



Combating Inequalities through Innovative Social Practices
of and for Young People in Cities across Europe

WP7 Case Study: Innovative Practice ‘The Health and Social Centre’

Date: June 2015

City: Sofia

Authors: Marko Hajdinjak, Maya Kosseva

Cover page

INNOVATIVE PRACTICE/PROJECT TITLE	
The Health and Social Centre	
City	Sofia
Project type	Based on own research and experience, with inclusion of new elements in existing policy/practice
Type of target group	<ol style="list-style-type: none"> 1. motivated for integration into mainstream society but in need of support; 2. aiming for ‘alternative’ ways to get ahead, with sufficient competences and/or social support; 3. living day by day, opportunistically. Given up hope and lacking competences, social support and motivation to change
Type of practice	<ol style="list-style-type: none"> 1. Learning and counselling; social capital; matching/bridging; 2. Offering opportunities; 3. Empowerment: developing ambition, competences and social network.
Aims/objectives in brief	<p>The Health and Social Centre provides an integrated approach to address numerous interconnected problems of the Roma community (unemployment; low level of education and poor school achievement; poor health; drug use, crime and prostitution; social isolation). Its strategy for breaking the vicious circle of poverty and social isolation of Roma is based on rich practical and scientific experience. The strategy includes three central elements:</p> <ol style="list-style-type: none"> 1. Suitable infrastructure based in a Roma neighbourhood 2. Provision of complementary community-based services 3. Human resources development of Roma community
What needs, what inequalities	<p>The Health and Social Centre operates in the Fakulteta neighbourhood, which is widely known as the biggest Roma ghetto in Sofia. The unemployment, social exclusion and poverty are drastically higher than in the rest of the city, while the incomes are lower and the housing conditions and public infrastructure are worse. The Fakulteta residents feel that they have been abandoned by the state and the society, and describe the approach of the public administration bodies towards their neighbourhood as “complete neglect.” The only existing element of social infrastructure in the area is a municipal school, which is of substandard quality, while all other crucial institutions (employment bureau, social assistance service, health centre) are missing from this socially and economically deprived neighbourhood.</p>
What (activities in brief)	<p>A wide range of services and interventions available at the Centre try to break the vicious circle of poverty and social exclusion. They include:</p> <ol style="list-style-type: none"> 1. Early childhood development for school readiness 2. Motivation for the continuation of education; 3. Life skills for adolescents 4. Professional orientation and employment support; 5. Family planning; 6. Parenting skills;

	<p>7. Health education;</p> <p>8. Prevention of infectious diseases, including HIV/AIDS, STI, tuberculosis.</p> <p>9. Prevention of drug use;</p> <p>10. Prevention of aggressive, delinquent and criminal behaviour;</p> <p>11. Promotion of gender equality;</p> <p>12. Promotion of tolerance and non-discrimination.</p>
Who (actors)	<p>The Health and Social Centre was established and is operated by the Health and Social Development Foundation (HESED).</p> <p>HESED has a multi-ethnic (Roma and Bulgarian) team of more than 40 specialists in the fields of pedagogy, psychology, social work, medicine and management, of which 22 work at the Health and Social Centre in Sofia.</p>
How (involvement of the actors, their roles)	<p>The HSC provides a wide-ranging intervention, which targets a broad spectrum of inequalities and vulnerabilities.</p>
Scope: number of the participants of practice(s)	<p>Depends on the type of service.</p>
Duration (when the project/ practice started)	<p>The Health and Social Centre was established in 2002.</p>
RESOURCES	
Financial	<p>Annual budget: 157,000 euro.</p> <p>Staff: 85,000 euro</p> <p>Equipment: 3,000 euro</p> <p>Rent and office costs: 9,500 euro</p> <p>Consumables: 55,000 euro</p> <p>Other major costs: 4,500 euro</p>
Personnel	<p>All personnel have considerable experience in working with the Roma community. The staff of the HSC includes: 2 psychologists, 4 social workers, 3 pedagogues, 5 outreach workers (health and social community assistants), 1 hygienist, 1 driver, 2 accountants.</p>
Other	<p>The Centre is located in the Fakulteta neighbourhood in Sofia, which means that it is convenient and easily accessible by the target group. Its premises are suitable for both individual consultations and group work. They consist of a large hall for the kindergarten, trainings and events, a smaller room for group trainings, a counselling room/office, a tutoring room for children, a kitchen operating on the principles of healthy nutrition, a distribution point for children's food and an office space.</p>

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Introduction

The Health and Social Centre (HSC) is an establishment representing a new kind of social infrastructure in Bulgaria. When it was set up in 2002, it was the first of this type in the country, pioneering an entirely new approach to dealing with one of the most pressing problems – the deepening social-economic marginalisation and exclusion of the Roma community. A large majority of Bulgarian Roma are trapped in a vicious circle of multiple inequalities. Compared to other ethnic communities, Roma have disproportionately high unemployment, exceptionally high school drop-out rates, live in cramped, low quality housing in polluted and deprived neighbourhoods, and do not have access to quality health care. Most live below or close to the poverty line.

The HSC operates in the Sofia neighbourhood of Fakulteta. Almost all of Fakulteta's 35,000 residents are Roma. The young people from the neighbourhood, interviewed during the WP4 fieldwork, described Fakulteta as an “*autonomous region*,” where laws do not apply and which was forgotten by every single institution. Consequently, Roma from Fakulteta see themselves as “*the forgotten people*.” Roma in Fakulteta are born into poverty and live their lives fighting the futile battle to break out from the poverty trap, which grows deeper with each new generation.

Against the backdrop of this gloomy and pessimistic picture, the Health and Social Centre and the non-governmental organisation that runs it – the Health and Social Development Foundation, propose and successfully implement a model that can bring about a realistic change. The HSC is an innovative way to overcome the exclusion of the Roma and create conditions for genuine development not just of the Roma community, but of the entire Bulgarian society.

1. Evaluation methodology

Names of the Health and Social Centre (HSC) and the Health and Social Development Foundation (HESED) were brought to our attention during the desk research preceding the fieldwork for the WP3. The printed and online sources gave an impression that unlike numerous other NGOs that were active in the Fakulteta neighbourhood over the past two decades, HESED's work in this deprived and excluded part of Sofia was effective, sustainable and recognized by both the local residents and the municipal authorities.

During the WP3 fieldwork, HSC and HESED were mentioned several times as being among the few organisations / initiatives conducting relevant work and achieving visible results in the field of Roma integration – especially in the areas of health care and childcare / education. Eventually, one of the HESED experts was interviewed during the fieldwork, providing information on HSC and HESED, but also a very valuable insight on the Fakulteta neighbourhood and the multitude of problems with which young people who live there have to cope.

Two researchers (Maya Kosseva and Marko Hajdinjak) first visited the Health and Social Centre during the WP4 fieldwork. Despite appearing there unannounced, we were welcomed very

cordially. We interviewed one of the project coordinators and talked with several members of the staff, obtaining considerable information about the work of the Centre and the situation in the neighbourhood. We were also able to observe some of the activities taking place in the Centre.

Following this first meeting, we maintained contacts, and the HSC team provided valuable assistance in organising one of the WP4 focus groups, which was held in the building of the Health and Social Centre. The focus group included nine young mothers, who visit the Centre for assistance and consultations. During the discussions, the participants talked in detail about the services of the HSC they were using and evaluated them. Therefore, the transcript of the focus group was also used as a source of information for the current report.

Apart from the two interviews with HESED experts and additional communication with the HSC staff conducted during the WP3 and WP4 fieldwork, three more HESED employees were interviewed for the purpose of this report. In addition, extensive information on the HSC was obtained from documents provided by HESED, and from print and electronic publications. These sources include a booklet on the work of the HSC (*One Approach – Many Solutions: For Better Integration of the Roma Community*), reports on the implementation of several relevant projects that took place at the HSC, HESED's annual activity reports, journal articles and newspaper publications. The current report is based also on approximately 10 visits to the HSC, during which the researchers had an opportunity to observe the activities in the Centre and to speak with some of the service users.

NGOs in Bulgaria are not always willing to allow outsiders to have a close look at the work they do, and are even more cautious towards disclosing detailed information about their projects, funding, structure and organisation. Contrary to our initial considerations that we might receive only partial information and limited access, the HESED team was outstandingly cooperative and transparent, answering positively to all inquiries and interview requests, and providing the necessary documents.

2. Project/Practice Design

2.1 Social Issue(s) addressed

The situation of the Roma community in Bulgaria has been exceptionally problematic over the past 25 years. Since the start of the transition in 1989, this community has been a victim of the ever-intensifying process of exclusion. In many respects, Roma today are more isolated than ever before. They are victims of multiple inequalities, including access to good education, the labour market, quality health care, adequate housing and infrastructure, and political and civil participation. The consequence is a growing ghettoization of the Roma, many of whom live in enclaves (in cities and in the countryside), which are separated from the surrounding area by symbolic, but at the same time very visible and insurmountable barriers.

The state institutions on the local and national levels, as well as numerous non-governmental organisations, have tried over the years to overcome these problems in different ways. Numerous strategies and action plans were passed, and hundreds of projects were implemented. Tangible and lasting results of all these efforts, however, are absent. Even the projects and initiatives driven by

a genuine concern and good intentions are usually handicapped by the problem of limited sustainability, and good innovative practices are discontinued once the financing (typically provided by donors outside Bulgaria) expires.

Aggravating the problem is the fact that intentions are not always honest and well meaning. As discussed in the WP2, WP3 and WP4 reports on Bulgaria, it appears that the state institutions have no genuine political will to realistically improve the situation of the Roma community. Parallel to this, in recent years Bulgarian society has become increasingly intolerant towards Roma. The negative stereotypes and prejudice dominate the public and media discourse, contributing to the exclusion and marginalisation of Roma.

While in the recent years, the unemployment rates in Bulgaria have been decreasing, and slow economic growth has resumed following the peak of the crisis, a majority of Roma in Bulgaria continue to live below or near the poverty line. Several generations have been trapped in “a vicious circle of interrelated problems: long-term unemployment; early school dropout; high levels of risky behaviour among youth; health problems, including high infant mortality rates and infectious diseases; high risk of institutionalisation of abandoned children; polluted ghettos creating health and environmental risks” (HESED, 2009, p. 3).

The only way to get out of this vicious circle is a comprehensive integrated approach towards overcoming these interrelated problems, yet on both the national (Bulgarian) and the local (Sofia-Fakulteta) levels little has been achieved to date.

In this context, HESED’s Health and Social Centre truly represents an innovation, as it provides an integrated approach, which addresses a multitude of social problems facing the Roma community. Based on the years of practical and scientific experience of a large team of specialists, the Health and Social Centre has formulated its strategy for breaking the vicious circle of poverty and social isolation of Roma. The strategy contains three central elements:

1. Suitable infrastructure based in a Roma neighbourhood.
2. Provision of complementary community-based services (early child development and education; prevention of the institutionalisation of children at risk; after school tutoring and extracurricular activities, life skills training, employment support; health promotion and family planning; prevention of infectious diseases; violence prevention programme; drug use prevention programmes; gender equality).
3. Development of human resources within the Roma community by building community-based teams of health and social assistants and specialists.

2.2. Project goals and plans

The Health and Social Centre is located in the Fakulteta neighbourhood in Sofia. Fakulteta is often referred to as “Roma ghetto” due to the fact that almost all of its 35,000 residents are Roma and because of the shocking levels of poverty and social exclusion.

The Health and Social Centre targets users from different age groups (from infants and pre-school age children to parents) and with different problems. Their experience has shown that the focus upon the young people is essential and many of the services are aimed at youth aged 14-29. These services are concentrated in the key areas for the development of children and young people –

education, health care, parental capacity and employment / professional orientation. The activities are designed with consideration to the state educational requirements, professional standards and medical standards.

The majority of young people using the services of the Centre are women, which is not surprising, as many of the programmes deal with parenthood and childcare. In Bulgaria, gender stereotypes are still rather strong, and the Roma community in particular is characterised by strong patriarchal traditions. A special attention given to women is needed for one other reason: young Roma women are victims of multiple discriminations based on age, gender and ethnic origin. On the other hand, since mothers have the most important role in the upbringing of the children, they are the ones who are able to put in place new models of family and gender relations.

The overall goal of the HSC approach is the empowerment of the Roma community through the joint work of specialists in the fields of health, social work, psychology and education and well-trained health and social community assistants from the Roma community. The HSC operates as a replicable model for long-term development and not simply as a short-term service to people in need like most Roma-targeting programmes.

Social isolation, unemployment (and related lack of health care insurance), malnutrition and poor housing have devastating effects for the health situation in the neighbourhood. This in turn has negative consequences for other elements comprising the vicious circle: insufficient school preparation, low qualifications, unemployment, and poverty. For this reason the HSC model includes activities on health promotion, e.g. through training modules on healthy nutrition and preventive measures. Social workers at the Centre encourage and assist Roma clients in using the available medical services. Several services are aimed at tackling concrete health issues – prevention of infectious diseases, including HIV/AIDS, STI, tuberculosis and others, and prevention of drug use.

Many activities deal with education – starting from the earliest age and focusing on the integrated development of the individual. A key programme targets children of pre-school age (4-5 years) and prepares them for a successful entry into the school system, which is essential for their future path in education. Another programme targets school-age children (aged 7-12) who need additional support and tutoring after school to improve their school performance and prevent them from dropping out.

Alongside the preschool and school preparation of the children, their parents participate in a group work, where they learn how to provide proper parental care to the children. The building of parental capacity is in fact a very important part of the model. Pregnant women (often underage), parents of children aged 0-3 and parents of children aged 4-5 are trained how to ensure the most favourable conditions for their children's physical, emotional, social and cognitive development.

Among the activities specifically targeting young people are training courses aimed at building skills for finding and retaining employment. The guiding principle is not just to help the young Roma to find low-skilled and low paid work in sectors that are traditionally available to them (cleaning, waste collection, construction), but to raise their self-confidence and capacity so that they are able to find better paid and more prestigious work with HESED's assistance and on their own.

Another crucial service highly relevant for young people is the life skills training programme. A number of studies have shown that Roma adolescents lack basic social skills and fall into the vicious circle of social isolation, risky behaviour and poverty. The school system and the social

services providers in Bulgaria fail to consider this fact and are therefore unable to provide effective and attractive services to young Roma, which hinders their successful social integration.

The life skills training at the HSC tries to deal with this gap by developing life and social skills of 12-19 years olds. Skills include health promotion (including family planning and parenthood), risk-avoiding behaviour, decision-making skills and communication skills, gender equality and vocational orientation and skills for more successful labour market inclusion. By learning these skills, the young people will be able to develop adaptive and positive behaviour and widen their worldview, which will be beneficial towards their social inclusion. More concretely, the programme aims to help the young Roma to improve their school performance and decrease the risk of dropping out from the school system, to reduce risky conduct (drug use, unsafe sexual relations, deviant behaviour, early marriages and pregnancies) and to successfully enter the labour market.

The training is conducted in small groups, consisting of 6 to 14 participants. The groups are closed – after the second meeting no new participants are admitted. The reason for this is to stimulate the inter-group dynamics and enhance trust among their participants, as interaction between them is of crucial importance. In this way, every participant is given a chance to test the newly acquired skills in a protected environment and receive encouragement and support. The methods applied during the training include interactive instruments, games, role playing, demonstrations, exercises and discussions. In addition to the group work, individual consultations can be added if young participants or their parents ask for them, or if this is seen as beneficial by the group leader. In such case, the young person is referred to the psychologist, who creates an individual work plan and works individually with the client.

The training consists of 16 weekly sessions, each lasting for three hours. In 2014, 48 adolescents and their parents participated in life skills training programme. Because of the training, the young participants improved their communication skills, increased their self-esteem and learned how to plan and make decisions regarding their education and employment.

2.3 Competences and resources required

The services and programmes of the Centre are open to all who wish to participate in them. However, the participants have to answer several requirements. They must be well motivated, visit the activities regularly, and participate actively and consistently. As not all can keep up with these demands, some young people drop out from the programmes they have started to visit.

Quite often, those young people with better than average education and better social skills have the highest motivation and are more likely to fully benefit from the provided services. In contrast, the opportunities provided at the Centre rarely reach those who most desperately need them – people without the habits and motivation for participation in such programmes.

2.4 Degree of organisation

The HSC addresses micro- and meso-levels. The people using the resources of the Centre are individuals, but what they do and learn at the Centre also affects also the larger community – their

families, friends and neighbours. Through the direct work with a limited number of individuals, the HSC experts reach a large part of the neighbourhood.

Different programmes target different profiles of users. Most of the work is conducted in small groups, although there are also a few services where individual consultations are provided. Both methods have benefits. On the one hand, the disadvantage of the individual work reaching a very limited number of people is richly compensated by the depth and quality of the relationship with an individual. On the other hand, the method of working in a small group is more effective when it comes to changing erroneous beliefs and influencing the social norms in the community.

As was already discussed, most young people in the area have a low level of education and qualification, are demotivated, with low self-esteem and passive attitude. They rarely take an active role in identifying the problems that need to be addresses and in formulating the solutions. The initiative, therefore, usually comes from the HSC team and is a clear case of top down practice. However, so-called “Public consultations” are held several times each year in the Centre. The consultations are attended by informal leaders and other people Fakulteta residents trust and respect. They provide feedback and opinions on new and ongoing projects and programmes, and give ideas and proposals. Public consultations are therefore an important tool the wider community can use to play a more active role in addressing and solving the problems.

Of course, the scope and character of services provided in the HSC is defined also by donors. As the Centre is dependent on external funding, it does not have unlimited freedom of action, but has to take into consideration donors’ priorities and focus on those programmes that can be successfully “sold.”

2.5 The logic of intervention

The HSC’s logic of intervention is to offer an integrated approach for solving the multiple problems of the Roma community through empowerment and building social skills and competencies. The practice has shown that by directly influencing the attitudes and habits of individuals who participate in the services, the effect is multiplied as these individuals transfer what they have learned to their families and friends. In this way, perceptions and behaviour models in the community could gradually change. One of the signals that this was possible was noted during conversations with the service users. Most of them did not finish secondary school, but all were categorical that their children would not only complete secondary education, but would do so in quality schools.

3. Organisational context of implementation

The Health and Social Centre is part of the Health and Social Development Foundation (HESED). HESED was founded in 1998. HESED’s chairperson is Dr. Elena Kabakchieva, who is also a member of the Board, consisting of seven members. The multi-ethnic (Roma and Bulgarian) team includes more than 40 specialists in the fields of pedagogy, psychology, social work, medicine and management. Additionally, HESED has a network of over 40 external experts, who are involved

in certain projects or parts of them. The work of HESED's team is monitored by external supervisors. They include social anthropologists, medical doctors, psychologists, psychiatrists and social workers. A very important part of the team are also the Roma health and social community assistants, who go through a training programme in social work and health education and develop specific skills for conducting outreach work in the community. Overall the HESED team includes 8 outreach workers, of whom 5 work at the HSC in Sofia.

HESED's funding is mostly project based. Over the years, different donors and funding organisations have contributed to the work of the organisation: PHARE Programme, European Structural Funds (e.g. EEA Grants, Bulgarian-Swiss Cooperation Programme), US National Institute of Health, VELUX Foundation, Bulgarian Ministry of Labour and Social Policy and Ministry of Health, Sofia Municipality, UNDP, German Federal Ministry of Health, OAK Foundation, a number of foreign embassies and others.

HESED established the Health and Social Centre in 2002 with the cooperation of the Ministry of Health, the National Council of Ethnic and Demographic Issues, Sofia municipality and Krasna Polyana sub-municipality. The financial support came from the Co-operating Dutch Foundations for Central and Eastern Europe and the National Institute of Health (USA), through CAIR (Centre for AIDS Intervention Research) at the Medical College of Wisconsin.

The Health and Social Centre started as a small clinic, providing medical assistance to people practically excluded or with very limited access to the Bulgarian health care system. Over the years, the number and scope of the activities has substantially expanded, gradually forming the innovative integrated approach towards Roma inclusion the Centre provides today. The impressive past record helps HESED to secure financial support from reliable donors and to engage in long projects, continuing over many years.

Based on the successful model and experience with the Health and Social Centre in Fakulteta, HESED has opened a similar Centre in the Roma neighbourhood in the town of Kyustendil. A construction of another centre in Fakulteta is due to begin in the second half of 2015.

Results, quality and effectiveness of the services are regularly monitored by the internal quality control mechanisms, the team of the external supervisors and above all – by the users of services. For example, children aged 4-5 in the school readiness improvement programme take two types of entrance and exit tests: DAIC tests, which measures their academic, social and emotional development, and state-standardised tests, which measure their educational level. These monitoring and quality checks have established that the school performance of those children from Fakulteta, who participate in HSC's preschool preparation programme, is five times higher compared to children who do not use this service. When the programme started, the staff had great difficulties in convincing parents about the benefits participation would have for their children. Just two years later, the demand by far outgrew the capacity and long lists of waiting parents and children had to be made.

The capacity of the Centre is too small to accommodate all who would like to use its services and participate in the programmes. Due to the ever-growing interest, HESED is commencing the construction of the second Health and Social Centre in Fakulteta with considerably larger capacity.

When constructed, the new Centre will be able to address needs of over 300 children and hundreds of young persons in need of development of their personal, social and professional skills.

The available resources and capacity of the current Centre are utilised to their maximum by careful and clever planning. For example, the premises of the Centre are used throughout the day by different groups. Programmes for children and mothers are held in the mornings, youth participates in the afternoon activities, while adults come to the Centre in the evenings. The experts and assistants are trained to perform multiple tasks and engage in a variety of activities – health, social, and educational. This mode of operation is very cost effective. For example, the administrative expenses of simultaneously running multiple programmes are the same as the cost of a single programme.

Communication and cooperation with the municipal and national state institutions can be evaluated as very good. Numerous services and programmes are implemented in cooperation or with support of institutions (State Agency for Child Protection, the Social Assistance Agency, Sofia municipality, Krasna Polyana district administration). The building in which the HSC is located is owned by the Sofia municipality and has been given to HESED for use without compensation. Following the first 10-year contract, the rent was renewed under the same conditions in 2013 for another 10 years. The building used to house a subsidiary of the 10th municipal polyclinic, but was closed down in the 1990s – another example of the state retreating from the deprived neighbourhood and “outsourcing” responsibilities to the NGOs.

4. Project implementation and outputs

4.1 Targeting of the program

Services of the Health and Social Centre are open to all who fit the description of the target group for a given programme (for example young mothers, pregnant women, youth) and are motivated to actively and regularly participate in the activities. The Centre is located in the Fakulteta neighbourhood, which means that it is convenient and easily accessible by residents, who would otherwise need to overcome numerous physical and psychological barriers to obtain similar services in other parts of Sofia. The positive experience in communicating and dealing with the Centre’s staff also makes users more confident in their interactions with officials and institutions outside the neighbourhood.

Information is disseminated in several ways (information board in the Centre, printed and online materials, and word of mouth). The most important tool seems to be the engagement of health and social community assistants, who speak with the people in the neighbourhood, bringing to their attention what is provided in the Centre and presenting them the benefits of participation. Of course, the people who were, or still are, involved in some of the activities in the Centre are the best advertisement and often encourage people they know to join them.

As already mentioned, a persistent problem is the fact that those people who come to the Centre and take part in the activities are usually the ones with a better starting position, more active and self-confident. Those who remain outside the Centre’s reach are the most marginalised Fakulteta

residents, who do not have the necessary motivation and are not able to recognise the need for personal development and social adaptation. Many of them are prevented from participation by very practical reasons – the everyday struggle for survival does not allow them to see their lives, nor the lives of their children, in a long-term perspective. What matters is providing for the family today, and the abstract idea that a certain action might lead to a certain result after some time is neither understandable nor attractive for many of them.

The HSC team is aware of this problem, but this is something that could be overcome only through well-coordinated and purposeful efforts on the state level.

4.2 Addressing needs

Given the leading philosophy of the Centre that a comprehensive and genuine change in the community is possible only if you start working with the children at the earliest age, it is not surprising that the work with mothers and children in pre-school age is most developed and attracts the largest number of participants.

The next target group whose needs are prioritised are the young people aged 12-19. Adolescence is a crucial period in life, when a positive change in attitudes and behaviour can be achieved. A purposeful effort to positively influence life perspectives of young people is crucially important in poor and socially-isolated communities, where it seems that children cannot escape repeating the destiny of their parents.

The red thread of the social skills development programme for the young is therefore helping them to realise that their future is in their own hands and that by acquiring certain skills and knowledge, they can control and change it. This is valid for their health, education, employment and other areas of their lives. Empowerment and self-respect building help the young people to assume responsibility, define goals and actively engage in search of better employment possibilities. A logical outcome of this development is the decrease of risky behaviour (violence, crime, prostitution, drug use).

4.3 Empowerment, engagement and choice

Our observations of the activities in the Centre and analysis of the reports lead to the conclusion that most of the participants are motivated and eager to participate. This is particularly valid for the women. They not only receive a concrete and measurable assistance in taking care of their children, but also obtain lasting knowledge and become more attentive to and confident regarding the upbringing of children. Women engaged in activities and practices in the HSC act as agents of change in the wider community, as they transfer into their families the modern models of health care, nutrition, behaviour and family relations, which they learn about in the Centre.

Young people we talked with appear very motivated to change their standing in the society and they see their participation in the programmes as an important step towards this aim. The HSC staff tries to avoid as much as possible the creation of a dependent relationship and treats the participants as equal partners. The staff often goes to great lengths to accommodate their work to the individual needs, abilities and preferences of each participant. This sometimes works and some of the young

people take active part in the decision-making about the activities and in setting the agenda. In most cases, however, the participants find it hard to completely overcome the mostly self-imposed perception that they as “receivers” are in a subordinate position to the experts, who are (despite working in the neighbourhood for over a decade) still largely seen as “outsiders” of a higher social standing.

The group work method enables the development of communication skills and discussion of additional topics that interest young people: gender equality, violence, discrimination, etc. This method facilitates the construction of new social norms, which determine community’s behaviour. Visible positive changes in knowledge, attitudes and behaviours quickly win the trust of the young people and their parents, and bring more young people to the Centre.

One of the most important tools for empowerment of the young people from the neighbourhood is their inclusion in the work of the HSC as health and social community assistants. The role of the assistants is crucial for the successful work in the community and they are selected very carefully, following a special recruitment procedure during which candidates are evaluated. The procedure includes an interview and role playing. Successful candidates undergo an intensive training programme during which they learn how to perform specific tasks and conduct community-based social work. The first stage of the training is followed by practical work in the field, when the assistant is supervised by a senior specialist. Following completion of this stage, a health and social community assistant is ready for independent work in the neighbourhood. At regular intervals and in accordance with the specific needs, the assistants receive additional training, which helps them to address various problems and perform multiple activities connected with health, social, and educational issues.

4.4 Competences and resources involved

The HSC team consists of well qualified experts with rich practical experience in working with marginalised and excluded minority communities. They include psychologists, social workers, pedagogues and family therapists.

The Centre has premises suitable for both individual consultations and group work. They consist of a large hall for the kindergarten, trainings and events, a smaller room for group trainings, a counselling room/office, a tutoring room for children, a kitchen operating on the principles of healthy nutrition, a distribution point for children’s food and an office space.

The establishment of the Centre marked the beginning of a new approach in the efforts to create supportive environment for development and integration of the Roma community in Bulgaria. The Centre offers modern programmes approbated and developed over many years by the Health and Social Development Foundation.

4.5 Process evaluation criteria

Since 2002, when it was established, the Health and Social Centre has successfully dealt with various obstacles and barriers. Similarly to other NGOs, the main difficulty is the continuous struggle to secure the necessary financing.

Prevailing pessimism and discouragement among the young people in the neighbourhood are also obstacles. This problem was most pronounced in the early years of HSC's work, when the personnel experienced difficulties in attracting people to participate in the Centre's programmes.

It was already mentioned that the young people in Fakulteta often do not trust the official institutions located outside the neighbourhood, and that they feel abandoned and alienated from the society. Similarly, many of them do not trust the NGOs and civic initiatives that operate within Fakulteta. Many believe the widespread stereotype that NGOs never do anything real for the Roma, but only care about their own interest and take money that should go to Roma.

“Everything in this neighbourhood starts with a great difficulty. There are many suspicions. It takes years of work before you acquire a certain status – that you are here for them, that you do things that are important for them.” (HSC psychologist and project coordinator)

Today, the Centre is an established and recognised institution not just among the Fakulteta residents, but is seen as such also by the municipal authorities and international donors. The continuous and fruitful cooperation today also comes as a result of quality work in the past and builds upon it.

4.6 Innovativeness

The most important innovation in the work of HESED and HSC is application of an integrated approach for overcoming social isolation and poverty in the Roma community. The observation that the exclusion and inequality of the Roma in Bulgaria is an exceptionally complex problem that needs to be dealt with using an equally complex approach is not new and has been highlighted repeatedly in a multitude of analyses, action plans and strategies produced by state institutions and non-governmental sector. Despite that, institutions and organisations actively involved in efforts aimed at Roma integration typically focus on a particular sphere – education, training and employment, health care, housing, spatial and social isolation, anti-discrimination and human rights. Although the practice has shown that such approach is unable to break the vicious circle and that in many cases, it actually contributes to the downward spiral, a piecemeal work continues to be the norm in Bulgaria mostly due to limitations in resources and funding.

The model implemented in the HSC is designed in a way to offer comprehensive and targeted community-based services to the Roma. It tries to “break” the circle of exclusion and inequality at several places at the same time, transforming it into a line pointing a way out. The services are designed according to a detailed needs assessment analysis and are provided in a flexible manner, which takes into consideration the abilities, needs and wishes of the users. The flexibility makes it possible to adapt the programmes to the changes in attitudes and behaviours.

Another innovative element is the physical presence of the Centre in the heart of the Roma “ghetto.” As demonstrated in the WP3 and WP4 reports on Sofia, Fakulteta is a neighbourhood practically without any social infrastructure. Apart from a municipal school, where education is widely considered to be of low quality, there is literally nothing there – no employment bureau, no social services, no leisure and sport facilities, no clinic, no kindergartens. The Health and Social Centre is practically the only establishment trying to at least partially fill this vacuum. In a neighbourhood, where residents have all the justification to feel isolated and abandoned by the state and society, the existence of such a Centre inside the neighbourhood has tremendous symbolic, but also

practical importance. It breaks down barriers, creates mutual trust and considerably improves the perception of partnership and cooperation.

The third positive innovation is the use of health and social assistants from the Roma community. In the course of development of the NGO sector in Bulgaria, such practice was widespread in the 1990s, but later declined. With the appearance of a large number of NGOs working on Roma issues, the sector fragmented due to growing competition, which caused mistrust and even hostility. During the past decade, the NGOs in cooperation with the state institutions (the Ministry of Health) were successful in introducing the system of health mediators, although some experts are quite critical regarding its implementation.

HESED and the HSC have taken the mediation model, removing some of its main deficiencies and transformed it into a very efficient innovation, which empowers not just those young men and women, who work as health and social community assistants, but has a very positive effect within the entire neighbourhood.

In terms of the WP6 typology, the services provided at the HSC fall into the following categories: breaking fatalism; empowerment and developing ambition; capacity building; social capital building; health care and services.

4.7 Success factors and conditions, critical implementation barriers

Since 2002, the Health and Social Centre developed from a facility providing mainly health services to the Fakulteta residents into an institution offering an integrated approach for dealing with the multitude of problems facing the people in the neighbourhood. The main drivers of this successful development were the high expertise and qualification of the staff, and its tireless commitment to work with the people from the target groups. During our field observation, we noted numerous examples of a genuinely caring attitude, simultaneously friendly and professional, towards anyone who came to the Centre for assistance. Interviews and conversations with the staff likewise revealed their personal engagement and determination to accomplish their tasks well and to consider the needs and wishes of the users.

The work of the HSC stands upon three main elements, which are innovative for Bulgaria: the integrated approach to solving the problem of Roma marginalisation; the inclusion of properly trained people from the target group; and the physical presence of the Centre inside the Roma neighbourhood. Despite the fact that numerous NGOs have implemented a huge variety of projects aimed at alleviating the Roma situation, these efforts typically lacked at least one and quite often all three elements – hence a lamentable lack of progress over the years despite the scores of national and international initiatives aimed at Roma inclusion and integration.

“When you work inside the community, you have to be flexible enough to react to those needs it is possible to react to, based on what you believe you should do. And what we believe is that we need to catch the children from the moment they are born, and their parents as well, so that a generation can grow up that would not need much intervention and help. Of course, our work is just a pilot. With our capacity, we cannot possibly reach all the children, and this is not our goal. That is why we work with mothers, with young pregnant women. We often go into the neighbourhood. Our health and social community assistants present our services, they share the information on what

happens here and invite people to come to the Centre.” (HSC Psychologist and Project Coordinator)

The Centre has been consistent in the implementation of its philosophy that only an integrated approach can help solve the problems in the marginalised Roma community. Easily noticeable is also the flexibility the Centre uses to develop and adapt to the changing situation. An excellent example is the pilot project on improvement of employment prospects among young Roma (18-29 years old), transferred from IQ Roma Service in Brno. The experience with the pilot led to the decision to continue to work in this area, providing individual employment consultations to young Roma.

One of the most important aspects of HSC’s work is special attention given to the youngest children and their families. In the long term, this is the only approach that can provide better chances for the development of the coming generations. The purposeful work with young mothers is also a service leading to measurable changes in the child-care models in the neighbourhood. An important recognition of HESED’s successful work is the fact that it continues to successfully apply for and receive funding from significant donors and that it continuously expands the range of services and programmes. Another positive element is the successful cooperation with the local and central government – a task not easily accomplished in Bulgaria due to slowness and sometimes disinterest of the state institutions.

The success of the model has been noted in various international studies and scholarly publications, which confirm its high quality and correct approach (Kelly et al, 2006; Antonova et al, 2011).

5. Project results/outcomes

Contrary to the classical model of social work, which is directed mainly at people who already have significant problems, the services of the HSC aim at prevention – assistance is provided before the problems reach the point of irreversibility.

All services and programmes have well defined concrete activities, goals and expected results, which can be measured and evaluated. The goals are based on the situation analysis, which precedes any concrete activity/service. The situation analysis consists of a comprehensive needs assessment and identification of resources needed for the proper implementation of the activity.

Deriving from a constant evaluation of needs and problems of the young people in the neighbourhood, the HSC team regularly rethinks and adjusts its approach. The ideas and actions are defined in the course of the work and shaped through perpetual interaction with the service users. Each individual service has its own tangible and concrete results (a given number of participants who have completed the training; a certain number of consultation sessions; an awareness raising campaign that has reached a certain number of people; a new educational course developed, etc).

During the past three years, the following number of users has participated in different programmes and services provided by the HSC:

1. Early childhood development for children 0-3 and parental skills training for pregnant women and mothers of children 0-3 years old: 270 mothers and about 540 children.

2. Pre-school and early childhood development programme for children 4-5 years old and parental skills for their parents: 90 children and 180 parents.
3. After school programme: 60 school age children.
4. Life skills training for children 9-18 (using different methodologies for the different age groups): 288 children and youngsters.
5. Clients, receiving administrative support, short consultations or other services: 1,260

The most important result is the overall impact the work of the HSC has on the community. Over the years, the HSC has “produced” a not insignificant number of successful role models, able to show to the discouraged young people in Fakulteta that a change is possible and that alternative is available to those willing to work for it.

Evidence of the positive impact can be found in any of the programmes implemented at the HSC. As an illustration, we can look at the programme for development of social skills of young persons, as it represents an inspiring example of the potential of the young Roma. The social skills development programme shows how this potential can be utilised to achieve change on the individual level in the short term and on the community level in the medium/long term. When the programme started, the young participants shared their modest future plans to complete their primary education (7th or 8th grade) and get married. The programme helped them to change their perceptions and to develop ambitions and self-esteem. By the end of the training, all participants were determined to improve their school performance and to complete secondary education. Two of these participants later joined the HESED team to become an assistant social worker and an assistant teacher. Both of them studied in a “mixed” school (with Bulgarian and Roma students), married in their 20s and use the power of their personal example doing outreach work in the community.

Changing self-perceptions is of course not nearly enough to achieve a genuine positive change. A very poor knowledge of Bulgarian grammar and vocabulary, mathematics and other basic subjects became apparent – a result of sub-standard quality of education offered in the sole school in the neighbourhood and the children’s inability to adjust to the school environment and requirements without prior pre-school preparation. The young participants (aged 7-12) consequently enrolled in additional educational courses, offered by the HSC’s team in their free time. Due to this additional academic preparation, many of the young participants managed to substantially improve their knowledge and continue their education.

When teenagers involved in the programme started to change, their parents and their families changed with them. Roma parents are traditionally not profoundly interested in the school process, rarely help their children with homework and studying, and almost never visit the parent-teacher meetings to discuss children’s performance. When the young students began their school advancement, parents took notice, became interested and started to attend the school meetings regularly. They shared with the HSC team that the “*children have started to behave as grown-ups, have learnt how to speak as adults, had won the respect of their peers and spoke of further achievements*” (HESED, 2009, p. 23). The ball started to roll and very soon, numerous other parents approached the HSC to enrol their children in similar personal development groups.

Despite this very positive outcome, it is not possible to conclude that such intervention is enough to overcome the tremendous problem of the low quality education and insufficient school preparation characteristic for many compact Roma neighbourhoods and settlements in Bulgaria. Yet, the experience with hundreds of boys and girls who have passed through HSC’s social skills

development groups over the years point to the correct way. It shows that with proper support, the vicious circle of poverty and inequality can be broken. Most of the group participants postponed the time of their marriage, a large number of them completed their secondary education, and many now work as assistant social workers, assistant teachers, in the food industry, and other spheres of production.

The HSC therefore adds to the services and programmes undertaken by the state institutions towards Roma integration, enhances them and helps them to achieve a genuine result. The programme for development of social skills of young people is an essential measure, which prepares the young for successful participation in different training and qualification courses available at employment bureaus or elsewhere. Having acquired such skills beforehand greatly enhances their success in vocational training courses and increases their chances for finding good and stable employment.

HESED prepares detailed financial and activity reports on all its projects and programmes. These reports make it easy to monitor and evaluate the success factors and results, the number of participants, added value, community impact and sustainability. An examination of the reports and other documents, which have been made available to the researchers, lead to conclusion that HESED and the HSC are highly efficient in their work and have achieved excellent results over the years. This has been acknowledged by donors and state institutions, which continue to support and cooperate with HESED on a variety of projects each year. The same can be said about international cooperation. Numerous projects have been implemented in cooperation with partner organisations from Germany, Estonia, Latvia, Romania, Slovakia, Slovenia, Italy, Greece, Serbia, Ireland and Switzerland.

Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has evaluated HESED's project involving strategy development, capacity building of local teams, and monitoring and evaluation of 30 NGOs, which provide community services in the Roma neighbourhoods, as the best practice among all GFATM's Eastern European and Central Asian programmes.

In 2015, HESED's second Health and Social Centre, established in Kyustendil, received the Project of the Year 2014 Prize of the Tulip Foundation.

Development of the Health and Social Centre is an excellent example of successful non-governmental initiative established to tackle one concrete dimension of inequality, but flexible enough to grow and modify in time to meet additional challenges and address multiple inequalities. It could be argued that the work conducted at the HSC is a drop in the ocean and that it has no noticeable effect on the devastating levels of inequalities in the Fakulteta ghetto. However, the fact remains that to date, this deprived and neglected neighbourhood has not seen a more efficient and credible mechanism for breaking the vicious circle of poverty and exclusion.

6. Final reflections

6.1 The role of the pilot/project/practice

Typically, the problem of Roma exclusion in Bulgaria is dealt with in a piecemeal manner. Institutions and organisations actively involved in efforts aimed at Roma integration usually focus on a particular sphere – education, training and employment, health care, housing, spatial and social isolation, anti-discrimination and human rights. Although the practice has shown that such an approach is unable to break the vicious circle and that in many cases, it actually contributes to the downward spiral, trying to deal with sector-related problems taken out of the overall context of Roma marginalisation continues to be the norm in Bulgaria. Important reasons for this are limitations in resources and funding, but also the lack of strategic vision.

Based on years of experience and professional work in the Roma community, the HSC puts forward an integrated approach aimed at empowering the Roma community and achieving tangible results in the process of Roma integration. Although the HSC's capacity is small compared to the size of the neighbourhood, over the years they have worked with a substantial number of people. In addition to this quantitative indicator, the responses of the service users also provide a qualitative assessment. Conversation with them reveals that they highly appreciate the services provided at the Centre. Not only that many have benefited through personal development and emancipation, the experience also positively influenced their plans and ambitions regarding their children. Many have also become positive examples for their relatives and neighbours, and have promoted services of the HSC among them.

“We have been doing this for many years and have acquired a status. They know it is nice and friendly here, that we talk about things that are important for them, that they can understand what is being said, because nobody likes to go somewhere where they do not understand anything.”
(HSC, Psychologist and Project Coordinator)

Among the positive features of the Health and Social Centre is the easily noticeable respect towards the target group and the high level of tolerance and acceptance of differences – in habits, opinions, views, culture. A logical outcome of this approach is that most activities in the Centre are not done simply for the users, but in cooperation with them.

6.2 Innovation

In terms of the WP6 typology, the services provided at the HSC fall into the following categories: breaking fatalism; empowerment and developing ambition; capacity building; social capital building; health care and services.

The most important innovative elements are an integrated approach for overcoming social isolation, which is tailored to the specific Roma community needs; location of the establishment providing these services inside the Roma neighbourhood / settlement; and empowerment of the young Roma by training them as health and social community assistants, actively involved in implementation of the programme. These innovative elements effectively and efficiently address the complex problem of exclusion and inequality of Roma in Bulgaria.

The HSC model shows that despite the omnipresent limitations in resources and funding, it is possible to offer comprehensive, flexible and targeted community-based services to the Roma. The results this model has achieved over the years undoubtedly demonstrate that the circle of exclusion and inequality can be broken and that with proper support, young Roma can and will integrate into the mainstream society.

In ideal circumstances, the building where these comprehensive and targeted services are offered, could be located anywhere. The young people in need of assistance would go there, participate in the activities, trainings and discussions, and then return home to their neighbourhood. Unfortunately, the Bulgarian reality is not ideal. In this reality, many of the young Roma from Fakulteta are afraid to leave the neighbourhood because they or their friends have been abused, offended or even physically attacked. Many more are discouraged and reluctant to go to employment bureaux, social assistance bureaux or other institutions. They believe that the institutions cannot or do not want to help them, that the officials discriminate against them and make them feel that they do not belong there.

In Bulgarian reality, this model can therefore work only if the services are provided inside the Roma neighbourhood. The physical presence of the Health and Social Centre in the heart of the Fakulteta “ghetto” is the second innovative element. While the HSC is far from being the first or only NGO operating inside Fakulteta (or other Roma neighbourhoods across Bulgaria), it is the only one providing an integrated and comprehensive package of services, simultaneously tackling a multitude of inequalities.

The third positive innovation challenges the prevailing views and practices in which Roma are typically perceived as passive recipients of the services, and not as active agents of change. There are, of course, some exceptions to this common perception. A number of so-called “Roma NGOs” have been established by active and well-qualified Roma persons, providing service by Roma for Roma. Roma have been also actively engaged in efforts to improve school attendance and the performance of Roma children, and to improve access of Roma to health care. For this purpose, hundreds of Roma across the country were trained as school assistants and as health mediators. Both programmes were initiated in the 1990s and continue today, but the reviews and opinions about their usefulness are sharply divided. Many experts on Roma issues are quite critical regarding their implementation and results.

Taking the mediation model as a starting point, HESED and the HSC removed some of its main deficiencies and transformed it into a very efficient innovation. The work of health and social community assistants is of utmost importance and represents one of the ways in which HESED works to develop the human resources of the community. Health and social community assistants are Roma from Fakulteta, who are well known and respected in the neighbourhood, and therefore many people, especially the young, listen to their opinion and advice. The health and social community assistant programme is vital also because it creates inspiring role models for the other young Roma. The assistants break the established stereotype that Roma are always only clients by showing that they can also be efficient providers of services. Furthermore, these role models serve as an example that even in a neighbourhood like Fakulteta, where so many young people have given in to pessimism and discouragement, young motivated Roma men and women can obtain proper qualifications and successfully work in the social, health and educational fields.

6.3 Success factors

Changing the established practice of focusing on a particular area or problem, the HSC addresses the multifaceted and complex question of Roma inequality in its entirety. Unlike the typical project-orientated approach with a fixation on concrete and achievable goals in a defined (short) timeframe, the HSC model looks at the bigger picture. What matters is the process, not short-term isolated results.

This makes the assessment of the concrete success factors more difficult, but also less necessary. Looking at the entire process of HSC's development from its beginnings as a medical centre in 2002, there is a visible trend of expansion and improvement. The main drivers of this successful development were the high expertise and qualification of the staff, and its tireless commitment to work with the people from the target groups.

One of the best examples of this commitment is the seemingly limitless flexibility of the staff. Unlike the rigid official institutions with strict modes of operation, procedures and working time, the HSC staff goes to great length to accommodate the users, who are often late for sessions, do not come at all or appear unmotivated. Despite (or perhaps because of) this flexibility, the HSC staff has achieved noticeable success in teaching the users the importance of time management and responsibility.

The special attention given to the younger children and their parents (often in late teens or early twenties) has produced one of the most remarkable success factors. After years of downward trends in Fakulteta, with each new generation born into deeper poverty, hopelessness and pessimism, the HSC has effectively demonstrated that a reversal of direction was possible. Parents of children who participate in Centre's programmes have visibly changed their behaviour, becoming more responsible and concerned parents. The school performance of children has improved. Young people participating in social skills development groups tend to marry later than their peers and have children later. They are also more motivated to complete education and find employment.

The pessimistic belief that the problem of Roma integration is a lost cause and that nothing could be done to bridge the widening divide between Roma and the rest of the society dominates the discourse in Bulgaria (both within and outside the Roma community). The most important success factor of the Health and Social Centre is that it successfully and efficiently refutes this position.

Communication and trust are essential elements for the success of the programme. The long-standing social isolation and neglect have generated considerable distrust among the Roma. The perception that "outsiders" cannot be trusted has been further strengthened by the growing anti-Roma sentiments in the Bulgarian society, and by political and media manipulation and exploitation of the Roma issue. In order to effectively and successfully work in the neighbourhood, the HSC team had to devote substantial efforts to overcome this initial obstacle and build trust in the community through provision of reliable and high-quality services that best meet the needs of the clients. Transparency, accountability, efficient role distribution, assumption of responsibility and effective task implementation have played an essential role in establishing the capacity of the HSC as an important provider of social, health and educational services.

The main limitation of the HSC model remains its relatively small capacity. The successful past record increases interest and in recent years, the number of people who want to participate in its programmes considerably exceeds the available space. This problem should be solved or at least alleviated once the new larger Health and Social Centre is constructed.

6.4 Policy recommendations, transferability

The conclusion that Roma exclusion is an exceptionally complex and deep problem that needs to be addressed using an equally complex approach is not new and has been highlighted repeatedly in a multitude of analyses, action plans and strategies produced by state institutions and non-governmental sector. Similarly, there seems to be a consensus that active participation of Roma is essential for the success of integration efforts. Despite this, projects and measures aimed at Roma inclusion continue to focus on particular areas and are implemented with the aim of doing something about the Roma rather than with them.

The Health and Social Centre model can be successfully transferred and applied not just in other Roma neighbourhoods and settlements, but could be adopted for other minority communities living in marginalised, deprived neighbourhoods in Bulgaria and other countries. In order to be successful, the intervention has to take place on the local level. The methodology and content of the programmes need to take into consideration specific local circumstances. While being in line with the best international practices, the essence has to build upon the local expertise and utilise the available local resources.

As most Roma live in isolated neighbourhood or settlements and are generally distrustful of official institutions, the most efficient way to fight the Roma exclusion is to establish community centres providing integrated and culturally tailored services inside the Roma neighbourhoods. This approach bridges symbolic and spatial divides, creates trust and encourages participation. Trust is the key element in the work with the Roma community due to the long-standing social isolation and disappointment over the repeated failure of successive integration measures undertaken over the past decades. One of the central trust-building elements is inclusion and active participation of well-trained and motivated young people from the community.

If the model of the Health and Social Centre, developed by HESED, is applied nation-wide, or at least in a significant number of towns across Bulgaria, it could bring about a meaningful and lasting change in the efforts to solve the problem of Roma exclusion. The example of the HSC in Fakulteta shows that targeted and culturally tailored intervention, implemented in the community-based centres can break the social isolation, and have positive effect of the school achievement of children, health indicators of the community, and inclusion of young people in the labour market.

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