

PROJECT TRANSFER OF PRACTICES WITH ICELAND

Comparative analysis
Iceland - Bulgaria

Iceland 
Liechtenstein
Norway

**Active
citizens fund**



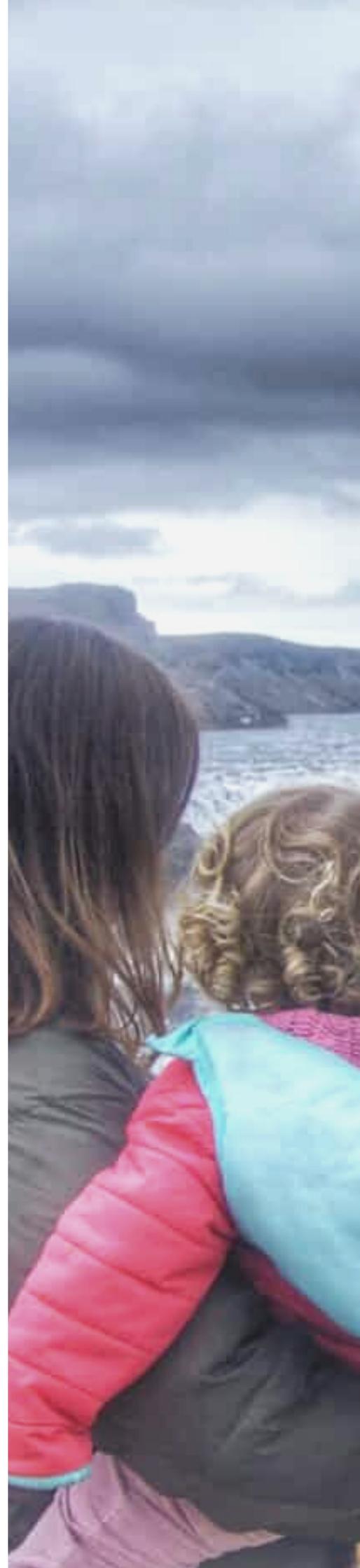
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“Transfer of practices to improve the support for children with special needs and their families towards inclusive education” project aims Exchange of knowledge and expertise with Icelandic organization to develop methods and guidelines to support civil society organizations and providers of social services in Bulgaria, empower parents and other activists to better understand the child’s condition and assist him in developing and piloting the service, which created an opportunity for early guidance and support for children with special needs.

The present analysis observes the benefits of inclusive education in Iceland in terms of supporting children with special needs and their families, comparing them with the Bulgarian context. The analysis is a fundamental document examining the educational, health, and social system, which provides essential guidelines for their improvement, upgrading, and functional synchronization in relation to inclusive education in Bulgaria. Based on the analysis, methods, guidelines, and recommendations will be developed to be tested and adapted to the Bulgarian reality. The analysis is a result of visits to Iceland, a number of online meetings, seminars, and discussions with stakeholders on the topics of inclusive education in Iceland and Bulgaria, as well as a review and selection of information materials, presentations, and regulations governing the system in Iceland and its best practices. The present analysis of the advantages of inclusive education in Iceland and the support to children with special needs and their families reflect the experience and the knowledge acquired during visits, seminars and additional interactions with the partner.



CHAPTER 1

DESCRIPTION OF THE INTERACTION BETWEEN THE HEALTH, SOCIAL AND EDUCATIONAL SYSTEM IN ICELAND

The Icelandic support system for children and families would impress everyone, at first sight, thanks to its organization, collaboration, and acceptability (openness). A set of measures has been created, organizing the symbiosis between health, social and educational systems to adapt to each person's needs. This makes the Icelandic system unique especially when it comes to inclusive education. In the following pages, we will observe that symbiosis through the prism of policies aimed at children, special education, and family care. There are 3 main levels of services in the health, educational and social spheres, the collaboration of which will be explained in the next part of the report.



69%

of the people in Iceland
trust the health system

ICELAND'S HEALTH SYSTEM

Iceland's health system is very well developed and competitive in terms of the results it achieves when compared internationally. It has well-educated and competent staff in various fields of healthcare. A basic principle in Iceland's health legislation is that all people in the country should have access to the best possible services that can be provided to them at any time in order to protect their mental, physical and social health. Discrimination of any kind is prohibited and if it proves necessary to give priority to patients in accessing treatment, this should be done primarily for medical and other professional reasons.

The authorities must meet the challenge of improving the efficiency of health services within the financial framework that applies at all times in all areas, and it is vital that staff share a common vision for the purpose of the service, its future organization, and the best way to structure work. By law, the health minister must define a health services policy and ensure that it is implemented. This means that the minister can and must take into account the results achieved by the services both in the short and long run and take measures to improve them when necessary (A policy for Iceland's health services until 2030). According to a questionnaire of Gallup since February 2017, 69% of the people in Iceland trust the health system. The legislation assigns a major role in the provision of health services to people in Iceland at primary health centers. They are supposed to be the first port in the system where users should be able to find general medical treatment, nurses, rehabilitation, medical protection, and preventive measures. Emergency admission and other services, which are defined in more detail in the regulations, are also at the primary level.

Health services are provided in all health regions organized by regional health authorities. Health centers are widespread and generally accessible, including outside the capital area. There are seven health districts and seventy health centers in Iceland. There are 70 care centers in them, which are the first to be taken over by the parents. The patient can then be referred to another specialized service or hospital according to his needs.

ICELAND'S HEALTH SYSTEM

The Icelandic health system puts people first. In addition to the patient, the emphasis is on the training and care of health care staff. In Iceland, there are 34 professions in health services with legally protected names, whose members must be licensed by the Directorate of Health and who work under its supervision. By law, steps must be taken in order to ensure sufficient competent staff and a good working environment in the health services where organization and design are appropriate. The role of the state is to ensure that the educational institutions train a sufficient number of medical workers for each profession and that there are incentives that will promote satisfactory levels of staff and development of Icelandic health institutions. The health care system is in the Scandinavian style. **There is a health and development monitoring system, which reaches over 99% of children from birth to 6 years of age.** Impressive is the care for the family, which begins when the patient enters the hospital, the appropriate environment, which is different from the typical hospital and is predisposing, especially for children-patients. **A team of specialists works with the families, which also includes a social worker.** The rights of each entrant and the way to access a certain type of treatment in the fastest possible way are commented on.

Screening procedures are performed as the health centers monitor for:

- Hearing and vision disorders
- There are detailed screenings and vaccinations for children aged 12 and 18 months, 2.5 and 4.

These screenings might find:

- Delay in physical and linguistic skills
- Delay in social development
- Symptoms of behavioral and emotional disorders

In this line of thought, the journey of children with special needs often begins right here. If health services find any disturbing screening results, they may refer you to the day center for further evaluation and follow-up by the team. Cooperation with parents is always aimed at. Visits to these health centers children must make at 12 months, 18 months, 2.5 years, and 4 years.

EDUCATION

According to a report from 2018/19 of Eurydice (network of 43 national units based in all 38 countries within the Erasmus+ program) **the educational system of Iceland is divided into 4 levels: pre-school, mandatory, secondary, and higher education** (universities). The system is mostly funded by public funds, having only a few private schools. **The central government has a shared responsibility at all levels of education and sets policies.** The Icelandic Parliament and the Ministry of Educationp Science and Culture are politically and legally responsible for the education system and are responsible for establishing its administrative framework and main objectives. **The Ministry prepares educational policies, including a national curriculum at all school levels, and ensures their implementation.** It also takes the initiative in developing educational innovations, including distance learning and publishing educational materials. **Local authorities are responsible for the work of pre-school educational institutions and the compulsory school level with one structure (primary and secondary) in their area.**

Schools of all levels of education follow the educational policies set by local authorities and the ministry. Such policies are a general guideline for the school work and the aspects of parenting and education that society wants to focus on. **A curriculum and work plan are prepared for each school based on the national curriculum.** School programs are a **guide** for students, teachers, other school staff, and parents. Further information on school programs can be obtained from the school websites. The National Curriculum Guide contains the framework and conditions for teaching and learning based on the principles of existing laws, regulations, and international conventions. **Within this framework, six main pillars have been developed, which form the essence of educational policy.** They include the working methods, content, and learning environment at each school level and form an important continuity in the Icelandic education system. **These pillars are literacy, sustainability, health and wellbeing, democracy and human rights, equality, and creativity.** Of great importance is the systematic development of knowledge, skills, and attitudes that strengthen people's future ability to be critical, active, and competent participants in a society based on equality and democracy. The fundamental pillars are expected, among other things, to improve this. The general public must be adequately educated to be able to control the authorities sufficiently whether in the economic, political media, or other social sectors.

In fact, schools are the only public institutions that can guarantee young people the opportunity to prepare for active participation in a democratic society, to exercise critical and creative thinking, and to face different social and cultural circumstances.

It is important to have support for teachers and school administration in order to have real development in the education system. Education policy, organization, teaching materials, and school buildings can be improved over and over again, but if the changes do not take effect in schools, all this will not help. The application of a new way of thinking in school activities is based on the close cooperation of the educational authorities with the people who work on the first line in schools.

EDUCATION

Children start attending pre-school services at the age of about 2, and municipalities can allow starting from 18 months. A reduction in maternity to 12 months will soon be adopted and children will start attending early services at about one year of age. All children start primary school at the age of 6. Education and care at an early age are divided into centered and home-based services. From the age of 1 to 6, when primary education begins, children can attend pre-school (Leiksskóli), which falls under the general responsibility of the Ministry of Education. There is also a system of state-regulated and subsidized home care (Dagforeldri) for the youngest children (from birth to the age of 2), which falls under the responsibility of the Ministry of Social Welfare. **The main element of the work is the play. This is the method of teaching of the pre-school teacher and the child's path to learning.** Each school is responsible for introducing its own framework based on the guiding principles of learning by playing. The Icelandic pre-school institution (leikskóli) is defined as the first educational level although it is not obligatory. The right to general education is guaranteed by Article 76 from the Icelandic Constitution. The 2011 National guidelines for pre-school curricula are based on the pre-school Act #90 of 12 June 2008, which is the framework legislation. The legal right to education and care in early childhood is widely described. Icelandic law states that it is the responsibility of Icelandic municipalities to offer children pre-school education, but without specifying an age limit. However, 95% of Icelandic children between the ages of 2 and 3 have been offered a place in a pre-school in their respective municipalities. Various professional services are also available, including **special education services**. Accountability for the Icelandic pre-school institutions is divided between the Ministry of Education and municipal authorities. The Ministry formulated an educational policy for preschools and published the National Guidelines for Curricula, while local authorities control the work of preschools and schools and bear the related costs. Kindergartens need to set **their own guidelines for a school program** and the role of the municipality is to closely monitor the guidelines' implementation for each school. Emphasis is placed on equality and inclusion for all students is strong: **according to the framework legislation in Iceland (Preschool Law 90/2008), local authorities are responsible for all issues related to children with special needs and the risk of developmental difficulties.** Municipalities should include these measures in their general policy for pre-school within their area.

EDUCATION



Children are involved in maintenance and cleaning activities. They play outside in subzero temperatures.

Daily class program

Breiðagerðisskóli 2018-2019					
4.bekkur Ágústa					
	Mánudagur	Þriðjudagur	Miðvikudagur	Fimmtudagur	Föstudagur
08:40-09:20	Íþróttir	Listgr/hölvur	K. Ást.25	Yndislesur	Stærðfr.
09:20-10:00	Íslenska	Listgr/hölvur	Dans	Sund	Stærðfr.
10:00-10:20	Útivist	Útivist	Útivist	Útivist	Útivist
10:20-11:00	KÁ st.25	Íslenska	Íþróttir	Enska	Hringekja st.6
11:00-11:40	Tónmennt	KÁ st.25	Íslenska	Íslenska	Hringekja st.6
11:40-12:00	Útivera	Útivera	Útivera	Útivera	Útivera
12:00-12:20	Matur	Matur	Matur	Matur	Matur
12:20-13:00	Íslenska	Samfélagsfr.	Listgr/hölvur	Lífisleikni	Ymislegt
13:00-13:40	KÁ st.25	Samfélagsfr.	Listgr/hölvur	Stærðfr.	Ymislegt

Classroom



Pedagogical approach: The Iceland preschools take a holistic approach to education and childcare, aiming to promote well-being and learning through play. The cost of education for all levels of education combined, as a percentage of GDP, is among the highest in Europe. Municipalities are responsible for the financing and operation of pre-schools and, within the legal framework described above, they are also responsible for implementing the common national program in the respective municipal pre-schools. At the local level the role of elected school councils, together with the management of preschools, has an impact on the way this is done. Primary and lower secondary education is based on the principle of single-structure school types located in the students' neighborhoods.

Children are usually offered a place in a kindergarten run by their municipality at an early age, varying according to the capacity of the municipality in question, but typically between 18 months and 2 and a half years. **Between 2 and 3 years, over 95% of all Icelandic children are offered a place in kindergarten.** Most preschools are public, although there are self-financing ones, they are always co-financed by the municipalities. Fees vary from municipality to municipality and may depend on the parents' status, as the contribution of the municipality is always significant (in any case at least 75% of the total operating costs).

EDUCATION

Communities are mainly responsible for the compulsory schools (unified system of primary and secondary education) as well as for the implementation of the Primary School Act. School councils in each local community should ensure that all children of compulsory school age attend school.

The Directorate of Education was established on October 1, 2015, after the adoption of Law N° 91/2015. The Directorate is an administrative institution in the field of education. Its main goal is to improve the quality and support the progress of education in accordance with the law and government policies, the best evidence, and international standards.

The Directorate of Education takes over the responsibilities of the previous management – the Institute for Testing in Education and the National Center for Educational materials. The Directorate also takes responsibility for some administrative tasks from the Ministry of Education, Science, and Culture and for new projects such as the implementation of the national literacy agreement and the reduction of dropouts in secondary education.

The main tasks of the directorate are: providing all students with diverse and quality teaching materials in accordance with the Icelandic National Curriculum; monitoring and evaluating school progress; conducting nationally coordinated exams and international studies such as PISA; collecting, analyzing, and disseminating information about education and providing educational bodies, specialists and the public with information and guidelines on educational issues; implementation of administrative tasks related to the implementation of the national curriculum and qualifications, accreditation of private schools, licensing of teachers and services for students. The vision is for young people in Iceland to be on an equal footing with their colleagues in those countries with the best education and to have the same opportunities to participate in the society and economy of the 21st century (Ministry of Education, Science, and Culture, 2014). Progress has been made through reforms – insofar as the improved curriculum also offers more flexible assessments – an action plan to improve standards in literacy and development in upper secondary education. However, many challenges remain.

The Ministry of Education, Science and Culture outline this is published in 2015. White Paper. The White Paper proposes two main goals that the Icelandic system must achieve by 2018: 90% of students in compulsory education to meet the minimum reading standards (as of 2015 79%); 60% of students graduate from high school on time (as of 2015, 44%).

EDUCATION

Special education

The official report of the European Agency for Special Needs and Inclusive Education (European agency, 2016) shows that in Iceland for the academic 2012-2013 98.7% of the students in compulsory education have been enrolled in inclusive education (i.e. they spend 80% or more of their time in the main course). **About 6 955 students – 16.43% from the all-school population – are identified as students with special educational needs. The bigger part (6 407 or 15.14%) are enrolled in inclusive conditions, as 405 (0.96%) in separated special classes and 143 (0.34%) in separated special schools. Data shows that boys (10.98%), almost twice more than girls (5.45%) are officially identified as special educational needs students.** Within ISCED level 1, there are many more students officially recognized as children with special educational needs (10.89%) than ISCED level 2 (5.54%). **There are currently three special schools that provide compulsory services for the whole country: one of the students with severe disabilities and two students with psychiatric and social difficulties. The Ministry of Education determines by regulations the specialized services that must be provided by preschools and compulsory schools.**

About 10% of pre-school students and 20-25% of the compulsory students receive some form of short-term or long-term training support. Municipalities are expected to focus on preventive measures to improve the general well-being of learners and prevent difficulties (Statistic Iceland, 2016). According to the Law for Secondary Education, the Ministry of Education must provide students with special educational needs with specialized assistance and appropriate equipment as deemed necessary. **However, new needs identification and diagnostics are often required when students move from compulsory to secondary education.**

Students with special needs/disabilities must go to school with others, but many teachers offer special programs. The level of pre-school and compulsory support for each learner **is usually determined by special municipal support services, often based on a diagnosis from one of the four main national agencies:** the State Center for Diagnostic and Counseling, the Icelandic Organization for the Visually Impaired, the National Institute of Hearing and Speech and the Child Adolescent Psychiatric Department of the National Hospital.

EDUCATION

Each agency works in close collaboration with parents and provides them consultations on how they can support their child. **More of the large municipalities have one or more special classes within their area, within mainstream schools.** Learners with exceptional learning abilities are also entitled to challenging learning experiences. Programs for more able children have been created for them, which are often organized at the municipal level or in specific schools, and not at the national level. **At the secondary school level, many special units include preparation for life as adults - for example job training, sheltered workshops, or facilities for people with disabilities.** The main and special units in the schools introduce employment opportunities and work rules for the students in the last year with special needs to support the successful transition from school to work.

Education funding

In 2015, the public expenses for education were approx. 6.87% from the GDP, continuing a downward trend that has been evident over the last ten years (8.2% in 2004, 8.35% in 2008, 7.2% in 2012, 7.66% in 2013) (Statistics Iceland, 2016). The cuts since 2008 are due to the economic crisis of 2008. However, education spending remains above the OECD average (5.6% in 2012). In 2011, Iceland ranked second among all Scandinavian countries in this measure. It is the only Scandinavian country whose public spending as a percentage of GDP was lower in 2011 than in 2008 (OECD, 2014). Icelandic public spending on education as a percentage of total public spending has moved from 4th to 12th/13th place among OECD countries since the 2008 crisis (Ragnarsdóttir and Johannesson, 2014). There have been no major changes in the funding mechanisms for education in Iceland since 1996 when a decentralization policy was implemented. At this time, municipalities become responsible for the management and funding of compulsory education and local support services. Approximately 63% of local government revenues are based on a municipal income tax.

Funding related to meeting special educational needs

In 2014, 19% of the educational budget of the municipalities was allocated for the special insurance of students with special educational needs. Within the Local Government Equalization Fund, there are three areas of funding related to special educational needs. In 2016, the estimated amounts include ISK 2 billion for grants to meet diagnosed special educational needs students, ISK 1.2 billion to support three special schools in Reykjavik, and ISK 300 million contributions for immigrant education.

EDUCATION

At the pre-school level, the municipalities do not have separate funds for special educational needs. They fund preschools on a common basis for all students. Fees for a child's pre-school education may be charged. **Municipalities provide funding for transportation, additional staff, specialized teachers, and special equipment.** At the compulsory school level, municipalities receive funding from the central government through the equalization fund to meet the needs of students with recognized special educational needs. Every year the municipalities decide how to provide special educational needs at the preschool and compulsory level. At the high school level, the Ministry of Education provides funding to students who need special support.

The external audit of the Icelandic system of inclusive education has been the focus of attention and serves as a basis for subsequent changes in Iceland. The 2011 evaluation of special units in secondary schools highlights the rising costs for these units in recent years and makes recommendations for potential reform.

As for special education, a huge advantage for families is the opportunity for children to be supported not only educationally but also therapeutically on-site in various kindergartens and schools and, if transportation is required, to be provided by the educational institution. The same applies to the additional qualification of teachers and therapists in these institutions. **Another strength of education, and in particular of special education, is the strong physical environment, which is confirmed by recent reports and internal audits.** Most school buildings are accessible, flexible, and welcoming. **From a pedagogical point of view, the key strength of the Icelandic system, which is recognized by all stakeholders - including many parents - is the curriculum framework.** It is built on "pillars" that promote interdisciplinary approaches to teaching and learning and provide schools with a degree of freedom to innovate in their practice. **The degree of freedom within the curriculum leads to numerous examples of innovative and effective leadership, pedagogy, development, and practice in schools on which it can build.**

Many school teams strive to be innovative in their daily practice. Innovative ways of thinking have led some stakeholders to use new technologies to develop alternative forms of support to overcome the constraints faced by learners due to their geographical location or climate.

There are also projects and development of professional learning communities, including school and university teams. This commitment and sense of innovation are usually supported by what can be seen as a fairly high level of confidence in the teaching skills of school teams.

CLASSROOM



THERAPEUTIC ROOM

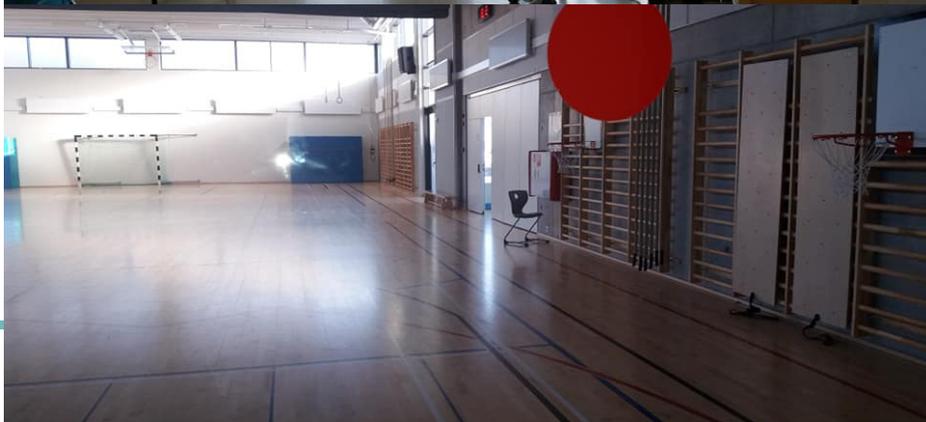


STUDY ROOM



ACCESSIBLE ENVIRONMENT.

ACCESSIBILITY FOR CHILDREN WITH MOTOR DIFFICULTIES TO SPORT FACILITIES.



EDUCATION

This self-confidence is often built through school policies that aim to develop an inclusive spirit of the school community. Schools provide a friendly atmosphere for students. Many of the students meet the members of the audit team who monitor the development of education in Iceland describe their classmates as friendly and helpful and their teachers as "good". Such approaches encourage parents' understanding of the social benefits of inclusion for all learners. In addition, parents and members of the school team view the various parental support networks very positively. In schools at all levels, there is a clear commitment on the part of the teams to provide all learners with opportunities for development and learning. This is particularly noticeable in pre-schools, where the general pedagogical approach is more clearly articulated as one based on the right of all children to participate and be included. **Many preschools have examples of staff working in a team around the child with parents, support staff, and external experts when needed.**

The concept of democracy and the questions for social justice are at the base of the concepts for social and educational inclusion. Inclusive education must have all students, but not only specific groups with additional needs, as for example are children of foreign origin.

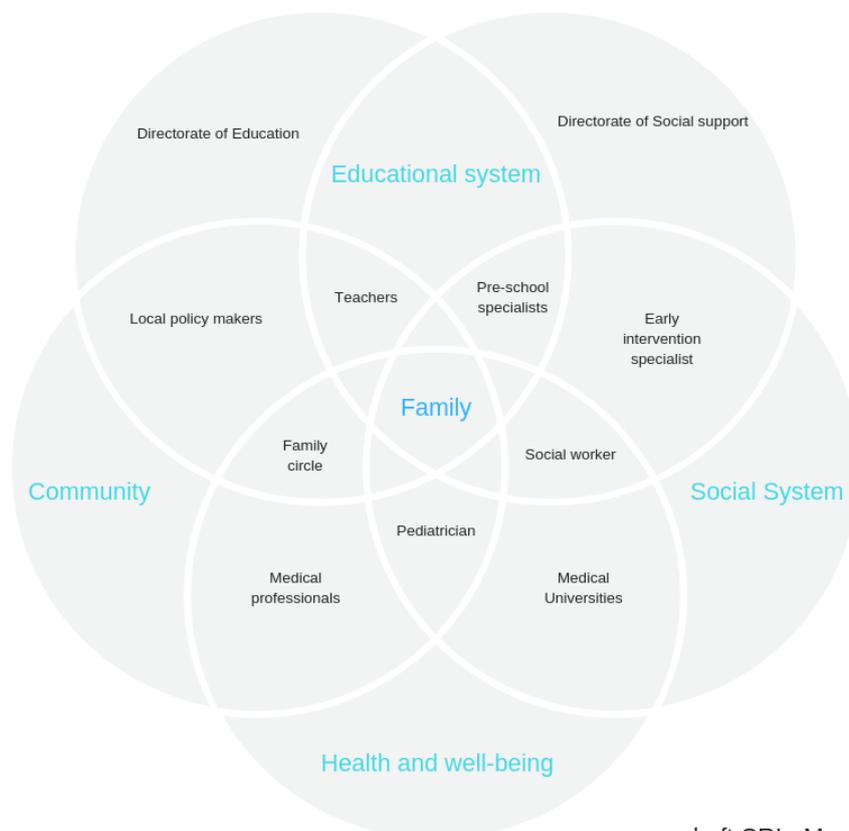
Recognition of the need for greater conceptual clarity with regard to inclusive education and plans for its successful implementation can be seen as a strength. Inclusive education is closely linked to social services and the Ministry of Social Affairs, especially given that it funds the largest children's assessment center - The State Diagnostic and Counseling Center in Iceland (SDCC).

SOCIAL AREA

The Ministry of Social Affairs is responsible for the administration and design of policies in the field of social affairs and social security in Iceland as prescribed by law, regulations, and other directives. It is a responsibility to children with special needs, risk groups, and refugees that makes the ministry and its responsibilities particularly important in the field of inclusive education and key to social relations and the links between education and health.

Social care and families

“The family, in all its variety of forms, is the basic unit of society. Both state and local authorities have different responsibilities to promote the well-being of each family, taking into account their different needs and circumstances. Among those areas that fall into the sphere of social care and families are the affairs of children, issues related to marriage and cohabitation, child abduction, adoption, social services for the elderly and municipalities” (quote from the official website of the Icelandic government)



draft CRI - Maya

The model of social, education and health services in Iceland - family is in the center of the support

SOCIAL AREA

The Social Services Law of municipalities, № 40/1991, is part of the obligations for the current mandate of the Ministry of Social Affairs. However, each municipality is responsible for providing services to residents under the law. The same applies to services for people with disabilities provided by municipalities under the Law on People with Disabilities, № 59/1992. **The protection of the rights of people with disabilities is dealt with specifically in the Law on the Protection of the Rights of People with Disabilities, № 88/2011.** This law has been updated several times. The purpose of this law is to provide people with disabilities with appropriate support in the protection of their rights and to ensure that the right to self-determination of people with disabilities is respected and that in cases of urgent intervention in their affairs, this will be made in full compliance with their security under the law. The application of this law shall respect the UN Convention on Human Rights and shall take into account the rights of persons with disabilities. Iceland's social policy also aims to raise public awareness of the rights of people with disabilities, work against stereotypes and prejudices, and raise awareness of the capacity of people with disabilities and the contribution they can make. This makes the educational and social environment of children with special needs very continuous and the attitude of all towards children and families a valuable part of society. The Ministry of Justice may appoint a seven-member team of specialists to support the disabled person by conducting interviews and giving guidelines for working with him, explaining the rights in detail, and paying attention to preventing the abuse of these people.

The principle of equality has evolved over the years in Iceland as one of the most important constitutional norms. The principle of equality and non-discrimination is enshrined in section 65 of the Icelandic Constitution, as amended in 1995. The section states that "all must be equal before the law and enjoy human rights, regardless of gender, religion, opinion, national origin, race, color, property, birth or another status.

The principle requires a careful analysis of the legal differentiation between children and adults in the provision of rights and their application in different contexts. The principle of equality is also important in guaranteeing the rights of vulnerable children, such as young children, adolescents, girls, children with disabilities, and children from racial, ethnic, or religious minorities. A provision in the Constitution serves to strengthen the protection of vulnerable groups, most often in relation to other fundamental rights.

SOCIAL AREA

Payments for parents are provided in the Maternity/Paternity and Parental Leave Act, № 95/2000. The aim is to ensure that children enjoy the care of both parents and to enable both women and men to combine family life and career. Applications for maternity/paternity leave and parental leave are submitted to the Maternity/Paternity Leave Fund, which is under the auspices of the Labor Directorate.

Children's rights

Children's rights, protection, and wellbeing are addressed in a number of laws, as they are a vulnerable group that is particularly important to protect. Among the tasks are child protection, child laws, child benefits, adoption, child abduction, and more. The Ministry of Social Affairs is the supreme body for child protection. On behalf of the ministry, the government's child protection agency is responsible for the day-to-day management of child protection services. The main child protection unit in Iceland is the local child protection committee, which is responsible for municipal child protection services.

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In 2013, the UN Convention on the Rights of the Child became law in Iceland. The Convention provides for various fundamental rights and provides special protection and care for all children under the age of 18. Emphasis is also placed on the right of all children to be full participants in the community and to be heard. Every citizen has access to a series of rights, but at the age of 18 has the right to use the full range of rights.

The Child Protection Act, № 80/2002, aims to ensure that children in unacceptable home conditions or whose health or development is endangered receive the necessary support. Efforts are being made to achieve the goals of the law by supporting families in raising children and applying funds for the protection of individual children.

SOCIAL AREA

The Law on Children № 76/2003 deals with the rights of children, parents and guardianship, child support, parental and family access, and other issues. No child may be subjected to any kind of violence or other degrading behavior. The child has the right to express an opinion on all issues that affect him, and these opinions are paid attention to according to the law, taking into account the age and maturity of the child. Priority is always given to what is best for the child when decisions are made about the child's affairs.

The main policy is aimed at children under 6 years of age. The Ministry of Social Affairs controls the contracts with social institutions and the requirements for them. It is important to note that the ministry also contracts and supports many private centers and organizations.

The main unit is the State Diagnostic and Consulting Center, funded by the Ministry of Social Affairs, which diagnoses children, prepares assessments, and monitors them according to different ages and needs. The center is also responsible for relations with education and the social sphere, research and relations with universities, and recommendations and medical diaries. The specialists who work in the center are included in different teams according to the needs of the children.

Psychiatrist, behavioral specialist, occupational therapist, pediatrician, psychotherapist, social pedagogue, social teacher, speech therapist, special teacher (pedagogue), and principal. The rules for the services are followed and they work in a team between the institutions and inside the center. They provide connections and support for families, an individual plan for the child, in which the parent makes important decisions for the work and development of his child. The most common conditions are children with autism spectrum disorders, intellectual disabilities, movement disorders, deafness and blindness, and some rare diseases.

The policy is to work with parents who are provided with additional financial support. The center works with families, schools, children's hospitals, specialists from other organizations, universities. Meetings are held with parents, assessment of strengths and weaknesses, meetings, reports, as well as guidelines are given and it is monitored where the children continue therapeutic and educational activities. Children's assessments are often interdisciplinary.

SOCIAL AREA

Pediatric assessment, interview with parents by a social worker, additional assessment in children with autism, assessment of development, daily skills, the behavior of the child's well-being, records from kindergarten or school, additional information from parents and students, clinical assessment. Many parents and caregivers are consulted about the child's condition, cause, consequences, prognosis, therapeutic methods and approaches, other services in the community. Healthcare facilities, kindergartens, and schools throughout Iceland can provide information to parents and refer them to this center to support the whole family. Currently, teams are being organized in different parts of the country to support children with SEN and their families.

Around each child, there is a team of specialists who, according to the age, needs, and institutions involved with the child, are funded by different units, but work for the child, part of the team is always the parents and they are responsible for the choice of education, therapy and health care for the child. Regular courses for parents and specialists are also organized.

In a few words, the challenges in the work and development of the three branches of the executive branch in terms of inclusive education will be described. But despite them, we could say from personal experience that in Iceland we talk about government and society as a whole, no one is fixed on a particular ministry, does not divide children, families, because in the understanding of man is natural collaboration and the focus is rights, the values and well-being of each individual and as it is said in all laws and official documents is "education for all".

SOCIAL AREA

Challenges:

- Lack of enough institutions to train specialists
- Society is moving from homogenous to multicultural
- Lack of trained teachers in kindergartens
- The difference between parental leave and the time when children can start attending kindergarten.
- There is a high degree of agreement on these issues within the various stakeholder groups in the system. However, many stakeholders feel the lack of opportunities and/or resources to effectively implement these solutions.
- A variety of financial, technical, and human resources are available in the system to support stakeholders. However, they are not always organized and coordinated in the most effective way to achieve the desired results.
- Functional cooperation between various national and local authorities - ministries, municipalities, teachers' unions, etc. - needs to be improved by: clearly outlining the respective roles and responsibilities of each body; formal mechanisms that effectively support cooperation - operation of participants from different disciplines and/or agencies at all system levels; the creation of transparent formal mechanisms that support actors at different systemic levels for effective cooperation within and between authorities and levels.

SOCIAL AREA

Cross-sectoral interaction through the eyes of professionals and parents

Reviews of a Bulgarian parent who got acquainted with the system in Iceland:

"Iceland is a land of contrasts and elements, an amazing country that invariably follows a philosophy and policy of social stability and equality, of justice, personal treatment and care for the family and children. I was impressed by the values woven into the Icelandic system. The model we observed is - support for development in a mass environment, part of which are therapies and leads to realization! This is difficult to happen in Bulgaria, despite the long process of integration. The children are often isolated, the parents mainly take care of them, which forces one of them not to work, and this violates not only the financial stability but also the personal comfort and rights of the family.

The focus in Iceland is on children and their development to grow up healthy and happy as the future of society. Things happen in small steps, in a structured, functional environment that provides electives, partnerships, play areas. The game is a basic tool for acquiring knowledge and useful skills. We observed visualization of activities, work with emotions, reading fairy tales, books everywhere.

Need is paramount in individual care. It works in small groups, with a sufficient team - teacher, social pedagogue, educator, assistant - whether they are children from a single-parent family, refugees, with disabilities, with talents. They find themselves in a mass environment from an early age and learn the important things in life - survival, hardening, togetherness, freedom. Parents are supported, relieved, and encouraged to work. Demonstrates trust and respect for professionals. Frequent meetings are held with all stakeholders, in the best interests of the child. Ways to deal with it. The family has a choice.

We are talking about inclusive and inclusive education in Iceland because it is important for children not only to be among others but also to participate equally in games, activities, learning. Do not be taken out of the middle. Because they are part of the whole, an inalienable and full-fledged part of our society because the mass environment is stimulating development, the main therapy. "

Galya Koycheva - parent of a 26-year-old youth with multiple disabilities; public figure, specialist in psycho-social activities.[u](#)

SOCIAL AREA

Review of a parent from Iceland for the system there:

„Here we try to make every child happy and use the maximum of his potential. We, the families, are calm. We work actively, receive additional support - both financial and emotional - and have the opportunity to use a service that allows us once a week for our daughter to go for a walk or go to a pizza with an assistant, and my husband and I to go out. “

**Parent and director of the
Foundation for Children with Down Syndrome**

Review of a specialists from Iceland:



“These systems work quite independently, but they try to work together. In some cases, however, it is difficult, e.g. if the child has mental retardation as well as mental problems, the systems do not always work well. The welfare ministry is trying to change that now with new legislation. The most important part of the Icelandic system is the health care system, the health care in every municipality. We monitor the development of each child from birth and during pregnancy. It is also very important that almost every child attends preschool.

The new legislation, which is likely to be the basis for work in the coming years, will change the way different systems work together, and for every family that needs help from the system, there will be someone to coordinate the service. The appointment of managers, coordinators to support the coordination of services is forthcoming. They will be responsible for early intervention.”

**Helga Kristinsdóttir,
psychologist in the State Diagnostic and Counseling Center**

SOCIAL AREA

Review of a specialist from Bulgaria who have seen how the Icelandic system works

<http://mayadbeee.blogspot.com/2020/02/blog-post.html>



During the past days, we visited 1 diagnostic center, 1 therapeutic center, 1 special school, 4 kindergartens, 1 children's hospital, and 2 schools in Iceland with a single goal - to see how the health, education, and social systems interact to make in practice what we are striving for in Bulgaria - the inclusion of children with special educational needs and disabilities in society.

At first glance, I am impressed by the environment, architecture and design and the fact that just EVERYTHING is suitable for ALL people without being luxurious, but rather practical and adapted. The more we ask, the more we feel a real desire in teachers, pedagogues and assistant teachers to work with all children and that this does not weigh on them, because every 4-5 children have an average adult teacher/assistant teacher/social pedagogue. (especially if the children are under 2 years old). However, it does not weigh on them not only because they are more people, but because they as PEOPLE and professionals consider this approach to be the right decision as a society - they do not think it is a privilege for someone with special needs to receive specific support - for them this is obvious, logical and beyond doubt. If he does not get it now, it will be difficult or impossible for him first at school, then at work, in society, and so on. The main difference that remained for me from all these meetings was the approach of respect for the child and the family as a whole. Children with special needs do NOT receive extra help compared to other children but receive the support they deserve according to their own needs. That is, no one does anything special for anyone. Everyone does what is necessary for everyone else so that everyone is OK. Very simple, very human, very unpretentious, lack of any ostentation and pretense. It is just that people take care of each other because they are human and respect the human in themselves and others.

Maya Doneva,
Executive Director "Karin dom Foundation "

CHAPTER 2

INCLUSIVE EDUCATION IN BULGARIA AND INTERSECTORAL PARTNERSHIP

The legislative basis for Inclusive Education in Bulgaria

Main national and international documents that Bulgaria adopts regarding inclusive education:

- 1991, ratification of the UN Convention on the Rights of the Child. **The right to non-discrimination of children and equal opportunities for education**
- 1994, Salamanca Statement. The right to education is not enough to ensure that all children can study together. **Schools are required to adapt and change to meet the needs of each child.**
- In 2002, the Public Education Act **repealed Instruction 6 of 1977**, according to which some children were categorized as "uneducable" and **allowed children with special educational needs to study in a general education school. The condition is to receive the administrative status of SEN based on a medical diagnosis.**
- 2012, **Ratification of the Convention on the Rights of Persons with Disabilities. The right to equal access to inclusive and quality education for people with disabilities.** The state must ensure an education system that is based on inclusive education and that allows people with disabilities to develop their full potential and self-esteem, and a system that supports human rights and diversity.

As of August 1, 2016, **a new Law on Preschool and School Education is in force. Inclusive education is a principle and part of the right to education.** The core of support is returned to the school and the school leadership is empowered to manage the process. The law expands the groups of children who need additional support in a general education environment, in addition to children with SEN and chronic diseases, these are both children at risk and gifted children.

*The law defines education as **a national priority**, which is realized in accordance with the principles of -equal access to quality education and inclusion of every child and every student and -equality and non-discrimination in the conduct of preschool and school education.*

INCLUSIVE EDUCATION

Inclusive education, according to the Law on Preschool and School Education, is “a process of recognizing, accepting and supporting the individuality of each child or student and the diversity of needs of all children and students by activating and including resources aimed at removing barriers to learning and creating opportunities for the development and participation of children and students in all aspects of community life.” **At the state level, this is the first definition of inclusive education set out in law.**

The topic of competencies and in particular of key competencies is not new for Bulgarian education. It was formally launched in December 2006 with the adoption of the Recommendation of the Council of the European Union and the European Parliament on a Framework for Key Competences for Lifelong Learning.

Within the framework of the Bulgarian Presidency, with a Recommendation of the Council of the European Union of **22 May 2018, these key competencies have been updated**, without changing the understanding of them as a combination of knowledge, skills, and attitudes. The number of key competencies remains unchanged.

The concept of key competencies is enshrined in the Law on Preschool and School Education and has been consistently implemented in the bylaws. For example, general education is directly linked to the acquisition of the **8 key competencies** of the Framework. As a result, the Revised Recommendation addresses the following eight (groups of) key competencies: language literacy; communicative competence; mathematical competence and competence in the field of natural sciences, technologies, and engineering; digital competence; personal competence, social competence, and learning competence; civil competence; entrepreneurial competence; competence for cultural awareness and expression. At the same time, the ninth competence, important for our educational system, has been brought out - skills for supporting sustainable development and for a healthy lifestyle and sports.

The state educational standard for general education prepares the expected learning outcomes at the end of each educational stage for each subject - in the form of competencies, among which the key competencies take a central place.

INCLUSIVE EDUCATION

A special place is given to the so-called transferable (soft) skills that are not related to specific subjects, but are horizontal and include understanding of the personal needs in the learning process and discovering opportunities and abilities to overcome learning difficulties both individually and in groups.

The acquired key competencies are upgraded through the vocational training and acquisition of a profession or a profiled training - a kind of pre-university training. In this sense, the new educational package includes the **specific national complex of competencies** important for the future of our country: **initiative, risk assessment, creativity, critical thinking, controlling emotions, teamwork, problem-solving, taking responsibility.**

These key competencies are defined as such because: they are applicable for all ages and for all forms of education; they make lifelong learning real; they provide a link to the labor market; they are a tool for measuring the quality, but also for measuring the educational systems; they create opportunities for mobility, credit transfer, and certification; they ensure successful performance and social well-being of people.

Currently, inclusive education in Bulgaria is implemented on the basis of **the Preschool and School Education Act and the Ordinance on Inclusive Education**, in force since 27.10.2017, which sets the state educational standard for inclusive education.

Right to education. Compulsory pre-school and school education

The Preschool and School Education Act stipulates that inclusive education is an integral part of the right to education.

Stages:

- **Nurseries** - for children from 10 months to 3 years (by law), under the control of the Ministry of Health.
- **Kindergartens** - from 3 to 7 years. Kindergartens often have nursery groups - 4% of children enrolled in kindergartens are under 3 years old. Compulsory education from the age of 5, with a new amendment by 2023 the education will become compulsory from the age of 4.
- **School education from the age of 7.** Children with SEN can be postponed from starting first grade at the request of parents, but not more than 1 year.

EARLY NEEDS ASSESSMENT

The youngest children up to 3 years of age attend nurseries, which are under the control of the Ministry of Health and the care of the children *uzue* is provided by nurses. The coverage of children in nurseries at the end of 2019 is 17.1%, which is significantly below the EU average.

Another option for parents of young children is to enroll them in nursery groups at kindergartens. Many kindergartens have open nursery groups, where children are between 2 and 3 years old. 4% of all children attending kindergartens are under 3 years old.

In Bulgaria, the use of universal screening for child development at certain ages is not performed, as is the practice in other countries around the world. The above factors limit the opportunities for early detection of children with developmental delays and referral to specialized support services.

The children go to kindergarten in the year when they turn three. Kindergartens are under the control of the Ministry of Education and Science and have 4 age groups - for children from 3 to 7 years.

Early assessment is performed when the child enters kindergarten for the first time. Since 2016 in Bulgaria a screening test has been introduced for early assessment of the risk of learning difficulties for children between 3 years and 3 years 6 months, according to a methodology approved by the Ministry of Education and Science. The screening is developed by a scientific team from the Bulgarian Academy of Science and is applied by specialists from kindergartens who have undergone special training for this purpose. When children enter kindergarten, between the ages of 3 years and 3 years and 6 months, a mandatory assessment is performed with this screening. The assessment is carried out individually for each child with the consent of the parent after informing them about the method of conducting and the benefits of the screening. Depending on the results of the assessment, the need for providing general and/or additional support for personal development is determined for each child.

EARLY NEEDS ASSESSMENT

Assessment of development and needs



According to the law, education is compulsory for preschool children. Then the children are in the so-called preparatory groups in kindergartens or pre-school classes formed at schools. With an amendment in the law from 2020 education becomes compulsory from the age of four. This change is expected to take effect by 2023 at the latest and aims to prevent

school dropouts and to overcome illiteracy. Children at the age of 5 and 6 in the preparatory groups in kindergartens or schools, which have not been assessed early from 3 years to 3 years and 6 months, are assessed for the risk of learning difficulties.

According to data from the National Statistical Institute and the Ministry of Education and Science:

Statistical data for 2019	Kindergartens (3-7 years)	School (I-XII grade)
# of educational facilities	1840	1963 <input type="checkbox"/>
# of enrolled students	217 867	572 504
Coefficient of enrollment	78,7	
Students on resource support	4538	15 830

Based on the above data of the NSI and MES we can see that the percentage of children receiving resource support varies from 2.08% for kindergartens to 2.77% for schools. This is a significantly small percentage of the coverage of children with special educational needs in Bulgaria. In addition, there is a significant number of children with disabilities who receive support outside general education schools, in Special Education Support Centers, and in Special Schools. According to UNICEF "Data on children with disabilities in Bulgaria and around the world" - the estimated number of children with disabilities and developmental difficulties is about 32,000, although there is no complete data on their exact number in the country. The approximate number of children with disabilities who do not attend school is about 10,000 "

EARLY NEEDS ASSESSMENT

In Bulgaria, there are Territorial Expert Medical Commissions (TEMCs), which certify children and persons for permanent incapacity for work/type and degree of disability. The preparation of children/people with disabilities for appearing before the commissions of the TEMC is performed by their GP. The GP determines the medical documents, examinations, consultations, and tests that the person needs and issues a medical referral to the TEMC. With it, the patient goes to the relevant commission at the place of residence. In order to fulfill the task of expertise of bedridden patients, the TEMC carries out home visits on a regional basis, i.e. within the respective district, and the National Expert Medical Commission (NEMC) carries out home visits throughout the country. The health insured persons do not pay for the examinations and consultations appointed by the GP or the specialist for the purposes of the medical expertise. The NEMC is the body before which the expert decisions issued by the TEMC are appealed.

Children/people with disabilities who have a decision from the TEMC are entitled to monthly care allowances for a child with a disability, regardless of family income, are entitled to personal and social assistants, and social assistants can accompany children to schools.

Transformation of Special Schools into Centers for Special Educational Support

An important moment for the development of inclusive education is the transformation of the existing Special Schools into CSOs. Children with SEN are educated in Centers for Special Educational Support, for whom the other opportunities for education in a general education environment have been exhausted. Some students enrolled in mainstream schools have classes in the CSOP. Additional specialists are appointed and therapies are provided to the children along with the education process so that the center can be visited by students and others who need additional support. In the process of transformation, the Ministry of Education and Science has invested a lot of additional funds to build a modern supportive environment.

With funds from national programs, CSOP built a more accessible architectural environment, modernized its facilities, purchased equipment and teaching materials. Teachers were also trained to perform their new roles. Currently, there are 43 Centers for Special Educational Support operating on the territory of the country.

SUPPORT FOR PERSONAL DEVELOPMENT OF CHILDREN AND STUDENTS

The Law on Preschool and School Education introduces for the first time two levels of child support - general, for all children and additional, for children who need more time, resources, and work for support. Additional support for personal development is provided to children and students: 1. with special educational needs; 2. at risk; 3. gifted; 4. with chronic diseases. Support for personal development is applied in accordance with the individual educational needs of each child and each student. The general and additional support for personal development is provided in the kindergartens, in the schools, in the centers for support for personal development, including Centers for special educational support and in specialized service units - Regional centers for support of inclusive education, established on the territory of each region. A psychologist or pedagogical advisor, a speech therapist, a social worker, and resource teachers work in the kindergartens and schools to implement the general and additional support.

General support for personal development includes: 1. teamwork between teachers and other pedagogical specialists; 2. additional teaching and consultations on subjects; 3. additional modules in the Bulgarian language; 4. career guidance of students; 5. Hobbies and free time activities; 6. library services; 7. health care; 8. providing a dormitory; 9. encouragement with moral and material rewards; 10. activities for prevention of violence and overcoming of problem behavior; 11. early assessment of the needs and prevention of the learning difficulties; 12. speech therapy work.

Teamwork between teachers and other pedagogical professionals includes the exchange of information and good pedagogical practices to support teachers in improving classroom work, holding meetings to identify student support aimed at preventing violence, overcoming problem behaviors and prevention learning difficulties.

Additional support for personal development includes:

1. work with a child and a student on a specific case; 2. psycho-social rehabilitation, rehabilitation of hearing and speech, visual rehabilitation, rehabilitation of communication disorders and physical disabilities; 3. provision of accessible architectural, general, and specialized supporting environment, technical means, specialized equipment, didactic materials, methods, and specialists; 4. providing training in special subjects for students with sensory disabilities; 5. resource support.

SUPPORT FOR PERSONAL DEVELOPMENT OF CHILDREN AND STUDENTS

Additional personal development support can be short-term or long-term. Short-term support for children or students with special educational needs covers a period of at least one school year to a maximum of the end of the respective stage of the level of education. Long-term covers more than one stage of the level of education, more than one level of education or is for the entire period of education of the child or student in kindergarten or school. To provide additional support for personal development, an assessment is made of the individual needs of the child and the student by a team for support of personal development.

The kindergarten/school forms a team to support personal development. The team must include a psychologist and/or pedagogical advisor, speech therapist; parent and a resource teacher / special pedagogue may participate, as well as other specialists according to the individual needs of the child or student and representatives of the child protection authorities and the bodies for combating anti-social behavior of minors. The parent of the child or the student must participate in the work of the team. The team assesses individual needs, prepares and implements a support plan.

On the territory of the country, there are 28 RCPPO, successors of the Resource centers established in 2006. They are state structures subordinated to the Ministry of Education and Science, one in each region. Regional teams for support of children and students with SEN are formed in Regional centers for support of inclusive education. They include resource teachers, special teachers, psychologists, speech therapists, and other specialists if necessary, as well as representatives of the regional education departments.

Based on the assessment of the kindergarten or school team, they propose to the director of the Regional center for support of inclusive education to approve/disapprove the additional support. If the kindergarten or school cannot form a team, the team is formed by the Regional center for support of inclusive education and they carry out the assessment. They also re-evaluate in case the parent does not agree with the evaluation or with the proposed additional support.

These teams provide methodological support for working with children and students with special educational needs in kindergartens, schools, and personal development support centers.

SUPPORT FOR PERSONAL DEVELOPMENT OF CHILDREN AND STUDENTS

Up to 3 children with special needs can study in a group in a kindergarten or in a class at a school. In case of an increase in this number, an assistant teacher can be appointed - a new profession. He is a paraprofessional. A teacher's assistant is provided for more than 3 children or students with special educational needs in a group in kindergarten or in a class at school when children and students have complex needs due to emotional and behavioral problems in autism spectrum disorder. For the time being, the practice of hiring these specialists is limited, as it is new as an opportunity and requires allocation from the budget of the educational institution for their payment.



Group learning

SUPPORT FOR PERSONAL DEVELOPMENT OF CHILDREN AND STUDENTS

Financing

The activities in the system of pre-school and school education are financed with funds from the state budget, municipal budgets, European funds, and programs, and other sources. The funds from the state budget are distributed between the budgets of the municipalities financing state and municipal schools and kindergartens, based on the number of children and students and a standard for a child and a student, determined for the respective year. From 2018, new rules are introduced for the financing of kindergartens and schools, which depends not only on the number of students but also on other characteristics of educational institutions. These include the region in which the kindergarten or school is located and the number of children from vulnerable groups. It is envisaged that schools in small, remote, and border areas will receive higher funding. Targeted funds are also allocated to kindergartens and schools with a concentration of students at risk. These measures aim to improve access to education and reduce the risk of dropping out of school.

The funds for children and students who receive resource support are determined by regulations and are distributed between kindergartens and schools according to the number of children and students in resource support. When the resource support is not provided by the kindergarten or the school, the municipality provides the funds to a center for support for personal development, to a center for special educational support, or to a regional center for support of the process of inclusive education.



CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

The main normative document regulating the functioning of the national health insurance system in Bulgaria is the Health Insurance Act. And the National Health Strategy 2020 is the leading strategic document, which specifies the goals for the development of the healthcare system by 2020. It is in line with Bulgaria's commitments at the European and international level but also embodies the country's desire to choose a national path for development. of the healthcare system.

The work plan of **the National Program for Improving Maternal and Child Health, launched in 2015, developed a mechanism and introduction of neonatal hearing screening** for early diagnosis and timely intervention of hearing impairment in newborns in hospitals with neonatology units.

Bulgaria is still among the countries in the EU with the least general practitioners per capita, as the number of pediatricians at the end of 2019 according to the National Statistical Institute (NSI) is 1,416, which means that one pediatrician has to work with about 900 children. In many of the schools, nurses work at the health offices, while doctors are most often contracted for certain hours per week.

According to the Preschool and School Education Act (PSEA), health care is part of the general support for personal development, which is provided to all children and students. Health care is provided by guaranteeing access of children and students to medical care and programs for health education and a healthy lifestyle (PSEA, Art. 183).

In kindergartens and schools, there are health offices, which functioning is determined by the Health Act. These health offices carry out activities on: rendering first medical aid; supporting the process of monitoring and treatment of children with chronic diseases; health promotion and prevention; prevention and control of infectious and parasitic diseases; participation in the preparation, conduct, and control of various forms of recreation, tourism, and sports; organizing and conducting health education programs and special prevention programs; coordination of the weekly schedule of school hours with the director of the kindergarten and the school.

The activities in the health offices are carried out by nurses. The financing of the activities is carried out with funds from the municipal budgets as a state delegated activity.

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

The additional support to be provided to the student with SEN is determined in the Individual Support Plan. It may include rehabilitation activities, such as: psycho-social rehabilitation, hearing and speech rehabilitation, visual rehabilitation, rehabilitation of communication disorders and physical disabilities. The Ordinance on Inclusive Education stipulates that the Rehabilitation of Communication Disorders can also be carried out in cooperation with specialists from medical institutions. As for children and students with physical disabilities (musculoskeletal disorders), they may be provided with rehabilitation and kinesitherapy during physical education and sports classes by a rehabilitator and/or physiotherapist or provided with therapeutic exercise. There are no rehabilitators/physiotherapists appointed in the additional support teams. The legislation does not provide for a mechanism for cooperation between the education and health sectors with regard to the rehabilitation of physical disabilities. Children and students need to use other services in the community - health facilities or social facilities, which have appointed rehabilitators/physiotherapists.

Interaction between the educational and social system in the context of inclusive education

In our country in recent years, targeted efforts have been made to improve access to education for all children and students, which is a challenge for **social inclusion policy**.

Activities in support of children with special educational needs have been intensified. Attention is paid to raising the qualification of both early school leavers and those who have never attended school. Policies to prevent school drop-outs focus on improving the quality of pre-school education and improving the reach of children.

With Decision № 5 of the Council of Ministers of 06.02.2013, **the National Strategy for Poverty Reduction and Promotion of Social Inclusion 2020** was adopted. It turns out to be a leading strategic document that sets out the vision, priorities and activities for the development of policy in the field of poverty and social exclusion in Bulgaria until 2020 and is extremely important for the implementation of a unified, consistent and sustainable policy in the field of social inclusion, based on an integrated approach and cross-sectoral cooperation at a national, regional and municipal level. Through two-year plans for implementation of the Strategy, approved by the Council of Ministers, the implementation of its action is ensured, specific measures and activities, indicators for their implementation, sources of funding, deadlines and responsible institutions are indicated.

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

The Plan for the period 2019-2020 for implementation of the National Strategy for Poverty Reduction and Promotion of Social Inclusion states that measures under the Operational Program "Science and Education for Smart Growth" 2014-2020 have been implemented and continue to be implemented, "To provide conditions for literacy and learning; to create a unified system for lifelong guidance - by establishing the centers for career guidance of students in Bulgaria; to promote opportunities for vocational education and training until the acquisition of professional qualifications in the formal education system, etc. "

Improving the capacity and interaction in the field of education, healthcare, employment and social services in achieving common goals for social inclusion is an important condition for improving access to social, health, educational services, employment services and their quality provision.

An example of this is the measure for achieving a better connection of the provision of family and social benefits with the regular attendance of pre-school and school preparation and others. With the Decision of the Council of Ministers № 373 of 5.07.2017, a **Mechanism for joint work of the institutions for coverage and retention in the educational system of children and students of compulsory preschool and school-age** was established. Amendments to the Regulations for the Implementation of the Social Assistance Act and the Regulations for the Implementation of the Family Benefits for Children Act were also adopted, thus achieving this better connection between the provision of family and social benefits and regular attendance at pre-school and school preparation.

In the **implementation of the measures of the National Strategy, the process of deinstitutionalization of child care continues**. In addition, the Executive Director of the Agency for Social Assistance by Order № RD01-0918 / 09.05.2018 **suspends the placement of children up to 3 years of age without disabilities in the Homes for medical and social care for children**. In order to eliminate the institutional model of care, new social services are provided in the community with funding under the Human Resources Development Operational Program and the Regional Development Operational Program continues to implement procedures promoting the social inclusion of children and families.

As a new service at the end of 2018, the opening of Centers for comprehensive services for children with disabilities and chronic diseases began, which should provide support to the families of children with disabilities and chronic diseases for the appointment and conduct of early diagnosis, diagnosis, treatment and medical and psychosocial rehabilitation of children.

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

Regarding the measures related to providing an accessible environment - physical, institutional, and information and accessible transport, the contribution of the Operational Program "Growing Regions" 2014-2020 should be noted.

Despite the results achieved, environmental constraints are still a serious obstacle to the free inclusion of children/people with disabilities in public life.

A number of changes have been made in the legislation - the Law on People with Disabilities, Promulgated, SG, issue 105 of 18.12.2018, in force since 1.01.2019, amended. and add., no. 24 of 22.03.2019, in force from 1.07.2020 - amended, no. 101 of 27.12.2019, supplement, no. 28 from 24.03.2020, in force from 13.03.2020, amended, no. 67 of 28.07.2020.

The law regulates the public relations related to the exercise of the rights of people with disabilities in the Republic of Bulgaria and aims to: promote, protect and guarantee the full and equal exercise of the rights and freedoms of people with disabilities; create conditions for social inclusion of people with disabilities; contributes to respect for the inherent human dignity of people with disabilities; provides support for people with disabilities and their families. The law guarantees the rights of people with disabilities in a way that ensures respect for their human dignity and equal treatment in their personal, public and political lives, applying an individual approach and individual needs assessment.

The law deals with support for social inclusion - medical, professional, social, labor and psychological rehabilitation, education and vocational training, employment, accessible environment and reasonable adaptations, accessible information and ensuring personal mobility, access to justice and legal protection, financial support, information system and registers.

In Chapter Four of the Law on People with Disabilities: SUPPORT FOR SOCIAL INCLUSION, Section II - Education and Vocational Training - public relations related to the exercise of the rights of children and students with disabilities, including those with SEN are regulated, stating that "support for personal development is provided in the system of pre-school and school education."

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

Here is the point of contact with the Law on Preschool and School Education and this is the text that:

“The support is classified as general and additional support and it is applied in accordance with the individual assessment of each child and each student with disabilities, made under the terms and conditions of The Law on Preschool and School Education and the State Educational Standards.

Support for personal development is provided to children and students jointly with state and local authorities and their structures and social service providers.

The institutions in the system of pre-school and school education provide conditions for equal access to quality education and inclusion of children and students by providing additional support under Art. 187, para. 1 of the Preschool and School Education Act.

The institutions in the system of pre-school and school education provide additional support for the personal development of the children and students with disabilities through a support plan, prepared by the order of art. 187, para. 3 of the Preschool and School Education Act. The plan is based on an assessment of the individual needs of each child or student, which is carried out by a personal development support team in kindergarten or school.

Institutions in the preschool and school education system provide access and attendance to assistants to children or students with disabilities when the support plan states that the child or student needs the support of an assistant.

The regional centers for support of the process of inclusive education provide organizational and methodological support to kindergartens and schools in terms of providing additional support for personal development of children and students with disabilities, as well as provide resource support to children and students with special educational needs in the cases provided for in the Preschool and School Education Act.

Regional support teams for personal development of children and students are being established at the regional centers for support of the process of inclusive education.”

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

The law also corresponds to an **ORDINANCE FOR INCLUSIVE EDUCATION** (promulgated - SG, issue 86 of 27.10.2017, in force from 27.10.2017) (act. 11.11.2020. Adopted by CMD № 232 of 20.10. 2017, effective from 27.10.2017), which determines the state educational standard for inclusive education. The ordinance also regulates the public relations related to the provision of inclusive education of children and students in the system of preschool and school education, as well as the activity of the institutions in this system for providing support for the personal development of children and students.

The support for the personal development of children and students is organized and provided in accordance with the approved regional and municipal strategies for support for the personal development of children and students based on an analysis of the needs for general and additional support. Support for personal development is provided in accordance with the individual educational needs of each child and each student.

To the Ordinance on Inclusive Education, the Minister of Education and the Minister of Labor and Social Policy have approved an **Algorithm of interaction between the institutions in the preschool education system and the Social Assistance Directorates regarding the provision of support for the personal development of children and students.**

The Child Protection Act - Promulgated, SG, iss. 48 of 13.06.2000, amended. and add., no. 71 of 11.08.2020, no. 99 of 20.11.2020 regulates the rights, principles and measures for child protection, state and municipal bodies and their interaction in carrying out child protection activities, as well as the participation of legal entities and individuals in such activities. The state protects and guarantees the basic rights of children in Bulgaria, regardless of their age, social status, physical, health and mental condition. All children are provided with an appropriate economic, social and cultural environment, education, freedom of opinion and security.

At the proposal of the Council of Ministers, the National Assembly adopts a National Strategy for the Child, based on the principles of this law. In pursuance of the national strategy, the Council of Ministers adopts a National Program for Child Protection, proposed by the Minister of Labor and Social Policy and the Chairman of the State Agency for Child Protection. Thus, the State bodies, within their competence, conduct the state policy for child protection and create appropriate conditions for its development. The law defines a child, and within the meaning of this law, it is any natural person up to the age of 18.

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

At the national level, actions have been taken for reforms in the social services sector and a **Law on Social Services** has been developed and adopted, which has been approved by the Council of Ministers. (Promulgated, SG, no. 24 of 22.03.2019, in force from 1.07.2020 - amended, no. 101 of 27.12.2019; ed. with Decision № 9 of the Constitutional Court of the Republic of Bulgaria dated 14.07.2020 - no. 65 of 21.07.2020). The law regulates the provision, use, planning, financing, quality, control and monitoring of social services in the Republic of Bulgaria. It is important to note that a wide range of stakeholders, including representatives of non-governmental organizations, social partners, academia and others, took part in the process of consulting the law.

The law regulates the public relations related to the exercise of the rights of people with disabilities in the Republic of Bulgaria and aims to: promote, protect and guarantee the full and equal exercise of the rights and freedoms of people with disabilities; create conditions for social inclusion of people with disabilities; contribute to respect for the inherent human dignity of people with disabilities; provide support for people with disabilities and their families. The law guarantees the rights of people with disabilities in a way that ensures respect for their human dignity and equal treatment in their personal, public and political lives, applying an individual approach and individual needs assessment.

The main principles of the law are: 1. personal choice and independence of the people with disabilities and their families; 2. equality and non-discrimination; 3. social inclusion and full and effective participation of people with disabilities and their families in public life; 4. accessibility.

The law defines the areas of support for people with disabilities, namely - health care; education; employment; housing insurance; an accessible environment in urban areas and public buildings; transport; culture; sports; personal life; social and political life; justice; other areas.

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

The organization of the provision of social services is determined by the service provider in accordance with the quality standards set out in the Ordinance on the quality of social services, and a new point is that the control and monitoring are carried out by the Agency for Quality of Social Services. The Agency for Social Assistance to the Minister of Labor and Social Policy determines the needs for social services, planning, creation, provision and development of social services; also coordinates the development and updating of the National Map of Social Services and gives prior approval for the creation, change of the number of users and change of the place of provision of social services, which are financed from the state budget, in accordance with the National Map of Social Services. The Social Assistance Agency develops proposals to the Minister of Labor and Social Policy for determining and updating the standards for financing social services, which are financed from the state budget, and for the number of fees for their use; participates in the development of regulatory changes in the field of social services; maintains information on social services on the territory of the country in the integrated information system of the agency.

The social services in the country are **1356**, and **for 2020 the allocated funds are about 294 million BGN**. It is **the National Map** that guarantees that an uncontrolled market for social services will not be created. Thus, according to the Minister of Social Affairs, "it is a matter of regulating the supply, demand and directing of public funds only where the opening of the social service is necessary."

The means for providing support for people with disabilities for the purpose of social inclusion include different types of support - medical, professional, social, labor and psychological rehabilitation; education and vocational training; services supporting labor realization; accessibility and reasonable facilities; social services; financial support; accessible information; access to justice and legal protection; ensuring personal mobility with a maximum degree of independence; personal assistance; universal design; other means.

To the Law on Social Services, with CMD № 306 of 09.11.2020. Prom. DV. issue 98 of 17 November 2020 Regulations for the implementation of the Social Services Act have been adopted. The regulations for the implementation of the Social Services Act regulate the procedure for referral for the use of social services, as well as for the preparation and updating of the individual needs assessment and the individual support plan. The minimum content of the contract for the use of social services is determined, as well as the conditions for its termination or extension.

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

Cooperation and coordination between social service providers, in cases where a person needs to use social services from different providers, are also regulated, as well as coordination with support from different systems. The terms and conditions for the use of substitute care are determined. Only after all the possibilities for providing social services in the community have been exhausted, social services are provided in specialized institutions.

The Regulations for implementation of the Law on Social Services determine the elements of the expenses, the amounts of the standards for the activities delegated by the state for the various social services, as well as the way of forming the number of fees for using social services financed from the state budget, for which persons pay or do not pay fees for the use of social services. Long-term planning of the financing of social services from the state budget is carried out on the basis of the National Map of Social Services. The new Law on Social Services gives the municipalities greater flexibility in managing the financing of services according to the needs of the community.

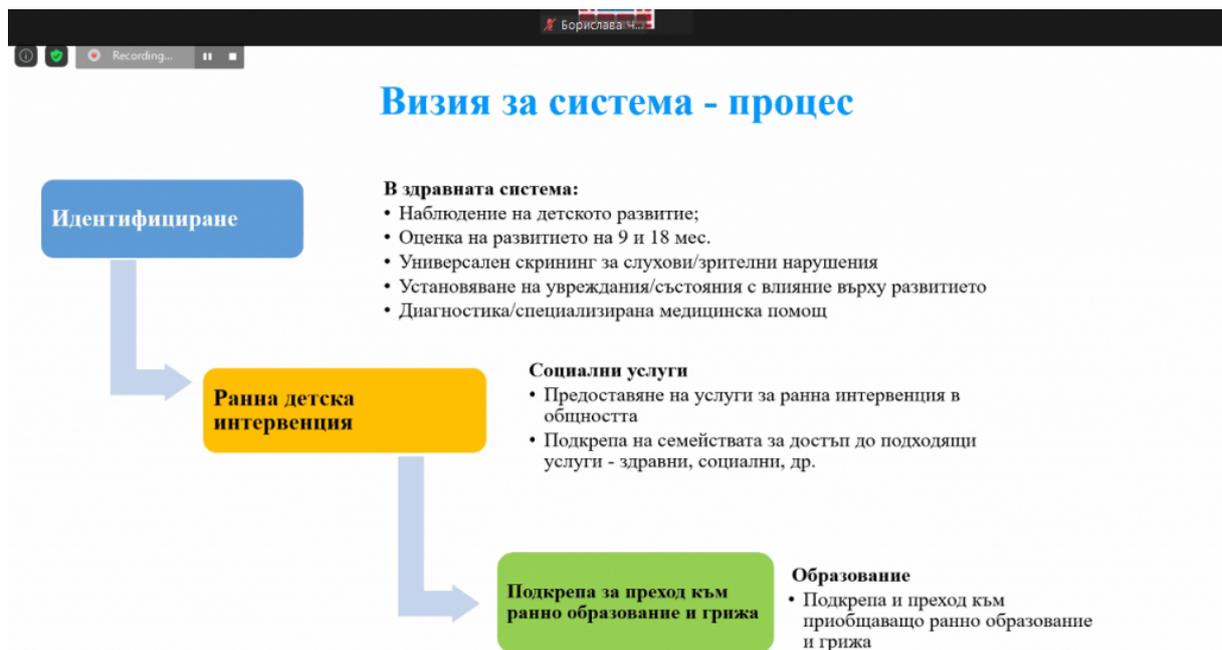
The Social Services Act regulates and emphasizes the integrated provision of support not only through social services but also through services from different systems. Coordination mechanisms for integrated support from different systems, social work in other systems, as well as support from other systems, facilitate interaction. An example of this is the "Algorithm for interaction between the institutions in the system of pre-school and school education and the directorates" Social Assistance "in terms of providing support for personal development of children and students", approved by the Minister of Education and Science and the Minister of Labor and Social Policy. All this implies modernization and development of the cross-sectoral partnership and social inclusion services.

It is important to achieve synchronization of the vision for the development of the processes of personal development of children and students at all levels - municipal, district and national, as well as between participants and stakeholders in the process of its provision because achieving goals is possible only by uniting the efforts of all stakeholders.

The interaction and interconnection in the field of education, healthcare and social services in achieving common goals for social inclusion is the most important condition for improving access to quality social, health, educational services, leading to inclusive education for all children.

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

Cross-sectoral cooperation in Bulgaria through the eyes of professionals and parents



In the process of research and analysis of the interaction between the Ministry of Education and Science, the Ministry of Health and the Ministry of Labor and Social Policy, 2 unstructured interviews with specialists from social services for children and 2 structured interviews with parents of children with special needs were conducted. The interviews were taken at a time convenient for the interviewees. The questions were open with the aim of quality data collection.

From the interviews with the specialists, the practical interaction between the different systems and services becomes clear. Almost 100% of children receiving social services and over 3 years of age are enrolled in the education system. Specialists report isolated cases in which children are not covered at this stage. The majority of children attend classes in kindergarten or school. There are children who are educated at the daycare center, “through an individual form of education with a teacher. These are children with complex needs, for whom the schools do not have a prepared environment and the opportunity to accept them.”

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

Experts share the fact that there are children who “attend kindergartens half-day or hourly. It is also a fact that many of the families we work with have to change kindergartens more than once due to the child's difficult adaptation to the environment or misunderstanding by the staff. Sometimes it happens that parents of other children in the group insist that the child be moved... Often parents hear remarks such as: "keep your child at home for a few days if possible", "he can not sleep at lunch and disturbs other children, come and get him" and similar."

Nevertheless, the specialists report relatively good interaction with the kindergartens and attribute this to the fact that they, as well as the services they provide, are municipal delegated activities and the local municipal leadership is very active in some places.

In the country about 10 years ago the introduction of the family-oriented approach in Early Intervention Services in the non-governmental sector began. "The transition of a child from a family to a social community usually involves the whole family. This applies to the families of children with special needs in full force. " Therapists not only carry out direct therapeutic activities with the child but also consult and train parents and other members of extended families. "Families are supported in how to develop the potential of their children, to teach them independence in a confident way. We support families in building routines and daily skills for children. We teach children social and communication skills in a group. Where necessary, we introduce augmentative and alternative methods of communication."

Experts report that it is a matter of systemic policy and specific activities on behalf of the municipality, the team from the social services, teachers and parents, so that children can feel part of the group of their peers in the education system. "In the best case, activities from both systems are carried out in parallel: the specialists from the Day Care Center for Children with Disabilities prepare the child for inclusion in the education system, and the teachers prepare the other children and their parents to welcome the child with special needs.

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

It is not uncommon for this to happen at the same time. The individual approach and assessment of each child are very important, identifying a smooth transition to provide a good learning environment for all children, as well as the partnership between therapist/specialist, parent and teacher. In addition, information campaigns, initiatives and events are systematically conducted, aimed at informing the local community about the opportunities of children with special needs, the importance of inclusion and the benefits for all involved. If 10 or more years ago this was a very distant topic, now a large part of these initiatives come from teachers and children from the education system."

Unfortunately, however, there are many examples where children are not involved in the overall learning and play process. "The problems are many and varied - for example, from a lack of understanding of the individual specifics of eating and dressing that accompany the condition of some children, to difficulties in dealing with unacceptable behavior in a group typical to other children." Barriers such as the high number of children in groups and classes are essential for the inclusion of children - often up to 30-35 children, the lack of a teacher's assistant, insufficient practical training and case supervision, and teachers' qualifications play a crucial role.

"Specially prepared supportive environment and qualified staff are among the most important elements contributing to the good performance of children," said the experts.



**The family is the main driving force
in the child's therapy**

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION



Virginiya Vasileva
Psychologist, Karin Dom

About the supportive environment, Virginia Vasileva shared: *“My favorite question :). There are some puzzles for nesting... Imagine that you have such a puzzle, on which you have holes only for circles, but in your hands, you hold circles, squares and triangles. Whatever you do with these elements, they will not be "embedded" until you change something in the board. It's the same with children - to reach their full potential, all children need a supportive environment. In our country, the processes of changing the environment in the education system are there, but we still have a long way to go. The supportive environment is much more than a*

physical and resource environment. It is above all a philosophy, a culture, and acceptance of difference and diversity, an adequate response to the needs of the child. Children readily accept differences, as long as they learn in an accessible, playful way - they are usually understanding and accepting, especially at an early age. But in order for the teacher/psychologist in the kindergarten to teach respect for difference, he or she must have an adequate understanding of differences. There are still many elderly people in our country who do not know and do not use a language that respects the individual. Due to ignorance of the correct words and terms, offensive, segregating ones are used. It's a matter of informing.”

Experts say that “Most of the children we work with receive general or additional support in kindergarten. In most cases, it consists of providing material and educational resources, as well as conducting additional therapeutic sessions with specialists (psychologists, speech therapists, resource teachers, etc.) in kindergarten. In rare cases, however, this support is provided in a group. The parents we work with say that their children rarely have adapted materials for each activity. ” The fact that there is not a well-prepared supportive environment everywhere is still a serious challenge in the education system.

An important moment in the child's development is his transition from a family environment to support services and from kindergarten to school. “We strive to reach children with special needs from the earliest possible age. With the provision of the social service, the children are initially trained to work in an individual environment, gradually transferring the skills to a small group and to the family environment, and subsequently to the kindergarten. We provide guidance to educators and are available to support them in the inclusion process. It often happens that the inclusion is at the same time - in the social and educational service, but the most important thing is to keep in touch and partner - parents, professionals and teachers. We encourage, promote good partnerships and strive to attract more parents and teachers. ”

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

The specialists share that they have always aimed to build cooperation with the specialists and teachers from the kindergartens, reporting that in "most cases this happens". They consider it a good practice to hold meetings attended by the children's parents. "Sometimes we invite kindergarten professionals to our individual or group sessions, after which we discuss therapeutic techniques and strategies for inclusion in a group process, striving to unify our approaches."

The additional qualification of teachers and their support in the form of practical training, individual or group supervision on a case-by-case basis is important, for which it is good to seek assistance from experienced training organizations, with opportunities to share practical experience. As for the interaction with the healthcare system, the specialists still see a lot of gaps, misunderstandings and a poorly functioning mechanism: "At the moment, it is more about contribution. In most cases, pediatricians provide us with information about children; assist when a referral to specialized clinics is needed. We have several cases of children with special needs referred to our service by GPs."

"The services we provide, such as physiotherapy and rehabilitation for children, psychological counseling for parents, are not funded by the health care system. We cooperate in referring children to diagnostic units and teams; we take cases referred to us by pediatricians and general practitioners; we conduct information campaigns in maternity hospitals; It happens that early childhood interventionists consult mothers in maternity wards on the territory of Varna. The training events and conferences we organize are often attended by representatives of the Medical Universities."

The role of the kindergarten/school, of the health professionals and their role in the process of inclusion, is seen by the specialists as follows: "We all are the "support network around the child "- the strength of each unit is complemented by close partnership and cooperation."

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION



Temenuzhka Todorova
Director of Daycare
Centre for Children with
Disabilities in Svistov

"Each of the systems - health, social and educational, is of great importance to ensure the best interests of every child, including their inclusion. Speaking of a holistic approach, we mean exactly this - only an active partnership and taking on specific responsibilities, according to the specific child and family, will lead to the best result. Health care and treatment should be carried out in parallel with the therapy by specialists and the training by teachers." The specialists who work with the child and the family play an important role in empowering the parents.

"Regarding the therapy of the children in our center, the parent is an active participant. We strive to develop the potential of both the child and his parents. They participate in the discussion of their children's therapeutic plans, attend the therapeutic sessions, we teach them sensitivity to the specific needs of the child, support them to feel calm and confident in their parental role. This makes them much more aware and responsive to the needs of the child during adaptation to kindergarten/school."

Parents become advocates for their children when they develop "their confidence, acceptance of the child's condition, and awareness of his or her needs."

"Parents know and protect their children's rights better and better - social payments, use of aids, social services, tax relief, personal assistance, education and more."

Experts take into account the changes and efforts made by the state for inclusive education: "The result of the legislative changes in recent years is the commitment of the educational system to search for and enroll children with special needs in schools and kindergartens. The attitudes of the teachers and the parents of the other children are gradually changing. There are more and more examples in which teachers prepare for this process, inform the child, inform other parents and create a favorable climate. There are still difficulties in including children with autism spectrum diagnoses, children with complex needs and children with unacceptable behavior. In my opinion, the education system is not prepared to accept these children as an inclusive environment and qualification of teachers. Support and assistance are available from the municipal leadership for the development of the systems, for the change of attitudes, the promotion of the qualification of the staff and the overall striving for usefulness, efficiency, provision of quality and timely social and educational services."

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

Specialists would like to see more changes in the intersectoral interaction between social, educational and health ministries in order to facilitate the process of inclusion of children. They believe that in order to be effective, “cross-sectoral interaction between the structures of the three ministries will be more effective if, in addition to the changes in the regulatory framework, there is a written and effective mechanism at the national level. In this mechanism, the responsibilities of each structure, the way of interaction with the other structures, as well as the control over their implementation should be clearly stated. In recent years, many initiatives and projects have been implemented, both by the state authorities and the non-governmental sector, which have undoubtedly yielded positive results. They should be supported by a clear state policy, with a specific coordination mechanism.”

“The current mechanisms in Bulgaria for financing and providing activities for therapy, rehabilitation and social inclusion of children with special needs by the state are distributed among these three ministries, as well as various municipal projects and services at the local level, non-governmental sector, private organizations and other providers. As a result, the end-user - the child, respectively the family, often uses services that are inconsistent with each other. And here we are not just talking about overlapping services - measures have been taken in this regard. The lack of coordination at the institutional level, unfortunately, leads to a lack of a holistic approach to the end-user. Another major problem in the early identification of childhood developmental disorders and the timely referral to early childhood intervention programs. It is necessary to have a national coordination center that unites the efforts of all service providers. This would allow the child to be placed in the center and to build the necessary support network around him. And this should be valid for every child, regardless of the condition, location, the social and financial status of the family and other factors. ”

From the interviews with the parents, the point of view of the consumers becomes clear. It is diverse, given the experience of families in interacting with social services and the education system. Depending on the diagnosis and condition of the child, there are also quite conflicting opinions about inclusive education. Such is, for example, the child's desire to attend kindergarten - one child attends willingly and feels "happy" in the words of the mother, while the other child prefers to stay at home because the staff at the kindergarten is much more demanding and it bothers him.”

CONTACT POINTS BETWEEN EDUCATION AND HEALTH SYSTEMS WITHIN INCLUSIVE EDUCATION

Parents describe their interaction with teachers as "effective." It is mainly expressed in conversations and "receiving advice from them, ideas to facilitate the process of education." However, "sometimes I am left with the feeling that not enough attention is paid to my child." One of the mothers also shared that before she started visiting the garden, "the teachers and the assistant teacher of the group contacted me to make a meeting where I could introduce them shortly to the regime, habits, likes and dislikes, and the character of my child".

According to parents, a supportive environment is important for the good performance of their children. In some cases, the age of teachers also plays a role in their motivation to change the environment, introduce innovations and new approaches.

Initially, parents rely heavily on the additional support that psychologists and speech therapists provide to their children in kindergarten, but it turns out to be extremely insufficient - once or twice a week for 20 minutes, forcing them to look for other alternatives in the community. There is usually an individual plan for the children, however, the parents do not take part in the planning, but rather they are informed about the set goals and tasks. Because parents have had the opportunity to use different types of therapeutic services, they have a basis for comparison in terms of attitudes, quality of services and influencing the development of their children. The interaction between the sectors is seen by giving more opportunities to provide therapeutic services for children in kindergarten without disrupting the educational process. Where necessary, parents want to be able to rely on "an adequate assessment of the child's needs and requirements, as well as a non-detrimental TEMC decision."

In general, parents declare their readiness to advocate for their children's rights, especially "in case my child does not have a chance to develop like all other children due to their special needs."

CHALLENGES IN BULGARIA

- There is no structured information about the path that families of children with disabilities have to take in the process of diagnosis and support. Support is often inadequate and untimely.
- Services for children with disabilities are often provided only to the child and do not involve the family.
- There is a need to increase the knowledge and skills of general education teachers to work with children and students with special educational needs. Changing existing attitudes that working with children with SEN is a highly expert job and should be only performed by the resource teacher or other resource specialist.
- Specialists, services and support for children living in small settlements far from the regional cities are missing or insufficient. Families need to travel long distances to receive the support they need.
- Financial security, defined by the single expenditure standard, does not cover all needs for inclusive education. Additional sources of funding need to be sought.
- Additional specialized training of teachers and coordinating teams are needed for early and timely identification of the needs for additional support of each child or student.
- Although there is an Algorithm of interaction between the institutions in the system of pre-school and school education and the Social Assistance Directorates regarding the support for personal development of children and students, it is necessary to build a more complete and effective mechanism for effective cooperation between all institutions involved with children with special needs and their families, in order to support the development and participation of the child and the well-being of the family.
- There is not a wide information campaign about the interaction between the institutions from the different systems in the aspect of educational and social inclusion, but there is such a need due to the rapid changes in the legislation in recent years and the consecutive changes and additions in law.

CHAPTER 3

COMPARATIVE ANALYSIS OF THE RESULTS AND GENERAL CONCLUSIONS FROM CHAPTER 1 AND CHAPTER 2



PART OF THE CHALLENGES IN BULGARIA

- There is no unified information system
- Specialists, services and support for children are missing or insufficient
- There is not a wide enough information campaign for the interaction between the institutions

AREA OF
COMPARISON

ICELAND

BULGARIA

LEGISLATIVE
ORGANIZATION OF
INCLUSIVE EDUCATION

There is no special law. It binds to the laws of education 1-18 years. The appointment of responsible persons, coordinators, to coordinate the services is forthcoming. They will be responsible for early intervention. There will also be a special institution responsible for supervision to ensure that families receive the services they need.

In Iceland, inclusive education must include all learners, not just certain groups with additional needs, for instance children of foreign origin.

The "pillars" in Icelandic education are: **literacy, sustainability, health and well-being, democracy and human rights, equality and creativity.**

As of August 1, 2016, a new **Law on Preschool and School Education** is in force. Inclusive education is a principle and part of the right to education.

Currently, inclusive education in Bulgaria is implemented on the basis of this law and the **Ordinance on Inclusive Education**, in force since 27.10.2017, which sets the state educational standard for inclusive education.

Eight (groups of) key competencies are represented in Bulgarian education: language literacy; communicative competence; mathematical competence and competence in the field of natural sciences, technologies and engineering; digital competence; personal competence; social competence and learning competence; civil competence; entrepreneurial competence; competence for cultural awareness and expression.

Regarding the measures related to providing an accessible environment - physical, institutional and information and accessible transport, the contribution of the Operational Program "Growing Regions" 2014-2020 should be noted, but this is still extremely insufficient.



EXISTENCE OF A UNIFIED INFORMATION SYSTEM AND / OR DIAGNOSTIC CENTER AT NATIONAL LEVEL

There is a diagnostic center, there are commissions that monitor the rights of children and families. Information can be obtained after the birth of the child in the health centers.

There is no unified information system/register for children with disabilities and no specific diagnostic center at the national level. Diagnosis in Bulgaria is performed by pediatric neurologists or psychiatrists. For the examinations, the parents receive a referral from their GP, and the fee is covered by the Health Insurance Fund.

ADEQUATE AND TIMELY SUPPORT FOR THE FAMILIES OF CHILDREN WITH SPECIAL NEEDS THROUGHOUT THE COUNTRY

They are informed about their rights, receive health, social and educational support for the whole family. Travel and waiting for diagnostics are required. There is a long waiting list. But they can be consulted in time or start their education with support - pedagogical and / or with a specialist.

There is no "road map" for the road that the family of a child with a disability must take. There is no structured information.

There are 28 Regional Centers for Support of the Inclusive Education Process in Bulgaria, but they are not diagnostic. Their function is to assess language, cognitive and psycho-emotional development, to refer children with SEN to kindergartens and schools and to provide additional support for personal development.

Not all children and families in the country receive adequate and timely support.

Information for diagnostics, for services they receive from social networks, media, acquaintances, etc. A series of trips to the capital or other major cities are required for diagnosis and support. Some institutions have a long waiting list.

There are many small settlements in remote areas where additional support in kindergarten or school is insufficient or lacking due to the lack of specialists to provide it.

Access to therapy centers is difficult due to the fact that they usually operate in large cities, the distances are long and there is often no suitable transport for families. This requires parents to enroll their children in one-week to two-week therapy courses and then work from home on a home-based program. Unfortunately, their opportunities for a repeat course are often limited. Online consultations are also not yet popular enough.

AREA OF COMPARISON	ICELAND	BULGARIA
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ADEQUATE AND TIMELY SUPPORT FOR THE FAMILIES OF CHILDREN WITH SPECIAL NEEDS ON THE TERRITORY OF THE BIG CITIES.

Children and families receive support from specialists, teachers with additional training, additional family care and transport for children, which enables parents to work and live fully. They also receive additional financial support.

Children receive support through resource support in kindergartens and schools, therapy in CSRI, day care center, etc. Children living in small family type homes, receive therapeutic services in the community. In general, in Bulgaria children receive therapeutic care.

The services are not aimed at the whole family, but specifically at the child and are determined by the type of disability of the child.

Most often, services are offered by multidisciplinary teams, which include a speech therapist, psychologist, special pedagogue, rehabilitator / kinesitherapist, occupational therapist, social worker.

Unfortunately, not all teams have specialists with all types of specialties and this requires external consultations, sometimes with different approaches, which can be confusing for the child.

The family-oriented approach is applied by several NGOs in some of the larger cities, and this approach is mainly used in early intervention services.

FREE AND EASY ACCESS TO ADEQUATE AND HIGH QUALITY SERVICES

There is a waiting list for diagnosis and supportive therapy, but children are accepted by the health and education systems, which means support has already begun for them.

To receive a service, children go through series of consultations and examinations with a pediatric neurologist, psychiatrist, speech therapist, psychologist, and this usually happens in different offices. In rare cases, the diagnosis takes place in diagnostic centers at some hospitals in several major cities in Bulgaria.

Then, with the received documents, the families apply to the social services at the place of residence, which direct them with a referral to a service. The services in the community are delegated municipal or state, thus being provided financially. There are often waiting lists in private services and NGOs, but parents enroll and wait so that their children can receive more hours of additional therapy or a better service that includes the whole family.

AREA OF COMPARISON

ICELAND

BULGARIA

SCHOOLS ATTENDED BY CHILDREN WITH SEN. TYPES OF SPECIAL SCHOOLS.

It depends on the team assessment of teachers, professionals and parents. The parents make the final decision. It is possible and easy to return to general education schools. They even usually go to special, then go to general education. There are special schools, there are also integrated classes.

All children in Bulgaria have the right to attend general education kindergartens and schools. Children with sensory impairments / vision, hearing / can attend specialized schools in Sofia and Varna. In the last school year, only 535 children went there, according to NSI data. Children with SEN can receive additional support for personal development in a Centre for Special Educational Support.

SUPPORTING ENVIRONMENT FOR CHILDREN WITH SEN IN GENERAL EDUCATION INSTITUTIONS AND SCHOOLS.

Yes. There is welcoming, prepared physical environment for all children! The environment gives the opportunity for development of all children, it can be easily changed, adapted without requiring additional permission or funding.

The environment in kindergartens and schools is built according to the standards of the previous legislation and the changes are happening slowly. In connection with the Ordinance on Inclusive Education, in the last few years a number of activities have been undertaken for change, targeted funding, projects, training and changing the attitudes of teachers and professionals, etc. Teacher assistants are appointed. Additional therapeutic rooms and spaces are being set up. Innovative methods and approaches are being introduced, but unfortunately this is not yet a widespread practice.

UNIVERSITY EDUCATION AND ADDITIONAL QUALIFICATION OF TEACHERS AND SPECIALISTS

Teachers receive additional qualifications according to the needs of the children. They express a desire to the municipalities and the diagnostic center. There are still few specialists and specialties, often specialists receive their education in other countries.

As of September 15, 2019, there are 50 accredited universities in the country - universities, academies, colleges, etc., some of which are entirely pedagogical, and others have pedagogical faculties to prepare students - future teachers and professionals. Additional qualification programs are developed for teachers by training organizations, which are approved by the Ministry of Education and Science, and teachers who have received training receive qualification credits. Teachers can state their needs for training and supervision to the management of the school, as well as organize their own additional qualification. For supervision and additional qualification of the specialists working in the system of social services, they also provide funds from the municipality / state.

AREA OF COMPARISON

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BULGARIA

AVAILABILITY OF ADEQUATE NUMBER OF QUALIFIED SPECIALISTS TO SUPPORT CHILDREN WITH SEN IN KINDERGARTENS AND SCHOOLS

There is a need for additional courses, some students study abroad due to the lack of such specialties. Only in recent years some of these courses are established, such as speech therapy. Specialists can easily receive additional qualifications and supervision.

There are various accredited pedagogical courses in Bulgaria and young specialists graduate each year. Very often, however, due to unattractive working conditions and remoteness, small towns are left without specialists.

THERAPEUTIC SERVICES FOR CHILDREN

Children receive therapeutic services inside and outside schools, with kindergartens and schools providing transport for the child and an escort for out-of-school therapy.

Children receive general and additional support in schools. For more specific therapy - rehabilitation, occupational therapy, etc., children receive therapeutic services in the community - in therapeutic centers outside kindergartens and schools, and their care is taken care of mainly by parents. In some cases, if the parents work, the therapeutic centers transport the children with their own transport to the school after therapy.

COOPERATION BETWEEN SERVICES

The services are closely interconnected and start from the health centers, continuing through the educational institutions and the diagnostic center. There are clearly described, regulated rules and laws that are read unambiguously by all related parties.

The Ordinance on Inclusive Education has an Algorithm of interaction between the system of the Ministry of Education and Science and the MLSP for the purpose of personal support. A set of activities for interaction between the institutions for preschool and school education with the directorates for "Social Assistance" and measures for protection and support of children and their families, etc. are planned. There is a need to build a more complete and effective mechanism for effective cooperation between all institutions involved in children with special needs and their families, in order to support the development and participation of the child and the well-being of the family.

Due to insufficient knowledge of the new legislation in the systems of MES, MLSP and MH, the interaction between the services is not always efficient enough.



MONITORING OF CHILD DEVELOPMENT

Child development is monitored by health centers and the diagnostic center through periodical assessments of the child.

Each structure itself monitors children's development within the service. Incoming, ongoing and exit assessments are made everywhere. Opinions or reports are usually issued when necessary and addressed to a specific institution. Individual plans and programs are prepared for children with SEN, but parents are not very much involved, and their role is usually passive.

KNOWLEDGE BY TEACHERS AND PROFESSIONALS OF THEIR RIGHTS AND JOB OPPORTUNITIES

Yes

Not completely, despite the numerous explanatory talks, lectures, organized forums to present the philosophy, the principles of the new law on preschool and school education, as well as the Ordinance on inclusive education and the relationship with the laws of MLSP - Law on People with Disabilities.

ATTITUDES

All values for Icelanders are unified and accepted as natural. They are chosen so that all children grow up to be critical, active and competent participants in a society based on equality and democracy.

There is still a need to overcome stigmas in society, change the attitudes of teachers to work with children with SEN, although there are a number of progressive changes in the legislation, there is still not enough understanding of the changes. In Bulgaria, education is "a national priority, which is realized in accordance with the principles of equal access to quality education and inclusion of every child and every student and - equality and non-discrimination in conducting preschool and school education."

CHALLENGES IN BULGARIA

- There is no unified information system/register for children with disabilities and a diagnostic center at the national level.
- There is no structured information about the path that families of children with disabilities have to take in the process of diagnosis and receiving support. Support is often not adequate and timely.
- Services for children with disabilities are often provided only to the child and do not involve the family.
- There is a need to increase the knowledge and skills of general education teachers to work with children and students with special educational needs, to change existing attitudes that working with children with SEN is highly expert and should be performed by the resource teacher or other resource specialist.
- Specialists, services and support for children living in small settlements far from the regional cities are missing or insufficient. Families need to travel long distances to receive the support they need.
- Financial provision, defined by the single expenditure standard, does not cover all needs for inclusive education. Additional sources of funding need to be sought.
- Additional specialized training of teachers and coordinating teams are needed for early and timely identification of the needs for additional support of each child or student.
- Although there is an Algorithm of interaction between the institutions in the system of preschool and school education and the Social assistance directorates in terms of support for personal development of children and students, it is necessary to build a more complete and effective mechanism for effective cooperation between all institutions involved with children with special needs and their families, in order to support the development and participation of the child and the well-being of the family.
- There is not a wide enough information campaign for the interaction between the institutions from the different systems in the aspect of inclusion and social inclusion, but there is such a need due to the rapid changes in recent years in the legislation and the constantly necessary changes and additions.

CHAPTER 4

RECOMMENDATIONS FOR GOOD PRACTICES THAT CAN BE BROUGHT FROM ICELAND TO BULGARIA

- To establish a Monitoring Commission to facilitate the process of interaction between the structures of MES, MLSP, MH. It should include employees from the three ministries and experts from established training and diagnostic organizations with a minimum of 10 years of practice.
- To prepare a "Roadmap" for the path of the child and family from birth to completion of education with opportunities for screening at several stages in early childhood, early diagnosis, developmental assessment, health, general and additional support for personal development, ensuring full social inclusion based on the rights of children and people with disabilities.
- Regulated and connected in a single system Regional diagnostic centers at medical institutions, including medical specialists (psychiatrists, neurologists, orthopedists, etc.), psychologists, speech therapists, special teachers, physical therapists, occupational therapists, social workers.
- National Unified Information System / Register for Children with Disabilities, for monitoring the entire period of development of the child (0-18 years) and the family.
- A holistic approach to the child is consistent with the different skills of children and is an approach that prepares the child to fulfill himself well as an adult. The advantage is that it is not only focused on mental development but also focuses on the psychosocial and emotional development of children, etc.

- Comprehensive broad definition of inclusion and special needs.
- Like the pillars in Icelandic education - literacy, sustainability, health and well-being, democracy and human rights, equality and creativity, to promote and emphasize the key competencies in the Bulgarian educational system - language literacy; communicative competence; mathematical competence and competence in the field of natural sciences, technologies and engineering; digital competence; personal competence, social competence and learning competence; civil competence; entrepreneurial competence; competence for cultural awareness and expression, being written in a simple language for younger children and children with disabilities.
- To introduce a family-oriented approach in the educational, social and health system.
- To ensure continuity between institutions in the transition of each child from one place to another. To provide ongoing support for each child throughout the developmental period.
- A policy aimed at opportunities and incentives for parents to work!
- Looking for outreach opportunities for additional support and therapeutic services for children from remote areas and small towns. For example, through Mobile services for additional support for personal development - not only Regional centers to provide additional support in kindergartens and schools, but to be able to sign contracts at the municipal or district level with social service providers who have the necessary licensed specialists, and can provide additional support for children with SEN by offering it as a mobile service.
- To have a broad National Information Campaign to clarify the relationship between the three ministries in Bulgaria in relation to educational and social inclusion, led by a team of experts from the three ministries simultaneously.

CHAPTER 5

RECOMMENDATIONS FOR GOOD PRACTICES THAT CAN BE BROUGHT FROM BULGARIA TO ICELAND



- Updating the legislation.
- Reorganizing the diagnostic admission system to avoid a waiting list.
- Offering additional qualifications to teachers and those working with children through programs of upgrading their knowledge.
- Opening of faculties for specialists in the field of early childhood development.



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Iceland 
Liechtenstein
Norway **Active
citizens fund**



THIS ANALYSIS WAS DONE BY:



ZVEZDELINA ATANASOVA

**METHODOLOGIST OF KARIN
DOM AND DIRECTOR OF
CENTER FOR VOCATIONAL
EDUCATION**



MAGDALENA TSONEVA

**TRAINING AND
DEVELOPMENT SPECIALIST**



NIKOLETA YONCHEVA

**SPEECH THERAPIST
AND TRAINER**