

**DEVELOPMENT OF LONG-TERM SOCIAL SERVICES FOR THE ELDERLY IN  
BULGARIA**

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**Abstract:** Bulgaria, as a member of the European Union (EU) is facing serious challenges related to the population's aging, thereby increasing the need for long-term care services and consequently an increase in public expenditure on these services. In 2014 was adopted a national strategy for long term care in which the current situation of existing social services was analyzed and measures to overcome barriers to quality of care for the elderly were identified.

The strategy foresees the development of long-term care and improving the access to social and health services by expanding the network of these services in the country, their variety, volume and scope, thus enhancing service quality and interaction.

**Objective:** To analyze the current state of services for the elderly and the trends in their development - advantages and disadvantages.

**Materials and Methods:** To analyze the state of services in Bulgaria were used legal documents - strategies, laws and methodological guidance, related to the provision of social services for the elderly; structure and activities of social services for the elderly.

Bulgaria as a country - member of EU makes efforts to establish a functioning and modern vision of a social Europe, taking into account the challenges in services for the elderly and people with disabilities.

**Key words:** *Elderly, social services in the community.*

**Introduction:**

Bulgaria, as a member of Member States of the European Union (EU) is facing serious challenges related to aging, which increases the need for long-term care services and consequently leads to an increase in public expenditure on these services. In parallel, the problem to ensure a high quality of services offered to existing institutions turns out to be extremely complex, which hinders the provision of adequate quality of life for the users. [2]. In 2014 was adopted the National Strategy for long term care in which the current situation of existing social services is analyzed and measures are identified to overcome barriers to quality of care for the elderly.

**Objective:** To analyze the current state of services for adults and trends in their development - advantages and disadvantages.

**Material and Methods:** To analyze the state of services in Bulgaria are researched legal documents - strategies, laws and methodological guidance related to the provision of social services for the elderly; structure and activities of social services for adults. The types of social services for adults are described in the Regulations for the implementing of the Social Assistance Act and are mainly divided into two groups - social services in the specialized institutions and community based social services - daily and residential type[1,4]. Social services, defined as "activities that enhance and extend the capabilities of persons to lead

an independent lifestyle, and are carried out in specialized institutions and in the community" are regulated by the Social Assistance Act (SAA) and the Regulations for the implementing of the social assistance (IRSAA).

These regulations have been settled and the conditions to receive money benefits or benefits in kind from the elderly and people with disabilities. The age structure of the population in Bulgaria stands out with a tendency of constant aging. According to NCPHA [6]:

*Table 1*

	0-17 years	18-64 years	over 65 years
1970	27,5	62,8	9,7
2000	19,5	64,1	16,4
2013	16,3	64,2	19,5

The table shows that the number of population in the middle age is maintained or slightly increased. A drastic difference in the age groups of 0-17 years / decreased almost 2 times / and over 65 years, where the increase is more than double. This, besides the poor prognosis for the nation's development, raises the need for changes in the health and social system. Long-term care services and other social and health services for the elderly and disabled people in Bulgaria are provided by two separate systems - the social services system and the health care system. According to IRSAA social services are provided in the community and in institutions. Community-based services provide living conditions in an environment close to the family, aiming at supporting the elderly and at encouraging social inclusion. Institutional care in Bulgaria is provided primarily in homes for the disabled and elderly people's homes. The beneficiaries of these services are outside the scope of services based in the community. On the other hand, long-term healthcare services are regulated by the Health and the Hospitals Act (HHA) and are provided in different kinds of specialized medical institutions such as hospitals for further treatment and long term treatment, rehabilitation hospitals, hospitals for further treatment, long term treatment and rehabilitation, state psychiatric hospitals and centers for mental health and hospice [3].

The above definitions of long-term care suggest encouragement and development of the interaction between social and health care services. The different distribution of responsibilities (private / family - public), different ways of organizing medical and social care and the differing legislation lead to the need for implementation of new models and their subsequent regulation, particular to our country. The services provided can be conditionally divided into two major groups:

**Formal care** is provided in specialized institutions, social services in the community and at home by skilled professionals.

**Informal care** is home care provided by a family member. Traditionally, care of the elderly is seen as the responsibility of family members and is provided within the family. After Bulgaria restructured the system of social services in 2003, the share of informal services

in the community or at home increased.

**Advantages and disadvantages of the types of social services**  
**Social services in specialized institutions:** The main reason these services are still met with great popularity in our country is that they are provided as a state delegated activity. After preparing and submitting to the Social Assistance Directorate a set of documents, a social assessment is carried out and issued a tenancy according to the profile of the institution and its availability. The whole placement procedure takes from 2 months to up to several years. Although the living conditions are not particularly good, the low fees / 70-80% of the pension / attract consumers with low incomes. Another advantage is the provision of formal care professionals, which creates a sense of security among consumers. Serious shortcomings of this type of service include poor living conditions in homes for people with disabilities, the presence of many people and a dormitory life style, compliance with the rules and a certain pattern, lack of independence.

**Advantages and disadvantages of daily and hourly social services**  
This group includes personal, social assistant and a home helper. The main objective of these programs is assistance in the performing of daily activities. Care is provide in the home of the client and this is its main advantage, but often by an unqualified personnel. Services are hourly and can not satisfy the 24-hour needs of costumers. Another disadvantage is that elderly care for people with disabilities and bad health condition are often provided primarily by relatives. This greatly limits the opportunities for professional development of those who care for elderly family members, keeping their workplace and carries the risk of falling out of the social care system, labor market and at risk of social exclusion.

**Another type of services include residential social services,** which combine the advantages of institutional and home care. They are provided in protected homes, centers for family-type accommodation and others. The main advantage of this type of service is its availability in a family-like environment and the few users, which is a prerequisite for creating a small community. The feeling of belonging also shouldn't be ignored, living in a big family where everybody knows everybody, their problems and shows a willingness to help. The presence of specialists creates a sense of security and calmness. For this type of service a detailed methodology has been developed, which is a prerequisite for clear rules on service delivery and registration of suppliers. As a major drawback is the inapplicability of certain texts of the Ordinance for private providers of social services.

Providing quality, accessible and sustainable services for long-term care for the elderly and people with disabilities is one of the key priorities in the political agenda of the EU. Supporting Member States in their reform efforts, the Union recommends the implementation of three long-term objectives for national health and social systems that should be pursued in parallel:

- Ensuring good access to health care and social services;
- Improving the quality of care;
- Ensure the sustainability of their financing.

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As a member of the EU Bulgaria is actively involved in the common European efforts to create a functioning and modern vision of a social Europe, taking into account the challenges in services for the elderly and people with disabilities. In this regard and in the context of the strategy "Europe 2020" Bulgaria adopted a national goal "Reducing the number of people living in poverty with 260 000 people by 2020". Together with the national goal is set a sub-goal of reducing the number of people aged 65 and older living in poverty. One of the key measures for this sub-goal is to create a network of services for long-term care [3]. The presented above data and analysis of the situation clearly show that an increasingly aging population will also require increased public spending on long-term care as older people who have lost their autonomy and are in need of intensive care, will constitute the fastest growing social group in society in the future. This will lead to an increase in the need for the development of health and social services and networks of solidarity and care.

One of the serious problems characterizing the system of services in Bulgaria, is the insufficient number of preventive social and health services for adults with early intervention. The provision of these services has a key role in preventing the risk of social exclusion among the target groups. The provision of services by unqualified persons continues to be a problem, mostly by members of the families with a dependent adult. Low economic value and the lack of social recognition for these services are factors limiting their development as a real sector of the economy [3].

Another option to prevent institutionalization are community based social services – residential type. The implementation of this type of service will help meet the needs of some of the users through the diversification of social services in the community. The number of community-based services in 2009 was 463, in 2010 – 542, in 2011 reaches around 632 units, and at the end of 2012 their number was 719. The comparison of the data shows that over the years a gradual increase in the number of social services in the community can be observed. At the end of 2011 the number of social services for seniors and people with disabilities is 329 and the number of specialized institutions - 165. The trends show a constantly growing number of social services in the community, which is confirmed by the data for social services in 2012. As of December 2012 an increase is observed in the number of social services for these target groups that reached 381. The number of specialized institutions for elderly and disabled people declines to 162. At the end of October 2013 the number of social services in the community is 412 and the number of specialized institutions - 160 [3]. Part of the vision of the strategy for long-term care is closing in the next twenty years all functionally obsolete and those which does not meet the current needs of the target groups specialized institutions for elderly and disabled people [3].

Some of the most important **basic principles** in providing long-term care:

1. **Respect for the rights and dignity of users and their involvement in the process of decision-making** - guaranteeing the right of consumers to choose the right service for them and a supplier who can provide it.
2. **Minimum restriction of personal liberty** - the person should be supported and

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encouraged to develop their potential and lead an independent life;

3. **Placing the user at the center of services** – services should be consumer-oriented and caring to its changing social and health needs, character, interests, life history and family circumstances, opportunities and preferences.

4. **Transparency** - to provide clear, accurate and comprehensive information and advice to users and potential users of the services offered, their price and availability.

5. **Accessibility** - accessible and adapted environment, providing quality services in each region - a network of fixed and mobile services;

6. **Partnership and equality of service providers** - joint activities of state authorities at different levels of administration, closer to the citizens; equality of the different providers of long-term care as participants in the development of the network of services and opportunities for their provision and applying for various public funding;

7. **Innovation** in the planning and provision of services for long-term care - focusing on the development of innovative and integrated services, adoption of good practices and models in the planning and provision of services;

8. **sector interaction** in the provision of social, educational and health services, tailored to the specific needs and requirements of customers;

9. **Preventive measures** - prevention of institutionalization, unnecessary hospitalization and re-hospitalization;

10. **User oriented funding** - creating conditions for the development of consumer-oriented services and flexible arrangements in the provision and financing [3].

One of the possible solutions to improve the quality of life of older people is to develop and provide quality social services – of residential type, taking into account the influence of national mentality.

Social entrepreneurship in Bulgaria is underdeveloped and seriously lagging behind the needs of the population and global trends [2]. The proper application of the principle of equality in funding of various providers lies a large margin for competitive development of services and increasing quality of care.

### CONCLUSIONS:

In order to achieve higher quality in the provision of integrated care, it is necessary to coordinate the provision of medical and social services.

The participation of users in determining their care is very important. Often decision to use one or another service is taken by relatives in their interest, not the interest of the user.

It is necessary to set standards for health care in social services. Synchronized preparation of the need of care from health and social care professionals will lead to greater satisfaction from the provided services.

More even funding of the activities between the different suppliers and regions is a prerequisite for higher quality services.

### LITERATURE:

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- [6] <http://shs.ncpha.government.bg/>