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Dependent Elderly and Gender Equality in Bulgaria

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Introduction

The elderly people are one of the major groups of the population, which needs social services due to health problems, social isolation and loneliness. This report aims to describe the current provisions, employment implications and policy options for care for elderly people in Bulgaria.

In the last decades the process of population aging is clearly outlined in Bulgaria. According to the National Statistical Institute (NSI) data, in 2008 the share of people over the working-age is 22.3% of the total population of 7 606 551 people. This means 1 323 839 people in numbers. Of them, 4.8% are at age 65-69 years, 4.4% are between 70-74 years old, 3.6% are at age 75-79 years, etc. With the increase of the age group the share of elderly people decreases. Among elderly people, in each age group the share of women is almost twice higher than of men. With the increase of the age group, the share of women in total age group increases. This is due to the longer life expectancy of women, as registered by the statistics.

The share of elderly people in the total population will increase due to the low birth rates. Important aspect of the aging of the population is the average life expectancy – in Bulgaria it is 68 years for men and 74 years for women, and is one of the lowest in Europe. The relatively low average life expectancy indicates health problems of the majority of the elderly people and focuses the attention on the health and social care.

The content of the so-called “elderly people“, in a more narrow sense, consists of people at age 75+. The more wide understanding includes people over working-age. In Bulgaria the legal retirement age is 60 years for women and 63 years for men. For some categories of employment the retirement age is even lower (e.g. teachers, people employed in mining, people in military service, etc.). For other groups of the working-age population the retirement age is higher, e.g. 65 years for researchers under the special Law of Science, etc. People engaged in the public sector are obliged to retire after reaching the retirement age. Depending on their health status those people can withdraw from the labour market, or continue to be employed – in the private sector and under flexible contracts and types of working time. The retirement age for those, employed in the private sector, is a matter of negotiation and to some extent a personal choice, depending on the health status. Women are less persistent to continue working on the labour market after reaching the retirement age. Most women after retiring concentrate their efforts on cares for grandchildren or home activities, etc. However, the low level of pensions is a factor, which encourages people over working-age to search for jobs.

Another issue, important to mention and relating to the accessibility and affordability of the social care services, is that the elderly people are more vulnerable to poverty than the other age groups. According to the National Statistical Institute data, in 2008 the average poverty level is 14.4%, but particularly for age group 64+ it is 17.8%. In the period 2004-2008, the gap between the average and elderly poverty level has been increasing rapidly (from 0.3 percentage points in 2004 to 2.6 percentage points in 2008). Elderly women are over three

times more vulnerable to poverty than elderly men. In 2007, 24.1% of women at age 65+ live in poverty, compared with 8.1% of men from the same age group.¹

Bulgaria suffers a severe demographic crisis. The demographic projections clearly outline the substantial aging of the Bulgarian population. According to the National Strategy for Demographic Development (2006-2020), the share of people at age 65+ will reach 23.3% in 2020 (compared with 16.8% in 2000), while the share of people at age 0-14 will decrease to 10.7% in 2020 (compared with 15.1% in 2000). The long-term projection of the National Insurance Institute outlines that the number of pensioners in 2050 will reach 1.8 million people (compared with currently 1.3 million, as pointed above).² A research study projects that in 2020 the share of the population at age 65+ will be 20.1% of the total population (compared with 16.7% in 2000); and it will continue to increase to 30.2% in 2050. The same study projects that the share of people at age 80+ in 2020 will be 4.1% (compared with 2.1% in 2000); and it will reach 7.7% in 2050.³

The social care sector, as an element of the national economy and the labour market, could be defined as a sector with significant potential for the development. The conclusion is based on the fact that the sector is quite undeveloped and is still in a process of intensive restructuring. That is why it is not possible to comment precisely the statistical data on employment in the sector. Up to 2007 the number of people engaged in social care is reported together with the people engaged in health. The branch has been named “Health and Social Care” and the number of employed people in 2007 is 126 597. This is 5.4% of total number of employees in the country. In 2008 the social care has been separated from the health sector. The number of employed people in the sector named “Socio-Medical Care with and without Accommodation in Institutions” has changed from 27 230 people in 2007 to 28 368 people in 2008. The majority of the employed people are employees in the public sector – 97.8%, and only 2.2% in the private sector. However, in 2007 the proportion is 98.3% employed in the public sector and 1.7% – in the private sector. The increasing number of people, employed in private social care sector reflects the reform of deinstitutionalization of the social care, including that of elderly people.

It is important to outline that the country exports people, mostly women, who provide social care services in some European countries, mainly in Greece, Italy, Spain, Germany. The main reason for this “care drain” is the higher level of payment they receive in the other country.

The architecture of the system includes:

- services provided in institutions;
- services provided in the society;
- services provided to elderly people at home by institutions or by society;
- home care for elderly by family members;
- other services – for disabled people; medical services – meds.

The system of social care, including for elderly people, is financed by different sources:

- state budget;

¹ National Report of the Strategies for Social Care and Social Inclusion 2008-2010, p. 5 (<http://www.mlsp.government.bg/bg/index.asp>)

² National Strategy for Demographic Development (2006-2020) (<http://www.mlsp.government.bg/bg/index.asp>)

³ Zlatanov, S. Dynamic of Population Aging in South-East Europe (in Bulgarian). – Naselenie, BAN, 2007, N 1-2, p. 71-72.

- municipality through the so-called delegated budgets;
- municipality budgets, pre-accession funds;
- at earlier stage of the transition – programs financed by the WB;
- operational programs;
- participants in the system;
- donators.

As mentioned above, in the last ten years the system has been in a process of entire reconstruction. The former centralized system of providing social care, including for elderly people, has been transformed through:

- a) Deinstitutionalization (transition from institutions to services provided in the society);
- b) Financing through delegated budgets;
- c) Applying an individual approach to each person for assessing his/her needs of services so as to have more efficient social inclusion;
- d) Increasing the quality of the social care services.

Provisions and providers of elderly care

Availability

The Regulation for implementing the Social Assistance Law states that the social services in Bulgaria are provided in the society and in specialized institutions (Art. 36).

Depending on the time period, the provided services could cover short or long period. Within the whole list of services, the services provided to elderly people are as follows:

- Personal Assistant. The service includes permanent personnel care of 8 hours per day. Since 2010 the length has been reduced to 6 hours per day due to the financial restrictions of the program.
- Social Assistant. This type of service includes a personnel care for limited hours per day. This means that one social assistant could take care of several people.
- Home Assistant and Home Social Patronage are services, implemented in 2009 under a special National Program for social services in home environment. There are two sub-programs – Home Assistant and Home Patronage. The municipalities provide the services. The idea of this initiative is to encourage the municipalities to be more active in providing social services through applying for funding in case of local need of these types of social services. Based on the assessment of the program outcomes for 2009, the initiative is considered successful. However, in 2010 the program has been frozen due to lack of financing.
- Day Center.
- Center for Social Rehabilitation and Integration.
- Social Services of residential type, namely: a) center for temporary accommodation; b) crisis centre; c) home for the aged.
- Public Dining Rooms.

We are not able to provide a systematic statistics concerning the above listed services. One reason for this is the restructuring of the system, which breaks down the time series, and another one is that many of the mentioned services are newly implemented. However, there are some data, which give an idea about the volume of the different services:

- In 2008, 11 020 people has been hired as *personal assistants*. In 2007 their number is 12 441. The mentioned numbers include also child assistants, which obstruct the separation of the care between elderly people and children. However, we know that in 2008 the number of child assistants is 2119, which means that the elderly people assistants are 8901, or four times more.
- In 2008 the Social Assistant scheme reports 1807 unemployed people hired as *social assistants* (in 2007 their number is 1478).
- In 2008 the *home social patronage* provides services to 57 884 old people, and by the end of the year the number of beneficiaries is 46 947. More women than men have been beneficiaries of this type of social service.

Table 1 describes the social services provided in the society in 2008, including the number of institutions providing the services and the number of people, who have been served.

Table 1: Bulgaria – Social Services Provided to Elderly People in the Society in 2008

Social services provided for elderly people in the society	Number of institutions	Number of beneficiaries	Number of beneficiaries (at the end of the year)		
			Total	Man	Women
Home social patronage	-	57 884	46 947	22 148	24 799
Day centers (including for elderly people)	43	4 057	1 315	411	904
Day centers for elderly people with mental problems	31	1 612	666	392	247
Day centers for elderly people with physical problems	15	978	468	152	316
Centers for social rehabilitation and integration	241	13 453	13 453	5 743	7 710
Old-age homes	8	175	71	39	32

Source: http://www.nsi.bg/ORPDOCS/Zdr_3.1_SpecInst.xls

In addition to the data presented in the table 1, we should add that by the end of 2007 there are 54 public dining rooms with a capacity of 4930 places and 4731 people employed there. In 2009, under a project of the Ministry of Labour and Social Policy (MLSP), 140 public dining rooms with a capacity of 11 025 people have been opened for a period of 4 months (December – March). Such types of services are provided also with the help of the regional administration. In towns, where the administration manages to organize resources for the provision of this type of services, public dining rooms are opened for some months.

Table 1 outlines that more women than men participate in the different types of social services – twice more women are covered by day centers and day centers for elderly people with physical problems, as well as centers for social rehabilitation and integration.

In Bulgaria the coverage rate is not reported by the statistics. The lack of detailed statistics does not allow us to say much about the topic in Grid 3. However, this indicator might be calculated at a micro level – municipality level, small town level, cities level, etc. and be of help of the local authority, in charge of the social policy. However, at a macro level the calculation of a coverage rate is quite disputable. The reason is that the coverage rate depends on the needs of the people at local level and since the needs differ, the aggregation does not tell much about the real demand and supply of the different types of social services.

Although the lack of systematic statistical data, there is fragmented information on the number of people waiting to be placed in institution or to be included as recipients of service. We can provide some outcomes of a study in Sofia municipality, performed in 2008, according to which the share of elderly people, recipients of social care, is 6.8%, while the other 93.2% of the interviewed elderly people state that they do not receive social service. Meanwhile, the share of those who would like to benefit from social services is 25%, which draws a conclusion that the supply of social services is less than the demand.⁴

Based on the available statistics, we have tried to calculate the share of people covered by some forms of social services provided in the society. The calculations are based on the total number of people at age 65+, which in 2008 is 1 323 839, and the number of people served under the type of service. The exercise shows that in 2008, the home social patronage covers 4.4% of all elderly people; the centers for social rehabilitation and integration provide services to 1% of total number of elderly people; 0.3% of elderly people are covered by the services, provided in the day centers, etc. However, these calculations will be accepted with a great caution, since the exact number of people, who need this kind of services, is questionable. Also, attention should be placed on the fact that many of the services are new and as such are still promoted in the society.

As far as disabled elderly people are concerned, the statistics reports 211 200 disabled people at age 65+, which is 42.9% of all number of disabled people in the country. This also means that 15.9% of all elderly people (at age 65+) are disabled. The elderly people with disability are treated on an equal basis with the other disabled people. The category of lost working capacity (or the extent of disability) is taken into account when the individual plan for their social integration is prepared.

Grid 2 (the different institutions involved in social care activities) mentions family members and/or friends, non-governmental organizations, institutions, other private organizations, etc. However, the share of their participation in the process is difficult to assess.

In more details, the system in charge of registration, monitoring and offering care for disabled people, includes the elderly people to the extent, to which some of them are recognized under the existing criteria as disabled people. Since the statistics is not broken down by age, the analysis cannot be based on concrete and detailed data.

The determining of the extent of disability is done by the health system and special bodies, named territorial expert medical commissions (the Bulgarian abbreviation is TELK). The main approach is determining the extent of lack of working ability. Two general groups are identified – the first involves people with less than 50% lack of working capacity, and the second – people with over 50% lack of working capacity. People with disability less than 50% are entitled to work and are not under any special social treatment.

Several subgroups are outlined among the disabled people with over 50% lack of working ability:

- People with 50-70% lack of working ability (they are allowed to work, they are entitled to additional pension for illness, some transport benefits, tax benefits, etc.).
- People with 71-90% lack of working ability (to a higher extent they are restricted to work, they receive pension for illness, transport benefits, tax benefits, social integration support).

⁴ Strategy for Development of Social Services for People from the “Third Age” in Sofia Municipality for the Period 2009-2013, p. 10 (<http://www.sofia.bg>).

- People with 91-100% lack of working ability (they are entitled to pension for illness, social integration benefit, transport and tax benefits, access to rehabilitation, etc.).
- People with 100% lack of working ability and a need of assistance. It is the most severe case. In 2008 the number of people in this group is 115 647 (of all 491 800 disabled people) or about 22% of total number of disabled people. This number varies in the years – from 92 933 in 2001 to 129 596 in 2005 and 122 044 in 2007. We cannot say how many the elderly people in this group are.

Among all disabled people, the share of women prevails. In 2008 the share of disabled people at age 65+ is 211 200 or 43%, as mentioned above, while the share of those at age 55-64 is 26%. This means that in the near future the share of disabled elderly people will increase by new cohorts, after their retirement. People with disability are entitled to special social services, depending on the individual needs. The special social services are provided by the social care system, which comes to support and complement the work of the territorial expert medical commissions (TELK), so as to ensure a wide range of services to these people and their social integration.

The specialized institutions, where social services for elderly people are provided, include:

1. Homes for elderly people with the following disability:

- a) mental disability;
- b) psychical problems;
- c) physical problems;
- d) senses problems;
- e) dementia.

2. Old-age homes.

Table 2 presents the number of the institutions by type and the number of people, served in these institutions.

Table 2: Specialized Institutions, which Provide Services to Elderly People

Type of institution	Number of institutions	Number of people at the end of the year		
		Total	Men	Women
Homes for elderly people with mental disability	58	4401	1972	2429
Homes for elderly people with physical disability	27	1530	748	782
Old-age homes	100	5340	1955	3385

Source: <http://www.nsi.bg/ORPDOCS/>

The normative act underlines that the social services, provided in specialized institutions, are available only after there is no other opportunity for providing the service in the society. This is important, since the main objective of the policy is to provide individual support and social integration in an environment close to home atmosphere, and placement in specialized institutions is only in case there are no other alternatives.

The normative act gives also the opportunity for each municipality to develop and offer services, depending on the local demand.

The responsibility for any changes in the type of social service, e.g. introduction of new or closing existing services, as well as changes in the capacity of the services, belongs to the Executive Director of the Social Assistance Agency. He/she is also responsible for the

development of methods and methodology of provision of social services. As mentioned above, the provided social services in the society are financed by the so-called delegated state budget. This means that the government covers the expenditures, related to wages of employed people (based on the unified state expenditure standards), food, electricity, heating and current repairs of the home.

The Mayor of the municipality is responsible to delegate the provision of the social services to other providers by opening a tender. Such tender follows the established legal norms and regulations.

According to these regulations, the provider of social services has to prepare an individual plan after assessing the needs of each beneficiary. He/she has to formulate also the target of the services (Art. 40 of the Social Assistance Regulation). The target might relate to everyday needs, health needs, educational needs, rehabilitation, leisure time help, support for contacting family members, friends, other persons. In case the provided service is a long-term one, the provider of the service has to update the individual plan once every six months. In case the provided social service is a short-term one, the provider evaluates the efficiency and effectiveness after the period expires. The provider of the service is obliged to register the beneficiary of the social services and to have a detailed profile of his/her health status.

The provided social services are subject to existing standards and criteria regarding accessibility, living conditions, nursing regime, social integration conditions like transportation, hearing or visual aids, etc.

The number and professional characteristics of the personnel, engaged to provide the social services (both in the institution and in the community), follows certain standards and criteria as well.

As mentioned above, there are different organizations, involved in the social care system, which are responsible for the dependent elderly people. The main actors in the care for elderly people remain the family and the relatives, then come friends and next-door neighbors. The next level actors are, in case people can afford it, hired home care people, nurses, etc. There are some non-profit organizations, which provide services to elderly people, e.g. the Red Cross, women organizations taking care for lonely old people, etc. Their capacity is limited. Moreover, these organizations operate mainly in the capital and big towns. The community becomes a significant actor, being responsible of the social services, demanded in the local area. The public bodies, which take care of elderly people, are one of the major actors, as far as they coordinate and manage the care services provided by the state.

Summarizing the section, we have to outline the different types of social services, provided in the society or in the specialized institutions, which are available for elderly people. The general leave schemes are available for people after reaching certain age – 60 for women and 63 for men. Flexible time arrangements are available and recommended for working people with certain extent of disability. Different cash transfers are available, including transportation, medicine, in case of poverty – expenditure for heating, etc. We could add that the providers of social services might be private or public, and the provision of the services is based on the existing legal norms and standards. The system of social services in Bulgaria is in a process of transformation, which main characteristics are individualization of the services depending on people's needs, focusing on the social integration of the elderly people in the society, delegating financial resources and providing services depending on the local demand. Different programs, finance by EFS and other donors, are available and support the national budget in developing social services for elderly people.

Affordability

Affordability depends to a high extent on the prices, which people have to pay for the offered services. This means that user fees are a factor of main significance concerning the affordability of the services provided to elderly people. In Bulgaria the price of services differs considerably depending on the type and the provider. For example, the fee to live in a home for elderly people is 70% of the income. In some institutions the percentage is 80%, e.g. institutions for people with specific illness. Since old people rely mainly on their pension as a source of incomes, this in fact means 70% of the pension, which the person receives. In 2008 the level of average pension in the country is 104 EUR (85 EUR in 2007 and 77 EUR in 2006). The answer whether this price is affordable or not is at least twofold. On one hand, people can afford the services and this is obvious from the demand of this type of service, although they have to live with very limited finances after paying the fee. In case they have to buy medicine, they might not have the needed money. On the other hand, it is obvious that the institutions receive incomes from fees that are not enough for providing high quality services.

The prices in the private homes for aged people are times higher compared with the prices in the public homes, e.g. the monthly fee is 350-400 EUR.

According to some comments in the mass media, the demand of places in the institutions like old-age homes is higher compared with the supply – according to an article there are 1500 people waiting for place.⁵

The existing standards determine the following prices of some services: the annual expenditure per person in a day centre for elderly people in 2008 is about 650 EUR, while that for elderly people with disabilities is 1600 EUR. This cost is covered by the national budget through the Social Fund. The annual cost per person for social rehabilitation and integration is 1125 EUR. The annual price per place in a specialized institution in 2008 is about 2640 EUR.⁶

A survey on the social care in Sofia municipality points out that 46.6% of the elderly people have no idea about the price of the service they receive; 50% of the respondents say they are not able to pay the full price; and only 3.4% state that they are not motivated to pay the price, since they do not like the quality.⁷

The Eurobarometer data point out that 37% of the respondents in Bulgaria agree that the professional care at home is available at an affordable cost, and 40% of the respondents disagree; 23% say they do not know (fig. 3). These answers place Bulgaria in the middle of the scale. This comes to support the above statement that prices are a factor, which restricts the access to the services. The same question but concerning the nursing homes points out that 2% of the respondents do not pay anything; 8% state that the services are affordable; 32% state that the services are not affordable; 58% do not know the answer (fig. 4).

Acceptability of Service Provisions

The elderly people's problems are discussed in the public area from different points of view, but mostly in view of the population aging and its impact on the labour market. Most of the

⁵ Doichinova, D. The Age Homes Are Overcrowded. – News, 18 February 2010, p. 4.

⁶ Report on the Realization of the Demographic Strategy, p. 64-66 (<http://www.mlsp.government.bg>).

⁷ Strategy for Development of Social Services for People from the “Third Age” in Sofia Municipality for the Period 2009-2013, p. 10 (<http://www.sofia.bg>).

existing studies concentrate on this topic.⁸ There are also studies of the aging of the population and the demographic policies⁹, in which questions about solidarity between the generations are discussed, as well the alternative choice, which should be given to the elderly people concerning their personal decision to live in an institution or at home. There are some studies discussing the problems of the social environment as a factor for improving the quality of life in the rural regions.¹⁰ Within the cited study, the author presents a number of projects, initiated in the rural areas under a regional program for improvement of the social environment. Two interesting examples should be outlined:

- A project targeting the improvement of the social services for elderly people in municipality of Strumiani. The territory of the municipality includes 21 settlements, 15 of which are in the mountain. The structure of the population is dominated by people at pension or pre-pension age. Poverty exists; people are quite poor due to the intensive job closure after 1990 and the lack of new innovative job creation process. As a result, many people are with interrupted social rights, since they have not paid the social insurance taxes. Within this background, the project aims to open day pension club; to identify old people living alone and their needs; to hire two nurses to serve 25 immobilized old people and people with chronically illness. Within the project, other types of services are also provided, e.g. home cleaning, assistance for shopping and home support activities (paying bills for electricity, water consumption, phones, etc.). The social integration of the elderly people includes discussions, small celebrations, etc. The project is implemented by the project team in collaboration with the municipality and the non-governmental organizations.
- The next example is about the social integration of disabled people from municipality of Djebel. There are 220 registered disabled people, living in isolation and without social contacts. The established club, equipped with TV, library, computer, and other equipment, provides an alternative for social contacts and discussions on topics of health, social insurance, tax, etc., which concern these people.

Sofia municipality has implemented a more complete and sustainable approach to the process of design and development of the social services for elderly people. The municipality has started with a “Strategy for development of social services for people from the “third age” for the period 2009-2013”. The document analyzes the state, formulates targets and plans the steps to improve the social services for elderly people. Sofia is the biggest municipality in Bulgaria. The strategy identifies the needs and the people’s expectations concerning the social care. The identification of the problems focuses on poverty, lack of information, lack of access to services and lack of available services. The study points out that the elderly people with low incomes dominate among the beneficiaries of the social care system. People with monthly incomes up to 50 EUR are the first 20% of the beneficiaries. Most of the elderly people do not use social services – 94.4% of those with good monthly incomes between 125-150 EUR are not beneficiaries of the system.

⁸ Borisova, K. The Ageing of the Population – Impacts on Economic Active Population in Bulgaria (in Bulgarian). Publishing House “M. Drinov”, 2007; Borisova, K. Approaches to Flexible Retention of Human Resources in the Higher Age Bracket with the Organization. – In: Flexible Employment in SMS-e. Publishing House “Shans”, 2008, p. 179-195.

⁹ Sugareva, M. Depopulation, Demographic Aging and the Need of Special Demographic Policy. – Population, 2006, N 1-2, p. 70-83.

¹⁰ Anastasova, M. The Improvement of the Social Sphere – Important Factor for Increasing the Quality of Life in the Rural Areas. – Agricultural Economics and Management, National Centre for Agrarian Sciences, 2006, N 4, p. 36-44.

The survey provides evidences concerning the quality of the social services – 36.8% of the interviewed people state that they are satisfied with the quality and have no complains; 35.1% state that they are satisfied in general but would like to suggest some necessary improvements.

The document draws out recommendations for the further development of the social care system in the capital of the country. The survey presents many conclusions about the preferences of the elderly people regarding the place where the service is provided – 62% state that they prefer to receive the care out of home (in institutions); and one of the most preferred care they want is health control, physical rehabilitation and sanatorium treatment.

There is also a conclusion about the lack of preventive care for elderly people and the need for more active support of homeless elderly people. The necessity of an adequate assessment of the needs of the elderly people and the adequate services, which should be offered to them and their family, is also underlined.

Several specific surveys on the quality of services, provided to elderly people, can be cited in view of acceptability of the services. It should be outlined, that the acceptability depends on the personal choice and criteria for the services, which are offered both by the society and the institutions. There is a complex of factors, which influence the level of acceptability of service provisions. On one hand, the restructuring of the system and the development of new types of services is accompanied with lack of experience; in some cases this influences negatively the quality of services offered. Also, the new services are not very popular and/or to some extent people are suspicious. On the other hand, the services, which are well-known and recognized as good ones, are in a downturn because of restructuring and/or financial limits. This is valid for the rehabilitation system, the health services in some of the institutions, the age homes, etc.

According to a document, entitled “White book: effective support through social services for vulnerable groups in Bulgaria. Main principles” 2009, prepared by a coalition of non-governmental organizations, named “Social Policies” Platform, there are numbers of factors, impeding the acceptability of the social services, among which the document outlines the lack of competition between the providers of services. The authors refer to the delegation of social services to the municipalities, which, according to them, creates tricky situation, since the municipality acts both as provider of social services and institution responsible for offering the social services to private providers. Another problem, impeding the access to services, is the lack of real assessment of the needs of different types of services. However, the document outlines as a main problem the fact that the system is wrongly financed – “money follows services” and not “money follows clients”.

According to Eurobarometer data on the quality of care, nursing homes in particular, 48% of the respondents state that the standard of care is insufficient, 18% declare that they find the care sufficient, and 34% do not have an answer to this question. The answers confirm the national information about the need of improving the quality of social services by pointing out one segment of these services.

Gender and Labour Market Equity

The figures on the Bulgarian population structure, mentioned above, outline that the female recipients of elderly care dominate, since women are more than men in the age structure of elderly people. Among the providers of services for elderly people, the share of women also dominates no matter who provides the service – the family, the society or the institutions. As mentioned in Grid 2, the family members are strongly involved in providing care for the

elderly people in their family. This is absolutely true in case the family shares a living space or in case they live in the same settlement – village, town, etc. In Bulgaria the family relationships are quite strong and it is commonly recognized that elderly people should not be left by their own. However, there are exceptions. Nowadays, with the increase of mobility, emigration in particular, more and more old people live alone, since their family is away from the town or the country. We have difficulties to provide concrete national data on the number of elderly people who live alone.

Data in Table 1 of the Appendix on the gender balance of informal carers points out that, according to 2005 ad hoc LFS module, the share of female cares among people aged 50 or less is 58.95%, and that of female cares 50+ is 57.25%, which comes to confirm the feminisation of both recipients and providers of services in the sector.

The gender composition among social workers points out that women dominate. Moreover, the sector is feminized. The career prospects are not high, the profession is not considered a prestige one, and people accept the work in case there are no other alternatives. The pay level is one of the lowest compared with the other branches. There is a high turn-over of the staff. At this stage there are no evidences of activities in place for retention of workers in the sector, although there is an understanding of the importance of the problem. As stated in the “Strategy for development of social services for people from the “third age” in Sofia municipality for the period 2009-2013”, the quality services need high quality and motivated personnel. The lowest level of payment compared with the other branches creates difficulties for motivating the personnel in many segments of the system – shortage of personnel in specialized institutions, lack of people with geriatrics specializations, shortage of mid-level personnel, lack of nurses, etc. The share of volunteers to work in the system is insignificant. There are some people involved in the social cares, who are mainly from the non-governmental organizations. Due to all this, the cited above document underlines that in the period 2009-2013 the human resources in the sector, their qualification and motivation will be of highest importance for the development of the system of social services.

The improvement of human resources is supposed to be obtained by a number of activities, namely:

- development of a system for individual evaluation of the work of the specialists;
- development of a mechanism, which links the payment with the evaluation of the work done;
- activities for increasing the motivation of people employed in the system;
- development of a program for education and supervision of the personnel, employed in the specialized institutions, in accordance with the concrete needs and available financial resources;
- development of a module program for education of social workers.

As far as private providers of services are concerned, it should be mentioned that they are quite new actors in the area of social care. Private providers offer higher prices of services, but also higher wages to employed people, and in this way they manage to attract workers mainly on the account of the public sector. We cannot provide any evidences of attrition between (formal) employment and (informal) care among women and men.

Information concerning the share of women as basic social workers and nurses, as well as on their wages unfortunately there is no available at aggregate level, only average payment for the sector is reported.

Labour Market Sustainability

Table 3 outlines the trend in employment potential, as far as health care is concerned, and clearly shows its downturn, although in a slow rate. The decreasing tendency in the employment potential of the health sector is a result of decreasing population and restructuring process in the health and social cares systems. However, in 2006 and 2007 there is a slight increase of health personnel per 10 000 people of the population.

Table 3: Personnel in Health Care with Bachelor and Secondary Degree

	2000	2004	2005	2006	2007
Personnel (numbers)	49840	46037	47657	48112	48631
Personnel per 10 000 people of population	61.2	59.3	61.7	62.7	63.7
Including hospital attendants	3158	2549	2466	2568	2660
Maternity nurses	4131	3417	3455	3429	3401
Nurses	31479	29769	31235	31599	32244
Laboratory assistants	5964	5852	5935	5879	5793
Other medium-qualified personnel	3145	2847	2927	2921	2863

Source: National Report of the Republic of Bulgaria of strategies for social protection and social inclusion 2008-2010, Annex 1.

Bearing in mind the already mentioned low level of payment in the social care branch and the low prestige of social works, it is clear why many qualified people from the health and social care systems emigrate from the country. The destination countries are those with higher living standard, like UK, Germany, Spain, as well as neighbouring countries like Greece. In many cases, the emigration is in a legal form, but in other the emigrants are not registered and not insured. One positive aspect of this emigration is the remittances, which strongly support the household budgets. The figures on remittances, reported by the National Bank, are impressive in view of the GDP and the financial flows in the country. However, the negative features of this emigration are multi-dimensional – economic, social, family, personnel, etc.

For the destination country the positives include, on one hand, well-qualified workers, who enter the sector and provide qualified services; and, on the other hand, benefits from the lower payment to emigrants compared to the native workers. Meanwhile, the sending country, Bulgaria, is restructuring the social care sector and already suffers lack of qualified social workers.

Policies

Overview

Concerning the social services, in 2006 Bulgaria has adopted a “Strategy for Decentralization of the Public Government”. The main focus of this strategy concerns the relations between the central and the local governing bodies in view of development, finance and quality of the social services, provided by the municipality on the basis of the delegated activities. The realization of the strategy, resulting in transferring the social services from the state to the municipality, in 2008 is accompanied by an increase of the financial resources to the municipality by 2.7 times compared with 2005. As a result, the standards concerning the social services have increased significantly.

The increase in the number of social services, provided in the community, is supplemented by an increase in the number of beneficiaries and providers of social service. A new model of social services in home environment is in a process of implementation. The process of restructuring the specialized institution is an ongoing one, following the concept of de-institutionalization. The quality of the social services is under regular monitoring. It should be mentioned that many of the new policies are implemented under different program budgeting. This fact creates risks of policy interruption with expiration of the program. Thus, the lack of sustainable mechanism of policy financing should be outlined as one of the main challenges for the development of the social services.

All these processes concern the system of long-term care. The pressure over this system will increase due to the deepening demographic and health problem, following the aging of the population. The documents concerning the social long-term care policy state that until now no adequate long-term approach for social care, relevant to the demographic projects, has been established.¹¹

Concerning the most vulnerable groups in view of social care and social inclusion, the policy document outlines elderly people at a first place, followed by people at over working-age, lonely families, families with many children, economically inactive people, youths, people with low or no qualification, disabled people, ethnic minorities, women, and old women in particular. This means that the vulnerability of elderly people and elderly women, in particular, is recognized as a serious problem.

The strategic approach for dealing with vulnerability, including the vulnerability of elderly people, consists of integrated and multilateral approach, continuity and consistency of the applied policy, prioritisation of the problems, improving the concentration of the resources, linkage of the policy to the Operational Program “Human Resource Development” 2007-2013, active behaviour of all actors in the process and wide-based consultancies.

Within this strategic approach, the main policy targets formulated for 2008-2010 are listed as follows:

1. *limiting poverty expansion and social exclusion among generations (with a stress on child poverty and social exclusion);*
2. *active inclusion of the most vulnerable to labour market groups;*
3. *equal opportunities for the vulnerable groups;*
4. *better management of the social inclusion policy.*

As far as the social services are concerned, the concrete areas of intervention include financing of the system, further development of the process of de-institutionalization and development of social services in community, improving the institutional social care, improving the quality of the social care, interrelations and coordination between health and social care, informal care development.

Availability and Affordability

The innovations in the applied policy, as mentioned above, aim at the integrated and multilateral approach of the social policy and the social care, in particular. Here are some of the aspects of the applied policy.

¹¹ National Report of the Republic of Bulgaria on Strategies for Social Protection and Social Inclusion 2008-2010, p. 5 (<http://www.mlsp.government.bg>).

- *De-institutionalization and development of social services in the community*

The transition from institutional care, typical for Bulgaria for a long time, to services, provided in the community and in the family, continues with expanding the set of services and transferring the management to the municipality. The set of services is expanded by the establishment of day centres care, centres for social rehabilitation and integration for elderly people, services offered at home under different programs like “social assistant” and “personal assistant”; home patronage, etc. These types of services are considered adequate and relevant for the people in the country. They offer care according to people’s needs at home or close to home environment and/or support family members to take care of elderly family members. In case family members are not available to care for elderly people, there is an option a third person to take care of the elderly person. Thus, there are at least three options for organization of the provision of social care for dependent elderly people.

The incentive development of new types of social service has been already illustrated. However, once again it should be mentioned that, if by June 2008 the day centres for elderly people are 21, by the end of the year 12 more day centres have been opened.

- *Improvement of the institutional care*

Although the home social care is of main importance and is a priority of the policy, the data provided above point out that the inclination towards institutional care among elderly people is relatively high. This type of service is the only one with increasing demand in the last years. By the end of 2008 there are 159 specialized institutions for elderly people with a capacity of 11 750 places. Only in 2006-2007 nine new homes for old people have been opened. These new homes are built in accordance with the present requirements for social care and are good examples for institutional social care. As far as the existing (old) institutions are concerned, some of them have been closed (e.g. in 2008 five homes are closed, one of them – for old people with mental problems), while others are reconstructed into micro homes or protected homes, thus offering better social infrastructure. In this way, on one hand, the quality of life of elderly people has been improved, and on the other hand, more options for choice have been created.

- *Increasing the quality of social care*

The quality of the social services is of high importance for the present social policy. It is supposed to be realized in several directions:

- Improving the necessary equipment (through investment in new services and reconstruction works).
- Improving the structure of the professional capacity of the personnel. A special methodology is developed in view of determining the optimal number of personnel in the institutions. The optimization of the number of personnel is viewed as a tool for increasing the quality of the social care. A mobile and flexible management of the social services has been envisaged in this direction as well. The education of the personnel in view of the new types of social services is also a component of this methodology.
- Control regarding meeting of the criteria and standards of social services as a tool for increasing their quality. The development of a methodology for monitoring the services, provided in the specialized institutions for people with mental problems, is a step in this direction. The methodology has been approved in 29 institutions during the “Third

Monitoring Session” of the institutions providing social services. The followed analysis has been useful for the educational programs of the inspectors and the employees in the institutions.

- Although financing of the system is not a key topic of this report, the issue is among the priorities of the policy in the area of social care. The financial scheme has been changed with the restructuring of the social care system. Unified standards for financing of the social services have been introduced in 2008. In this way, the activities guaranteeing certain minimum of services for elderly people and people with disabilities are additionally supported. The minimum set includes key services demanded in the country, like day centres for elderly people, homes for elderly people, centres for rehabilitation and integration, services provided at home – personal and/or social assistance. Although the private financial flows are not limited and private providers of social services increase, the private investments in the social services for elderly and disabled people are insignificant. However, the municipality’s financial flows are relatively stable, especially concerning development of social patronage and dining rooms. As a result, in the period 2005-2007 the recipients of social patronage care service have increased by 9%, due to the fact that almost all municipalities in the country have began to offer and finance social patronage services.
- The interrelations and coordination between the health and long-term social care is legally based on the Health Law, which permits the opening of health and dental consulting rooms in the specialized institutions, as well as in the centres for temporary accommodation. Supplementing the Law, a regulation is under preparation, and according to the authorities, these legal bases will ensure higher quality of long-term social services. The need for a better coordination between health and long-term care is especially outlined in regard to the care provided to people with disability. That is why Ministry of Health and Ministry of Labour and Social Policy have signed a Frame Agreement for coordinating the care for people with mental disability, living in institutions. The agreement determines in details the engagements of each institution for improving the quality of life of these people, the quality of the provided services, and the development of services for integration in the society.
- A good example for informal care, provided to a dependent family member, including people with disabilities, is the program “Personal Assistant”. The program targets the family members by offering relevant incomes and social insurance. The program is financed by the national budget. It includes also a component, targeting a third people (not a family member) who might be included to care as “Social Assistant”.

Gender Equity

The gender issue is not a hot topic of the discussions concerning social care for elderly people. As mentioned above, the main concerns regarding this issue relate to the speed of the restructuring of the system, the balance between the services provided by public and private providers, the financing of the services and their efficiency, etc. All these concerns are linked to the basis of the system and its efficiency, and the way the services support the social integration of the elderly people and the quality of their life.

Almost all of the provided services in the country are gender neutral, e.g. they target both sexes. However, the beneficiaries differ by gender and individual needs. Since women predominate in the gender structure of the elderly people, their participation in care services in some cases dominate. Women predominate among the employed people in social care

services as well. We do not have a gender-disaggregated data to prove this fact, but it is well known that the staff of the system is feminized.

An example of such gender-neutral services is the home social patronage. By the end of 2007, there are 288 social patronages in the country with a capacity of 38 626 places and 34 026 employed people. By the end of 2007, the offered services, including public dining rooms, are 54 with a capacity of 4 075 places and 4 731 employed people.

Another good practice in the area of social services for elderly people is the day centre. The offered services in these 21 centres (by the end of 2008) include a wide range of services aiming to ease the social and private contacts, leisure time organization, professional support in different areas like health, rehabilitation, etc. To some extent the day centres are an alternative to the institutional care for elderly people. In this case, both genders are eligible to the services, provided by the day centres.

Labour Market Sustainability

The labour market sustainability regarding the position of social workers in it (including level of payment, supply of labour, careers prospects) is not a topic of public interest. In fact, in the last years and most recently, the public attention on the labour market has been concentrated on the general demand and supply. Looking on the different segments of the labour market, the attention usually is concentrated on the prestige segments. Sometimes, the attention is on the health sector in relation to the decreasing supply of labour in the area and the deterioration of the professional characteristics. This discussion concerns the elderly people to the extent, to which they are patients of the health system. Meanwhile, the labour market state and prospects of the social workers are excluded from the discussions and public debates. Some exceptions on the future behaviour of the Bulgarian emigrants are debated. Among the emigrants, the share of women working abroad as social assistants has increased in the years. However, the attention regarding these people is focused more on the remittances they send home and less on their intention to come back home.

Meanwhile, as already mentioned, the national policy and the active labour market policy include a number of different schemes to support elderly people's social inclusion and deinstitutionalization. Within these schemes, there are special training schemes and education for those people, who will be engaged as home assistants, personal or social assistants, etc. As mentioned above, the new implemented social services and cares are accompanied with relevant training of the personnel and management of the system.

Concluding Summary

The study of the social care system for dependent elderly people and gender equality in Bulgaria points out that in the last ten years significant transformations of the system are undergone. In this sense, the present state of the care for elderly people can be defined as transitional, where the innovations are in a process of implementation and are accompanied by elements of the previous system. The main characteristics of the ongoing transformation of the care for elderly people include:

- decentralization of the social care;
- deinstitutionalization of the social care and its transfer to the community and the family;
- development of new alternative social care services;
- development of national integral set of different types of social services.

Summarizing the progress of the reforms, we have to say that today the mentioned targets are at different stage of their achievements, and the care for elderly people is presented by a set of social services provided in the community and in the family, as well as by services provided in institutions. The providers of the services include public and private agents, non-governmental organizations, etc. The financing of the elderly care services rely on local, national, international funds and donations.

The study of the effects of the ongoing reforms on the quality and quantity of provided services is based not on systematic but mainly on episodic information. However, there are evidences that the quality of the provided services has to be further improved, and there are some services, the demand for which is higher than their supply.

A relatively weak point in the system is the human capacity, both in volume and quality. The interest of the new generations to enter this sector is low, there is a lack of motivation due to the low prestige and payment, there are limited opportunities for career development, etc. The social care for elderly people is a feminized sector, and many women employed in the sector have left it and emigrated abroad. Bulgaria is a source country of good quality personnel, who prefer to work abroad because of the better payment.

In fact, in the future the care for elderly people will face a shortage of personnel and this will be one of the main impediments for the development of the system. Meanwhile, the demographic trends and projections outline an increasing share of elderly people in the near future and increasing demand for care services. This comes to say that in the future the country will face great challenges regarding the quality of life of the elderly people. The answer of the forthcoming challenges is the establishment of a care system, based on consistency and sustainability of the respective policy and active involvement of all actors of the society in its realization.

The gender aspect of the social care for dependent elderly people is not among the topics discussed in the public and even among specialists. One possible explanation is the still early stage of the development of the system, when the discussions are concentrated on basic questions concerning the building up of the system.

References

1. Anastasova, M., The Improvement of the Social Sphere – Important Factor for Increasing the Quality of Life in the Rural Areas. – Agricultural Economics and Management, National Center for Agrarian Sciences, 2006, N 4, p. 36-44.
2. Borisova, K. The Ageing of the Population – Impacts on Economic Active Population in Bulgaria (in Bulgarian). Publishing House “M. Drinov”, 2007; Borisova, K. Approaches to Flexible Retention of Human Resources in the Higher Age Bracket with the Organization. – In: Flexible Employment in SMS-e. Publishing House “Shans”, 2008, p. 179-195.
3. Chelingirova, E., V. Gancheva. Social Services for People from the “Third Age” (in Bulgarian).
http://www.omda.bg/biblioteka/vyara_gancheva/vyara_emi/vyara_emilia_14.htm
4. National Report of the Republic of Bulgaria of Strategies for Social Protection and Social Inclusion 2008-2010 (www.mlsp.government.bg).
5. National Report of the Strategies for Social Care and Social Inclusion 2008-2010, p. 5 (<http://www.mlsp.government.bg/bg/index.asp>).

6. National Strategy for Demographic Development (2006-2020) (<http://www.mlsp.government.bg/bg/index.asp>).
7. Strategy for Development of Social Services for People from the “Third Age” in Sofia Municipality for the Period 2009-2013 (<http://www.sofia.bg>).
8. Sugareva, M. Depopulation, Demographic Aging and the Need of Special Demographic Policy. – Population, 2006, N 1-2, p. 70-83.
9. White book: effective support through social services for vulnerable groups in Bulgaria. Main principles 2009, “Social Policies” Platform, Open Society Institute, Sofia.
10. Zlatanov, S. Dynamic of Population Aging in South-East Europe (in Bulgarian). – Naselenie, BAN, 2007, N 1-2, p. 71-72.

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