

Key social inclusion and fundamental rights indicators in Bulgaria

Thematic report on children

This report summarises the results of a large-scale survey conducted as part of the project 'Novel Approaches to Generating Data on hard-to-reach populations at risk of violation of their rights'. The project was funded by the European Economic Area and Norwegian Financial Mechanism programme under call BGLD-3.001, 'Local development, poverty reduction and enhanced inclusion of vulnerable groups'.

This report was drafted as part of the project 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights', funded by the European Economic Area and Norwegian Financial Mechanism programme, call BGLD-3.001, 'Local development, poverty reduction and enhanced inclusion of vulnerable groups'. The National Statistical Institute of Bulgaria and the European Union Agency for Fundamental Rights (FRA) developed the survey tool and defined the list of indicators. The National Statistical Institute of Bulgaria calculated the indicators. The Centre for the Study of Democracy (FRA's Franet partner in Bulgaria) put together the first draft. FRA checked the indicators and provided comments and edits in various stages of drafting.

Contents

List of figures	4
Introduction.....	6
1. Early childhood (children aged 0–4 years)	10
Highlights.....	10
1.1. Health.....	10
1.2. Education, care and early development	11
1.3. Living conditions, poverty and family environment	17
2. Children aged 5–14 years	23
Highlights.....	23
2.1. Health.....	24
2.2. Education	25
2.3. Living conditions, poverty and family environment	29
3. Children aged 15–17 years.....	39
Highlights.....	39
3.1. Health.....	39
3.2. Education and employment.....	44
3.3. Living conditions and poverty	45
Conclusions and recommendations	51
Health	51
Education, care and development	52
Living conditions, poverty and family environment.....	52

List of figures

Figure 1: Share of children aged 0–4 years attending kindergartens or crèches, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)	13
Figure 2: Share of children aged from 3 years up to the age of starting compulsory primary education (7 years) who attend early childhood education and care, by sex, self-declared ethnicity, at-risk-of-poverty rate, residence type, household size, and joblessness (%)	15
Figure 3: Early childhood development of children aged 3 and 4 years (%)	16
Figure 4: Share of children aged 0–4 years living in housing deprivation (in dwellings that are too dark, have a leaking roof and/or damp walls or floors, have no indoor bath/shower or have no indoor toilet), by sex, self-declared ethnicity, residence type, household size and highest degree of education completed in their household among its members aged 24 years and over (%)	18
Figure 5: Share of children aged 0–4 years living in households that do not have the minimum number of rooms according to the Eurostat definition of overcrowding, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)	19
Figure 6: Share of children living in households that live in areas with insufficient schools or kindergartens, by age (%)	20
Figure 7: Share of children living in jobless households, by age (%)	21
Figure 8: Share of children aged 5–14 years with long-standing (chronic) illnesses or health problems, and health self-assessment of children aged 5–14 years (%)	24
Figure 9: Share of children aged 5–14 years who attend school or early childhood education and care, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)	27
Figure 10: Share of children of compulsory school age (7–15 years) attending education, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)	28
Figure 11: Share of children aged 5–14 years living in housing deprivation (in dwellings that are too dark, have a leaking roof and/or damp walls or floors, have no indoor bath/shower or have no indoor toilet), by sex, self-declared ethnicity, residence type, household size and highest degree of education completed in their household among its members aged 24 years and over (%)	30
Figure 12: Share of children aged 5–14 years living in households that do not have the minimum number of rooms according to the Eurostat definition of overcrowding, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)	31
Figure 13: Share of children aged 5–14 years living in households with no fixed or mobile internet access (%)	32
Figure 14: Share of children aged 5–14 years engaged in household activities (%)	33
Figure 15: Share of children aged 5–14 years engaged in labour activities (%)	34
Figure 16: Share of children living in households in which at least one member has been abroad for more than three months during the past two years, by age (%)	34

Figure 17: Share of children aged 5–14 years in jobless households, by sex, self-declared ethnicity, residence type, household size and highest degree of education completed in their household among its members aged 24 years and over (%)	36
Figure 18: Time elapsed since last visit to a general practitioner: share of children aged 15–17 years with last consultation with a general practitioner in the last 12 months (%).....	40
Figure 19: Time elapsed since last visit to a general practitioner: share of children aged 15–17 years with last consultation with a general practitioner in the last 12 months, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)	41
Figure 20: Time elapsed since last visit to a dentist: share of children aged 15–17 years with last with last visit to a dentist or orthodontist in the last 12 months (%)	42
Figure 21: Time elapsed since last visit to a dentist: share of children aged 15–17 years with last with last visit to a dentist or orthodontist in the last 12 months, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%).....	43
Figure 22: Share of children aged 15–17 years with current main activity NEET (%)	44
Figure 23: Share of children aged 15–17 years living in housing deprivation (in dwellings that are too dark, have a leaking roof and/or damp walls or floors, have no indoor bath/shower or have no indoor toilet), by sex, self-declared ethnicity, residence type, household size and highest degree of education completed in their household among its members aged 24 years and over (%)	46
Figure 24: Share of children aged 15–17 years living in households that do not have the minimum number of rooms according to the Eurostat definition of overcrowding, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)	48

Introduction

This is one of a series of five thematic reports¹ as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights'. The project is funded by the European Economic Area Financial Mechanism 2014–2021 under the programme 'Local development, poverty reduction and enhanced inclusion of vulnerable groups', and is implemented in partnership between the National Statistical Institute of Bulgaria (BNSI) (*Национален статистически институт, НСИ*) and the European Union Agency for Fundamental Rights (FRA). The main goal of the project is to provide data for key national, international and EU indicators on social inclusion and related fundamental rights, covering the general population and specific vulnerable groups at risk of social exclusion and violation of fundamental rights.

During its preliminary stage, the project identified children as one of the population groups particularly vulnerable to poverty, social exclusion and violation of rights.² However, the available data collection tools are not always able to provide comprehensive, reliable and up-to-date statistical data on children that can be used to develop evidence-based policies and measures.³

The report outlines the key challenges that children face, taking into account their socio-economic characteristics, their risk of discrimination and the impact of multiple other risks and potential disadvantages, using data from a large-scale survey conducted as part of this project. On the basis of the data analysis, the report suggests priority areas for policy attention, covering children's specific vulnerabilities, indicators and targets for monitoring progress, and areas of interest for further research. The report is particularly relevant in view of the EU-wide need for more reliable and comparable data to enable the development of evidence-based policies. This need is highlighted in the EU Strategy on the Rights of the Child. In its section on embedding a child perspective in all EU actions, the strategy invites FRA to continue to provide Member States with, among other forms of support, technical assistance and methodological support in the design and implementation of data collection exercises.⁴

Under EU law, there is no single, formal definition of a 'child' in any of the treaties, their subordinate legislation or case law. As a result, the definition of a child varies considerably depending on the regulatory context.⁵ Under international law, the United Nations (UN) Convention on the Rights of the Child establishes that a child means every human being below the age of 18 years.⁶ The same definition is used in Bulgarian child protection law.⁷ As this is a fairly universally accepted definition, it has also been used to define the scope of the current report.

In Bulgaria, child-related policy is mainly framed by the provisions of the Child Protection Act (*Закон за закрила на детето*)⁸ and is applied in accordance with a national child strategy, which the government proposed and the parliament voted for. The law explicitly lists the public authorities that are responsible for the development and implementation of child protection policies and for the development, implementation and reporting of the national child strategy. These authorities are the State Agency for Child Protection (*Държавна агенция за закрила на детето*), the local social assistance directorates (*дирекции „Социално подпомагане“*), the Ministries of Labour and Social Policy, of the Interior, of Education and Science, of Justice, of Foreign Affairs, of Culture and of Health, and the municipal mayors. The law also lays down the principles of child protection and the safeguarding procedures intended to guarantee respect for children's rights. The strategy is a political document that reflects the country's vision of an integrated approach aimed at safeguarding children's rights and improving the quality of life of children in line with the country's international and national commitments.

Bulgaria has not had an effective policy document on children's rights since the expiry of the National Child Strategy 2008–2018 (*Национална стратегия за детето 2008–2018*). A new strategy covering the period 2019–2030⁹ was drafted by the government, but the document was withdrawn in early 2019 after a series of public protests and a heated public and political debate. The most contentious part of the document dealt with the relationship between parents and children in general and the ban on violence against children in particular. According to a number of media publications, the draft strategy was aimed at prohibiting parents from punishing their children, sanctioning them for the slightest touching of the child and ultimately taking the children away from them. Although most of these publications were identified as misinformation by both media associations and child protection organisations in the country, they finally led to the withdrawal of the document.¹⁰

The National strategy for poverty reduction and promotion of social inclusion 2030 (*Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2030*)¹¹ has identified children as one of its priority groups and, in the absence of an effective policy document on children's rights, serves as the basic strategic document for reducing the risk of poverty and social exclusion among children. This national policy document is aligned with the European Child Guarantee.

At local level, each municipality prepares its own child protection programmes reflecting specific local challenges. These programmes outline local activities aimed at ensuring child inclusion and protection in areas such as education, healthcare, justice, sport and recreation, and the online environment.

In the absence of a national policy framework, the indicators suggested by this thematic report can be used to monitor the situation of children in Bulgaria in relation to other relevant documents. These documents include the EU instruments in the area of children's rights (the EU Strategy on the Rights of the Child and the European Child Guarantee), the UN Sustainable Development Goals (SDGs) and the observations and recommendations of the UN Committee on the Rights of the Child.

As an EU Member State, Bulgaria needs to comply with these instruments and it is therefore expected that the future national policy framework will be aligned with the principles laid down in them. The EU Strategy on the Rights of the Child is a policy document that, in line with the European Pillar of Social Rights, aims to protect, promote and fulfil children's rights in six thematic areas. These areas are participation in political and democratic life; socio-economic inclusion, health and education; combating violence against children and ensuring child protection; child-friendly justice; digital and information society; and a 'global dimension'.¹² The European Child Guarantee recommends fostering equal opportunities for children at risk of poverty or social exclusion and breaking the cycle of disadvantage across generations. It provides guidance to Member States on supporting children in disadvantaged situations to freely and effectively access five key services: early childhood education and care, education (including school-based activities), healthcare, healthy nutrition and adequate housing.¹³

The UN SDGs are universal in scope, but, as the United Nations Children's Fund (UNICEF) has noted, their call to leave no one behind puts the most vulnerable and marginalised people, including children, at the top of the agenda. UNICEF assesses the progress of individual countries towards SDG targets averaged across indicators, acknowledging that the SDGs have an impact on every aspect of children's well-being. These indicators are grouped into five dimensions of children's rights: survive and thrive, learning, protection, environment, and fair chance. These five overarching areas of children's well-being are grounded in the 2030 Agenda for Sustainable Development, which includes 17 global goals. Attached to these goals are 169 concrete targets measured by 232 indicators.¹⁴

The UN Committee on the Rights of the Child is a body of experts that monitors and reports on the implementation of the UN Convention on the Rights of the Child. The committee's latest concluding observations on Bulgaria, in the combined third, fourth and fifth periodic reports of the country, were published in 2016 and include more than 70 specific findings and recommendations.¹⁵

The present report can also support the analysis, evaluation and monitoring of a number of national policy documents, such as the strategy for the deinstitutionalisation of children¹⁶ and the plan for its implementation, the programme for the construction and repair of crèches, kindergartens and schools,¹⁷ the policy framework on education and training,¹⁸ and the national oral disease prevention programme for children.¹⁹

The report's structure is based on the understanding that children in different age groups face different challenges and have different vulnerabilities. The thematic chapters aim to reflect these differences while staying within the framework of the policy areas defined at EU and national levels.

The survey conducted under the project was designed to reflect the main stages of development of children up to the age of 18 years. Thus, three main age groups are defined, each with specific needs and vulnerabilities.

- **0–4 years (early childhood).** The period of early childhood is between the child's birth and the start of pre-school education. In Bulgaria, pre-school education is mandatory from the year in which the child turns 5 years old. As the official start of the school year is 15 September, all children born after that date begin their pre-school education at the age of 4 years.²⁰ During this period, children are highly dependent on the well-being of their parents or carers, who are the most important factor influencing their children's health and development.
- **5–14 years.** This group largely coincides with the group of children subject to compulsory education.²¹ In this period, the main challenges relate to the accessibility of the learning process, supportive development and early drop-out prevention. For this age group, besides the family, which is responsible for supporting, including financially, the educational process, the important factors in forming the child's personality are the school and the social environment.
- **15–17 years.** This age group is characterised by the transition from childhood to adulthood. The factors influencing the lives of young adults and their development are very much similar to those of adults.

¹ The five thematic reports are on the situation of Roma, children, older people, people with disabilities, and the key social inclusion and fundamental rights indicators in Bulgaria.

² Ilcheva, M. and Kuneva, L. (2019), [Overview of the legal and policy frameworks addressing 'vulnerability' to poverty, social exclusion and violation of fundamental rights in Bulgaria](#), Sofia, BNSI (report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights'), preliminary draft.

³ Markov, D. and Kuneva, L. (2019), [Overview of data and indicators for monitoring 'vulnerability' of groups at risk in Bulgaria](#), Sofia, BNSI (report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights'), preliminary draft.

⁴ For more information, see European Commission (2021), [EU strategy on the rights of the child](#), COM(2021) 142 final, Brussels, 24 March 2021.

⁵ European Union Agency for Fundamental Rights and Council of Europe (2015), [Handbook on European law relating to the rights of the child](#), Luxembourg, Publications Office of the European Union (Publications Office).

⁶ United Nations (UN), [Convention on the Rights of the Child](#), 20 November 1989, Article 1.

⁷ Bulgaria, Child Protection Act ([Закон за закрила на детето](#)), 13 June 2000, last amended 20 November 2020, Article 2.

⁸ Bulgaria, Child Protection Act ([Закон за закрила на детето](#)), 13 June 2000, last amended 20 November 2020.

⁹ Bulgaria, Council of Ministers ([Министерски съвет](#)) (2019), Draft national child strategy 2019–2030 ([Проект на Национална стратегия за детето 2019-2030](#)), 10 January 2019.

¹⁰ For example, see the statements of the [Association of European Journalists-Bulgaria](#) and the [National Network for Children](#).

¹¹ Bulgaria, Council of Ministers (*Министерски съвет*) (2020), National strategy for poverty reduction and promotion of social inclusion 2030 ([Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2030](#)), 31 December 2020.

¹² European Commission (2021), [EU strategy on the rights of the child](#), COM(2021) 142 final, 24 March 2021.

¹³ Council of the European Union (2021), [Council Recommendation \(EU\) 2021/1004 of 14 June 2021 establishing a European Child Guarantee](#), OJ 2021 L 223.

¹⁴ For more information and the latest assessment of Bulgaria's performance against the 44 child-related SDG indicators, see the [website](#) of UNICEF.

¹⁵ United Nations Committee on the Rights of the Child (2016), [Concluding observations on the combined third to fifth periodic reports of Bulgaria](#), 21 November 2016.

¹⁶ Bulgaria, Council of Ministers (*Министерски съвет*) (2010), National strategy 'Vision for deinstitutionalisation of children in the Republic of Bulgaria' ([Национална стратегия „Визия за деинституционализация на децата в Република България“](#)), 24 February 2010.

¹⁷ Bulgaria, Council of Ministers (*Министерски съвет*) (2020), Programme for construction, extension, superstructure and reconstruction of nurseries, kindergartens and schools for the period 2020–2022 ([Програма за изграждане, пристрояване, надстрояване и реконструкция на детски ясли, детски градини и училища за периода 2020 - 2022 г.](#)), 3 August 2020.

¹⁸ Bulgaria, Council of Ministers (*Министерски съвет*) (2021), Strategic framework for the development of education, training and learning in the Republic of Bulgaria 2021–2030 ([Стратегическа рамка за развитие на образованието, обучението и ученето в Република България 2021–2030](#)), 11 March 2021.

¹⁹ Bulgaria, Council of Ministers (*Министерски съвет*) (2021), National programme for the prevention of oral diseases in children from 0 to 18 years in the Republic of Bulgaria 2021–2025 ([Национална програма за профилактика на оралните заболявания при деца от 0 до 18 г. в Република България 2021–2025 г.](#)), 5 March 2021.

²⁰ Bulgaria, Pre-school and School Education Act ([Закон за предучилищното и училищното образование](#)), 13 October 2015, last amended 18 September 2020. In September 2020, the law was amended and the start of compulsory pre-school education was changed to the year in which the child turns 4 years old. The primary school enrolment of children at the age of 5 years started in the 2021/2022 school year in municipalities that have the necessary facilities and should be completed by the start of the 2023/2024 school year, by when all municipalities are obliged to have developed the necessary infrastructure.

²¹ In Bulgaria, according to the constitution and the Pre-school and School Education Act, education is compulsory up to the age of 16 years.

1. Early childhood (children aged 0–4 years)

Highlights

- In Bulgaria, the majority of children between 0 and 4 years of age (59.2 %) do not attend kindergartens or crèches. The share of attending children is considerably lower in rural areas (35.7 %), which may indicate problems with availability and/or accessibility. The share is also lower in households in which the highest level of completed education is lower secondary education (29.5 %).
- The kindergarten/crèche attendance rate of children above nursery age (3 years) up to the age of compulsory primary education (7 years) is 77 %; it is considerably lower among Roma children (58.3 %), children living in rural areas (68.8 %) and children living in households in which more than 80 % of adults are jobless (62.5 %).
- The share of Roma children living in housing deprivation (more than 70 %) is much higher than the share of ethnic Bulgarian children in the same situation (less than 10 %). Children in rural areas (39.9 %) are at higher risk of growing up in poor living conditions than their peers in towns and cities (18.5 %). The share of children living in housing deprivation reaches 65.3 % in households in which the highest level of education is lower secondary education.
- More than half of children in Bulgaria live in overcrowded dwellings (compared with 34.8 % of the general population) and the figure is particularly high among those aged between 0 and 4 years (about 56 %).

Contemporary science emphasises the importance of early childhood development in children reaching their full potential as adults and for reducing inequality.¹ At this age, children's well-being strongly depends on the well-being of their parents (or the adults who take care of them). If parents live in poverty, are subject to inequality or face other difficulties, their children are at risk of not spending their early life in an enabling environment. The accumulation of multiple risk factors increases the likelihood that a child will not be able to reach their potential in certain areas of development, recent research shows.² The level of achievement of child developmental goals reflects public policies, but child well-being is also a result of many other factors, such as health, economic situation and social relations.³ Some of these factors are explored in this chapter.

The following sections offer a set of indicators that measure the vulnerability risks of children under the age of 4 years in three thematic areas: health; education, care and development; and living conditions, poverty and family environment.

1.1. Health

Ensuring good health and access to good-quality healthcare in early childhood is a prerequisite for sustaining good quality of life of children. Equal access to good-quality and free healthcare is one of the key services defined by the European Child Guarantee. The relevant national policy document in this area is the National programme for improving maternal and child health 2021–2030 (*Национална програма за подобряване на майчиното и детско здраве 2021–2030 г.*).⁴

In Bulgaria, health insurance of all children up to the age of 18 years is covered by the state budget.⁵ This allows children to benefit from free healthcare services within the package covered by the National Health Insurance Fund (NHIF) (*Национална здравноосигурителна каса, НЗОК*). All additional health products and services not included in this package are either paid for by the child's family or covered under specific programmes, as specified every year in the state budget. General practitioners provide children's primary healthcare. These general practitioners are selected by the parents from a list of doctors (with whom the NHIF has signed contracts). Some of these doctors are

specialised in paediatrics. As of 31 December 2019, a total of 1,212,968 children had a selected general practitioner, including 114,610 children aged 0–2 years.⁶ However, not all children have access to a general practitioner specialised in paediatrics: the 691 general practitioners with a specialty in paediatrics have a total of 438,574 children on their patient lists.⁷ Data on the number of children without a general practitioner are not publicly available.

In terms of morbidity, in 2019, 135.6 out of every 1,000 children between 0 and 6 years had a medical condition, which is a considerable increase compared with previous recent years. This share ranged between 68‰ in 2016 and 86.8‰ in 2018.⁸

Vaccines are recognised as one of the main tools for primary prevention of transmittable diseases.⁹ Immunisation (both mandatory and non-mandatory) is therefore a key factor in the area of children's health, including in the long run. However, it depends a lot on the extent to which parents are informed, aware and willing to vaccinate their children, as well as on the capacity and willingness of general practitioners to properly inform, convince and encourage the parents. At the EU level, Member States have been consistently encouraged to improve the rates of childhood immunisation since the adoption of the 2011 Council conclusions on childhood immunisation.¹⁰

In Bulgaria, mandatory immunisations are a requirement for admitting children to municipal kindergartens and crèches.¹¹ Thus, the parents' decision not to immunise their children can indirectly affect their education and development. As of the end of 2020, of all mandatory immunisations, tuberculosis vaccines had the highest coverage (97 %), whereas the vaccines against measles, mumps and rubella, which are administered at 13 months, had the lowest coverage (88.3 %), as shown by data from the National Center for Public Health and Analysis (*Национален център по общественото здраве и анализи*).¹² A low immunisation rate can lead to outbreaks of transmittable diseases, as illustrated by the outbreak of measles in 2019, when 1,232 cases were registered, predominantly among unvaccinated children (some of them below the recommended age of vaccination of 1 year).¹³

The survey indicator 'share of immunised children' measures mandatory vaccination coverage by directly asking respondents about the vaccination status of the children in their household. It thus complements the official administrative data on vaccination collected by the health authorities. As of 2020, the vast majority of all children aged between 0 and 2 years (92.9 %) had all the immunisations required for their age, the survey results show. According to the national legal framework, children may have their immunisations rescheduled or postponed for health reasons (medical conditions, which are contraindications for the vaccination).¹⁴ Still, hindered access to a general practitioner, internal and international migration (temporary residence in another district or country), low parental awareness of the vaccination rules, and intentional decision of parents not to allow their children to have (any of) the mandatory vaccines because of fear of vaccination or side effects are also possible explanations of the share of not fully immunised children.

1.2. Education, care and early development

The importance of early childhood development for the personal development of healthy and well-rounded individuals has been widely recognised in contemporary science. At EU level, a number of studies show that effective pre-school education is not only a tool for preventing early school leaving,¹⁵ but also has broader implications in terms of personal development, employment, poverty, inequality, social cohesion and inclusion, health and well-being, crime and justice, etc.¹⁶ Based on these findings, EU child policy documents recognise the role of equal access to good-quality early education for all children.¹⁷ Moreover, accessible childhood education and care contribute to the well-being of households, allowing adults to work instead of staying home to take care of the child. In

Bulgaria, for working mothers, the cash benefit for raising a child up to the age of 1 year is 90 % of the average daily gross remuneration or the average daily insurance income, on which social security contributions are based. The parental allowance in the second year of maternity leave, however, is fixed to BGN 380 (about € 190) per month.¹⁸ The share of children not attending early childhood education and care is an important indicator of the risk of such children facing difficulties with adaptation once they reach the age of compulsory primary education. It is also an indicator of the risk of unemployment and reduced income for parents, especially women, who may have to quit their jobs to take care of children at home. Besides, the attendance in early childcare of children whose mother tongue is not Bulgarian is seen by authorities as a key prerequisite for their inclusion and retention in the education system.¹⁹

As of 31 December 2020, a total of 29,238 children aged between 10 months and 3 years attended crèches in Bulgaria²⁰ (out of a total of 32,575 available places).²¹ This capacity, although sufficient at national level, is unevenly distributed across the country, with considerable shortages of places in big cities such as Sofia.

In Bulgaria, there are two types of kindergartens: municipal kindergartens and private kindergartens. They both care for children from the age of 3 years to the point of entering primary education. Kindergartens also provide the mandatory pre-primary education of children from the age of 4 or 5 years.²² The territorial distribution of kindergartens is uneven, and capacity at municipal level considerably exceeds the number of children in small municipalities (e.g. 207.2 places per 100 children in Svishtov, 340.3 places per 100 children in Venets, etc.) and is insufficient in bigger ones (e.g. 87.5 places per 100 children in Varna and 98.0 places per 100 children in Sofia).²³ Children face different barriers to accessing early education and care. In rural areas and smaller cities, the challenges are mostly related to physical distance, travel, books and equipment, expenses and lack of qualified personnel. In bigger cities, due to the insufficient capacity of kindergartens, parents often have to choose between staying out of the labour market to take care of their children and paying the higher costs of private kindergartens. As of 2021, the government started offering financial compensation of about BGN 300 (about € 150) per month to families whose children are not admitted to municipal kindergartens due to insufficient places.²⁴ This measure, together with the building of new kindergartens in areas where the capacity is not sufficient, is expected to reduce the number of children not admitted to early education and care facilities.

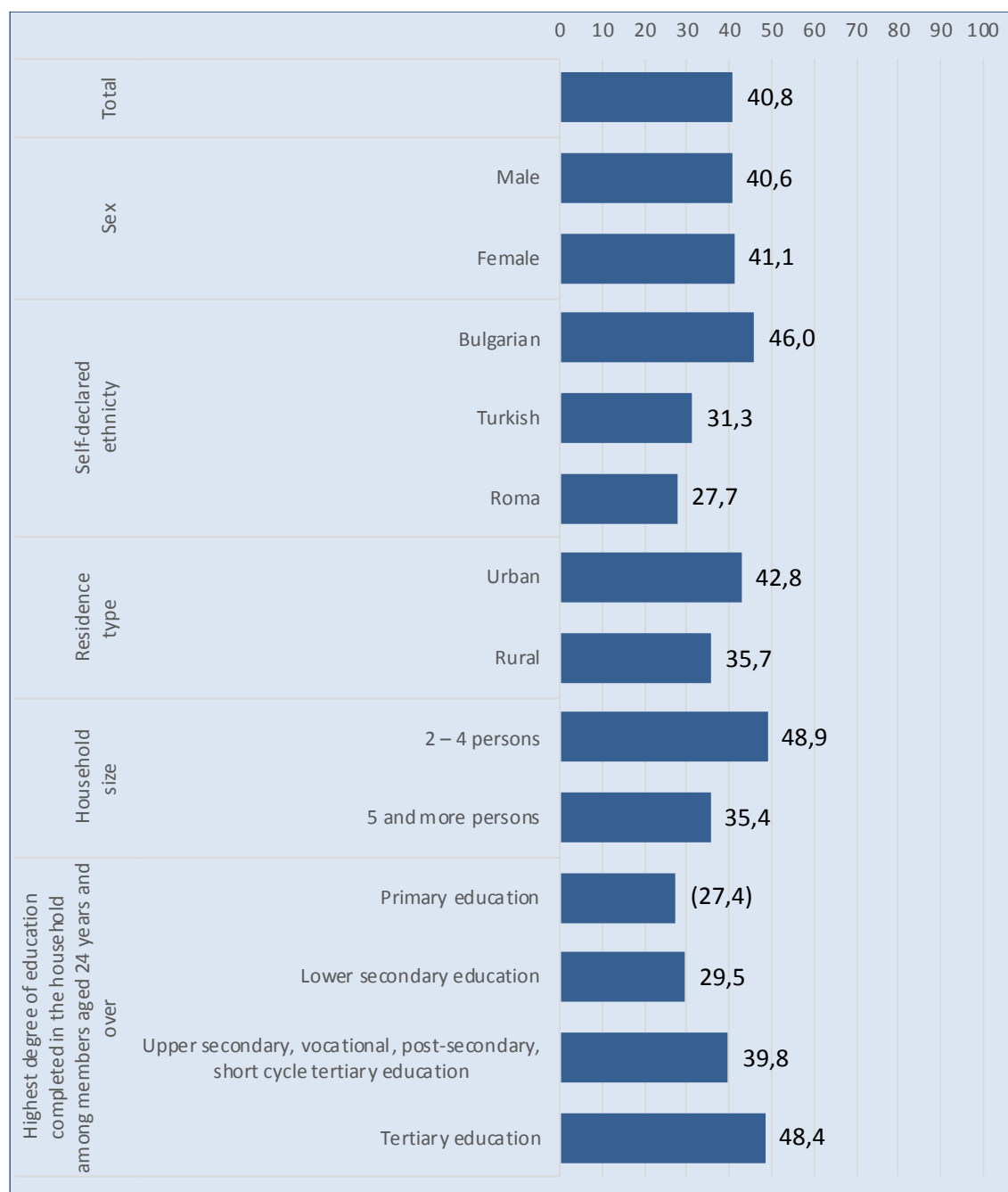
The survey indicator 'share of children attending kindergartens or crèches' can be used to monitor the effect of such policies. Survey data at national level show that the majority of children between 0 and 4 years of age (59.2 %) do not attend a kindergarten or crèche (Figure 1).

Ethnicity seems to be among the factors leading to a higher share of children not attending kindergartens or crèches: the share of attending Roma children (27.7 %) is much lower than the share of attending ethnic Bulgarian children (46.0 %), disaggregated data show. One possible explanation for this difference is that Roma households are more likely to have economically inactive people who can take care of children at home, due to the higher share of jobless people among those who self-identify as Roma. More than 50 % of the people aged 20–64 years who self-identified as Roma (52.8 %) were not in paid work, compared with 19.8 % of those who self-identified as ethnic Bulgarians, as illustrated by the survey results.²⁵ Poverty levels and the language barrier also have to be taken into account when exploring the reasons why many Roma children do not attend kindergartens or crèches.

The lower share of attending children in rural areas (35.7 %) than in urban areas (42.8 %) may indicate problems with availability (institutions within reasonable distance) and/or accessibility (lack of staff) of facilities in remote areas. The level of education of parents (which also correlates to

unemployment rate) also seems to have an impact on attendance rates. While 48.4 % of children living in households in which the highest level of education among adult members is tertiary education attend a kindergarten or crèche, the share of those living in households in which the highest level of completed education is lower secondary education is 29.5 % (Figure 1).

Figure 1: Share of children aged 0–4 years attending kindergartens or crèches, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 0–4 years (n = 982); weighted results.

^b Based on the question “Is [child’s name] currently attending kindergarten or crèche?” filled in by the respondent for all children in the household younger than 4 years.

^c The remainder of the 100 % includes non-responses to the underlying questions.

^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are

flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

The share of children at risk of experiencing difficulties in their compulsory education due to not being able to attend pre-school education and care is estimated using the indicator 'early childhood education and care attendance'. The indicator is similar to the indicator on participation in early childhood (pre-primary) education applied by Eurostat on the basis of the joint United Nations Educational, Scientific and Cultural Organization Institute of Statistics/Organisation for Economic Co-operation and Development/Eurostat questionnaires on education statistics. However, the results of this data collection on education statistics are not compiled on the basis of a survey but on the basis of national administrative sources, reported by ministries of education or national statistical offices (countries provide data from administrative records on the basis of commonly agreed definitions).

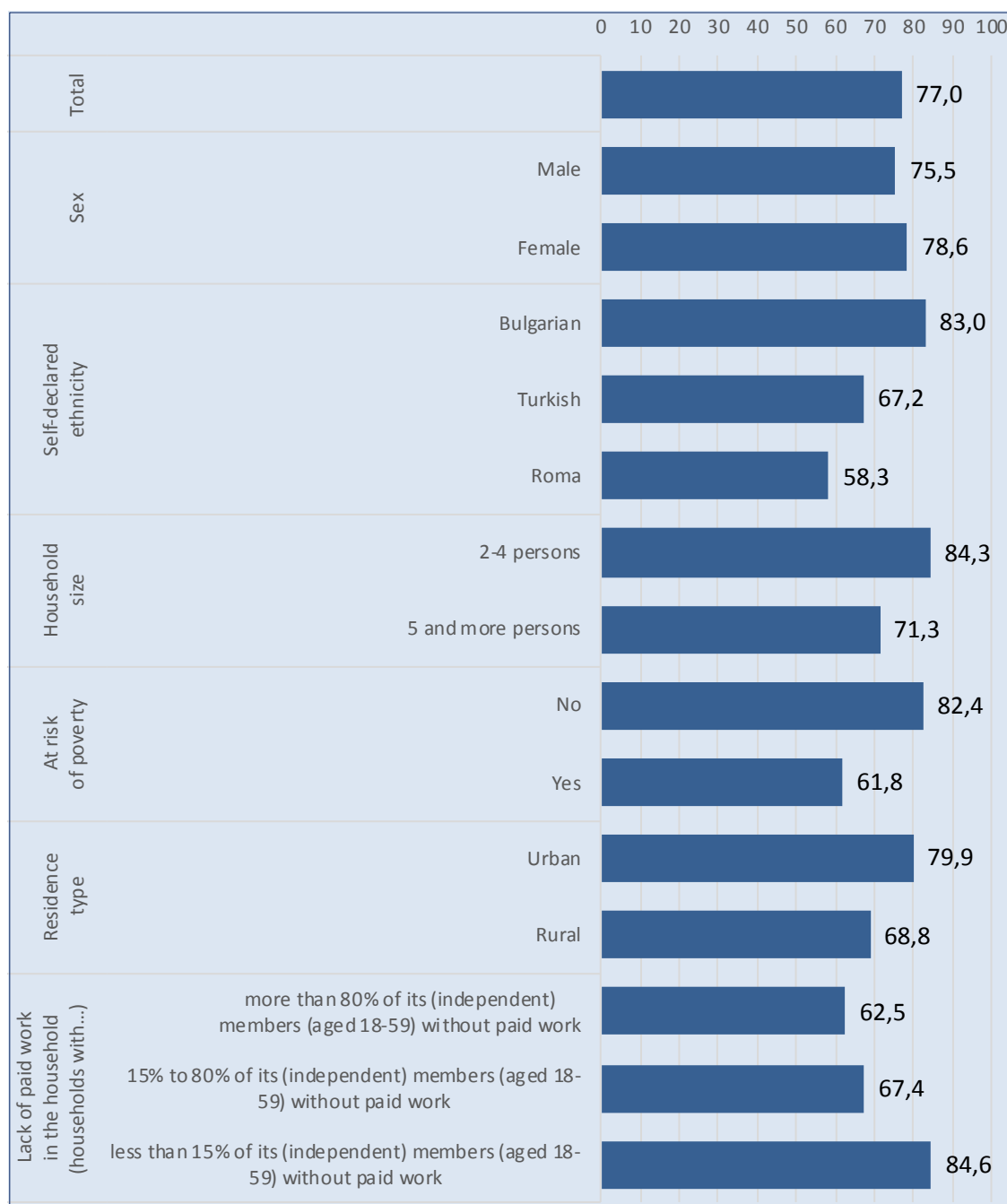
The attendance rate of children from nursery age (3 years) to the age of compulsory primary education (7 years) is 77 %, according to the survey results (Figure 2).

Roma children are more vulnerable to the risk of being excluded from early education and care, disaggregated data suggest. The share of attending Roma children (58.3 %) is considerably lower than the share of ethnic Bulgarian children (83.0 %). Poverty also seems to be a relevant factor, as children at risk of poverty are more likely to remain out of early education and care.

The data disaggregated by type of residence show that, despite the problems with insufficiency of places in bigger cities, the share of attending children in urban areas (79.9 %) is higher than in rural areas (68.8 %). A possible explanation for this difference is that the problems usually associated with rural areas (distance, lower economic status, etc.) have a higher impact on attendance rates than the insufficient capacity of facilities typical for big cities.

Lower household economic status seems to be another barrier to accessing early education and care: 37.5 % of children living in households in which more than 80 % of adults were jobless were not attending early education, compared with 15.4 % of children in households in which less than 15 % of adults did not have a job (Figure 2).

Figure 2: Share of children aged from 3 years up to the age of starting compulsory primary education (7 years) who attend early childhood education and care, by sex, self-declared ethnicity, at-risk-of-poverty rate, residence type, household size, and joblessness (%)



Notes: ^a Out of all children aged 3–6 years ($n = 880$); weighted results.

^b Based on the questions “Is the person studying at present?”, “Has [child’s name] ever attended school or kindergarten?: ‘Yes he/she is currently attending’” and “Is [child’s name] currently attending kindergarten or nursery?”, filled in by the respondent for all children in the household younger than 15 years.

^c Age group 3–6 years (theoretical start of International Standard Classification of Education (ISCED) level 1 is 7 years). Data refer to children enrolled in educational programmes (ISCED level 0 and ISCED level 1) (i.e. children in crèches and other day-care institutions are excluded). Actual age is used for calculation of the indicator, not the year of birth, which is different to Eurostat estimations. The corresponding Eurostat indicator *educ_uoe_enra21* uses data from education facilities’ registers.

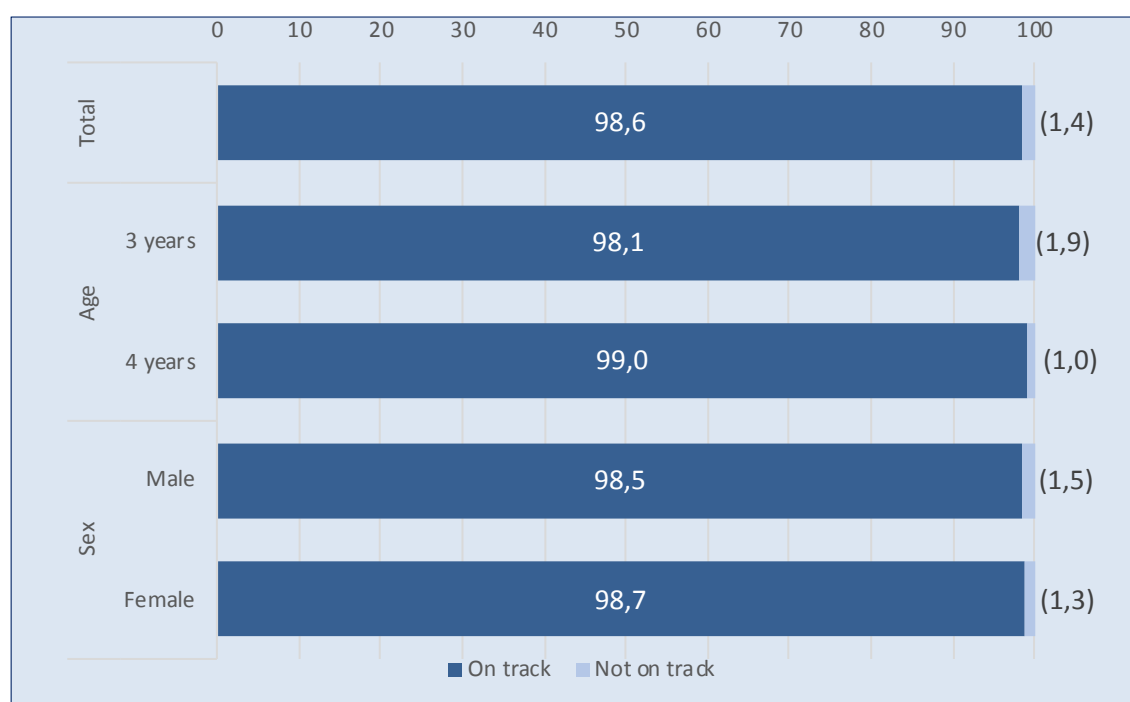
^d The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

During the first years of their lives, children learn some basic skills and their bodies form basic neural connections and chains.²⁶ Developing such skills is linked to stimulation through activities such as listening, physical activity and watching, which require adults to allocate time to joint activities with the child.²⁷ Such ‘lessons’ are also important for gaining learning skills and preparing for pre-school education. Science suggests that factors such as growing in an institution, parental depression and inability of adults to engage in learning activities result in deficits in child development such as speech.²⁸

The ‘early childhood development’ indicator is based on the similar indicator developed by UNICEF and aims to estimate the share of children aged 3 and 4 years who are developmentally on track in four domains: literacy/numeracy, physical, learning and social/emotional. Children are considered on track in terms of early childhood development if they are developmentally on track in three of the four domains. The vast majority of children aged 3 and 4 years (98.6 %) are developmentally on track, according to the survey results (Figure 3). Data disaggregated by sex and age do not show considerable differences, but disaggregation by domain reveals that the share of children who are developmentally on track is much higher in the physical (98.5 %), social/emotional (99.5 %) and learning (98.6 %) domains than in the literacy/numeracy domain (56.0 %).

Figure 3: Early childhood development of children aged 3 and 4 years (%)



Notes: ^a Out of all children aged 3 and 4 years for whom the early childhood development indicator could be determined (n = 410); weighted results.

^b The indicator is used to determine whether children are developmentally on track in four domains. (1) Literacy/numeracy: developmentally on track if at least two of the following are true: can identify/name at least 10 letters of the alphabet/can read at least four simple, popular words/knows the name and recognises the symbol of all numbers from 1 to 10. (2) Physical: developmentally on track if one or both of the following are true: can pick up a small object, such as a stick or a rock, with two fingers from the ground/is not sometimes too sick to play. (3) Social/emotional: developmentally on track if one or both of the following are true: gets along well with other children/does not kick, bite or hit other children. (4) Approaches to learning: developmentally on track if one or both of the following are true: follows simple directions on how to do something correctly/when given something to do, is

able to do it independently. This is different to the UNICEF Early Childhood Development Index, as the question about distraction is not included in the survey.

^c The remainder of the 100 % includes non-responses to the underlying questions.

^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

1.3. Living conditions, poverty and family environment

The conditions in which children grow up are a key factor for their health and development. Children living in poverty or in another disadvantaged situation are more likely to face barriers in different aspects of their life, some of which may have long-term implications for their development.²⁹

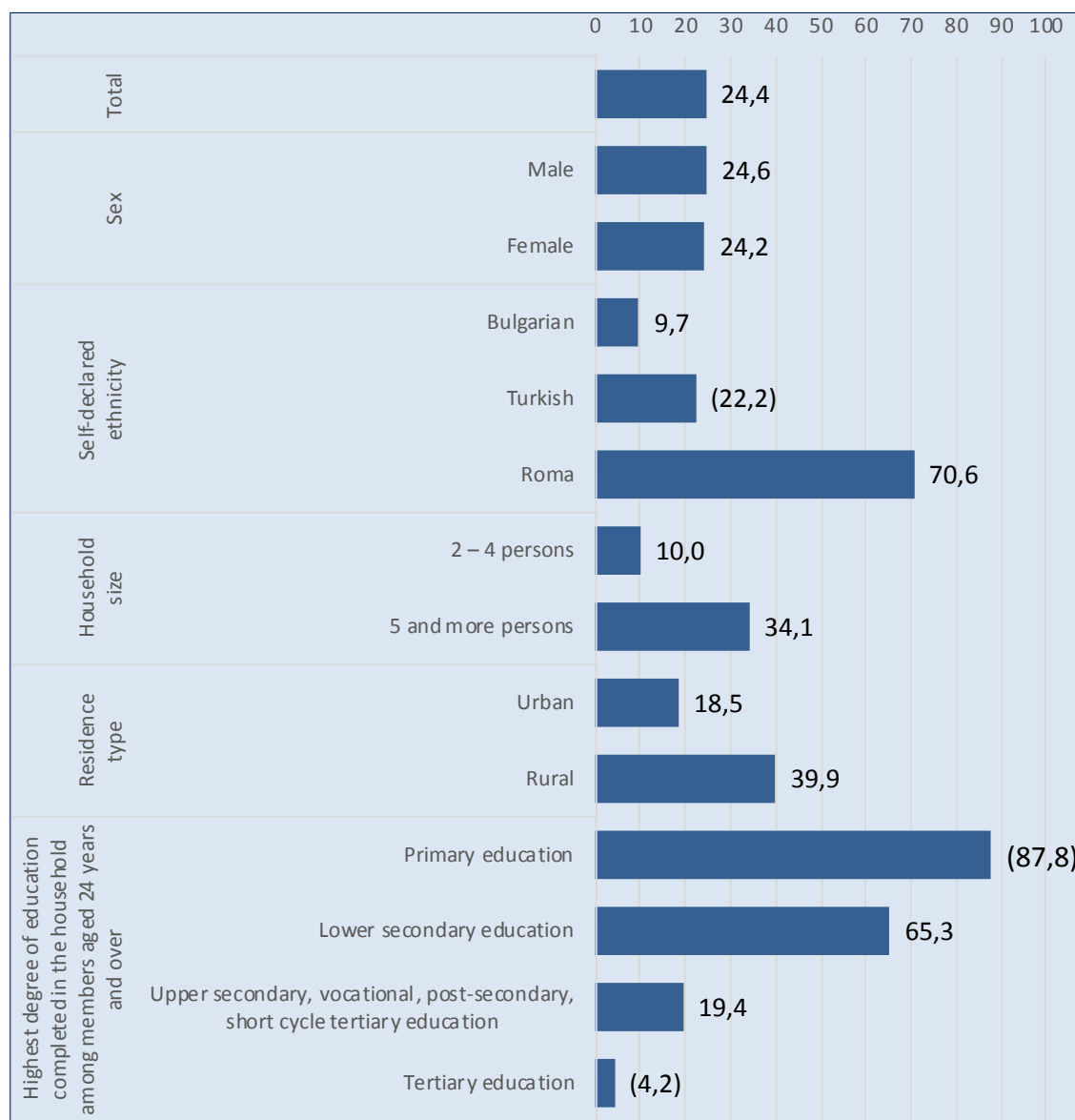
Disadvantaged conditions can be related to the living environment (poor living conditions, poverty, etc.) or the social environment (absent parents or parents who do not have the time or willingness to play with the child, lack of social infrastructure, etc.).

In Bulgaria, poor living conditions are a challenge for a considerable share of the population.³⁰ Factors such as housing deprivation and overcrowding may have a particularly negative impact on children aged 0–4 years, including on their health and development.

The indicator ‘share of children aged 0–4 years living in housing deprivation’ estimates the proportion of children who live in dwellings that are too dark, have a leaking roof or damp walls/floors, have no indoor bath/shower or have no indoor toilet. Survey data show that about a quarter (24.4 %) of the children of this age are deprived of such basic living conditions (Figure 4). This share is higher than the average share of people living in housing deprivation among the general population, which, according to the survey, is estimated at 18.7 %.³¹

The risk of housing deprivation is particularly high among the Roma population, disaggregated data confirm. The share of Roma children living in housing deprivation (more than 70 %) is much higher than the share of ethnic Bulgarian children in the same situation (less than 10 %). Children in rural areas (39.9 %) are also at higher risk of growing up in poor living conditions than their peers in towns and cities (18.5 %). The level of education in the household also seems to be a factor: the share of children living in housing deprivation reaches 65.3 % in households in which the highest level of education is lower secondary education (Figure 4).

Figure 4: Share of children aged 0–4 years living in housing deprivation (in dwellings that are too dark, have a leaking roof and/or damp walls or floors, have no indoor bath/shower or have no indoor toilet), by sex, self-declared ethnicity, residence type, household size and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 0–4 years ($n = 982$); weighted results.

^b Based on the questions “Do you have any of the following problems connected to the dwelling?: ‘Darkness, insufficient light’ or ‘Leaking roof, damp walls, foundations, etc.’”; “Are there in the dwelling: ‘Bathroom with a shower or bathtub’ or ‘Toilet with running water’?”, where possible answers included ‘Yes, inside the dwelling’ and ‘Yes, outside the dwelling’. These correspond to Eurostat’s indicator Tessi291.

^c The remainder of the 100 % includes non-responses to the underlying questions.

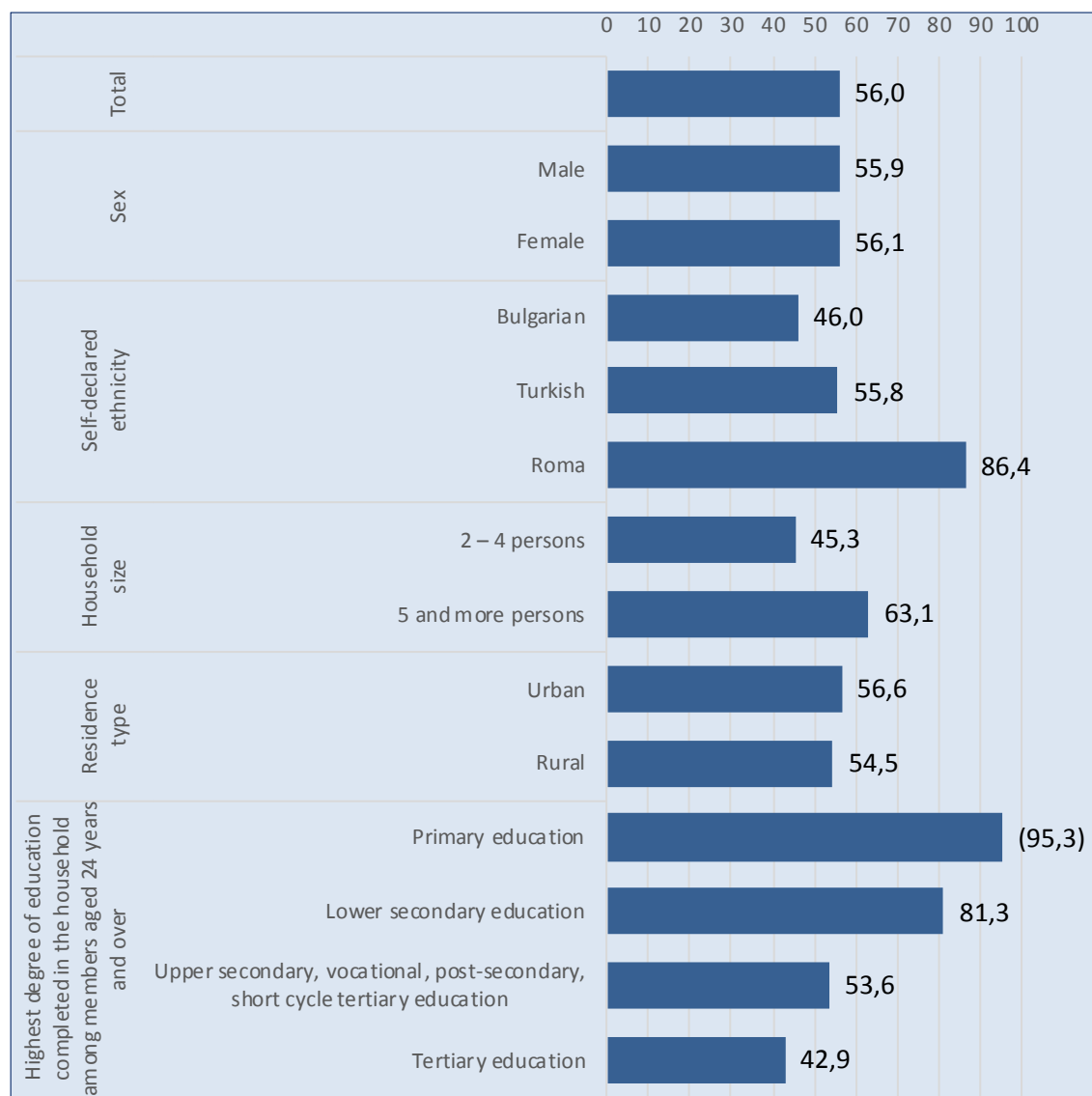
^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

Overcrowding is estimated by the indicator ‘share of children living in households that do not have the minimum number of rooms’. More than half of children in Bulgaria live in overcrowded dwellings

(compared with an average of 34.8 % of the general population)³² and the share is particularly high among those aged between 0 and 4 years (56 %, compared to 51 % among children aged between 5 and 14 years and 54v% among those aged between 15 and 17 years), survey data show (Figure 5).

Figure 5: Share of children aged 0–4 years living in households that do not have the minimum number of rooms according to the Eurostat definition of overcrowding, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 0–4 years (n = 982); weighted results.

^b Based on the question asking for the “Number of rooms in the dwelling (all rooms with an area of 4 and more square metres are included, without service rooms (bathrooms, closets, laundry rooms, etc.))”.

^c Overcrowding rate: a person is considered to live in an overcrowded household if the household does not have at its disposal a minimum number of rooms equal to one room for the household; one room per couple in the household; one room for each single person aged 18 or over; one room per pair of single people of the same gender aged between 12 and 17; one room for each single person between 12 and 17 not included in the previous category; and one room per pair of children under 12. This corresponds to Eurostat’s indicator ilc_lwho05a.

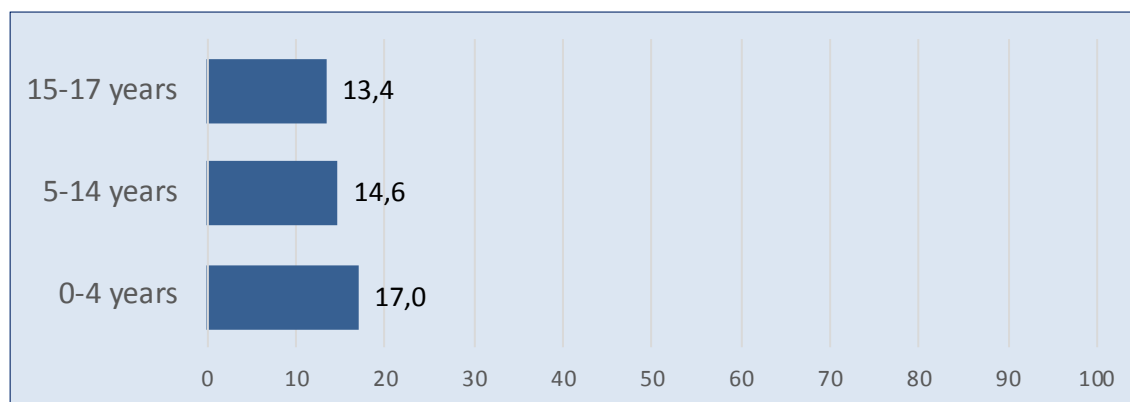
^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are

flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

The next indicator is ‘insufficient number of schools and/or kindergartens’. Living in an area with an insufficient number of schools and/or kindergartens increases the risk of children being excluded from education and care at some point in their lives. About 17 % of children aged between 0 and 4 years live in such areas and can find themselves in a disadvantaged situation when it comes to their enrolment in an educational facility, according to the data (Figure 6).

Figure 6: Share of children living in households that live in areas with insufficient schools or kindergartens, by age (%)



Notes: ^a Out of all children aged 0–17 years ($n = 4,491$); weighted results.

^b Based on the question “Which of the following problems related to the neighbourhood (village) in which you live do you have?: ‘Insufficient schools, kindergartens’.”.

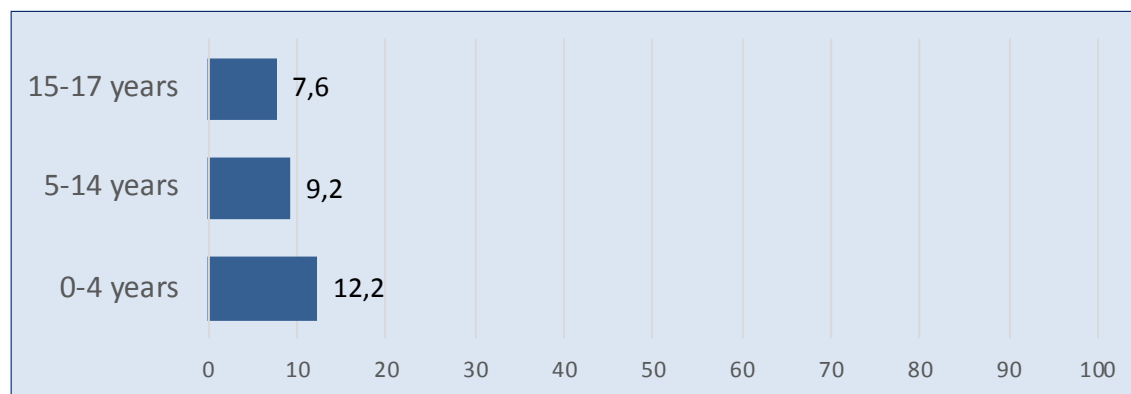
^c The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

For small children, having a person with long-standing limitations in the household can have various implications. Overall, households containing people with limitations are more likely to face difficulties in taking care of a child due to insufficient resources (if one or more household members have to quit their job to take care of the person with limitations) or the need for additional (social) support. The indicator ‘share of children in households containing people with severe or non-severe limitations’ estimates the proportion of children exposed to a higher risk of being in a disadvantaged position due to limitation or disability in the household. In Bulgaria, 3.6 % of children up to the age of 4 years live in such households, survey data show.

A lack of paid work in the household is among the factors that lead to increased risk of poverty and social exclusion. For households with small children, this risk may have a negative impact on the child’s development, including their health. Insufficient financial resources often lead to more limited access to good nutrition, healthcare, early education, etc. At the same time, non-attendance of early childhood care increases the risk of unemployment in the family, especially for women. The ‘share of children in jobless households’ – the next indicator – is higher among children between 0 and 4 years of age (12.2 %) than in the other age groups (9.2 % among children between 5 and 14 years and 7.6 % among those between 15 and 17 years), the survey data show (Figure 7). The number of dependent children is also linked to an increased risk of joblessness in the household, as illustrated by the survey results.³³

Figure 7: Share of children living in jobless households, by age (%)



Notes: ^a Out of all children aged 0–17 years (n = 4,491); weighted results.

^b A jobless household is a household in which more than 80 % of its (independent) members (aged 18–59 years) are not in paid work.

^c The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

¹ Velea, R. and Tamburlini, G. (2014), [Early child development in the European region: Needs, trends and policy development](#), Copenhagen, World Health Organization Regional Office for Europe.

² Yordanov, I. and Zahariev, B. (2014), The first 7: Early childhood development – Perspectives, challenges and responsibilities ([Първите 7: Ранното детско развитие – перспективи, предизвикателства и отговорности](#)), New York, UNICEF.

³ Bradshaw, J. and Richardson, D. (2009), [‘An index of child well-being in Europe’](#), *Journal of Child Indicators Research*, Vol. 2, No. 3.

⁴ Bulgaria, Ministry of Health (Министерство на здравеопазването) (2021), National programme for improving maternal and child health 2021–2030 ([Национална програма за подобряване на майчиното и детско здраве 2021–2030 г.](#)).

⁵ Bulgaria, Ministry of Health (Министерство на здравеопазването) (2019), Ordinance No. 9 of 10 December 2019 determining the package of health activities guaranteed by the budget of the National Health Insurance Fund ([Наредба № 9 от 10 декември 2019 г. За определяне на пакета от здравни дейности, гарантиран от бюджета на Националната здравноосигурителна каса](#)), 13 December 2019, last amended 1 October 2021.

⁶ Bulgaria, Ministry of Health (Министерство на здравеопазването) (2021), National programme for improving maternal and child health 2021–2030 ([Национална програма за подобряване на майчиното и детско здраве 2021–2030 г.](#)), p. 17.

⁷ Bulgaria, Ministry of Health (Министерство на здравеопазването) (2021), National programme for improving maternal and child health 2021–2030 ([Национална програма за подобряване на майчиното и детско здраве 2021–2030 г.](#)), p. 18.

⁸ Bulgaria, Ministry of Health (Министерство на здравеопазването) (2021), National programme for improving maternal and child health 2021–2030 ([Национална програма за подобряване на майчиното и детско здраве 2021–2030 г.](#)), p. 10.

⁹ European Commission, Expert Panel on Effective Ways of Investing in Health (2018), [Vaccination programmes and health systems in the European Union](#), Luxembourg, Publications Office, 26 September 2018.

¹⁰ Council of the European Union (2011), [Council conclusions on childhood immunisation: Successes and challenges of European childhood immunisation and the way forward](#), OJ 2011 C 202.

¹¹ Bulgaria, Ministry of Health (Министерство на здравеопазването) (2007), Regulation No. 3 of 5 February 2007 on the health requirements for kindergartens ([Наредба № 3 от 5 февруари 2007 г. за здравните изисквания към детските градини](#)), 16 February 2007, last amended 20 October 2020. The regulation allows children who have not had mandatory immunisations because of a health problem to be enrolled in kindergartens.

¹² Bulgaria, National Center for Public Health and Analysis (Национален център по общественото здраве и анализи) (2021), Administered immunisations and re-immunisations ([Извършени имунизации и реимунизации](#)).

¹³ Bulgaria, National Center of Infectious and Parasitic Diseases (Национален център за заразни и паразитни болести) (2020), Acute infectious diseases in Bulgaria in 2020 ([Остри заразни болести в България през 2020 г.](#)).

¹⁴ Bulgaria, Ministry of Health (Министерство на здравеопазването) (2005), Regulation No. 15 of 12 May 2005 on the immunisations in the Republic of Bulgaria ([Наредба № 15 от 12 май 2005 г. за имунизациите в Република България](#)),

12 May 2005, last amended 22 December 2020. For the full list of contraindications for immunisation of children, see Annex 10 to Article 20 (1).

¹⁵ European Commission (2014), [Study on the effective use of early childhood education and care \(ECEC\) in preventing early school leaving \(ESL\)](#), Luxembourg, Publications Office.

¹⁶ Lenaerts, K., Vandenbroeck, M. and Beblavý, M. (2018), [Benefits of early childhood education and care and the conditions for obtaining them](#), Luxembourg, Publications Office.

¹⁷ For more information, see European Commission (2021), [EU strategy on the rights of the child](#), COM(2021) 142 final, 24 March 2021, and Council of the European Union (2021), [Council Recommendation \(EU\) 2021/1004 of 14 June 2021 establishing a European Child Guarantee](#), OJ 2021 L 223.

¹⁸ Bulgaria, National Social Security Institute (*Национален осигурителен институт*) (2021), 'Cash maternity benefits' (*'Парични обезщетения за майчинство'*).

¹⁹ Bulgaria, Ministry of Education and Science (*Министерство на образованието и науката*) (2020), Explanatory report on the draft law amending and supplementing the Pre-school and School Education Act (*Мотиви към проект на Закон за изменение и допълнение на Закона за предучилищното и училищното образование*), 25 February 2020.

²⁰ Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2021), ['Children in creches as of 31.12 by statistical regions and by districts'](#), 14 May 2021.

²¹ Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2021), ['Creches and places in creches as of 31.12.2020 by statistical regions and districts'](#), 14 May 2021.

²² The age for starting mandatory pre-primary education is 4 years in the regions that have sufficient capacity to provide it for all eligible children.

²³ Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2021), 'Kindergartens, children, pedagogical staff, places and groups in the kindergartens by statistical zones, statistical regions, districts and municipalities' (*'Детски градини, деца, педагогически персонал, места и групи в детските градини по статистически зони, статистически райони, области и общини'*), 26 April 2021.

²⁴ Bulgaria, Council of Ministers (*Министерски съвет*) (2021), Decree No. 76 of 5 March 2021 on the adoption of the regulation on the terms and conditions for the provision and payment from the state budget of compensation of the costs incurred by parents for the upbringing and education of children who are not admitted to state or municipal kindergartens or schools due to lack of vacancies (*Постановление № 76 от 5 март 2021 г. за приемане на Наредба за условията и реда за предоставяне и изплащане на средства от държавния бюджет за компенсиране на разходите, извършени от родителите за отглеждането и обучението на децата, които не са приети в държавни или общински детски градини или училища поради липса на свободни места*), 5 March 2021.

²⁵ BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

²⁶ UNICEF (2017), [Early moments matter for every child](#), New York, UNICEF.

²⁷ Yordanov, I. and Zahariev, B. (2014), *The first 7: Early childhood development – Perspectives, challenges and responsibilities* (*Първите 7: Ранното детско развитие – перспективи, предизвикателства и отговорности*), New York, UNICEF. For more information about the importance of nurturing care, see World Health Organization, UNICEF and World Bank Group (2018), [The nurturing care framework for early childhood development: A framework for helping children survive and thrive to transform health and human potential](#), Geneva, World Health Organization.

²⁸ For example, see Farah, R. Greenwood, P., Dudley, J., Hutton, J., Ammerman, R. T., Phelan, K., Holland, S. and Horowitz-Kraus, T. (2020), ['Maternal depression is associated with altered functional connectivity between neural circuits related to visual, auditory, and cognitive processing during stories listening in preschoolers'](#), *Behavioral and Brain Functions*, Vol. 16, No. 5.

²⁹ Council of the European Union (2021), [Council Recommendation \(EU\) 2021/1004 of 14 June 2021 establishing a European Child Guarantee](#), OJ 2021 L 223.

³⁰ BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

³¹ BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

³² BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

³³ BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

2. Children aged 5–14 years

Highlights

- About 91 % of children aged 5–14 years attend school or kindergarten, about 7 % have temporary or permanently left the education system and about 1.5 % have never been involved in it. Children of Roma origin, those living in rural areas and those in bigger households and households with lower levels of education are the groups at higher risk of dropping out of education or never being enrolled in it.
- About 13.8 % of Roma children do not attend school. That figure is higher than those for children with Bulgarian or Turkish ethnic backgrounds (both about 3.4 %).
- The share of children living in housing deprivation (24.4 % among children aged 0–4 years and 22.2 % among those aged 5–14 years) is higher than the average housing deprivation rate of the general population (18.7 %) and is particularly high among Roma children (71.1 %) and children living in households in which none of the members has an education level above primary education (83.9 %).
- More than half of children aged 5–14 years (about 51 %) live in overcrowded homes. This share is the lowest of all the age groups of children but is still much higher than the average overcrowding rate of the general population (about 35 %).
- The majority of households with children aged 5–14 years have an internet connection (85.8 % have a mobile connection and 71.6 % have a fixed connection). However, the share of households that cannot afford to an internet connection (7.3 % for mobile connection and 11.3 % for fixed connection) shows that there is still a group of children who may not have any internet access at home.
- The share of children living in jobless households drops from 63 % in households in which none of the members has an education level higher than primary education to 4.5 % in households in which the highest level of completed education is upper secondary or professional (vocational) education.

This chapter looks at the situation of children of pre-school and school age. At this age, children undergo a range of physical and cognitive developmental changes. This is also the age when all children should attend mandatory education and when, in addition to the family, the educational system becomes a more relevant factor in their development.

The European Child Guarantee outlines the strong correlation between social exclusion of children and the lack of access to key services,¹ with pre-school and school education being among the major services for children in this age group. Although generally available, schools are not equally accessible for all children. Additional costs, such as transportation, school books and equipment, often increase the financial burden on the children's families. Additional challenges for the families with children of compulsory school age (besides securing access to good-quality education with the accompanying costs) may come from the need to meet health and healthy nutrition requirements, provide more living space necessary for the learning process, etc. At the same time, the Child Protection Act stipulates that parents or carers should not leave children under the age of 12 years alone if this poses a threat to their physical, mental or moral well-being.² Unlike the institutions offering pre-primary education, many schools cannot provide full-time places. This means that working parents need to seek help from other family members or private educational and care facilities for their children so that they can keep their job and their children are taken care of. During the 2019/2020 school year, about one third of all children from the first to the seventh grade were not included in full-day education, according to official data published by the media. As taking care of children when they are not at school may be associated with additional costs (e.g. for a babysitter or

private educational facility), this should be taken into account when assessing the risk factors for dropping out of school, particularly for children from families with a low economic status.³

Between the ages of 5 and 14 years, the social environment starts to play a bigger role in children's development. The school area becomes the children's society, and their personal financial or social status can have many implications in different areas of children's lives. The subjectively perceived material condition of the family is a factor with a very pronounced influence on all subjective indicators of health, as noted by UNICEF in its health behaviour report.⁴

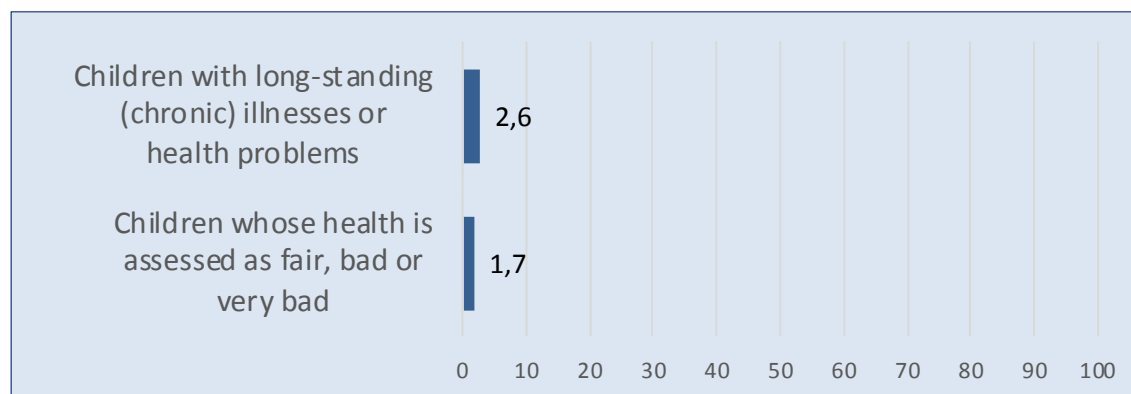
2.1. Health

Between the ages of 5 and 14 years, children's development undergoes many changes. Children's healthcare and healthy lifestyle and nutrition continue to be the main prerequisites for a good quality of life in older age. At the same time, the general self-assessment of health decreases with age in this group and psychosomatic symptoms (such as headache or irritability) start to appear.⁵ The misuse of psychoactive substances and pregnancy at an early age are among the lifestyle-related factors that seriously affect children's health in the future. In 2020, there were 706 registered cases of children under 15 years of age with severe intoxications related to substance abuse, of which 129 cases (66 boys and 63 girls) were narcotic intoxication, 488 (303 boys and 185 girls) were alcohol intoxication and 89 (46 boys and 43 girls) were combined drugs and alcohol intoxication, official data show.⁶ During the same year, there were 113 abortions among girls aged 15 years or less (including elective, spontaneous and for medical reasons).⁷

In 2021, the government adopted the *National programme for improving maternal and child health 2021–2030* (Национална програма за подобряване на майчиното и детско здраве 2021–2030 г.).⁸ During the 2019/2020 school year, 87.3 % of all pupils between 7 and 18 years underwent prophylactic health screening, according to the programme. The screening data show a morbidity rate of 156.2 ‰ among children in the seventh grade (13/14 years old) and a rate of 149‰ among those in the first grade (6/7 years old). A breakdown of morbidity types reveals the dominance of eye diseases, obesity and asthma.⁹

The proposed indicator 'children's health' reflects the health status of children aged 5–14 years (as perceived by the household member participating in the survey). The health of the vast majority of children of this age is evaluated as good or very good, with the share of children whose health is assessed as fair, bad or very bad being less than 2 %, survey data show (Figure 8).

Figure 8: Share of children aged 5–14 years with long-standing (chronic) illnesses or health problems, and health self-assessment of children aged 5–14 years (%)



Notes: ^a Out of all children aged 5–14 years (n = 2,654); weighted results.

^b Long-standing (chronic) illnesses or health problems: based on the question "Does [child's name] have any long-standing (chronic) illnesses or health problems?: 'Illness or health problems that have lasted,

or are expected to last, for 6 months or more.’”, filled in by the respondent for all children aged 5–14 years in the household.

^c Health self-assessment: based on the question “How would you describe [child’s name]’s health in general?”, filled in by the respondent for all children aged 5–14 years in the household, where possible answers included ‘Fair’, ‘Bad’ and ‘Very bad’.

^d The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

At the same time, the ‘share of children with chronic diseases or long-standing health problems’ – another indicator – is estimated at about 2.6 % (Figure 8). A similar share of children (2.4 %) report some long-standing limitations (severe or not severe) in their everyday activities, according to the survey.¹⁰ Although the small number of observations does not allow for further disaggregation of the data, the results are an indication of the number of children who may be exposed to higher health-related risks, especially if they are also at risk of poverty or have limited access to specialised paediatric care.

2.2. Education

According to the European Child Guarantee, education and school-based activities are among the basic services every child should have equal access to. In Bulgaria, pre-school and school education is regulated by the Pre-school and School Education Act (*Закон за предучилищното и училищното образование*).¹¹ From the age of 5 years (or 4 years in municipalities with a sufficient number of available places), children are subject to mandatory pre-primary education, which is delivered by kindergartens and primary schools. School education is mandatory from the year in which the child turns 7 years old (or 6 years upon the decision of the parents) until the year in which they turn 16 years old.

The national policy framework of school education is laid down in the Strategic framework for the development of education, training and learning in the Republic of Bulgaria 2021–2030 (*Стратегическа рамка за развитие на образованието, обучението и ученето в Република България 2021–2030*).¹²

During the 2020/2021 school year, there were 1,948 general education schools, comprising 129 primary schools (grades 1–4), 1,151 lower secondary schools (grades 1–7), 114 high schools (grades 9–13), 483 secondary schools (grades 1–13) and 71 integrated schools (grades 1–10). Of these, 97 schools were private and the rest were public.¹³ The pupil–teacher ratios in pre-primary and primary education in 2018 stood at 12.3 pupils per teacher (pre-primary) and 13.7 pupils per teacher (primary), which correspond to the EU average.¹⁴ However, schools are not evenly distributed across the country.¹⁵

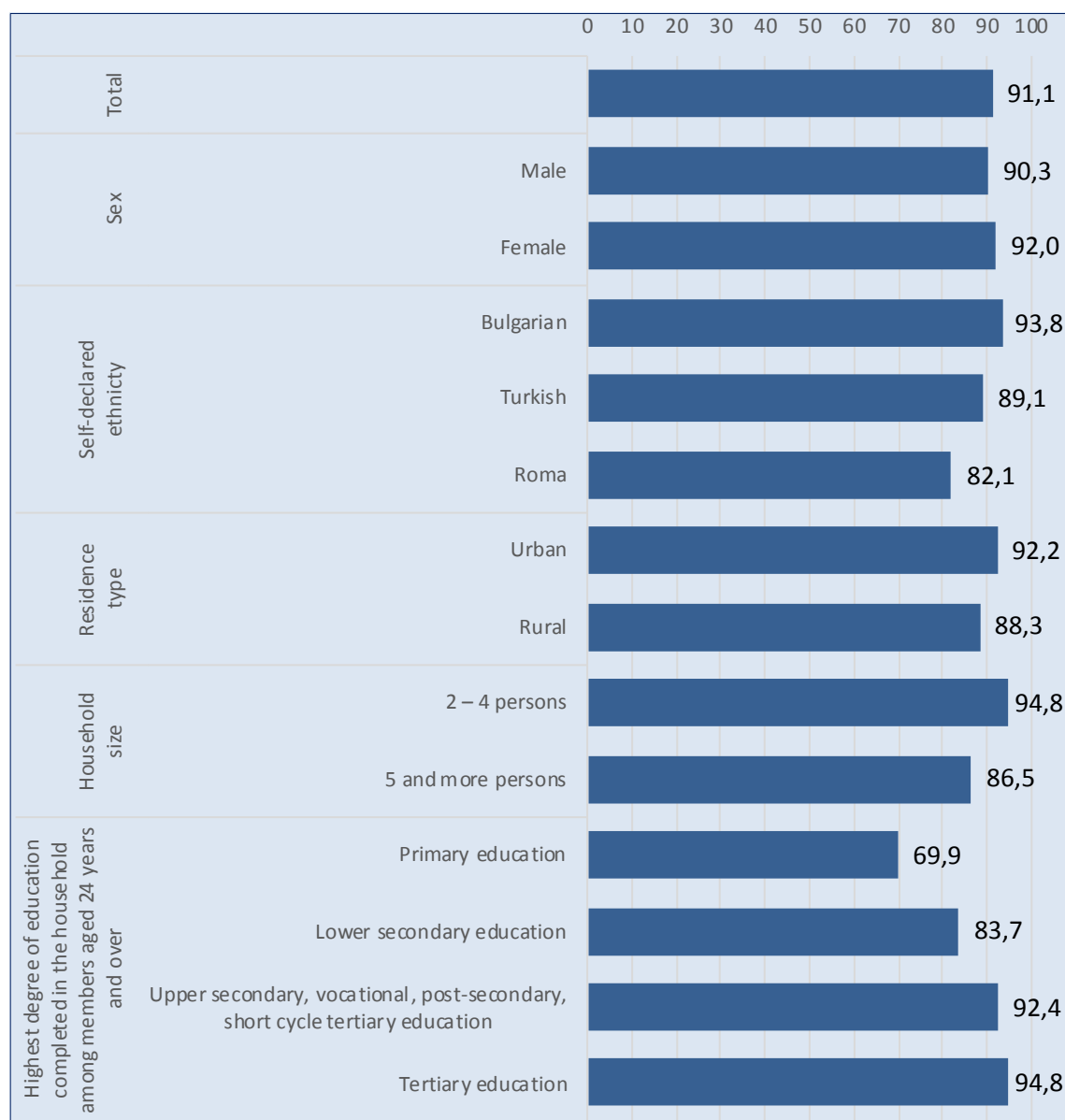
School drop-out is the major education-related risk for children in this age group. It can lead to low educational attainment, followed by low remuneration or unemployment and consequently poverty and social exclusion. This risk has been recognised by the national authorities, and policy measures exist in terms of both preventing children from leaving school and returning those who have left.¹⁶ Since 2017, as a result of the introduction of the Mechanism for joint work of the institutions on coverage, inclusion and prevention of dropping out of the educational system (*Механизъм за съвместна работа на институциите по обхващане, включване и предотвратяване на отпадането от образователната система*), the share of children aged 5–16 years who do not attend school has dropped from 8.47 % in the 2018/2019 school year to 4.73 % in 2019/2020.¹⁷ At the same time, during the 2020/2021 school year the net enrolment rate stands at 78.1 % in pre-primary education, 84.8 % in primary education and 84.4 % in secondary education, official data show.¹⁸ During the 2019/2020 school year, a total of 10,947 children from I to VII grade had left

school, including 1,011 unwilling to study and another 4,569 for family reasons.¹⁹ The coronavirus disease 2019 (COVID-19) pandemic and remote schooling have presumably affected the drop-out rates.

The importance of participation in early childhood education and care as a determinant of later acquisition of basic skills is confirmed by various studies and also recognised by the EU.²⁰ In this respect, the indicator 'share of children between 5 and 14 years who attend or have attended school or early childhood education and care' estimates the share of children who have never been to pre-primary education or have dropped out of school by the age of 14 years. In 2020, about 91 % of children between 5 and 14 years had been attending school or kindergarten, about 7 % were out of the education system and about 1.5 % had never been involved in it, survey data show (Figure 9).

Children of Roma origin, those living in rural areas and children in bigger households are the groups at higher risk of dropping out of education or never being enrolled in it, disaggregated data show. The level of education in the household also seems to be a relevant factor, as the share of children in households with lower levels of education who leave or stay out of school is higher than among those in households with higher levels of completed education (Figure 9).

Figure 9: Share of children aged 5–14 years who attend school or early childhood education and care, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 5–14 years ($n = 2,654$); weighted results.

^b Based on the question “Has [child’s name] ever attended school or kindergarten?: ‘Yes, he/she is currently attending.’”, filled in by the respondent for all children aged 5–14 years in the household. The remainder of the 100 % includes non-responses to the underlying question.

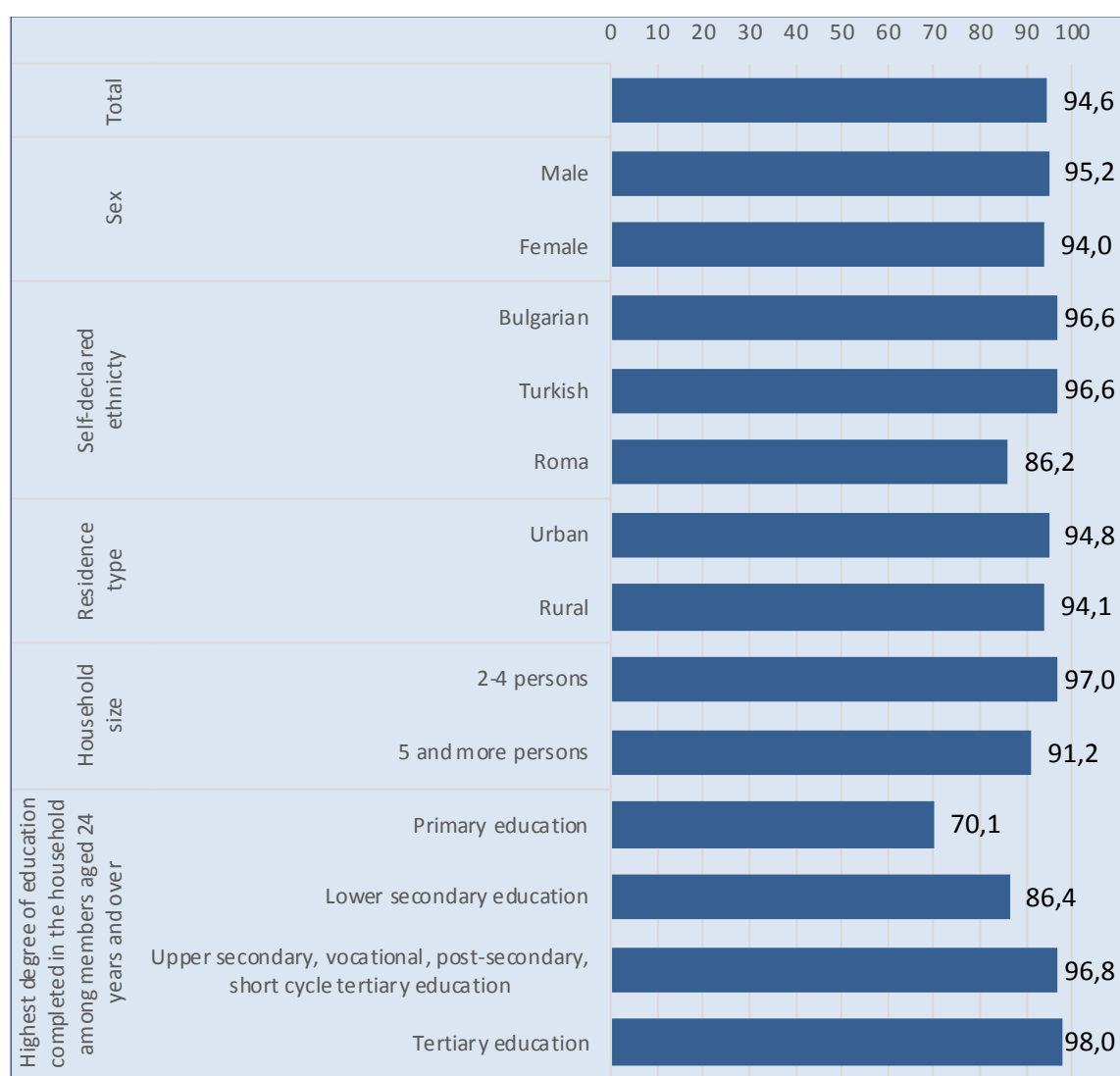
Source: BNSI/FRA survey 2020

The other indicator estimating the share of children not involved in education is the one on the share of children of compulsory school age (7–15 years) who do not attend school. The vast majority of all children aged between 7 and 15 years attend school and less than 6 % do not, survey results show (Figure 10). The survey does not register the reasons for non-attendance, which may be financial reasons, health problems, poor performance, lack of school in the area, etc.

The factors that seem to have the strongest impact on being out of school are the educational level of the household, the household size and the child’s ethnicity, disaggregated data show. About 13.8 % of Roma children do not attend school, which is a higher share than that of children with

Bulgarian or Turkish ethnic backgrounds (both about 3.4 %). The type of residence does not seem to be a relevant factor: the shares of non-attending children in urban and rural areas are almost the same. One possible explanation for this situation is the large number of lower secondary schools, which are likely to adequately cover children of compulsory school age from all regions. At the same time, as illustrated by the previous indicator, the type of residence plays a certain role for children below the compulsory school age as the share of children between 5 and 14 years who attend school or early childhood education and care is smaller in rural areas (Figure 9). Children from households with a higher level of completed education seem to be less exposed to the risk of leaving education early: the share of children not attending school is about 2 % in households with tertiary education as the highest level of education, compared with almost 30 % in households with primary education or lower (Figure 10).

Figure 10: Share of children of compulsory school age (7–15 years) attending education, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 7–15 years (n = 2,480); weighted results.

^b Based on the question “Has [child’s name] ever attended school or kindergarten?: ‘Yes, he/she is currently attending.’”, filled in by the respondent for all children aged 5–14 years in the household.

^c The national compulsory school age is 7–15 years.

^d The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

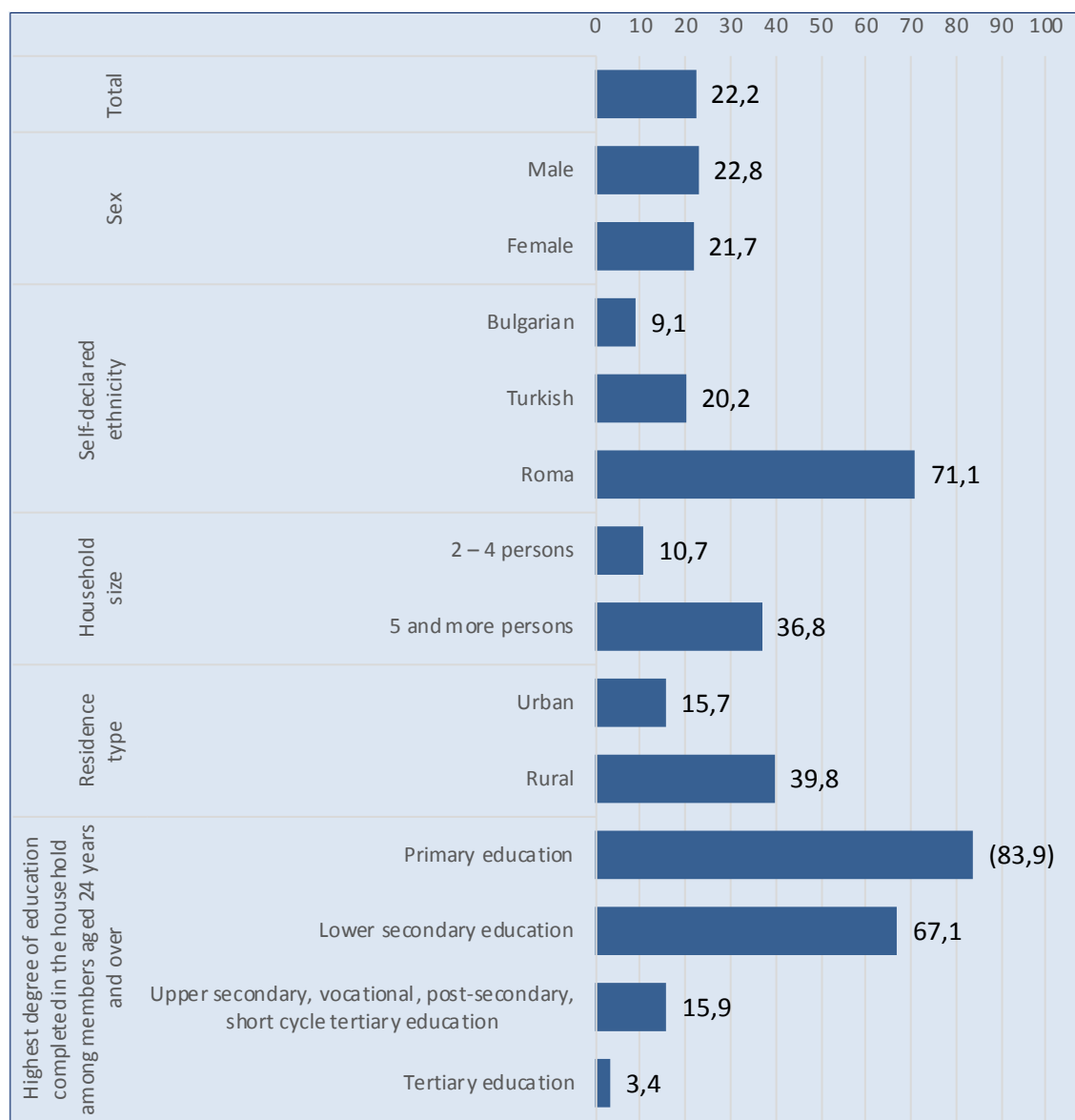
2.3. Living conditions, poverty and family environment

Apart from health and education, a number of other factors have an impact on children's development and well-being. Risk factors such as poverty, poor living conditions and lack of access to certain services (e.g. the internet) can place certain groups of children in a disadvantaged position compared with their peers. In terms of living conditions, the European Child Guarantee highlights adequate housing as one of the key services all children should have access to.²¹ The national poverty reduction strategy identified families with children and young people of migrant origin and Roma children and young people who are at risk of poverty and social exclusion due to leaving the education system as particularly vulnerable to poor housing conditions and homelessness. In 2019, an estimated 22.1 % of households with dependent children were at risk of poverty. Of these, single-parent households and households with three or more children are considered particularly vulnerable.²² In the period 2008–2019, there were increases in both the absolute number of children living in poverty (by 6,700)²³ and the number of children living in poverty as a share of the population in this age group (from 25.5 % to 27.5 %).²⁴

The 'housing deprivation' indicator provides an estimate of the share of children living in dwellings that are too dark (insufficient daylight coming in through the windows), have a leaking roof and/or damp walls or floors, have no indoor shower/bath or have no indoor toilet. The share of children living in such conditions is lower among children aged 5–14 years (22.2 %) than among those aged 0–4 years (24.4 %) (Figure 11), the survey results show. Both shares are higher than the average housing deprivation rate among the general population (18.7 %),²⁵ which is an indication that children are particularly vulnerable to the risk of growing up in poor living conditions.

A very high share of Roma children live in housing deprivation – 71.1 % – compared with 9.1 % of children with a Bulgarian ethnic background, disaggregated data show. The share of children living in housing deprivation in rural areas (39.8 %) is more than double that of children living in cities and towns (15.7 %). The level of education of the household also seems to be a relevant factor, with the share of children living in housing deprivation estimated at 83.9 % in households in which none of the members has an education level higher than primary education (Figure 11).

Figure 11: Share of children aged 5–14 years living in housing deprivation (in dwellings that are too dark, have a leaking roof and/or damp walls or floors, have no indoor bath/shower or have no indoor toilet), by sex, self-declared ethnicity, residence type, household size and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 5–14 years ($n = 2,654$); weighted results.

^b Based on the questions “Do you have any of the following problems connected to the dwelling?: ‘Darkness, insufficient light’ or ‘Leaking roof, damp walls, foundations, etc.’”; “Are there in the dwelling: ‘Bathroom with a shower or bathtub’ or ‘Toilet with running water’?”, where possible answers included ‘Yes, inside the dwelling’ and ‘Yes, outside the dwelling’. These correspond to Eurostat’s indicator Tessi291.

^c The remainder of the 100 % includes non-responses to the underlying questions.

^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

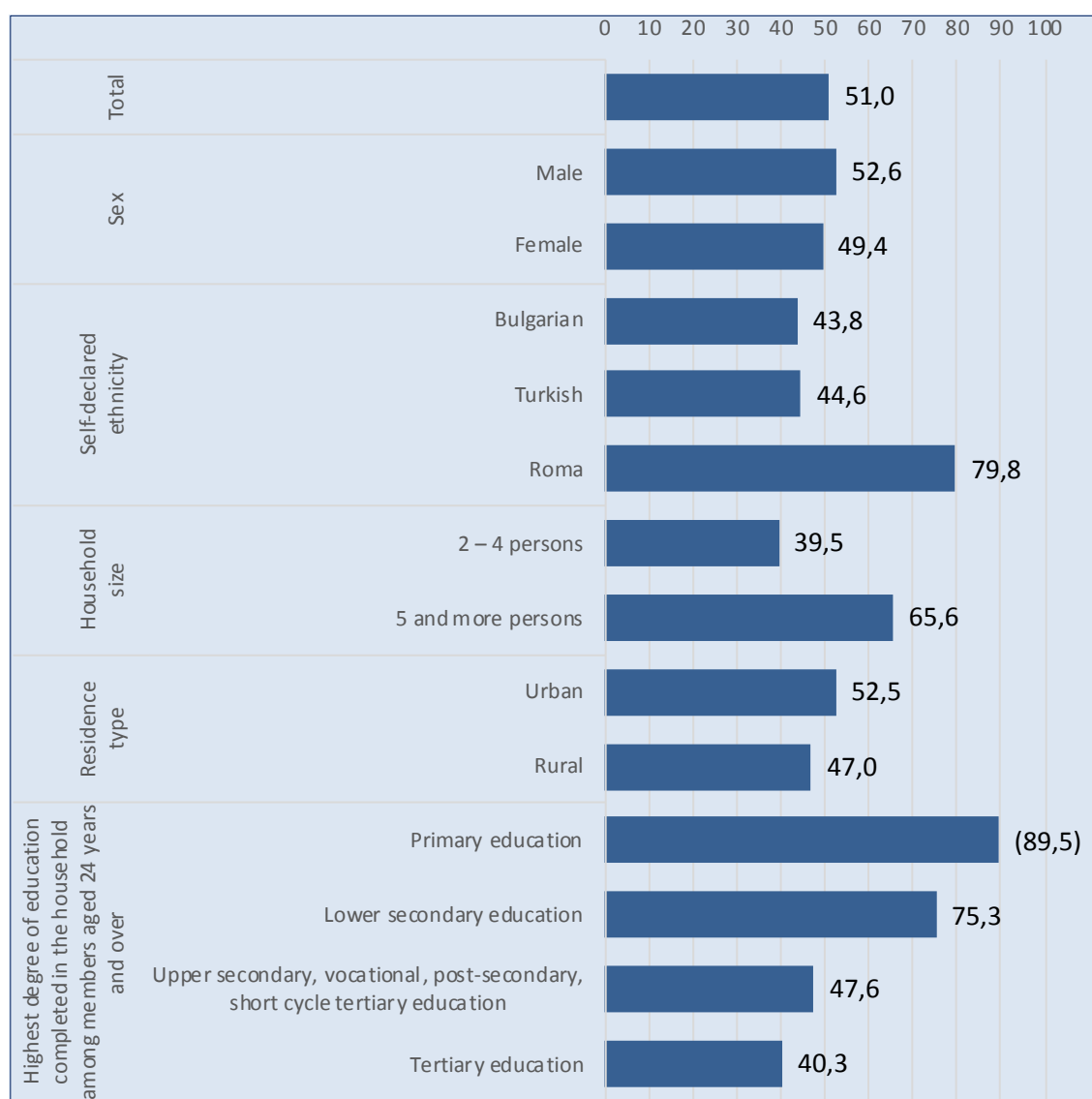
Source: BNSI/FRA survey 2020

Overcrowding affects a large share of children in the 5- to 14-year age group, similarly to children in the other two age groups (0–4 years and 15–17 years). More than half of the children between 5 and

14 years of age (about 51 %) live in overcrowded homes (Figure 12). Although this share is the lowest of all the age groups of children, it is still much higher than the average overcrowding rate among the general population (about 35 %).²⁶

Similar to housing deprivation, disaggregated data show that Roma children, children living in rural areas and children living in households with lower levels of completed education are more vulnerable to the risk of living in overcrowded dwellings. In terms of sex, boys between 5 and 14 years of age seem to be at higher risk of overcrowding than girls of the same age (52.6 % compared with 49.4 %) (Figure 12).

Figure 12: Share of children aged 5–14 years living in households that do not have the minimum number of rooms according to the Eurostat definition of overcrowding, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 5–14 years ($n = 2,654$); weighted results.

^b Based on the question asking for the “Number of rooms in the dwelling (all rooms with an area of 4 and more square metres are included, without service rooms (bathrooms, closets, laundry rooms, etc.))”.

^c Overcrowding rate: a person is considered to live in an overcrowded household if the household does not have at its disposal a minimum number of rooms equal to one room for the household; one room per couple in the household; one room for each single person aged 18 or over; one room per pair of

single people of the same gender aged between 12 and 17; one room for each single person between 12 and 17 not included in the previous category; and one room per pair of children under 12. This corresponds to Eurostat's indicator *ilc_lvh05a*.

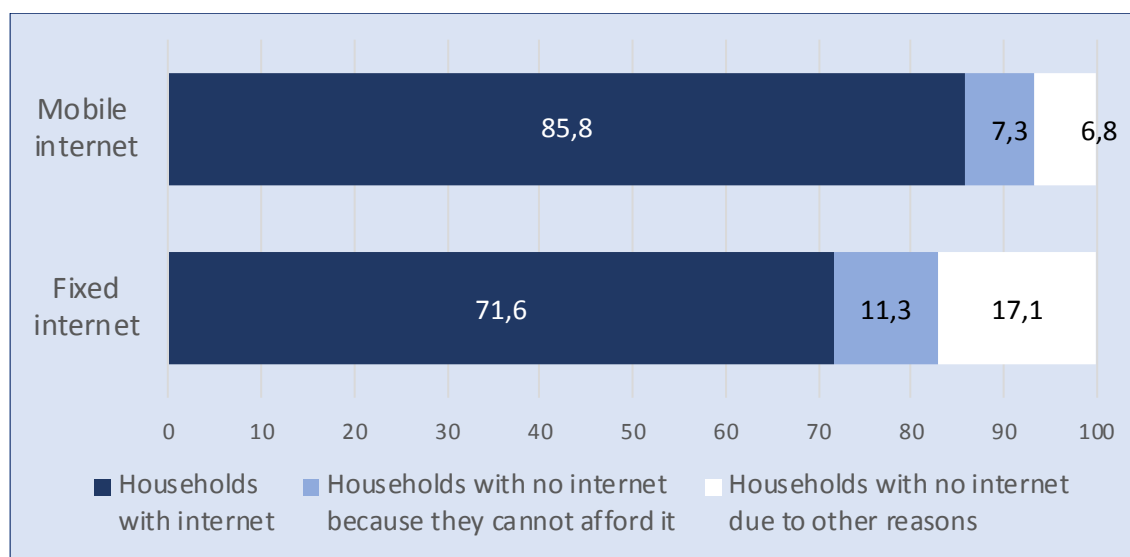
^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

Access to the internet is particularly important for children aged 5–14 years. At this age, they gain digital skills and use the internet as a source of additional knowledge and means of communication with peers. During the COVID-19 pandemic, access to the internet became important for accessing school activities.

The indicator 'share of children in households with no fixed or mobile internet access' estimates the accessibility of communication services in households with children and the reasons for not having such access. The survey distinguishes between economic reasons (households that cannot afford to pay for internet access) and other reasons (which are not further explored by this survey but, according to other studies, may include insufficient skills, lack of an electronic device, lack of interest and lack of coverage). The majority of households with children have an internet connection (85.8 % have a mobile connection and 71.6 % have a fixed connection), the survey data show. At the same time, the share of households that cannot afford to pay for an internet connection (7.3 % for mobile connection and 11.3 % for fixed connection) shows that there is still a group of children who may not have any internet access at home (Figure 13:). Such children are exposed to a higher risk of not being able to take part in educational activities on an equal basis with their peers (being unable to take part in online education or to develop digital skills and use additional learning resources online). They are also at higher risk of social exclusion due to the inability to use the internet for socialising with other children (e.g. through online games or social networks).

Figure 13: Share of children aged 5–14 years living in households with no fixed or mobile internet access (%)



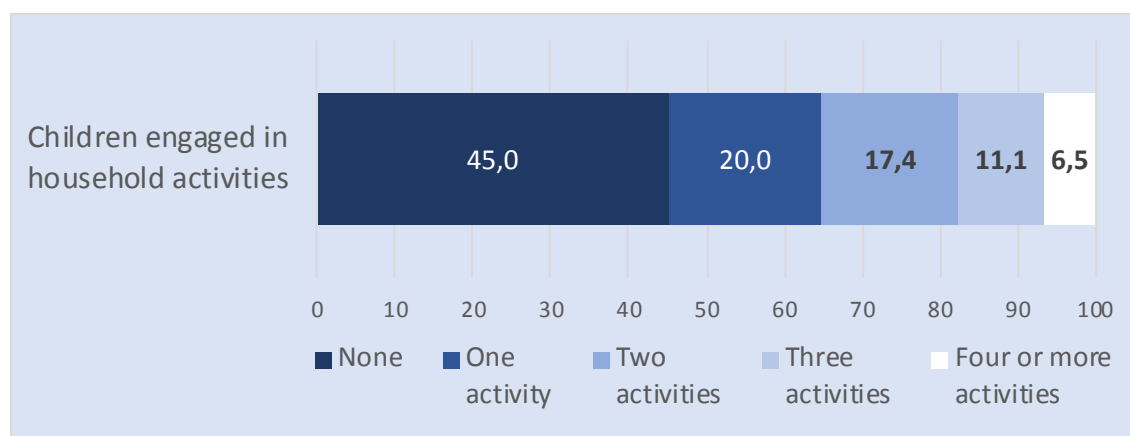
Notes: ^a Out of all children aged 5–14 years (n = 2,654); weighted results.

^b Based on the question asking for "Services used by the household: 'Fixed internet access' and 'Mobile internet access'".

Source: BNSI/FRA survey 2020

Household chores are important for children between 5 and 14 years of age, because they teach them responsibility and participation. On the other hand, although not considered child labour, excessive participation in household chores (more than 21 hours a week) is seen as factor that can have a negative impact on children's education. Across the world, 54 million children aged 5–14 years (about two thirds of whom are girls) perform household chores for at least 21 hours per week.²⁷ The indicator 'share of children engaged in housework' estimates the share of children who, during the last week, have been involved in shopping, cooking, dishwashing/cleaning, doing the laundry, babysitting, caring for an older/sick person in the family and any other household activity. About 45 % of all children aged between 5 and 14 years do not participate in any household activities, 48.5 % engage in up to three different types of activities and 6.5 % have performed four or more types, the survey results show (Figure 14).

Figure 14: Share of children aged 5–14 years engaged in household activities (%)



Notes: ^a Out of all children aged 5–14 years ($n = 2,654$); weighted results.

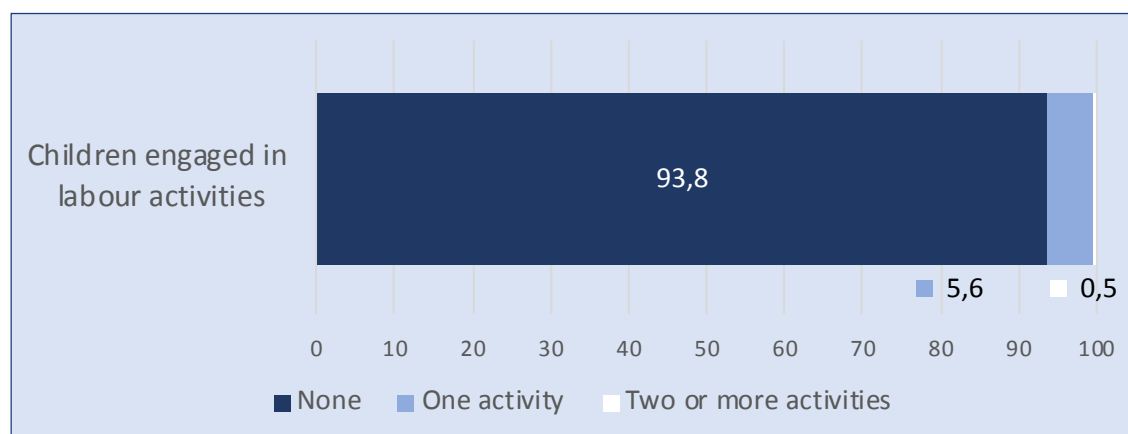
^b Based on the question "During the last week, did [child's name] perform any of the following household activities?: 'Shopping for the household', 'Cooking', 'Dishwashing or cleaning the house', 'Laundry', 'Babysitting', 'Caring for an older or sick member of the household' and 'Other activities to support the household'.", filled in by the respondent for all children aged 5–14 years in the household.

^c The category 'None' includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

The indicator 'share of children engaged in labour activity' estimates the share of children between 5 and 14 years of age who are engaged (for at least an hour per week) in economic activity such as helping in the family business or farm, and producing or selling goods. More than 6 % of children perform a labour activity, including 0.5 % who are involved in more than one such activity, the survey results show (Figure 15).

Figure 15: Share of children aged 5–14 years engaged in labour activities (%)



Notes: ^a Out of all children aged 5–14 years ($n = 2,654$); weighted results.

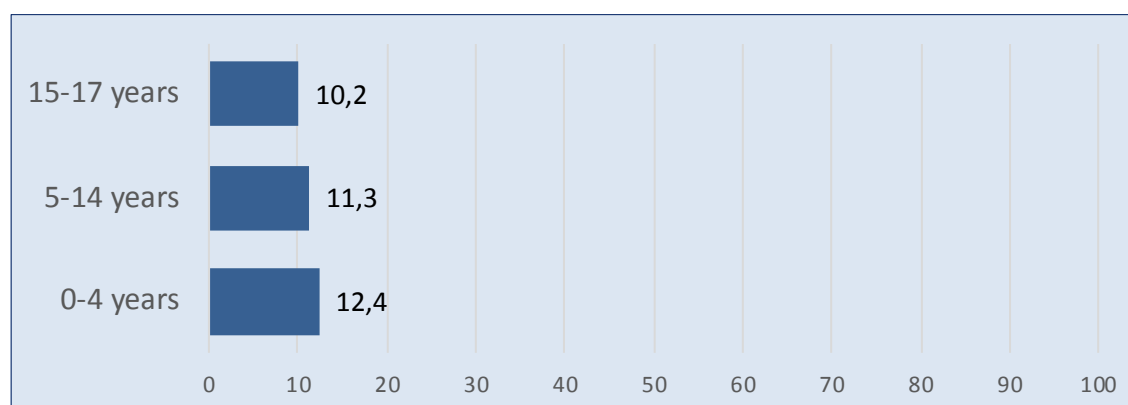
^b Based on the question “In the past week, did [child’s name] perform any of the following activities even for an hour?: ‘Did [child’s name] assist in the family farm, garden, livestock farm, for example in the cultivation of agricultural produce or care for farm animals?’, ‘Did [child’s name] assist in the family or a relative’s business with or without payment, or does he/she have his/her own business?’, ‘Did [child’s name] produce/sell items, clothes, food or agricultural products?’ and ‘In the past week did [child’s name] perform any other activity for payment in cash or in kind, even for an hour?’”, filled in by the respondent for all children aged 5–14 years in the household.

^c The category ‘None’ includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

A particularly vulnerable group of children is those whose parents live abroad. This phenomenon, also known as ‘children left behind’,²⁸ is increasingly affecting countries such as Bulgaria, from which young people migrate to other countries to find work, continue their studies or seek a better life. In the absence of reliable data on the number of such children in Bulgaria,²⁹ the survey, despite its limitations,³⁰ gives an indication of the possible dimensions of the problem. It estimates the share of children living in households in which at least one member has been abroad for more than three months during the last two years. The results show that the share of children in this situation is 12.4 % among children between 0 and 4 years, 11.3 % among children between 5 and 14 years and 10.2 % among children between 15 and 17 years (Figure 16).

Figure 16: Share of children living in households in which at least one member has been abroad for more than three months during the past two years, by age (%)



Notes: ^a Out of all children aged 0–17 years ($n = 4,491$); weighted results.

^b Based on the question “Has the person been abroad for more than 3 months in the past 2 years?”, filled in by the respondent for all household members.

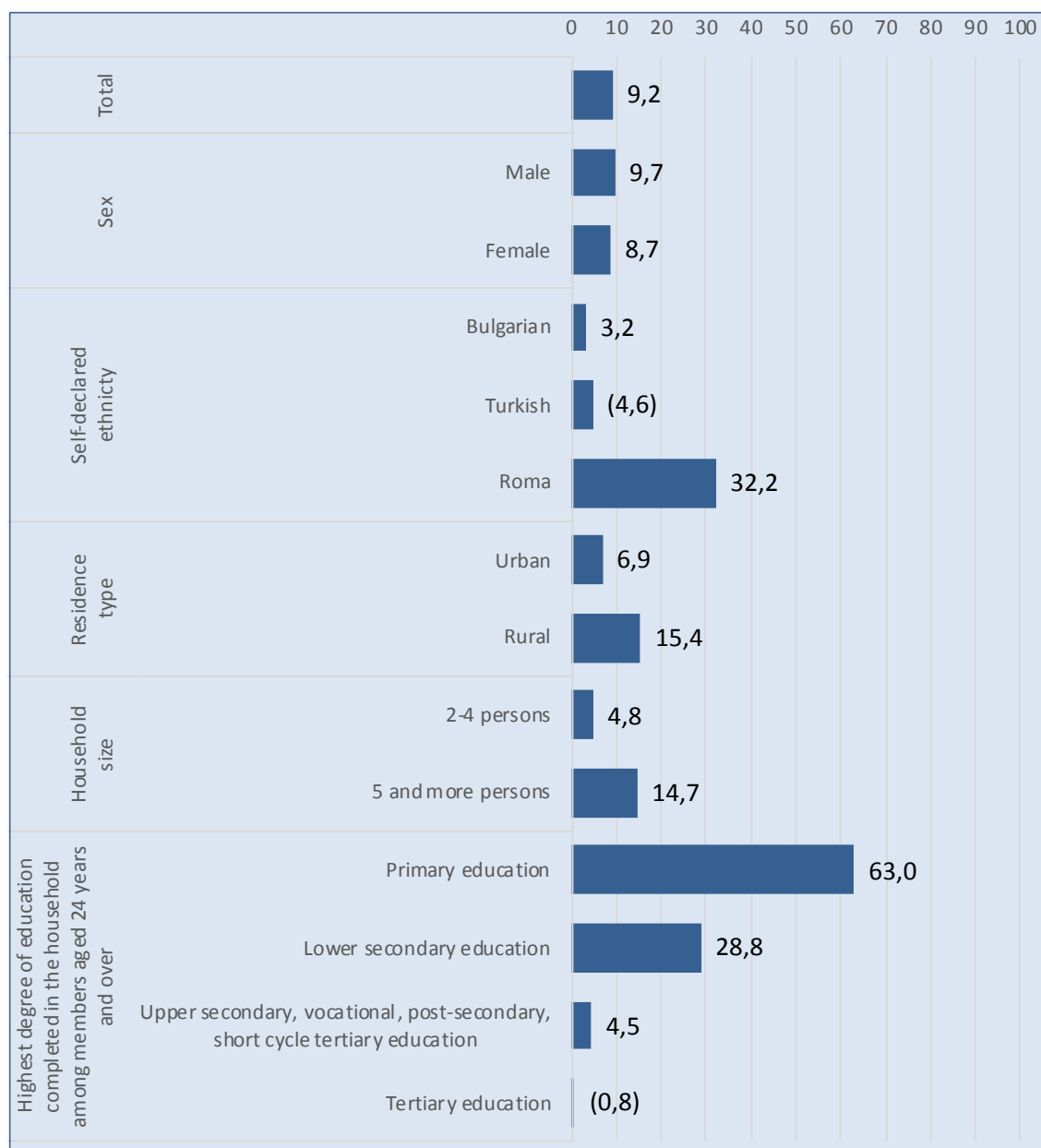
Source: BNSI/FRA survey 2020

Insufficient educational infrastructure is among the factors that may lead to a higher risk of inequality in education (e.g. by increasing the costs and efforts invested by the families in relation to their children's education). About 14.6 % of children aged between 5 and 14 years live in areas that lack sufficient schools or kindergartens, the survey results show (Figure 6). The small number of observations makes further disaggregation of the data statistically less reliable. This, in turn, prevents a more precise description of the groups of children who are more exposed to the risk of not having a school in the area where they live. Nevertheless, the uneven distribution of schools across the country and the closing of many schools in areas with decreasing numbers of children are factors that need to be considered when interpreting the data.

The economic status of the family is an important factor for the well-being of children. Insufficient income exposes both the parents and their dependent children to a higher risk of poverty, which sometimes may lead to children leaving school earlier to start a job and contribute to the family's income. This, in turn, increases the risk of poverty and social exclusion in the long run due to the children's low level of completed education and lack of professional qualification. The 'children in jobless households' indicator estimates the share of children of pre-school and school age who live in jobless households and are thus more vulnerable to the risk of poverty. About 1 in every 10 children aged between 5 and 14 years (9.2 %) lives in a household in which the majority of adult members do not have a paid job, the survey results show (Figure 17).

There is a link between the household members' level of education and the risk of joblessness, disaggregated data show. The share of children living in jobless households drops from 63 % in households in which none of the members has an education level higher than primary education to 4.5 % in households in which the highest level of completed education is upper secondary or post-secondary vocational education. It should be noted that data for households in which at least one member has completed tertiary education are statistically less reliable due to the small number of observations. The share of Roma children living in jobless households (32.2 %) is much higher than the share of children with a Bulgarian ethnic background (3.2 %). Another group at risk is children living in rural areas, among whom the share of those living in jobless households (15.4 %) is considerably higher than that of children living in towns and cities (6.9 %) (Figure 17).

Figure 17: Share of children aged 5–14 years in jobless households, by sex, self-declared ethnicity, residence type, household size and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 5–14 years ($n = 2,654$); weighted results.

^b A jobless household is a household in which more than 80 % of its (independent) members (aged 18–59 years) are not in paid work.

^c Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

¹ Council of the European Union (2021), [Council Recommendation \(EU\) 2021/1004 of 14 June 2021 establishing a European Child Guarantee](#), OJ 2021 L 223.

² Bulgaria, Child Protection Act ([Закон за закрила на детето](#)), 13 June 2000, last amended 20 November 2020, Article 8 (7).

³ For more information, see Monitor.bg (2021), 'One in three pupils without after-school activities' (['Всеки трети ученик без занималня'](#)), 12 December 2019.

- ⁴ UNICEF (2017), Health behaviour in school-aged children – HBSC 2013/2014 ([Поведение и здраве при деца в училищна възраст – HBSC 2013/2014](#)), New York, UNICEF, July 2017.
- ⁵ UNICEF (2017), Health behaviour in school-aged children – HBSC 2013/2014 ([Поведение и здраве при деца в училищна възраст – HBSC 2013/2014](#)), New York, UNICEF, July 2017.
- ⁶ Bulgaria, National Center for Public Health and Analysis ([Национален център по обществен здраве и анализи](#)) (2021), Registered cases of acute intoxications related to the use of psychoactive substances in 2020 by age groups, gender and type of substance ([Регистрирани случаи на остри интоксикации, свързани с употребата на психоактивни вещества през 2020 г. по възрастови групи, пол и вид вещество](#)).
- ⁷ Bulgaria, National Center for Public Health and Analysis ([Национален център по обществен здраве и анализи](#)) (2021), Abortions performed in 2020 by women's age and type of abortion ([Извършени аборти по възраст на жената и по вид през 2020 г.](#)).
- ⁸ Bulgaria, Ministry of Health ([Министерство на здравеопазването](#)) (2021), National programme for improving maternal and child health 2021–2030 ([Национална програма за подобряване на майчиното и детско здраве 2021–2030 г.](#)).
- ⁹ Bulgaria, Ministry of Health ([Министерство на здравеопазването](#)) (2021), National programme for improving maternal and child health 2021–2030 ([Национална програма за подобряване на майчиното и детско здраве 2021–2030 г.](#)).
- ¹⁰ BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), Key social inclusion and fundamental rights indicators in Bulgaria: Thematic report on people with disabilities, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').
- ¹¹ Bulgaria, Pre-school and School Education Act ([Закон за предучилищното и училищното образование](#)), 13 October 2015, last amended 18 September 2020.
- ¹² Bulgaria, Council of Ministers ([Министерски съвет](#)) (2021), Strategic framework for the development of education, training and learning in the Republic of Bulgaria 2021–2030 ([Стратегическа рамка за развитие на образованието, обучението и ученето в Република България 2021–2030](#)), 11 March 2021.
- ¹³ Bulgaria, National Statistical Institute of Bulgaria ([Национален статистически институт](#)) (2021), 'General schools by type', 5 May 2021.
- ¹⁴ Eurostat (2020), [Pupil-teacher ratios in early childhood and primary education, 2018 \(number of pupils per teacher\)](#).
- ¹⁵ Bulgaria, Council of Ministers ([Министерски съвет](#)) (2021), Strategic framework for the development of education, training and learning in the Republic of Bulgaria 2021–2030 ([Стратегическа рамка за развитие на образованието, обучението и ученето в Република България 2021–2030](#)), 11 March 2021, p. 24.
- ¹⁶ Bulgaria, Council of Ministers ([Министерски съвет](#)) (2021), Strategic framework for the development of education, training and learning in the Republic of Bulgaria 2021–2030 ([Стратегическа рамка за развитие на образованието, обучението и ученето в Република България 2021–2030](#)), 11 March 2021; Bulgaria, Council of Ministers ([Министерски съвет](#)) (2013), Strategy for reducing the share of early school leavers 2013–2020 ([Стратегия за намаляване дела на преждевременно напусналите образователната система 2013–2020](#)), 30 October 2013.
- ¹⁷ Bulgaria, Council of Ministers ([Министерски съвет](#)) (2021), Strategic framework for the development of education, training and learning in the Republic of Bulgaria 2021–2030 ([Стратегическа рамка за развитие на образованието, обучението и ученето в Република България 2021–2030](#)), 11 March 2021.
- ¹⁸ Bulgaria, National Statistical Institute of Bulgaria ([Национален статистически институт](#)) (2021), [Net enrolment rate of the population in the educational system](#), 26 April 2021.
- ¹⁹ Bulgaria, National Statistical Institute of Bulgaria ([Национален статистически институт](#)) (2021), [Students and drop-outs by reasons and level of education](#), 26 April 2021.
- ²⁰ European Commission (2020), [Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on achieving the European Education Area by 2025](#), COM(2020) 625 final, 30 September 2020.
- ²¹ Council of the European Union (2021), [Council Recommendation \(EU\) 2021/1004 of 14 June 2021 establishing a European Child Guarantee](#), OJ 2021 L 223.
- ²² Bulgaria, Council of Ministers ([Министерски съвет](#)) (2020), National strategy for poverty reduction and promotion of social inclusion 2030 ([Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2030](#)), 31 December 2020.
- ²³ Bulgaria, Council of Ministers ([Министерски съвет](#)) (2020), National strategy for poverty reduction and promotion of social inclusion 2030 ([Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2030](#)), 31 December 2020.
- ²⁴ Bulgaria, National Statistical Institute of Bulgaria ([Национален статистически институт](#)) (2021), [At-risk-of-poverty rate by age and sex](#), 28 April 2021.
- ²⁵ BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), Key social inclusion and fundamental rights indicators in Bulgaria, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

²⁶ BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), Key social inclusion and fundamental rights indicators in Bulgaria, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

²⁷ International Labour Organization (2017), [Global estimates of child labour: Results and trends, 2012-2016](#), Geneva, International Labour Organization.

²⁸ The phrase 'children left behind' refers to "children raised in their home countries or in their countries of habitual residence, who have been left behind by adult migrants responsible for them". One or both parents may leave their children with family members, friends, the wider community, a childcare institution or on their own. Leaving children in a country of origin, for short or extended periods of time, is common, particularly in countries with seasonal migration due to agriculture. For more information, see UNICEF (2019), [Children 'left behind'](#), UNICEF working paper, New York, UNICEF.

²⁹ UNICEF (2014), Effects on children left by parents who work and live abroad ([Ефекти върху децата, оставени от родители, които работят и живеят в чужбина](#)), Sofia, UNICEF Bulgaria.

³⁰ On the one hand, the survey excludes children living in institutions (e.g. in any form of residential care), among whom there may be children whose parents live or work abroad. On the other hand, in bigger households the member(s) residing abroad may not be the child's parent(s).

3. Children aged 15–17 years

Highlights

- More than half of children aged between 15 and 17 years (52.4 %) see their general practitioner at least once a year, which is less than the proportion of adults aged 18 years and over (61.0 %). The share of children aged between 15 and 17 years who have never visited their doctor (5.0 %) is much higher than that of adults (1.3 %).
- More than 7 % of children between 15 and 17 years of age are not in education, employment or training (NEET). This share is lower than the share of people between 18 and 29 years of age (22.2 %). Still, it needs to be taken into consideration by policymakers because it highlights the existence of a group of children who are likely to end up with a low level of completed education, which would consequently expose them to a higher risk of joblessness, poverty and social exclusion.
- The share of Roma children aged between 15 and 17 years living in housing deprivation (63.7 %) is about six times higher than the share of children with a Bulgarian ethnic background (10.6 %). Children living in rural areas (41.2 %) seem to be much more exposed to the risk of housing deprivation than those living in towns and cities (14.8 %).
- The share of children aged between 15 and 17 years living in overcrowded dwellings is particularly high among the Roma population (almost 85 %) but is also considerably high among children who self-identify as having a Bulgarian (about 47 %) or Turkish (about 46 %) ethnic background.

The period between 15 and 17 years of age marks the beginning of children's transition to adulthood. During this period, many children experience markers of adulthood such as autonomy and independent living, leaving school, getting a job and increased participation in social life. At policy level, children above the age of 15 years and adults between 18 and 29 years are often put together in a common group, traditionally referred to as 'young people'.¹ As it is not mandatory to attend school from the age of 16 years, children in this age group are exposed to a higher risk of leaving the educational system. This, in turn, increases their vulnerability to poverty and material deprivation as a consequence of their low level of education, often leading to disadvantages in the labour market. Children in this age group are also exposed to the risk of falling into the NEET category, which often leads to long-term unemployment and low economic status in the long run.

3.1. Health

Between 15 and 17 years of age, health-related problems become more diverse and are often similar to those of young adults. Unhealthy nutrition, use of alcohol and tobacco, insufficient physical activity and living in an unhealthy or polluted environment are some of the factors that may have a long-term impact on the child's health and quality of life. Mental and neuropsychiatric conditions during this period are among the leading causes of disability in Europe.² In Bulgaria in 2020, a total of 593 cases of children aged 16–18 years suffering from severe intoxication as a result of misuse of psychoactive substances were registered, comprising 96 cases attributed to drug use (56 boys and 40 girls), 464 cases attributed to alcohol use (338 boys and 126 girls) and 33 cases attributed to combined use of drugs and alcohol (16 boys and 17 girls).³

In 2020, there were 1,605 abortions among girls aged 15–19 years (833 voluntary, 591 spontaneous and 181 for medical reasons).⁴

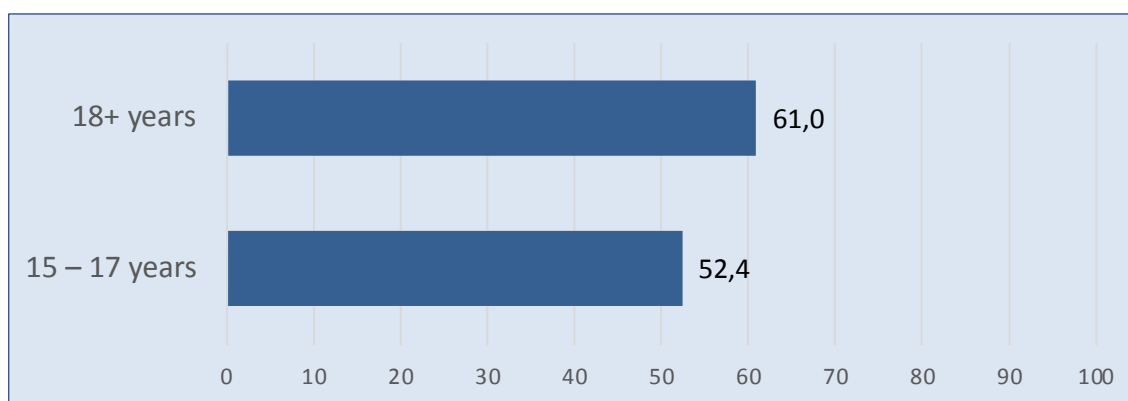
Children aged 15–17 years continue to have their health insurance contributions paid by the national budget and can benefit from the package of free health services covered by the NHIF irrespective of whether they are in education or employment.⁵

The main challenges relate to the uneven distribution of health professionals across the country. In 2020, Bulgaria had one doctor per 233 people and one dentist per 946 people. There are a total of 342 health establishments providing hospital services with 54,216 hospital beds, and 2,098 outpatient healthcare facilities.⁶ Compared with the other EU Member States, Bulgaria has a relatively large number of medical facilities and medical doctors per person. Out of the EU countries for which data are available, Bulgaria ranks sixth in number of practising physicians per hundred thousand inhabitants,⁷ third in number of practising dentists per hundred thousand inhabitants⁸ and second in number of hospital beds per hundred thousand inhabitants,⁹ according to Eurostat data for 2019.

Both preventive and remedial measures are important for sustaining good health. In terms of prevention, 37.2 % of young people aged between 15 and 24 years have never had their blood pressure measured by a health professional and 44.9 % have never had their blood sugar level checked, data on Bulgaria from the European Health Interview Survey (EHIS) show.¹⁰

The Bulgarian Healthcare Act (*Закон за здравето*) includes a financial sanction for people who do not show up for their mandatory preventive medical examination,¹¹ which is performed by their general practitioner. The indicator ‘time since last visit to a general practitioner’ estimates the frequency of general practitioner visits of children aged 15–17 years. More than half of the children in this age group see their general practitioner at least once a year, which is less than adults above the age of 18 years, the survey data suggest (Figure 18). The share of children aged between 15 and 17 years who have never visited their doctor (5.0 %) is much higher than the share of adults (1.3 %). In addition to the assumption that children in this age group visit their doctor less often than adults because they have fewer health-related problems, issues of accessibility and cultural factors should also be explored when interpreting these results.

Figure 18: Time elapsed since last visit to a general practitioner: share of children aged 15–17 years with last consultation with a general practitioner in the last 12 months (%)



Notes: ^a Out of all children aged 15–17 years ($n = 855$) and all respondents aged 18 years and over ($n = 25,812$); weighted results.

^b Based on the question “When was the last time you consulted your GP about yourself?”.

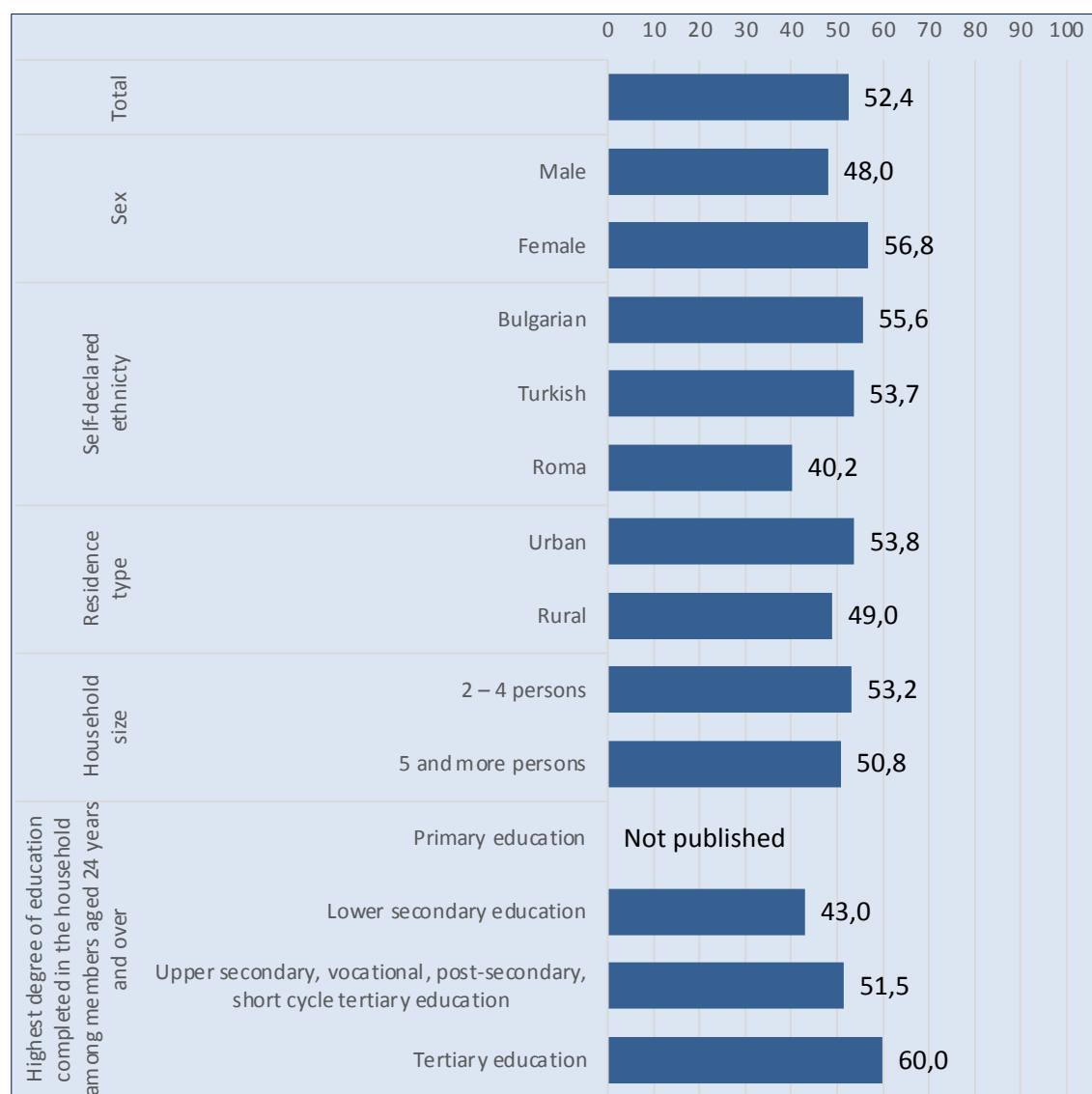
^c The category ‘None’ includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Girls consult their doctor (and dentist) more often than boys do, disaggregated data suggest. Ethnicity also seems to be a factor, as the share of Roma children regularly visiting their general practitioner is lower than the shares of the other ethnic groups. The share of children who have not

seen their doctor in the past 12 months is slightly higher in rural areas than in urban areas, which may be linked to the uneven distribution of medical practitioners and the greater distance to visit a doctor in some less populated areas. Another factor is a lower level of education, which can be a sign of lack of awareness of the importance of preventive examinations and or problems related to affordability. Another issue that needs to be further explored, but which is not covered by the survey, is the share of children who do not visit a general practitioner because they do not have one (Figure 19).

Figure 19: Time elapsed since last visit to a general practitioner: share of children aged 15–17 years with last consultation with a general practitioner in the last 12 months, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 15–17 years (n = 855); weighted results.

^b Based on the question “When was the last time you consulted your GP about yourself?”.

^c The remainder of the 100 % includes non-responses to the underlying questions.

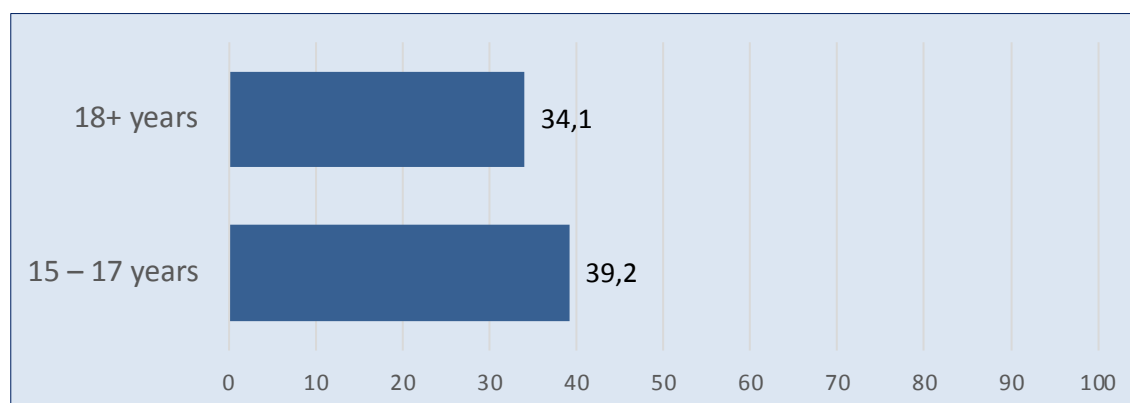
^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

Although there is no common agreement on the optimal frequency of dental examinations, it can be assumed that good oral health is less likely if regular dental examinations are not carried out at least once a year.¹² In Bulgaria, this understanding is reflected in the provision of free dental services, introduced by the NHIF: annual dental coverage includes one full dental examination and three medical procedures.¹³ In practice, however, patients usually have to contribute to the total cost of their dental services.¹⁴ In 2021, the government adopted the National programme for the prevention of oral diseases in children from 0 to 18 years in the Republic of Bulgaria 2021–2025 (*Национална програма за профилактика на оралните заболявания при деца от 0 до 18 г. в Република България 2021–2025 г.*) (the third edition of the programme).¹⁵ However, the national epidemiological survey among children, which was planned for 2020 and was intended to be used as the basis for drafting the document, was postponed due to the COVID-19 pandemic. Thus, the programme is based on the data from the previous such survey, which was carried out in 2011.

The proposed ‘time since last visit to a dentist’ indicator estimates the share of children between 15 and 17 years of age who do not visit their dentist regularly. The share of children in this age group who visited their dentist in the past 12 months is less than 40 % (15.7 % had done so during the past six months and the remaining 23.5 % had done so between 6 and 12 months ago), the survey data show (Figure 20). For comparison, 12.7 % of the adult population visited a dentist in the past six months and 21.4 % had done so between 6 and 12 months ago, according to the survey. The share of children who had never visited a dentist is 14.8 %, which is considerably higher than the share of adults (5.5 %). The survey does not examine the reasons for not visiting a dentist on a regular basis, but issues of affordability and accessibility have to be considered when interpreting the data. Although the free dental services package for children includes more services than the one for adults, these services can be provided free of charge only by dentists who have signed a contract with the NHIF. This, combined with the uneven distribution of dentists across the country, is among the possible reasons for the limited availability of free dental care, particularly in less populated and remote areas.

Figure 20: Time elapsed since last visit to a dentist: share of children aged 15–17 years with last with last visit to a dentist or orthodontist in the last 12 months (%)



Notes: ^a Out of all children aged 15–17 years ($n = 855$) and all respondents aged 18 years and over ($n = 25,812$); weighted results

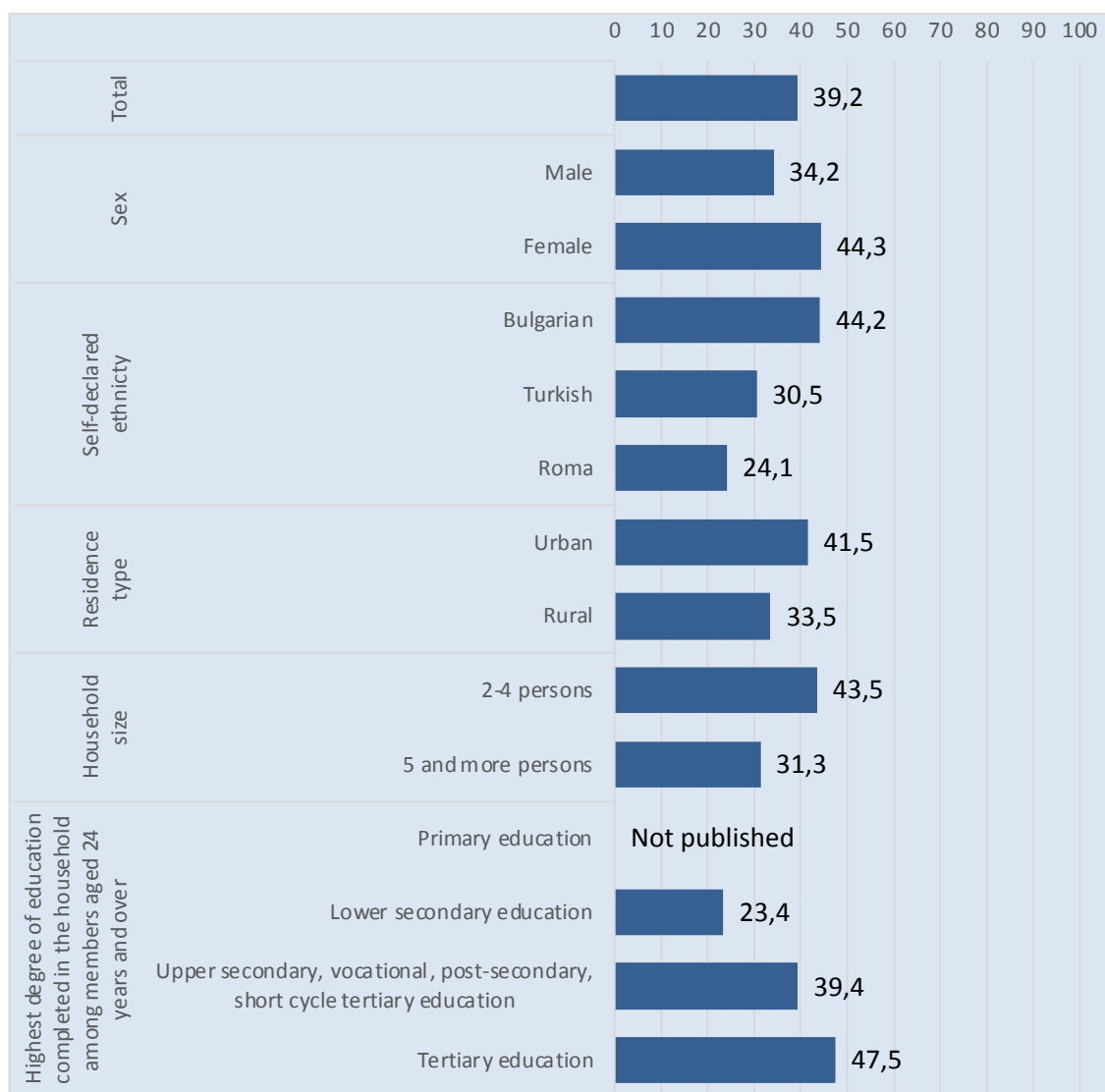
^b Based on the question “When was the last time you visited a dentist or orthodontist (specialist in orthopaedic dentistry) for yourself?”

^c The category includes the responses ‘Less than 6 months ago’ and ‘More than 6 months, but less than 12’. The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

The groups of children who visit a dentist less often are those living in big households and those living in rural areas, disaggregated data show. Ethnic background also seems to be a factor, although the data disaggregated by ethnicity is less statistically reliable due to the small number of observations. In terms of sex, the share of boys who had not visited a dentist for more than a year is considerably higher than the one of girls (Figure 21).

Figure 21: Time elapsed since last visit to a dentist: share of children aged 15–17 years with last visit to a dentist or orthodontist in the last 12 months, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 15–17 years (n = 855); weighted results.

^b Based on the question “When was the last time you visited a dentist or orthodontist (specialist in orthopaedic dentistry) for yourself?”.

^c The category includes the responses ‘Less than 6 months ago’ and ‘More than 6 months, but less than 12’.

^d The remainder of the 100 % includes non-responses to the underlying questions.

^e Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

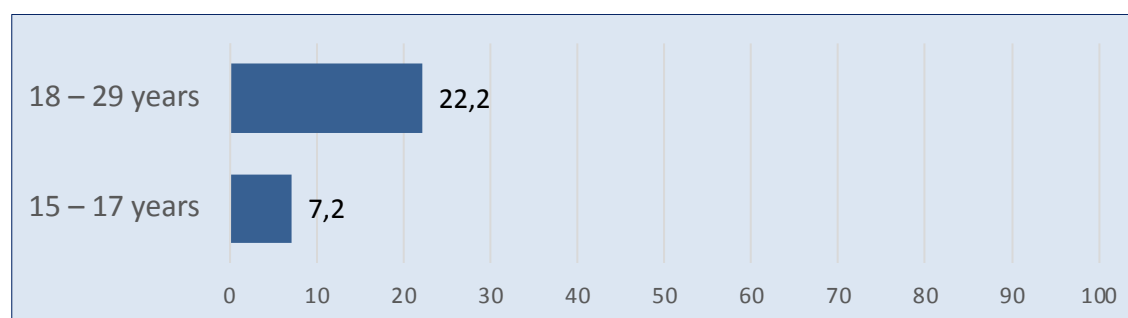
3.2. Education and employment

Children between 15 and 17 years of age are in a unique situation when it comes to education and employment. On the one hand, they are no longer obliged to remain in education, as compulsory education ends at the age of 15 years. On the other hand, they are eligible to work, albeit under certain conditions. According to Eurostat, taking both education (formal and non-formal) and employment situations into consideration, young people, including children above the age of 15 years, can be divided into four broad categories: exclusively in education; both in education and in employment; exclusively in employment; and NEET.¹⁶

Children who remain in education (exclusively or in combination with employment) are more likely to reach a higher level of completed education, which in turn increases their chances of getting a better job once they complete the transition from education to employment. At the same time, a variety of factors contribute to children leaving school, including, but not limited to, economic reasons and a negative experience in school, such as harassment.¹⁷ On a more subjective level, motivation to remain in education relates to how children perceive the quality of knowledge and skills they obtain in school. Children's subjective perceptions of the significance of what they learn in school for their future career has an impact on their motivation to study, as shown by a survey among high school students.¹⁸ Last but not least, children at higher risk of poverty may be more likely to leave school and start working to improve their economic situation.

Against this background, more than 7 % of children between 15 and 17 years of age are NEET, the survey results show. Although this share is much lower than the share of those who are NEET among people between 18 and 29 years of age (22.2 % according to the survey), it still needs to be taken into consideration by policymakers, because it highlights the existence of a group of children who are likely to end up with a low level of completed education, which would consequently expose them to a higher risk of joblessness, poverty and social exclusion (Figure 22).

Figure 22: Share of children aged 15–17 years with current main activity NEET (%)



Notes: ^a Out of all children aged 15–17 years ($n = 855$) and all respondents aged 18–29 years ($n = 3,175$); weighted results.

^b Based on the questions “How would you describe your current employment status?”; “During the past 4 weeks, have you done any work for a fee in cash or other income?”; and “Is the person studying at present?” Comparability with the Eurostat NEET rate is restricted by the difference in its definition. The Eurostat NEET rate is based on the International Labour Organization concept, which refers to having worked for at least one hour in the past week. In addition, the present survey did not ask about participation in non-formal education or training.

^c The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

3.3. Living conditions and poverty

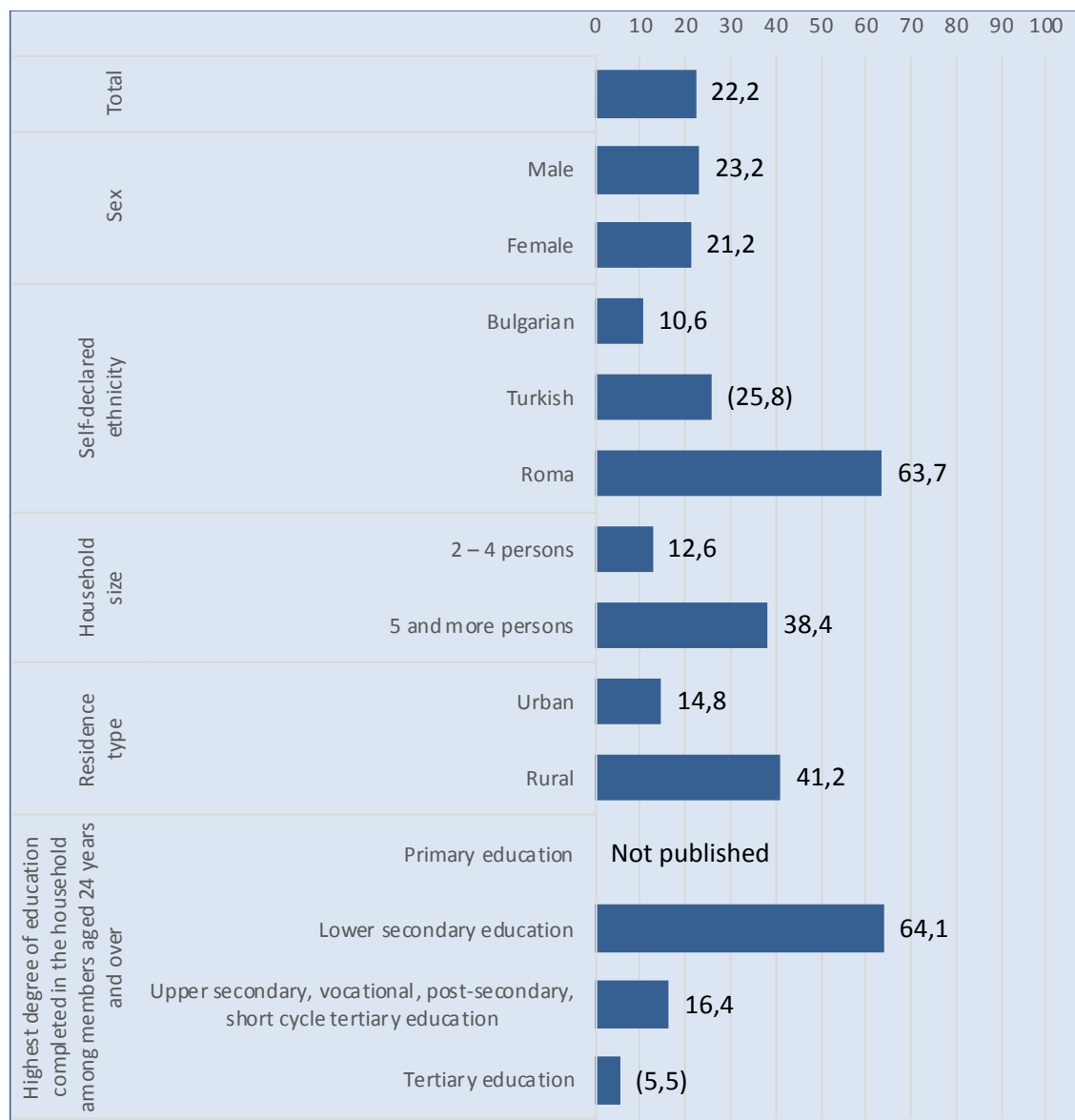
Living conditions and the family environment, in addition to the risk of poverty, are important factors in children's transition to adulthood and may affect both their physical health and their mental health. This section outlines the groups of children aged between 15 and 17 years that are at higher risk of poverty and/or lack of (good-quality) support from their families.

Poor living conditions are a strong determinant of children's physical and emotional well-being. Besides health-related risks, associated with exposure to moisture, cold or lack of water, insufficient personal space at home or poor living conditions may affect children's self-confidence, their perceived financial situation and their effective participation in education.

The housing deprivation indicator estimates the proportion of children who live in dwellings that are too dark, have a leaking roof or damp walls or floors, have no bath or shower, or have no indoor toilet. Almost one in every four children aged between 15 and 17 years lives in such conditions, the survey results show (Figure 23). The share of children living in such conditions is similar across the different age groups (22.2 % among children between 5 and 14 years and 24.4 % among those between 0 and 4 years) and higher than the average housing deprivation rate among the general population (18.7 %), results from the survey show.¹⁹

Disaggregated data outline the groups of children who are at higher risk of falling into the category of living in housing deprivation. In addition to the level of education in the household, which cannot be analysed in detail due to the small number of observations for some of the categories, ethnicity seems to be the other major factor contributing to increased risk of housing deprivation. The share of Roma children living in poor conditions (63.7 %) is about six times higher than the share of children with a Bulgarian ethnic background (10.6 %). A considerable difference is also seen between the different residence types: children living in rural areas (41.2 %) seem to be much more exposed to the risk of housing deprivation than those living in towns and cities (14.8 %) (Figure 23).

Figure 23: Share of children aged 15–17 years living in housing deprivation (in dwellings that are too dark, have a leaking roof and/or damp walls or floors, have no indoor bath/shower or have no indoor toilet), by sex, self-declared ethnicity, residence type, household size and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 15–17 years (n = 855); weighted results.

^b Based on the questions “Do you have any of the following problems connected to the dwelling?: ‘Darkness, insufficient light’ or ‘Leaking roof, damp walls, foundations, etc.’”; “Are there in the dwelling: ‘Bathroom with a shower or bathtub’ or ‘Toilet with running water’?”, where possible answers included ‘Yes, inside the dwelling’ and ‘Yes, outside the dwelling’. These correspond to Eurostat’s indicator Tessi291.

^c The remainder of the 100 % includes non-responses to the underlying questions.

^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

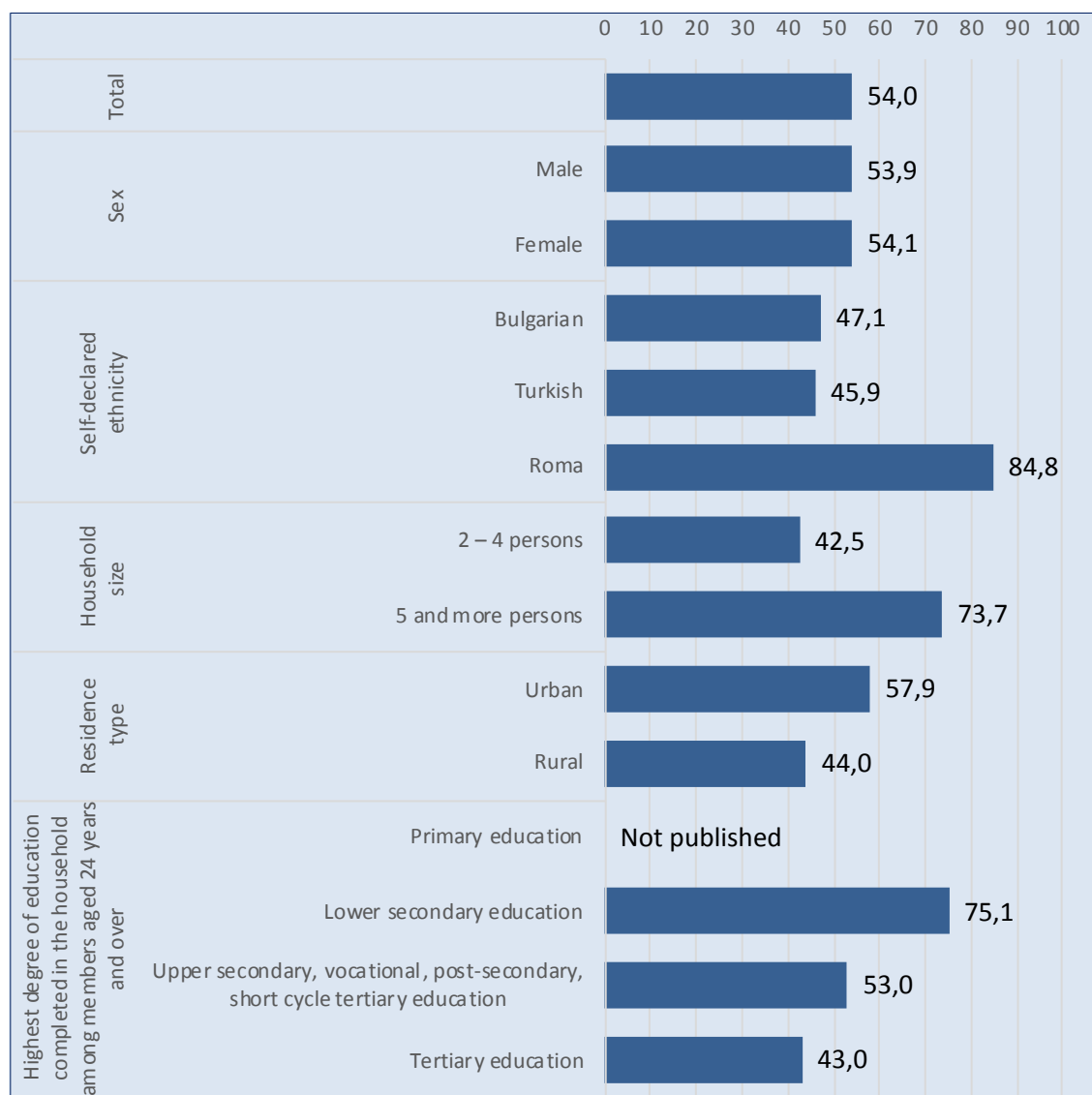
Source: BNSI/FRA survey 2020

In terms of overcrowding, the survey data show that more than half of the children aged between 15 and 17 years (about 54 %) live in ‘households without the minimum number of rooms’ (the next

indicator to be addressed) (Figure 24). According to the Eurostat definition of overcrowding, this means that children above the age of 15 years do not have a separate room (one room per pair of children of the same sex or one room for each child if the children are not of the same sex). In Bulgaria, overcrowding is a common problem: 34.8 % of the population live in overcrowded dwellings, according to the survey results.²⁰ The share of children, across all age groups, experiencing overcrowding is much higher than the population average (51 % among children between 5 and 14 years and 56 % among those between 0 and 4 years), which is an indication that children are more vulnerable to this particular risk.

Children living in bigger households (of five members or more) are at higher risk of overcrowding (73.7 %) than children living in smaller households (of two to four people) (42.5 %), disaggregated data suggest. The share of children living in overcrowded dwellings is particularly high among the Roma population (almost 85 %) but is also considerably high among children who self-identify as having a Bulgarian (about 47 %) or Turkish (about 46 %) ethnic background. Education also seems to be a relevant factor: the share of children living in overcrowded dwellings drops from 75.1 % in households in which the highest level of education is lower secondary to 43.0 % in households in which at least one member has completed tertiary education. The risk of living in overcrowded dwellings is lower for children in rural areas (44.0 % compared with 57.9 % in urban areas), which may be due to the bigger dwellings (houses) typical in rural areas (Figure 24).

Figure 24: Share of children aged 15–17 years living in households that do not have the minimum number of rooms according to the Eurostat definition of overcrowding, by sex, self-declared ethnicity, residence type, household size, and highest degree of education completed in their household among its members aged 24 years and over (%)



Notes: ^a Out of all children aged 15–17 years (n = 855); weighted results.

^b Based on the question asking for the “Number of rooms in the dwelling (all rooms with an area of 4 and more square metres are included, without service rooms (bathrooms, closets, laundry rooms, etc.))”.

^c Overcrowding rate: a person is considered to live in an overcrowded household if the household does not have at its disposal a minimum number of rooms equal to one room for the household; one room per couple in the household; one room for each single person aged 18 or over; one room per pair of single people of the same gender aged between 12 and 17; one room for each single person between 12 and 17 not included in the previous category; and one room per pair of children under 12. This corresponds to Eurostat’s indicator *ilc_lvho05a*.

^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

Children and young people between 15 and 29 years of age have been recognised by national authorities as one of the groups most vulnerable to poverty. This relates to factors such as early school leaving, falling into the NEET category and difficulties in the transition from education to employment. The survey results confirm this conclusion, estimating that the share of children aged 15–17 years who are at risk of poverty (31.3 %) is higher than the share of the general population (23.6 %) and higher than most of the other age groups in the population.²¹

According to the national poverty reduction strategy, families with children, single parents and households with three or more children are at the highest risk of poverty, in addition to older people (aged 65 years and over) living alone.²² This is confirmed by the survey results: the share of children aged 15–17 years who live in households in which one person has 'gone to bed hungry because there is no money for food' (another indicator) (7.3 %) is higher than the share of the general population (4.2 %). It is also the highest among all age groups other than children aged 0–15 years (8.1 %).²³

In Bulgaria, many people move to other countries for extended periods of time, mostly in search of a better job, leaving their children in the country. According to UNICEF, one in every five Bulgarian children has one or both parents working abroad.²⁴ Being separated from one or both parents has many negative effects on children, both physical (children getting sick more often and seeing a doctor less often) and psychological (disrupted balance of personal freedom and the hard-to-manage risks associated with it).²⁵ As of 2019, children with one or both parents living abroad were the second largest group of children living in facilities for children deprived of parental care (equal in number to the children with one or both parents who had passed away and second in number only to the children from families with more than three children).²⁶

The survey estimates the indicator 'share of children aged 15–17 years with at least one household member abroad' for at least three months during the last two years. The data show that about 1 in every 10 children from this age group (10.2 %) falls within this category, which is slightly lower than among children aged 5–14 years (11.3 %) and aged 0–4 years (12.4 %) **Error! Reference source not found.**²⁷

¹ For example, see Eurostat (2020), [Being young in Europe today](#), Luxembourg, Eurostat.

² World Health Organization (2014), [Investing in children: The European child and adolescent health strategy 2015–2020](#), Copenhagen, World Health Organization Regional Office for Europe, 28 July 2014.

³ Bulgaria, National Center for Public Health and Analysis (*Национален център по общественото здраве и анализи*) (2021), Registered cases of acute intoxications related to the use of psychoactive substances in 2020 by age groups, gender and type of substance ([Регистрирани случаи на остри интоксикации, свързани с употребата на психоактивни вещества през 2020 г. по възрастови групи, пол и вид вещества](#)).

⁴ Bulgaria, National Center for Public Health and Analysis (*Национален център по общественото здраве и анализи*) (2021), Abortions performed in 2020 by women's age and type of abortion ([Извършени аборти по възраст на жената и по вид през 2020 г.](#)).

⁵ Bulgaria, Health Insurance Act ([Закон за здравното осигуряване](#)), 19 June 1998, last amended 12 March 2021, Article 40. After turning 18 years of age, children continue to have their contributions paid by the national budget only if they are still in education.

⁶ Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2021), ['Population per physician and per dentist by statistical zones, statistical regions and districts as of 31.12.2020'](#), 17 June 2021.

⁷ Eurostat (2020), ['Practicing physicians'](#).

⁸ Eurostat (2020), ['Practicing dentists'](#).

⁹ Eurostat (2020), ['Hospital beds'](#).

¹⁰ Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2021), ['European Health Interview Survey: Wave 3 – 2019, final data'](#).

¹¹ Bulgaria, Healthcare Act ([Закон за здравето](#)), 1 January 2005, last amended 12 March 2021, Article 209.

¹² World Health Organization (2005), ['How frequently should children and adults receive routine dental checks? Summary of a HEN network member's report'](#), Copenhagen, World Health Organization Regional Office for Europe.

¹³ Bulgaria, Ministry of Health (*Министерство на здравеопазването*), Agreement No. RD-NS-01-3-3 of 1 December 2020 for amending and supplementing the National Framework Agreement for dental activities between the National Health Insurance Fund and the Bulgarian Dental Association for 2020–2022 ([Договор № РД-НС-01-3-3 от 1 декември 2020 г. за](#)

[изменение и допълнение на Националния рамков договор за денталните дейности между Националната здравноосигурителна каса и Българския зъболекарски съюз за 2020–2022 г.](#)), 1 December 2020.

¹⁴ Bulgaria, Ministry of Health (Министерство на здравеопазването) (2021), 'Access to healthcare: Fees for dental care' (['Достъп до медицинска помощ: такси при зъболекаря'](#)).

¹⁵ Bulgaria, Council of Ministers (Министерски съвет) (2021), National programme for the prevention of oral diseases in children from 0 to 18 years in the Republic of Bulgaria 2021–2025 (['Национална програма за профилактика на оралните заболявания при деца от 0 до 18 г. в Република България 2021–2025 г.'](#)), 5 March 2021.

¹⁶ Eurostat (2020), [Being young in Europe today](#), Luxembourg, Eurostat.

¹⁷ Bulgaria, State Agency for Child Protection (Държавна агенция за закрила на детето) (2021), White paper for the child 2020 ([Бяла книга за детето 2020](#)); Bulgaria, Institute for Research in Education (Институт за изследвания в образованието) (2020), 'Back to school: The quality of school life as a prerequisite for increasing engagement and prevention of dropping out' (['Обратно в училище: качеството на училищния живот като предпоставка за повишаване на ангажираността и превенция на отпадането'](#)).

¹⁸ Bulgaria, Institute for Research in Education (Институт за изследвания в образованието) (2020), 'Back to school: The quality of school life as a prerequisite for increasing engagement and prevention of dropping out' (['Обратно в училище: качеството на училищния живот като предпоставка за повишаване на ангажираността и превенция на отпадането'](#)).

¹⁹ BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), Key social inclusion and fundamental rights indicators in Bulgaria, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

²⁰ BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), Key social inclusion and fundamental rights indicators in Bulgaria, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

²¹ BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), Key social inclusion and fundamental rights indicators in Bulgaria, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

²² Bulgaria, Council of Ministers (Министерски съвет) (2020), National strategy for poverty reduction and promotion of social inclusion 2030 (['Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2030'](#)), 31 December 2020. p. 73.

²³ BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), Key social inclusion and fundamental rights indicators in Bulgaria, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

²⁴ UNICEF (2014), Effects on children left by parents who work and live abroad ([Ефекти върху децата, оставени от родители, които работят и живеят в чужбина](#)), Sofia, UNICEF Bulgaria.

²⁵ UNICEF (2014), Effects on children left by parents who work and live abroad ([Ефекти върху децата, оставени от родители, които работят и живеят в чужбина](#)), Sofia, UNICEF Bulgaria.

²⁶ Bulgaria, State Agency for Child Protection (Държавната агенция за закрила на детето) (2020), 'Information on the homes of children deprived of parental care for the year 2019' (['Информационна карта за домовете за деца, лишени от родителски грижи, за календарната 2019 г.'](#)).

²⁷ The survey excludes children living in institutions (e.g. in any form of residential care), among whom there may be children whose parents live or work abroad. In bigger households, the member(s) residing abroad may not be the child's parent(s).

Conclusions and recommendations

The purpose of this report is to contribute to the development and implementation of evidence-based policies in the area of children's rights. It analyses the situation of children in Bulgaria in three main thematic areas: (1) health, (2) education, care and development, and (3) living conditions, poverty and family environment. Because children go through different periods of development, each of which has its own specific features, the analysis is structured by age group to reflect these features as much as possible. Children are divided into three age groups based on the survey data and taking into account their developmental milestones and the corresponding changes in the scope of their rights and obligations. These groups are small children up to 4 years, children between 5 and 14 years, and children from 15 years up to the point at which they turn 18 years and become adults. In addition to highlighting key problems that need to be addressed, this analysis can also serve as a baseline for evaluating the impact of policies and measures targeting children. Finally, the report identifies areas that need to be further researched to better understand and respond to the existing problems.

Despite the efforts of national authorities, there are problems that still need to be addressed, particularly in relation to some vulnerable groups of children who are at higher risk of violation of their rights due to lack of education, poverty and social exclusion, the survey results show.

Health

Problems in relation to the availability and accessibility of healthcare continue to exist despite all children in Bulgaria being insured by the state until they turn 18 years old. One area that needs particular attention is prevention. The government has recognised the importance of preventive healthcare and has defined it as a priority area in the main policy documents on children's health. These documents are the National programme for improving maternal and child health 2021–2030 (*Национална програма за подобряване на майчиното и детско здраве 2021–2030 г.*)¹ and the National programme for the prevention of oral diseases in children from 0 to 18 years in the Republic of Bulgaria 2021–2025 (*Национална програма за профилактика на оралните заболявания при деца от 0 до 18 г. в Република България 2021–2025 г.*)² However, survey data suggest that additional efforts are needed in relation to the promotion of disease prevention, particularly prophylactic activities, vaccination coverage (according to the survey, 92.9 % of children aged between 0 and 2 years have all the immunisations required for their age) and healthy lifestyle. A promising practice for improving the healthcare of children, especially among the Roma population, is the network of health mediators, which needs to be further strengthened and expanded.

The European Child Guarantee recognises the right of every child to healthcare. Equal and effective access to healthcare is one of the priorities laid down in the National strategy for poverty reduction and promotion of social inclusion 2030 (*Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2030*). Measures are specifically needed to improve the accessibility of primary and specialised healthcare services for children in remote (rural) areas as well as for Roma children, as illustrated by the survey results. Timely diagnosis and treatment of chronic diseases, as well as rehabilitation for those with long-term disabilities, are other areas that need attention (according to the survey, 2.6 % of children aged 5–14 years have long-standing illnesses or health problems).

Problems that were not captured by the survey but that are equally important and therefore in need of further research are mental health and healthy lifestyle (including adequate nutrition and participation in sports). Both are key factors for children's health and well-being and need to be

thoroughly analysed, especially in the context of the COVID-19 pandemic, which significantly changed many children's daily lives.

Education, care and development

Early childhood education and care and pre-school and school education are key factors in children's development, and they also have long-term effects on their adult lives. However, access to education and care seems to be challenging for many Bulgarian children. The Bulgarian government has recognised the importance of early-age education, including as a factor preventing school drop-out. As a result, a series of measures have been introduced, including a decrease in the mandatory pre-school age from 5 years to 4 years and the provision of financial compensation to parents whose children do not attend kindergarten due to lack of places. However, almost 60 % of children aged between 0 and 4 years do not attend kindergartens or crèches, and about 23 % of those aged between 3 and 6 years (the age for starting compulsory primary education is 7 years) do not attend early childhood education, as illustrated by the survey. Further efforts are therefore needed to improve the availability and accessibility of both early childhood education and care and pre-school education, including, but not only, by addressing problems related to the uneven distribution of kindergartens and crèches (especially in big cities) and by facilitating access to kindergartens and crèches in remote (mostly rural) areas.

In terms of school education, increasing the share of children included in education is a major government policy objective. Increasing attendance rates and reducing school drop-out are defined as priority areas of intervention in the Strategic framework for the development of education, training and learning in the Republic of Bulgaria 2021–2030 (*Стратегическа рамка за развитие на образованието, обучението и ученето в Република България 2021–2030*).³ The series of measures introduced so far, including intersectoral mechanism for joint work of the institutions on coverage, inclusion and prevention of dropping out of the educational system (*Механизъм за съвместна работа на институциите по обхващане, включване и предотвратяване на отпадането от образователната система*),⁴ which was introduced in 2017, have had the desired impact, which is illustrated by the survey (almost 95 % of children of compulsory school age attend school). However, these results need to be sustained and further improved, especially in the aftermath of the COVID-19 pandemic and the challenges resulting from the transition between face-to-face and online education. In this respect, as illustrated by the survey, some groups of children are particularly vulnerable to the risk of leaving education (e.g. Roma children and children living in households with a lower level of completed education) and therefore need to be a priority target of future policies and measures.

Finally, further research and corresponding measures are needed to address the situation of children whose parents are abroad most of the time. The dimensions and impact of this phenomenon, which has become known as 'children left behind', are only partially captured by the survey. Its negative impact on children has been widely discussed in the expert community, and policymakers need to take measures to address it.

Living conditions, poverty and family environment

The living conditions and financial situation of children and their families impact their physical and psychological development and well-being. The European Child Guarantee states that decent housing and adequate nutrition are essential for children, especially those at risk of poverty. The National strategy for poverty reduction and promotion of social inclusion 2030 (*Национална стратегия за намаляване на бедността и насърчване на социалното включване 2030*)⁵ has also prioritised children as a particularly vulnerable group. However, the results achieved so far are not satisfactory (more than 20 % of children live in housing deprivation and more than 50 % live in overcrowded

households), as illustrated by the survey. Further measures are therefore needed to improve the living conditions of families with children, including by addressing the persistent problems related to the availability and affordability of housing.

Equally important is decreasing the number of children living in poverty. The share of people at risk of poverty is highest among children and older people (people aged 60 years and over), as illustrated by the survey. These two groups should therefore be prioritised in future policies and measures tackling poverty and social exclusion.

Additional research is also needed on the situation of children living in institutions (e.g. social services for children without parents). This group has not been captured by the survey and needs to be researched independently to complete the analysis of children's vulnerabilities to poverty, social exclusion and violation of rights.

¹ Bulgaria, Ministry of Health (*Министерство на здравеопазването*) (2021), National programme for improving maternal and child health 2021–2030 ([Национална програма за подобряване на майчиното и детско здраве 2021–2030 г.](#)).

² Bulgaria, Council of Ministers (*Министерски съвет*) (2021), National programme for the prevention of oral diseases in children from 0 to 18 years in the Republic of Bulgaria 2021–2025 ([Национална програма за профилактика на оралните заболявания при деца от 0 до 18 г. в Република България 2021–2025 г.](#)), 5 March 2021.

³ Bulgaria, Council of Ministers (*Министерски съвет*) (2021), Strategic framework for the development of education, training and learning in the Republic of Bulgaria 2021–2030 ([Стратегическа рамка за развитие на образованието, обучението и ученето в Република България 2021–2030](#)), 11 March 2021.

⁴ Bulgaria, Council of Ministers (*Министерски съвет*) (2018), Decree No. 100 of 8 June 2018 on the establishment and functioning of the mechanism for joint work of the institutions on coverage, inclusion and prevention of dropout of children and pupils of compulsory pre-school and school age ([Постановление № 100 от 8 юни 2018 г. за създаване и функциониране на Механизъм за съвместна работа на институциите по обхващане, включване и предотвратяване на отпадането от образователната система на деца и ученици в задължителна предучилищна и училищна възраст](#)), 8 June 2018, last amended 18 October 2019.

⁵ Bulgaria, Council of Ministers (*Министерски съвет*) (2020), National strategy for poverty reduction and promotion of social inclusion 2030 ([Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2030](#)), 31 December 2020.