processing software.

#### 2.2.5. Limitations of the study

The survey was conducted in a period of national epidemiological situation, which affected the way of conducting qualitative studies and the selection of respondents and their opportunities for participation.

The study did not include all groups working in the three systems such as assistant educators in kindergartens and schools, midwives, nurses to general practitioners and pediatricians, nurses in hospitals. Their inclusion would over-expand the scope of the study, however, their position and the debate on their competence should be reflected in the development of the respective competence profile.

The quantitative survey was conducted among social sector professionals working in social and integrated services. The study did not include employees in residential and foster care services. Those working in the system of ASA, RDSA, DCP are included in the study with qualitative methods.

The quantitative survey among specialists in the health sector is not representative of the whole country due to the lack of data on the general population and personal details through which to make contact with GPs and pediatricians individually.

The qualitative survey includes representatives of the three sectors at national, regional and local levels. The share of participants from the health sector is the smallest, both at national and regional level.

The survey was conducted mainly through online platforms, which leads to difficulties in implementing a discussion format for all groups of respondents and makes it difficult to exchange views and discussion between people from different viewpoints.

The data in the report on the regulatory framework in the field of education, health and social sphere reflect the current provisions as of September 1, 2020. Amendments to the regulatory framework

that occurred after this period, as they affect the development of the workforce in the field of early childhood development, are not included in the analysis and in the recommendations of the report. In some of the areas of analysis, major regulatory changes after this period are presented, but without claims for completeness.

The survey is carried out in a period when professionals in the education sector are waiting for the application of various forms of professional certification, which affects their opinions about the usefulness and satisfaction of the proposed forms of continuing professional development.

### **3. Strategic guidelines for the development of the workforce in the field of early childhood development in international documents and research**

#### **3.1. Professionalization of specialists working with children at an early age**

##### **3.1.1. Early childhood education and care**

Recent European research shows a clear link between the quality of interaction between professionals and young children and children's development. The professionalization of staff, which includes initial education and continuing professional development, is crucial because a higher level of training leads to better service and hence to better results in children's development (Urban, Vandenbroek, Lazzari, Peeters, & Van Laere, 2011). The Organization for Economic Co-operation and Development (OECD) TALIS international survey of teachers and principals of early childhood education and care emphasizes that the quality of education and care requires the initial and continuing professional development of educators to support them, including through developing the skills needed for adapting practices to meet the diverse needs of children (OECD, 2019). The preliminary EU feasibility study for a child guarantee for vulnerable children from 2020 recommends developing a well-trained and well-paid workforce. Without this factor, it will be difficult to increase the number of children reached by early childhood education and care services (European Commission, 2020).

The review of professional development systems in several European countries and a meta-analysis of European research on the effect of professional development on children's outcomes highlights the following priority areas for the development of pan-European policies in the field of early childhood education and care (Jensen, & Iannone, 2015):

- More academic approach to professional development, which is suitable for local conditions and needs, with emphasis on the relationship between theoretical knowledge and practical skills.
- Professional development in the workplace by building a comprehensive system for continuing professional development and improving the quality of professional development based on good international practices.
- Formation of Communities of Practice<sup>4</sup> and Innovation Communities<sup>5</sup> and their involvement in everyday pedagogical practice.

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<sup>4</sup>Communities of practice are groups of people with a shared professional interest who come together to work actively in a field for a period of time. Their aim is to link research and practice and to create networks of different stakeholders to enable continuous renewal of practices and the cultivation of new practices (See Jensen and Iannone, p. 17).

<sup>5</sup>Innovation communities are characterized by more dynamic learning processes and the generation of innovative practices.

- Ensuring quality professional development through monitoring and evaluation systems that make the results available to both professionals and the general public. Using the results for individual and institutional learning.
- Introducing innovative approaches to professional development that promote social innovation and access to pre-school education for all and address issues of social inequality.
- Prioritize inclusive education as a way to combat social inequality.

### 3.1.2. Health sector

A number of strategic documents emphasize the importance of the health sector as a place where the various components of early childhood care intersect, especially in the period from prenatal development to 3 years of age. Leading scientific journals also identify health care as the best starting point for the deployment of ECD interventions, thanks to the fact that the health sector covers pregnant women, families and young children (Richter, Daelmans, Lombardi, Heymann, Boo, Behrman, . . . & Darmstadt, 2017). The health sector has an important role to play as a factor that can unite different stakeholders around a holistic approach to children's health and well-being (World Health Organization, 2020).

The Framework on Early Childhood Development in the WHO European region calls on countries to assess the current situation and identify opportunities for improvements in the health sector in order to strengthen support for early childhood development (ibid.).

The European Academy of Pediatrics (EAP)<sup>6</sup> formulated recommendations for the training of pediatricians and general practitioners working with young children in Europe, in line with the policy guidelines of the Framework for Nurturing Care (European Academy of Pediatrics, 2018). The EAP emphasizes the need for an integrated and multidisciplinary approach to both health services and vocational training. It is important that training related to the provision of nurturing care is not limited to newborn care, growth and development assessment and immunizations. Students who specialize in pediatrics should know the effects of socio-economic factors and poverty on children and in their future practice should be able to identify and take action on the risks of child poverty (ibid.). Another important focus in the training of pediatricians is the ability to work with other professionals such as teachers, social workers and others (ibid.).

EAP's Curriculum for Common Trunk Training in Paediatrics (European Academy of Pediatrics, 2014), consists of a general three-year part and a two- or three-year specialization. The general objectives of this program include the development of skills, knowledge and attitudes in several key areas: Communication and interpersonal relationships, Ethics and professionalism, Patient safety and quality improvement, Pediatric expertise, Teamwork skills, Leadership and management skills and awareness of the idea of lifelong learning, Advocacy on health issues and awareness of global health issues.

In addition to the training of pediatricians, the EAP makes recommendations for the training of general practitioners. Given the fact that in many European countries the GPs are the first contact of patients, both adults and children, the EAP recommends at least 9-12 months of specialized training in paediatrics for GPs in order to gain the necessary knowledge about specific children's health problems. Research has shown that a minimum of 6 months of pediatric training by general

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<sup>6</sup>The European Academy of Pediatrics is the pediatric section of the European Union of Medical Specialists. See more information at: <https://www.eapaediatrics.eu/about/>

practitioners is required, but longer training and practice satisfies practitioners to a greater extent (Melville, Wall, & Anderson, 2002).

In most European countries, continuing medical education is compulsory for medical professionals. According to a study by the European Union of Medical Professionals (EUMS)<sup>7</sup>, in 2018 from a total of 31 European countries, in 14 countries, including Bulgaria, continuing medical education is not mandatory (CME-CPD, 2019). In Bulgaria, doctors qualify of their own free will and prove their qualification with a certificate issued by the Bulgarian Medical Union (BMU) (Health Act, 2005).

### 3.1.3. Social sector

The Global Standards for the Education and Training of Social Service Professionals of the International Federation of Social Workers and the International Association of Schools for Social Work require that training be based on certain competence models, that educational programs include practice in the field and that social workers have the opportunity for professional development through continuing education and experience sharing (IASSW and IFSW, 2004). In the last decade, the practice of involving service clients in the training of social workers has gained momentum in several European countries. Research in various countries has shown that this is a successful strategy for balancing theory and practice (Driessens, McLaughlin & Van Doorn, 2016).

In the field of child protection, the UNICEF Guidelines to Strengthen the Social Service Workforce for Child Protection recognize the key importance of a highly skilled workforce for the functioning of the system (UNICEF, 2019). The Guidelines contain recommendations for the planning, development and support of social workers in the field of child protection and recommend states to invest in social workers through their career development, to improve policies for employment and retention of social workers, to promote public confidence in the profession (ibid.). UNICEF emphasizes the development of the workforce in the process of reforming the child protection system such as deinstitutionalization, prevention of child and family separation, reintegration of children into their families and the development of alternative family-based social services (UNICEF, 2014).

One of the areas of attention in relation to the competencies of the workforce in the social sector are the programs to help parents, which are integrated in nature. UNICEF standards for a workforce that provides services to parents require the workforce to be well trained, to have knowledge of both the relevant program and early childhood development research, and to receive supportive supervision (UNICEF, 2017). It is recommended that the workforce have access to professional support through mentoring and mentoring to provide quality services. Noteworthy is the effort to develop workforce development programs that target professionals and paraprofessionals who provide services in a family environment for young children and their parents (ISSA, UNICEF, 2016).

### 3.1.4. Integrated services for early childhood development

The Framework for Early Childhood Development in the WHO European Region (hereinafter “The Framework”) contains guidelines for European countries to strengthen early childhood development services, both within the individual sectors and in the system for intersectoral coordination between the sectors of health, education, child protection and social protection (World Health Organization, 2020). The risks to early childhood development from poverty, social exclusion, discrimination, require strategic action by European governments aimed at implementing a combination of policies, services and activities to increase public awareness, in coordination between the three sectors. The

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<sup>7</sup> The European Union of Medical Professionals (EUMS) is the oldest organization of medical professionals within the European Union, founded in 1958. The Bulgarian Union of Medical Specialists has been a member of the EUMS since 2007.

emphasis in the Framework is on using the opportunities of initial education and on-the-job training to conduct joint planning and implementation of joint activities by professionals from different sectors; strengthening the capacity of the health and social systems to monitor and support the individual development of children and to address the risks to children's development. Strengthening early childhood development services requires a review of human resources in terms of their job characteristics, career development, geographical distribution, training, supervision and pay (ibid.).

The Framework pays special attention to the development of the workforce in the field of early childhood intervention in case of difficulties in children's development, noting the glaring discrepancy between the needs of specialists in early childhood intervention and the availability of such specialists. It is recommended that all primary care professionals be trained in early childhood development and that continuing education be provided to improve the professional skills of staff and the coordination of services by multidisciplinary teams (ibid.).

### 3.2. Main characteristics of workforce development

#### 3.2.1. Relationship between competencies and professionalization

A 2018 study of the Early Childhood Development Initiative found that the availability of competence models and standards for the early childhood workforce can contribute to improving training and continuing professional development in the direction of increasing its compliance with the real needs of the workplace in individual sectors. When defining the necessary competencies for the individual roles of professionals and paraprofessionals, these competencies can be an important link to training and professional development programs (Putcha, 2018).

Competence profiles, which contain the main volume of necessary knowledge and indicate the general skills required of professionals, on the one hand allow for better adaptation to specific local needs, and on the other for participation and professional autonomy of professionals (Peeters, Alayli, Hyson, & Chen Lin, 2019). It is recommended that competence profiles be developed jointly by early childhood education and care professionals, other experts and politicians (Urban, Vandenbroek, Lazzari, Peeters, & Van Laere, 2011). Competence profiles and initial education must combine theoretical training and practice in a balanced way. The cooperation between educational institutions and children's educational institutions ensures reciprocal interaction between theory and practice both in the educational institution and in the children's institution. This interaction supports the development of critical thinking in professionals, which researchers identify as a key competence (ibid., p. 50).

#### 3.2.2. The professional development of the workforce as a function of a competent system for early childhood development

The authors of the *Proposal for key principles of a Quality Framework for Early Childhood Education and Care* emphasize that professional development should be a function of a comprehensive system and not just a personal responsibility of the staff (EU ECEC Quality Framework, 2014). The competent workforce is formed within a competent system, which includes both the individual level of the professionals themselves and the entire team in the institution where they work; training centers; the interaction between individual institutions and local authorities; and national process management in the early childhood education and care system (Urban, Vandenbroek, Lazzari, Peeters, & Van Laere, 2011, p. 33). In such a system, professionalization is sustainable and the managerial functions are not limited to administration, but they are an inherent element of the provision of early education and care.

A systematic analysis of scientific publications in 28 European countries shows that in order for continuing professional development to be successful, it must be part of a comprehensive framework, be based on scientific evidence, and be adapted to the specific context; professionals must be active participants; be practice-oriented in dialogue with colleagues and parents and be supervised (Peleman, Lazzari, Budginaitė, Siarova, Hauari, Peeters & Cameron, 2018).

### 3.2.3. Professional learning communities

Scientific literature and European practices in the field of education and care in early childhood study the influence of the so-called Professional Learning Communities (PLC) on building the professional capacity of professionals in this field. PLCs can be described as “a group of people who share and critically explore their practice in an ongoing process that includes reflection, collaboration, inclusiveness, learning and career development” (Stoll, Bolam, McMahon, Wallace & Thomas, 2006). Analysis of the European Commission's Advisory Network NESET<sup>8</sup>, highlights specific criteria for PLC in the field of education and care in early childhood (Peeters, Nima, Katrien, Chris, & Sanja, 2017):

- Participation of the staff in a reflective and in-depth dialogue with their colleagues on the issues of pedagogical practice.
- "Deprivatization of pedagogical practice" in the process of joint planning of work, mutual monitoring of practice and giving feedback, creating relationships with people living in the area of the kindergarten and quality dialogue with parents.
- Collective responsibility, which implies that the improvement of the school environment is not only the responsibility of the principal or individual teachers, but is the responsibility of the whole team.
- Shared, collective and ethical decision-making, which is formed by a shared vision and values based on the rights of the child and respect for diversity.
- In order to meet the previous four criteria, it is necessary to have leadership as a key factor for transforming culture in ECEC facilities.

### 3.2.4. Supportive working conditions

Research has shown that the ratio between the number of staff and the number of children, the size of groups of children, and staff salaries have an impact on the quality of services for young children (OECD, 2012). The TALIS international survey of teachers and principals of early childhood education and care institutions confirms that the status of the profession can be increased with adequate pay, reduced sources of stress and insecurity, and staff access to flexible career opportunities (OECD, 2019).

The International Labor Organization's Policy guidelines on the promotion of decent work for early childhood personnel (ILO, 2001) point out that the provision of appropriate working conditions is a condition for all children to have access to high-quality services in early childhood education. Recognizing the important role of the workforce in early childhood development in achieving quality services, the document emphasizes the need for greater attention to issues of professional

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<sup>8</sup>NESET (network of experts working on the social dimension of education and training) is a consultative network of experts working on the social dimensions of education and training. The group provides reliable and independent scientific assistance, including to individual European Commission countries on equality and social issues at all types and levels of education and training.

<sup>9</sup>The guidelines apply to all specialists with pedagogical qualifications, managers of regulated services for education and care in early childhood, specialists working with young children, nurses and support staff, assistant teachers.

development, status and working conditions for staff. Each of the stages of professionalization, namely initial education, introductory training, continuing professional development and career development, must build on the previous stage by maintaining a constant balance between theory and practice according to responsibilities and involving employees from disadvantaged and minority groups (ibid.).

The Proposal for key principles of a Quality Framework for Early Childhood Education and Care emphasizes the need to create working conditions in which professionals feel valued, have enough time to share with their colleagues and reflect and can devote enough time to working with children. European research puts forward several recommendations for creating supportive conditions for the workforce in ECEC:

- providing free time for staff, during which various reflective practices and exchanges can take place;
- development of tools for reflective practices such as group reflection methods; establishing a link between professionals and research centers and universities;
- encouraging professionals from different sectors to participate in the exchange of knowledge and experience with their colleagues, as offered by various European programs;
- structural opportunities for exchange of experience between professionals at different levels - horizontally and vertically;
- composing a workforce that represents diversity in society in terms of language, gender, and sociocultural background (Peeters, Nima, Katrien, Chris, & Sanja, 2017).

#### **4. Legislation related to the development of the workforce**

The main policies and legislation aimed at supporting motherhood and children provide guidance and regulate state protection and the support measures that are provided. According to Article 14 of the Constitution of the Republic of Bulgaria (1991), the family, motherhood and children are under the protection of the law. All citizens are equal in terms of rights and dignity, with no restrictions on rights or privileges based on race, nationality, ethnicity, gender, origin, religion, education, beliefs, political affiliation, personal and social status or property status.

Legislation related to the development of the workforce includes normative regulation of professional profiles of specialists and representatives of various fields engaged in support of early childhood development. Depending on the type of care and support they provide, the activity of professionals is regulated by specific line sectors. For example, the activity of doctors and nurses is regulated in the normative documents of the Health Sector, and that of teachers in the Education Sector. Although there are professionals from one sector who work in services that are managed by another sector (for example, a nurse in a kindergarten), their activities continue to be regulated by regulations of the sector to which they belong professionally, and not of the sector who manages the service in which they work (in the case of the nurse, the activities are regulated by the Ministry of Health, not the Ministry of Education which regulates the work of the educational institution – kindergarten, in which the nurse works).

In Bulgaria there is no normative document that provides common professional standards, valid for all professionals working with children up to 7 years of age, regardless of the sectoral field. There is no regulated minimum knowledge, skills and competencies, which takes into account the specifics of working with children at an early age and which is required for a position that includes working with

children regardless of the professional direction of the position. Professional activity in support of early childhood development is sectoral, i.e., although the child needs a holistic care, the need for specialization in the different professional areas of early childhood development leads to its division into branches. For this reason, the review of the regulatory framework of the workforce in support of early childhood development is structured by sectors.

#### 4.1. Health sector

The Healthcare Act (2005) regulates public relations related to the protection of citizens' health. Along with the basic principles, Article 2 sets out the special health protection of children and persons with physical disabilities and mental disorders. The law describes the health protection of children through the establishment of health offices, prevention, training in healthy eating, personal hygiene, healthy lifestyle and more. Persons under 18 years of age are insured at the expense of the state budget (Health Insurance Act, 1999) and the free choice of a doctor for minors is made by their parents and guardians (Ordinance on the exercise of the right of access to medical care, 2007).

##### 4.1.1. Regulation of the profession and competence profile

The professions of the medical doctor, nurse and midwife are regulated professions.<sup>10</sup> Higher education in these specialties is acquired according to uniform state requirements (Healthcare Act, 2005). Subsequent acquisition of a further specialty by medical specialists is also regulated (ibid., Art. 179).<sup>11</sup>

Among the compulsory subjects for medical education, only the discipline of Paediatrics focuses on children (up to 18 years). (Ordinance for the unified state requirements for acquiring higher education in the specialties "Medicine" and "Dental Medicine" for the educational qualification degree "Master", 2005).

According to Bulgarian legislation, the monitoring and treatment of children up to 7 years of age in primary outpatient care should be carried out by a general practitioner who has specialized in Paediatrics or with additional qualifications acquired through forms of continuing medical education in the field of paediatrics<sup>12</sup> (Ordinance № 7 of November 3, 2016 on the approval of the medical standard "Pediatrics"). The ordinance allows the observation of children at this age to be performed also by a general practitioner without a specialty Paediatrics (ibid., Item III, 1.2.1.2.). When the general practitioner has not acquired the specialty Paediatrics, but there are children registered with him/her, it is recommended that the general practitioner conducts regular consultations with a

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<sup>10</sup> According to the Higher Education Act, a "regulated profession" is an activity or set of activities included in the List of regulated professions in the Republic of Bulgaria, which is of public importance and / or essential for human life and health, and the right to exercise which is determined by law, regulation or administrative provision, for the possession of a specific professional qualification, certified by documents for education, qualification or presupposes membership in a professional organization working for maintaining a high level in the respective professional field, for the implementation of which it has received special recognition by the State. '§ 4c. From the additional provisions of the Higher Education Act, available to: <https://www.mon.bg/bg/57>

<sup>11</sup> Membership in the BMA is a condition for practicing the medical profession on the territory of the Republic of Bulgaria, as well as membership in the Bulgarian Association of Healthcare Professionals (BAHP) - a condition for practicing the profession of nurses and midwives. Professional organizations are responsible for the ongoing medical training of doctors and nurses and midwives.

<sup>12</sup> Both GPs with a specialty in Pediatrics and a specialist pediatrician have a degree in Pediatrics, the only difference between them is that the former has a degree in General Medicine and a GP practice, while the latter does not.

specialist paediatrician (ibid., Item III, 1.2.1.4.). Bulgaria is one of the few countries in the European Union in which the child's access to high-quality services by a paediatrician is not direct, as there is a requirement for children to be registered with general practitioners (Kalaikov, 2019). Specialists assess this as a problem, given the fact that training in paediatrics within the specialty General Medicine lasts only 9 weeks (ibid.)

Among the characteristics of the medical specialty Paediatrics are those related to monitoring and evaluation of the physical and neuro-psychological development of the child; primary and secondary disease prevention and health promotion; diagnosis and treatment of diseases in childhood; rehabilitation; as well as other tasks aimed at providing comprehensive medical care for children with disabilities and chronic diseases in cooperation with other medical and non-medical specialists; support for children, families and caregivers through participation in activities for prevention of abandonment, early childhood development, integrated health and social services for children, etc.

The specialization in Paediatrics, after the basic training in medicine, lasts four years and is conducted according to a unified curriculum approved by the Minister of Health (The curriculum for the specialty Pediatrics, 2016). The curriculum review shows that the specialization in Paediatrics is focused on medical care (ibid.) and does not include additional skills provided in the Standards of the European Academy of Paediatrics such as skills for working with vulnerable groups, skills for taking into account social factors, skills for cooperation with professionals from other fields.

The training in the specialty General Medicine lasts three years, and the training in paediatrics within General Medicine is a total of 9 weeks - 5 weeks of theoretical training and 4 weeks of practical training (Ordinance № 15 of July 2, 2008 on the acquisition of specialty "General Medicine" by general practitioners).

Nurses and midwives work in pre-hospital and hospital care as well as in health, social, educational and integrated services. In nurseries for children up to 3 years of age, nurses and midwives are entrusted with comprehensive all-day care for the children. A nurse is responsible for the overall work in the group of children, including activities on written instructions from the nursery teacher and with his/her participation (Ordinance № 26 of 18 November 2008 on the structure and operation of nurseries and children's kitchens and the health requirements to them). Nurses in nurseries, however are not required to have specialization for work with young children which involves subjects other than medical care for children.

The professional activities that the nurse performs in relation to young children, on instruction by a medical doctor, are: caring for newborns in an incubator, monitoring the diet of the infant (Ordinance № 1 of February 8, 2011 on the professional activities that nurses, midwives, associate medical professionals and health assistants may perform by appointment or independently). Midwives can take care of the mother and newborns on their own or with a doctor's prescription until the 45th day after birth, conduct training related to breastfeeding, appoint the necessary examinations for early diagnosis in newborns with a problem in outpatient care (ibid., Articles 5-6).

The initial training for the specialty Nurse and for the specialty Midwife is four years full time. The hours of practical training are not less than 50% of the total number of hours (Ordinance on the unified state requirements for acquiring higher education in the specialties 'Nurse' and 'Midwife' for Bachelor degree level, 2005). Compulsory courses also include those aimed at children in early childhood such as Nursing in Paediatrics, Nursing Care for the Mother and the Newborn, Paediatrics with Neonatology. Mandatory disciplines are also Child Pedagogy and Child Psychology, Medical

Psychology. Due to the lack of specialization of nurses with a profile of Paediatric Nurses, the share of subjects related to early childhood in the curriculum is small.

The midwife takes care of the mother and newborns until the 45th day after birth, so their knowledge is focused in this age period - knowledge of the development and physiology of the fetus, anatomical and physiological features of the newborn, care for full-term and premature newborn, infant and child. Midwives study the functional features of the newborn child and the more common diseases in this period, the periods of the child's development, first care for newborns, in the compulsory course Neonatology. Unlike nurses, future midwives do not study Pediatric Pedagogy (ibid., Art. 13).

#### 4.1.2. Continuing professional development of workers in the sector

According to the Healthcare Act (Art. 182 (1)), professional organizations of doctors and medical specialists organize, conduct and control the continuing medical education of doctors through contracts concluded with universities, the Bulgarian Red Cross and the Military Medical Academy. The Union of Scientific Medical Societies in Bulgaria, the Union of Scientists in Bulgaria and specialized medical associations can participate in the conduct of continuing medical education (ibid.). Doctors in Bulgaria participate in continuing medical education of their own will and prove their qualification with certificates issued by the Bulgarian Medical Union.

The Bulgarian Association of Healthcare Professionals (BAHP) organizes and registers the continuing training of healthcare professionals (ibid., Article 182), which can take the form of a course, individual training, seminar, conference, congress, presentation, symposium and other. Nurses and midwives, like doctors, train at their own request and prove their training with a certificate. According to the management of BAHP, continuing education should be mandatory and not just a recommended element in the health care system (BAHP, 2013-2020).

#### 4.1.3. Working conditions

According to Eurostat, the number of doctors in Bulgaria is relatively big, approaching the level in Germany, but the provision of nurses is the second lowest in the European Union after Greece (State of Health in the EU, 2019). In 2016, only 15.5% of doctors were general practitioners (GPs), which is well below the EU average of 27.3%. According to the Bulgarian Paediatric Association (BPA), staff shortages are a critical issue in children's health.<sup>13</sup> The shortage of paediatricians and nurses hinders the provision of services for children. Although in 2016 Bulgaria registered the highest number of doctors and nurses graduated in higher education since 2002, emigration and urbanization are reducing their number in needy areas. According to the Bulgarian Association of Healthcare Professionals (BAHP), trained healthcare professionals leave the country mainly for financial reasons (BAHP 2013-2020). Due to low pay and lack of career opportunities, the profession of nurses is unattractive.

The activities of the specialist in paediatrics under the Paediatric Health Program, the specialist in obstetrics and gynecology under the Maternal Health Program and the GP under the Paediatric Health Program are regulated by the National Framework Agreement between the National Health Insurance Fund and the Bulgarian Medical Union for 2020-2022.<sup>14</sup> Art. 170, para. 2 and Art. 171, para.

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<sup>13</sup> "The lack of pediatricians is taking on alarming proportions," an interview with Prof. Vladimir Pilosof at Clinica.bg, available at: <https://clinica.bg/3369-Lipsata-na-pediatri-vzema-zastrashitelni-razmeri>

<sup>14</sup> The National Framework Agreement is available in Bulgarian at: <https://www.nhif.bg/page/2055>

2, of the National Framework Agreement regulates the duration of the primary and specialized outpatient medical care:

- minimum duration of prophylactic examination - ten minutes
- minimum duration of dispensary examination - ten minutes
- minimum duration of primary examination of a child on the occasion of an acute condition - fifteen minutes.

The standards for general medicine, adopted by Ordinance №2 of 23 December 2020 on the medical standard 'General Medicine' determine the requirements for the structure, processes and results in practice. The ordinance contains indicators that measure whether a criterion is met. The indicators for the average duration of medical consultations and the average number of patients per hour, defined in the previous Ordinance № 41 of 21 December 2005 on the establishment of medical standards in general medical practice,<sup>15</sup> are not present in the new regulation.

In nurseries for children from three months to three years of age, the size of the groups is differentiated depending on the age of the children, the presence of disabilities, and other factors, and varies in number from 6 to 16 children. At least two nurses and two babysitters are appointed to one nursery group, and the children are cared for by at least one nurse and one babysitter per shift. At least two additional nurses are hired in the weekly nursery and in breastfeeding groups with children up to 10 months of age, at least one additional nurse and babysitter are hired (Ordinance № 26 of 2008 on the structure and operation of nurseries and children's kitchens and health requirements to them, Articles 6 and 14).

The payment of doctors and nurses is made according to the agreed terms of the Collective Labor Agreement for the Healthcare sector (Appendix 5). Labor and additional remuneration are agreed annually by municipalities and respective institutions.

## 4.2. Education sector

Preschool education in Bulgaria includes children from the age of 3 until school age (6-7 years), and permission for admittance can also be given to 2-year-old children (Preschool and School Education Act (PSEL), 2016). Pre-school education takes place mainly in kindergartens and it is mandatory for two years before children start primary school. A procedure is underway to extend the period of compulsory pre-school preparation by another year (ibid., Art. 8). Compulsory pre-school preparation is carried out not only in kindergartens but also in preparatory groups in schools (ibid., Art. 24-25 and Ordinance № 5 of 03.06.2016 on preschool education). The preschool education system is complemented by personal development support centers that support the inclusion, education and upbringing of children. Pre-school education is carried out mainly by teachers, but it also includes other pedagogical specialists - psychologists, speech therapists, hearing and speech rehabilitators and others.

### 4.2.1. Regulation of the profession and competence profile

In Bulgaria, the teaching profession is not yet regulated, although its inclusion in the List of regulated professions has been strategically set and planned for 2015 (National Strategy for the Development of Pedagogical Staff 2014-2020). However, a number of national documents describe a system of knowledge, skills and values and set the framework for the teaching profession. The professional

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<sup>15</sup> According to Ordinance №41, the average duration of medical consultations should not be less than 10 minutes, the average number of patients who visited each doctor per hour should not exceed 6 (Standard 3.2. Criterion 3.2.2).

profiles and the required competences of the pedagogical specialists<sup>16</sup> are defined in Ordinance № 12 of 01.09.2016 on the status and professional development of teachers, principals and other pedagogical specialists, revised by Ordinance № 15 of 22.07.2019 with the same name.

There is a general professional profile of the teacher in pre-school and school education (ibid., Appendix 6). The review of the teacher professional profile as well as the profiles of other pedagogical specialists in the system of pre-school and school education reveals that the specialists must have extensive knowledge and skills for working with children of all age groups. There is no specialization focused on children from a specific age group, including children at pre-school age (ibid.).

Awareness of the need for specialization in the initial training of pedagogues depending on the level in which they will work, as well as for the regulation of the teaching profession, is evident in the Proposals of the Minister of Education for changes in the state requirements for acquiring the professional qualification 'teacher' (Report to the Draft Amendment of the Ordinance on the state requirements for acquiring the professional qualification 'teacher', 2020). The Proposals envisage that, depending on acquired competencies, the professional qualification 'teacher' should be differentiated as follows: 'child teacher', 'primary teacher', 'teacher of ...' and 'resource teacher'; proposes their detailed competence profiles and, respectively, compulsory subjects to be included in the training of different types of teachers.

In the Proposals, the competence framework of the children's teacher is focused around the following areas: educational environment, pedagogical interaction with children, leadership, work with parents and the family community, educational work and work in a multicultural and inclusive environment.

The current regulation for acquiring professional qualification 'teacher' is common for the system of preschool and school education. The qualification is acquired at the levels of bachelor or master degree in the higher education system (PSEL, 2016 and Ordinance on state requirements for acquiring the professional qualification 'teacher', 2016). The initial training for acquiring the professional qualification 'teacher' is conducted in regular, part-time or distant education with a duration of not less<sup>17</sup> than one year (Ordinance on state requirements for acquiring the professional qualification 'teacher', 2016) and ends with a state (practical) exam, which consists of conducting a pedagogical scenario or a lesson (ibid., Art. 6).

The National Strategy for Development of the Pedagogical Workforce contains comparative data, according to which Bulgaria is among the countries in Europe with a relatively short duration of compulsory practical training of teachers in a real work environment. With a minimum of 150 hours<sup>18</sup> our country ranks after other European countries such as Lithuania - with 800 hours of minimum

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<sup>16</sup> Pedagogical specialists in the system of pre-school and school education according to Ordinance № 15 are: teacher, director, deputy director, head of "Information and Communication Technologies", educator, psychologist, pedagogical advisor, speech therapist, hearing and speech rehabilitator, tutor, choreographer, sports coach.

<sup>17</sup> The training may be of shorter duration, when such an opportunity is provided by the university in accordance with its regulations.

<sup>18</sup> In Bulgaria, the practical training is carried out through the following forms of education with a minimum number of hours in school hours: lesson observation - 30 hours, ongoing pedagogical practice - 45 hours and pre-diploma pedagogical practice - 75 hours (Ordinance on state requirements for acquiring the professional qualification "teacher", 2016). Lesson observation is the observation and analysis of lessons and other organizational forms of education carried out under the direct supervision of a higher education teacher (ibid., Article 10). Ongoing pedagogical practice includes attendance, observation of lessons and other forms of training in order to prepare for pre-diploma pedagogical practice (ibid., Article 11). Pre-diploma pedagogical practice is the independent participation of the students in the educational process under the guidance of a teacher and lecturer from the university.

practical training for all teachers, Spain - with 950 hours minimum for preschool and primary teachers and 250 hours for teachers in the upper grades, Estonia - with 390 hours for all levels, etc. (Ministry of Education and Science, 2014)

#### 4.2.2. Continuing professional development

PSEL (2016) defines career development as a process of developing competences in the course of successive teaching positions ('teacher', 'senior teacher', and 'head teacher') or by obtaining a qualification degree according to the national standards. Career development of other pedagogical specialists is realized by the acquisition of second and first degree qualifications, the award of which is made by the employer and is not preserved upon termination of employment (ibid., Art. 227, para. 4).

The basis for career development of pedagogical specialists is teaching experience, received qualification credits, acquired professional qualification degree, as well as the results of their appraisal. The higher number of qualification credits and the higher professional qualification degree are grounds for faster career development of the pedagogical specialists, regardless of the teaching experience (ibid., Art. 227, para. 5-6).

According to the Ordinance on the status and professional development of pedagogical specialists, professional development is realized through induction and continuing education of the teachers (Ordinance № 15 of 22.07.2019 on the status and professional development of teachers, principals and other pedagogical specialists). Induction of teachers is performed by mentors who are appointed by the employer. The mentor assists the newly appointed teacher in the performance of his/her duties (ibid., Art. 45, para. 2). Continuing education is carried out in a variety of forms by universities, research organizations, specialized service units or training organizations whose programs are approved by the Minister of Education and Science.

The Minister of Education and Science organizes the creation and maintenance of an information register of the approved training programs for continuing qualification of pedagogical specialists (PSEL, 2016). In addition, another platform for training programs has been created within the project BG05M2OP001-2.010-0001 "Qualification for professional development of pedagogical specialists" (Information platform for pedagogical specialists, MES).

The normative framework provides for a mandatory minimum of trainings for each period of appraisal (Ordinance № 15 of 22.07.2019 on the status and professional development of teachers, principals and other pedagogical specialists). The appraisal of pedagogical specialists is performed every 4 years (PSEL, 2016). The results from it serve as the basis for career development and provide guidance for raising the qualification of the respective pedagogical specialist. If a specialist receives the lowest grade from the appraisal, the employer together with the appraisal commission analyze the reasons and develop a plan to support the person who received the lowest grade, and a mentor is appointed. If the lowest grade is repeated during the second appraisal one year later, the person is dismissed from the position (ibid., Art. 227-228).

Another opportunity for upgrading specialists' knowledge and skills in preschool education is the system for professional qualification development (Ordinance № 15 of 22.07.2019 on the status and professional development of teachers, principals and other pedagogical specialists), which is provided by accredited<sup>19</sup> universities. The cost of the trainings is paid by the pedagogical specialists

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<sup>19</sup> A university that conducts training for acquiring the professional qualification "teacher" and has program accreditations for conducting training for acquiring "master's" degree level in a specialty from a professional field according to the

themselves and participation is a matter of personal decision. The possibility for salary increase is an incentive for the acquisition of a higher qualification.

The annual funds for qualification in the system of pre-school education are determined to the amount of not less than 1.2 per cent of the annual funds for salaries of the pedagogical staff and the pedagogues of the nursery groups in the kindergartens. Fifty percent of the funds are reserved for professional activities conducted by the organizations in the system of pre-school and school education such as methodological seminars, lectures, discussion forums, open practices and others (Collective labor agreement for the system of preschool and school education, 2020).

#### 4.2.3. Working conditions

The workload of professionals in the preschool education system is determined by the number of children in the groups they work with, which is in the range of 12-23 children. Two teachers work with each group of children and they are simultaneously present in the group at least one hour a day. Each group also has 'at least one teacher's assistant' (Ordinance № 5 of June 3, 2016 on preschool education).

The regulated number of children in the nursery groups and in the groups of children with special needs is smaller (Ordinance on the financing of institutions in the system of preschool and school education, 2017). In Sofia Municipality in kindergartens which cannot secure additional support, children with SEN can be limited to 3 (Ordinance for admission of children in the municipal kindergartens and in the preparatory groups in the municipal schools on the territory of Sofia Municipality, 2018). For 3 children with SEN in a group, a resource teacher is appointed (Ordinance on Inclusive Education, 2017). For more than 3 children with SEN in the group, a teacher's assistant who is not a pedagogical specialist is provided (ibid., Art. 112). A social worker may also be appointed to act as a mediator between the family and the child's environment (ibid., Art. 113).

According to the Collective Labor Agreement for the system of pre-school and school education (2020) depending on their needs, the educational institutions can introduce positions for psychologist, pedagogical advisor or social pedagogue. The agreement stipulates that the Ministry of Education and Science is in discussion with the social partners about a reduction in the number of children in the groups and an increase of the non-teaching staff in the kindergarten (two assistant educators per group) (ibid., Art. 16).

According to the state educational standard for the standardization and remuneration of work in the system of pre-school and school education (Ordinance № 4 of 20.04.2017 on the standardization and remuneration of work) the mechanisms for determining the basic salaries of the pedagogical specialists are agreed in a collective labor agreement and/or are included in the internal rules for salaries of each of the institutions (ibid., art. 18).

The specific amounts of individual basic salaries of staff in institutions implementing the system of delegated budgets may be more favorable than those in a collective agreement that regulates the minimum guaranteed levels. A comparison of the minimum basic wages in the collective labor agreements from 2018 and 2020 (Appendix 7) shows a significant increase in wages for all categories of pedagogical specialists.

### 4.3. Social sector

Social assistance is provided through social benefits and the provision of social services. Its main goal is to help citizens who cannot meet their basic life needs without the help of others, to strengthen and develop social solidarity in difficult life situations, to support the social inclusion of people receiving social benefits and those who use social services. The available social services in the country were established in the years after the adoption of the Child Protection Act (CPL) (1999) and the amendments to the Social Assistance Act (SAL) (1999) after 2000. They are a result of the implementation of the Bulgarian state's commitments undertaken with the signing of the Convention on the Rights of the Child in 1989 and ratification in 1991. The main driver in the development of social services for children and families is the overall reform of the public care system for children at risk and in particular the process of deinstitutionalization and decentralization of the protection of children at risk. Although some of the social services provide support for children from an early age, mainly in the period from 3 to 7 years, they are highly differentiated, i.e., are used after a risk to the child has been identified. Access to them is regulated by the Social Assistance Directorates (Child Protection Department).

#### 4.3.1. Regulation of professions and competence profile

The professions in the sphere of social work are not included in the list of regulated professions in Bulgaria (National Center for Information and Documentation, official website) and are not regulated; there are no uniform requirements about the knowledge, skills and values that professionals must have. An exception in this respect is observed only for social workers in the system of the Agency for Social Assistance (ASA) which is part of the Ministry of Labour and Social Services.

The Social Services Act (SSA), in force since July 2020, defined social work as aimed at supporting the individual, family, groups or communities to improve their quality of life by developing the ability to use their own opportunities and those of the community in meeting their needs. Young children and their parents are covered by the social system only in cases of identified risk factors and, depending on the nature of the risk, receive support for overcoming it from specific specialists: social worker, psychologist, rehabilitator, speech therapist or combined help, which is coordinated by a key specialist, most often a social worker.

According to the SSA (2019), 'the minimum requirements for the number and qualification of the necessary employees who carry out the activity of providing the various types of social services' will be defined by a new Ordinance on the quality of social services (SSA, Art. 119). According to the current Ordinance on the criteria and standards for social services for children (2003), the social service provider determines the required qualifications of the staff as well as the number and experience of the employees with a view to securing quality services for the children (ibid., Article 46). The 2003 Ordinance also stipulates labor standards, according to which an individual approach to each child is mandatory, taking into account the child's history, individual needs, abilities and level of development (ibid., Standard № 8 and Standard № 12).

Regarding the type and number of staff, the Minister of Labor and Social Policy has approved a methodology, which, however, is not a normative act (Methodology for determining the positions of staff in specialized institutions and social services in the community, 2012). The Methodology recommends the types of specialists to be hired for various services, but does not specify what knowledge and skills they should have. Competence models are not provided.

A regulated social service aimed entirely at young children are the Mother and Baby Units (Regulations for the Implementation of the Social Assistance Act, 1998). Some of the other services, e.g. some Community Support Centers and Day Care Centers for Children and Youth with Disabilities, the Centers for Social Rehabilitation and Integration specialize in providing services only to this age group, but this is not by virtue of regulations. Young children are placed, albeit exceptionally, in residential services in the community, as well as in foster families as a measure of protection. In addition to community services, there are specialized institutions. For young children, these are the Homes for medical and social care for children (HMSCC)<sup>20</sup>. In recent years, innovative services of an integrated nature have been developed under projects, which are aimed at supporting early childhood development and families of children at an early age, where there is no obvious risk – services for early childhood development. There are 65 Community Centers in the country with project-based funding which is not sustainable.

In addition to the methodologies and methodological guidelines for the provision of various social services, there are also codes of ethics of professional organizations, which, however, do not provide separate standards for working with young children and their families either (Appendix 8).

Normatively regulated requirements for the position of ‘social worker’ exist only in the system of ASA. The minimum level of education required is secondary education. Applicants for the position of ‘social worker’ must have certain specific knowledge (Ordinance № rd-07-6 of 10 October 2012 on career development of social workers in the Social Assistance Agency). This knowledge, however, does not include working with children in the early years.

The absence of regulated competence profiles in the sector, however, does not release residential service providers, as well as specialized institutions from their obligation to assess the professional and personal qualities and skills of staff and volunteers before they take up a position and then periodically every 3 years, and, if necessary, more often (Ordinance on the criteria and standards for social services for children, 2003).

#### 4.3.2. Continuing professional development

Employees engaged in the provision of social services have the right and are obliged to participate in initial and continuing training and to increase their knowledge and skills in order to improve the quality of their work. The trainings are provided by the social service provider according to a program developed by the provider for initial and continuing training of the employees. Providers of social services for children are required to have a developed training program for newly appointed employees and the training is carried out within one month of their appointment (ibid., Standard 13, item 3). For employees who are engaged in the provision of social services for the first time, the social service provider must appoint mentors to assist them methodically for a period of 6 months from the date of their appointment (Social Services Act, 2019).

Social workers who start work at ASA are also provided with Initial training. The Executive Director of the Agency also approves an annual training plan for raising the qualification of social workers (Ordinance № RD-07-6 of October 10, 2012 on career development of social workers in ASA). One of the opportunities for training of social workers is provided by the Center for Human Resources

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<sup>20</sup> According to Article 36 of the PZSP and Homes for Children Deprived of Parental Care (HCDPC). HCDPC is a specialized institution that provides social services for the care and education of children from 3 to 18 years or until the completion of secondary education, but not more than 20 years. HCDPCs are profiled for children from 3 to 7 years of age and for children from 7 to 18 years of age, but in the process of deinstitutionalization all HCDPCs for children from 3 to 7 years of age are closed.

Development and Regional Initiatives, which is an integral part of the Ministry of Labor and Social Policy of the Republic of Bulgaria. It provides opportunities for training and development of Bulgarian and foreign employees from the central and local administration, working in the field of labor market and social policy, of representatives of the social partners, municipalities and non-governmental organizations.

A comprehensive regulated system for continuing professional development for social workers has not been identified. However, there are opportunities for professional development. Some of the topics of the trainings are related to social work, child protection, work with risk groups. The review of the training topics proposed for the last 2 years does not show the presence of topics related to social work with young children and their families, as well as work with specialists from other sectors.

Providers of social services for children are obliged to develop a staff development program aimed at continuous and gradual improvement of knowledge and skills of employees, both in basic training and in terms of introductory and continuing training. Each staff member has a personal work plan, which is evaluated annually by the provider, and the results of the evaluation and the planned objectives, including continuing and supportive training, are attached to his/her personal file (Ordinance on the criteria and standards for social services for children, 2003).

Employees engaged in the provision of social services have the right to regular internal and external supervision in the process of work, which is offered by the provider. Employees in the Social Assistance Directorate and municipalities that carry out referral activities for the use of social services are also entitled to regular supervision in the process of work. For those working with children, supervision is practiced on a monthly basis (Social Services Act, 2019).

#### 4.3.3. Working conditions

According to the newly adopted SSA (ibid., Art. 123), the Minister of Labor and Social Policy must establish standards for the workload for both the staff of social service providers and for the employees of the territorial branches of the ASA (Social Assistance Directorates) and municipalities which are responsible for the referral of clients to social services. The workload standard, when adopted, will have to specify the maximum number of cases that an employee can work on within a month, depending on the specifics of the activity they perform.

Social workers in ASA in accordance with the achieved level of their professional competence and education can hold the following positions: social worker, senior social worker and chief social worker (Ordinance № RD-07-6 of October 10, 2012 on career development of social workers in ASA). The positions 'senior social worker' and 'chief social worker' are taken through competition. It is necessary for the candidate to have completed a bachelor's degree and to have specific knowledge, skills and competencies. Both the senior social worker and the chief social worker should be able to work directly with people with special needs and people with disabilities, as well as have the competence to conduct group work with children and adults (ibid., Art. 9, para. 1, item 2 and item 3).

In the social sector there is no trade union organization, and respectively no signed collective labor agreement, which would determine the minimum wage levels in the sector. In October 2020, a draft Ordinance on the standards for remuneration of employees performing activities for the provision of social services, which are financed from the state budget, was submitted for public discussion. The draft includes minimum amounts of the individual basic monthly salaries of the employees performing activities for the provision of social services as a percentage of the minimum monthly salary established for the country.

#### 4.4. Workforce in integrated early childhood development services

The integrated services and the integrated approach to the provision of social services are defined in the SSA. The integrated approach: coordination and interaction with other systems; coordination and interaction within the social services system; the provision of integrated cross-sectoral services (ibid., Art. 129). The SSA specifies that integrated cross-sectoral services are aimed at supporting individuals through activities from different sectors within a common organization and management (ibid., Article 138). The normative documents do not specify the target group of these services, as well as the specifics of the training of the specialists who will provide them.

One of the services with an integrated character, aimed at supporting children at an early age, developed as a pilot in the country and recognized by the SSA, is early childhood intervention. Early childhood intervention is defined as a systematic, data-driven and planned effort that begins in the early years of a child's life and aims to promote development (World Health Organization, 2020). Early childhood intervention is a preventive measure and has the effect of reducing the problems of developmental difficulties for children themselves, their families and the wider community. Successful early intervention applies a family-oriented, multidisciplinary and individualized approach to support the child's and family's capabilities and meet their needs (ibid.).

Specialists such as nurses, midwives, speech therapists, rehabilitators, physiotherapists, psychologists, social workers, teachers, occupational therapists, public health specialists and health management work in the field of early childhood intervention. Very often, cooperation is required between the different areas that serve early childhood development, namely health care, social activities and education. These professionals belong to the health, social and educational sectors.

In Bulgaria, NGOs were the first to adapt models for early childhood intervention and provide such services.<sup>21</sup> After 2010, 65 municipalities in Bulgaria launched integrated early childhood development services for children under 7 from vulnerable groups, including children with disabilities and their families under the national Social Inclusion project, which was initially financed by a loan from the World Bank, and until the end of 2020 it was financed by the European Union.

The SSA defines early intervention for children with disabilities as 'specialized support for children with disabilities and children at risk of developmental delay up to 7 years of age and their families, which includes early identification of risks to children's health and development, implementation of measures for early impact (in order to improve the condition and development of children and to build skills for their upbringing' (SSA, Additional Clauses, §1, 23). By law, early childhood intervention is funded by the state budget and is intended for both children with disabilities and for children with developmental difficulties or risks of developing such. The services are provided by a multidisciplinary team of specialists (ibid., Art. 80). Depending on the case, these can be speech therapists, psychologists, occupational therapists, resource teachers and others.

Due to the lack of legal regulation of the provision of early childhood intervention services, before the entry into force of the Law on Social Services, at the time of publication of this report, a system at national level for the development of early childhood intervention, or of integrated services in Bulgaria, has not yet been developed. Due to the absence of systemic approach to early childhood intervention, there is no policy for training qualified personnel in universities, neither are there mechanisms for an integrated approach of the health, education and social sectors. Currently, staff

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<sup>21</sup> These are the Karin Dom organizations, the For Our Children Foundation, the Child and Space Association and the Equilibrium Association, which operate in the cities of Sofia, Plovdiv, Varna and Ruse.

training is provided mainly by non-governmental organizations. Since 2017, the Medical University in Varna provides postgraduate training Early Childhood Intervention for nurses, midwives, speech therapists, rehabilitators, physiotherapists, psychologists, social workers, teachers, occupational therapists.<sup>22</sup>

#### 4.5. Summary

The review of the regulatory framework on the regulation of professions, continuing professional development and working conditions in the three sectors shows that the only sector in which workers' professions are regulated is the health sector. At the same time, it is in this sector that specialists, who have finished their initial university education, have no obligation for continuing medical education. The decision to take action for upgrading their knowledge and skills, is a matter of personal choice. The health sector is also the only one in which the workers are not subject to appraisal, despite the fact that they are entrusted with care for the life and health of our children.

In the educational and social sectors, regulations stipulate mandatory induction training and continuous professional development as well as periodic appraisals. In the education sector, these regulations are described in great detail, and continuous education is guaranteed by allocation from the state budget. In the education sector, the competence profile of the teacher is the same for the systems of preschool and school education, but a project is in the planning to differentiate the profiles according to the educational level in which the teachers work.

The only sector in which the competence profiles of employees are not regulated is the social sector. This sector also requires the lowest level of educational qualifications for the professionals compared to the other two sectors. The only sector in which there is no active trade union organization is also the social sector, whose workers are not able to enter into collective bargaining.

### 5. Main findings from the study

Over the last three decades, scientific research in various disciplines has found a common ground. It has been established that the critical elements of our health, wellbeing and productivity that continue to play an important role during childhood, adolescence and adulthood are being developed during pregnancy and in the first years after birth. Studies show that early intervention contributes to the cognitive development of young children, language development, socio-emotional development, general well-being and long-term success. High-quality early childhood services are not only of crucial importance for the children and their families, but they also have far-reaching economic benefits for society as a whole.

Upon birth children and their parents meet with different services and respectively, with different professionals from the sectors of healthcare, education and social protection. Analyzing professionals' roles and impact on children's well-being contributes to raising awareness about the importance of the workforce and the workforce professional competences as a key factor in providing high-quality services for early childhood development.

The child's first encounter immediately after birth is with the health system. The first professionals who take care of the well-being of children and their families are nurses, midwives, and general practitioners. The care for the children in a family environment and the support for the parents is provided by the health system, mainly with regard to the health needs of the children, and the social

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<sup>22</sup> Information about the training is available on the website of the Medical University - Varna, [https://www.mu-varna.bg/BG/Pages/News\\_SDO.aspx](https://www.mu-varna.bg/BG/Pages/News_SDO.aspx)

system is engaged in case of occurrence of risk factors. In the social system, the professionals who support families and children are social workers, psychologists, rehabilitators, speech therapists, etc., whose tasks are aimed at eliminating risk factors. The educational system has a special role and tasks related to the development of children in kindergartens and preschool groups, where nurses, pedagogues, psychologists, children's teachers, speech therapists, and other specialists are engaged to provide education and care.

## 5.1. Individual level

### 5.1.1. Health sector

#### 5.1.1.1. Development of individual competences to support early childhood development in the initial training of professionals working with children 0-7 years.

- **Curricula in higher education institutions teaching medicine and paediatrics**

According to the Register of Higher Education Institutions in Bulgaria, a master's degree in medicine can be obtained in 7 institutions: in the medical universities in the cities of Pleven, Plovdiv, Varna and Sofia, in St. Kliment Ohridski University of Sofia, Thracian University of Stara Zagora and Prof. Asen Zlatarov University of Burgas. According to the same register, the specialty 'nurse' can be acquired in 9 universities, the same ones where medicine is studied, plus two more: Angel Kanchev University of Ruse and Neofit Rilski Southwestern University of- Blagoevgrad.

The majority of respondents who participated in our quantitative survey are paediatricians and three of the respondents are GPs (Figure 1).

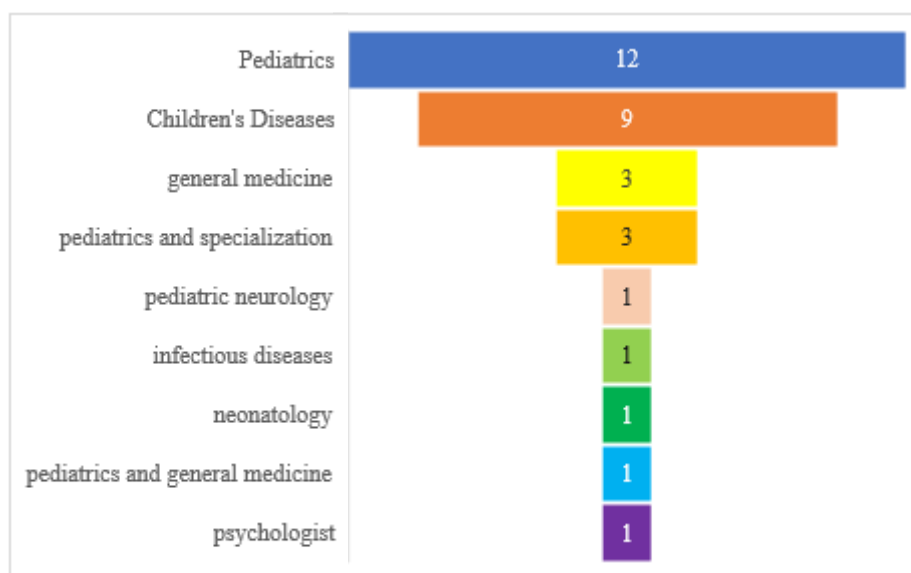


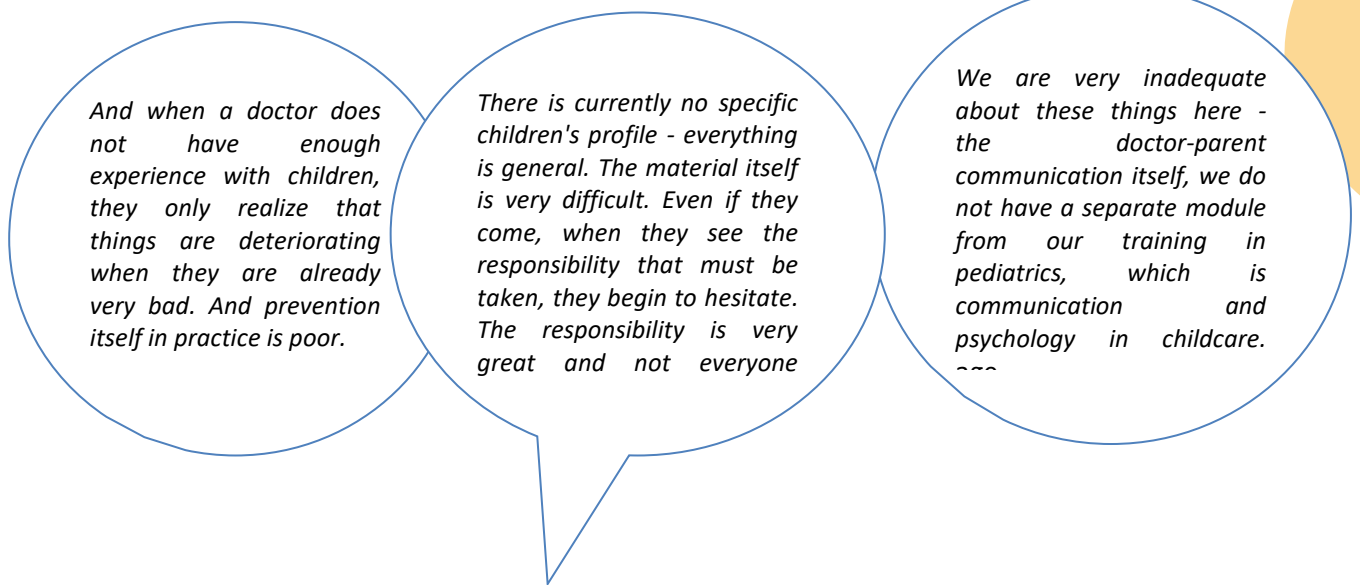
Figure 1: Completed specialties

Source: Quantitative study among general practitioners and paediatricians

The opinions of the interviewed professionals about the extent to which the initial medical education provides sufficient knowledge and skills related to ECD are that in general medicine the training in paediatrics is extremely insufficient to meet the needs of children. The training of nurses is not focused on working with young children either, as there is no specialization for paediatric nursing.

Furthermore, the curriculum does not provide education about communication with parents and developmental psychology.

Figure 2: ECD in higher education in medicine and paediatrics<sup>23</sup>



- **Knowledge, skills and values related to early childhood development in university education**

The university education in medicine includes the discipline of Paediatrics. This discipline provides broad knowledge and skills in the field of medical work with children, and includes all age groups up to 18 years. There are no compulsory subjects aimed at acquiring knowledge and skills beyond the medical expertise. For example, there is no training in psychology or in communication skills (Curriculum for Pediatrics, 2016).

A review of the compulsory subjects included in the uniform state requirements (Ordinance on the unified state requirements for acquiring higher education in 'Medicine' and 'Dental Medicine' for the educational qualification degree 'Master', 2005) shows that the curriculum has a narrow medical focus and the only discipline with a broader content is Social Medicine and Medical Ethics. The goal of this course is developing skills for resolving conflicts of an ethical nature in clinical practice. There

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<sup>23</sup> Interviews and focus groups with health professionals

are no independent disciplines aimed at acquiring knowledge and skills beyond the purely medical ones. Universities can include such disciplines as elective or optional. For example, Medical Psychology is studied as an optional subject at the Medical University of Pleven. The only compulsory discipline aimed at children (up to 18 years old) is Paediatrics, with 210 compulsory hours (ibid., Art. 7, para. 2).

As already noted in the analysis of legislation in the health sector, the specialization in Paediatrics after the general medical education, is focused on medical care and does not include additional skills outlined in the Standards of the European Paediatric Association (such as communication skills, ethical issues, teamwork, leadership skills) (European Academy of Pediatrics, 2014) and in the Medical Standard for the specialty Paediatrics (Ordinance № 7 of November 3, 2016 on the approval of the medical standard 'Paediatrics').

The initial medical education of nurses provides broad knowledge and skills in the disciplines that are the basis of nursing care, including knowledge of the human body, the psychological functions and behavior of healthy and sick people, as well as the social environment. It also includes knowledge of the nature and ethics of the profession and the general principles relating to health and nursing (Ordinance on the uniform state requirements for higher education in the specialties 'Nurse' and 'Midwife' for Bachelor degree, 2005). Among the compulsory courses are also ones aimed at children in the early years such as Nursing in Pediatrics, Nursing for the Mother and the Newborn, Pediatrics with Neonatology. Mandatory disciplines are also Child Pedagogy and Child Psychology, Medical Psychology. In some universities Child Pedagogy and Child Psychology are separate disciplines, but in most they are one. The share of subjects related to early childhood is limited in the curriculum due to the fact that the lack of specialization of the nurses in early childhood implies a comprehensive spectrum of medical education.

The bachelor's program for the specialty 'Midwife' involves theoretical and practical training and can be acquired in 8 universities. In the compulsory Neonatology course, midwives study the functional features of the newborn and the more common diseases in the early postnatal period, the stages of a child's development, initial care for newborns. Unlike nurses, future midwives do not study Paediatric Pedagogy (ibid., Art. 13). The focus of the training is on providing knowledge and skills primarily to meet the health needs of children without a focus on communication, ethical issues, teamwork, leadership skills, and others.

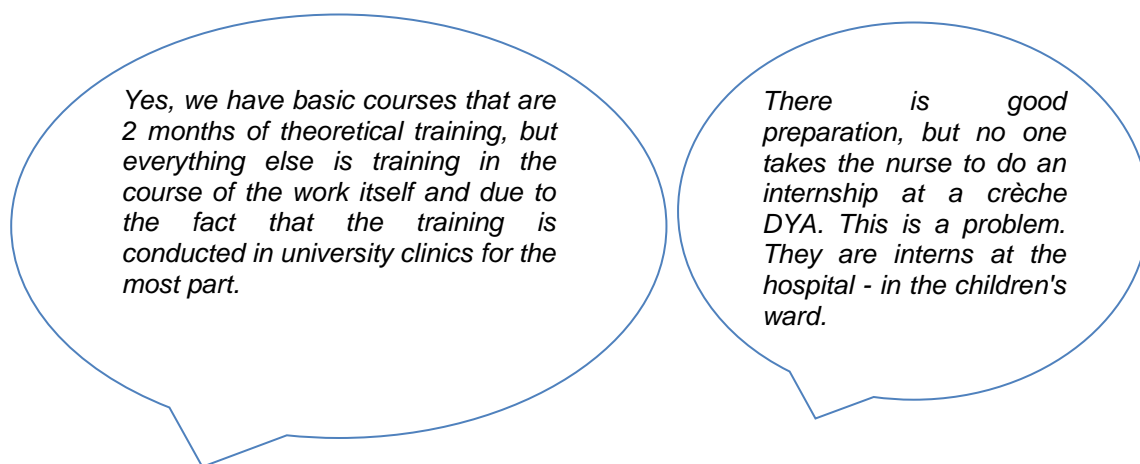
- **Relationship between theory / practice in university education**

According to the unified state requirements for acquiring higher education in medicine, the practical training includes: training practice (clinical experience) after the sixth semester with a duration of not less than 30 calendar days - 150 hours; study practice (clinical internship) after the eighth semester with a duration of not less than 30 calendar days - 150 hours; and pre-diploma internship after the end of the tenth semester - 310 calendar days, or 1320 hours (Ordinance on the unified state requirements for acquiring higher education in the specialties 'Medicine' and 'Dental Medicine' for the educational qualification degree 'Master', 2005).

In the initial medical education of nurses and midwives, the ratio between the theoretical and practical training is determined by the respective university, and the teaching hours for practical training are not less than 50 percent of the total number of hours (Ordinance on the uniform state requirements for higher education in the specialties 'Nurse' and 'Midwife' at bachelor's degree, 2005).

According to the opinions of the participants in focus groups and interviews, there is a good ratio between theory and practice in the medical training. However, according to them, there are challenges which for the different professional groups arise from different factors. For example, the specialization in Paediatrics requires an internship in various children's wards, which takes a very long time and is often an obstacle to motivation and interest in this specialization. The practical training of nurses reflects the broad spectrum of the specialty and is carried out in various medical institutions because "a nurse is asked to know everything about a person from birth to death" (Interview, university lecturer). There are also visits and practical classes in nurseries, but their proportion is not large (Figure 3). These data shows a lack of focus of the practical training on early childhood care.

*Figure 3 Theory / practice ratio in the training of doctors and nurses <sup>24</sup>*



#### 5.1.1.2. Opportunities for building and developing individual competences for early childhood development through continuing professional development.

Professional organizations of doctors, dentists, master pharmacists and nurses, midwives and associated medical professionals organize, coordinate, conduct, register and control the continuing medical education of the respective specialists in accordance with the procedure specified in

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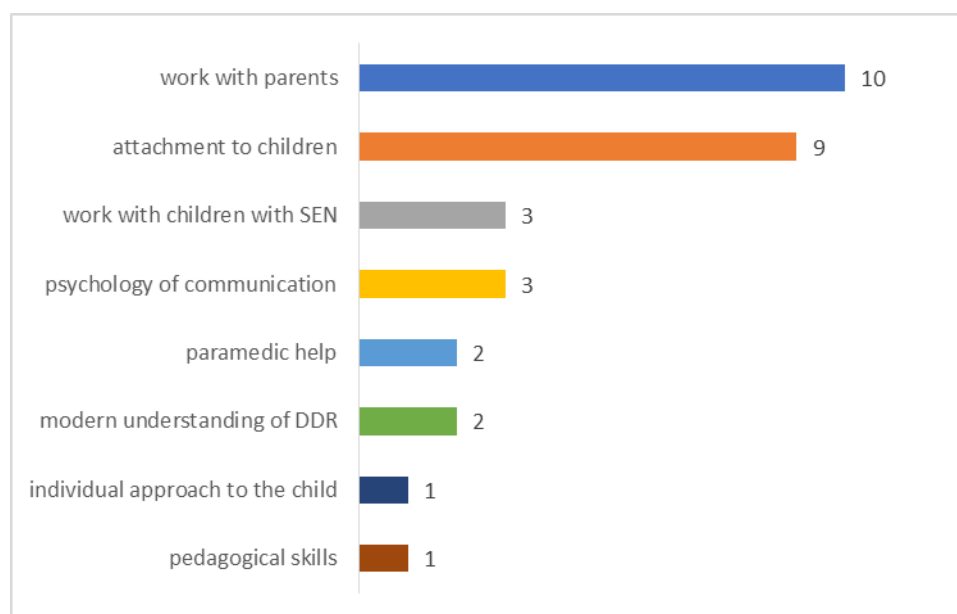
<sup>24</sup> Interview, university lecturer

contracts with universities, the Bulgarian Red Cross and the Military Medical Academy (Health Act, 2005).

- **Development of knowledge, skills, and values throughout the career**

The development of knowledge, skills and values throughout the career of medical professionals is realized on the one hand through the opportunities for continuing medical education, and on the other through active participation and dialogue with colleagues. According to opinions shared in focus groups and interviews, knowledge and skills for working with parents, attachment to children, working with children with SEN, and psychology of communication, are among the most needed competences for the health professionals (Figure 4). These opinions confirm the findings from the analysis of the curricula in higher education institutions about missing subjects or subjects which are less common in the training of specialists in the health sector.

*Figure 4: Necessary knowledge and skills for specialists in the health sector*

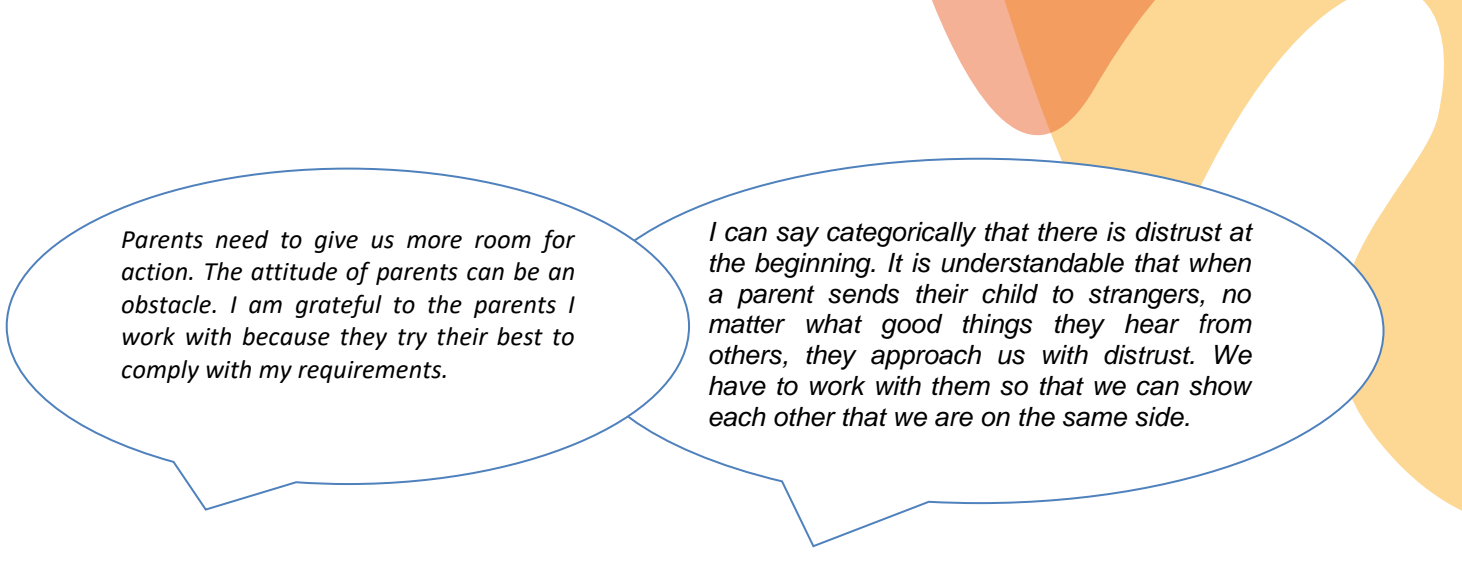


*Source: Qualitative research among health professionals*

Healthcare professionals who have participated in interviews and focus groups have shared the challenges they face in communicating with the parents of the children they care for. On the one hand, this is the result from lack of adequate preparation during the initial training. On the other hand, difficulties arise due to the organization of the practitioners' work which leaves insufficient time for individual conversations and discussions with children and parents. Last but not least, professionals are often faced with distrust and expectations on the part of parents, and require skills to handle such situations (Figure 5).

*Figure 5 Communication with parents* <sup>25</sup>

<sup>25</sup> Interviews and focus groups with healthcare professionals



*Parents need to give us more room for action. The attitude of parents can be an obstacle. I am grateful to the parents I work with because they try their best to comply with my requirements.*

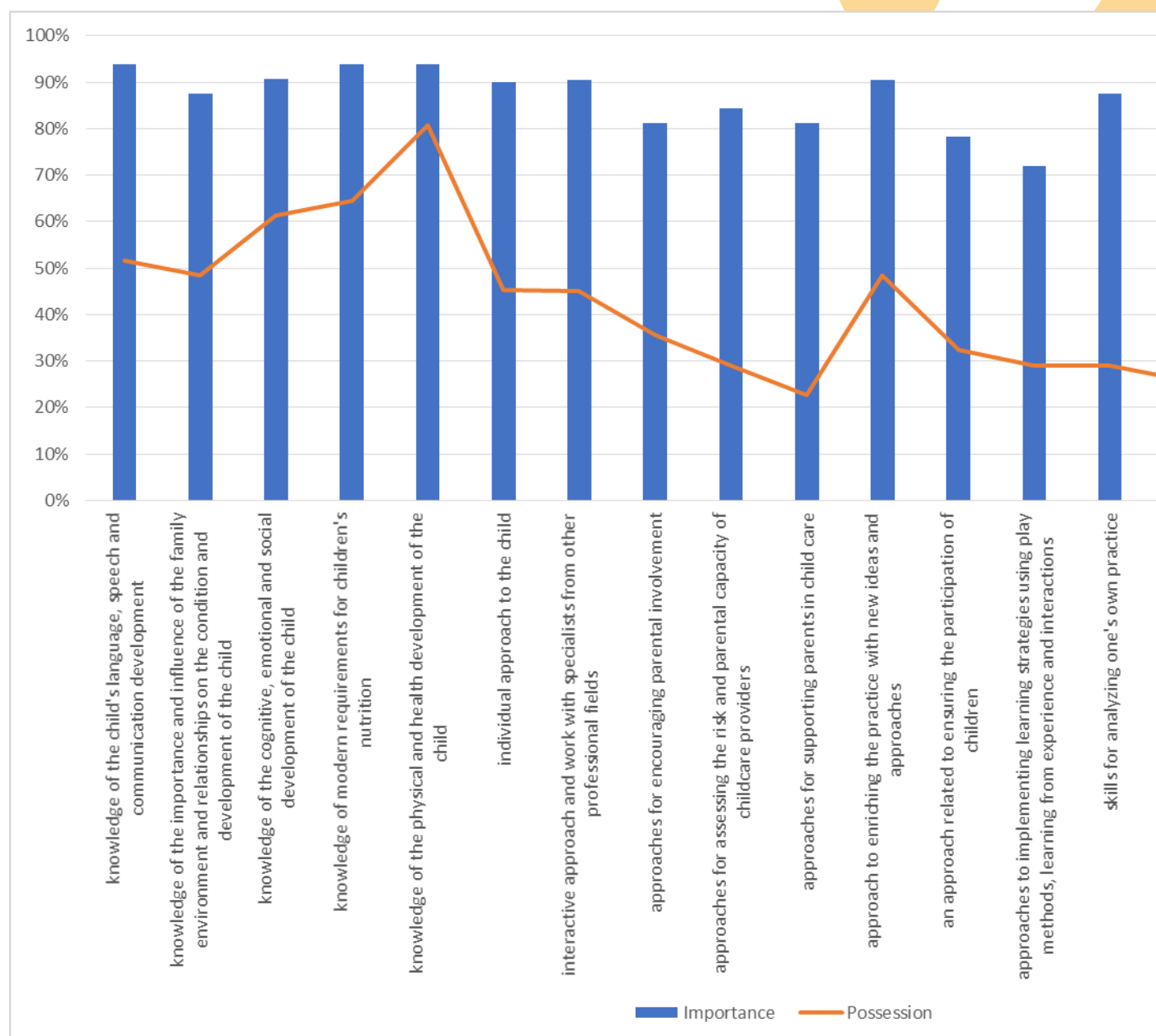
*I can say categorically that there is distrust at the beginning. It is understandable that when a parent sends their child to strangers, no matter what good things they hear from others, they approach us with distrust. We have to work with them so that we can show each other that we are on the same side.*

Another challenge is working with children with SEN. Nurses do not have a mechanism to communicate their observations about children's developmental problems and are not comfortable enough with the identification of such problems because they do not feel prepared and confident in their knowledge. They say they assess difficulties in children's development based on personal and professional experience because "we do not have such competencies" (Interviews and focus groups with health professionals).

Health professionals involved in the quantitative study rank with a high importance the knowledge, skills and approaches for working with young children as well as for supporting early childhood development. At the same time, the level of possession of such knowledge, skills and approaches is lower, according to the professionals' own assessment (Figure 6).

- *In terms of knowledge*, professionals rank with high importance knowledge about the modern requirements for nutrition, physical and health development of the child, and knowledge about the language, speech and communicative development of the child. As expected, the knowledge about the child's physical and health development ranks with the highest importance, but the level of possession of this knowledge is lower compared to its importance.
- *In terms of approaches*, again there are significant differences in the levels of importance and possession, even more so than in the field of knowledge. The most significant difference is with respect to the approach for parental support.
- *In terms of skills*, the differences between importance and possession are also significant. The ability to analyze own practice ranks with the highest importance but the level of possession is considerably lower. The lowest level of possession is given to skills for effective communication and participation of children and to skills for organizing an environment for learning and development of children.

Figure 6: Importance in relation to possession of knowledge, skills and approaches for working with children at an early age



Source: Quantitative study among general practitioners and pediatricians

Nurses like doctors, make individual decisions about their continuing professional development. Our study has not identified a systemic approach to continuing professional development involving needs analysis, planning and regular delivery. Survey data show that in general nurses rarely participate in training, and some have never participated. With regard to continuous professional development, our study revealed that nurses in nurseries which institutionally belong to kindergartens cannot benefit from the training system in the kindergarten as it is regulated only for the pedagogical staff. Nurses in nurseries which are independent institutions can plan and implement training programs taking advantage of the opportunities offered by the relevant organizations.

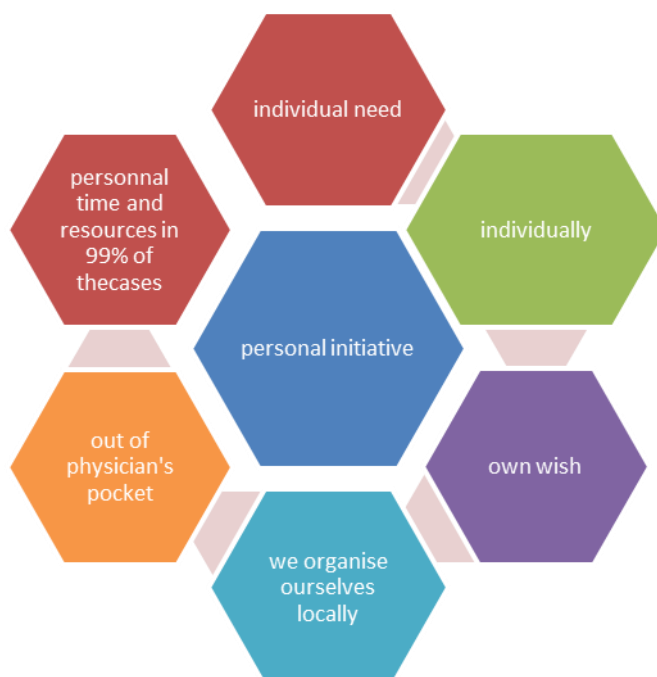
The continuing professional development of doctors is also a matter of their own choice, time and resources, and is also provided by professional organizations. Doctors can also independently identify courses, scholarly events, congresses, and seminars in which they are interested, and participation in

such forms of professional development is often "at the expense of the doctor's personal time and personal resources" (Interview with a health professional).

- **Active participation of professionals in the process of development of training practices**

According to the participants in focus groups and interviews, health professionals improve their skills mainly as a result of personal initiative, depending on the time, resources and training opportunities (Figure 7), paying for them themselves and sometimes organizing themselves locally.

*Figure 7 Personal initiative for improving qualifications <sup>26</sup>*



The study did not identify information on career opportunities for physicians. As far as there are any such opportunities, they depend on the institution in which the physicians work. Approximately half of the physicians (42%) who participated in the quantitative study, indicated that opportunities for career development are available in their place of work (see Graph 10 below).

The nurses in the nurseries, who participated in focus groups, share that they have no opportunities for career development.

The only available information for involving professionals in the selection of training topics and needs analysis is related to surveys conducted by professional organizations and municipalities. "There are courses every year. A consultation is held with the various regional colleges – i.e., nurses in nurseries and kindergartens, nurses in schools, nurses in hospitals - give their suggestions on topics that should include training" (Focus groups with professionals from the health sector).

- **Innovative approaches in professional development**

Skills for analyzing one's own practice were identified as particularly important by 88% of the professionals who participated in the quantitative study, but only 29% declared that they possess such skills (see Graph 3). The information shared by the participants in focus groups and interviews confirms the importance of innovation and the use of innovative approaches in practice and professional development. The use of innovations however is largely dependent on paediatricians' own resources, initiative and desire, and therefore it is difficult to achieve.

<sup>26</sup> Interviews and focus groups with health professionals

Nurses define the goals of the nursery as including health care, education and upbringing of children, as well as building children's habits and skills. These goals, stated in the Healthcare Act (2005), are aimed at supporting the family in raising children up to three years of age and ensuring their normal physical and mental development. The expectations from the nurses therefore are primarily to provide care and education. Their opportunities for development in the workplace and application of innovative approaches are limited due to the organization of the work in the nursery as well as due to lack of skills. It is essential to debate and update the role of the nursery in helping families and supporting the overall development of children.

In recent years, the understanding for the role of the nursery has been changing. This change is realized through the opportunity for placement of children at ages from 10 months to three years in nursery groups which are part of kindergartens (for children at ages 3-7). This arrangement ensures that children are raised, educated, socialized and trained according to standards for early childhood development, adopted by an ordinance of the Minister of Health and the Minister of Education and Science (Law on Preschool and School Education, 2016). Although these standards have not yet been adopted, this change is a step towards providing full opportunities for young children to receive, in addition to health care and support for upbringing, the much-needed opportunities for early learning and development.

- **Leadership capacity development**

The professional development system, insofar as it is available, contains programs aimed at health management. The data from the qualitative research confirm that managers of the nurseries have interest in such program and need for collaboration and exchange with colleagues. At the same time, they share a number of challenges in team management, working with parents, hiring and selecting staff and more. The efforts to cope with these challenges can be attributed to personal decision and responsibility, rather than to a system for developing skills and leadership capacity.

#### 5.1.1.3. Working conditions

The respondents who participated in the quantitative study were mostly women in the age range 46-65 years (Figures 8 and 9).

Figure 8 Gender (%)

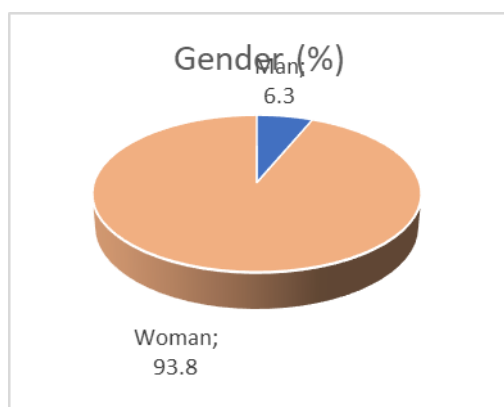
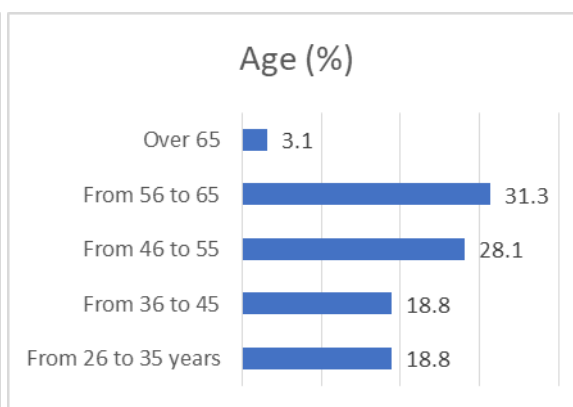


Figure 9: Age (%)



Source: Quantitative study among general practitioners and pediatricians

The main factors related to the motivation to choose the medical profession, in particular paediatrics, are personal and stem from a conscious choice to help, treat, to see the results of their work, to contribute to the well-being of people, especially children, which is an additional motivating

factor. Working conditions, the payment of pediatricians, the lack of a children's hospital are rather difficult factors in terms of motivation to choose this specialization.

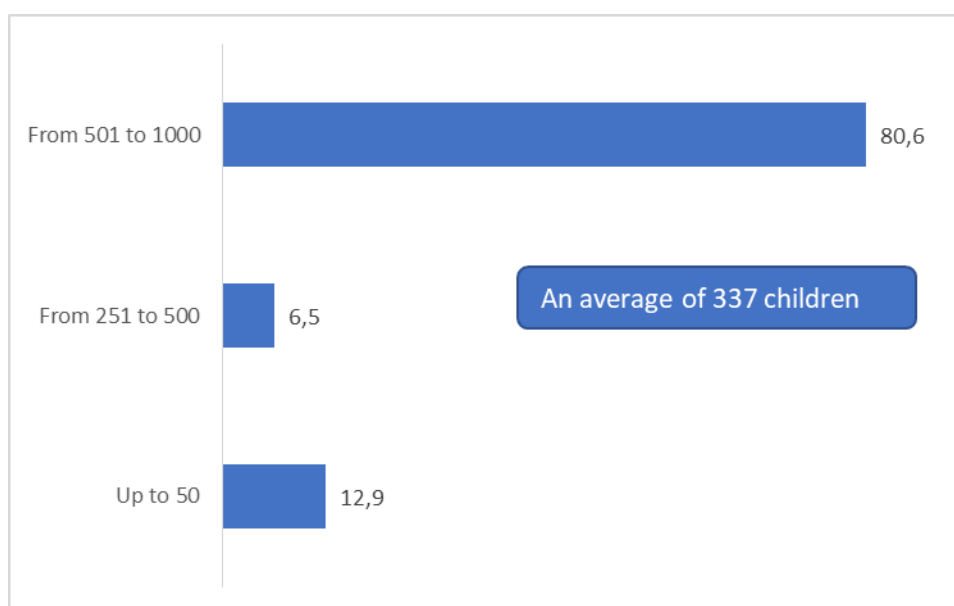
Motivation among nurses is a topic of discussion. The nurseries employ mostly older women who remained in their positions because they are attached to their work. They share that in recent years working conditions have improved and that they like their job. The data show that the number of newly recruited nurses in nurseries is very small, which reflects the general shortage of medical staff in the country.

- **Group size of children and staff-to-children ratio**

Participants in focus groups and interviews, representatives of the health sector, share data on the number of children in nurseries. On average, there are 10 children in the groups, with a higher number of children enrolled compared to children actually attending the groups. Two nurses work with each group of children, so the child-to-staff ratio ranges from 5:1 to 8:1.

According to the data from the quantitative survey among general practitioners and paediatricians, they work with different numbers of children in their practices, but the majority share that more than 500 children are enrolled. The average number of children they work with is 337 (Figure 10).

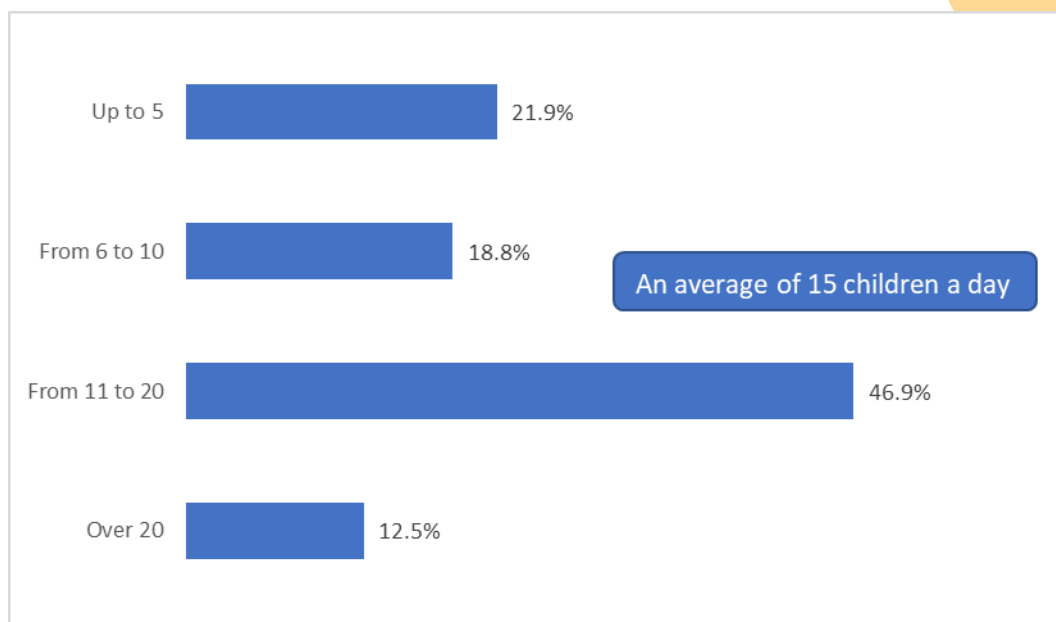
*Figure 10: Number of children seen by general practitioners and paediatricians (%)*



*Source: Quantitative study among general practitioners and pediatricians*

Doctors say that the number of children they work with is on average 15 children per day, most often the number of children per day is in the range of 11-20 (Figure 11). The time doctors spend working with children depends to a large extent on the practice, namely whether the patients are mostly children or the practice is mixed, as well as on whether they work in inpatient or outpatient care.

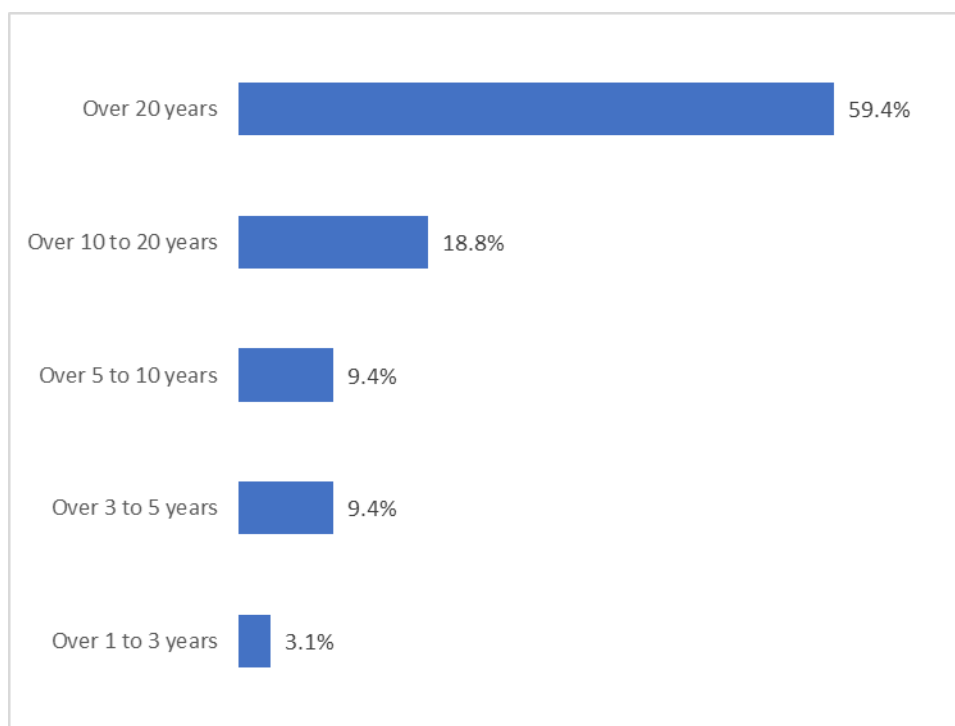
Figure 11 Number of children with whom professionals work daily



Source: Quantitative study among general practitioners and pediatricians

The choice of the specialty Paediatrics is determined by the motivation and by the conditions that are provided for obtaining it. As described above, the motivating factors for the choice of this specialty are personal; the regulations and procedures for obtaining the specialty are not favourable for young professionals who have graduated in medicine. The data from the quantitative study reveal that the majority of the participants have more than 20 years of experience, with a smaller share of young paediatricians (Figure 12).

Figure 12: Years of professional experience



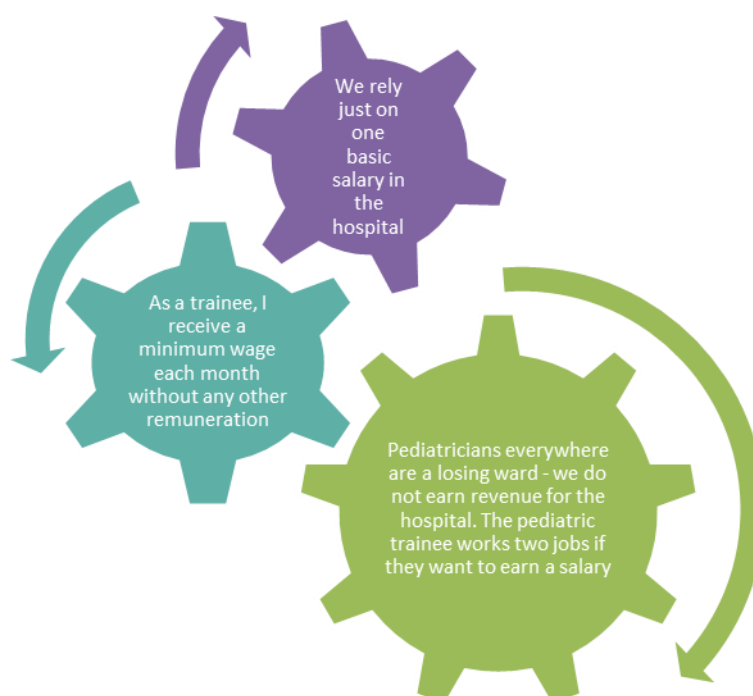
Source: Quantitative study among general practitioners and pediatricians

An even more worrisome trend is observable among nurses, especially those who work in nurseries and kindergartens. All participants in focus groups and interviews confirm the general shortage of nurses, the high age of workers in the sector, the lack of interest for work in nurseries. The information shared by the municipalities shows an effort to attract young people and improve working conditions. Despite this effort, the trends and problems of health professionals are visible in the nurseries, which are not attractive for young professionals and do not provide opportunities for professional development and growth.

- **Remuneration**

Participants in focus groups and interviews discuss the differences in remuneration and various factors such as the place of work, the specialty, the number of patients and others. Problems with the payment are mentioned mainly in connection with the period of specialization, especially for the specialization in Paediatrics, which requires work in several places; interest on the part of hospitals is low due to cheaper clinical pathways and there are no opportunities for additional payment (Figure 13).

*Figure 13 Remuneration of paediatric specialists<sup>27</sup>*



The problem with the payment of nurses in nurseries is similar. Salary levels are not high, although municipalities are making an effort and in some places the starting salary has risen, according to opinions shared. However, payment differs according to the financial capabilities and the size of the municipality.

- **Basic duties, working hours and requirements for employees**

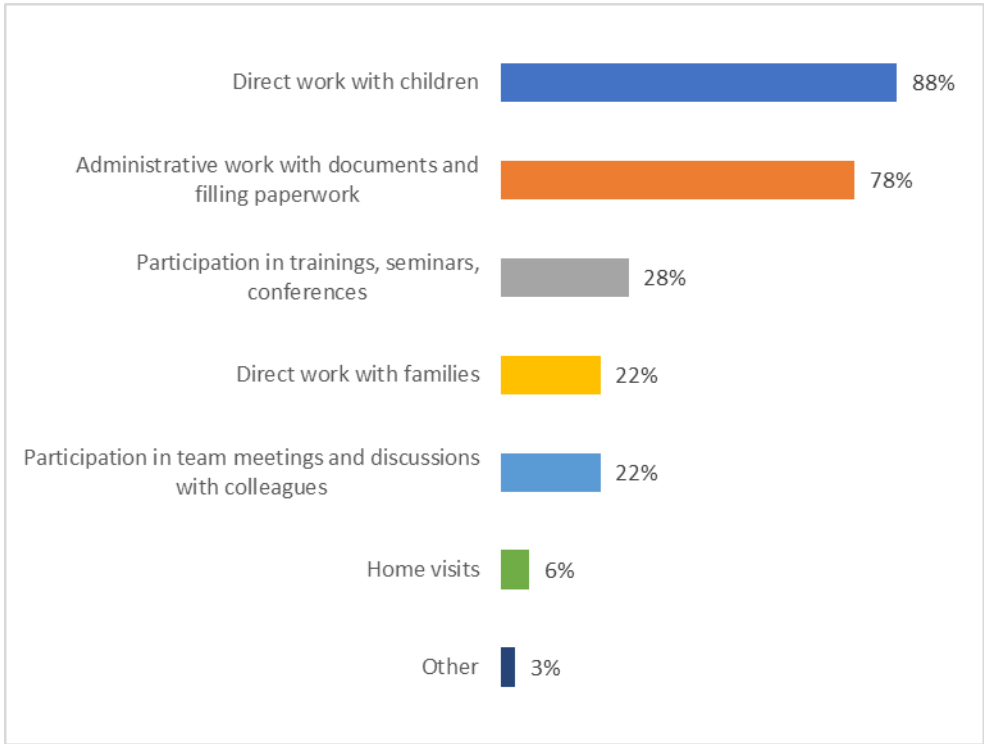
The main responsibilities of paediatricians are related to diagnosis, recommendation of treatment, treatment of emergencies, counseling, referral to specialists, prevention and others.

The data from the quantitative study show that the largest share of doctors' time is spent in direct work with children, followed closely by administrative work (Figure 14). Direct work with the family

<sup>27</sup> Interviews with doctors and pediatricians

and home visits take up significantly less time, which correlates with the previous analysis showing that working with parents is one of the key challenges for healthcare professionals. The small share of direct work with families raises the question of the effectiveness of the support that children receive at an early age. The administrative burden takes doctors away from their main tasks and hinders the achievement of the goals of their work.

Figure 14 Activities that take the most time on average per month



Source: Quantitative study among general practitioners and pediatricians

Interviewees also express a significantly reduced share of preventive duties, which once again shows that early childhood care, which should be a priority for the health system and a significant part of the work of doctors and paediatricians, is not sufficiently represented.

The nurses in the nursery are responsible for the overall work of the group entrusted to them. Their main activities include child health care, nutrition, dressing, care, but also attention to early learning (Figure 15). The data on the requirements for their competence, as well as the system for continuing education, show an effort to meet the health needs of children, rather than the development of competence related to early learning, communication with parents, joint activities with families and others.

Figure 15 The role of nurses in nurseries<sup>28</sup>



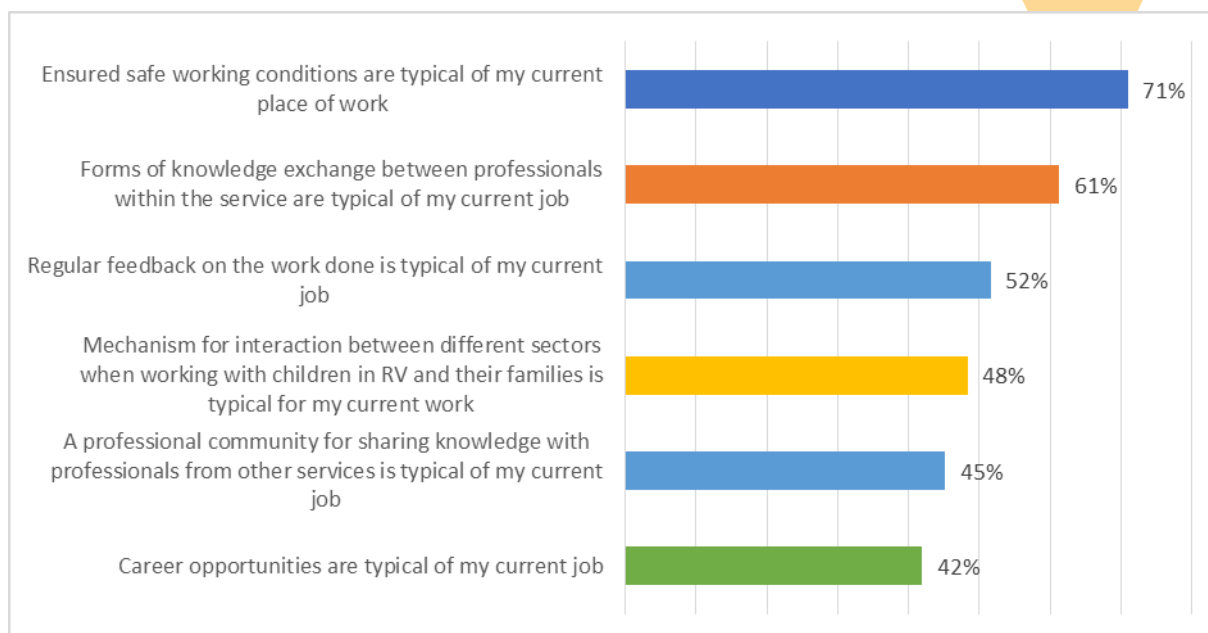
These data confirm previous findings regarding the provision of primarily 'physical care', development of skills for 'care' and 'basic hygiene habits', rather than support for early learning and development, and support for parents. Moreover, comments by nurses that they act as a 'professional mom' indicate the prominence of the idea that nurses replace parents rather than cooperate and support them.

- **Materials and resources**

The topic of materials and resources that provide opportunities for paediatricians to work is addressed in the discussions in terms of access to technical resources, medications and equipment. Paediatricians say that these opportunities are not enough, but they often try to provide them on their own. With respect to the characteristics of the doctors' workplaces, safe working conditions are indicated with a high percentage (Figure 16).

<sup>28</sup> Focus groups with nurses

Figure 16 Characteristics typical of the workplace



Source: Quantitative study among general practitioners and pediatricians

The nurses say that the resource base in the nursery has been improved, but as far as technical resources are concerned, they are missing or partially provided by staff.

#### 5.1.1.4. Summary

Professionals in the health sector are representatives of regulated professions, whose training is focused on health care, prevention, diagnostic and consulting activities. Initial training programs in medicine and paediatrics are not directly targeted at young children. In their practice, medical professionals are guided by the conscious choice to help and care for the health and development of people, in particular children.

The knowledge and skills that professionals have acquired in the course of their training or develop independently are mainly focused on the medical aspects of care, more than on the communicative, psychological needs of children and families, children's participation, opportunities for development. In this sense, topics such as working with parents, children's participation, creating an environment for development are desirable rather than available.

In the health sector, no system and opportunities have been identified for the development of individual competencies to support early childhood development. As far as they are available, they are an individual responsibility and personal choice.

Working conditions are quite diverse in terms of the variety of services and depend to a large extent on the type of practice, the provider, whether they are positioned in outpatient or inpatient care. Despite the leading activity of direct work with children, the specialists also spend too much time on administrative activities, which is an obstacle to providing sufficient time and efficiency for health care.

### 5.1.2. Education sector

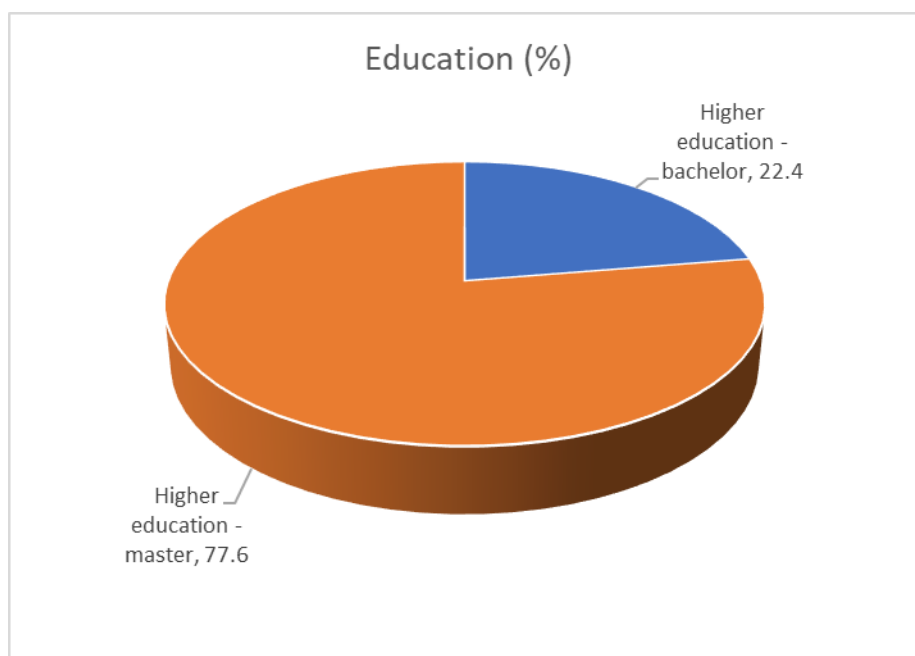
#### 5.1.2.1. Development of individual competencies to support early childhood development in the initial education of specialists working with children aged 0-7

- **Preschool pedagogy curricula in universities**

Nine higher education institutions in the country teach Preschool Pedagogy. The discipline is the same in all universities and the specialty is called Preschool and Primary School Pedagogy with the exception of Paisii Hilendarski University of Plovdiv and Episkop Konstantin Preslavski University of Shumen, where the specialty is called Preschool Pedagogy (Register of Universities of the Ministry of Education and Science).

The data from the quantitative survey conducted among specialists in the preschool education system show that the majority of them have completed higher education with a master's degree (77.6%) (Figure 17).

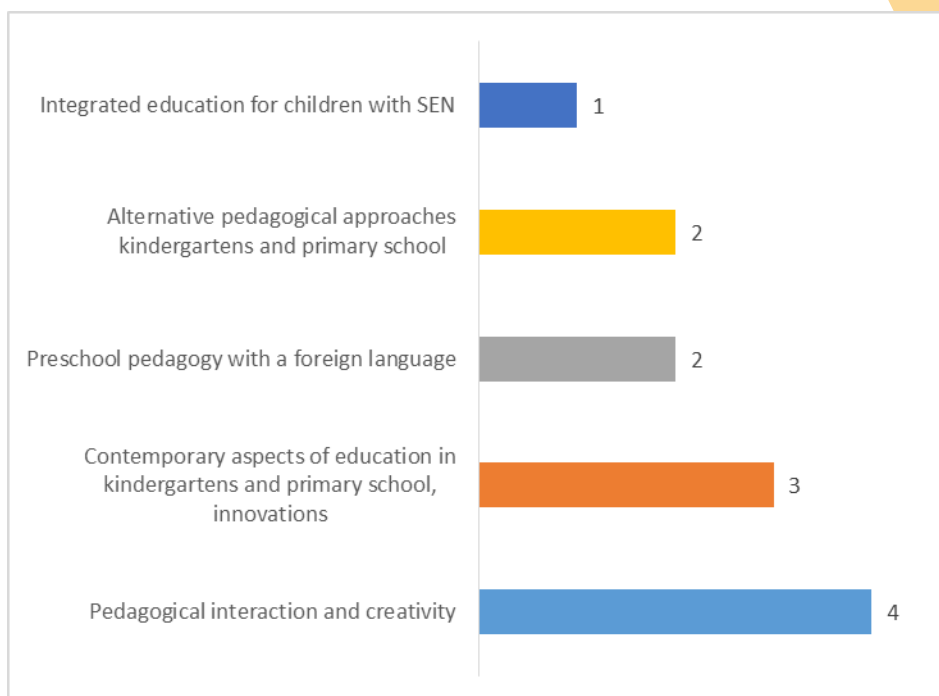
*Figure 17 Education of pedagogical specialists in the VET system*



*Source: Quantitative survey among specialists in the VET system*

The analysis of the master's programs in the universities shows that there are 21 programs for preschool pedagogy in all universities. Some of the master's programs are offered to graduates in another professional field, most often as an opportunity to obtain a teaching qualification. It is noteworthy that for professionals with a bachelor's degree in pedagogy, the main part of the master's programs are focused on the pedagogical interaction and modern aspects of education, whereas integrated education for children with SEN is present only in one program (Figure 18).

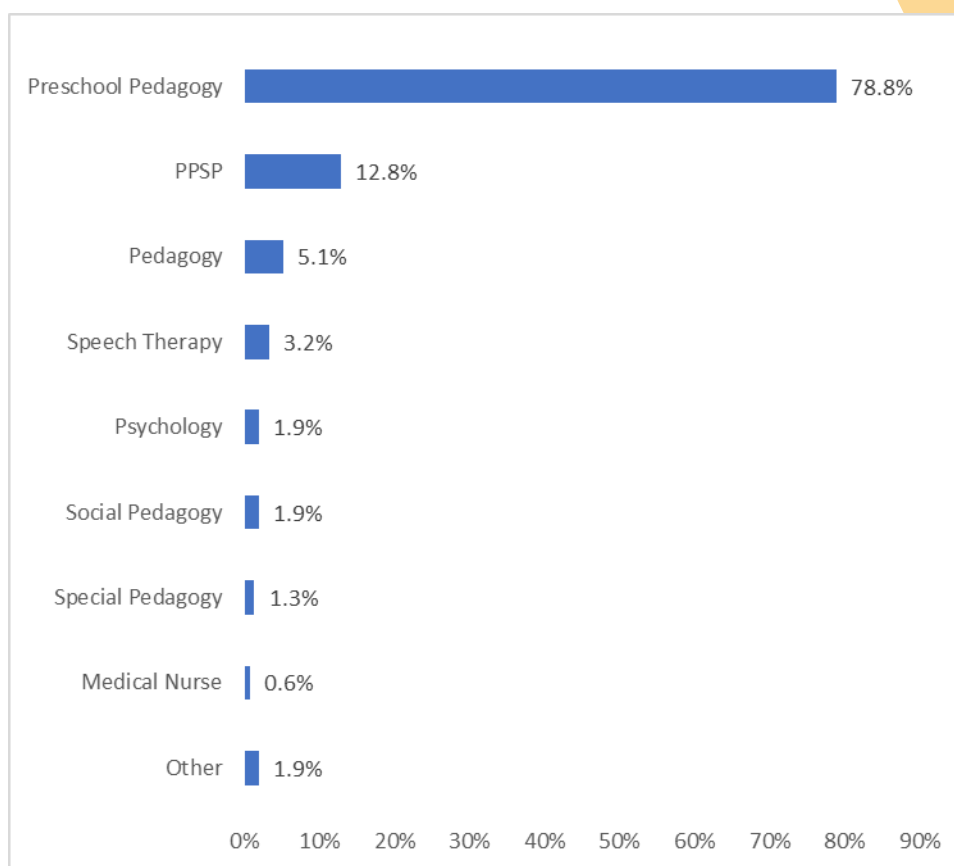
Figure 18 Master's programs



Source: Master's programs published on the websites of universities in which specialties from the Department of Pedagogy are taught

The data from the quantitative survey among specialists in the system of preschool education show that the largest number (78.8%) have graduated in preschool pedagogy, and only 12.8% have graduated in the specialty taught in most universities - preschool and primary school pedagogy (Figure 19). This is probably due to the fact that the respondents completed their education when the preschool pedagogy specialty was a separate discipline.

Figure 19 Specialty obtained by pedagogical specialists

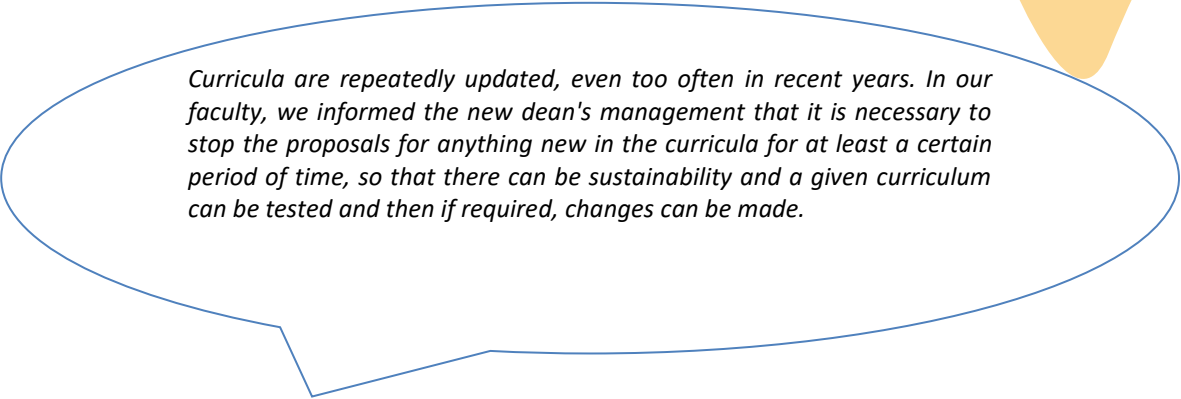


Source: Quantitative survey among pedagogical specialists

Curriculum development is a prerogative of the universities. On the one hand, the inclusion of academic disciplines in the curricula is related to the groups of competencies described in the normative documents, but on the other hand it largely depends on the available teachers: "at the university the teacher's right to choose is respected" (Interview, lecturer, university), and the capacity of the school. The development of curricula often happens by default regarding the need to include fundamental pedagogical disciplines such as: theory of education, didactics, history of pedagogy and Bulgarian education, psychology and others.

It should be noted that according to the available public information, as well as what is shared by teachers in higher education institutions, curricula are subject to development. There is a system for changing the subjects, dropping out or supplementing subjects, depending on the decisions of the academic staff. According to teachers, these changes are not always well received because they lead to instability of the programs and they must first be tested with at least one class before any changes can be planned (Figure 20).

Figure 20 Curriculum update<sup>29</sup>



*Curricula are repeatedly updated, even too often in recent years. In our faculty, we informed the new dean's management that it is necessary to stop the proposals for anything new in the curricula for at least a certain period of time, so that there can be sustainability and a given curriculum can be tested and then if required, changes can be made.*

- **Knowledge, skills and values about early childhood development and approaches in university education**

University education in primary and preschool pedagogy is defined by most universities as aimed at providing a set of knowledge, skills and competencies for the training of interdisciplinary and broad-profile specialists in the field of preschool and primary education. This broad profile provides serious academic training in basic pedagogical and psychological disciplines.

In the course of the study, in order to analyze the extent to which curricula are in line with the basic principles set out in the Proposal for Key Principles of a Quality Framework for Early Childhood Education and Care (European Commission, 2014), a review was made of the main subjects in the universities where the specialty of preschool pedagogy is taught. Among the main principles related to the quality of services and referring to the professional competence of those working with children at an early age are:

- Setting clear pedagogical goals, values and approaches that allow children to reach their full potential in a holistic way
- Support for the various competencies, activities and skills of children to learn and develop, developing their full potential
- Consideration of the different interests and needs of children in a holistic way
- Ensuring children's participation
- Active cooperation with children, colleagues and parents and reflection on their own practice

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<sup>29</sup> Interview, university lecturer

- Development of new approaches based on evidence of the usefulness of good practices

The table below provides summary information on the availability of disciplines that provide knowledge and skills development in the context of the basic principles of quality of services and work with young children.

*Table 1 Analysis of the curricula in preschool pedagogy*

| Baseline indicator  | Additional indicators  | Data  |
|---|--|---|
| <b>Main areas and approaches reflected in the curricula</b> | Different aspects of child development in a holistic perspective (physical, cognitive, social, emotional)  | Based on the review of the subjects in all universities, provided in the respective annotations, it can be concluded that among the compulsory and elective courses there is a significant number of psychological disciplines such as: General, Developmental and Pedagogical psychology. Within the psychological disciplines, various aspects of child development are studied in a holistic perspective. In addition, some of the curricula include subjects such as Social Development of the Child, Psycho-sexual Development and Upbringing of the Child, Psychology of Development in Preschool Age, Early Childhood Pedagogy, and others, which are focused on the development of children at an early age.  |
|   | Competences for building relationships with children, for monitoring and planning activities for their development, as well as for identifying difficulties                            | Based on the review of the subjects in all universities, provided in the respective annotations, it can be concluded that among the compulsory and elective subjects there is a significant number of pedagogical disciplines such as: Theory of Education, Preschool Pedagogy, Pedagogical Diagnostics, Diagnosis of Speech Development of Children, Reform Pedagogy, Contemporary Pedagogical Research, Pedagogical Interaction with Children of Different Ages, Pedagogical Bases of Preschool Program Systems, Fundamentals of Pedagogical Communication, Alternative Models of Preschool Education, Identification and Development of Gifted Children, Diagnosis (monitoring) of Children's Language Development. Within the pedagogical disciplines it is expected to provide knowledge/skills for monitoring and planning of child development and learning at an early age. |
|   | Key factors influencing good health, nutrition, early learning, stimulating care, safety and security for young children and strategies to support parents in providing adequate care. | The main factors related to nurturing care are rarely and not completely addressed in the curriculum. In some of the elective subjects in two of the universities there are disciplines such as Pedagogy of Language Acquisition and Speech Development, Pedagogy of Physical Culture in Preschool Age, Pedagogy of Early childhood, Health Promotion, and Educational Work in the Nursery. In the curricula of most universities there are no topics directly focused  |

|   |   |  |
|---|---|--|
|   |   | on nutrition, stimulating care, safety and security.   |
|   | Different learning strategies for children of different ages and skills to create and organize an environment for learning and development of children of different ages. Individual approach.  | In the curricula of all universities there are a variety of disciplines -- compulsory and optional, in various pedagogical theories and technologies for the development of knowledge and skills of children at an early age. They clearly make up the largest share of subjects in the curriculum. Compulsory subjects include: Construction and Technologies in Kindergarten, Pedagogical Theories and Technologies for mastering various knowledge by children. Elective subjects include: Psychological and Pedagogical Design of the Child's Free Time, Experimentation by Children, Cultural-historical Theory of Game Development, Children's Theatrical Play Montessori Method, Development of educational projects, Planning and organization of the plot-role play, Ecological expertise of the educational environment, Sociological methods for research of children's play, Game interaction technologies, which involves different learning strategies at an early age. The plans focus on teaching methods in various fields of knowledge, language, mathematics, fine arts, etc. |
|   | Theory/practice ratio   | Calculated on the basis of credits received from practical training in relation to the total number of credits, the share of internships in the respective universities is on average 10%, ranging from 6% to 15%. It should be noted that this section does not include seminars and lesson observation.  |
| <b>Methods and approaches of social work reflected in the curricula</b> | <b>Existence of academic disciplines representing:</b><br>Skills for applying specific approaches and methods for working with vulnerable children and an approach for assessing the risk and parental capacity of child care providers | In half of the universities, subjects have been identified that affect the formation of skills for applying specific approaches and methods for working with vulnerable children and their families, such as: Special Pedagogy, Inclusive Education, Intercultural Education, Ethnocultural Communities in Bulgaria, Work with Children at Risk, Diagnosis of Children with SEN. The share of these disciplines in the curriculum is small and is mainly related to inclusive education (work with children with SEN).   |
|   | <b>Communication with children and ensuring their participation</b> and skills to create an encouraging environment and involve children in various activities  | In most of the universities no subjects have been identified in which the topic of communication with children and ensuring their participation is touched upon. Three universities study the subject of Children's Rights, where the topic of participation is probably mentioned.  |
|   | <b>Working with parents and the local community</b> and skills to initiate, encourage and communicate with parents  | Working with families and the community is not central to the curricula. There is a small number of subjects – mainly among the elective ones, that are related to working with families, there are almost no  |

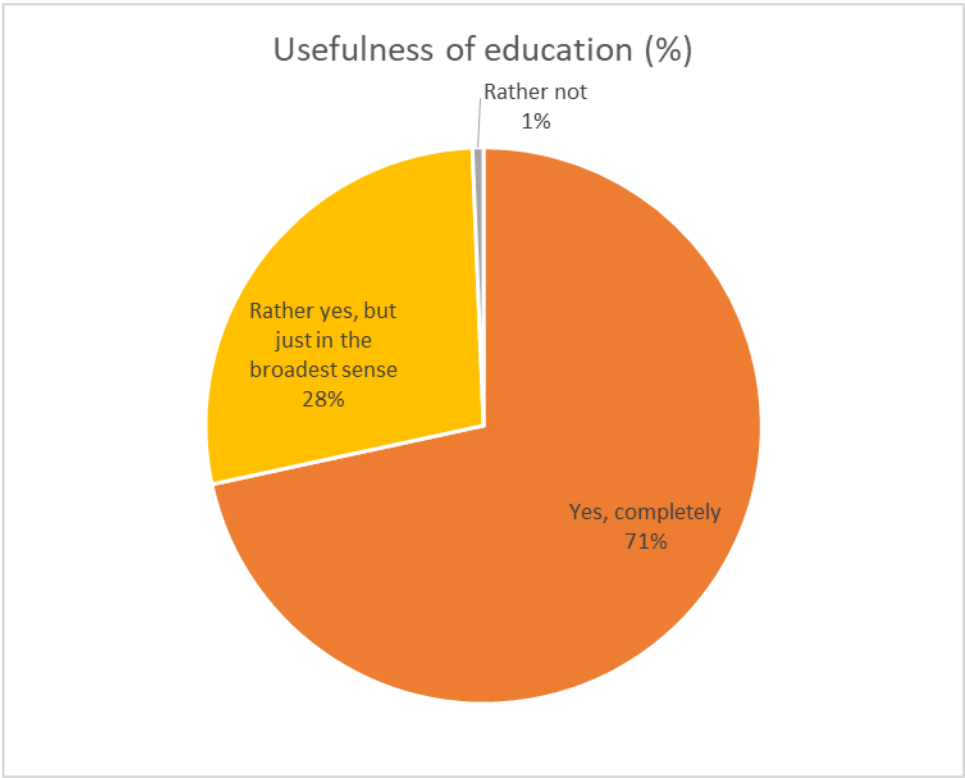
|  |  |  |
|--|--|--|
|  |  | disciplines related to working with the local community. |
|--|--|--|

Curricula for pre-school and primary school pedagogy contain a wide range of psychological and pedagogical disciplines, along with methodologies for providing knowledge and skills development to children in different learning areas. At the same time, disciplines related to working with children in difficult situations, working with families and the community, ensuring child participation, factors relating to nurturing care, are far less common. It is noteworthy that in universities where the specialty is focused only on preschool pedagogy, the curricula are richer in disciplines aimed at working with children at an early age. Where preschool and primary school pedagogy are combined, less time is spent for education in pre-school pedagogy.

University lecturers are also aware of the challenges and shortcomings in the curricula related to the insufficient knowledge and skills provided in terms of working with families, the lack of an individual approach, as well as the lack of courses integrating knowledge from different fields.

The data from the quantitative survey among specialists from the education sector show that according to 71.6% of the participants, university education is useful for them (Figure 21).

Figure 21 Degree of usefulness of the educational preparation

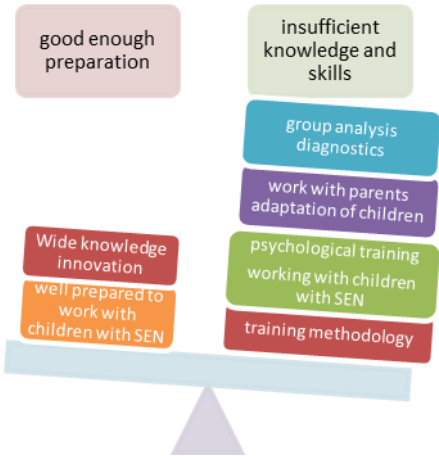


Source: Quantitative survey among specialists in the PUV system

At the same time, participants in focus group discussions mostly debate the insufficient knowledge and skills they receive at the university. These deficits are related to work with children with special educational needs (SEN), diagnosis, group work, family work, psychological training and training methodology (Figure 22). It is noteworthy that working with children with SEN is mentioned by specialists both as an area in which the initial education provided sufficient preparation (less often) and as an area in which they lack knowledge and skills (more often). The reason is respondents'

shared perception for the need of education in this area. Some of them consider that the education of children with SEN is addressed in the initial education; according to others, however, a serious effort is still needed to develop competences in this area.

Figure 22 Opinion on the educational training of specialists in the education sector

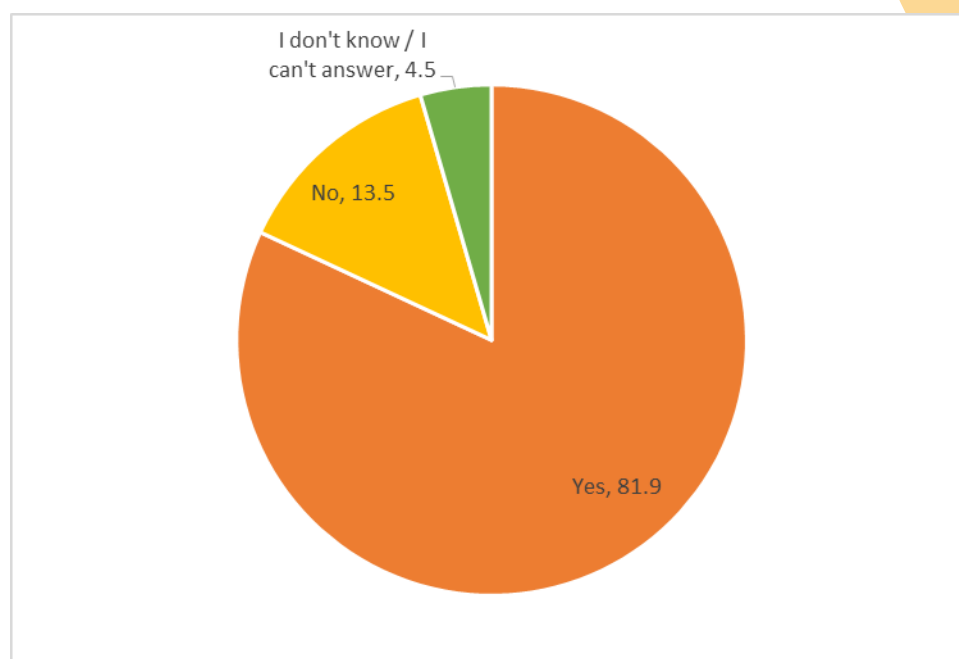


- **Relationship between theory and practice in university education**

The review of the curricula of the specialty pre-school and primary school pedagogy (PSPSP) shows that the universities exceed the minimum requirements specified in the legal framework and the share of practical training (excluding lesson observation and seminars) amounts to an average of 10% of the total number of credits (see Table 1). Teaching practices are organized in host kindergartens and schools. In the educational institutions designated for internships, students are supported by mentor teachers. However, the participants in the focus groups share that the effectiveness of these practices is not very high: “The preschool teachers develop the lessons for the interns, because they understand that the students would not be able to cope with the task on their own. The teachers give them the grades and let them cope by themselves.” (Interview with kindergarten Director)

Data from the quantitative survey among specialists in the education sector show that according to the majority (81.9%), the balance between theoretical and practical training at the university level is good (Figure 23).

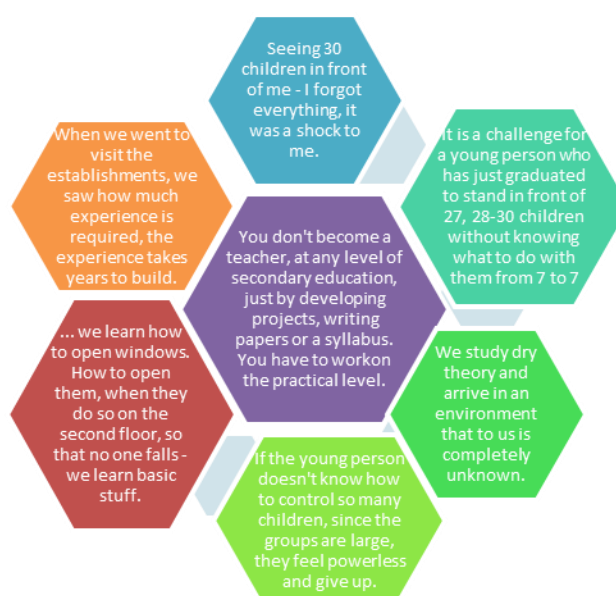
Figure 23 Balance of theory and practice in university education



Source: Quantitative survey among specialists in the VET system

At the same time, the participants in the focus groups and interviews share the opinion that their knowledge and skills are not enough to carry out their work tasks (Figure 24). In particular, they express concerns about their skills to apply specific methods and techniques for working with a group of children, for working with children with specific problems, for attracting and retaining the attention of children, etc. The contradiction in the opinions stems from the different expectations with respect to university education, which provides more general theoretical training and less training for the formation of practical skills. Furthermore, due to the specifics of the work tasks, the practitioners' expectation is that they would develop their skills in the workplace rather than at the university.

Figure 24 Insufficient skills for working with children<sup>30</sup>



<sup>30</sup> Interviews and focus groups with professionals in the field of education

Kindergarten principals describe as successful practices the so-called ‘working students’ who start working as pre-school teachers while they are still studying at the university. According to them, this model is successful because it allows the students to implement in practice their theoretical knowledge and develop skills.

In summary, the data show that the internship in the initial education, which is relatively well balanced with the theoretical training, does not seem to achieve development of skills for working with children. This raises the issue of the need to enrich practical training at the level of preservice education with classes and with opportunities to implement knowledge in a real environment with the support of teachers.

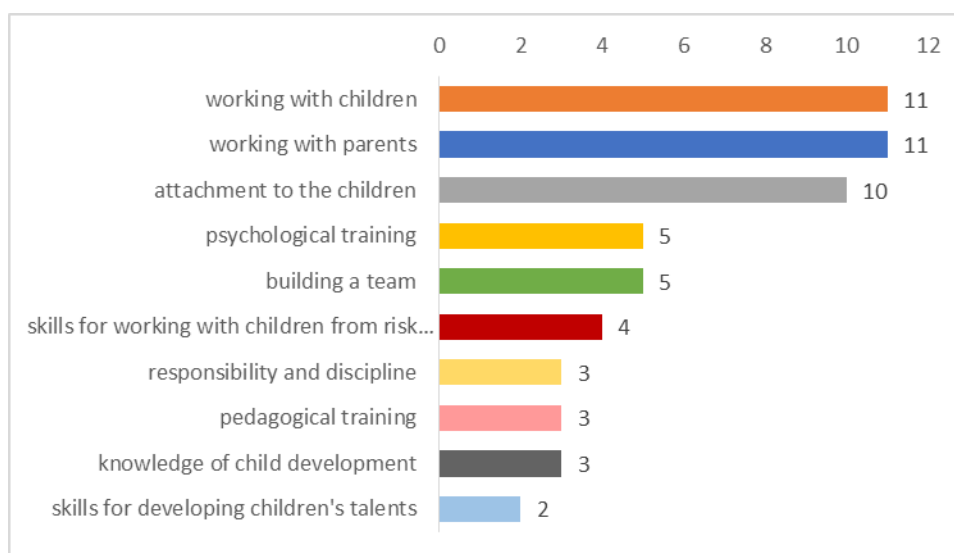
#### 5.1.2.2. Opportunities for building and developing individual competencies for early childhood development through continuing professional development.

- **Development of knowledge, skills and values throughout the career**

The wide-ranging training that specialists receive in their initial education, both at the bachelor's and master's levels, needs to be developed during the period of service. This understanding is shared by all professionals and is implemented in practice throughout their career.

Professionals who participated in focus groups and interviews considered that it is important to continue developing throughout the career the knowledge and skills for working with children; for working with parents as well as personal qualities such as attachment to children. It is noteworthy that these competencies include also competences for work with risk groups, teamwork and additional psychological training (Figure 25).

Figure 25 Necessary knowledge and skills for professionals in the education sector<sup>31</sup>



Source: Qualitative research among specialists in the VET system

Among the most challenging topics shared are ‘Working with children with SEN’ and ‘Working with parents’, which should be the subject of an additional training program. Working with children with SEN (diagnosed and undiagnosed) is defined as the most difficult issue. Pre-school teachers share that in large groups of children it is very difficult to apply an individual approach to all and in particular to those with different behaviors. Their view is that they are not equipped with the

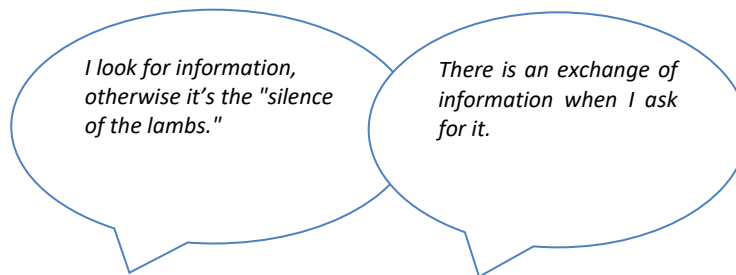
<sup>31</sup> Interviews and focus groups with professionals in the field of education

necessary knowledge and skills to attract the attention of children with SEN, to facilitate communication in the group between children with SEN and other children, to communicate with different children and work with their parents.

The parents who participated in the study confirmed that the work with children with SEN is not satisfactory. The model of involving resource teachers for the support of children is not working well – it is not clear who selects the resource teacher; there are difficulties in determining the specific deficits of children; kindergartens do not have speech therapy and psychological support specialists; professionals are unable to deal with children's problems in the educational institution. In addition, their opinion is that professionals have difficulties and do not have the necessary knowledge and skills to work with children at risk (children using social services; children with SEN; children with difficult behavior).

Communication between parents and teachers in the kindergarten is unsatisfactory according to parents who participated in this study. Parents' participation is often reduced to receiving information, while they are expected to be active and to seek information themselves, including in cases of problems with the child's behavior (Figure 26).

*Figure 26 Communication between parents and teachers in the kindergarten<sup>32</sup>*

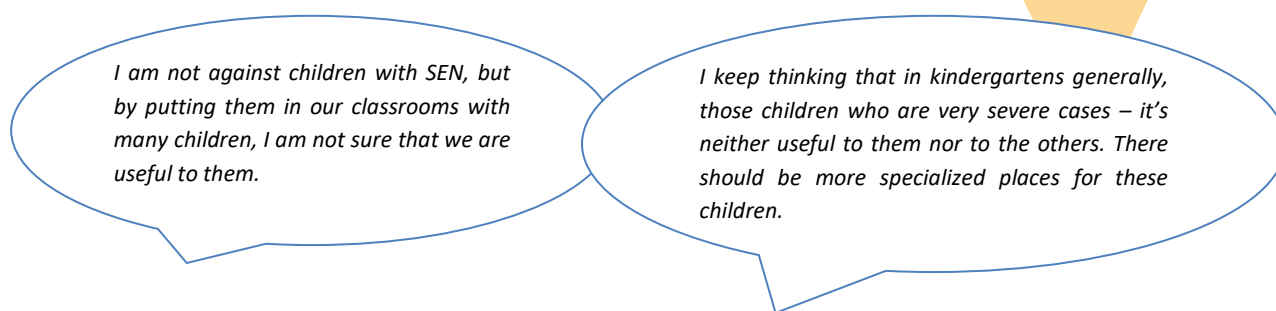


Some of the specialists participating in the study strongly agree that children with SEN are very difficult to integrate in kindergartens and for some of them attendance of kindergarten is not beneficial for their development as well as the ability to work simultaneously with children with disabilities and children with developmental disabilities (Figure 27). This shows that mainly the whole-group approach, which is applied when working in the kindergarten, makes it difficult to work with different children. The shared opinions show a lack of preparation of the system of kindergartens and professionals providing educational services for working with children with SEN and question the practical implementation of the inclusion process.

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<sup>32</sup> Focus groups with parents

Figure 27 Work with children with SEN<sup>33</sup>

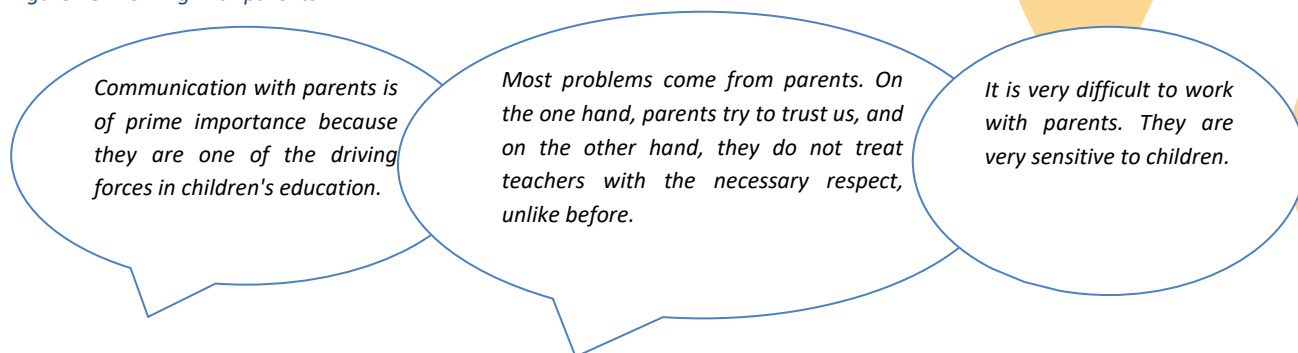


Working with parents is another particularly important and challenging topic that requires special attention in the analysis. Professionals talk about working with parents as a challenge (Figure 28). On the one hand, they share about the contemptuous attitude of the parents themselves towards the work of the children's teachers, and on the other hand due to the lack of mechanisms for involving the parents in the activities in the kindergarten. They try to compensate for the latter by involving parents in various activities of interest, but these are isolated practices rather than a model of work. In addition, teachers often blame the parents, say that often the problems in children's behavior are the result of upbringing in the family, find working with parents difficult, even impossible.

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<sup>33</sup> Interviews and focus groups with professionals in the field of education

Figure 28 Working with parents<sup>34</sup>



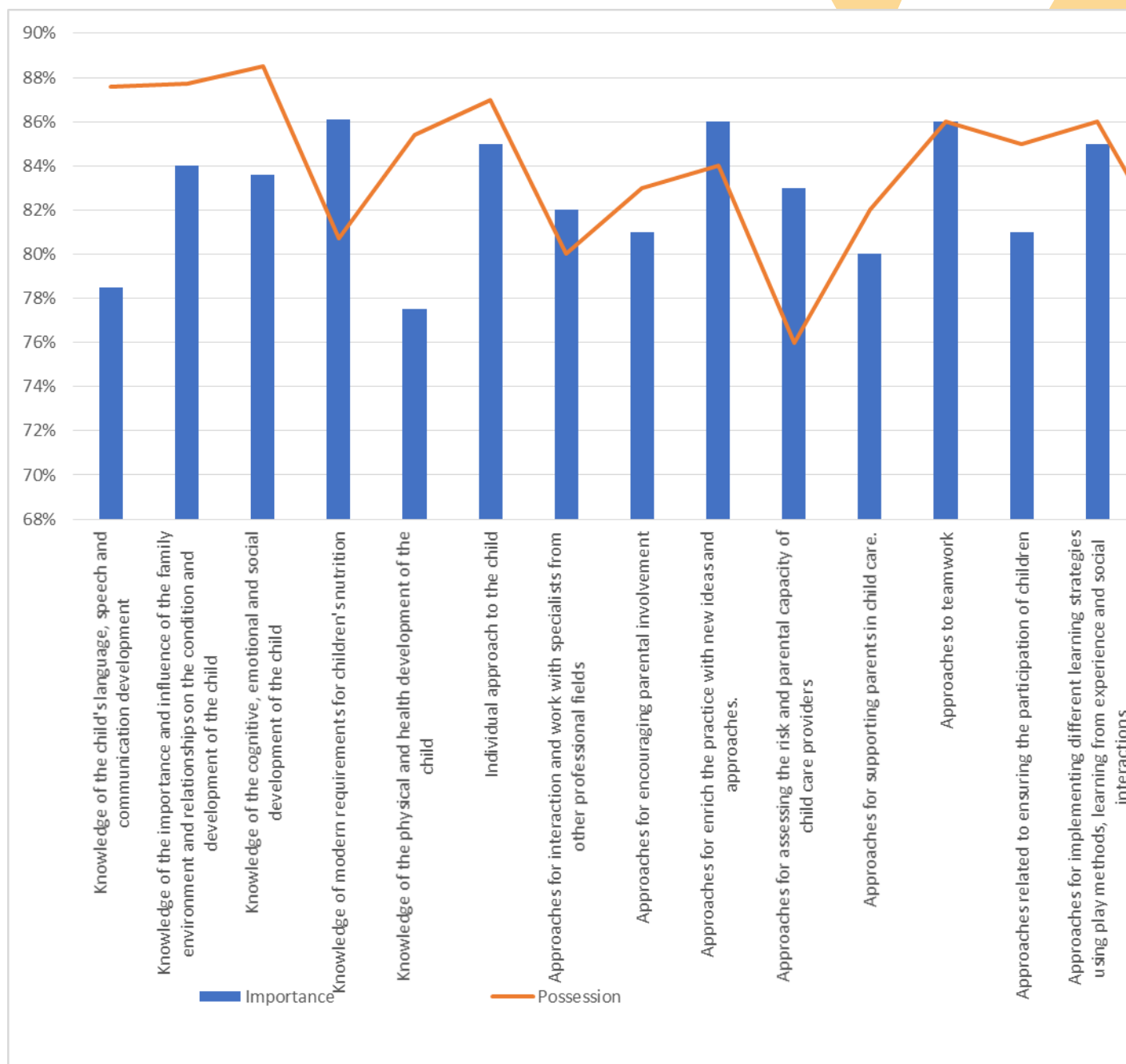
The professionals involved in the quantitative survey identified as important and essential for the effectiveness of their work most of the survey items including knowledge, skills and approaches related to ECD. To a large extent, their views on the extent to which they possess these competencies are also linked to higher scores.

The overall analysis shows that in several of the areas there is a discrepancy between the importance and the degree of ownership: an approach to risk assessment and parental capacity, knowledge of modern requirements for children's nutrition, an approach to enrich the practice with new ideas and approaches, skills to analyze their own practice, as well as an approach for interaction and work with specialists from other fields. In these areas, professionals attach a higher degree of importance than the extent to which they say they actually possess the skills (Figure 29). The importance of knowledge about the child's language, speech and communicative development and the individual approach to the child is surveyed as of lower importance than the level to which participants say they possess the skills.

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<sup>34</sup> Interviews and focus groups with professionals in the field of education

Figure 29 Importance in relation to the possession of knowledge, skills and approaches for working with children at an early age



Source: Quantitative survey among specialists in the VET system

The opportunities for upgrading the knowledge and skills of professionals in the preschool education system are many and varied. First of all, we can point to the system for professional qualification development (PQD - professional qualification degree) (Ordinance № 15 of 22.07.2019 on the status and professional development of teachers, principals and other pedagogical specialists), which is provided by departments to accredited<sup>35</sup> higher education institutions with pedagogical faculties, the aim of which is to guarantee successful vocational education and to establish a link between initial

<sup>35</sup>University that conducts training for acquiring the professional qualification "teacher" and has program accreditations for conducting training for acquiring the educational qualification "master" in a specialty from a professional field according to the Classifier of the fields of higher education and professional fields and for acquiring educational and scientific degree "doctor" in a doctoral program corresponding to a subject of school preparation.

training and permanent additional qualifications. These departments in different universities have different names, but all are strictly specialized in the postgraduate qualification of teachers.<sup>36</sup> Among them there are preparatory and thematic courses. The thematic courses for obtaining PQD in the field of preschool education are mainly related to: the research activity of the teacher in primary school pedagogy, diagnosis of special educational needs, application of modern pedagogical technologies in the kindergarten, innovations in the research activity of the teacher, development of skills for using different methods and techniques, areas of knowledge or work with behavior and school readiness, formation of a motivating and supportive environment, preschool education through art and play, etc.

The analysis of the thematic courses shows that the proposed topics correspond to the training needs identified in the quantitative and qualitative research. The trainings are paid and are a matter of personal decision and opportunity of the teachers. The motivation for obtaining further qualifications is related to the fact that the salary increases with the acquisition of a higher level of qualification. Data from the quantitative survey show that 47% of those with additional qualifications indicated that they had PKS.

- **Active participation of professionals in the process of development of training practices**

The system for raising the qualification by obtaining a PQD is a matter of individual decision of the professionals, although it can be considered as a part of the whole system of career development. The link between individual needs, pedagogical practice and the thematic courses offered by universities is available insofar as the topics offered are an extension of university education. In addition, each trainee for higher education has the opportunity to develop a topic that excites him/her and that could be related to his/her work with children. No special studies have been identified on the needs of teachers to be carried out by higher education institutions and to provide guidance on the topics offered, although this connection is present in that PKS courses complement university education.

According to the data from the qualitative research, the acquisition of PQD is related to the opportunities for career development - senior and head teacher (with no requirement for 10 years of experience). The positions of senior and head teacher presuppose salary increases and different types of obligations for those who hold them. From the point of view of individual development, it is debatable to what extent this is achieved, as professionals in the field of education share the opinion that training is mainly theoretical and not always related to their daily work. In this sense, obtaining a qualification provides career development, the motivating factors are related to this opportunity and remuneration rather than to the development of professional competence (Figure 30).

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<sup>36</sup>See Department of Information and Teacher Training at Sofia University "St. Kliment Ohridski ", available to:<https://diuu.bg/course/4703/>; Department of Information and Teacher Training at the Thracian University - Stara Zagora, available at:<http://www.dipku-sz.net/departament-za-informaciya-i-povishavane-kvalifikaciyata-na-uchitelite>; Department of Information, Qualification and Continuing Education - Varna at the University of Shumen, available at:<https://dikpo.shu.bg/>; Department for Qualification and Professional Development of Pedagogical Specialists at the University of Plovdiv, available to:<https://uni-plovdiv.bg/pages/index/1196/>; Department of Continuing Education and Qualification of Pedagogical Specialists at the University of Veliko Tarnovo, available at:<http://www.uni-vt.bg/bul/?zid=182>; Department for qualification, re-qualification and acquisition of professional levels of qualification by pedagogical specialists at Burgas Free University, available to:<https://www.bfu.bg/bg/organizatsionna-struktura/departament-za-kvalifikatsiya-i-pks>; Department for Qualification and Professional Development of Pedagogical Specialists at the University "Prof. Asen Zlatarov " - Burgas, available to:<https://www.btu.bg/index.php/bg/kolejiidepm/departament-cps/departament-cps-m>; There is also an opportunity to acquire PKS at Southwestern University - Blagoevgrad on the basis of an agreement concluded with the Thracian University - DIPKU Stara Zagora available on: <http://www.swu.bg/academic-activities/academic-programmes/continuing-education/professional-qualification-of-teachers.aspx>

Figure 30 Understanding and motivation for PKS<sup>37</sup>



This is evident from the analysis of the trainings offered. Despite the existence of topics related to the deficits in the necessary knowledge and skills, the offer of courses in the field of preschool pedagogy is less frequent. Thematic courses related to the curriculum in schools, the organization of the work process, the regulatory framework, etc. predominate. Professionals have a choice, but from already planned predetermined topics, from a list of specific areas and training.

The PKQD system has clear and strict rules, including:

- *In compliance with the normatively determined requirements of the pedagogical specialists, five professional levels of qualification (PQD) are awarded consecutively - from the fifth to the first.*
- *The awarded PQD is a requirement for holding a higher position in the education system. There is an opportunity for experts at different levels in education to also acquire PKS.*

In addition, for each level of qualification there are certain requirements for application, hours, form of examination, written work, publications for the highest level, etc. As a result, the opportunities for active involvement of professionals in the selection of topics are available to some extent, as far as methods, exams, hours, etc. are fully pre-set.

- **Innovative approaches in professional development**

The main form of pedagogical interaction in preschool education is the pedagogical situation, which takes place mainly in the form of play (Ordinance № 5 of 03.06.2016 for pre-school education). The pedagogical situation has a specific duration, and the realization of an appropriate number of situations in certain thematic areas should ensure the achievement of their goals. This institutional framework greatly hinders the development of innovative practices. Insofar as such are allowed and applied, they are the result of the personal initiative of the teachers, with the participation of the principal and the whole team of the kindergarten.

Teachers discuss the realization of their work through pedagogical situations, to some extent critically. They point out as challenges the size of the groups and the need to introduce different approaches and organization in order to achieve the goals of the pedagogical situations, especially when there are children with SEN in the groups or they are of different ages. In addition, they define the number of situations as large and suggest that it be reduced: “Yes. But the thing I would like to change if I could is to reduce situations. It's just a killer job. In larger groups, so many situations are simply impossible to realize in a day (Focus group of kindergarten teachers).”

<sup>37</sup> Focus groups with professionals from the education sector

The system for continuing professional development concerning PQD strengthens this model and provides topics that are related to improving the means to completing pedagogical situations. Data from the quantitative study show some discrepancy between the availability and importance of skills to enrich the practice with new ideas (see Figure 29), which shows the need for their development. The discussion about innovation in educational approaches is focused on the use of information technology in kindergartens. Their use is debatable and is understood as a substitute for a live connection and communication with the teacher.

- **Leadership capacity development**

The directors of the kindergartens are specialists with higher education in a master's degree and at least 5 years of experience in the specialty (Ordinance № 15 of 22.07.2019 on the status and professional development of teachers, principals and other pedagogical specialists). Their roles and responsibilities are related to planning, organizing and controlling the activities of the kindergarten (ibid, art. 31). The competence profile of the directors of kindergartens and schools includes pedagogical, managerial, social and civic competencies (ibid., Annex 3).

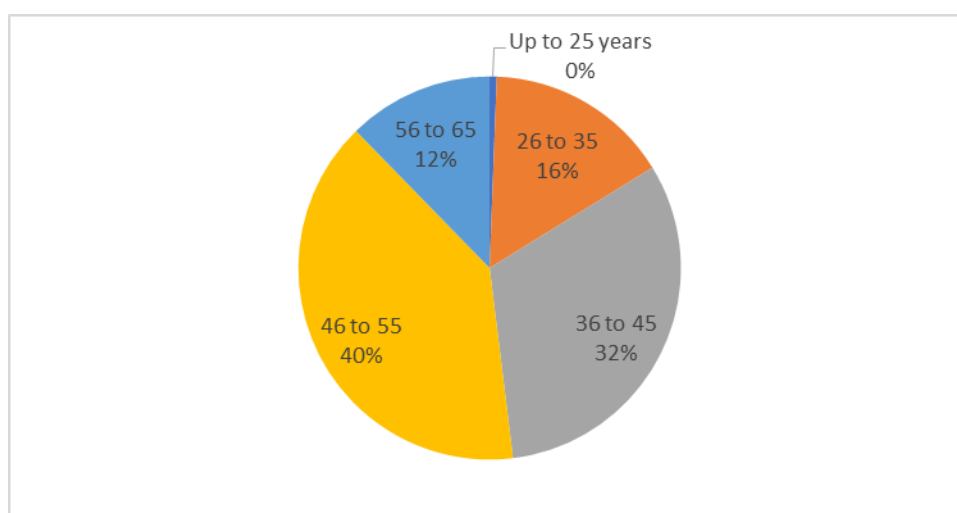
The system for continuing professional development is also valid for directors. The review of the trainings in thematic areas for obtaining a professional qualification degree shows the existence of a topic related to management in education, but not specifically aimed at the management of kindergartens. The development of the skills and competencies of the directors of the kindergartens is a matter of personal decision, but the opportunities for specifically targeted trainings for the development of their management skills are limited.

Opportunities for the development of leadership capacity through other forms such as information exchange, thematic groups, seminars and conferences are not identified. The directors say that they do not feel supported, even in small towns they rely on personal contacts with other directors to discuss topics that are topical and of personal interest to them or are related to their previous experience as leaders in other areas.

### 5.1.2.3. Working conditions

According to the data from the quantitative study, pre-school professionals are aged between 36 and 55, with a slight predominance of those aged 46 to 55 (Figure 31).

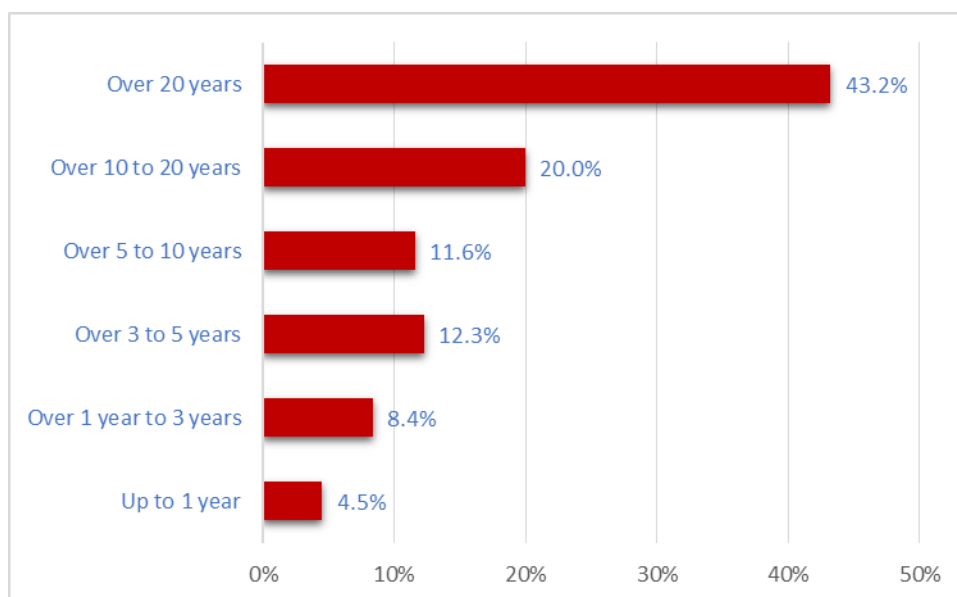
*Figure 31 Age distribution in the VET system*



*Source: Quantitative survey among specialists in the VET system*

Regarding the gender of the respondents, the data show that 99.5% of those working in the pre-school education system are women. The data from the survey also show that the majority (43.2%) of those working in the system have more than 20 years of experience (Figure 32).

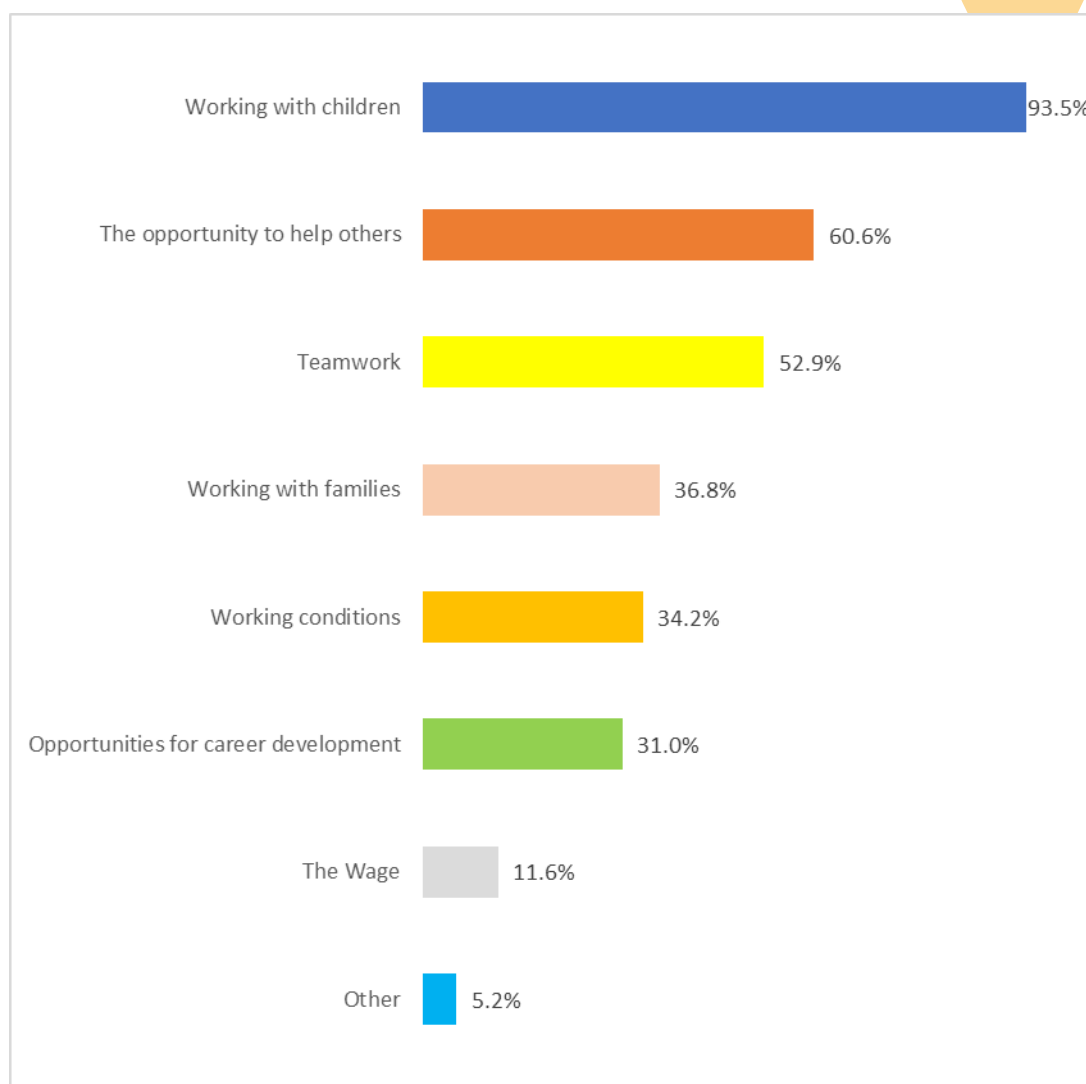
*Figure 32 Experience*



*Source: Quantitative survey among specialists in the VET system*

The main motivating factors for work, according to the opinions of professionals in the field of education, shared in the quantitative study, are working with children and the opportunity to help others (Figure 33). This is confirmed by what was shared in the interviews and focus groups, where the interviewees talk mainly about attachment to children as a basic quality that is needed when working in kindergartens.

Figure 33 Motivational factors for work



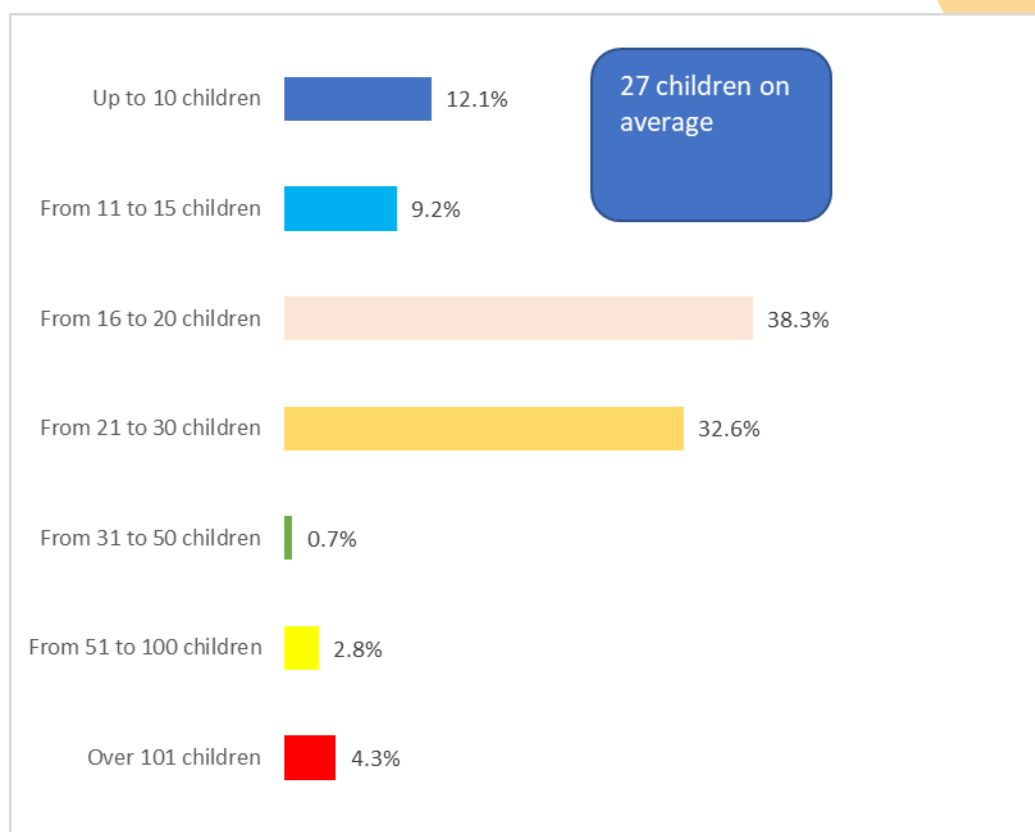
Source: Quantitative survey among specialists in the VET system

It should be noted that participants are much less likely to indicate among the motivating factors wages, working conditions and career opportunities. Focus group participants and interviews confirm that despite the importance of working conditions, they are not key to their motivation. The motivating factors are rather related to the fact that they work with people, specifically with children, that it contributes to their development, "you work as a "children's teacher" with your heart and soul. It's not about money (Interviews and focus groups with professionals in the field of education)."

- **Group size of children and staff-to-children ratio**

Focus group professionals state that the number of groups of children in kindergartens is between 20 and 30 children, and in the capital and regional centers the number is more often 30. The quantitative study confirms these data, as the predominant number of children in groups in kindergartens is from 16 to 30, with an average of 27 children (Figure 34).

Figure 34 Number of children with whom professionals work daily



Source: Quantitative survey among specialists in the VET system

According to the data from the qualitative study, the number of children with SEN in kindergartens generally could be up to 3 children. However, children's teachers share that in addition to the children who have been diagnosed, there are many other children in the groups who, according to them, have problems in development, in behavior, or are children at risk. This circumstance further complicates their work, because often the number of children with developmental disabilities is higher.

There may be between 12 and 23 children in pre-school groups in schools (Appendix № 7 to Art. 53 of the Ordinance on the financing of institutions in the system of preschool and school education, 2017). According to the data from the qualitative study, there are on average 20 children in each group. It is noteworthy that some of the school groups are mixed with children aged 5 and 6.

In some of the kindergartens included in the study, there are predominantly Roma children. The study also identified the presence of weekly kindergartens in which children spend the night. According to the NSI (2020) in Bulgaria from the school year 2016/2017 there are no weekly kindergartens. In 2015/2016 there were 10 weekly gardens, 4 of which in villages, with a total number of children in them 907, 215 of which in villages. There is no information what is the reason for this discrepancy, but the assumption is that it is related to the collection of system data.

With each group of children (average 27 for the groups in the kindergartens) there are two children's teachers and one assistant educator, and not always an assistant - the educator is responsible for only one group. The ratio of children: children's teachers is 13.5:1, but it should be noted that the two children's teachers do not work at the same time with the group of children. Ordinance № 5 on preschool education (2016) specifies that in the all-day organization of the learning process, two teachers work with the group of children, and their joint presence is at least one hour a day. As a

result, in the practice of the kindergarten one teacher works with an average of 27 children half a day. Resource teachers, speech therapists and psychologists also work with children with SEN. In the preparatory groups in the schools the ratio is 23:1, one teacher works with the whole group of children. The opinion of the participants in focus groups on the number of children they work with is related to reduced opportunities for individual work with children, difficulties in mastering the group and challenges in working with children with difficult behavior and SEN. The number of children in the groups, according to opinions shared, is high and leads to difficulties in applying an individual approach, working in small groups, applying innovative approaches, project-based tasks and more.

The question of turnover in the preschool education system does not have a clear explanation. According to the representatives of the institutions participating in the study, the problems with the turnover are largely solved by the priority status given to the profession and by the large number of students who study in these specialties. This solves the problem of getting professionals to enter the system. In addition, in recent years, according to them, working conditions and wages have improved significantly and helped to prevent teachers leaving.<sup>38</sup>

The opinion of principals and teachers is a little different. In small settlements, the shortage of staff is a fact and it is often necessary for students with secondary education to work as teachers in nursery schools. Another factor for staff shortage is the high average age of employees, which in the period of research in a pandemic situation, is offered as a factor for leaving.

According to some of the professionals involved in the survey, there has been some outflow of staff to schools with reception classes in recent years, especially to the preparatory groups, due to different working conditions (half-day organization, smaller groups with children, additional financial incentives), but others say that subsequently, those who left return to the kindergarten.

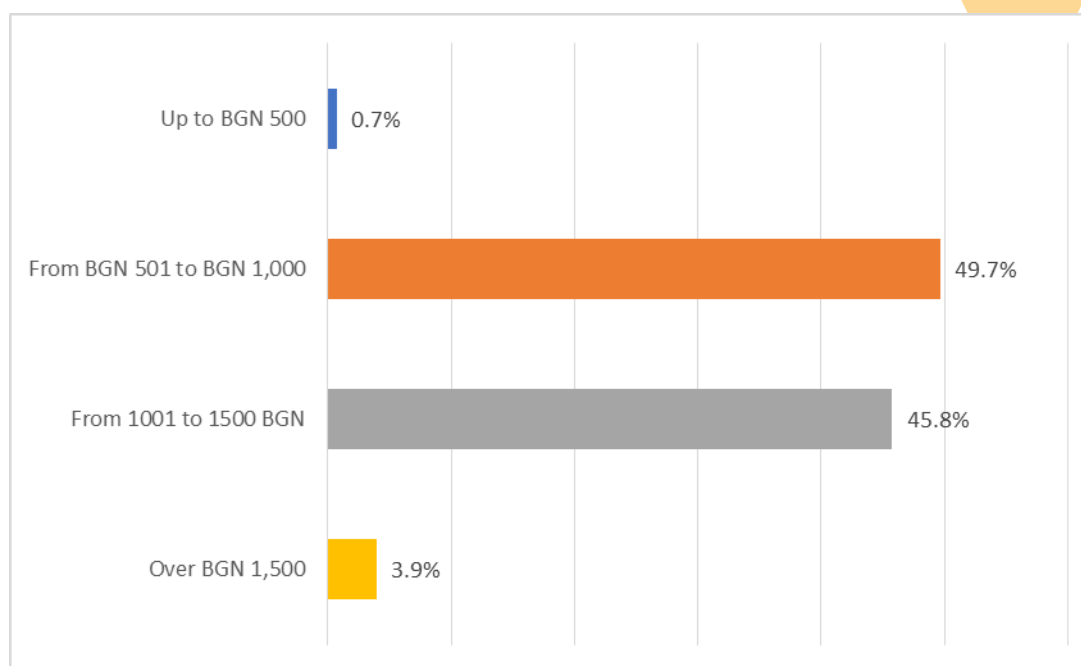
- **Remuneration**

According to the data from the quantitative survey, the net monthly income from the salary of professionals in the preschool education system varies between BGN 501 to 1000 and BGN 1001 to 1500 (Figure 35).

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<sup>38</sup>The improvement of working conditions continues with the adoption of the new Collective Labor Agreement on 17.08.2020. With it the Trade Union of Bulgarian Teachers has agreed to increase spending standards in the budget for 2021, as well as BGN 360 million to increase salaries of the pedagogical specialists from 01.01.2021. Larger notices are provided upon termination of employment (2 months), as well as higher compensations (10.5) salaries for pedagogical specialists with 10 years of work experience. The extended paid annual leave for pedagogical specialists amounts to 56 days according to Collective labor agreement for the system of pre-school and school education of 17.08.2020, Articles 29-31 and 39, available to: <https://www.nus-bg.org/>

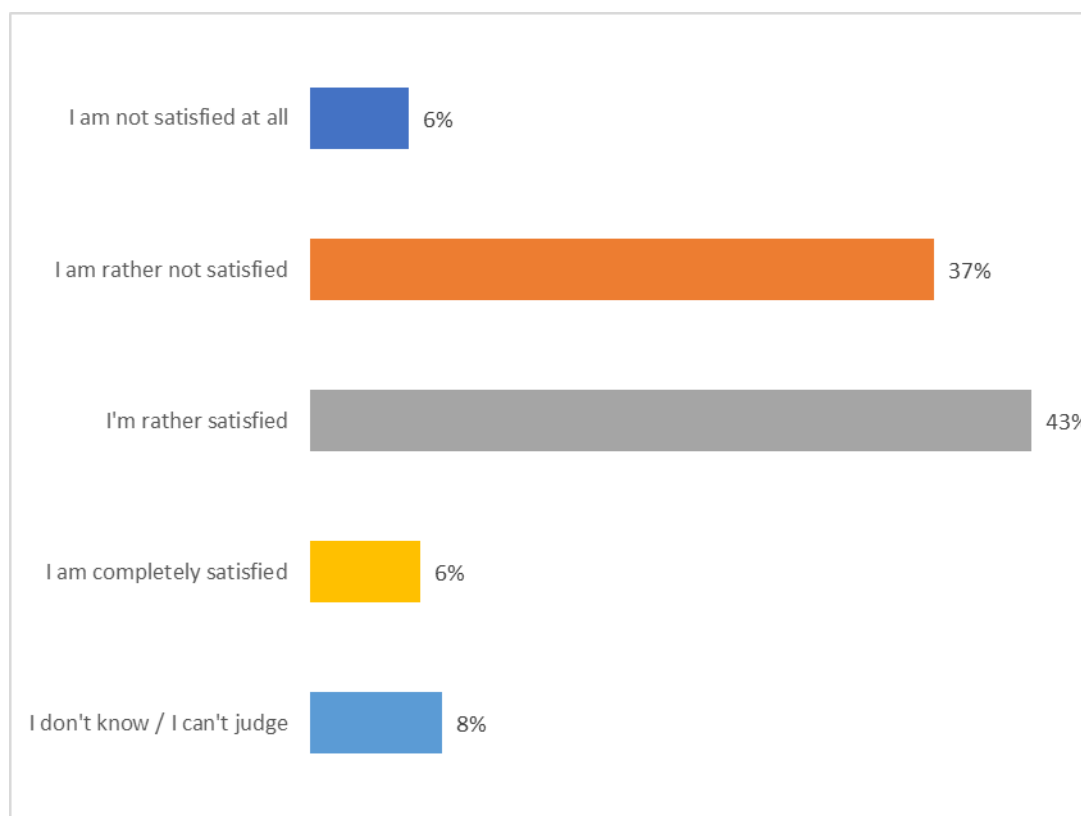
Figure 35 Net monthly salary income



Source: Quantitative survey among specialists in the VET system

Respondents' opinions regarding the level of salary satisfaction are divided (Figure 36). 43% of the respondents are rather satisfied and 37% are rather dissatisfied. This view is also confirmed by the participants in focus groups, according to which wages have improved in recent years and they are rather satisfied, although some of them take the opportunity to increase income by working in a second job, which is true for big cities.

Figure 36 Salary satisfaction

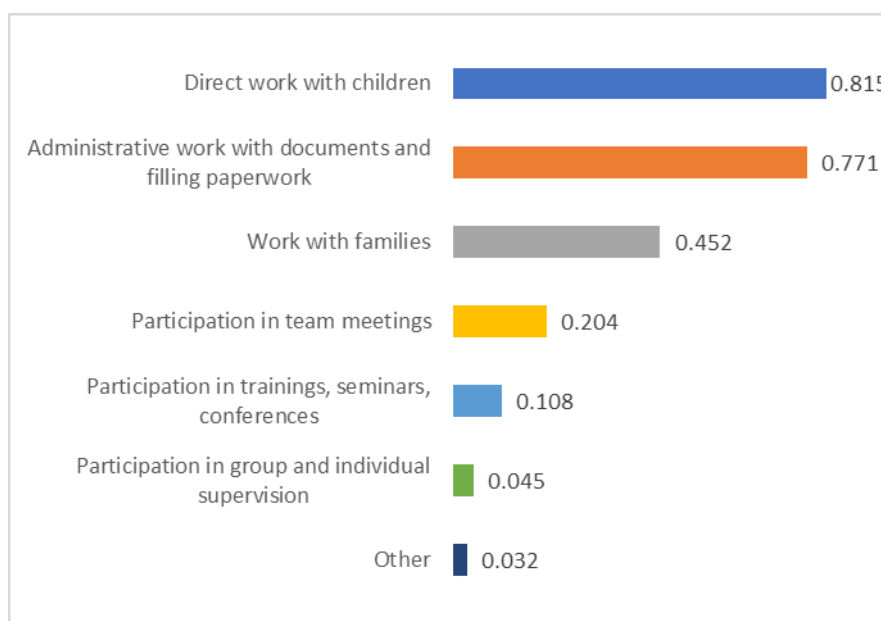


- **Basic obligations, working hours and requirements for employees**

Children's teachers, including teachers in preparatory groups, have duties and responsibilities related to supporting the children's development and learning. They implement the planned forms of pedagogical interaction and organize the child's day in preschool education. Pedagogical interaction is a process aimed at achieving a certain expected result related to the overall development of the child, in which the main participants are the teacher and the child (Ordinance № 5 of 03.06.2016 on preschool education). In this sense, the requirements for their competence, specified in the normative documents, correspond to their main obligations. Assistant educators take care of hygiene and have a supporting function.

The activities of those working in the field of education, according to the data from the quantitative survey, are mainly direct work with children, administrative work. (Figure 37). Work with parents, participation in team meetings, as well as activities related to professional development are mentioned to a much lesser extent. These data confirm that in their practice children's teachers implement the set activities in preschool education according to the available regulations, at least as far as working with children is concerned. At the same time, it is noteworthy that a large proportion of teachers' working time is devoted to working with documents and other administrative activities, according to 77% of respondents, while activities related to their professional development, such as participation in trainings, seminars, conferences, trainings, team meetings and supervisions occupy a significantly smaller share.

Figure 37 Activities that take the most time on average per month



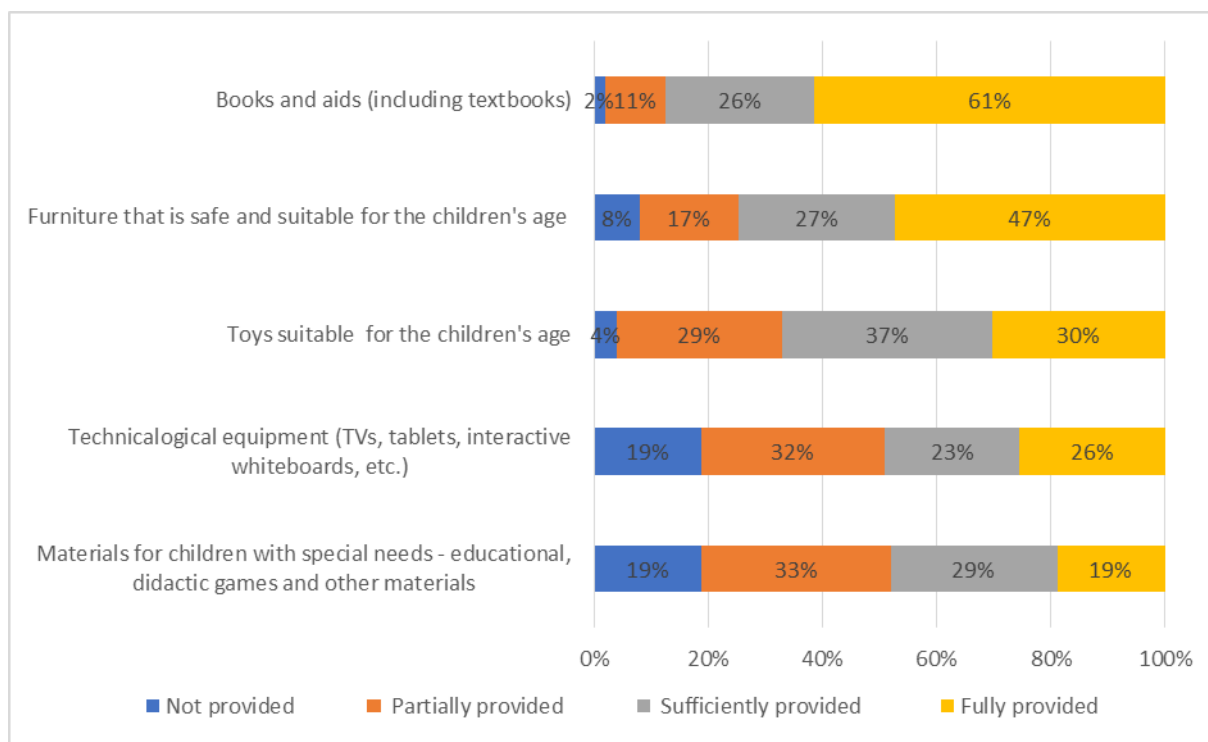
Source: Quantitative survey among specialists in the PUV system

- **Materials and resources**

According to the data from the quantitative survey, those working in the preschool education system are provided with books and aids, furniture and toys suitable for the age of the children (Figure 38). As for the technical means and materials for working with children with SEN, their work is rather only partially or insufficiently provided for. These data complement the previously shared difficulties in

working with children with SEN, which stem from the need for this work to be provided with appropriate materials relevant to their needs and opportunities for development.

Figure 38 Ensuring the work with materials and resources

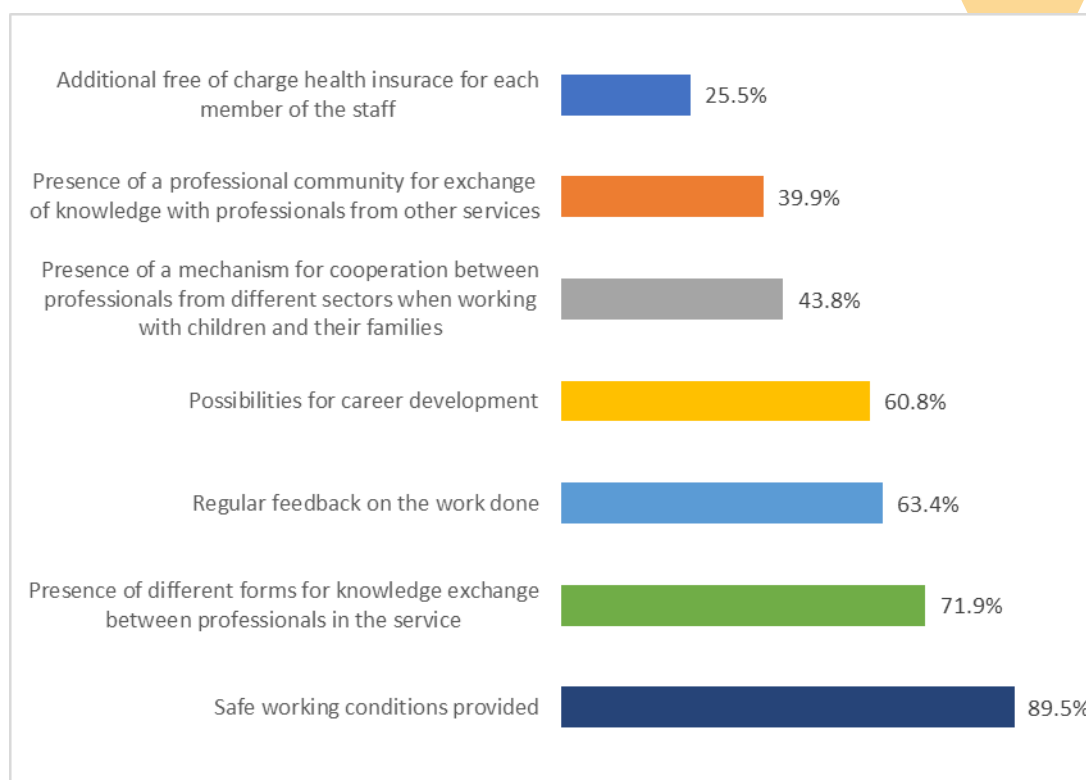


Source: Quantitative survey among specialists in the PUV system

The participants in focus groups and interviews confirmed the findings regarding the availability of materials and resources in the kindergarten and shared that they are sufficient and suitable for working with children. However, parents and teachers share that some of the materials are purchased with parents' funds.

With regard to working conditions, professionals say that safe working conditions are provided, as well as forms of knowledge exchange between professionals within the service (Figure 39).

Figure 39 Characteristics typical of the workplace



Source: Quantitative survey among specialists in the PUV system

#### 5.1.2.4. Summary

Professionals in the education sector are representatives of a profession that is not yet regulated, but there are a number of documents that describe the professional competence of teachers. University-level training is aimed at providing knowledge and skills development mainly focused on pedagogy and providing opportunities for early learning and development. The training programs are aimed at children in a wide age group, without a focus on preschool age. In their practice, pedagogical specialists are guided by the desire to work with children, to take care of their development and learning.

The knowledge and skills they have acquired in the course of their education, or develop independently are mainly oriented to the pedagogical aspects and pedagogical interaction, more than to ensuring children's participation, active cooperation with children, colleagues and parents and reflection on their own practice. Topics such as working with children at risk, working with children with SEN and working with parents are challenging and require additional professional support. Providing a holistic approach and supporting early childhood development presupposes not only knowledge and skills for pedagogical aspects, but also skills for working with parents.

Working conditions have improved in recent years in terms of pay, but the groups of children remain large, making it difficult to take an individual approach, work with children with SEN, time to work with parents and the community. The working hours of the specialists in the kindergartens, although dedicated to the children, are supplemented by a serious share of the administrative tasks and work with documents, a topic that should be discussed and a solution found.

### 5.1.3. Social sector

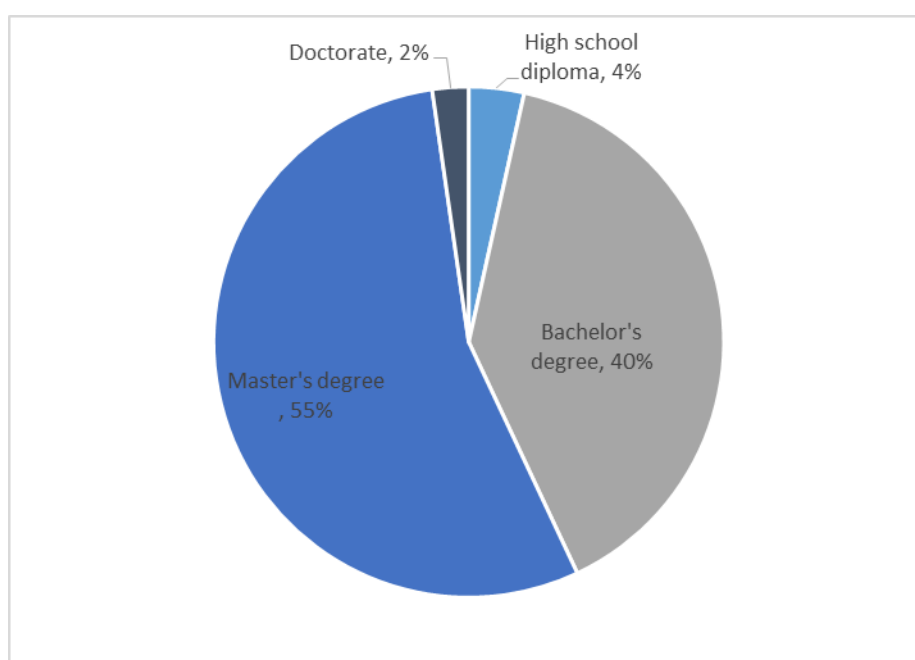
#### 5.1.3.1. Development of individual competencies to support early childhood development in the initial training of those working with children 0-7 years.

- **Curricula and plans in higher education, providing training in social work and social pedagogy**

There are 10 universities in the country that provide bachelor's degree in social work and 8 - in social pedagogy. The lequalification characteristics of both specialties mention that the graduates of both specialties can work in the social sphere and perform the role of social worker in various social services for children and families. There are also 13 universities in the country that teach psychology.

According to the data from the quantitative survey conducted, the majority of professionals in the social sphere have completed master's and bachelor's degrees (Figure 40).

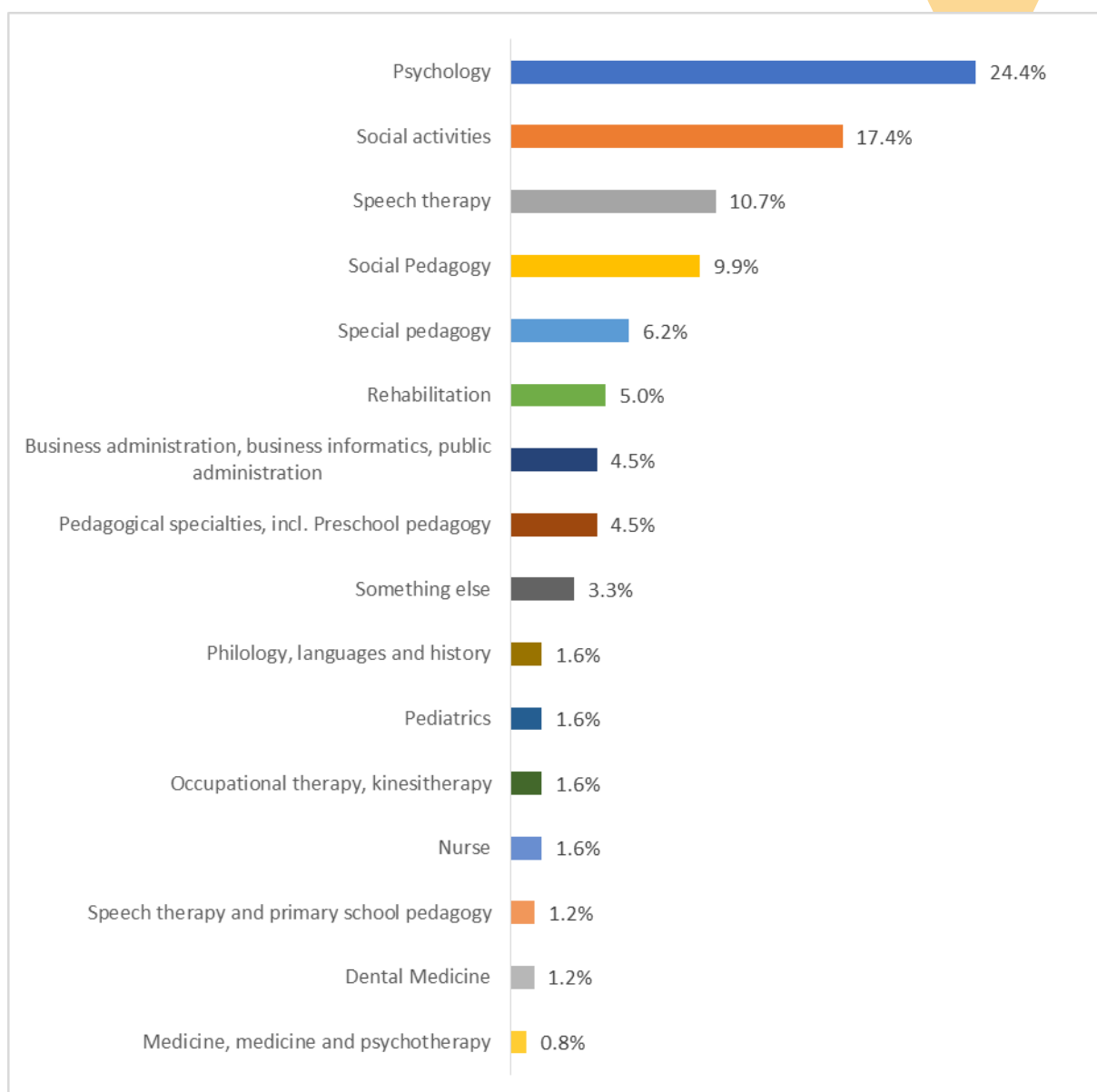
*Figure 40 Completed level of education*



*Source: Quantitative survey among specialists in the social sphere*

Among social work professionals working in services that provide support for young children and their families, most are graduates in psychology, followed by social work and speech therapy (Figure 41). The exceptional variety of specialties they have studied is impressive, and means that working with children at an early age is not limited to completing a particular specialty. This information provides a basis for debate on the relevance of university education to the support needs of young children and their families. On the one hand, the focus on knowledge about early childhood development and support approaches, working methods, etc., is obviously difficult due to the diversity of the specialty, but on the other hand represents an opportunity for ongoing specialization in working with young children in different professional humanities strands.

Figure 41 Completed specialties



Source: Quantitative survey among specialists in the social sphere

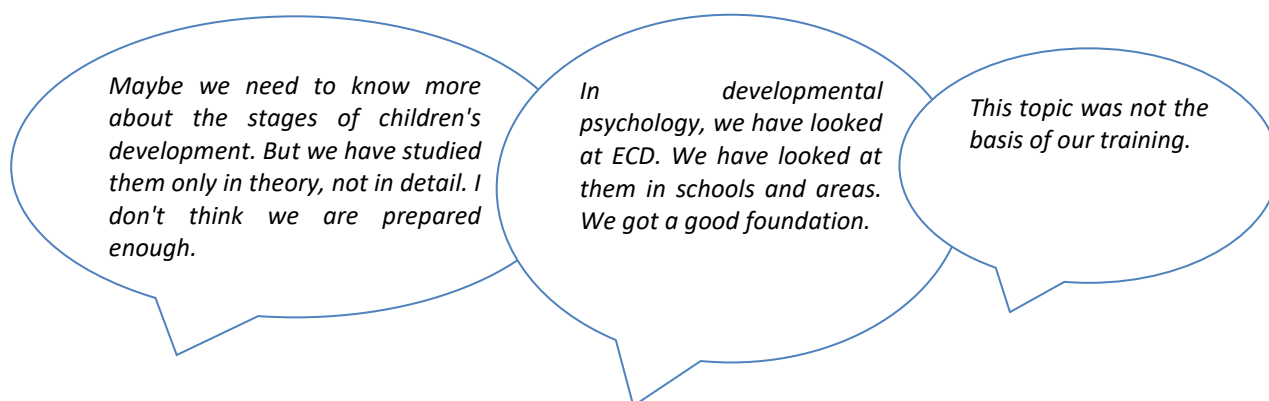
39 master's programs for students majoring in Social Activities have been identified in all universities that offer this training. Only 6 of them are related to socio-pedagogical work or work with children and families at risk, no program has been identified aimed at working with young children and their families.

In the absence of a competence framework and profile of the profession of social worker, the curricula in Universities with the specialty Social Pedagogy are made according to assumptions about the necessary knowledge and skills for fulfilling work commitments. "By default, a social educator needs this, and needs that and every teacher, while there are supposed to be programs ... but at the university the right of the teacher to choose is highly respected, which on the one hand is good, but on the other hand autonomy can sometimes dominate ... "(Interview with a high school teacher).

Students share that early childhood development is not a central theme in their education, with the exception of psychology-related disciplines and, in part, pedagogical disciplines. At the same time, they understand that they should know more about the stages of children's development and the

specifics of the helping process when it comes to young children (Figure 42). They share that this knowledge, as well as skills, will be useful and necessary if they start working with children in this age group.

Figure 42 ECD in the training of social work and social pedagogy<sup>39</sup>



One of the challenges, which is shared by both students and teachers in higher education, is related to the degree to which knowledge is systematic, upgraded and purposefully set goals and framework of programs, i.e., the relationship between individual subjects and arriving at a clear profile of competence. The academic freedom and autonomy that is realized, according to some teachers, leads to challenges: "we do not know who is teaching what and we orient ourselves through the students." (Interview university teacher) This situation might lead to the omission of relevant topics and subjects, and introduction of various new concepts with no regard to the context. In this sense, the selection of new subjects in the area of early childhood development should be preceded by an assessment of the subjects that are already included in the curricula. The new subjects should aim at enhancing and deepening the knowledge and skills that have already been acquired by the students.

- **Knowledge, skills and values about early childhood development and approaches, including a wide range of courses for children, parents, teams and the community**

Training in social work provides fundamental training, providing competence in the field of various social problems of people of different ages, as well as in-depth theoretical knowledge in various scientific fields. The training builds skills for communication with people of different ages, for organizing and managing various social activities, for discovering and solving social and personal problems of people, for socialization and resocialization of people who are temporarily excluded

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<sup>39</sup> Focus groups with students

from society for various reasons (Social work, Qualification characteristic, Sofia University). Social workers prepare to work with children of different ages and their families, and in this sense, young children are part of the groups they are expected to work with.

In the course of the study, in order to analyze the extent to which curricula are in line with the basic principles set out in the Council of the European Union Recommendation on a Quality Framework for Early Childhood Education and Care (2019), a review was carried out of the main disciplines in universities where social work is taught. The table below provides summary information on the availability of disciplines that provide knowledge and skills development in the context of the basic principles of quality of services and work with young children. This analysis provides initial information on the extent to which these curricula include disciplines that provide knowledge and skills in the main indicators identified as key to working with young children.

*Table 2 Curriculum analysis*

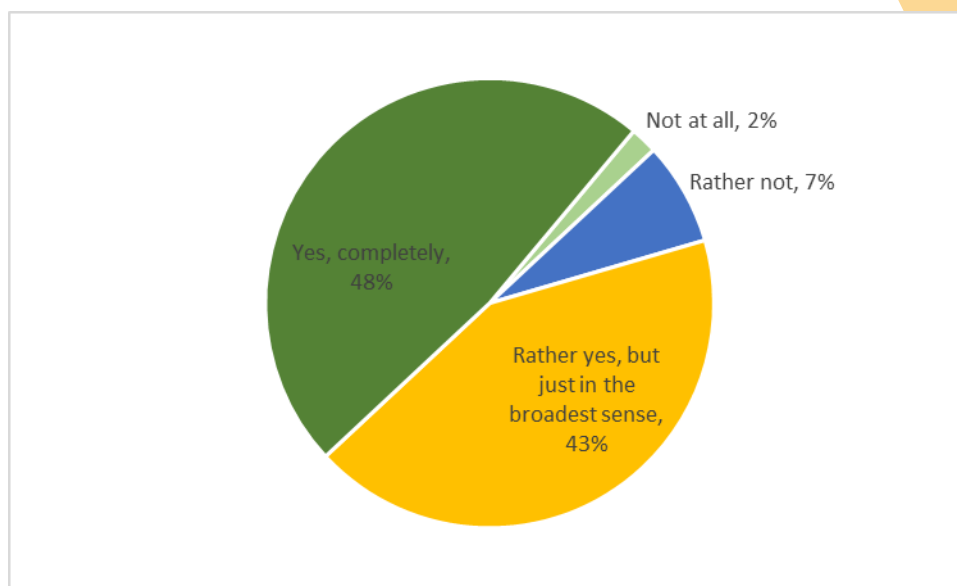
| Baseline indicator  | Additional indicators   | Data  |
|---|---|---|
| <b>Main areas and approaches reflected in the curricula</b> | Different aspects of child development from a holistic perspective (physical, cognitive, social, emotional)   | The curricula include a number of psychological disciplines such as general psychology, social psychology, personality psychology, developmental psychology, within which various aspects of child development are expected to be studied.  |
|   | Competence to build relationships with children, to monitor and plan activities for their development, as well as to identify difficulties  | Most of the universities study pedagogical disciplines such as general pedagogy, social pedagogy, special pedagogy, where the topic of monitoring and planning activities for child development is addressed.   |
|   | Key factors influencing good health, nutrition, early learning, stimulating care, safety and security for young children and strategies to support parents in providing adequate care         | Only a few universities have topics related to public health in general, but not focused on working with young children and the basic elements of a full-fledged care framework.  |
|   | Different learning strategies for children of different ages and skills to create and organize an environment for learning and development of children of different ages. Individual approach | In some universities, electives include subjects such as pedagogical approaches in social work and child care, which provide information on different learning strategies for children. There is no focus on children's learning in general.  |
|   | Theory/practice ratio   | The analysis of the credits received by the students for practical training shows that they vary from 7% to 21% based on the 4 years of study (240 credits for a bachelor's degree). These credits are obtained from internships that take place both during the academic year and mainly as "summer internships" and internships before graduation.. |

|   |   |  |
|---|---|--|
| <b>Methods and approaches of social work reflected in the curricula</b> | <b>Existence of academic disciplines representing:</b><br>Skills for applying specific approaches and methods for working with vulnerable children and an approach for assessing the risk and parental capacity of child care providers | Most universities study disciplines such as social work with children and young people at risk, social work with children in boarding schools, social work on protection and prevention of children from violence, methods of working with children and young people with deviant and delinquent behavior, which present skills for applying specific approaches and methods for working with vulnerable children. Working with children with SEN is studied within disciplines such as special pedagogy and work with children with disabilities in some of the universities. Half of the universities study working with ethnocultural communities, but without a focus on young children. |
|   | <b>Communication with children and ensuring their participation</b> and skills to create an encouraging environment and involve children in various activities  | Half of the universities study children's rights without a focus on ECD.   |
|   | <b>Working with parents and the local community</b> and skills to initiate, encourage and communicate with parents  | Half of the universities have disciplines related to working with families and communities, but without a focus on ECD.  |

The review of the curricula for training in the specialty Social Work shows that there are disciplines related to child development, as well as partially supporting communication with children and planning activities for their development. It should be noted that in the disciplines no focus has been identified on young children and their families. Some university plans lack disciplines related to working with families, children's rights and their participation. In addition, working with children with disabilities and children with special needs is also not in the focus of social work training.

Data from a quantitative survey of professionals working with young children show that according to the majority of respondents, education is useful for practical work with children in the ECD, with just under half (48%) fully useful, and 43% believe that it is rather useful (Figure 43).

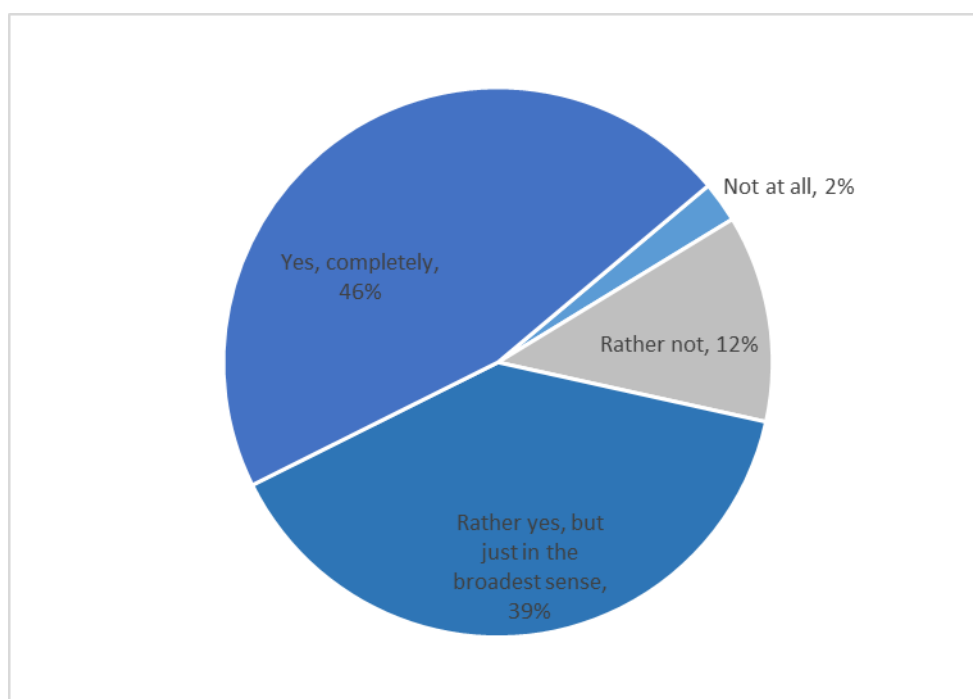
Figure 43 Usefulness of education for practical work with children in ECD



Source: Quantitative survey among specialists in the social sphere

As for the practical work with families of young children, according to a larger share of professionals involved in the quantitative study, university education is completely useful, but there are many who say that it is only generally useful (Figure 44).

Figure 44 Usefulness of education for practical work with families of children in ECD



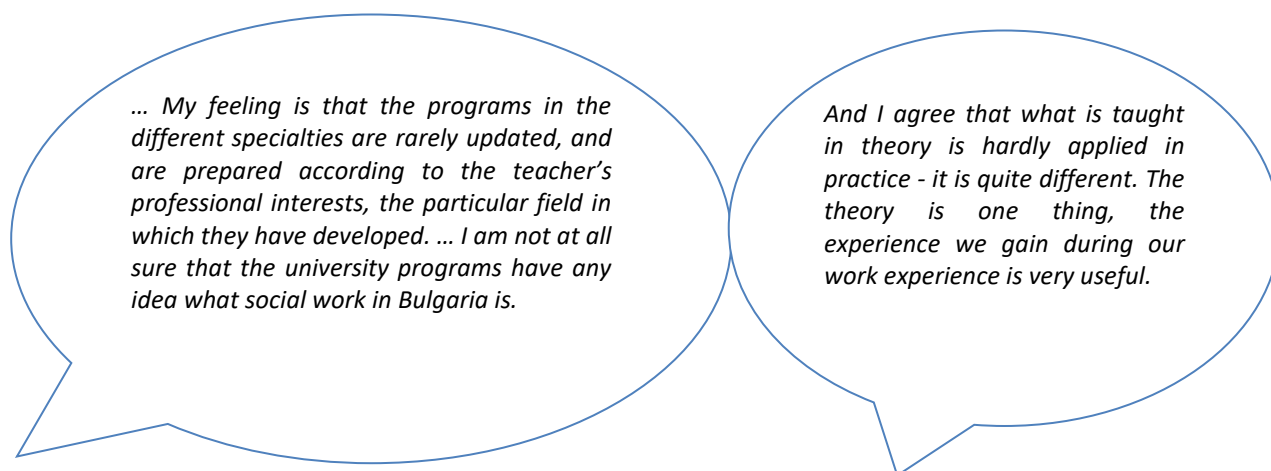
Source: Quantitative survey among specialists in the social sphere

These data, of course, are valid for a wider range of professionals who have graduated from various professional fields, who evaluate their university training as rather positive in relation to work with children and families.

According to the professionals who participated in focus groups and interviews, specialization within the bachelor's programs for social work with children and families is an opportunity that is available

in some universities and provides an opportunity to focus on working with young children in particular. According to them, the topic of the preparation and the necessary knowledge for working with children at an early age is related to the fact that psychology is studied and in this sense child development is the focus of attention, but at the same time working in social services as a whole, and in particular with young children requires far more knowledge and skills. They view critically the missing link between the theory studied at the university and the practice of social services (Figure 45). In summary, despite the shared positive attitude towards university education, professionals confirm the distance between the practice and the theoretical approaches which are studied, and the necessity for specialization and a closer link to the real problems in social services.

Figure 45 Opinion on education <sup>40</sup>



University training in Social Work provides useful knowledge for working with children 0-7 years, but the practice of social work requires more skills, especially when it comes to working with parents and the community.

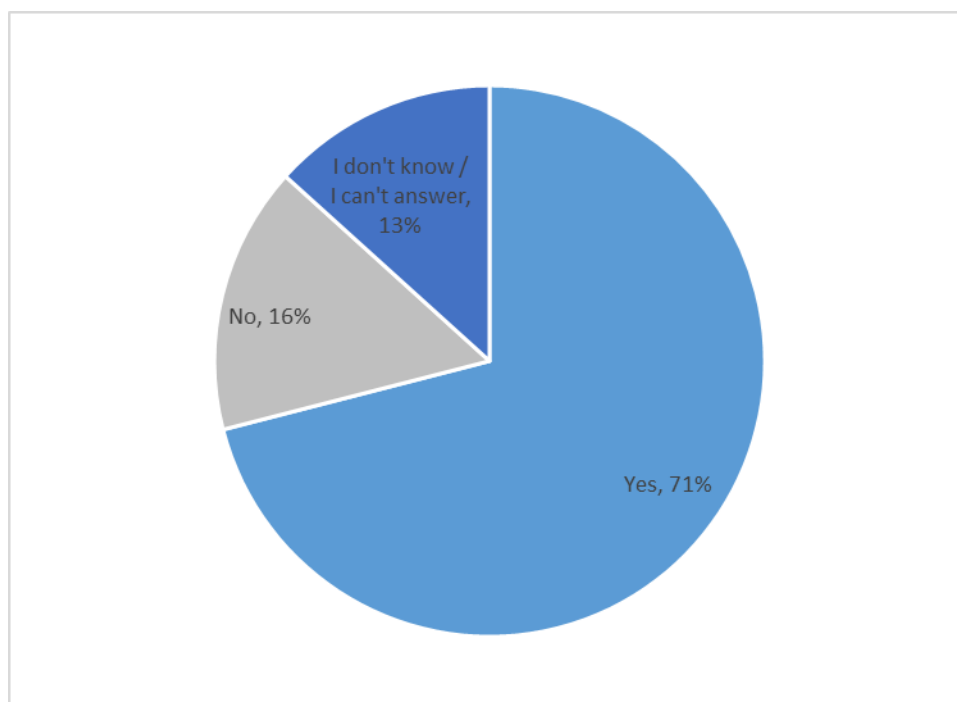
- **Relationship between theory and practice within university education**

As indicated in the analysis of the curricula, the share of practical training indicated in the various curricula for social activities varies from 7% to 21%, calculated on the basis of training credits. The

<sup>40</sup> Interviews and focus groups with social sector professionals

majority of professionals who participated in the quantitative study share that within university education there is a good balance between theory and practice. (Figure 46).

*Figure 46 Existence of balance theory-practice in education*



*Source: Quantitative survey among specialists in the social sphere*

Interviewees and focus groups of professionals say that practical training is available in universities and its share is increasing in recent years, but it is still not sufficiently focused on working with young children and their families and does not make one feel prepared for the practical work after graduation. There is also the opinion among professors that there is a discussion about the role of the university not to prepare practically, but theoretically: “According to many colleagues, the university is not a vocational school, but a culture. Practical training is administratively undesirable. There is evidence of a professional discussion among the academic community as to whether the university should provide fundamental academic knowledge or professional skills (Interview with a university lecturer).”

The data from the study raise a number of questions in connection with the initial training in social sciences and the competence developed to work with young children and their families. These issues concern both the development of curricula and the need for specialization in social work and other humanities and pedagogical areas to work with this target group, targeted development of a curriculum for specialization with a predominant practical focus and providing knowledge and approaches to work with young children, families and the community.

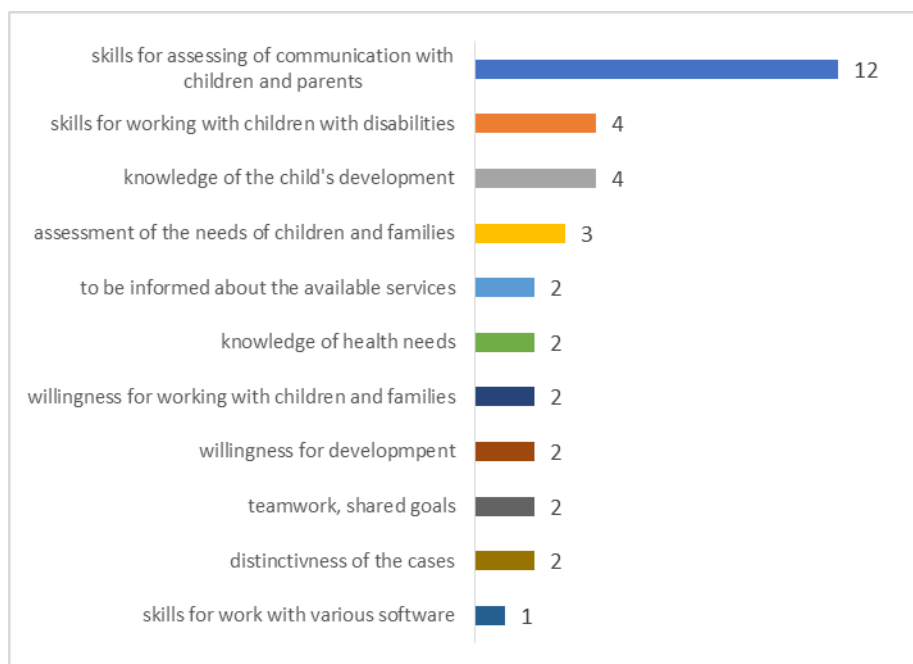
#### 5.1.3.2. Opportunities for building and developing individual competencies for early childhood development through continuing professional development.

- **Development of knowledge, skills and values throughout the career**

Regarding the knowledge and skills of professionals to support and work with young children and their families, data from focus groups and interviews show that there are several main areas of necessary knowledge and skills that professionals state that they need to have. Most often, they

state a need for the ability to assess communication with children and parents, skills to work with children with disabilities, knowledge of child development and needs assessment (Figure 47).

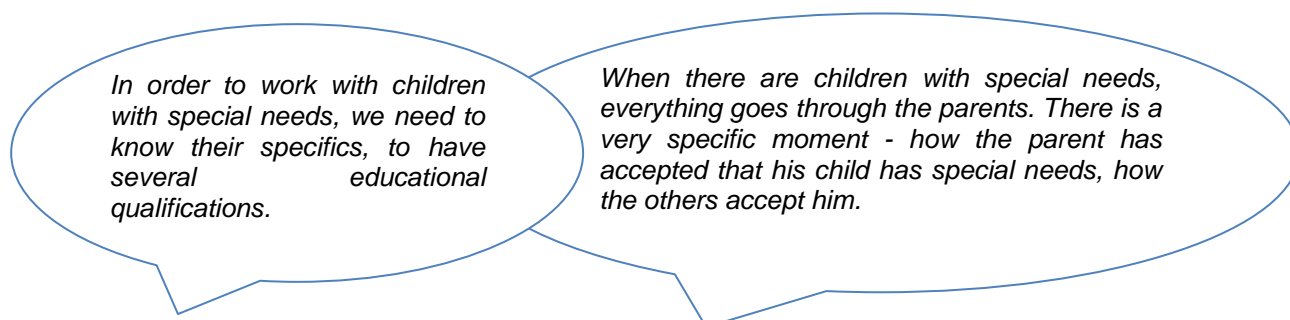
Figure 47 Necessary knowledge and skills



Source: Qualitative research among specialists in the social sphere

Some of the shared challenges and needs in terms of the necessary knowledge and skills are related to working with children with disabilities and their families (Figure 48).<sup>41</sup>

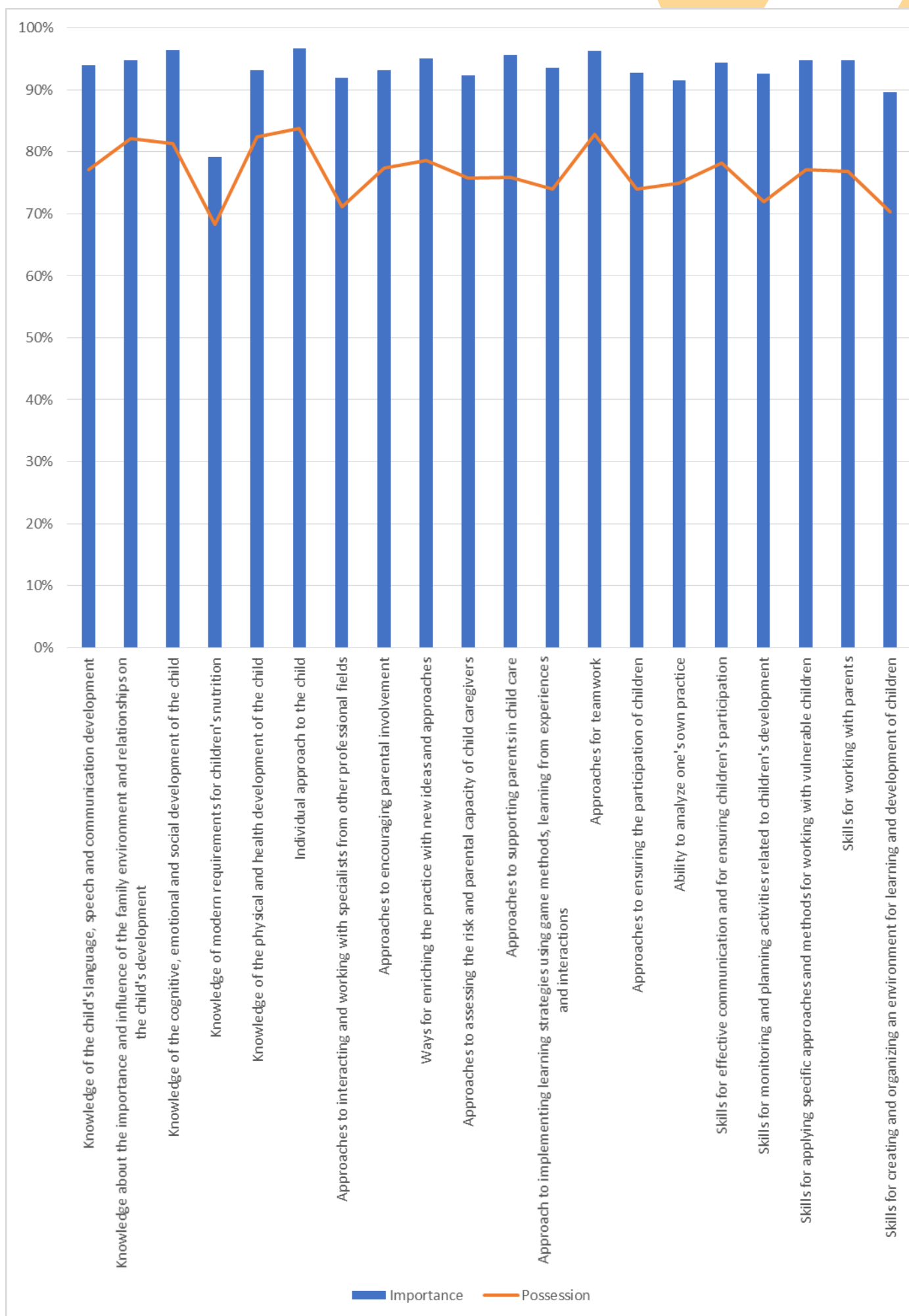
Figure 48 Work with children with SEN



According to the data from the quantitative study on the possession and importance of knowledge, skills and approaches to support ECD, the level of ownership of social sector professionals is lower than their importance (Figure 49). More significant are the differences in the lower level of ownership of a cross-sectoral approach and skills for monitoring and planning activities related to children's development and learning.

<sup>41</sup> Interviews and focus groups with social professionals

*Figure 49 Importance in relation to the possession of knowledge, skills and approaches for working with children at an early age*



Social professionals working with young children appreciate the importance of knowledge, skills and approaches to help them work more effectively with children and their families. At the same time, their assessment of ownership shows that in almost all areas it is ranked lower and this determines their needs for the development of professional competence in this area.

The existing opportunities for individual professional development in the sphere of social work depend to a large extent on the provider of the respective service. When the provider is an NGO/municipality, it creates its own system for staff development and in the presence of projects and funding has the opportunity to provide such training upon individual request. In general, there is no system or model in place to improve the skills of social workers within the services.

- **Active participation of professionals in the process of development of training practices**

Data from focus groups and interviews show that there is no clear system for continuing professional development in the social work sector, and professionals believe that there is such a need. Involvement in trainings for the development of skills and practices for professionals in the sphere of social work is a result of personal initiative and the availability of funds, and sometimes the specialists are self-trained (Figure 50).

Figure 50 Personal initiative in the trainings<sup>42</sup>

Here they give space - everyone can make a personal decision whether to continue learning something and acquire other qualifications, ie. our employers don't stop us - we can have one-two-three qualifications. But it is now our personal decision whether we want to learn. Whether we want to develop upwards. Whether we want to do something different altogether, than what we started our career with. In my opinion, this is a very personal choice.

Here, if you decide to develop yourself - this is your personal choice - no one will stop you, you will be supported, but it's all about internal motivation.

She continues working individually with the specific child, giving feedback to the specific parent. She hasn't even stopped making materials. What will she need for working with the child, when she takes on that child - if something is missing, she provides it. So this is also a training for her in a way. It is not the external training that all us professionals need.

For example, both of our psychologists - they are trained at their own expense. They are very well prepared - absolutely everyone, but not through what was supposed to be an upgrading continuous professional development trainings.

As far as training opportunities are available, they are organized by ASA and external NGOs. When the ASA organizes trainings, an annual plan is prepared, which is offered to the services and they choose topics that are appropriate and for which there is a need.

In the trainings organized by the ASA, the social workers can be involved in determining the training topics within the annual plan and through a feedback system. In social services such a system is not identified because the factors influencing the availability of training, namely funding, available projects, proposals from external providers, are too many and can not provide a systematic opportunity for active participation of professionals. In summary, social workers and other social

<sup>42</sup> Interviews and focus groups with social professionals

service professionals experience a serious shortage of appropriate training programs tailored to identified needs and useful for the development of models and approaches to work.

- **Innovative approaches in professional development**

Social services, which work with children at an early age, are mainly advisory services, although there are also residential services for children over 3 years of age and foster care, as well as care for relatives. The main approach to work is needs assessment and case management. When working with young children and their families, due to the specific needs, professionals with different competencies are involved, which means that teamwork and reflective practices regarding the activities carried out should be very important. This is especially true when providing services in Early Childhood Development Centers (CECDs). However, the lack of methodology and system for continuing professional development is of significant importance with regard to these centers, which rather leads to the conclusion, that this innovative service, widespread throughout the country, needs innovative approaches and critical thinking within and outside the services themselves. The models they work on are created by the service itself and this circumstance shows that reflective practices and critical thinking are evolving, but this topic should be addressed in the future in connection with the development of integrated services.

- **Leadership capacity development**

The development of leadership capacity is also subject to individual decisions, no trainings have been identified to develop leaders in terms of management and communication with service teams. Management-related training is provided in the ASA system in connection with regulatory changes.

### 5.1.3.3. Working conditions

Data from the quantitative survey show that social services employ mainly women under the age of 45 (Figures 51 and 52)

Figure 52 Gender of the participants

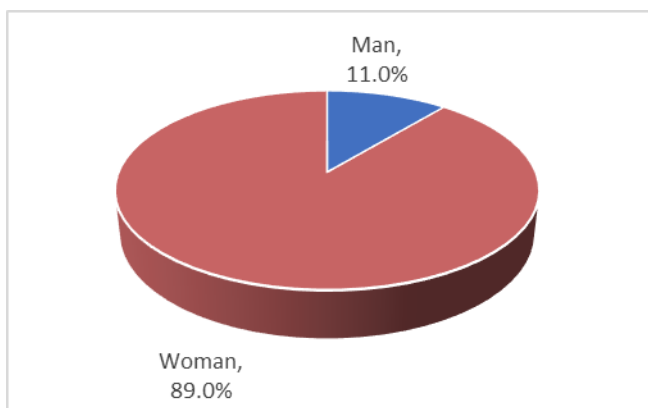
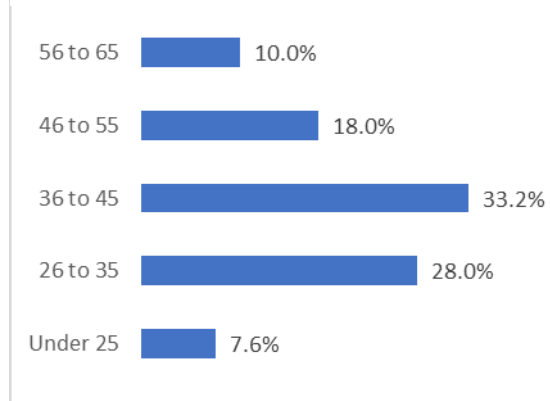


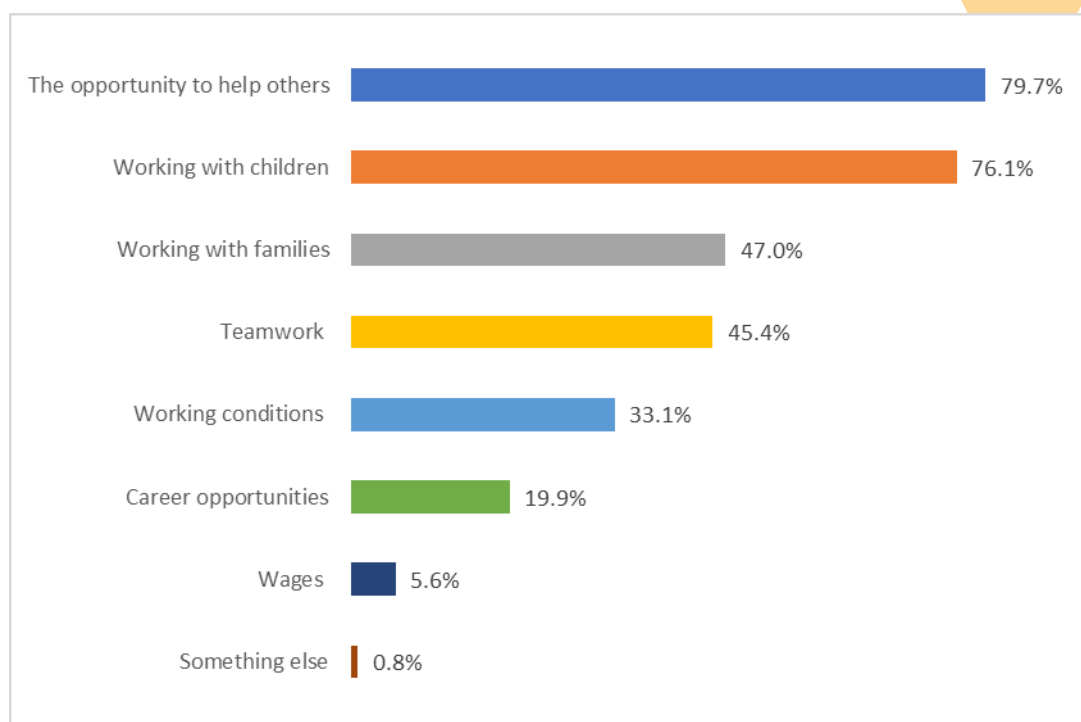
Figure 51 Age of participants



Source: Quantitative survey among specialists in the social sphere

According to the data from the quantitative study, the main motivating factors for work in the social sphere are related to the process of helping and working with children. The size of salary and the opportunities for career development are the lowest in the motivational scale (Figure 53).

Figure 53 Motivational factors for work



Source: Quantitative survey among specialists in the social sphere

An additional barrier to motivation is the status of the profession, which is not recognized and does not have a high social status.

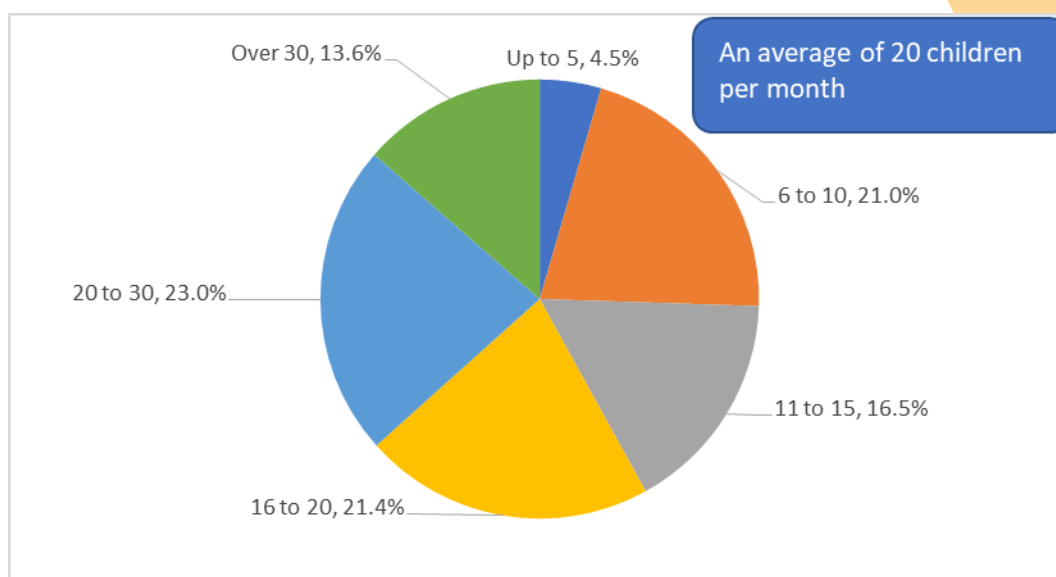
*"Because we are talking about the sphere of social work and the people who work there - for me they are still the Cinderella of all professions. I have great respect and admiration for everyone in the field, who sometimes sacrifice their personal lives, commitments, etc. in the name of their work. I would like us to have the same standard of care we show our clients for each other in our teams. (Interviews and focus groups of social professionals)"*

- **Group size of children and staff-to-children ratio**

The workload of professionals in the social sector depends on the type of services provided and the job position. The topic of workload provokes a number of discussions among professionals. Traditionally, they talk about a large workload, but it seems that this workload stems not so much from the number of clients they work with, but in general from the working conditions and image of the profession. It is very difficult for professionals to estimate the number of cases they work with, depending on the type of services, the applied case management model (how many employees are involved in one case and whether there is a leading social worker), what is the period of work etc. The main thing they share is that the lack of a clear standard for workload, high capacity of services and work above capacity leads to a feeling of difficulty in work. That workers often do not know how many cases they are burdened with is a symptom of a lack of a clear model for case management, distribution of responsibilities and roles, etc. The only consensus topic, according to all those working in the social sector, is the high workload in the ASA system, for which professionals, however, cannot provide specific data.

According to the data from the conducted quantitative survey in the social sector, professionals work with an average of 20 children per month (Figure 54).

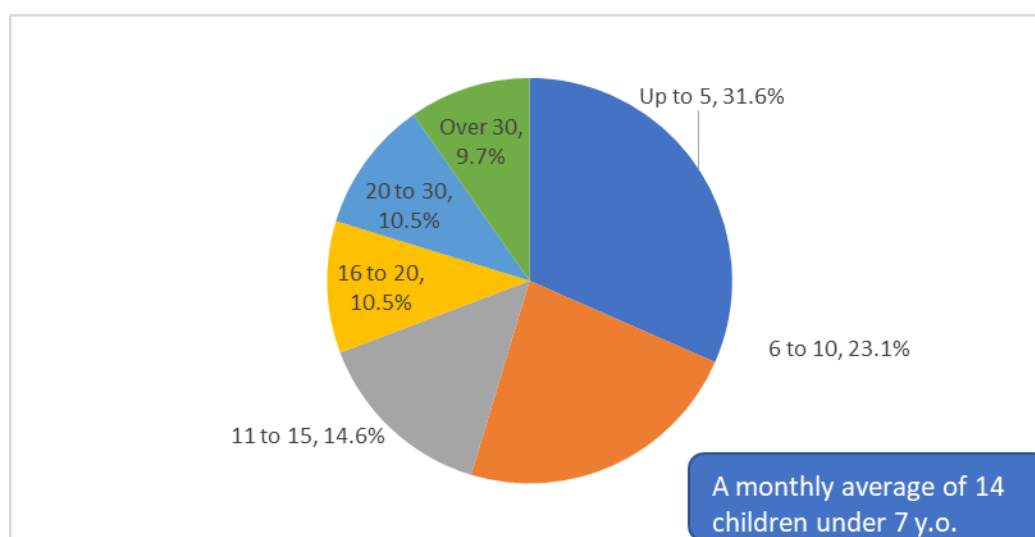
Figure 54 Number of children with whom professionals work on average per month



Source: Quantitative survey among specialists in the social sphere

For children under 7 years of age, the number of cases handled by professionals averages 14 children per month (Figure 55). This shows that the social system faces the problems of young children and professionals should have the knowledge and skills to meet these needs.

Figure 55 Number of children aged 0 to 7 years with whom professionals work on average per month



Source: Quantitative survey among specialists in the social sphere

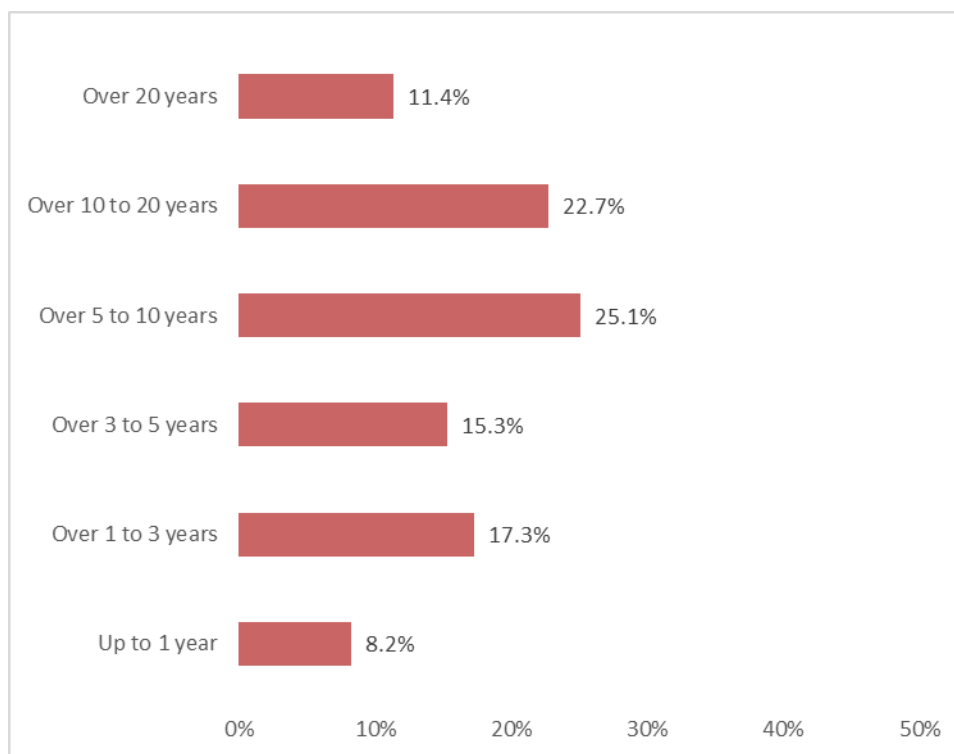
This significant share of cases of young children and their families leads to a conclusion about the need for developing competences in social workers and other specialists in the social sector related to early childhood development, working with parents, specifics of early childhood participation, application of an individual approach, etc.

The topic of staff turnover in the social sphere is particularly controversial. According to the participants in the study, turnover is a common phenomenon, as wages, the image of the profession, and the burden of working on difficult cases, create preconditions for burnout and dissatisfaction.

*"Some people like it and stay. We've had two colleagues who worked for half a day - until the lunch break and then they left."* (Interviews and focus groups of social sector professionals)

The data from the quantitative survey confirms that despite the staff turnover, social workers have professional experience mainly between 5 and 20 years (Figure 56). These data show that in overcoming the above-mentioned problems of the profession, the leading motivational factors still prevail. Thus, experienced professionals work in the provision of services for children at an early age, for whom the motivation to help and work with children and families has proved to be the most important factor, despite the difficulties of the profession.

*Figure 56 Experience*



*Source: Quantitative survey among specialists in the social sphere*

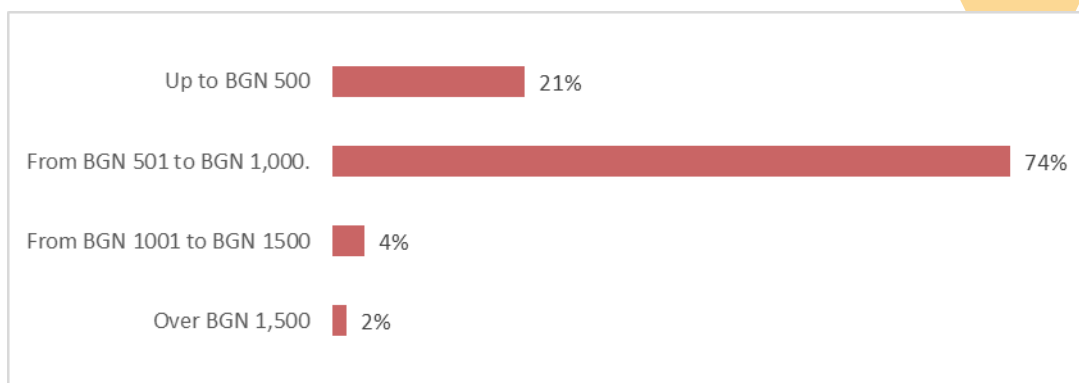
The share of newcomers to the system and those who have stayed for 3 to 5 years is the smallest. These data confirm what was shared in focus groups with students about their motivation and by social services professionals, namely that graduates of social work and social pedagogy disciplines do not always go into social services due to the image of the profession and low pay levels. Those students who do still go into social services, stay because of their motivation and desire to help, but mostly for two-three years, and then the listed factors such as pay, profession status and working conditions often lead to them looking for another job.

- **Remuneration**

Remuneration in the social sphere is a topic of discussion. The levels are lower than in the education and health sectors and this low level of remuneration, according to the participants in the study, does not reflect their obligations, the responsibility they take on and the workload, and is a major factor in staff turnover.

As can be seen from the data from the quantitative survey, the prevailing levels of pay are in the range of up to BGN 1,000 (Figure 57).

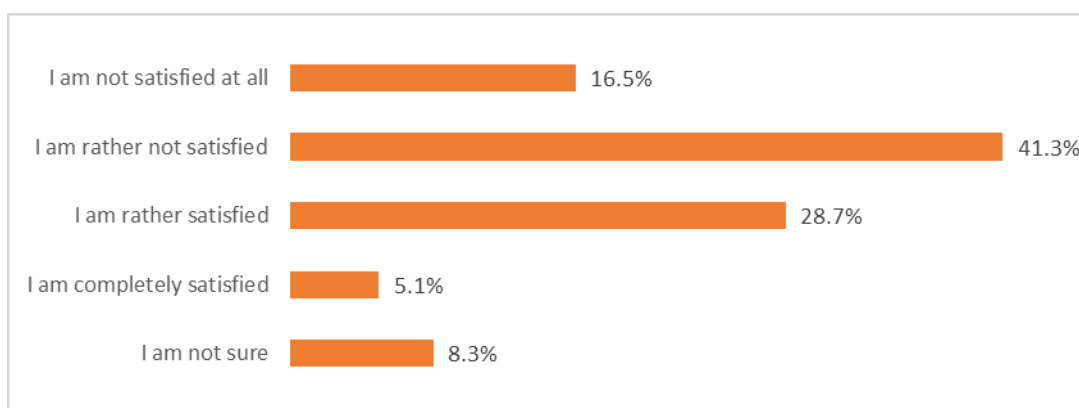
Figure 57 Net monthly salary income



Source: Quantitative survey among specialists in the social sphere

The indicated wage levels are not satisfactory for the social workers surveyed, with 57.8% dissatisfied (answering “completely unsatisfied” and “mostly unsatisfied”) . (Figure 58).

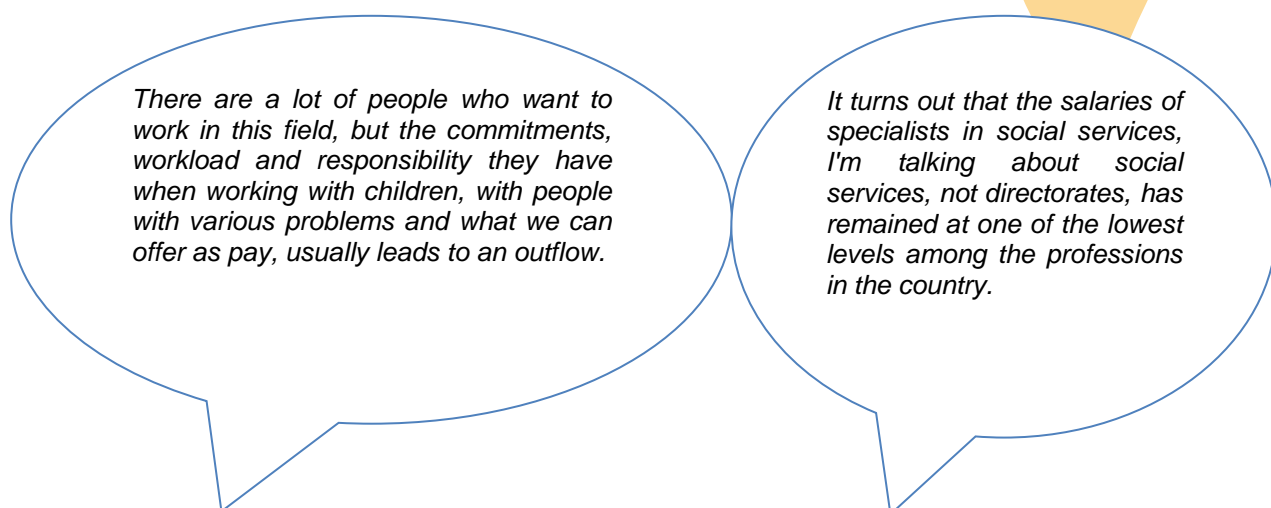
Figure 58 Salary satisfaction



Source: Quantitative survey among specialists in the social sphere

The focus groups with social services professionals confirmed their dissatisfaction with pay and working conditions in social services, and they shared opinions that this, as well as the image of the profession, affects motivation and is a factor for staff turnover (Figure 59).

Figure 59 Low pay in the social sector<sup>43</sup>



- **Basic obligations, working hours and requirements for employees**

The main responsibilities of those working in social services are related to the implementation of needs assessments, planning and implementation of support plans in order to achieve a change in risk factors and improve the quality of life of people. The specific activities depend on the type of services and the position of the specific professional.

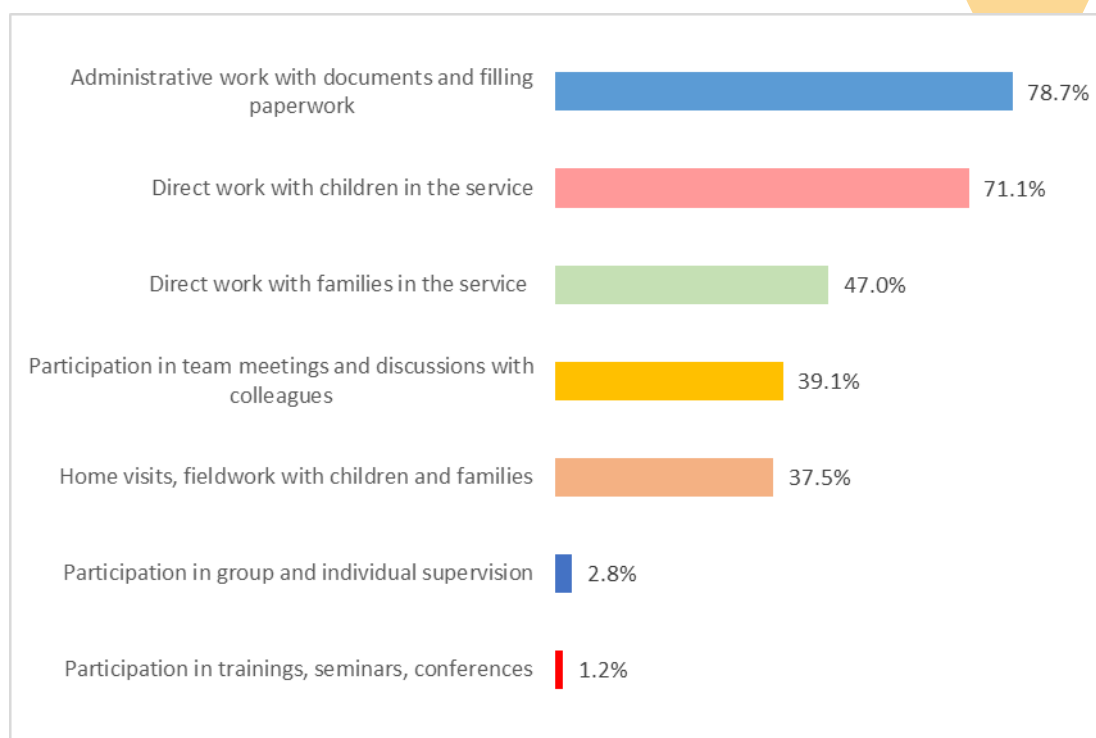
The data from the conducted quantitative survey show that despite these tasks and the need to work directly with clients in order to achieve the work goals, workers in the social sphere working with young children spend a large proportion of their time in administrative activities, filling in forms and documents, followed by direct work with children. (Figure 60)

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<sup>43</sup> Interviews and focus groups of professionals in the social sector



Figure 60 Activities that take the most time, on average per month



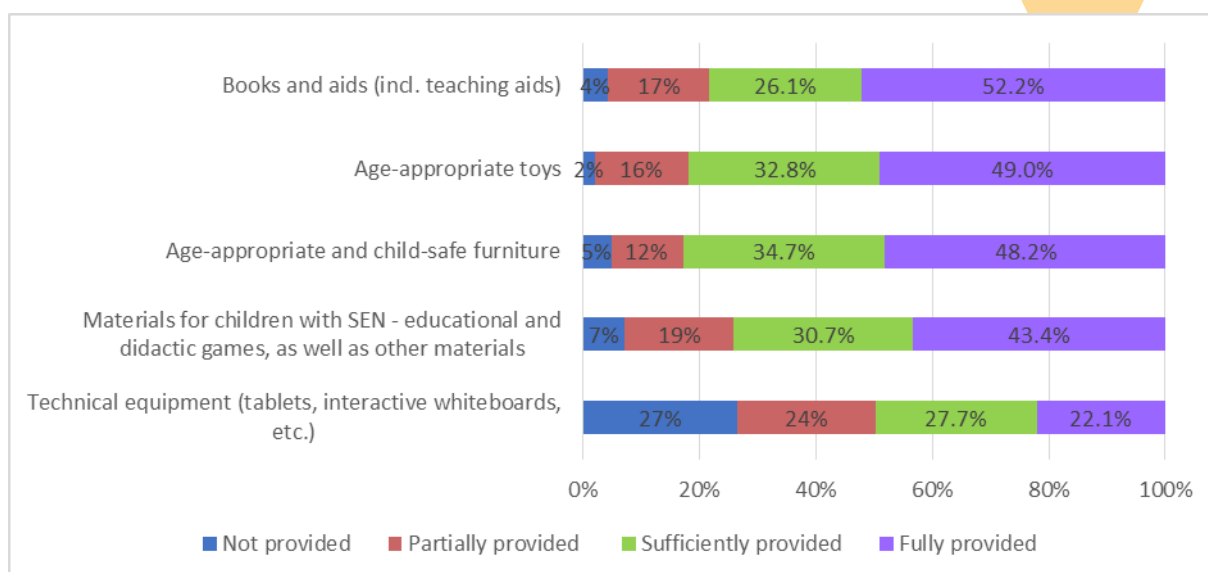
Source: Quantitative survey among specialists in the social sphere

Much less time is spent working with families, a topic that is among the most challenging and important in working with children at an early age, as well as working in the community. Working with parents, including home visits to families, and working with the community, are key activities in working with young children and the small amount of time dedicated to them affects efficiency and results. It is noteworthy that the share of activities related to professional development, such as participation in trainings, seminars and supervision, occupies an exceptionally small share.

- **Materials and resources**

The data from the survey show that the work of social services professionals is well resourced with books, teaching aids and toys. The participants also declare that the material base is suitable for working with children at an early age. The greatest difficulties are encountered with the availability of technological resources. (Figure 61)

Figure 61 Provision of materials and resources

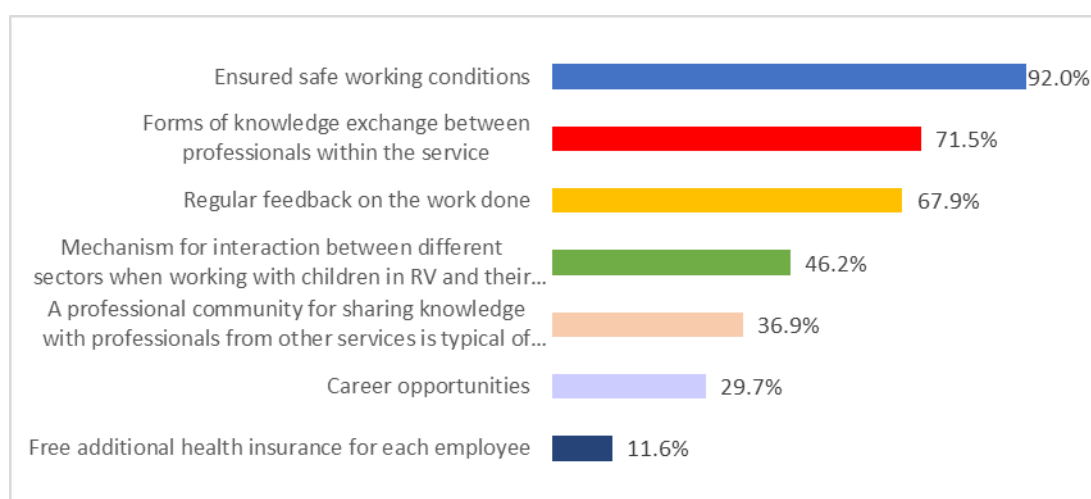


Source: Quantitative survey among specialists in the social sphere

The data from the focus groups and interviews confirm the conclusions that social work professionals are provided with materials, but that the lack of technological resources has created additional challenges during the pandemic - "caused difficulties" (focus groups of specialists in the social sector). These data are valid mainly for services based in centres (day care, early childhood development, counseling). However, with regard to services related to home visits for families, for which there is not much time (see Figure 60), a number of problems arise, mainly with the provision of transport costs.

Among the main characteristics of their workplace, noted by professionals, are the safe working conditions that are guaranteed within the services. (Figure 62)

Figure 62 Characteristics typical of working in social services



Source: Quantitative survey among specialists in the social sphere

#### 5.1.3.4. Summary

Professionals working with young children in the social services sector have qualifications in various professional fields, including social work, psychology and social pedagogy. The university education they received provides competences for working with children and the specifics of child

development, but without a special focus on early childhood. The development of professional competences is a challenge in the social work sector and depends on the service provider, individual desire and personal responsibility.

The knowledge and skills acquired by social workers within university education are mainly related to working with risks and planning activities to reduce risk factors. The challenges in their work are mainly related to the support for families and work with children with disabilities, communication with children and parents, as well as skills to support children's development and learning.

Working conditions in the social sector are associated with low wages, a workload that, although not supported by definitive data, creates barriers, and dissatisfaction with the image of the profession. Despite the goals of social work, a large part of the activities of social services professionals are not related to working with people, but with documents.

## 5.2. System level

### 5.2.1. Health sector

#### 5.2.1.1. A common and shared framework for working with young children and their families

- **Goals, expected results and values related to working with children at an early age**

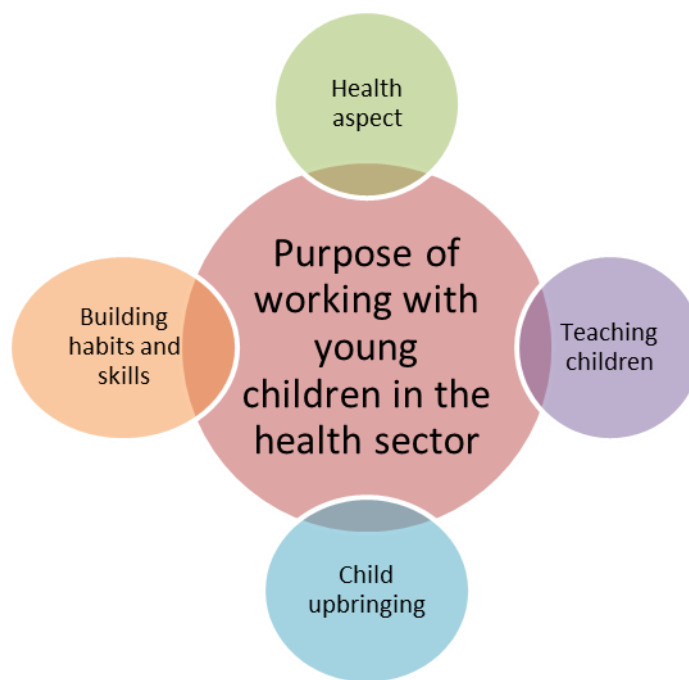
The health sector as a whole is focused on meeting the health needs of children: prevention, diagnosis and treatment. The data from the conducted interviews and focus groups confirm the general understanding of the goals and expected results of this work with children by pediatricians and general practitioners. Here, however, special focus should be given to the attention they pay to prevention activities as part of working with young children, as well as the consultation process with parents, which, in their understanding, would guarantee the achievement of results in children's health. These activities are understood as particularly important in meeting health needs, but also as the most difficult to implement due to lack of preparation and time for implementation in practice.

The medical staff in the nurseries is supposed to take care, in addition to meeting the health needs, i.e. prevention and response in emergencies, also for child development and learning in the period up to 3 years of age. Nurses who participated in focus groups understand and point to the health, upbringing and education of children as key aspects of their work. The expected result of their work is mainly aimed at helping children to adapt in nurseries and facilitating the transition to kindergartens (Figure 63).

*Figure 63 Purpose of working with young children in the health sector<sup>44</sup>*

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<sup>44</sup> Focus groups with specialists in the health sector



- **Understanding and applying in practice a child- and family-oriented approach**

Different groups of professionals in the health sector shared the challenges they meet in their work with parents, which they say is related to the lack of knowledge and skills on how to undertake this communication effectively. This shows an understanding of the importance of working with parents, that health care goes far beyond diagnosis and treatment, that preventive measures, prophylaxis, skills development in parents, and counseling are also very important aspects of the work of doctors. At the same time, the participants in the study share that they lack not only skills and knowledge, but also time, and often a mindset in the medical community favouring consultative and preventive work. This shows that there is an understanding of the application of approaches which put the child and their family at the center, and which ensure participation and individual support, but that these approaches are difficult to implement in practice in the health system.

In the practice of the health system, according to the survey data, the work approach shows some child-centered characteristics, according to the data on the organization of work, the time spent working with children, the goals and the expected results. Data from the quantitative survey show that time for working with children directly has the largest share, and that time for working with families is significantly less represented (88% vs. 22%) (see Figure 14).

At the same time, principles specific to this approach, such as children's participation and skills for effective communication, are among those stated as needed rather than those already available in the professional competences of those working in the health sector (see Figure 6). In addition, data on the presence of an individual approach to the child show a small share of those who rated it as present (45%) (see Figure 6).

- **Organization and functioning of the services in accordance with the framework and the objectives**

The health system provides pediatric services for children by GPs specializing in pediatrics or by pediatricians. In case the GP is not a pediatrician, he/she provides pediatric care by referral to a

specialist. According to the National Framework Agreement (2020-2022) under the program "Child Health", which provides for the activities of GPs, up to two examinations until the age of one month of the newborn are included, with a recommended interval of 7 to 14 days; the first is performed within 24 hours of discharge from the hospital once the selection of the child's GP has been made. In the absence of a selected doctor, the examination is performed within 24 hours of the selection of the doctor. Until the child reaches the age of 1, the prophylactic examinations are performed once a month, and then four times a year up to the age of 2, with an interval of at least two months. After the age of 2, the examinations are twice a year with an interval of at least four months.

This organization of health care for young children corresponds to the goals and expected results in terms of diagnosis and treatment. However, with regard to prevention activities and support for parents in developing skills and providing care for children at an early age, the planned preventive examinations are mainly for children up to 1 year of age, after which they decrease. In addition, according to the participants in the study, the time they can devote to communication and discussion with parents is extremely insufficient, *"But these 20 minutes are not enough. They are not enough for me. I need to talk to these parents, I need to clarify what's going on. If everything is fine with the child and the parent is adequate and knows what to do - yes, okay. Somehow they may be enough. But if there is even the slightest problem, these 20 minutes categorically are not enough."* (Interviews with pediatricians).

Doctors share difficulties in carrying out preventive activities because *"I invest a lot to be able to treat children, but the system tells me - you will not do prevention. If we carry out successful prophylaxis, hospitals will remain empty"* and *"there is no clinical path for prevention - how will you earn your salary with it?"* (Interviews with pediatricians).

In addition, the country does not have mobile support services in a family environment, such as home visiting/patronage care, which creates challenges for parents who need to take their children to doctors' offices; a problem that is particularly serious for at-risk groups and families living in small settlements. In this sense, the health system seems to be oriented towards diagnosis and treatment rather than prevention, monitoring of children's development, communication and support of parents and health promotion.

Nurseries and nursery groups in kindergartens provide care for children up to 3 years of age, organized in groups, with two nurses per group and one childminder. Their organization and functioning correspond to the stated goals.

- **A common framework relevant to needs and based on research and innovation**

There is no evidence that the general framework for the provision of health services for young children is influenced or based on research into the needs of children, professionals or innovation in the sector. Pediatricians are taught to work with children under the age of 18, without a special focus on early childhood. They are mindful of the need to develop their skills on using evidence-based approaches.

Nursery workers say they have no room for initiative and independence, such as participating in projects, changing work organization models and introducing innovative models for working with children.

*"We are subordinated to a municipality - we can't do anything independently. We can't even participate in projects, because we are not legal entities, unlike kindergartens. This limits what we can do. Mostly, there is a lack of participation in projects - they give something new. Not all regulations*

and textbooks can be from the 60s and 70s. It's a good thing they changed Regulation 26 at least. We have been working for years using the recipe book from 1978. We can't change anything on our own". (Interviews and focus groups with healthcare professionals)

#### 5.2.1.2. System for continuing professional development

- **Trainings related to knowledge, skills and approaches for working with children at an early age**

No system for induction trainings has been identified within the nurseries. As far as such are carried out, they are individual due to the small number of newly starting employees. The topics on which the new entrants are trained are related to the organization of work, work with children with SEN and emergency care.

Topics for trainings identified as necessary are working with children at an early age and assessment of children's development, social determinants of health and working with children with SEN, which is considered as a special challenge in practice, and for which there is a need for additional training, although it is also mentioned among the topics on which trainings have been conducted (Figures 64 and 65).

Nursery nurses indicate not only the , but also the range of challenges in working with children, especially children they would identify as having developmental problems, but they are not prepared with the appropriate instruments to base this on evidence and data.

Figure 64 Topics on which they are trained

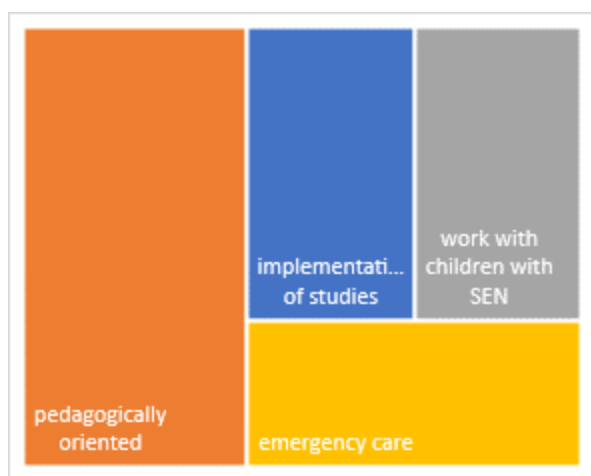
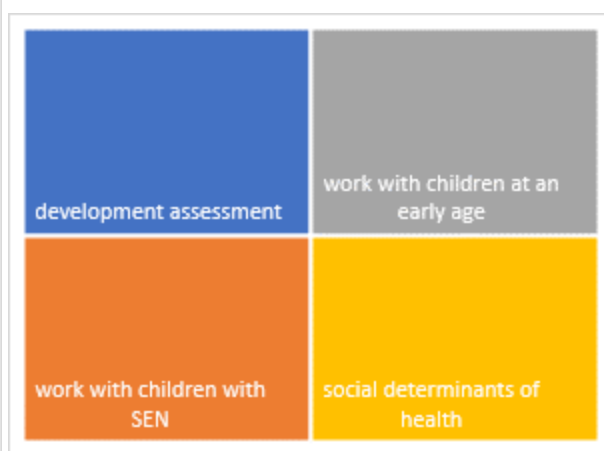


Figure 65 Necessary training topics



Source: Qualitative research among specialists in the health sector

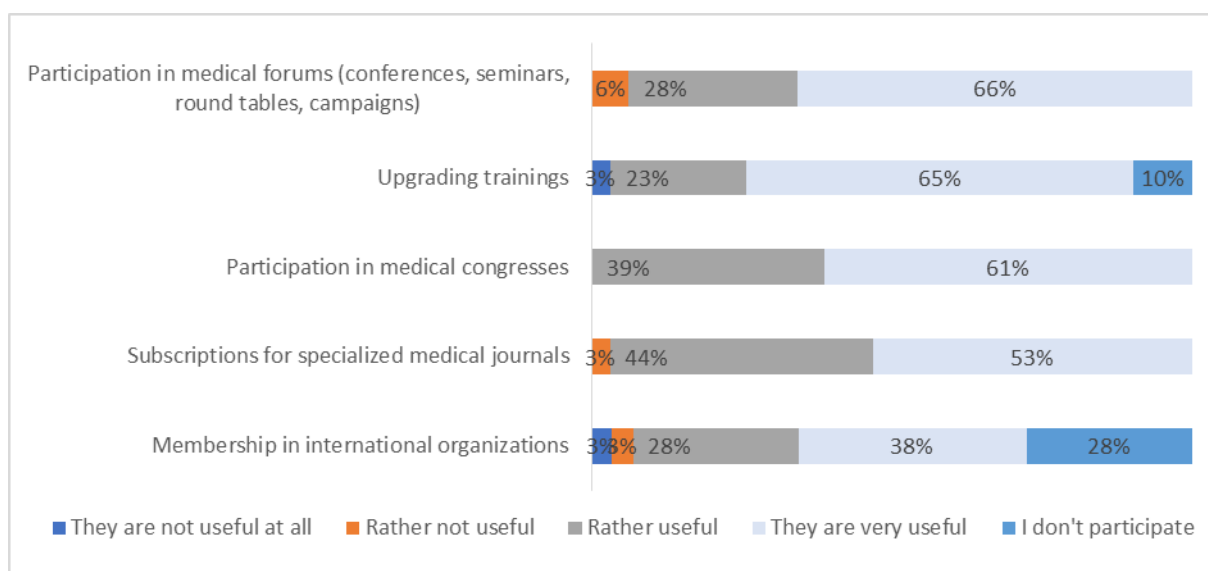
A review of the available programs and courses provided by BMA and BAHP shows that there are topics related to early childhood, but they are relatively few in number. Among the training topics provided by BMA, 2 topics related to early childhood in 2019 were found, while in BAHP, for comparison, there are 8 registered topics related to early childhood, from a larger number of trainings provided - 246 in 2019 and a similar number in 2018. Most topics are on health issues, but there are more general topics related to overall child development. This shows a desire to develop topics leading to a holistic approach to child development and approaches to support children and parents, an aspiration which should be reflected in a comprehensive system for continuing professional development.

- **Supervision and professional support**

Professional support upon starting work in a nursery is not systematic and is usually given in the induction training conducted by the supervisor in the first week after admission, or through mentoring by other nurses and teaching staff. There is no system for supervision or additional professional support, and even mentoring is not a systematic effort, but rather a practice dictated by the needs of new recruits.

Physicians identify the various forms of professional support as useful, insofar as they benefit from them (Figure 66).

Figure 66 Usefulness of various forms of professional development



Source: Quantitative survey among specialists in the health sector

The pediatricians who participated in the interviews shared the difficulties in participating in various forms of continuing professional development, which, as mentioned in the previous part of the report, depends on personal initiative, time and resources, and is not developed as a general framework containing various opportunities for participation in forums, congresses and trainings.

### ● Community of practice

The existence of a community of practice can be analyzed at two levels: at the service level and at the professional community level. At the service level, data from qualitative studies show that a number of new topics appear in the work of the nursery, which require critical reflection and discussion, such as children with special needs, parents and their needs, the individual needs of children and others. At the same time, there is no evidence that such discussions and reflective models are systematically organized and used.

A small proportion of pediatricians and general practitioners report having the skills to analyze their own practice (29%) (see Figure 6), while at the same time participating in conferences and seminars for knowledge exchange is useful for them, especially in international ones. However, since this type of scientific conferences and seminars is paid, it is a matter of opportunities and personal decision and choice whether or not to participate.

There is a Bulgarian Pediatric Association (BPA) in the country, whose activities include publishing a magazine and organizing various scientific forums and conferences, which implies the existence of a community for the exchange of knowledge among pediatricians. In addition, an informal structure

has been established at BPA, a group of young pediatricians whose goals are related to making changes in the regulations in connection with the specialization in pediatrics.

Defining the characteristics typical for their place of work, 61% of doctors share that there is a professional community of practice within the service in which they work, and 45% that there is a community of practice with specialists from other services (see Figure 16).

#### 5.2.1.3. Summary

The goals and expected results of the work of professionals in the health sector are mainly related to children's health, diagnosis and treatment of various health problems. In addition, in nurseries care is focused not only on child care and health, but also on skills development and early learning.

These goals lead to a framework for the work of health professionals, which involves activities to meet health needs, for the implementation of which they have theoretical and practical training. Activities for prevention, communication and support of families and a healthy lifestyle are mostly aspirations, due both to the lack of knowledge and skills, and due to the established organization of their work.

The main challenges in relation to their professional development are the lack of a comprehensive framework, which contains both opportunities for improving knowledge and for creating and developing a community for innovation, observation and self-reflection, which are not fully provided at the system level.

### 5.2.2. Education sector

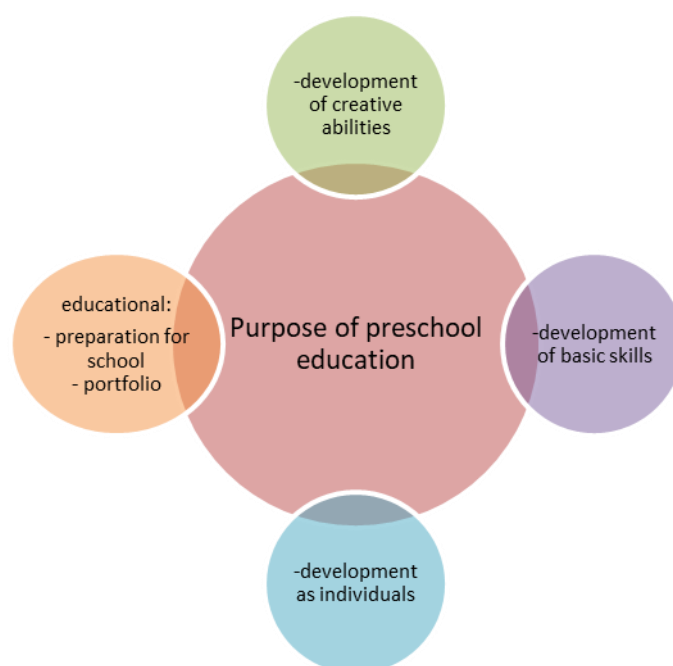
#### 5.2.2.1. A common and shared framework for working with young children and their families

- **Goals, expected results and values related to working with children at an early age**

The aim of preschool education is to lay the foundations for lifelong learning by ensuring the physical, cognitive, language, spiritual, moral, social, emotional and creative development of children (Regulation № 5 of 03.06.2016 for preschool education). In the preschool educational stage conditions are created for the acquisition of knowledge, skills and attitudes necessary for the successful transition of the child to school education, as well as for the overall development of the child's personality. Achieving these goals largely determines the necessary competencies of professionals who work with preschool children.

According to education professionals, the goals of preschool education are grouped into four main areas (Figure 67). They are mainly related to educational preparation, in terms of educational content, preparation for school and development of creative abilities. On the other hand, the goals are related to the development of basic skills for self-care and to laying the foundations for the development of children as individuals.

Figure 67 Objectives of preschool education<sup>45</sup>



In this sense, in their professional work, teachers are guided mainly by a child-centered approach, oriented more towards the educational preparation and development of children. The work with the families and the local community, and ensuring the participation of the children, are reported as complementary to the main tasks of preschool education and in this sense are not central.

- **Understanding and applying a child- and family-oriented approach in practice**

The main approaches through which teachers carry out their work tasks are as "child-leader", using an individual approach and various alternative approaches, which explains the opinion that in the analysis of their knowledge and skills for working with children at an early age, they determine the level of possession of skills to apply an individual approach to be even higher than their level of importance (see Figure 29).

According to some of the participants in focus groups, the desire to develop the individuality of each child is the main focus. Factors that would contribute to the realization of this aspiration are related to the organization of work in the kindergarten, the training of the professionals and the number of children with whom they work. The number of children in the groups is a factor further complicating the individual approach, especially when there are children with SEN or children with difficult behavior and from risk groups. The child-centered approach also implies the assurance of conditions for children's participation, which professionals assess as skills adults in the education sector possess, even to a greater extent than they rate the importance of these skills.

The family-oriented approach is much less common in the education sector. Rather, professionals and parents shared the difficulties in applying models for working with families, and the lack of knowledge and skills to implement such an approach. Additional factors are the organizational structure of the kindergartens, as well as their defined goals, aimed at the development of children. There is an understanding that the goals of working with children would be difficult to achieve without joint efforts between parents, children and professionals, but this understanding, while desirable, is rather difficult to apply in the practice of kindergartens at the moment.

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<sup>45</sup> Interviews and focus groups with professionals in the field of education

- **Organization and functioning of the services in accordance with the framework and the objectives**

The organization of the work in the kindergarten reflects their goals. The organizational form of work is in groups, i.e. children are organized into age groups (rarely of different ages). Everyday life is regulated as a sequence of activities and pedagogical situations with a fixed duration, eating, sleeping, outdoor games and more. In this sense, this organization corresponds to the set model of the regulatory framework. The professionals who carry out these activities are prepared to implement them, both within university education and as part of ongoing training.

In this framework, however, opportunities for applying an individual approach, project-based methods, innovative approaches, working with parents and working with children with disabilities are not sufficiently present. In this sense, the organization and functioning focuses more on traditional group forms of upbringing and on support for cognitive development.

- **A common framework relevant to needs and based on research and innovation**

Focus group professionals do not report any specific research or data that is purposefully collected so as to inform practices and policies about the needs of children and parents and to influence the development of the preschool education framework. Innovative approaches that are shared and are related to alternative models of communication, application of Montessori approach, group forms, project-based, etc., are an exception and happen on the initiative of individual teachers, rather than as a result of a purposeful process of research on their effectiveness and implementation in practice.

At the same time, the professionals shared information about the different projects in which they participate and which are related to the application of different approaches in their work with specific groups of children, for example children with SEN, children victims of violence, working with parents. However, these projects are rather initiatives of different organizations, which are implemented as a result of their own research and needs identification.

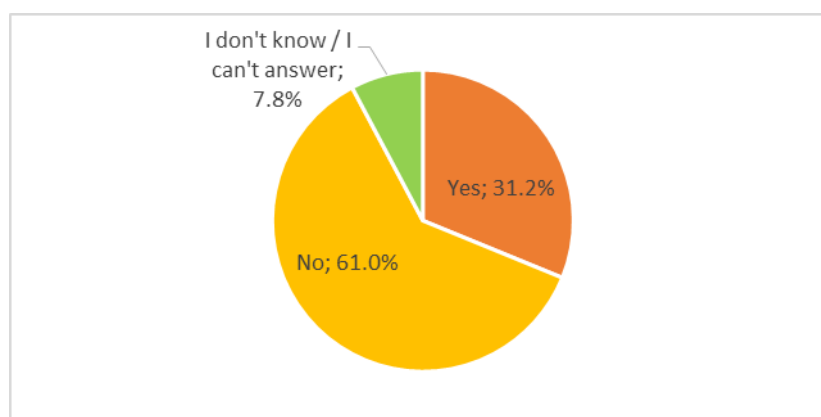
In this sense, the development of a framework for preschool education that allows the application of flexible, innovative approaches to meet the needs of children and their families is rather a recommendation and an aspiration. Such a framework, based on research and innovation, must allow for the application of group and individual forms, flexible organization of time, children's participation, etc.

#### 5.2.2.2. System for continuing professional development

- **Trainings related to knowledge, skills and approaches for working with children at an early age**

The data from the conducted quantitative and qualitative research confirm the existence in the practice of preschool education of a streamlined system for continuing professional development. This system should start with induction training for newcomers to the preschool education system. However, the data from the survey show that according to 61% of the participants, such training does not take place or that initial support is not incorporated into induction training for new recruits (Figure 68).

Figure 68 Existence of induction training upon entering the job

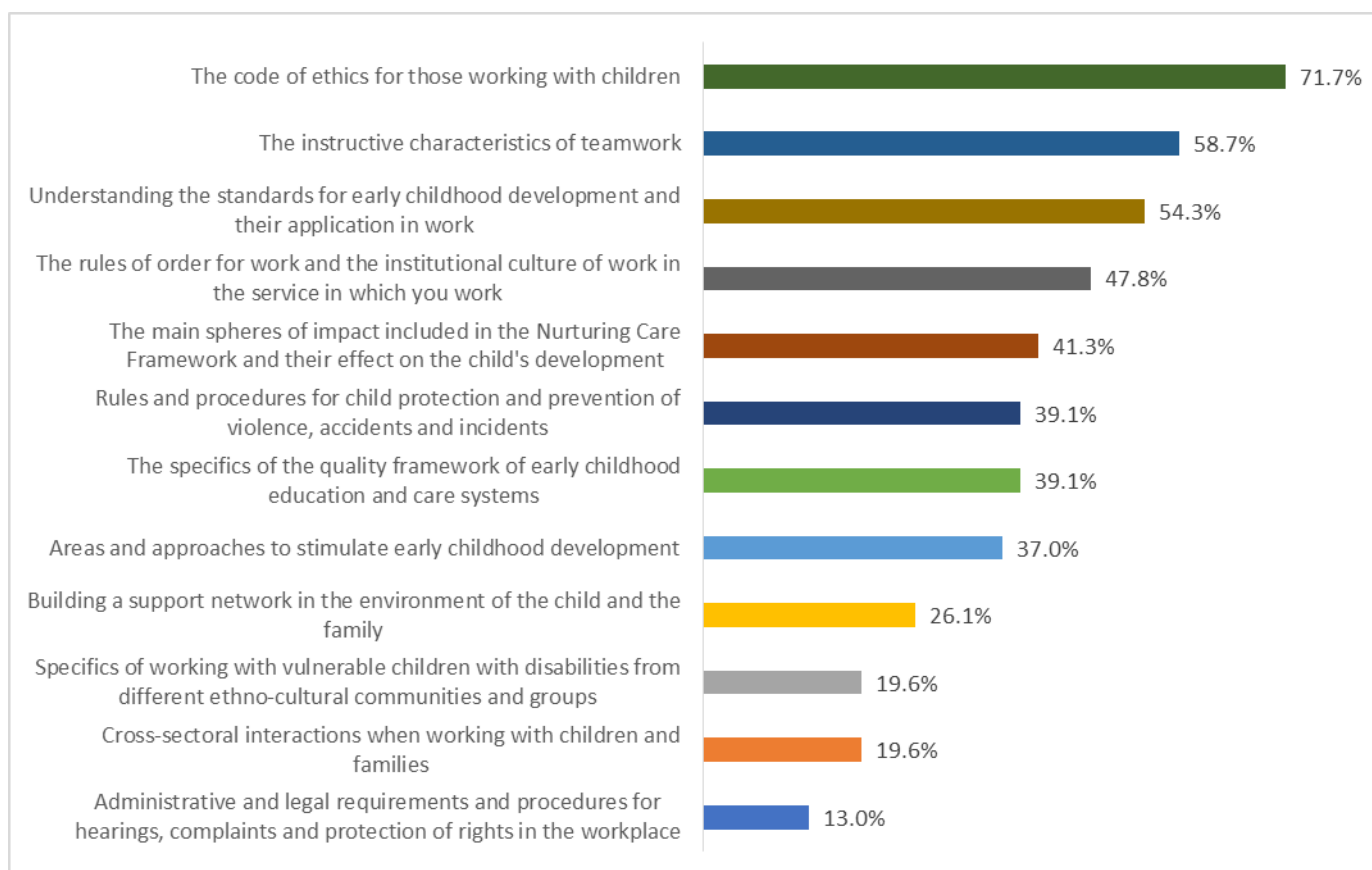


Source: Quantitative survey among specialists in the preschool education system

The duration of the induction training is from 1 to 2 weeks. When available, it is defined as very useful.

The topics included in the induction trainings mainly concern the rules, procedures, code of ethics and the framework in which the work is carried out, which is related to the creation of conditions for newcomers to start performing their work tasks and introduces them to the work environment and requirements. The induction trainings to a lesser extent address topics for building a supportive environment, stimulating ECD, building a supportive network in the environment of the child and the family, which is understandable due to the role of the induction training as a first entry into the work tasks. (Figure 69).

Figure 69 Topics present in the introductory training

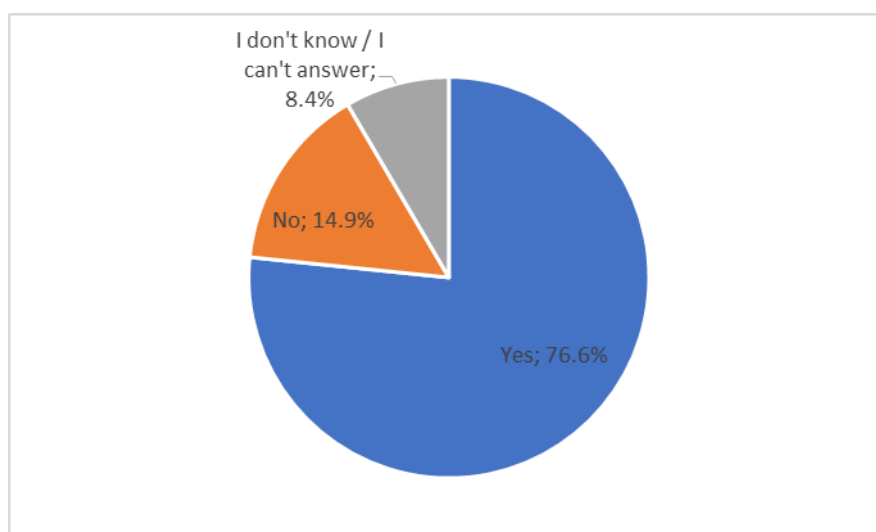


Source: Quantitative survey among specialists in the preschool education system

Induction training is defined as particularly important by the participants in focus groups, following the opinion that university education gives a more theoretical preparation regarding working methods, instead of paying attention to the atmosphere in groups and direct work with children. In this sense, induction training should be part of the overall system of continuing professional development and used to complement and upgrade knowledge and skills from the university and ensure the safety and health of children, because young people *“either leave suddenly and decide they cannot bear the responsibility or their behavior towards the children is not responsible enough and is almost dangerous for the children”*. (Focus groups with professionals from the education sector)

The majority of education professionals participating in the survey confirmed the existence of a system for supportive and continuing professional training (Figure 70).

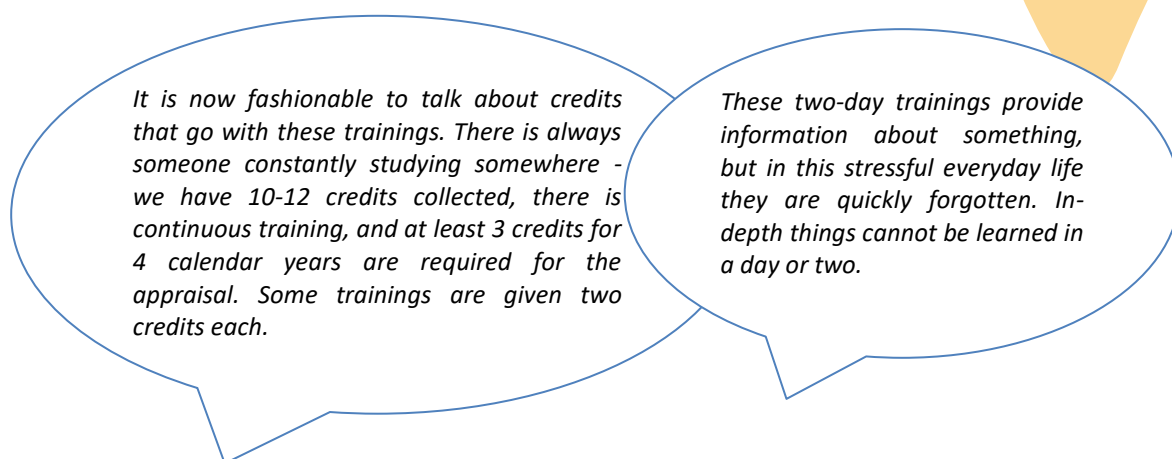
*Figure 70 Existence of a system for supportive and continuing professional training*



*Source: Quantitative survey among specialists in the VET system*

The system in which supportive and continuing professional training is provided seems quite complicated from the point of view of professionals. The opportunities offered are diverse and they do not always manage to describe them accurately in terms of the relevant procedures and the opportunities offered to them to participate (Figure 71).

Figure 71 Opportunities for professional development<sup>46</sup>



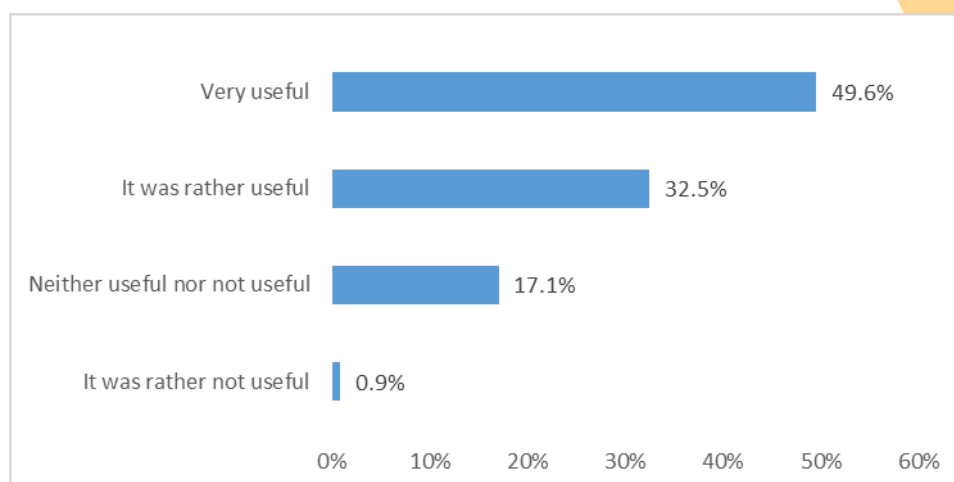
Professionals in the preschool education sector report the accumulation of more credits than the minimum requirements, but they have doubts about the applicability of knowledge from trainings, which are for short periods and accordingly they cannot define what the change is in their practice as a result of these trainings.

In addition, focus group participants report that trainings are rarely conducted for kindergarten teams. Participation is individual for the most part and this hinders the implementation of changes and the development of work in the kindergarten. Despite the opinions shared on the applicability in practice, the data from the quantitative surveys show that the trainings offered are defined as useful by the majority of respondents (82% consider them to be very or rather useful) (Figure 72).

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<sup>46</sup> Interviews and focus groups with professionals in the field of education

Figure 72 Usefulness of the supportive and continuing professional training for raising the level of professional qualification

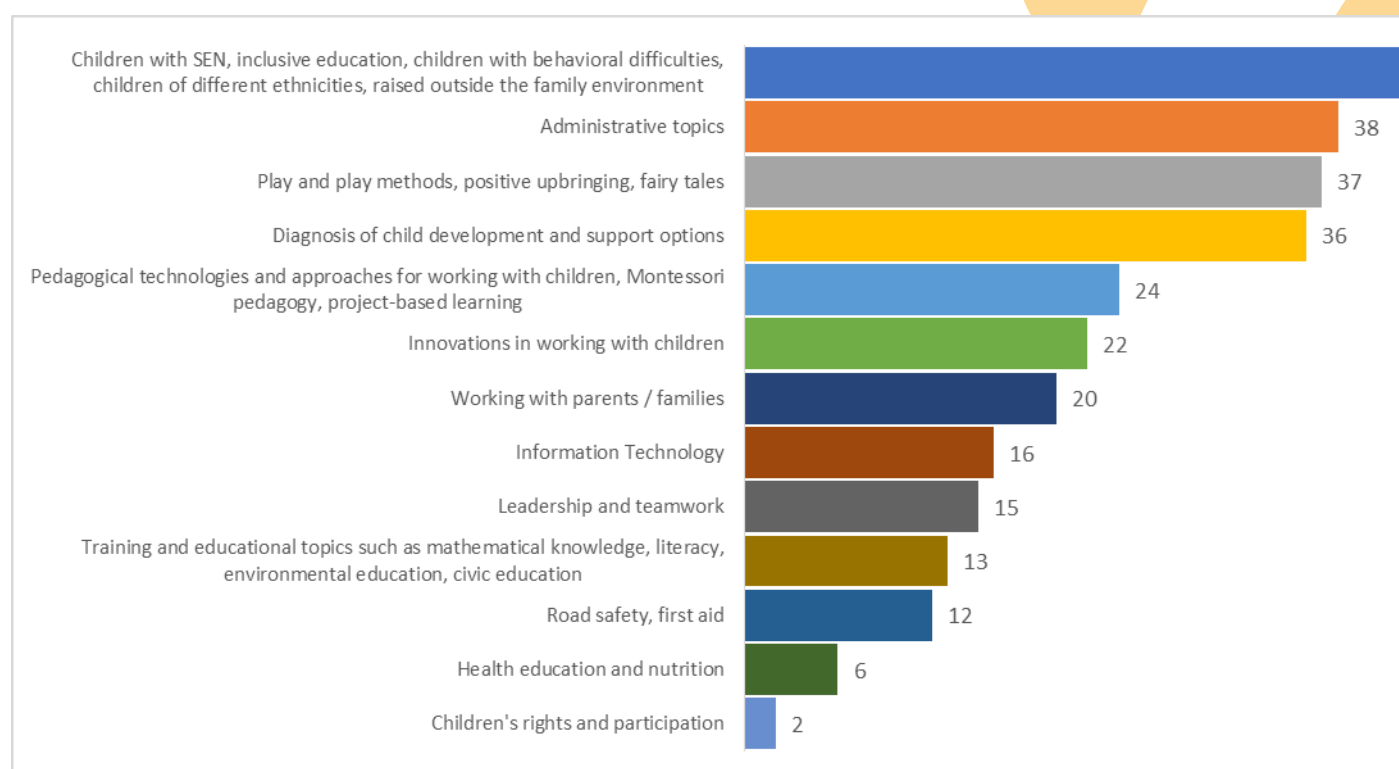


Source: Survey among pedagogical specialists in the preschool education system

The system for continuing professional development is implemented through several possibilities. In the first place, there are training programs included in the register of the Ministry of Education and Science (Information register of the approved programs for raising the qualification of pedagogical specialists). The data show that there are a total of 4143 programs available from 216 training organizations. The analysis of these programs shows that at least 340 of them (8%) are related to topics in the field of preschool education and work with young children. Organizations are entered in this register according to a clearly established procedure and deadlines. They are responsible for the content of the programs, as well as for changing and updating them in case of regulatory changes or other information that they collect independently.

Regarding the specific topics, the review of the programs shows that the largest number are related to particular groups of children: children with SEN, children of different ethnicities, children at risk (Figure 73). Among the largest number of programs are those that provide knowledge and skills about play and play-based methods, diagnosis of child development and support opportunities. The fewest in number are the programs related to children's rights and child participation. The analysis of the programs gives grounds to claim that these topics correspond to the identified needs of professionals, which are not well covered at the level of higher education and represent major challenges in their work in terms of the knowledge and skills they have. Also worth noting is the existence of programs related to working with families, which, although not in large numbers, are available as an opportunity and correspond to another identified need. Among the largest number of programs are those related to administrative issues, which usually concern regulatory changes, legislation and regulations. It is noteworthy that they are so many. Another group of topics that should be noted is leadership and teamwork, as well as a relatively new area in preschool education - information technology.

Figure 73 Topics included in MES training programs (number)



Source: Programs included in the MES Register

The training organizations identify the needs of the specialists through their own system of questionnaires and feedback after the trainings. In addition, in the kindergartens themselves, the directors also conduct studies of these needs in order to be able to assess which of the qualification courses offered are appropriate for the respective team. This achieves a good level of synergy between the needs of professionals and the programs offered, as well as the opportunity to choose, depending on the needs of the kindergarten team. However, with a relatively centralized system of registration of organizations and selection of topics, a top-down approach cannot achieve greater diversity of topics and ensure the participation of teachers in suggesting topics and discussing the goals and model of conducting trainings.

The trainings are paid from the budget of the kindergarten and provide differing numbers of credits. The credit system is related to career development and the expected appraisal. According to the majority of participants in the quantitative survey (60.8%), career development opportunities are provided (see Figure 39).

The choice of trainings and topics by the kindergarten is made after discussion with the team, and this is usually the most pressing topic for the year.

The question of how useful the trainings are is debatable, given the short duration and frequently used theoretical methods, and last but not least, that the whole kindergarten team does not always participate in the same training. In addition, additional support for the implementation of learned methods in practice is not organized as part of the training process and the system of continuing professional development.

The analysis of the connection between the topics that the specialists indicate as needs and those on which they have been trained shows that there are such connections. However, there still seems to be a need to acquire additional skills and knowledge on these topics (Figures 74 and 75). The

expressed needs for training on the topics of working with children with SEN and working with parents form the greatest share, as they are not present in the curricula during university education. These topics are available among those shared, as well as among those listed in the MES register, but there is still clearly work to do in these areas because the need is still present.

Figure 74 Training topic needs

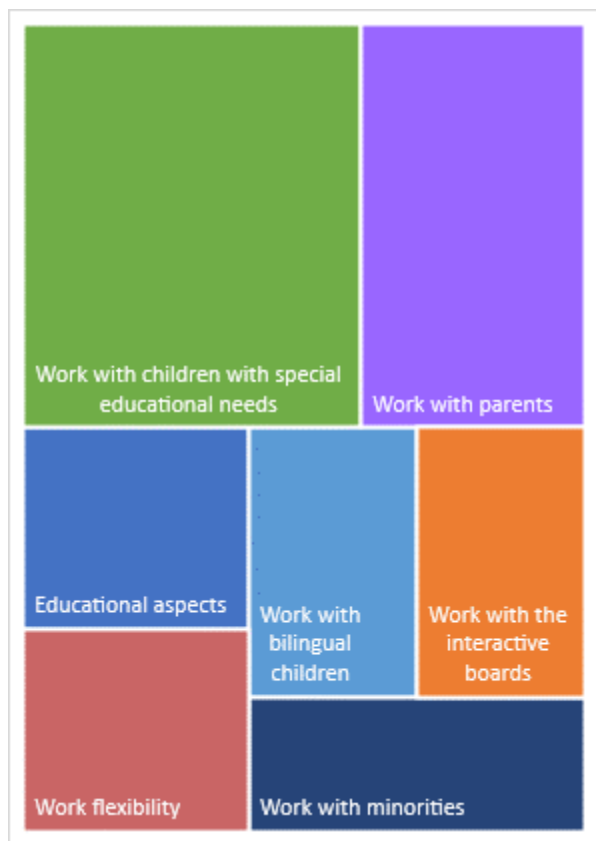
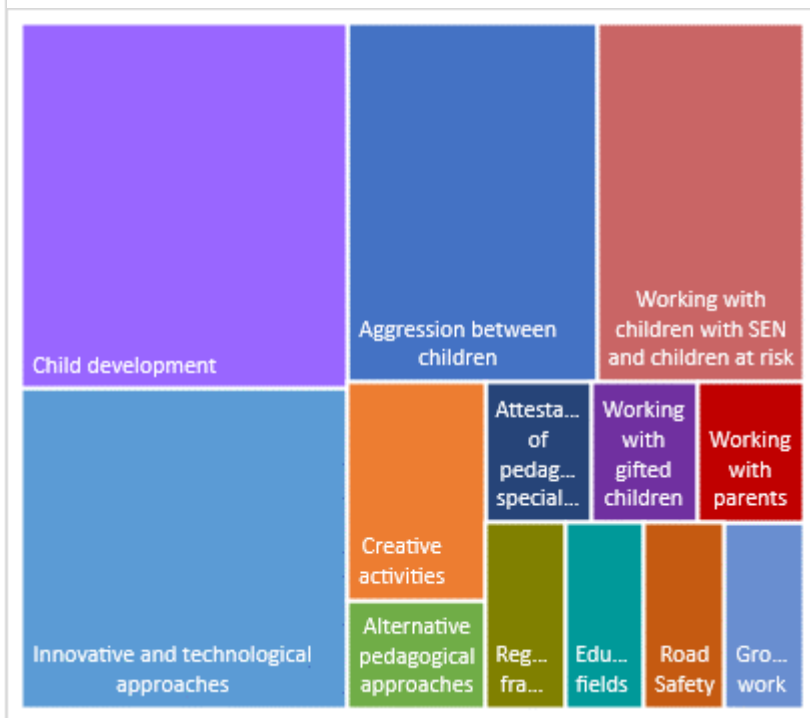


Figure 75 Topics on which they are trained



Source: Qualitative research among specialists in the VET system

Additional opportunities for professional development are provided within the project BG05M2OP001-2.010-0001 "Qualification for professional development of pedagogical specialists", which has created a platform connected with training for preparation for PKS and for obtaining credits. There are 5280 training programs on the platform.

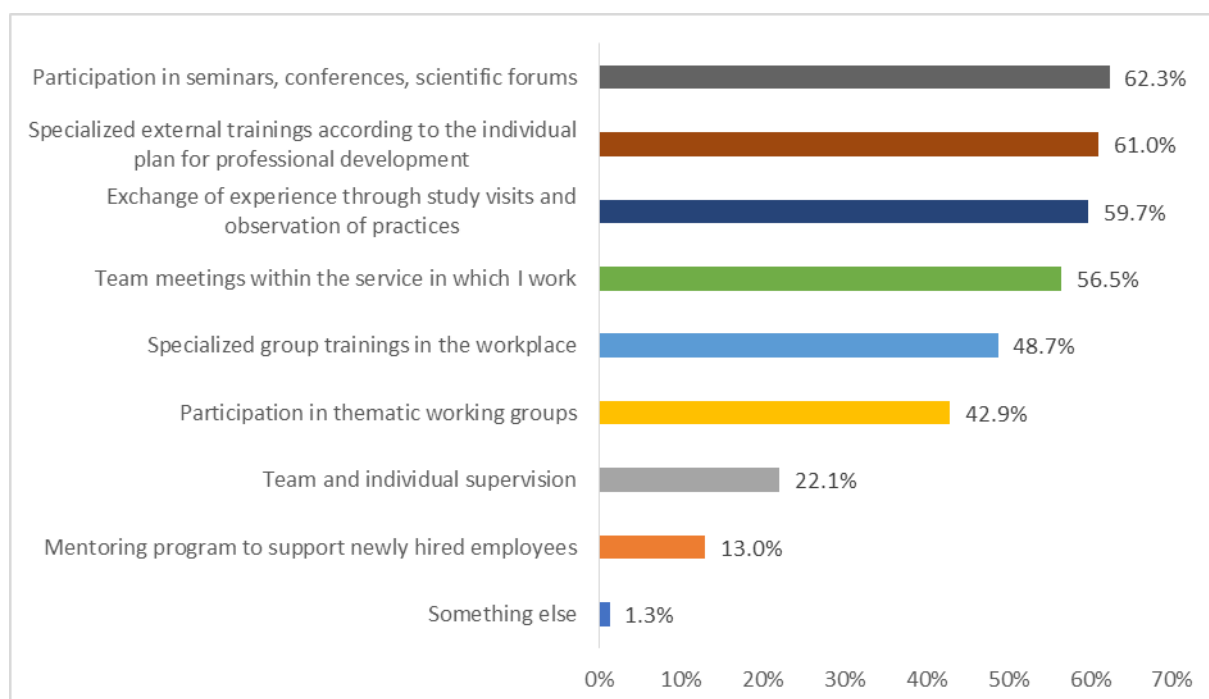
As for the non-pedagogical staff in the kindergarten, trainings for them are not offered or are rarely offered and this is defined as a challenge on the part of the pedagogical staff, as they expect to work together and achieve common goals - *"to really be the right hand of the teacher"*, and they feel that they are not getting enough help. Only training for acquiring the Level III of professional qualification, "assistant educator", was identified, which was aimed at specialists without the necessary education in order to obtain a professional qualification under a project of Sofia Municipality (Official website of Sofia Municipality).

- **Supervision and professional support**

The system of continuing professional development should include not only training programs, but also various other forms of professional support. The participants in the quantitative study share that they participate in seminars, conferences and scientific forums, specialized external trainings, exchange of experience through visits and observation of practices, as well as team meetings within

the service in which they work. Team and individual supervision and mentoring programs are indicated by the fewest number of the professionals surveyed (Figure 76).

*Figure 76 Forms of professional support*



*Source: Quantitative survey among specialists in the preschool education system*

According to the data from the qualitative research, the preparation in the first period following employment includes mentoring by a senior teacher, the duration of which and the availability of additional payment being determined by the director of the establishment. There is no data on how effective this mentoring is; moreover, it is mainly related to introduction to the profession and basic support in organizing work with children.

- **Community of practice**

Opportunities for exchange of information and joint learning are available mainly through open practices and exchange of experience with other colleagues, as they are realized within the kindergartens and between them, according to focus group participants. The development of reflective practices and critical thinking in the context of the kindergarten largely depends not only on the skills of the teachers (see Figure 29), but also on the opportunities created for teamwork. In the kindergarten the opportunities for teamwork are limited by the organization, namely two teachers work with one group of children, but they are not with the children at the same time and there is no model for them to create a common concept for working with the group of children. However, the data from the conducted quantitative study show that a large number of those surveyed report having the necessary skills for reflecting on their own practice (80%), despite the significantly lower rating in the survey given to the importance attached to these skills (see Figure 29).

Additionally, knowledge exchange takes place through professional forums. Information about such forums is usually obtained from the RWB or through its membership in various organizations such as OMEP (World Organization for Early Childhood Education). The participants also shared about their participation in regional and national forums on various topics related to preschool education.

Additionally, they point to the existence of methodological associations, where practices and challenges on various topics from the practice of working with children at an early age are discussed.

These data show that there is an effort to create opportunities for the exchange of knowledge and practices, but at the same time we cannot speak of a truly functioning professional community for mutual learning. This is available according to only 39.9% of survey participants (see Figure 39). Additionally, focus group participants report about efforts to discuss practice within the kindergarten rather than outside with the wider professional community. As already mentioned, the creation of a community of practice and development of a preschool education framework based on research and innovation will provide an opportunity to increase the quality and efficiency of the system and will provide the workforce with the opportunity to learn, find out about new approaches, and exchange information.

#### 5.2.2.3. Summary

The goals and expected results of the work of professionals in the education sector are mainly related to the learning of children, their development and preparation for inclusion in the school education system. These goals define the framework of the work of pedagogical specialists, which presupposes activities for the organization of pedagogical situations in separate pre-determined areas of knowledge, meeting needs for development and early learning, for the implementation of which they have theoretical and practical training. Activities for communication and support of families, working with vulnerable groups, working with children with SEN are rather difficult for professionals, both due to the lack of knowledge and skills, and due to the established organization of their work.

The main challenges in relation to their professional development are the existing framework, which seems complicated, oriented towards quantity and variety of opportunities, rather than guaranteeing that the needs of professionals are met, developed with their active participation and corresponding to a vision for early childhood development. The creation and development of a community for innovation, monitoring and self-reflection still seems to be at an early stage at the kindergarten level.

#### 5.2.3. Social sector

##### 5.2.3.1. A common and shared framework for working with young children and their families

- **Goals, expected results and values related to working with children at an early age**

The newly adopted SSA (2019) states that social work is aimed at supporting the individual, family, groups or communities to improve their quality of life by developing skills to use their own capabilities and those of the community in meeting their needs. Young children and their parents receive support through social work in case of social problems from various services and the purpose of this support is to develop problem-solving skills. The social services, which, according to the professionals surveyed, provide support for children at an early age, are of a consultative, daycare and residential nature. Although in a number of services the work with children at an early age is part of the methodology, there are none that are directly aimed at children at an early age. This to some extent hinders the development of purposeful activities and professional competences for those working with this target group. Professionals speak critically about the lack of specialized services, as they believe that the needs of some groups of the population are not met by social services.

The understanding of the purposes of social services by the participants in focus groups highlights the lack of focus on children at an early age. The goals of social work are understood in terms such as skills formation, work with specialists, counseling, making a plan, teamwork, intervention, i.e., they are oriented towards social services activities rather than towards the expected result (Figure 77).

Figure 77 Specifics of social services<sup>47</sup>



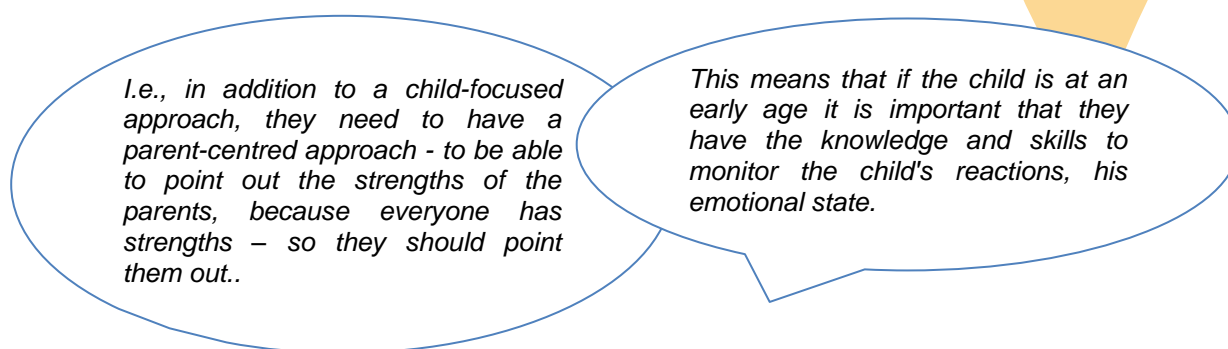
However, when talking about services for young children, experts spontaneously point to cross-sectoral communication, integrated services, and they talk about children's health and integrated health-social services, which shows that their understanding of ECD social support is more of a task for integrated services rather than social services.

- **Understanding and applying in practice a child- and family-oriented approach**

In social services, the work approach is still child-centered. According to the data from the quantitative study conducted, the individual approach appears among 84% of the participants (see Figure 49). At the same time, there is an understanding of the importance of the family and among their recommendations, professionals point out as important knowledge and skills related to working with the whole family, identifying the strengths of parents and support for child development. These views also stem from the age of the children they work with, as the understanding is that for young children, working with parents is essential and support must go through the development of parental competence (Figure 78).

<sup>47</sup> Interviews and focus groups with professionals in the social sector

Figure 78 Family-oriented approach<sup>48</sup>



These data show an emerging understanding of family-oriented social work, on the basis of which it is necessary to develop training programs and professional support for the development of skills for application in practice.

- **Organization and functioning of the services in accordance with the framework and objectives**

The organization and functioning of social services largely depends on their type and the methodology for their provision. Counseling services provide support to children and families, both within the centers where social workers are based and at the client's home. Day care services provide daily accommodation, satisfaction of basic needs and development of children, as they are mainly oriented towards children with developmental problems, and residential and foster care services – to the provision of accommodation outside the family environment. The organization of the services with an integrated character is specific, as they provide mobile and consulting activities, but by specialists from different sectors. They do not have their own methodology of work, so all their functioning is the result of models that they have created themselves, through joint work by all the specialists.

The organization of work in social services corresponds to their goals, but is not directly related to working with children at an early age, because the target groups of all services are in a wider age range, usually for children from 3 to 18 years of age.

The mobile component that is most suitable for working with families with young children is available only in the Community Support Center service.

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<sup>48</sup> Interviews and focus groups with professionals in the social sector

- **A common framework relevant to needs and based on research and innovation**

The framework of social services is legislatively regulated for all social services in the country. The methodologies for the services, although of a recommendatory nature, set the basis for objectives, activities and expected results. Exceptions are the services with an integrated character: Centers for Early Childhood Development, which are still provided through project funding and only in SSA receive specific regulation. Their development is the result of an identified need for services for young children with a high level of vulnerability, based on research and evaluation (World Bank, 2018), but still provided in the framework of project funding.

Service providers have the opportunity to develop their own methodology, but they must comply with those developed by the ASA. In this sense, within the services provided by NGOs there is an opportunity to develop the models, but without going beyond the existing framework. In the process of social reform, the creation of new legislation and a regulatory framework are underway, which sets a new understanding of the meaning of social services, their target groups, expected results and quality. However, there is no information on the extent to which this framework is based on research and innovation, on modern understandings of the types and levels of planning of social services.

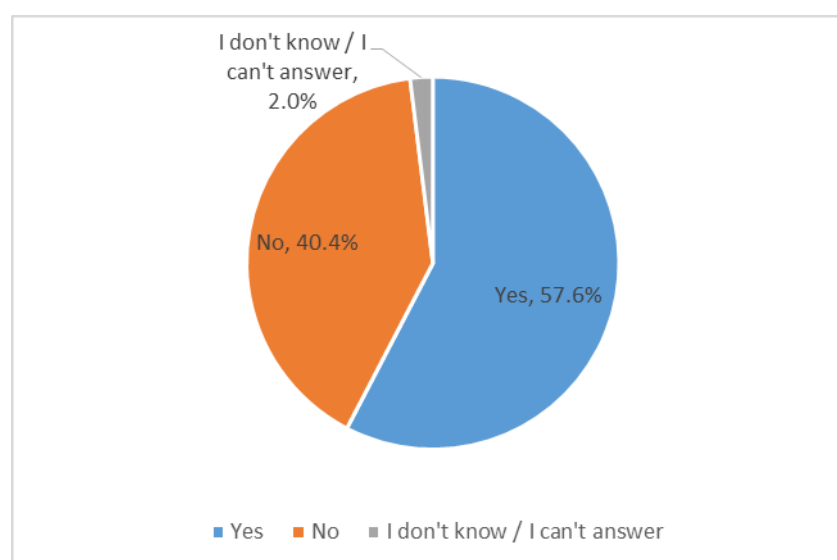
#### 5.2.3.2. System for continuing professional development

- **Trainings related to knowledge, skills and approaches for working with children at an early age**

The system of continuing professional development should include induction training, ongoing training, supervision and mentoring, as well as additional opportunities for the development of professionals that are subordinated to a common goal and framework.

Within the social services there is a system of induction trainings, according to 58% of the participants in the survey (Figure 79). It is noteworthy that a large proportion of professionals do not report the existence of such a system.

*Figure 79 Existence of introductory training upon entering the job*

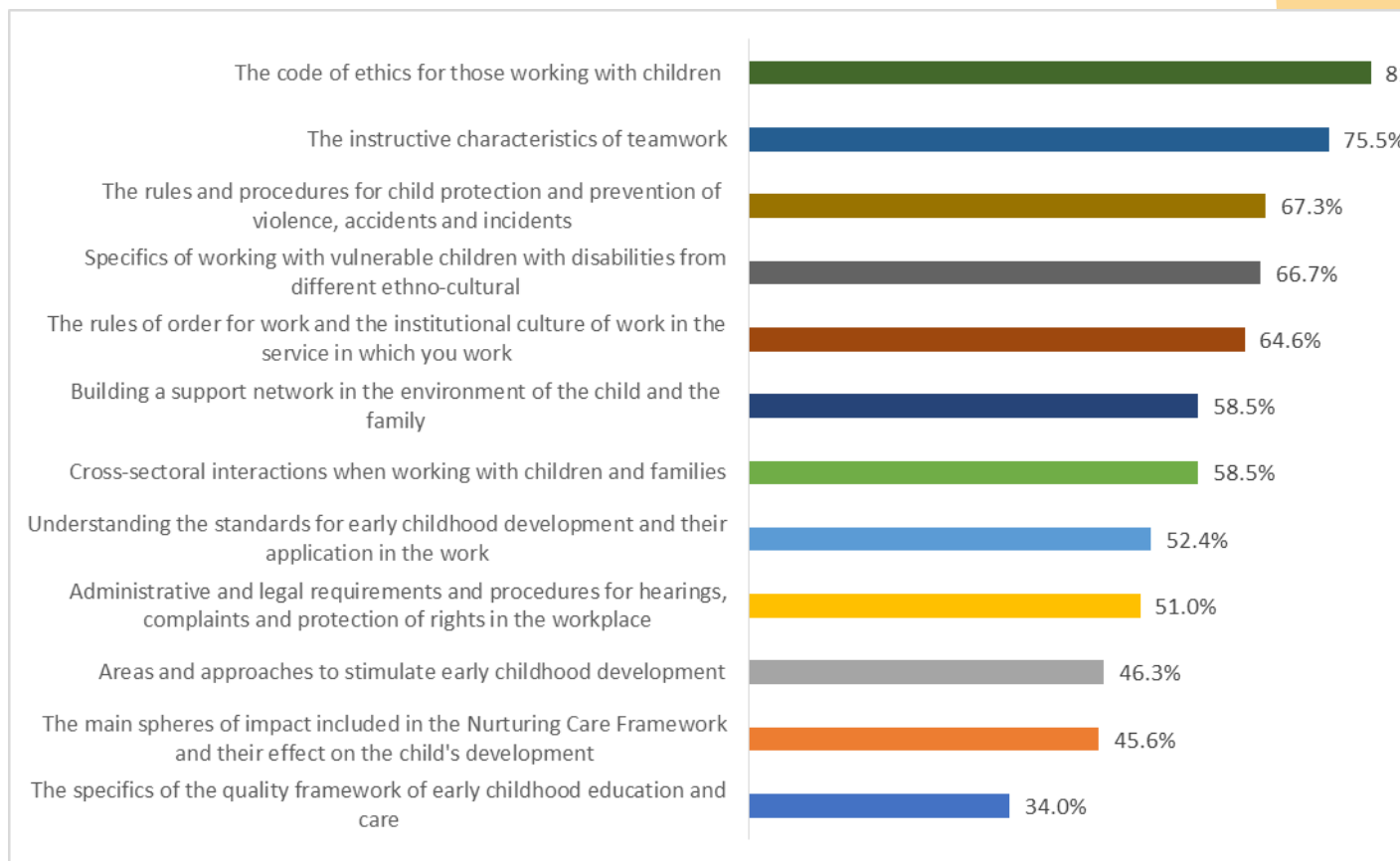


*Source: Quantitative survey among specialists in the social system*

According to the data from the quantitative study, various topics are present in the induction training. Most mentioned are the code of ethics for working with children, teamwork, rules and procedures, working with vulnerable children, institutional culture, cross-sectoral interaction and

building a support network (Figure 80). In this sense, induction training is mainly related to the rules and procedures for work, institutional culture and organization more than to specific methods of working with children and families.

Figure 80 Topics present in the induction training

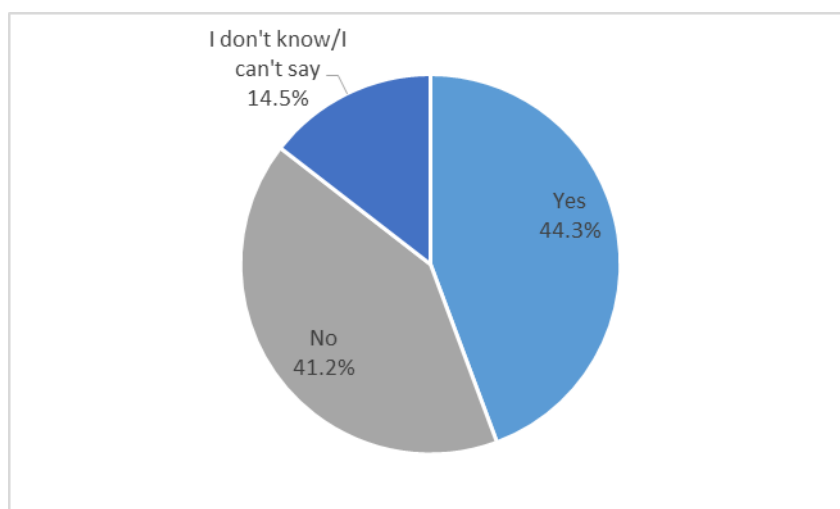


Source: Quantitative survey among specialists in the social system

It is also noteworthy that topics related to the areas of and support for ECD, the main areas of impact of the Nurturing Care Framework, the Quality Framework for ECEC Services, are present to a much lesser extent in the induction trainings.

On the topic of the existence of a system for supportive and continuous training, the opinions of professionals are divided equally (Figure 81).

Figure 81 Existence of a system for supportive and continuing professional training



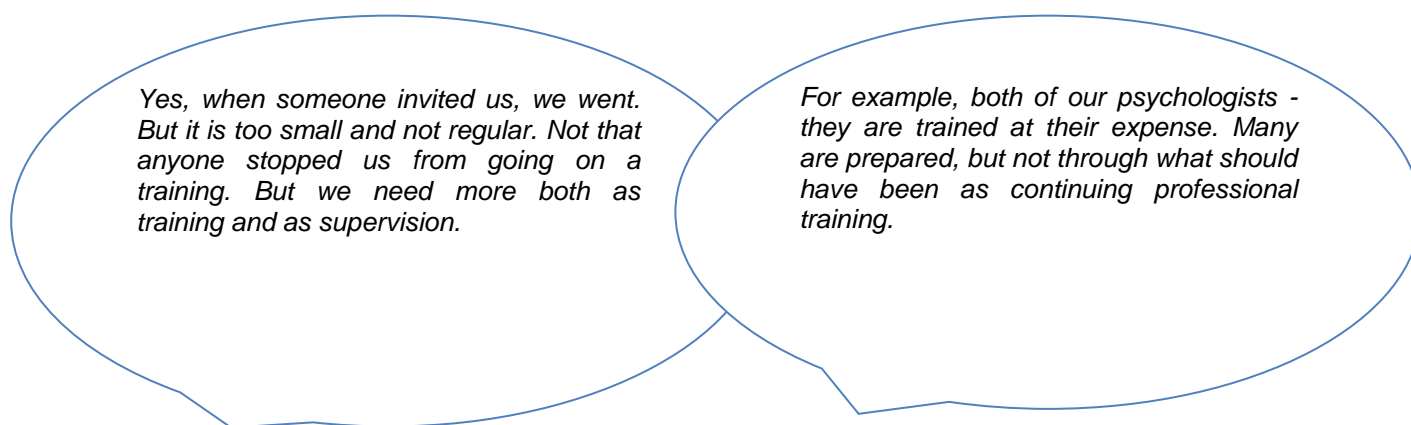
Source: Quantitative survey among specialists in the social system

The data from the conducted focus groups with professionals from the social sector confirm that there is no clear system for continuous professional trainings. There are such trainings but they are not systematically planned. The reason for this is that continuing professional trainings are offered by various organizations, NGOs and ASA within projects with pre-selected topics. Their availability in this sense depends on whether there will be sufficient funding for projects, on what topic and with what scope.

The review of the curricula of the Center for Human Resources Development and regional initiatives<sup>49</sup>, shows that some of the topics of the trainings are related to social work, child protection, working with at-risk groups. The review of the catalogs for the last 2 years does not show the presence of topics related to social work with children at an early age.

Some of the specialists who participated in the study report that they often have to allocate resources, plan and find opportunities to improve their skills on their own (Figure 82).

Figure 82 Opportunities for upgrading trainings<sup>50</sup>

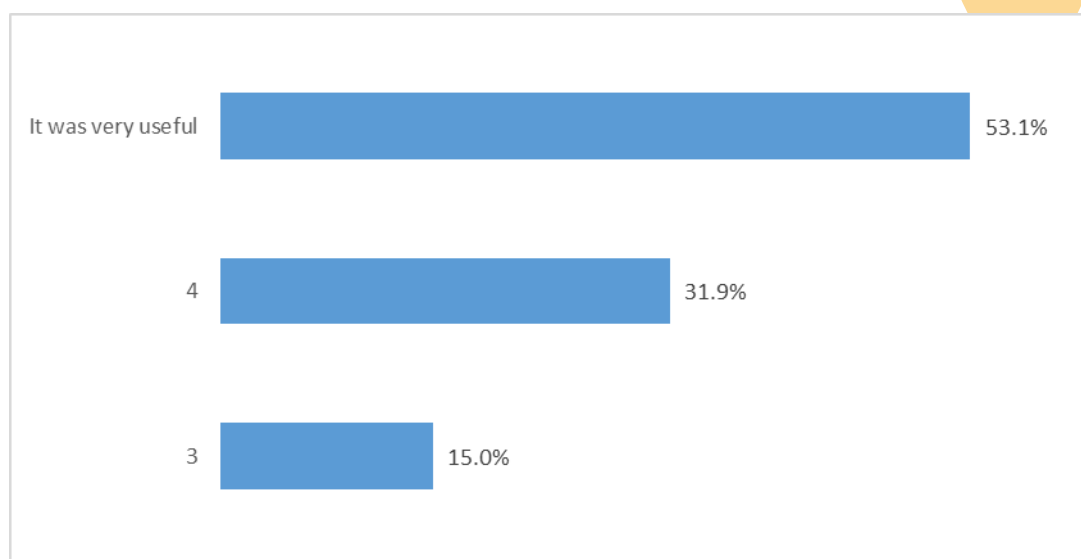


As for the usefulness of training to upgrade qualifications, where they are available, they are defined as useful (Figure 83).

<sup>49</sup> <https://chrdri.net/>

<sup>50</sup> Interviews and focus groups of social professionals

Figure 83 Usefulness of the supporting and continuing professional training for raising the level of professional qualification



Source: Quantitative survey among specialists in the social system

Professionals share training needs on topics related to the specifics of early childhood, working with specific target groups, violence and aggression. Some of these topics have been present in their trainings and the expressed need means that they are not enough to support their work with clients (Figures 84 and 85).

Figure 84 Topics on which they were trained

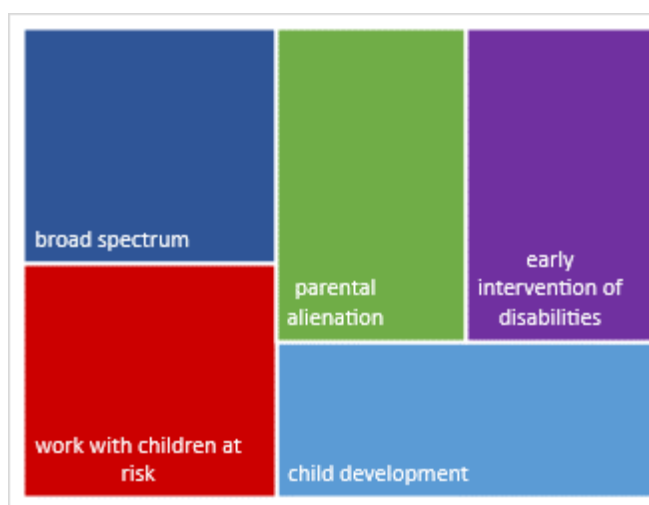


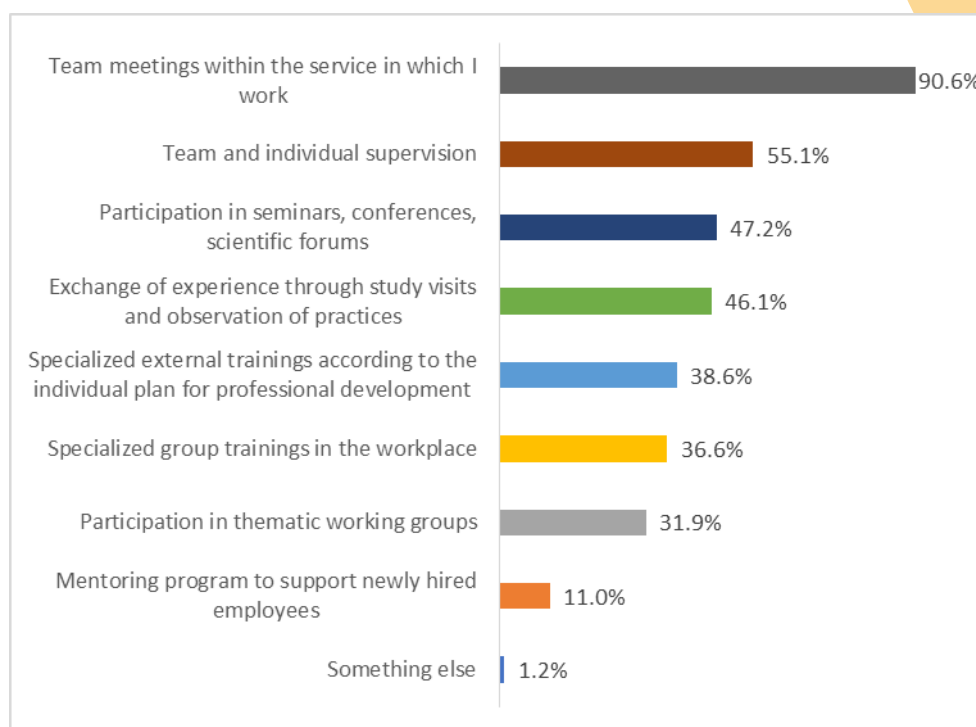
Figure 85 Training needs



- **Supervision and professional support**

The forms of professional support used by social services professionals are mostly team meetings within the service in which they work. The other forms of support proposed for assessment in the quantitative study are reported significantly less frequently (Figure 86). This shows that professional support is provided mainly within the service, less through individual and group supervision and significantly less often through contacts with other services and mentoring programs.

Figure 86 Forms of professional support



Source: Quantitative survey among specialists in the social system

- **Community of practice**

The topic of knowledge exchange and opportunities for joint learning and development in the social work sphere in the context of ECD is extremely debatable. Only 36.9% of professionals in the sector report the existence of such a community (see Figure 62). Participants in the quantitative survey confirm the availability of skills for analysis of their own practice (75%) and for teamwork (83%), which shows that in social services, given the specifics of work and the variety of providers, there are available opportunities for reflection and self-reflection.

The exchange of knowledge and discussion of practices usually takes place within services, more often than within the professional community. In addition, respondents share that there are few opportunities for knowledge exchange "there was one last year in Sofia for two or three hours." (Interviews and focus groups with social services professionals)

These data confirm that the professional community of practice on the topic of ECD in the framework of the social services sector remains at an early stage of its development.

### 5.2.3.3. Summary

The goals and expected results of the work of professionals in the social sector are mainly related to reducing risk factors, supporting capacity building for dealing with problematic situations, providing support for social inclusion. These goals define the framework of the work of specialists in social services, which implies different activities depending on the goals of the services themselves. Social services aimed only at supporting young children and their families are not available. This task is defined as the basis for integrated services. For the implementation of their tasks related to needs assessment, planning and support activities, social workers are prepared theoretically and practically.

Topics that are challenging for them include support for ECD, working with specific groups of clients, working with cases of violence and aggressive behavior.

The main challenges in relation to their professional development are the lack of a comprehensive framework that contains well-resourced opportunities both for upgrading knowledge and for creating and developing a community for innovation, monitoring and self-reflection.

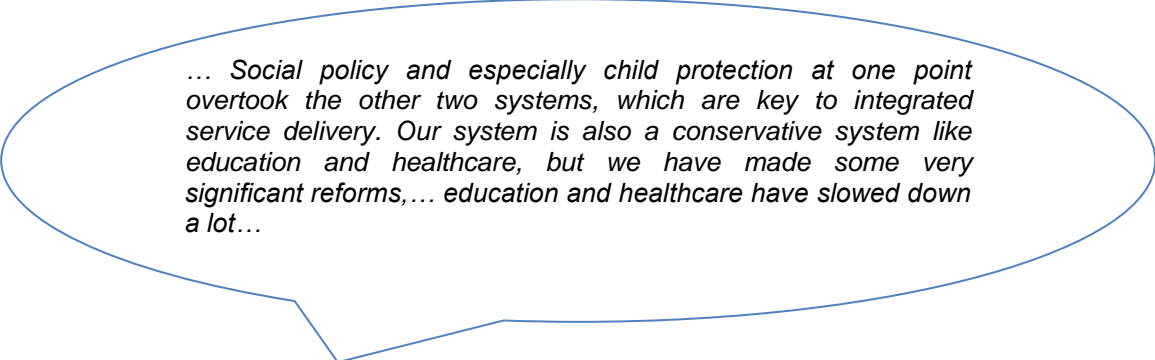
### 5.3. Inter-sectoral cooperation

#### 5.3.1. Level of services and institutions

Inter-sectoral cooperation between key institutions in the health, education and social protection sectors can be considered at several levels. The first level is that of national policy. According to the respondents, the three sectors partner in the development of national strategic documents, usually forming working groups with representatives of various ministries and agencies, as well as representatives from the civil society sector. Thus, according to representatives of national institutions, *"decisions are made together"* (Interview, representatives of a national institution). According to other respondents, however, these mechanisms for interaction and coordination are rather formal, *"who should be responsible for what, what needs to be done"* (Interview, representatives of a national institution) and it is not clear after the adoption of the relevant policy what actually happens in practice and how it is realized.

One of the topics that is particularly relevant in relation to policies on ECD is integrated policies and services. Some respondents share that in connection with their development, different sectors have different understandings and participation, and as a result take on the initiative for planning and development (Figure 87).

Figure 87 Inter-sectoral communication (ibid.)



*... Social policy and especially child protection at one point overtook the other two systems, which are key to integrated service delivery. Our system is also a conservative system like education and healthcare, but we have made some very significant reforms,... education and healthcare have slowed down a lot...*

Inter-sectoral cooperation at the municipal level is similar to the national level, but it occurs not only as a result of planning policies but also due to specific circumstances. The reasons are usually related

to difficult cases and the inability of the systems to work together and reach a solution. Often these solutions are difficult, especially when the cases are complex and require real integrated services; in such cases, according to some municipal representatives, the problems begin to transfer between sectors, because for young children, *“health and social services are also a problem, it is not acceptable for the Ministry of Health to tell you that this is your social problem”* (Interview, representatives of a national institution).

At the municipal level, the effort to communicate between sectors and services is realized by specially developed cooperation agreements and coordination mechanisms. These agreements include a division of responsibilities and a model for exchanging information, but local authorities say that the sectors rarely have to work together and that this happens in difficult cases where decisions involving all three sectors are required.

### 5.3.2. At the case level

Data from the surveys of professionals from the three sectors provide information on a number of difficulties related to the communication between services in the health, education and social sectors and do not show the existence of a case-by-case collaboration system. The study confirms the mainly sectoral nature of support for young children, due to the different goals, tasks and available services, and even the opinion of professionals from the social sector that support should be integrated does not lead to positive change. Achieving results in the sectors is related to the success of the various components of ECD (health, learning and development, social support). The available services of an integrated nature tend to be pilot initiatives and they are unsustainable due to their project-based funding.

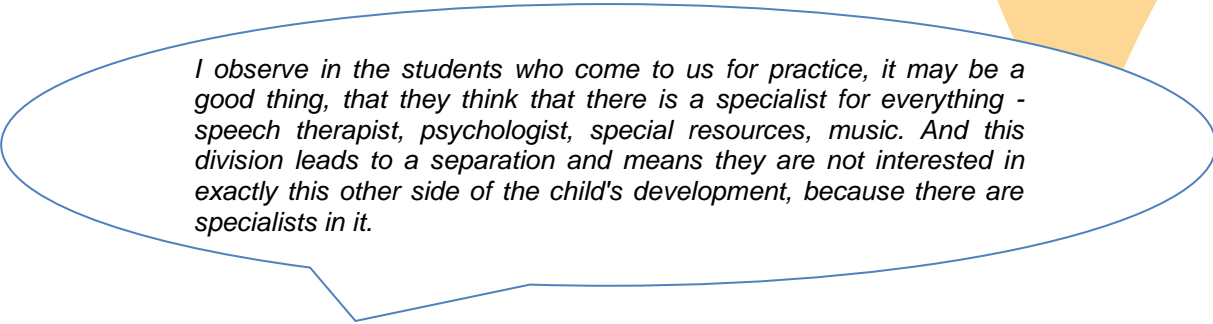
Regarding the communication with the other spheres, the specialists from the three sectors give similar answers. The existence of a mechanism for interaction with the different sectors is indicated by 43.8% of specialists in the education sector as a typical feature of their work (see Figure 39), by 48% of doctors and pediatricians (see Figure 16) and by 46.2% of social services professionals (see Figure 62). These data show the presence of communication, but still within certain limits.

Representatives of the three sectors perceive the need for cross-sectoral collaboration in a similar way, but decisions and discussions have a different focus. Participants in interviews and focus groups from the social services sector share that there is no clear system for coordination at the case level, except in social services, where there is a requirement to apply a multidisciplinary approach in the evaluation and planning of interventions. They suspect, however, that the application of such an approach to case management relies heavily on the human factor and the attitude and level of preparedness of the professionals. Often the role of providing information and communicating with the various services falls to the parent.

With regard to the education sector, it is notable that there is an attitude that it is down to the other different specialists in the sector and other services to take care of the child's development, while the task of the pedagogical staff is limited only to learning and skills formation (Figure 88).

*Figure 88 Cooperation in the education sector*

(Focus group, education sector specialists)



*I observe in the students who come to us for practice, it may be a good thing, that they think that there is a specialist for everything - speech therapist, psychologist, special resources, music. And this division leads to a separation and means they are not interested in exactly this other side of the child's development, because there are specialists in it.*

Healthcare professionals are most critical about communication with other services at the case level. They either do not know who to turn to in case of identified risk, and they even share that no mechanism, procedure or formula for action has been developed. *"It's not mentioned anywhere, if you see a child at risk, call ... call this social worker ... with very specific things like a formula for action. Whether it is a child at risk of abandonment, or physical violence, or mental abuse, we have no formula for action."* (Interview, pediatrician)

Other doctors share the opposite view that they have to work as social workers because even if they seek help from social services, they do not receive it. *"When there were no social services, we took on absolutely everything ourselves. Now there are social services, we leave the task to them, and they don't have the resources to do their job."* (Interview, doctor)

### 5.3.3. At the level of the professional community

The study does not identify interactions between professionals from the different sectors at the professional community level. Where the topics of children's rights, child welfare and early childhood development are the subject of professional discussion, this is initiated by civil society organizations.

Sectoral professional communities, as far as such are available, are engaged in sectoral problems and rarely leave the field of their main tasks. The professionals from the three sectors involved in the quantitative surveys regard the use of an approach for interaction with other sectors as important and available in their work, with this being most valid for the social sector (71%) (see Figure 49), less in the education sector (60%) (see Figure 29), and the least in the health sector (45%) (see Figure 6).

These challenges stem largely from the initial training of specialists. According to university professors, the lack of emphasis on a holistic approach and links between different social, educational and health spheres begins at the university level. This approach is not reflected in the scope and emphasis in the educational content.

#### 5.3.4. Summary

The interaction between health, social and educational professionals remains more of an aspiration and is still a challenge. At the national level there is coordination in the process of making cross-sectoral policies, but this is mostly of a formal nature; at the local level the coordination depends on the idea for communication and the desire for interaction.

At the case level, there are differences in the three sectors, social services having the closest relationship with other sectors, education relying on support only in cases of risk, and health services lack a clear formula for response and interaction.

#### 5.4. National and international level

##### 5.4.1. Development of a professional and educational competence profile of professionals working with children at an early age and improvement of working conditions

The strategic policies aimed at the overall well-being of children in the country are implemented on the basis of the National Strategy for the Child (NSC), adopted by the National Assembly on the proposal of the Council of Ministers. In 2018, a new NSC was developed and submitted for discussion, which would prioritize policies for children after the expiration of the previous strategy (2008-2018), but after protests by parent organizations and public discussions on its content, it was withdrawn. Another policy aimed at the overall well-being of children, the planning of which began in 2019, is the National Strategy for Early Childhood Development. The development of this strategy appears in the National Child Protection Program (NCP) 2018 as one of the activities for improving ECD policies. It has also not been finalized and accepted. As a result, the country does not currently have any strategic policies for children.

Sectoral policies related to the support of children and families (National Health Strategy 2020; National Strategy for Lifelong Learning 2014-2020; National Strategy for Poverty Reduction and Promotion of Social Inclusion 2020) are aimed at achieving priorities in the relevant areas, without a focus on children at an early age.

At the local level, policies follow the logic of national policies. No policies are being developed for young children, with local authorities saying that *“there is still no well-developed system for early childhood development, attention is not sufficiently focused on young children, but rather on school-age children”* (Interview with a local authority representative). In addition, local policy is also sectoral in nature and often the topics of early childhood support fall within the scope of several directorates.

Hence, the policy to support workforce development in the relevant sectors is not related to the development of a system for professional development of professionals working with young children. The most serious efforts in this direction at the national level have been made in the education sector, with the policy on the development of pedagogical staff. In the social services sector, the development of the country's first strategy for workforce development in the social sector is underway, and in the healthcare sector the only such a policy is the Health Care Development Strategy (2013-2020), where the topic of selection, planning and qualification of health care professionals is represented. In all three sectors, however, the topic of workforce development is not specifically focused on training, continuing professional development and working conditions related to working with young children and their families.

#### 5.4.2. Increasing the workforce capacity to support positive parenting and early learning among all children and families

The development of children at an early age depends on a number of factors, including responsive parental care, ensuring a safe and secure environment, adequate nutrition, the opportunities created for early learning and more. In this sense, the quality of the services provided in the three main sectors - health, education and social work - to support young children and their families is essential. A key element of the quality of services, together with the conditions, the delivery process and the orientation towards achieving results, is the preparation of the specialists and their competences to provide support and to meet the needs of children at an early age. One of the serious challenges for continuing professional development systems is to include topics aimed at developing capacity to support children and families for positive parenting and early learning in training programs and in systems for support and development of the workforce. These topics are partially present in initial and continuing education, but are not part of a comprehensive system and are sectoral in nature, i.e. each sector focuses on individual components of children's needs and development, which leads to difficulties in applying a holistic approach.

The data from the interviews conducted with lecturers in higher education institutions show that there is no public emphasis on the topic of early childhood development. Hence, of course, the lack of sufficient research on the topic and, accordingly, the lack of educational content and innovative approaches. Among their recommendations is to ensure a link between the public dimension, policies and research.

#### 5.4.3. Compliance of national policies with international documents

The international surveys on the workforce presented are mainly in the education sector, while in the health and social sector they are fewer. In Bulgaria, after the adoption of the Law on Preschool and School Education, a number of reforms in the education sector began in the direction of creating a system for the development of pedagogical staff. In this sense, efforts in this sector are in line with the challenges identified in a number of international studies and, although at an early stage, demonstrate a desire for development.

The development of workforce policies in the social services sector is still in its infancy. In recent years, the country has begun a process of analysis of the child protection system, reforms aiming at the development of social services, mapping of the workforce. This effort is in line with available international research, but remains to be developed.

In the health sector, a comprehensive policy for the development of the health services workforce has not been identified.

#### 5.4.4. Systematic development of services, promotion and development of groups and communities of practitioners, local and national authorities and the scientific community

According to higher education lecturers, the key international documents, the *Nurturing Care Framework* of the World Health Organization, UNICEF and the World Bank, and the Council of the European Union's *Recommendation on a Quality Framework for Early Childhood Education and Care* are not thoroughly known and included in the curricula in higher education. In this sense, international documents that are of a recommendatory nature are not always taken into account in policy development and are not subject to analysis by the scientific community. Among the recommendations for increasing the effectiveness of training programs and practices to support ECD

are advocating for the inclusion of the Quality Framework in educational content and achieving greater integration with the achievements of research studies.

The creation of a professional community of practitioners, local and national authorities and a scientific community is present only in recommendations for its development.

*"Better integration and connection between the main public spheres engaged in ECD and education and higher education institutions in the face of teachers and scientists who study this field and accordingly teach the necessary knowledge to students, especially in the use of integrated approaches, attracting different professionals from different public spheres, including in preparation for a future professional role. "* (Interview with a higher education lecturer)

As such communities develop, they are most often sectoral on certain topics and aim to solve specific problems (for example, specialization in pediatrics or the cause of the Children's Hospital in the field of health), (Working conditions, Professional development of teachers, Regulatory changes in the field of healthcare) (Deinstitutionalisation of childcare in the social sector). The topic of ECD and ECD support services were most likely initiated by NGOs and their networks.

An Alliance for Early Childhood Development has been established in the country, whose mission states that "The Alliance mobilizes the efforts of its members and partners to create a favorable public environment and public policies that provide conditions for full development and realization of the rights of every child at an early age in the family, and in other organized environments. Guided by an understanding of the paramount role of adults and human relationships in empowering every child at an early age, Alliance members work to empower, develop and strengthen the resources of parents and caregivers."<sup>51</sup> Among its members are NGOs, international organizations and representatives of the scientific community and research centers at medical universities.

#### 5.4.5. Summary

There is no common and accepted national vision for the professional competence of the professionals working with young children in Bulgaria. As a result, there are no requirements regarding the knowledge, skills and approaches that must be part of university education and provide professional competences for supporting ECD. To the extent that such policies exist in some of the sectors, they are not aimed at a profile of professional competence for working with young children, but are sectoral in nature.

The lack of policies at the national level for children and families and the sectoral nature of workforce development policies, as far as they are available, are the main factors hindering the development of a system for continuing professional development of those working with young children. The link between research, policies and practices for working with young children is an aspiration rather than a real feature of the planning and development of policies and services in Bulgaria. As far as a professional community is developing, it is an initiative and effort of the civil society sector in the country.

## 6. Main conclusions

*Table 3 Main conclusions by areas of analysis and levels of competence*

| Area of analysis | Conclusions   |
|------------------|---|
| Legislation and  | In the three main sectors of health, education and social protection, there are |

<sup>51</sup> <https://rannodetstvo.org/>

|  |  |
|--|--|
| regulation                               | <p>various occupational groups who work with and provide support for young children and their families. Professional competences in different sectors are defined differently. They are available mainly through regulatory documents describing the knowledge and skills needed to hold a particular position. However, in none of the sectors are they specifically focused on early childhood development. Rather, the three sectors take components of early childhood development and are involved partially in them.</p>   |
| Competence profile                       | <p>The competence profile of professionals working in the education sector includes knowledge, skills and approaches related to early learning, educational achievements, pedagogical interaction with children and educational work. The competence profile of the professionals in the health sector includes knowledge and skills mainly for meeting the health needs of children, but also prevention activities and support for children and families. The only sector in which the competence profiles of employees are not regulated is the social services sector. It also has the lowest requirements for educational qualifications.</p> <p>Key aspects of the competence profile of professionals working with young children, such as working with family and community, children's rights, working with children in vulnerable situations and with special educational needs, have been identified as necessary and desirable, but not available.</p>   |
| Individual level/higher education        | <p>The training of specialists in higher education institutions in all three sectors includes topics related to child development in its various aspects and sector-oriented methods and techniques to support this development. In the educational sphere, methodologies, forms and ways of pedagogical interaction are studied, which are related to child development in the context of learning; in health - to meet health needs; in the sphere of social services - to reduce vulnerability. The specialties studied in higher education in connection with professional realization in the educational, health and social work sectors are broad in nature, i.e. they train professionals who could work with young children, but also with other children and other groups of people. This shows a lack of focus on professional competences that ensure effective work with children at an early age.</p> <p>Practical training is available in the curricula of all specialties preparing specialists for working with children at an early age and there is a desire to increase the amount of this training. However, the focus and the connection with real pedagogical practice is debatable, from the point of view of preparation for work with children and families.</p> |
| Individual level/professional competence | <p>A comparative analysis of the understanding of the importance of knowledge, skills and approaches for working with young children and the possession of these qualities in the three sectors shows that they are perceived as important everywhere, but in different sectors the relationship of importance to possession differs. The highest is the average level of possession in the education sector, the lowest - in the health sector. Only in the education sector is there an accumulation of categories in which possession is higher than importance. The analysis of the needs demonstrated through the assessment of the level of possession of knowledge, skills and approaches shows that in the different sectors there are differences that arise from the specifics of the respective sector. In the education sector, the topics of risk assessment, parental capacity, specific approaches to working with children in vulnerable situations, are characterized by lower levels of possession. In the social sector, such categories are the creation of</p>  |

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|   | <p>an environment for learning, child development and planning activities, as well as working with parents. In the health sector also, skills for working with parents, participation and the creation of an environment for learning and development of children are ranked with a lower level of possession. Topics that seem challenging in terms of the knowledge and skills of professionals in all three sectors are working with children in vulnerable situations, children with special educational needs in terms of methods and techniques related to supporting their development, and working with parents.</p>   |
| Individual level/leadership capacity          | <p>Leadership capacity and the opportunities provided for development are a challenge in the educational and social services sector, while this topic has not been thoroughly studied in the health sector. Service managers have mainly administrative functions at the expense of team building and development skills. There is no developed system for increasing the capacity of managers in any of the sectors. This task is not a function of the system, but an individual responsibility.</p>   |
| Individual level/working conditions           | <p>Working conditions are specific to the three sectors and differ greatly. In the education sector, for example, working conditions have improved in recent years in terms of pay, safety, material and resource security. At the same time, however, the groups in kindergartens continue to be large in terms of numbers of children and the ratio of professionals to children is 1:27; it is necessary to note that two kindergarten teachers work with each group, but not at the same time. The problem of the workload of the groups and the inclusion of children with special educational needs is a challenge for those working in the education sector.</p> <p>The situation in the social services sector is significantly different. Working conditions have not improved, wages are low, the status of the profession remains low and the profession is unattractive, leading to significant turnover. The number of cases of young children with which professionals work is on average 14 per month. The material base and the provision of resources depend on the type of service in which they work and on the provider.</p> <p>In the health sector, working conditions differ for different categories of professionals. Remuneration is determined by the type of practice and place of work. For nurses in kindergartens, there is an effort to improve working conditions, which, however, is still in its infancy and is largely related to the capabilities of municipalities. Pediatricians work with an average of 15 children per day, while nurses in nurseries work with an average of 1:5 to 1:8 children.</p> <p>In terms of core responsibilities, in all three sectors, in addition to working with children, administrative and paperwork are extremely time-consuming, while the time for family and community work and professional development activities is significantly less.</p> |
| System level/general understanding and values | <p>In the three sectors there is a common understanding of the goals and expected results of the work of professionals with the relevant sector specifics: in the health sector they are mainly related to children's health, diagnosis and treatment of various health problems; the goals of pre-school education are mainly related to the educational preparation, in terms of educational content, preparation for school and development of creative abilities, but also to the development of basic skills for self-care and laying the foundations of children's development as individuals; in the social sector they are related to the formation</p>  |

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|  | <p>of skills and oriented more towards the activities in social services than to the expected result.</p> <p>The main factors related to the motivation to choose professions in all three sectors are personal and arising from a conscious choice to help, treat, see the result of their work, contribute to the well-being of people, in particular children, working with children and the opportunity to help others.</p>  |
| System level / continuing professional development     | <p>Efforts are being made in all three sectors to provide opportunities for continuing professional development. It is noteworthy, however, that it is a personal responsibility rather than a function of the system, although efforts are being made in this direction in the education sector. The system for CPD is the most visible, orderly and structured in that sector, providing a link between individual competences, system-level competences and career development, and also linking them to working conditions. However, the analysis of the content of the offered training programs shows that only a small part of these programs is aimed at working with children at an early age and developing leadership capacity. In addition, the system seems complicated by the different options offered because they are similar in terms of topics and credits. There is no system in place in the social services sector and continuing professional development largely depends on the social service provider in which the professionals work. In the health sector, it is individually oriented rather than systematic and depends on the initiative and desire of professionals.</p> |
| System level/observation, self-reflection and teamwork | <p>Professionals from the education and social services sector shared their understanding of the importance of teamwork, the application of which however depends on the conditions in the specific services. The skills for analyzing one's own practice are present among specialists in both the social and educational sectors, according to the survey, and to a lesser extent among pediatricians and GPs. Reflective practices, however, depend on the organization of work, the established model of communication, leadership, and service provider. In addition, the organization of work itself needs to allow the application of such practices, and the extent to which this happens is debatable within the education and health sectors, while in the social services sector it is often part of case management.</p>   |
| Inter-sectoral cooperation                             | <p>The sectoral nature of policies and services presupposes cross-sectoral cooperation to ensure the focus of ECD efforts and support. The study identifies formal cooperation between the three sectors at the level of national policies. At the local level, coordination depends on the desire for cooperation and there are no formal implementation mechanisms, except with regard to specific policies on violence, deinstitutionalization, etc. At the case level, communication between sectors depends on the desire and professionalism of the specialists, not on any existing model.</p>  |
| National level   | <p>There is no professional profile of the specialists working with young children in the country. There are sectoral requirements, but they are related to the development of a profile for the respective professional groups, without a focus on ECD. There are no national policies for child welfare and ECD. Continuing professional development is not part of a comprehensive and well-resourced framework, developed with the participation of the scientific and professional community in line with the needs of the workforce.</p>   |
| International level                                    | <p>The available national policies for the development of the workforce in the</p>   |

education sector are in line with the recommendations in international research, although this compliance is not explicitly emphasized. There is no information on the other two sectors (health and social) as comprehensive workforce development policies have either not been identified or are currently under development.

## 7. Recommendations

*Table 4 Recommendations by areas of analysis*

| Area               | Recommendations  |
|--------------------|--|
| Competence profile | <p>Development of a competence profile for professionals working with young children, valid for the health, education and social sectors. This profile, in sectors where there is such an effort, should build on the existing systems of knowledge, skills and approaches described in the regulations. The topics that should be present in all three sectors are related to:</p> <ul style="list-style-type: none"> <li>- knowledge, skills and approaches to various aspects of child development from a holistic perspective (physical, cognitive, social, emotional) and skills to build relationships with children, to monitor and plan activities for their development, as well as to identify difficulties</li> <li>- knowledge, skills and approaches to providing nurturing care (good health, adequate nutrition, early learning, stimulating care, safety and security for children from an early age) and strategies to support parents in providing nurturing care</li> <li>- knowledge, skills and approaches to the application of different learning strategies for children of different ages and skills to create and organize an environment for learning and development of children of different ages</li> <li>- knowledge, skills and approaches to communication with children and ensuring their participation, and skills for creating an encouraging environment and involving children in various activities</li> <li>- knowledge, skills and approaches to understanding the impact of the family environment, assessing parental capacity, encouraging parental involvement and supporting parents in caring for children</li> <li>- knowledge, skills and approaches to understanding the rights of children, the specific needs of children, applying an individual approach, an environment for fully effective learning and development of children with special needs and those from vulnerable groups.</li> </ul> |
| Individual level   | <p>Ensuring a link between the competence profile of professionals working with young children and the training programs that are used to train professionals in all three sectors. Specialization in relation to working with young children and their families is needed in higher education provision in all three sectors.</p>   |
| System level       | <p>The system for continuing professional development in all three sectors needs to be further developed and resourced, in some sectors as a system in general, and in others - by strengthening the link between the needs of the workforce and the offered training, supervision and methodological support. The content of the support should include topics that build on the knowledge and skills of professionals and relate to their current work tasks, and should be preceded by a needs analysis, both at the individual and the system levels.</p> <p>The system of continuing professional development must be part of a comprehensive framework developed with the active participation and dialogue</p>  |

|                                   |  |
|-----------------------------------|--|
|                                   | with the professional and scientific community and families, and must not depend on individual funding opportunities.  |
| Inter-sectoral cooperation        | Providing opportunities for inter-sectoral communication in relation to policies and services for young children through clear mechanisms for cooperation between professionals at the case and policy levels, with indicators for the effectiveness of coordination. This can be ensured through an integrated system or integrated services that connect to each other, exchange information and work towards a common goal. |
| National and international levels | Development of a comprehensive child welfare policy with a clear national vision, priorities and expected results, an integral part of which should be early childhood development and the quality of services. This policy should include a workforce development system for all sectors and draw on experience from international research and recommendations.  |

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96. Ordinance on the criteria and standards for social services for children (2003), available at: <https://www.lex.bg/laws/ldoc/2135474534>
97. Ordinance on the exercise of the right of access to medical care (2007), available at: <https://lex.bg/laws/ldoc/2135527794/>
98. Ordinance for admission of children in the municipal kindergartens and in the preparatory groups in the municipal schools on the territory of Sofia Municipality (2018), available at: <https://kg.sofia.bg/isodz/normdocs>
99. Ordinance on inclusive education (2017), available at: <https://www.mon.bg/bg/59>
100. Ordinance № 5 of 03.06.2016 on preschool education, available at <https://www.mon.bg/bg/59>
101. Ordinance on the unified state requirements for acquiring higher education in the specialties "Medicine" and "Dental Medicine" for the educational qualification degree "Master" (2005), available at: <https://www.neaa.government.bg/images/files/naredba-10.pdf>
102. National plan for implementation of the activities of the National Strategy for development of the pedagogical staff (2014-2020), available at: <https://www.mon.bg/bg/143>
103. National Framework Agreement for Medical Activities 2020-2022, available at: <https://www.nhif.bg/page/2054>
104. National Framework Agreement № RD-NS-01-4 of 23 December 2019 for medical activities between the National Health Insurance Fund and the Bulgarian Medical Union. Issued by the Ministry of Health. Prom. - SG No. 7 of 24 January 2020. Effective 1 January 2020.
105. National Center for Information and Documentation, List of regulated professions in Bulgaria, available at: <http://professio.nacid.bg/?id=31>
106. National Health Strategy 2020, available at: <https://www.mh.government.bg/bg/politiki/strategii-i-kontseptsii/strategii/nacionalna-zdravna-strategiya-2020/>

107. National Child Protection Program for 2018, available at: <http://www.strategy.bg/PublicConsultations/View.aspx?lang=bg-BG&Id=3344>
108. National Strategy for Poverty Reduction and Promotion of Social Inclusion 2020, available at: <http://www.strategy.bg/StrategicDocuments/View.aspx?lang=en-GB & Id = 790>
109. National Strategy for the Development of Pedagogical Personnel (2014-2020), available at: <https://www.mon.bg/bg/143>
110. National strategy for development of the pedagogical staff 2014-2020, available at: <http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=900>
111. National Strategy for Lifelong Learning 2014-2020, available at: <http://www.strategy.bg/StrategicDocuments/View.aspx?Id=880>
112. Official site of the Alliance for Early Childhood Development, available at: <https://rannodetstvo.org/>
113. Official website of BAPZG, Unified Credit System for Assessment of Forms of Continuing Education of Healthcare Professionals, available at: <https://nursing-bg.com/docs/ppo/eks.pdf>
114. Official website of BAPZG, Continuing Education, available at: <https://nursing-bg.com/%D0%BF%D1%80%D0%BE%D0%B4%D1%8A%D0%BB%D0%B6%D0%B0%D0%B2%D0%B0%D1%89%D0%BE-%D0%BE%D0%B1%D1%83%D1%87%D0%B5%D0%BD%D0%B8%D0%B5/>
115. Official site of BMA, Continuing medical education / Continuing professional development, available at: <https://blsbg.com/bg/9.prodaljavasho-medicinsko-obuchenie-prodaljavasho-profesionalno-razvitie/>
116. Official website of the Department of Information and Teacher Training at Sofia University, available at: <https://diuu.bg/pks-apply/pks-pravila/>
117. Official site of the Medical University - Pleven, annotation of the specialty "Medicine", available at: <http://www.mu-pleven.bg/index.php/bg/specialties/medicine/479-annotation-of-specialty>
118. Official site of the Medical University - Pleven, The annotation of the specialty "Medicine", available at: <http://www.mu-pleven.bg/index.php/bg/specialties/medicine/479-annotation-of-specialty>
119. Official site of the NSI, Education in the Republic of Bulgaria 2020, available at: <https://www.nsi.bg/sites/default/files/files/publications/education2020.pdf>
120. Official site of the NSI, Doctors by specialties in medical and healthcare institutions on 31.12. by statistical regions and districts, available at: <https://bit.ly/2R3rrKr>
121. Official site of Sofia Municipality, available at: [https://anketi.sofia.bg/news/-/asset\\_publisher/1ZIMReQfODHE/content/stolicni-v-zpitateli-povisavat-kvalifikaciata-si-s-18-mesecen-kurs?inheritRedirect=false](https://anketi.sofia.bg/news/-/asset_publisher/1ZIMReQfODHE/content/stolicni-v-zpitateli-povisavat-kvalifikaciata-si-s-18-mesecen-kurs?inheritRedirect=false)
122. Official site of Sofia University, Social Activities, Qualification Characteristics, available at: [https://www.uni-sofia.bg/index.php/bul/universitet\\_t/fakulteti/fakultet\\_po\\_pedagogika/uchebna\\_dejnost\\_bakalavri\\_magistka\\_doktora](https://www.uni-sofia.bg/index.php/bul/universitet_t/fakulteti/fakultet_po_pedagogika/uchebna_dejnost_bakalavri_magistka_doktora)

123. Official site of the Faculty of Dental Medicine, Sofia, Social Medicine and Medical Ethics - annotation of the course, available at: <http://fdm.mu-sofia.bg/bg/katedri/obshchestveno-dentalno-zdrave/distiplina-sotsialna-medsina-and-medical-ethics/>
124. Official site of the Center for Human Resources Development and Regional Initiatives, Business Card, available at: <http://www.chrdri.net/bg/category/58/vizitna-kartichka>
125. Regulations for implementation of the Social Assistance Act (1998), available at: <https://lex.bg/laws/ldoc/-13038592>
126. Council Recommendation of 22 May 2019 on high-quality early childhood education and care systems, available at: [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019H0605\(01\) & from = EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019H0605(01)&from=EN)
127. Council Recommendation of 9 July 2019 on Bulgaria's National Reform Program 2019 and containing a Council Opinion on Bulgaria's Convergence Program 2019, available at: [https://eur-lex.europa.eu/legal-content/BG/TXT/PDF/?uri=CELEX:32019H0905\(02\) & from = EN](https://eur-lex.europa.eu/legal-content/BG/TXT/PDF/?uri=CELEX:32019H0905(02)&from=EN)
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129. Draft Ordinance on the standards for remuneration of employees performing activities for the provision of social services, which are financed from the state budget, available at: [http://www.strategy.bg/PublicConsultations/View.aspx?lang=bg-BG & Id = 5489](http://www.strategy.bg/PublicConsultations/View.aspx?lang=bg-BG&Id=5489)
130. Register of higher schools of the Ministry of Education and Science, available at: <http://rvu.mon.bg/>
131. Strategy for development of health care in the Republic of Bulgaria in 2013-2020, available at: <https://nursing-bg.com/>
132. The curriculum for the specialty Pediatrics (2016), available at: <https://www.mu-sofia.bg/sdo/specializacia/uchebni-programi/>

## 9. Appendices

### Appendix 1. Methodological framework of the study of the labor force in early childhood in Bulgaria

#### 1. Introduction

This document represents the methodological framework of the study of the labor force in early childhood / hereinafter the study /, which will be conducted by the Foundation "For Our Children" as part of the project "Bulgaria grows with its children". The project is implemented with the financial support of the Active Citizens Fund of Bulgaria under the Financial Mechanism of the European Economic Area 2014-2020. The methodological framework presents a theoretical model, the basic concepts and definitions on which the design of the study is based. It contains the main areas of research, research questions and sub-questions, as well as research methods.

#### 2. General purpose and tasks

The overall goal of the study "Bulgaria grows with its children: Building and developing professional competencies to support early childhood development" (hereinafter "labor force survey" and "research") is to outline the main guidelines for improving professional knowledge and skills of the workforce in the field of early childhood development and to provide data - quantitative and qualitative - and recommendations based on them for the development of public policies in this field.

Specific tasks:

- To study the characteristics of the existing models for education and the continuing professional development of the early childhood workforce in terms of the competencies and skills needed to effectively support early childhood development;
- To study the needs of professionals in the fields of health, education and social activities for education and professional development with a view to effective support for early childhood development in view of good European practices;
- To study the needs for improving the working conditions of professionals in the fields of health, education and social activities in order to provide effective support for early childhood development in view of good European practices;
- To formulate recommendations for the application of good European and international practices with a proven effect on the quality of services in early childhood.

#### 3. Research questions, theoretical framework and definitions

The main question of the study is: "What are the needs of professionals working with young children in the fields of education, health and social activities in terms of acquiring competencies, continuing professional development and working conditions in order to be able to effectively support early childhood development?"

The theoretical framework of the study is based on several concepts derived from policy documents and research. The main policy documents taken into account are the World Health Organization, UNICEF and the World Bank<sup>52</sup> and the Council of the European Union Recommendation on a

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<sup>52</sup>UNICEF, World Bank Group, World Health Organization. Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential. Document available at: <https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf>

Framework for the Quality of Early Education and Care.<sup>53</sup> Based on current research, the Recommendation of the Council of the European Union identifies education, professional development and working conditions as key components of quality in early childhood education and care.

Research shows that the competencies of individual professionals are an important but not sufficient condition for improving the quality of education and care in early childhood. The research conducted by the consultant of this study, Dr. Jan Peters, and an international team of scientists, reveals the need to build a competent system of education and care in early childhood, which is composed of several levels. The first level is the competencies that individual professionals acquire in the process of initial education and continuing professional development; the second level are the competencies that are built in the work of teams at the level of the individual institution; the third level is the competencies that are built in the inter-institutional interaction; the fourth level is the competencies in the management of the early childhood education and care system at national level; and the fifth level are the competencies that derive from international conventions and other strategic documents.<sup>54</sup>

The methodological framework uses the following definitions:

- **Early childhood development (ECD):** The term covers the physical, socio-emotional, cognitive and motor development of children in the age group from 0 to 8 years.<sup>55</sup> This period of child development requires a system of cross-sectoral interventions for children, their parents and carers in order to achieve security and maximum results in the child's development.<sup>56</sup>
- **Early Childhood Education and Care (ECEC):** Early childhood education and care covers any regulated activity that provides education and care for children from birth to compulsory school age. ECEC includes day care centers and day care centers for children and families, services funded by public or private funds and pre-school education.<sup>57</sup>
- **Framework for complete care:** The framework is the basis for state-of-the-art research on child development and policies and interventions that have a positive impact on development. The main components of the Framework are: good health, proper nutrition, responsive care, opportunities for early learning, security and safety.<sup>58</sup>
- **Standards for development and learning in early childhood:** The standards were developed by a team of Bulgarian scientists with the support of UNICEF Bulgaria. They correspond to the experience and activities of the WHO in the application of proven pediatric practices to achieve

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<sup>53</sup> Council Recommendation of 22 May 2019 on High-Quality Early Childhood Education and Care Systems. Document available at: [https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C\\_.2019.189.01.0004.01.ENG](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.2019.189.01.0004.01.ENG)

<sup>54</sup> Peeters, J, Sharmahd, N., & Budginaité, I. (2017). "Early Childhood Education and Care Assistants in Europe: Pathways towards Continuing Professional Development and Qualification", in the European Journal for Education. Special Issue.

<sup>55</sup> World Health Organization. Early Child Development. The document is available at: <https://www.who.int/topics/early-child-development/en/>

<sup>56</sup> UNICEF. The State of the World's Children. 2001. The document is available at: <https://www.unicef.org/sowc01/1-4.htm>. See also World Bank. What matters most for Early Childhood Development: A Framework Paper. January 2013. The document is available at: [http://wbfiles.worldbank.org/documents/hdn/ed/saber/supporting\\_doc/Background/ECD/Framework\\_SABER-ECD.pdf](http://wbfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/Background/ECD/Framework_SABER-ECD.pdf)

<sup>57</sup> European Commission. Early Childhood Education and Care. The document is available at: [https://ec.europa.eu/education/policies/early-childhood-education-and-care\\_en](https://ec.europa.eu/education/policies/early-childhood-education-and-care_en)

<sup>58</sup> See footnote 1 above.

physical and mental well-being of children. These standards meet the need to develop educational strategies and programs that are consistent with current scientific data on early childhood development.<sup>59</sup>

- **Early childhood workforce:** The early childhood workforce includes staff who work directly with children in any regulated organization that provides education and care for children from birth to school. The workforce also includes managers, managers and other professionals in these activities.<sup>60</sup>
- **Continuing professional development** enables staff to develop and upgrade their knowledge, skills and attitudes during their professional careers. PPR may be mandatory or recommended. Innovative CPD practices in the field of education include the development of critical thinking, reflective practices and the creation of a joint product.<sup>61</sup>
- **The competent system for early childhood development** develops into knowledge, practices and values that are projected at all levels of the system - individual level of professionals, institutional level, inter-institutional level, national government and international level. The competent system applies and develops innovations.<sup>62</sup>
- **Vocational Learning Communities (VETs)** can be described as "a group of people who share and critically discuss their practices in a way that involves reflection, cooperation, inclusion, mutual learning and development promotion and is carried out in the course of their professional activities". The aim of the TSP is to support early childhood professionals and teachers by enabling them to critically reflect on their methods and practices and to share specific ideas to improve the well-being and learning opportunities of children and families.<sup>63</sup>
- **Leadership capacity** is one of the criteria that form the GTC with a strong impact on building a culture for educational activities.<sup>64</sup>TACs in competent systems need democratic leadership that is able to combine top-down and bottom-up governance. OPU leaders need to guide the group, but at the same time they need to invest in sharing responsibilities. To maintain this balance, leaders must

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<sup>59</sup>Atanasova-Trifonova, M. (compiler and scientific editor). (2014). Standards for development and learning in early childhood: from birth to three years. The document is available at:[http://www.iphs.eu/n/images/knigi\\_snimki/Standarts\\_0-3\\_Years\\_full%20text.pdf](http://www.iphs.eu/n/images/knigi_snimki/Standarts_0-3_Years_full%20text.pdf)

<sup>60</sup>European Commission, DG for Education and Culture. Proposal for key principles of a Quality Framework for Early Childhood Education and Care. The document is available at:[https://ec.europa.eu/assets/eac/education/policy/strategic-framework/archive/documents/eccec-quality-framework\\_en.pdf](https://ec.europa.eu/assets/eac/education/policy/strategic-framework/archive/documents/eccec-quality-framework_en.pdf)

<sup>61</sup>Jensen, B., Iannone, RL (2015). D3.1 613318. CARE. Curriculum Quality Analysis and Impact Review of European ECEC CARE. D3.1: Comparative Review of Professional Development Approaches. Curriculum Quality Analysis and Impact Review of European ECEC CARE. Report. The document is available at:<http://eccec-care.org/resources/publications/>See also: Jensen, P., Rasmussen, AW (2016). D3.2 613318. CARE. Curriculum Quality Analysis and Impact Review of European ECEC CARE. D3.2 Professional Development and its Impact on Children in Early Childhood Education and Care: A Meta-Analysis Based on European Studies. Report. The document is available at:<http://eccec-care.org/resources/publications/>. See also: Bove, C., Mantovani, S., Jensen, B., Karwowska-Struczyk, M., Wysłowska, O. (2016). D3.3 613318. CARE. Curriculum Quality Analysis and Impact Review of European ECEC CARE. D3.3. Report on "Good Practice" Case Studies of Professional Development in Three Countries. The document is available at: <http://eccec-care.org/resources/publications/>See also: Jensen, B., & Iannone, RL (2016). D3.4 613318. CARE. Curriculum Quality Analysis and Impact Review of European ECEC CARE. D3.4: Recommendations for common policy across the EU regarding professional development as an element of quality in ECEC and child wellbeing for all. Report. The document is available at: <http://eccec-care.org/resources/publications/>

<sup>62</sup>Vandenbroeck, M., Urban, M., Peeters, J. (eds.) (2016). Pathways to Professionalism in Early Childhood Education and Care. London, New York: Routledge.

<sup>63</sup>Sharmahd N., Peeters, J., Van Laere, K., Vonta, T., De Kimpe, C., Brajković, S., Contini, L., Giovannini, D. (2017). Transforming European ECEC services and primary schools into professional learning communities: drivers, barriers and ways forward, NESET II report, Luxembourg: Publications Office of the European Union.

<sup>64</sup> Ibid.

acquire specific competencies. In addition to targeted training, leaders must receive support from a strong network that enables them to learn from each other. Investing in training and support will also contribute to increasing knowledge about the operation of TSOs.<sup>65</sup>

- **Reflective practices.** These practices include reflections and analysis on the practices that early childhood education and care professionals apply in their work in order to identify the factors that stimulate learning and development in children. Reflective practices enable professionals to develop a critical understanding of their own practices and to continuously develop the necessary skills, knowledge and approaches to achieve the best results in children.<sup>66</sup>

#### 4. Research framework

The table below presents the Research Framework with its theoretical concepts and definitions. The framework includes the main components of the competent system.<sup>67</sup> Research questions, indicators and research methods are assigned to each component. The research framework is based on the following sources:

- The initial proposal for the research methodology, which is part of the project proposal of the For Our Children Foundation, approved by the Active Citizens Fund;
- The study consultation proposal prepared by a team of international researchers - Dr. Jan Peters, Dr. Hester Hulpia and Aisha Alaili (hereinafter referred to as the International Consultant);
- Discussions with representatives of interested organizations on the research topics;
- The groups of respondents identified in the course of planning the survey in the three sectors covering early childhood development:
  - **Healthcare:** general practitioners<sup>68</sup> (their total number in the country is 4199; the number of general practitioners working with children aged 0-7 is unknown) and pediatricians (1,735); nurses working in independent nurseries (their total number is 30,589; the number of professionals working with children aged 0-7 is unknown)<sup>69</sup> and nurseries that are part of kindergartens (their total number is 840)<sup>70</sup>; teams in 31 centers for maternal and child health and community nurses (within the UNICEF project<sup>71</sup>).
  - **Education sector:** pedagogical staff in kindergartens, music pedagogues, methodologists and mentors (19,799)<sup>72</sup>, including teachers (18,544), psychologists, support staff and preschool teachers.

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<sup>65</sup>Ibid. p.8.

<sup>66</sup>UNICEF (May 2019). Pathways to Strengthen the Pre-primary Workforce in Low- and Middle-income Countries, p.5.

<sup>67</sup>Ibid.

<sup>68</sup> National Statistical Institute. *Doctors by specialties in medical and health establishments by statistical regions and districts as of 31.12.2019* The document is available at: <https://www.nsi.bg/bg/content/3316>

<sup>69</sup> National Statistical Institute. *Medical specialists in "Health care" in the medical and health establishments of statistical regions and districts as of 31.12.2019* The document is available at: <https://www.nsi.bg/bg/content/3316>

<sup>70</sup> National Statistical Institute. *Nurseries and places in them on 31.12.2019. by statistical regions and districts.* The document is available at: <https://www.nsi.bg/bg/content/3342>

<sup>71</sup>See UNICEF Bulgaria. Patronage nurses and midwives for mothers and young children. The document is available at: <https://www.unicef.org/bulgaria>

<sup>72</sup>National Statistical Institute. Teaching staff in kindergartens by age. 24.04.2020 The document is available at: <https://www.nsi.bg/bg/content/3426/>

- **Social sector:** social workers, psychologists, rehabilitators, speech therapists and other specialists, as well as 64 municipal centers for integrated services, including early childhood development services.

| Component  | Indicator  | Main research questions  | Additional research questions  | Research methods  |
|--|--|--|--|---|
| <b>Individual level - professionals from education, social activities and healthcare</b> | <p><b>Primary education:</b></p> <ul style="list-style-type: none"> <li>Knowledge, skills and values related to early childhood development</li> <li>Relationship between theory and practice</li> </ul> <p><b>Continuing professional development:</b></p> <ul style="list-style-type: none"> <li>Opportunity for professionals to develop and enrich their knowledge, skills and values throughout their careers.</li> <li>Opportunity for active involvement of staff in the process of improving educational practices</li> </ul> <p><i>Innovative practices</i> in continuing professional development include the development of:</p> <ul style="list-style-type: none"> <li>➤ Critical thinking</li> <li>➤ Reflective practices</li> <li>➤ Co-creation of a product</li> </ul> <ul style="list-style-type: none"> <li>It enables the development of leadership</li> </ul> | <p>What are the main competencies of professionals that are needed to effectively support early childhood development?</p> <p>Are professionals guided in their work by the rights of the child, the family-oriented approach and the principle of social inclusion?</p> <p>What factors affecting professional development, working conditions, salaries and other key elements influence staff motivation?</p> | <p>Is there a regulation of the competencies of professionals in these sectors, which includes early childhood development?</p> <p>Do professionals have the necessary knowledge and skills to support early childhood development and learning?</p> <p>Is there an equal and reciprocal connection between theory and practice in primary education?</p> <p>Does primary education provide the necessary knowledge and skills to work with children aged 0-7, related to children, parents and communities?</p> <p>Does continuing professional development provide opportunities to upgrade professional knowledge, skills and values?</p> <p>Does continuing professional development provide opportunities for</p> | <p><b>Office study:</b></p> <p>National regulatory framework for the labor force in the sectors of education, healthcare and social activities.</p> <p>International documents relating to the early childhood development workforce.</p> <p>Educational programs of higher education institutions.</p> <p>Publicly available statistics on the number of early childhood professionals in the three sectors and their pay levels.</p> <p><b>Quantitative research</b></p> <p>Survey among professionals from the three sectors. The sample will be representative or typological depending on the publicly available information on the total number of professionals.</p> <p><b>Qualitative research</b></p> <p>33 semi-structured interviews with heads of</p> |



|  |   |  |   |   |
|--|---|--|---|---|
|  | <p>capacity<br/><b>Working conditions:</b></p> <ul style="list-style-type: none"> <li>• Fluidity management</li> <li>• Cchild / staff ratio</li> <li>• Group size</li> <li>• Work time</li> <li>• Requirements for the position held</li> <li>• Payment</li> <li>• Materials and resources</li> </ul> |  | <p>active involvement of staff in the process of improving educational practices?</p> <p>Does continuing professional development provide opportunities for critical thinking, reflective practices, and collaborative product development?</p> <p>Does continuing professional development include a leadership development component in personnel management?</p> <p>What is the workload of professionals in the three sectors?</p> <p>What are the pay levels?</p> <p>Is there a correspondence between the skill level of professionals and their responsibilities and what are the mechanisms for developing these skills?</p> <p>What is the ratio between the number of adults and the number of children and what is the maximum number of</p> | <p>institutions in the three sectors, representatives of state and municipal institutions, NGOs and university professors.</p> <p>18 focus groups with early childhood professionals from the three sectors.</p> <p>The choice of settlements for the quantitative survey will be typological and will include criteria such as the size of the settlement, the availability of services for children in the three sectors, the availability of a university.</p> |
|--|---|--|---|---|



|   |   |   |  |  |
|---|---|---|--|--|
|   |   |   | children in a group?   |  |
| <b>Institutional level - specific service</b> | <p><b>A common and shared framework for working with children and their parents:</b></p> <p>Common values and understanding of the expected results</p> <p>General understanding and practical application of the approaches centered on the child and his family</p> <p>The program under which the relevant service is provided is based on a comprehensive pedagogical framework, which is based on research and meets local needs.</p> <p><b>System for continuing professional development:</b></p> <p>Training courses to update the knowledge, skills and values of the staff</p> <p>Supervision and professional support. Mentoring and mentoring; linking theory to mentoring so that practitioners can apply new knowledge in their</p> | What are the main challenges in the theoretical and practical training of professionals that are important in terms of effective support for early childhood development? | <p>Is there a common understanding of important activities, services, etc. for young children?</p> <p>Is there a common understanding and are the child-centered and family-oriented approaches applied in practice?</p> <p>Does the organization of the services correspond to the general institutional framework of the respective organization?</p> <p>Is there a clear pedagogical framework or program that is based on scientific data and meets local needs?</p> <p>Is there a system for continuing professional development?</p> <p>What is the duration of the training and its content?</p> <p>Is professional support, supervision or other forms applied?</p> <p>Are vocational learning communities or other forms of shared learning</p> | Quantitative and qualitative research / see section above /. |



|                                 |  |   |  |                      |
|---------------------------------|--|---|--|----------------------|
|                                 | <p>practice.</p> <p>Vocational learning communities:</p> <p>Focus on practice-based learning, in constant dialogue with colleagues, parents and local communities, including mutual learning groups, conferences, etc.</p>   |   | formed?  |                      |
| <b>Interinstitutional level</b> | <p><b>Interaction between the different sectors and an integrated approach</b></p> <p>At the level of the individual service - exchange of information, practices and common activities between the different sectors</p> <p>At the level of an individual case - exchange of information, needs assessment, common goals and expected results</p> <p>At the level of individual professionals - mutual assistance and mutual learning between different sectors</p> | <p>Is there an interaction between the specialists in the health, social and educational sphere regarding the early child development and how is this interaction realized in practice?</p> | <p>Is there a system for sharing information among professionals working on a particular case?</p> <p>Are there any common activities and what kind of common activities are planned?</p> <p>How do professionals share practices, knowledge and values?</p> | Qualitative research |
| <b>National level</b>           | <p><b>Normative framework and standards for professionals working with children 0-7 years</b></p> <p>Development of competence profiles and competence</p>   | <p>What is the national legal framework for the early childhood workforce and is it in line with EU policies to improve the quality of early childhood</p>                                  | <p>What is the national vision and indicators of child well-being?</p> <p>Does the welfare framework include early childhood development and early learning and development</p>  | Qualitative research |



|                            |  |  |  |                             |
|----------------------------|--|--|--|-----------------------------|
|                            | <p>profiles for staff training.</p> <p>Strengthen the capacity of the workforce to support all families, including those with additional needs, to provide full care and early learning.</p>   | <p>development services and international best practices?</p> <p>Do national labor policies support education and the continuing professional development of staff in this field?</p> <p>What factors hinder or help the implementation of personnel policies in the field of early childhood development?</p> <p>What national goals and policies need to be developed to improve early childhood development outcomes and support for children and families?</p> | <p>services?</p> <p>Is there a consistent national policy setting requirements for the qualification of professionals working with children aged 0-7?</p> <p>Are there competence profiles for all professionals working with children 0-7 years old?</p> <p>Is there a system for increasing the capacity of the workforce, including by providing financial resources?</p> |                             |
| <b>International level</b> | <p>Correspondence between national policies and recommendations and requirements of international documents.</p> <p>Systematic promotion, funding and building of transnational and multinational networks and communities of practitioners, parents, local and national politicians and academia.</p> | <p>To what extent do national early childhood development policies comply with international standards and practices?</p>  | <p>Are professionals familiar with international documents and research on early childhood development?</p> <p>When designing services, are international documents, recommendations and good practices taken into account?</p>  | <p>Qualitative research</p> |



## Annex 2. Quantitative questionnaires

### Questionnaire for quantitative research among professionals in social services

1. **Gender**.....
  - A man
  - A woman
2. **Age**..... (Please specify)
3. **Populated place**.....(Please specify)
4. **What is your job position?**.....(Please specify)
5. **What is the service you work in?**
  - Center for Community Support
  - Center for Social Rehabilitation and Integration
  - Day center
  - Center for Early Childhood Development
  - Something else
6. **What group of clients do you work with?**
  - Children from 0 to 7 years old
  - Families of children from 0 to 7 years old
  - Children from 0 to 7 years of age and families of children from 0 to 7 years of age
  - Children over 7 years of age and families of children over 7 years of age
  - Other ..... .. (Please specify)
7. **What is your education?**
  - Higher - Doctor
  - Higher - Master
  - Higher - Bachelor
  - Average
8. **What is your specialty?**
  - Social activities
  - Social Pedagogy
  - Psychology
  - Special pedagogy
  - Speech therapy
  - Rehabilitation
  - Other humanities ..... .. (Please specify)
  - Other specialty ..... (Please specify)
9. **Which university did you graduate from?**.....(Please specify)
10. **How many years of professional experience do you have?**
  - Up to 1 year
  - Over 1 year to 3 years
  - Over 3 to 5 years
  - Over 5 to 10 years
  - Over 10 years
11. **What is the type of service you work for?**

- Advisory
- Living room
- Other ..... (Please specify)

**12. How many cases do you work on average per month?.....(Please specify)**

**13. Have you received introductory training when entering the organization where you now work? (If not, go to question 16)**

- Yes
- No

**14. What was the duration of the introductory training in days? .....(Please specify)**

**15. Were topics related to early childhood development included in the introductory training?**

- Yes
- No
- I don't know / I can't answer

**16. Is there a system for introduction and support (mentoring system) of the specialists in the social service?**

- Yes
- No

**17. Have you completed upgrading training in the last year?**

- Yes
- No

**18. To what extent was the upgrading training useful for raising your professional qualification?**

|                              |   |   |   |                              |                  |
|------------------------------|---|---|---|------------------------------|------------------|
| 1<br>Rather, it did not help | 2 | 3 | 4 | 5<br>Rather, it did not help | I can not decide |
|                              |   |   |   |                              |                  |

**19. In the last year (2019), have you been subject to supervision?**

|            |                       |
|------------|-----------------------|
|            | Number of supervision |
| Group      |                       |
| Individual |                       |

**20. Would you appreciate the importance of the following knowledge and skills related to supporting children at an early age?**

|  | 1 It doesn't matter at all | 2 | 3 | 4 | 5 It is very important |
|--|----------------------------|---|---|---|------------------------|
| Knowledge of the child's physical development  |                            |   |   |   |                        |
| Knowledge of the child's cognitive development   |                            |   |   |   |                        |
| Knowledge of the social development of the child   |                            |   |   |   |                        |
| Knowledge of the emotional development of the child  |                            |   |   |   |                        |
| Knowledge of modern requirements for children's nutrition  |                            |   |   |   |                        |
| Skills for monitoring and planning activities related to children's development                              |                            |   |   |   |                        |
| Skills to identify difficulties in child development   |                            |   |   |   |                        |
| Skills to create a safe and secure environment for children  |                            |   |   |   |                        |
| Skills for working with parents  |                            |   |   |   |                        |
| Support for the development of skills for responsible parenting  |                            |   |   |   |                        |
| Knowledge of different learning strategies for children of different ages                                    |                            |   |   |   |                        |
| Skills for creating and organizing an environment for learning and development of children of different ages |                            |   |   |   |                        |
| Skills for effective communication with children   |                            |   |   |   |                        |
| Skills to ensure children's participation  |                            |   |   |   |                        |
| Skills to create an encouraging environment  |                            |   |   |   |                        |
| Other ..... (specify what)   |                            |   |   |   |                        |

**21. Would you assess the extent to which professionals in the field have the following knowledge and skills related to supporting children at an early age?**

|  | 1 Do not own at all | 2 | 3 | 4 | 5 Fully own |
|--|---------------------|---|---|---|-------------|
| Knowledge of the child's physical development  |                     |   |   |   |             |
| Knowledge of the child's cognitive development   |                     |   |   |   |             |
| Knowledge of the social development of the child   |                     |   |   |   |             |
| Knowledge of the emotional development of the child  |                     |   |   |   |             |
| Knowledge of modern requirements for children's nutrition  |                     |   |   |   |             |
| Skills for monitoring and planning activities related to children's development                              |                     |   |   |   |             |
| Skills to identify difficulties in child development   |                     |   |   |   |             |
| Skills to create a safe and secure environment for children  |                     |   |   |   |             |
| Skills for working with parents  |                     |   |   |   |             |
| Support for the development of skills for responsible parenting  |                     |   |   |   |             |
| Knowledge of different learning strategies for children of different ages                                    |                     |   |   |   |             |
| Skills for creating and organizing an environment for learning and development of children of different ages |                     |   |   |   |             |
| Skills for effective communication with children   |                     |   |   |   |             |
| Skills to ensure children's participation  |                     |   |   |   |             |
| Skills to create an encouraging environment  |                     |   |   |   |             |
| Other .....<br>(specify what)  |                     |   |   |   |             |

**22. Would you try to estimate how much of your working time you spent in the various professional activities in the last month? (if you think the previous month was not typical, please rate other previous ones that are rather typical)?**

|                                   | Number of<br>hours per<br>month |
|-----------------------------------|---------------------------------|
| Working with documentation        |                                 |
| Family visits                     |                                 |
| Visits to institutions / services |                                 |
| Direct work with children         |                                 |
| Direct work with families         |                                 |
| Training                          |                                 |
| Team meetings                     |                                 |
| Supervision                       |                                 |
| Other ..... (specify what)        |                                 |

**23. What is your net monthly salary income?**

- Up to BGN 500
- From BGN 501 to BGN 1,000.
- From 1001 to 1500 BGN
- Over BGN 1501

**Questionnaire for quantitative research among professionals in kindergartens and nurseries**

- 1. Gender.....**
  - A man
  - A woman
- 2. Age..... (Please specify)**
- 3. Populated place.....(Please specify)**
- 4. What is your job position?.....(Please specify)**
- 5. Specify your workplace.**
  - Kinder garden
  - Nursery
  - Something else..... (Please specify)
- 6. What is your education?**
  - Higher - Doctor
  - Higher - Master
  - Higher - Bachelor
  - Average
- 7. What is your specialty?**
  - Preschool pedagogy
  - Pedagogy
  - Psychology
  - Special pedagogy
  - Speech therapy
  - Nurse
  - Other specialty ..... (Please specify)
- 8. Which university did you graduate from?.....(Please specify)**
- 9. How many years of professional experience do you have?**
  - Up to 1 year
  - Over 1 year to 3 years
  - Over 3 to 5 years
  - Over 5 to 10 years
  - Over 10 years
- 10. How many children do you work with every day?.....(Please specify)**
- 11. Have you received introductory training when entering a job? (If not, go to question 14)**
- 12. What was the duration of the introductory training in days? .....(Please specify)**
- 13. Is there an introduction and support system (mentoring system) in your workplace?**
  - Yes
  - No
- 14. Have you completed upgrading training in the last year?**
  - Yes
  - No
- 15. To what extent was the upgrading training useful for raising your professional qualification?**

|                   |                         |                  |
|-------------------|-------------------------|------------------|
| Rather, it helped | Rather, it did not help | I can not decide |
|                   |                         |                  |

**16. In the last year (2019), have you been subject to supervision?**

|            |                       |
|------------|-----------------------|
|            | Number of supervision |
| Group      |                       |
| Individual |                       |

**17. Would you appreciate the importance of the following knowledge and skills related to supporting children at an early age?**

|   | 1 It doesn't matter at all | 2 | 3 | 4 | 5 It is very important |
|---|----------------------------|---|---|---|------------------------|
| Knowledge of the child's physical development                                   |                            |   |   |   |                        |
| Knowledge of the child's cognitive development                                  |                            |   |   |   |                        |
| Knowledge of the social development of the child                                |                            |   |   |   |                        |
| Knowledge of the emotional development of the child                             |                            |   |   |   |                        |
| Knowledge of modern requirements for children's nutrition                       |                            |   |   |   |                        |
| Skills for monitoring and planning activities related to children's development |                            |   |   |   |                        |
| Skills to identify difficulties in child development                            |                            |   |   |   |                        |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Skills to create a safe and secure environment for children  |  |  |  |  |  |
| Skills for working with parents  |  |  |  |  |  |
| Support for the development of skills for responsible parenting  |  |  |  |  |  |
| Knowledge of different learning strategies for children of different ages                                    |  |  |  |  |  |
| Skills for creating and organizing an environment for learning and development of children of different ages |  |  |  |  |  |
| Skills for effective communication with children   |  |  |  |  |  |
| Skills to ensure children's participation  |  |  |  |  |  |
| Skills to create an encouraging environment  |  |  |  |  |  |
| Other ..... (specify what)   |  |  |  |  |  |

**18. Would you assess the extent to which professionals in the field have the following knowledge and skills related to supporting children at an early age?**

|   | 1 Do not own at all | 2 | 3 | 4 | 5 Fully own |
|---|---------------------|---|---|---|-------------|
| Knowledge of the child's physical development                                   |                     |   |   |   |             |
| Knowledge of the child's cognitive development                                  |                     |   |   |   |             |
| Knowledge of the social development of the child                                |                     |   |   |   |             |
| Knowledge of the emotional development of the child                             |                     |   |   |   |             |
| Knowledge of modern requirements for children's nutrition                       |                     |   |   |   |             |
| Skills for monitoring and planning activities related to children's development |                     |   |   |   |             |
| Skills to identify difficulties in child development                            |                     |   |   |   |             |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Skills to create a safe and secure environment for children  |  |  |  |  |  |
| Skills for working with parents  |  |  |  |  |  |
| Support for the development of skills for responsible parenting  |  |  |  |  |  |
| Knowledge of different learning strategies for children of different ages                                    |  |  |  |  |  |
| Skills for creating and organizing an environment for learning and development of children of different ages |  |  |  |  |  |
| Skills for effective communication with children   |  |  |  |  |  |
| Skills to ensure children's participation  |  |  |  |  |  |
| Skills to create an encouraging environment  |  |  |  |  |  |
| Other .....<br>(specify what)  |  |  |  |  |  |

**19. Would you try to estimate how much of your working time you spent in the various professional activities in the last month? (if you think the previous month was not typical, please rate other previous ones that are rather typical)?**

|                            | Number of hours per month |
|----------------------------|---------------------------|
| Working with documentation |                           |
| Work with children         |                           |
| Working with families      |                           |
| Training                   |                           |
| Team meetings              |                           |
| Supervision                |                           |
| Other ..... (specify what) |                           |

**20. How much do you have the necessary materials and resources to work with children?**

|  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|

|  |  |  |
|--|--|--|
| Games and toys (including wooden toys, Montessori kits)                      |  |  |
| Books and aids (including textbooks)   |  |  |
| Technical means (TVs, tablets, interactive whiteboards, etc.)                |  |  |
| Furniture suitable for individual and group work                             |  |  |
| Educational didactic games for children with SEN, as well as other materials |  |  |
| Other .....<br>(specify what)  |  |  |

**21. What is your net monthly salary income?**

- Up to BGN 500
- From BGN 501 to BGN 1,000.
- From 1001 to 1500 BGN
- Over BGN 1501

### Questionnaire for quantitative research among doctors

1. **Gender**
  - A man
  - A woman
2. **Age**..... (Please specify)
3. **Populated place**.....(Please specify)
4. **What is your job position?**.....(Please specify)
5. **What is your specialty?**.....(Please specify)
6. **How many years of professional experience do you have?**
  - Up to 1 year
  - Over 1 to 3 years
  - Over 3 to 5 years
  - Over 5 to 10 years
  - Over 10 years
7. **How many children from 0 to 7 years of age do you work with in general?**  
..... (Please specify)
8. **How many children from 0 to 7 years old do you work with every day?**.....(Please specify)
9. **How much do you take advantage of opportunities to improve your skills and exchange information?**

|  | Yes | No |
|--|-----|----|
| Upgrading trainings  |     |    |
| Participation in medical congresses  |     |    |
| Participation in medical forums (conferences, seminars, round tables, campaigns) |     |    |
| Subscriptions for specialized medical journals                                   |     |    |
| Membership in international organizations  |     |    |
| Other ..... (specify what)   |     |    |

10. **How useful are the opportunities for improving your skills and exchanging information?**

| Rather, they are useful | Rather, they are not useful | I can not decide |
|-------------------------|-----------------------------|------------------|
|                         |                             |                  |

11. **Would you appreciate the importance of the following knowledge and skills related to supporting children at an early age?**

|  | 1 It<br>doesn't<br>matter<br>at all | 2 | 3 | 4 | 5 It is<br>very<br>import<br>ant |
|--|-------------------------------------|---|---|---|----------------------------------|
| Knowledge of the child's physical development  |                                     |   |   |   |                                  |
| Knowledge of the child's cognitive development   |                                     |   |   |   |                                  |
| Knowledge of the social development of the child   |                                     |   |   |   |                                  |
| Knowledge of the emotional development of the child  |                                     |   |   |   |                                  |
| Knowledge of modern requirements for children's nutrition  |                                     |   |   |   |                                  |
| Skills for monitoring and planning activities related to children's development                              |                                     |   |   |   |                                  |
| Skills to identify difficulties in child development   |                                     |   |   |   |                                  |
| Skills to create a safe and secure environment for children  |                                     |   |   |   |                                  |
| Skills for working with parents  |                                     |   |   |   |                                  |
| Support for the development of skills for responsible parenting  |                                     |   |   |   |                                  |
| Knowledge of different learning strategies for children of different ages                                    |                                     |   |   |   |                                  |
| Skills for creating and organizing an environment for learning and development of children of different ages |                                     |   |   |   |                                  |
| Skills for effective communication with children   |                                     |   |   |   |                                  |
| Skills to ensure children's participation  |                                     |   |   |   |                                  |
| Skills to create an encouraging environment  |                                     |   |   |   |                                  |
| Other ..... (specify what)   |                                     |   |   |   |                                  |

**12. Would you assess the extent to which professionals in the field have the following knowledge and skills related to supporting children at an early age?**

|  | 1 Do not own at all | 2 | 3 | 4 | 5 Fully own |
|--|---------------------|---|---|---|-------------|
| Knowledge of the child's physical development  |                     |   |   |   |             |
| Knowledge of the child's cognitive development   |                     |   |   |   |             |
| Knowledge of the social development of the child   |                     |   |   |   |             |
| Knowledge of the emotional development of the child  |                     |   |   |   |             |
| Knowledge of modern requirements for children's nutrition  |                     |   |   |   |             |
| Skills for monitoring and planning activities related to children's development                              |                     |   |   |   |             |
| Skills to identify difficulties in child development   |                     |   |   |   |             |
| Skills to create a safe and secure environment for children  |                     |   |   |   |             |
| Skills for working with parents  |                     |   |   |   |             |
| Support for the development of skills for responsible parenting  |                     |   |   |   |             |
| Knowledge of different learning strategies for children of different ages                                    |                     |   |   |   |             |
| Skills for creating and organizing an environment for learning and development of children of different ages |                     |   |   |   |             |
| Skills for effective communication with children   |                     |   |   |   |             |
| Skills to ensure children's participation  |                     |   |   |   |             |
| Skills to create an encouraging environment  |                     |   |   |   |             |
| Other .....<br>(specify what)  |                     |   |   |   |             |

## Appendix 3. Guides for interviews and focus groups

### Guide for interviews with experts from national / local institutions

|   |
|---|
| <i>I. Presentation and introduction to the topic and the manner of conducting the interview</i> |
|---|

1. The purpose and tasks of the research are presented, as well as the way of using the data
2. The duration of the interview, about 1 hour, the way of asking questions, recording, etc. are presented.
3. The interviewer and his role in the project are introduced
4. The participant is asked to introduce himself: name, experience, years of work in the field, etc.

|                         |
|-------------------------|
| <i>II. ECD policies</i> |
|-------------------------|

1. Please tell us about the national policy related to child welfare. What are the main priorities and to what extent is early childhood present as a separate priority?
2. To what extent do national documents and policies reflect current and current policies and research related to the importance of ECD?
3. What are the ECD services (at national and local level) in the three main sectors: health, education and social? Please tell us about them.
  - What are the services that are missing?
  - What other services are needed for parents and children? What are their needs?
  - To what extent are the services available to all groups and ensure inclusion?
4. Do you know about good practices and recommendations regarding ECD? In your opinion, are they taken into account in ECD services?

|                                    |
|------------------------------------|
| <i>III. Competence and support</i> |
|------------------------------------|

1. Is there a consistent national policy regarding the qualification requirements for professionals working with children from 0 to 7 years of age? Is there and what is their competence profile at national level for the profession?
  - Please indicate documents in which this is reflected.
2. Do you think that there are enough trained specialists to work in ECD services? If not, what are the main problems?
3. Do you have information on how the planning of the workforce in the country for ECD services is carried out? For example, do you have information on the needs of different sectors? To what extent are these needs reflected in the planning of admission to higher education institutions in the various specialties, preparing professionals for ECD services?
4. Do you think that there are enough motivated specialists to work in the field? If so, what motivates them? If not, what do you think are the reasons?

5. Do you know the workload of working with young children in the three sectors: education, health, social? Are there standards for this and are they necessary? Do you know the relationship between the number of professionals and the number of children in the services? And what is the size of the groups? Do you know how many hours you work with children?
- What is the coordination between the sectors?

|                       |
|-----------------------|
| IV. <i>Final part</i> |
|-----------------------|

1. Please complete the topics at your discretion if questions are omitted.
2. Please give recommendations for increasing the efficiency of planning, admission, training and realization of professionals for ECD services.

Thanks!

## Guide for interviews with managers

### *I. Presentation and introduction to the topic and the manner of conducting the interview*

1. The purpose and tasks of the research are presented, as well as the way of using the data
2. The duration of the interview, about 1 hour, the way of asking questions, recording, etc. are presented.
3. The interviewer and his role in the project are introduced
4. The participant is asked to introduce himself: name, experience, years of work in the field, etc.

### *II. Understanding and ECD policy*

1. What do you imagine when you hear "early childhood development"? What do you associate it with?
  - What are the challenges in the ECD period and how can we deal with them?
2. What are the services provided for young children and their families?
  - Educational sphere
  - Social sphere
  - Healthcare
- 2.1. Do you think there is coordination between these areas?
3. To what extent is there a national ECD policy? Please give specific examples.
  - To what extent does national policy reflect international policy?
  - To what extent does it reflect ECD standards?
  - To what extent does it reflect good practices?
  - To what extent does this policy ensure accessibility, inclusion of all vulnerable groups?

### *III. Specifics of the service and the team*

1. Please tell us a little about the service you run. What are its goals, target group, expected results?
2. Please tell us about your team, for example how many people work, in what positions, with what education and qualification. How are they divided by gender and age?
3. Who are the "most deficient specialists"? How do you deal with this problem, if any? Are there vacancies in the service?
4. Do you have developed a system for staff selection, job descriptions, other documents related to hiring and the description of the main job tasks?
5. How many children do the specialists work with? What is the size of the groups? Is the number of children optimal? If not, why not?

6. Are there standards available for the knowledge and skills of those working with young children? Are they necessary? If a standardization process is available, how is it done? Who is involved, how are decisions made, etc.?
7. Is there a consistent national policy regarding the qualification requirements for professionals working with children from 0 to 7 years of age? What is their competence profile?
8. Do you have special requirements, standards for the employees in the service? What are they? Please clarify.
9. Is there a system for exchanging information between specialists working on the same case? Do you have common activities and what are they?

|                            |
|----------------------------|
| IV. <i>Team competence</i> |
|----------------------------|

1. To what extent do you think that those working with young children, specifically in the service you run, have knowledge and skills related to ECD? Trying for:
  - Different aspects of child development in a holistic perspective (physical, cognitive, social, emotional)
  - Skills to build relationships with children, to monitor and plan activities for their development, as well as to identify difficulties
  - Components of the full care framework: good health, nutrition, early learning, responsible care, security
  - Working with parents and supporting the development of skills for responsible parenting
  - Different learning strategies for children of different ages
  - Skills to create and organize an environment for learning and development of children of different ages
  - Communication with children and ensuring their participation and skills for creating an encouraging environment and involving children in various activities
2. Do you think that the university education that students receive is enough as a theoretical and practical preparation to start working with young children and their families? If so, what exactly do they know and can do? If not, in what area are the main gaps?
3. Do you have a system for introductory training and preparation? How exactly is it done, how long does it take, on what topics? Is there a mentoring system in the service?
4. Do you have an upgrade / continuing education system? How exactly is it done, how long does it take, on what topics?
5. Do you have a team supervision system? How exactly is it done, how long does it take, on what topics?
6. Do you have a system of incentives and sanctions to support the development of professionals? If so, please tell.

7. Are you able to compete with other sectors to reward your team? If so, what are the possibilities for this, please tell.

|   |
|---|
| V. <i>Support and development of managers</i> |
|---|

1. Do you have special training in team and process management? Do managers need to be specially trained?
2. To what extent, in your opinion, are the working conditions in ECD services a motivating factor? Please specify.
3. What are the main achievements in your work with the service team? Please tell.
4. What are the main challenges in your work with the service team? Please tell.

|                       |
|-----------------------|
| VI. <i>Final part</i> |
|-----------------------|

1. Please complete the topics at your discretion if questions are omitted.
2. Please give recommendations for workforce development in ECD services.

Thanks!

## Guide for interviews with university professors

### *I. Presentation and introduction to the topic and the manner of conducting the interview*

1. The purpose and tasks of the research are presented, as well as the way of using the data
2. The duration of the interview, about 1 hour, the way of asking questions, recording, etc. are presented.
3. The interviewer and his role in the project are introduced
4. The participant is asked to introduce himself / herself: name, experience, scientific titles, how many years he / she has been teaching, etc.

### *II. Curricula*

1. How are curricula developed, are there guiding principles and standards? For example, principles and standards that describe professional competence and are a starting point for curriculum development.
2. What are the main key topics in the training and to what extent do the curricula reflect them? Trying for:
  - Different aspects of child development in a holistic perspective (physical, cognitive, social, emotional)
  - Skills to build relationships with children, to monitor and plan activities for their development, as well as to identify difficulties
  - Components of the full care framework: good health, nutrition, early learning, responsible care, security
  - Working with parents and supporting the development of skills for responsible parenting
  - Different learning strategies for children of different ages
  - Skills to create and organize an environment for learning and development of children of different ages
  - Communication with children and ensuring their participation and skills for creating an encouraging environment and involving children in various activities
3. What do you think are the gaps in the curriculum so that students can be effectively prepared to work with young children, and the reasons why they are not included in the program? Give specific examples.

### *III. Relationship of training with the practice of ECD services*

1. What are the opportunities, in your opinion, for practical training? To what extent are these opportunities being exploited effectively?
2. Are graduates prepared enough to start working directly with clients? If not, what are the main gaps?

3. Are there mechanisms to motivate students to work with difficult communities and in hard-to-reach areas? For example, work with children with disabilities, work with cases of violence, trafficking, refugees, extremely marginalized Roma communities, etc.
4. Do you think there are groups of clients they are not prepared to work with?

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|-----------------------|
| <i>IV. Final part</i> |
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1. Please complete the topics at your discretion if questions are omitted.
2. Please give recommendations for increasing the effectiveness of the training.

Thanks!

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| <i>V. Motivation and realization of students</i> |
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1. How motivated do you think the students are? What motivates them to enroll in the specialty? Are you researching this motivation? Give examples.
2. Do you have any idea what is the ratio between graduates and graduates of the specialty? In your opinion, is there a large% of those students who graduate and start working in the specialty?

## Guide for focus group of ECD professionals

### *I. Presentation and introduction to the topic and the way of implementing the group*

1. The purpose and tasks of the research are presented, as well as the way of using the data
2. The duration of the discussion, about 1 hour and a half, the way of asking questions, recording, etc. are presented.
3. The moderator and his role in the project are presented
4. Participants are asked to introduce themselves: name, experience, years of work in the field, etc.

### *II. Understanding ECD*

1. What do you imagine when you hear "early childhood development"? What do you associate it with?
2. What are the challenges in the ECD period and how can we deal with them?
3. What are the services that children and their parents need during this period of the child's development?
4. Do children and parents receive these services, what is your judgment? Are there any that are missing?

### *III. Specifics of ECD support services*

1. Please tell us a little about the service where you work (educational, social, medical). What are the goals and the target group?
2. Please tell us about the service team. It is tested for: how many people work, in what positions, with what education and qualification. How are they divided by gender?
3. In your opinion, which skills and competencies are most important when working with children and parents? Try for: Please indicate some skills that are most relevant or most relevant to your work tasks.
4. What support do you provide for children with special educational needs and children from vulnerable groups? Please tell.
5. Is there a system for exchanging information between specialists working on the same case? Do you have common activities and what are they?

### *IV. Competence of professionals*

1. Let's talk about some knowledge and skills related to supporting early childhood development. Would you point to such? Give specific examples.
2. What do you think are the most important knowledge and skills? Participants have the opportunity to indicate specific knowledge and skills that are important to them. Trying for:
  - Different aspects of child development in a holistic perspective (physical, cognitive, social, emotional)

- Skills to build relationships with children, to monitor and plan activities for their development, as well as to identify difficulties
  - Components of the full care framework: good health, nutrition, early learning, responsible care, security
  - Working with parents and supporting the development of skills for responsible parenting
  - Different learning strategies for children of different ages
  - Skills to create and organize an environment for learning and development of children of different ages
  - Communication with children and ensuring their participation and skills for creating an encouraging environment and involving children in various activities
3. Do you think that university education provides the necessary knowledge and skills, theoretical and practical training, for direct work with children and parents? Please indicate specific subjects. In your opinion, what are the strengths and weaknesses in your training?
  4. How would you define your university preparation - more theoretical or more practical? What recommendations do you have in this regard? To what extent does university education reflect the needs of the practice of working with young children?

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| <p><i>V. Continuing professional development</i></p> |
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1. Could you tell us about the introductory training at your workplace? How long does it take and on what topics does it take place? Give an example of some of the topics in the introductory training.
  - What important knowledge and skills did you acquire during the introductory training? Give examples.
  - To what extent is inclusion in introductory training a mandatory requirement before starting work?
2. Is continuing training in the service mandatory? Is there a system for continuing training of the team? If so, can you describe it briefly? How long is it and what topics does it include? How many hours can you participate without paying? Is there a system that encourages continuing vocational training or that requires you to spend a specific number of hours of such training?
3. Is there a system for introducing new employees to the services? For example, a mentoring system, etc.
4. Could you tell us how the individual and group support of the employees is carried out? For example, is there supervision, team meetings to discuss topics related to working with children, etc.
5. Is there a career development system in your workplace? Tell us about her.

|                                   |
|-----------------------------------|
| <p><i>VI. Work conditions</i></p> |
|-----------------------------------|

1. Do you think that factors such as wages, status of the profession, working conditions, material benefits, make your work attractive?

2. How many children do you work with? For example, how many children are there in the groups you work with? How many children does an employee work with on average?
3. Are there enough materials to work with children?

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| <i>VII. Final part</i> |
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1. Describe the main strengths and challenges in working with parents and children. Each participant independently identifies the strengths first, then discusses and makes a common decision to make the group a common list of these strengths, eliminating the same ones. The same is true of challenges.
2. Please, would you indicate your basic needs for knowledge and skills related to ECD ?.
3. Please complete the topics at your discretion if questions are missed or if you have recommendations related to working conditions and continuing vocational training of those working with young children.

Thanks!

## **Focus group guide for parents of children up to 7 years of age**

### *I. Presentation and introduction to the topic and the way of implementing the group*

1. The purpose and tasks of the research are presented, as well as the way of using the data
2. The duration of the discussion, about 1 hour, the way of asking questions, recording, etc. are presented.
3. The moderator and his role in the project are presented
4. Participants are asked to introduce themselves: name, profession, family description, etc.

### *II. Understanding ECD and support services*

1. What are your main needs as a parent? What are the important services for the child and for you in early childhood?
2. What services do you use? Please specify. What are the services that are missing? Give specific ideas and examples.
3. How do you communicate with the professionals in the services for your children? Give specific examples.
4. What are the main challenges in your communication with specialists? Please tell.

### *III. Knowledge and skills of professionals*

1. What is your opinion about the skills of professionals working with children? Trying for:
  - Different aspects of child development (physical, cognitive, social, emotional)
  - Skills to build relationships with children, to monitor and plan activities for their development, as well as to identify difficulties
  - Components of the full care framework: good health, nutrition, early learning, responsible care, security
  - Different learning strategies for children of different ages
  - Skills to create and organize an environment for learning and development of children of different ages
  - Communication with children and ensuring their participation and skills for creating an encouraging environment and involving children in various activities
2. What are the strengths of the professionals who work with your children? Give specific examples.
3. What are the main challenges for professionals when working with young children? Trying for:
  - Direct work with children, eg group size, difficult cases, work with children from vulnerable groups, children with SEN
  - Working with parents, for example lack of enough time for meetings, difficult communication, divergence of expectations, etc.

- Working conditions, such as pay, prestige of the profession, material incentives, resources, work materials, space, etc.

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| <i>IV. Final part</i> |
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1. Please complete the topics at your discretion if questions are omitted.
2. Please give recommendations.

Thanks!

## Guide for focus group students

### *I. Presentation and introduction to the topic and the way of implementing the group*

1. The purpose and tasks of the research are presented, as well as the way of using the data
2. The duration of the discussion about 1 hour, the way of asking questions, recording, etc. are presented.
3. The moderator and his role in the project are presented
4. Participants are asked to introduce themselves: name, interests, motivation for training in their specialty

### *II. Education*

1. Please tell us a little about the training in the specialty where you study. What are the most important topics, disciplines, what has impressed you the most in your training so far?
2. What motivates you to enroll in this specialty? What do you imagine you will work after graduation? Please specify.

### *III. Understanding ECD*

1. What do you imagine when you hear "early childhood development"? What do you associate it with?
2. What are the challenges in the ECD period and how can we deal with them?
3. Tell us about the groups of clients you will work with. For example, what are the needs of children up to 7 years old? What is specific about this group?
4. What will be the easiest / hardest thing for you to do when you start working? Please specify.

### *IV. Competence of students*

1. Do you think that the education you receive prepares you to start working directly with children and parents? If yes / no, how? Trying for:
  - Different aspects of child development in a holistic perspective (physical, cognitive, social, emotional)
  - Skills to build relationships with children, to monitor and plan activities for their development, as well as to identify difficulties
  - Components of the full care framework: good health, nutrition, early learning, responsible care, security
  - Working with parents and supporting the development of skills for responsible parenting
  - Different learning strategies for children of different ages
  - Skills to create and organize an environment for learning and development of children of different ages

- Communication with children and ensuring their participation and skills for creating an encouraging environment and involving children in various activities
- 2. Tell us about practical training. Do you think that practical training is enough to develop your skills in working with clients?
- 3. To what extent, in your opinion, are the working conditions in social services / kindergartens / schools a motivating factor? Please specify.

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| V. <i>Continuing education</i> |
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1. Would you point out the main topics on which you think you will need additional training and support to start working with children at an early age. Each participant is invited to indicate at least 5 topics and write them down on a piece of paper. They are then discussed in terms of similarity and a general list of the group is made.

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| VI. <i>Final part</i> |
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1. Please complete the topics at your discretion if questions are omitted.
2. Please give recommendations.

Thanks!

#### Appendix 4. List of respondents

| <b>No</b> | <b>Institution / organization</b> | <b>Populated place</b> | <b>Position</b>    | <b>Research method</b> | <b>Number of participants</b> |
|-----------|-----------------------------------|------------------------|--------------------|------------------------|-------------------------------|
| <b>1</b>  | MLSP                              | Sofia                  | Head of department | Interview              | 1                             |
| <b>2</b>  | DAZD                              | Sofia                  | Chief Expert       | Interview              | 1                             |
| <b>3</b>  | MOH                               | Sofia                  | Chief Expert       | Interview              | 1                             |
| <b>4</b>  | ASP                               | Sofia                  | Senior             | Dual Interview         | 2                             |
| <b>5</b>  | AXY                               | Sofia                  | Expert             | Interview              | 1                             |
| <b>6</b>  | Municipal administration          | Stara Zagora           | Head of department | Interview              | 1                             |
| <b>7</b>  | Municipal administration          | Ihtiman                | Chief Expert       | Interview              | 1                             |
| <b>8</b>  | Municipal administration          | Sofia                  | Senior             | Interview              | 1                             |
| <b>9</b>  | Municipal administration          | Sofia                  | Chief Expert       | Interview              | 1                             |
| <b>10</b> | Municipal administration          | Sofia                  | Chief Expert       | Interview              | 1                             |
| <b>11</b> | PYO                               | Sofia                  | Senior             | Interview              | 1                             |
| <b>12</b> | PYO                               | Stara Zagora           | Senior             | Interview              | 1                             |
| <b>13</b> | RDSP                              | Sofia                  | acting Director    | Interview              | 1                             |
| <b>14</b> | OZD                               | Stara Zagora           | Boss               | Interview              | 1                             |
| <b>15</b> | OZD                               | Sofia                  | Boss               | Interview              | 1                             |
| <b>16</b> | RHI                               | Stara Zagora           | Chief Expert       | Interview              | 1                             |

|        |                                      |              |   |              |   |
|--------|--------------------------------------|--------------|---|--------------|---|
| 1<br>7 | Kindergartens and PUG                | Sofia        | Teacher, Head Teacher, Senior Teacher, Educator, Psychologist | Focus groups | 9 |
| 1<br>8 | Kindergartens                        | Ihtiman      | Teacher   | Focus groups | 3 |
| 1<br>9 | Kindergartens                        | Stara Zagora | Teacher, Head Teacher, Pedagogical Specialist                 | Focus groups | 5 |
| 2<br>0 | PUG                                  | Stara Zagora | Teacher   | Focus groups | 3 |
| 2<br>1 | ДЯ                                   | Sofia        | Nurses, pedagogue   | Focus groups | 5 |
| 2<br>2 | Parents of children in kindergartens | Sofia        | -   | Focus groups | 3 |
| 2<br>3 | Foster parents                       | Sofia        | -   | Focus groups | 3 |
| 2<br>4 | Kindergarten                         | Stara Zagora | Director  | Interview    | 1 |
| 2<br>5 | Crèche                               | Sofia        | Director  | Interview    | 1 |
| 2<br>6 | Kindergarten                         | Sofia        | Director  | Interview    | 1 |
| 2<br>7 | Kindergarten                         | Ihtiman      | Director  | Interview    | 1 |
| 2<br>8 | Medical Practice                     | Sofia        | Doctor, pediatric pulmonologist                               | Interview    | 1 |
| 2<br>9 | Medical practice                     | Sofia        | Pediatrician  | Interview    | 1 |
| 3<br>0 | MHAT                                 | Sofia        | Doctor  | Interview    | 1 |
| 3<br>1 | Kindergarten, social service         | Ihtiman      | Nurses, social worker   | Focus groups | 3 |
| 3<br>2 | Social services                      | Sofia        | Service manager, psychologist                                 | Focus groups | 4 |

|                |                               |              |                        |              |   |
|----------------|-------------------------------|--------------|------------------------|--------------|---|
| <b>3<br/>3</b> | Social services               | Stara Zagora | Manager, social worker | Focus groups | 2 |
| <b>3<br/>4</b> | University                    | Stara Zagora | Teacher                | Interview    | 1 |
| <b>3<br/>5</b> | University                    | Blagoevgrad  | Teacher                | Interview    | 1 |
| <b>3<br/>6</b> | University                    | Sofia        | Students               | Focus groups | 6 |
| <b>3<br/>7</b> | Higher education institutions | Sofia        | Teacher                | Interview    | 1 |
| <b>3<br/>8</b> | Higher education institutions | Sofia        | Teacher                | Interview    | 1 |

## Appendix 5. Initial levels of monthly salaries in the Healthcare sector according to the Collective Labor Agreement

| Specialist                  | In medical institutions, in school and children's health care | In specialized and multidisciplinary hospitals for active treatment |
|-----------------------------|---|---|
| Doctor with two specialties | 1200 BGN  | BGN 1400  |
| Doctor with one specialty   | 1200 BGN  | 1300 lv.  |
| Doctor                      | 1100 lv.  | 1200 BGN  |
| chief nurse                 | 1000 BGN  | 1100 lv.  |
| Matron                      | BGN 950   | 1000 BGN  |
| Nurse / midwife             | BGN 900   | BGN 950   |

An additional salary is paid to a doctor with more than one specialty in the amount of BGN 50. For the educational and scientific degree "Doctor" - BGN 100, for "Doctor of Science" - BGN 150. To the medical specialists in health care for the acquired specialty - BGN 50, for the acquired qualification degree - professional with issued first certificate - BGN 20, professional with issued second and subsequent certificate - BGN 40.

## Appendix 6. Professional profile of the teacher

| Competences | Knowledge, intelligence and attitude of the teacher  |
|-------------|--|
| Pedagogical | <p><b>Initial professional training (pedagogical, psychological, methodological, special-subject training)</b></p> <p>He has theoretical knowledge of the subject he teaches and in the field of pedagogy, psychology, methodology and special subjects, including related to the latest achievements and monitors its development.</p> <p>Applies the competence approach in its work in acquiring key competencies by students according to Art. 77, para 1 of the WUA.</p> <p>Knows innovative educational technologies, techniques and methods of teaching and assessment, applicable to the educational field, subject or module of professional training in which he teaches.</p> <p>Knows the cognitive, emotional and physical development of different age groups of children and students and guides learning according to their individual needs.</p> <p>Knows and applies the literary language norms of the modern Bulgarian language.</p> <p>Knows and applies methods for working in a multicultural environment, for supporting and motivating children and students with special educational needs, with chronic diseases, with learning difficulties or at risk, as well as with outstanding gifts.</p> <p>Knows the possibilities of information and communication technologies and the mechanisms for their integration and application in the educational process.</p> <p>Knows techniques and ways to form in children and students communication skills, critical and constructive thinking, to effectively search, extract, select and assess the usefulness of information from various sources.</p> <p>Knows and observes the legally established norms that relate to his professional rights, obligations and employment relationship.</p> <p>Knows and applies the code of ethics for working with children and the code of ethics of the educational community, knows the rights of the child, observes professional ethics, as well as the requirements for confidentiality regarding children / students.</p> <p><b>Planning a lesson or pedagogical situation</b></p> <p>Knows the state educational standards and plans its activities related to education, developing an annual thematic distribution.</p> <p>Defines clear educational goals, plans techniques for learning and motivating children / students, for the realization of intra-subject and inter-subject connections and predicts the expected results.</p> |

|  |   |
|--|---|
|  | <p>Knows the specific needs of each child / student and plans activities for individual work and support.</p> <p>Has knowledge and skills to work with children / students with special educational needs, at risk, with chronic diseases or with outstanding gifts.</p> <p>Knows and plans the use of innovative methods for teaching and evaluating students' results, based on cooperation to achieve better results.</p> <p><b>Organizing and managing the educational process</b></p> <p>Takes into account the characteristics of the children / students in the group / class.</p> <p>Selects and applies innovative methods and uses appropriate tools and materials for self-preparation and in the implementation of educational activities.</p> <p>Provides an opportunity to exercise and apply the acquired knowledge, to develop creative thinking and motivation for independent activity, as well as to receive feedback.</p> <p>Applies information and communication technologies in their work and motivates children / students to use them.</p> <p>Encourages the acquisition of key competencies.</p> <p>Encourages and guides the acquisition of knowledge, acquisition of skills and attitudes for success in children / students, for independent living, for interpersonal and intercultural communication, decision making, empathy, responsibility for one's own actions, for critical and creative thinking, etc.</p> <p>Assists in the education, development and expression of the personal potential of each child / student.</p> <p>Provides a positive educational environment focused on the individual needs of children / students, providing support aimed at improving their results.</p> <p>Knows and applies the requirements for safe conditions of education, upbringing and work and provides children / students with a safe and secure environment, including work in the Internet environment</p> <p>Masters presentation techniques and provides support for building presentation skills in students.</p> <p>Keeps and stores school and school documentation.</p> <p><b>Assessing the progress of children / students</b></p> <p>Knows the state educational standards for assessment of learning outcomes of students and preschool education and skillfully develops and applies effective tools for testing and evaluation (diagnosis) of the achieved results of children / students, to determine the achieved level of knowledge acquisition and acquisition of skills from each child or student.</p> <p>Is able to use appropriate methods, tools and approaches (including</p> |
|--|---|

|  |   |
|--|---|
|  | <p>innovative ones) to promote the progress and results achieved by children or students and to determine criteria and indicators for assessing the knowledge and skills of students with whom he introduces both the class / the group as well as the individual student / child.</p> <p>Has skills and provides objective and timely information about individual development and the results achieved by the child / student, informs parents about them and determines measures for additional support, counseling and correction, using constructive feedback to improve their teaching.</p> <p>Builds skills in children / students for self-esteem, self-criticism and self-improvement.</p> <p><b>Process management in separate groups or classes</b></p> <p>Has the ability to organize, coordinate and control the activities during teaching, maintains the necessary discipline and working atmosphere in the classroom / group, aims to achieve the planned results, works with all groups (pronounced and advanced, learning difficulties, gaps, etc.) , summarizes the achieved results.</p> <p>He is able to lead a group / class, sharing the care and responsibility for the children / students, forming skills for teamwork, motivating them to participate in the planned activities and for independent learning, educating in a spirit of tolerance and forming a civic position.</p> <p>Knows and applies constructive approaches to collaboration, to direct students to autonomy in learning through the acquisition of key skills, rather than mechanical memorization.</p> <p>Shows attitude to the specific needs of children / students, applies a differentiated approach to learning in order to support effective learning.</p> <p>Has knowledge and skills to work in a heterogeneous environment and supports the social integration of children / students with disabilities by initiating and organizing various forms of interaction, building relationships based on mutual trust and respect.</p> <p>Knows and applies techniques for prevention and coping in conflict situations, selects methods and approaches aimed at forming empathy, commitment, solidarity, consideration of personal and value differences between people as a basis for mutual understanding.</p> <p>Knows the causes and factors of aggressive, antisocial and antisocial behavior and applies ways to counteract and respond to each specific situation.</p> <p>Forms a positive attitude for the protection of the material and technical base and educates children and students in responsibility.</p> <p>Has the skills of an organizer and leader in the group or class, supports the development of internal rules and encourages their observance.</p> <p>Encourages the participation of students in the forms of student self-</p> |
|--|---|

|                         |   |
|-------------------------|---|
|                         | government to participate in the discussion in resolving issues affecting school life and the school community, including the school curriculum.  |
| <b>Social and civic</b> | <p><b>Teamwork</b></p> <p>It partners with pedagogical specialists and participates in activities related to the development of the strategy for development of the institution, in the updating and in the implementation of specific activities and tasks.</p> <p>Creates and maintains constructive professional relationships.</p> <p>Provides methodological and organizational support to newly appointed teachers / educators and / or performs mentoring functions in relation to trainee teachers.</p> <p>Interacts with other pedagogical specialists to ensure equal educational opportunities in the integration of children / students.</p> <p><b>Work with parents and other stakeholders</b></p> <p>Involves parents in achieving educational goals.</p> <p>Supports and encourages the efforts of parents of children / students with special educational needs, learning difficulties or disadvantages to deal with various social problems</p> <p>Organizes and conducts parent meetings, provides timely and accurate information about the results of children / students in terms of progress, absences, etc.</p> <p>Participates in the implementation of joint initiatives and projects of the institution with the public council, the school board and other partner organizations.</p> <p><b>Identifies own needs for continuing qualification, defines and achieves goals oriented towards continuous professional development</b></p> |

## Appendix 7. Levels of Minimum Basic Wages in the CLA, 2018 and 2020

| Minimum amounts of basic monthly salaries according to:  | CLA dated June 11, 2018 | Annex № 3 of Ordinance № 4 for standardization and remuneration of labor in force from 01.01.2020 | CLA from 17.08.2020, in force from 2021. |
|--|-------------------------|---|--|
| <b>Kindergarten Director</b>   | 1140 lv.                | 1334 lv.  | 1535 lv.                                 |
| <b>Deputy Director</b>   | 1065 lv.                | 1246 lv.  | 1420 lv.                                 |
| <b>Pedagogical specialists / teacher, speech therapist, psychologist, resource teacher ... /</b> | BGN 920                 | 1085 lv.  | 1260 lv.                                 |
| <b>Senior teacher</b>  | 955 lv.                 | 1120 lv.  | 1300 lv.                                 |
| <b>Main teacher</b>  | BGN 1,005               | 1176 lv.  | 1350 lv.                                 |
| <b>For work with children with SEN</b>   | Minimum BGN 30          |   |  |
| <b>For mentoring</b>   | BGN 60                  |   |  |
| <b>Additional remuneration for PKS</b>   |                         |   |  |
| <b>V PKS</b>   | BGN 30                  |   | Unchanged                                |
| <b>IV PKS</b>  | BGN 35                  |   | Unchanged                                |
| <b>III PKS</b>   | BGN 50                  |   | Unchanged                                |
| <b>II PKS</b>  | BGN 70                  |   | Unchanged                                |
| <b>I PKS</b>   | BGN 90                  |   | Unchanged                                |

## Appendix 8. Codes of ethics of professional organizations

The codes of ethics of professional organizations working in the social sphere set ethical standards for working with clients without specifying for working with specific groups of clients, including children.

The Code of Ethics of the Bulgarian Association of Social Workers, founded in 1995, which represents standards for ethical behavior of social workers in their professional relations, generally refers to relations with clients. The same applies to the Code of Ethics of the National Association of Social Workers of 1979, last amended in 1993. The general approach is adopted by the Code of Ethics of the Society of Psychologists in the Republic of Bulgaria and the speech therapists except for the fact that instead of for clients, the Code of Ethics for Speech Therapists speaks in general about "patients".

The National Council for Child Protection has also approved a Code of Ethics for those working with children, which presents standards for ethical conduct for all those working with children in various fields: education, health, social care, justice, home affairs, etc., and focuses on ensuring the rights of all children, regardless of their age group. According to its regulations, those who work with children must have certain personal, moral and social qualities and fulfill moral responsibilities to the child, related to respect and care for the uniqueness, dignity and uniqueness of each child.



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inclusive Europe.**

The project Bulgaria Grows with Its Children was implemented with financial support from Iceland, Liechtenstein, and Norway through the Financial Mechanism of the European Economic Area. The main goal of the project is to enhance the quality of the early childhood development programs and services in Bulgaria.

Iceland   
Liechtenstein  
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