Services for Supporting
Family Carers of Elderly People in Europe:
Characteristics, Coverage and Usage

EUROFAMCARE

National Background Report for Bulgaria

SOCIAL ASSISTANCE IN BULGARIA
PROBLEMS AND PRACTICES OF SOCIAL CARE SERVICES

Dr. Lilia Dimova & MSc. Martin Dimov
lilia.dimova@consultant.bg

July 2004

The project EUROFAMCARE is supported by the European Union - Contract: QLK6-CT-2002-02647

This report is part of the European Union funded project

"Services for Supporting Family Carers of Elderly People in Europe: Characteristics, Coverage and Usage" - EUROFAMCARE

EUROFAMCARE is an international research project funded within the
5th Framework Programme of the European Community,
Key Action 6: The Ageing Population and Disabilities,
6.5: Health and Social Care Services to older People,
Contract N° QLK6-CT-2002-02647 "EUROFAMCARE"

http://www.uke.uni-hamburg.de/eurofamcare/

EUROFAMCARE is co-ordinated by the
University Hospital Hamburg-Eppendorf,
Institute for Medical Sociology,
Dr. Hanneli Döhner
Martinistr. 40
20246 Hamburg
Germany

doehner@uke.uni-hamburg.de

Design: Christopher Kofahl

Final Layout: Christopher Kofahl

Hamburg, 30th November 2004

Content

Acknowledgment

We are very grateful to the consortium of the EUROFAMCARE and personally to Mr. Christopher Kofahl for the attractive opportunity to carry out this research.

We would like to express our great thanks also to Dr. Tatyana Vasileva - the Head of the Social Care Services in Sofia City for her extremely important cooperation and contribution to the research. We would like as well to thank a lot Maria Gergova, Snejana Zaharieva, Marina Brakalova, Martin Kanoushev, Zinaida Naidenova - all involved in the research, for their significant contribution to the work and completion of the project.

Introduction

Issues of "informal family care" are not in the agenda in Bulgaria. There are not associations of “informal family carers” in the country. In Bulgarian cultural traditions the care of dependent elderly people by non-professional family members is still a socio-cultural norm, it is accepted as a family duty and as an inside-family-matter. As such these relations are not articulated and subjected by Bulgarian legislation system. Hence, for “informal family carers” there are no any benefits, responsibilities or rights which to be legally approved either by labour, tax administrative or financial legislation in the country.

According to the ASA's 2002 national representative study (N = 1 160), 61,6 % of the adult population (over 18 years of old) are convinced that “*it is responsibility of the children to look after their elderly parents*”.

So far there are not purposefully conducted researches, statistics or reliable social data about the situation and trend of informal family care environment in the country, either. Since there is no information about family carers this report presents an analyses on existing services for older people called “family care services”, focusing on the real situation of care of elderly in the country.

In depth analysis and assessment of social implications, problems and status of family care within family relations badly need to be subjected by a purposeful research.

The further findings and conclusions, hereafter refer to “formal care” of elderly dependent people in Bulgaria.

Summary of Main Findings

- For Bulgarian conditions two major types of family care could be diversified: informal (internal family relations) and institutional (official). The first corresponds with the care of dependent elderly people by non-professional family members. As such it could be associated with Bulgarian cultural traditions and it is still perceived as a socio-cultural norm, or "inside family duty" on a subjective level. Therefore, the issues of this type of family care are not recognized by Bulgarian legislation.
- The institutions of "formal social care services" encompassed the entire territory of the country. In Bulgaria there are 262 family care service offices with total number of places 35 172; 135 long-term facilities for care of older people; 65 registered non-governmental organizations with licences for supplying social services, over one third of them provide care for older people. These institutions are legally recognised and are subjected by Bulgarian legislation.
- Total capacity (available places) of the 135 long term facilities for care of older people is 11 078, the number of people involved - 3 946, the number of carers per one place - 0.36.
- The largest number of family care offices (22) is in Sofia-city, where a case study for the purposes of this project was conducted. Family care services in Sofia City municipality have 1 912 places.
- Family care services are intended for providing services in a family environment or in an environment approximating the family environment to certain categories of persons who have difficulties in meeting their basic needs. These categories of persons are people over the age of 60, disabled persons certified with first or second degree of disability, and disabled children. Consequently, these are two types of social services – social assistance benefits and family care services – aimed at two different target groups of the Bulgarian population. Of course, this does not exclude the possibility in principle for a large part of the elderly people who satisfy the statutorily regulated conditions to be recipients of both types of social services.
- The specialised body for providing social assistance in the municipality is the municipal social assistance service; it is a municipal-budget-supported legal entity. The structure of the municipal social assistance service includes the establishments providing social services within the municipality. The municipal social assistance service locates and registers persons and families in need of assistance and social services, checks the genuineness of the circumstances declared by the persons and families, applying for social assistance, analyses and summarises the needs for social assistance, provides social assistance on the territory of the municipality, consults and works individually with every needy person towards his social adaptation and integration. The municipal social assistance service works in cooperation with non-governmental organisations for charity or other humane goals, individuals and legal entities and encourages their activity in the sphere of social assistance.
- Family care services provide social services in the homes of persons over the age of 60, disabled persons certified with first or second degree of disability, and disabled children. Depending on the time in which the social services are provided, they may be daily or yearly. Eligible for family care services are persons who are unable to look after themselves and satisfy their basic needs; persons who are certified with first or second degree of disability and active treatment in their case has ended; persons who have no relatives to take care of them; persons who have not signed a contract for ceding property in return for financial support and / or care.
- Within the framework of family care services, the system of additional social services – advice, consultations, technical assistance, adaptation, training, etc. – is well developed and performed daily by family carers. They provide assistance to the beneficiaries in different forms, including through personal advice, professional consultations concerning social assistance, medical and technical assistance for certification by an expert medical commission, and especially through the social contacts they ensure for the elderly and lonely people.
- Social services provided in the specialised institutions and in the community have to comply with a number of health care standards and criteria: to ensure a proper diet, taking into account the requirements of the Public Health Act and the statutory acts for its implementation; assured quality, healthy and nourishing food under consideration of the diet needs and personal choice of consumers; ensuring assistance for receiving medical and dental care, as well as other health services; ensuring assistance in supplying prescribed medicines; choosing a suitably trained officer to supervise the implementation of the health care criteria and standards.
- The social care establishments in the country include day-care homes, bureaux for social services, homes for elderly people and clubs of the disabled. The day-care homes provide conditions for nursing during the day, including for persons aged over 60. The bureaux for social services provide social services to families with underage children, sick people, disabled, elderly persons, etc. Soup kitchens provide food for indigent persons and families. Homes for elderly people with mental impairments provide social services to elderly people with sensory impairments - blind, deaf, etc.
- Old people's homes provide social services to persons aged over 60 and to persons aged over 60 who have difficulty in moving about or are bedridden. Seasonal homes provide conditions for recreation up to three months,

including to persons aged over 60. The rehabilitation centres at the day-care homes for the elderly are forms for additional medical recovery and recuperation for recipients of social care. The rehabilitation centre ensures manual therapy, remedial exercises, mechano-therapy, psychotherapy, culturotherapy, basic rehabilitation for people having lost their sight or hearing late in life, etc.

- Social care services enable single elderly people and the disabled to be full members of society without the need to accommodate them in specialised institutions. Support is individual, depending on the needs of each elderly or disabled person; consequently, there are absolutely no differences in the manner of support among the different ethnic groups - an issue what is rather sensitive for a country with multi-ethnic environment what Bulgaria is.
- The medical system in Bulgaria carries out a number of specialised geriatric activities, aimed at elderly people. Despite the fact that geriatrics is absent from the list of basic medical specialities – the Health Establishments Act defines it as a profile speciality – Bulgaria has the necessary narrow specialists in this field. Both the different types of hospital establishments, as well as the diagnostic and rehabilitation centres provide specific medical care for the elderly.
- The total number of family carers in Bulgaria is 4,772.
- In Bulgaria, people performing family care services do not have any additional financial relief. They receive a salary, regulated by effective legislation in the country – the Labour Code and subordinate legislation – and a percentage for years of service. They are also entitled to addition paid annual leave of 5 to 8 days, which is added to the basic legally stipulated 20 days of annual paid leave. The concrete size of additional paid leave is determined with an order of the respective employer for the respective position.
- Tax concessions for family carers, performing family care services in Bulgaria do not exist. The only exceptions to this rule are family carers with certified degree of disability.
- At the time the research was carried out (December 2003 - March 2004) there were not available data for service providers at national level. Each municipality keeps its own record and data base. Since there were no finances for a national study, the Bulgarian research team chose one municipality for in-depth case-study - Sofia City which is the largest municipality in the country.
- Sofia City municipality has one main family care service office, with 12 units; a total 254 people were employed in it, including family carers and so-called “social care service organisers”. The age structure of employees in municipal care services shows a normal representation of all groups,

some exception being made by the youngest, aged 20 to 25 – about 7 %, and those aged between 56 and 60 – 3 %. The remaining age groups are evenly distributed within the range of 13 % to 18 % of all workers in this social sphere. Gender proportion of employees in municipal care services discovers a categorical predominance of women – 75 % versus 25 % men. The educational structure of employees is dominated by people with secondary education – 61 %, while university graduates total 20 %, (including: persons with a master’s degree – 7.8 %, with a bachelor’s degree – 1.6 % and specialists – 10.6 %), and those with primary education comprise 19 %.

- In accordance with the Health and Safety at Work Act, an employer who has more than 50 employees is obliged to sign a contract with the Labour Medicine service. On the basis of this contract, health files of the family carers are prepared and they are periodically subjected to prophylactic medical examinations. No other legal norms for benefits of family carers exist in the country.
- There are neither formal, nor informal unions of the family carers in the country. Nevertheless, the majority of the surveyed service providers agree that they should exist in future and exert a favourable influence on the overall system of social care services. The professional organisations of family carers would help to increase the quality of social services and would protect the rights of the people working in it.
- The five most serious challenges for family carers in their own opinions are: 1) regular funding and the lack of sufficient resources; 2) the health of family carers and especially the care for their mental health; 3) the insufficiently coordinated relations with the institutions; 4) the remuneration which should correspond to the invested labour; 5) additional acquisitions – work clothes, shoes, free season tickets for public transport, possibilities for recreation during annual holidays, etc.
- Employees in the system of social care services have high expectations concerning the future changes affecting their jobs. This is true both in respect of increased private, rather than just state participation, in the system of social care services, as well as with regard to higher remuneration, more relief and more acquisitions for the family carers themselves. The concrete expectations of surveyed service providers concern: a clearer and consistent social policy by the state; more sponsors and donations by Bulgarian business, who should in turn be entitled to a number of tax concession; assessing workers in employees in this sphere by their merits and respectively paying them accordingly; explanation and popularisation of the activity of social care services in order to ensure assistance by different state institutions; increasing the role of non-governmental organisations in the social sphere.

- In Bulgaria, the activity and organisation of family care services is strictly regulated in the Social Assistance Act, adopted on 19.05.1999, amended and supplemented on 29.12.2002, as well as by the Regulations for Implementation of the Social Assistance Act. Other statutory documents, regulating this activity are the Regulations for the Social Service of Persons and Families and Ordinance No. 4 of 16.03.1999 on the terms and procedures for providing social services. Outside this legislation, family carers do not have any other statutorily regulated possibilities for practical initiatives.
- The terms and procedures for providing family care services are set down in the Regulations for Implementation of the Social Assistance Act. The family care services assess the needs of each recipient and formulate the goals to be achieved, an individual plan being prepared. The family care services assess the fulfilment of the personal plan every six months and upgrade it, if necessary.
- Article 5 of the Regulations for the Social Service of Persons and Families states that family care services provide: delivery of food; monitoring of the state of health and help in receiving medical assistance; small repairs in home and of household appliances; bedding, clothes and shoes according to the current standards for old people's homes for persons lacking private means; entertainment and pursuits; purchase of food products and other indispensable articles with the money of the cared-for; administrative, financial and legal services.
- In Ordinance No. 4 of 16.03.1999, family care services are regulated as a set of social services, provided in people's homes: food delivery (meals on wheels), maintenance of personal hygiene and hygiene in the rooms inhabited by the cared-for, assistance in obtaining the necessary aids in case of disability or grave disease, help in interaction and in maintaining social contacts, entertainment and pursuits in the home and outside it, everyday services - buying food products and other indispensable articles, paying electricity, heating, telephone and other bills with the money of the cared-for, help in preparing the necessary documents for certification by an expert medical commission.
- Ordinance No. 4 of 16.03.1999 on the terms and procedures of providing social services, statutorily defines the eligibility criteria to family care services: persons over the age of 60, disabled persons certified with first or second degree of disability, and disabled children. Accepted for family care services are persons who are unable to look after themselves and meet their basic needs; persons who are certified with first or second degree of disability and active treatment in their case has ended; persons who have no relatives to take care of them; persons who have not signed a contract for ceding property in return for financial support and / or care.

- The Regulations for the Social Service of Persons and Families also clearly outline the eligible persons for family care services: a form of providing services at home to persons aged over 65 and first and second category disabled persons, who have difficulty to independently or with the help of their family to organise their life.
- Acceptance of one member of a family of elderly people is allowed by exception, while priority is enjoyed by persons aged over 75, single elderly persons and persons whose income is not larger than the social pension.
- Family care service units are set up if there are at least 30 applicants. If necessary, branches with at least five cared-for persons may be established with the care services. In these cases, the persons undertaking services under contract are ensured the necessary kitchen equipment, food supply and standard payment of ensuing utility costs.
- Micro-homes may be opened with the family care services: the people accommodated in them are entitled to social services for a fee according to the tariff of social care facilities.

The research overview

In order to analyse the real actual situation in the country, the Bulgarian team carried out a research, including desk-research, qualitative research, content analyses referring to the existing "formal" care activities towards elderly people in the country. How it was mentioned above the "informal family care" has not been yet in the agenda of the country. On the basis of the general structure, sent us by the international coordinators, we designed a semi-structured questionnaire for the in-depth interviews, and also a guideline for focus-group discussion.

This report is based on the research results obtained by:

- Desk Research on the available data, analyses, publications, legislation related to the "formal" family carers;
- Content analyses on the related legislation in Bulgaria;
- Case-study and qualitative research in Sofia City, including:
  - 7 focus group discussions,
  - 10 in-depth interviews with national and local governmental officers, NGO leaders, directors of homes for elderly people, decision makers, policy makers and opinion makers,
  - semi-structured self-completion study with 40 carers, randomly choosen from the whole list of carers in Sofia-city.

We have chosen Sofia-city for the in-depth case research because there is the largest number of care service offices and also, because of a comparably largest variety of services provided in it.

In addition, financial and time limitations played important role for our choice. The following report presents main findings from the conducted research.

General overview

Bulgaria earned its independence from the Ottoman Empire in 1878, but having fought on the losing side in both World Wars, it fell within the Soviet sphere of influence and became a People's Republic in 1946. Communist domination ended in 1990, when Bulgaria held its first multi-party election since World War II and began the contentious process of moving toward political democracy and a market economy while combating inflation, unemployment, corruption, and crime. Today, reforms and democratization keep Bulgaria on a path toward integration the EU - with which it began accession negotiations in 2000.

The general transformations in the country – democratization of the society and transition from centralized to a free market economy – starts at the end of 1989, but the real changes have begun since 1991. For that period Bulgaria changed ten governments, three presidents and six parliaments. The current premier (Simeon Saxcobburgotski - who is the former monarch, lived 50 years outside country and in 2001 was elected by general democratic elections) is the 48th Bulgarian premier after the national independence of the country (1878).

According to the regular statistical census, Bulgarian population increased from 6.32 millions in 1939 to 8.99 in 1988. Since the beginning of 90's however, in Bulgaria has been talked about demographic crisis. Because of that crisis, what by the way is valid for all developed countries, but also because of the emigration waves and high rate of death, the last Census registered that in 2000 the population of the country was 7.97 millions.

Demographic situation as a whole however deteriorated in the years of transformations. (See Table 1 and Table 2) Here could be mentioned at least two major reasons for that:

- Bulgaria follows the trends of the rest of the world of aging the population.
- In addition, many people, mostly young, has left the country looking for better living and working conditions. For the last 14 years over a million Bulgarians emigrated – both men and women. In 1989 the country was very close to 9 millions, while in the beginning of 21st century it is under 8 millions.

Table 1: Population: number and structure

		Total	Aged 15-64 (% total)*	Aged 65+ (% total)*
1985*	Total	8948.7	67.8	11.4
	Men	4433.3	68.2	10.3
	Women	4515.4	67.4	12.4
1995*	Total	8384.8	67.2	15.8
	Men	4103.4	68.0	13.5
	Women	4281.4	66.4	16.8
2001**	Total	7928.9	68.1	16.9
	Men	3862.5	69.5	14.7
	Women	4066.4	66.7	19.1
2002***	Total	7845.5	68.4	17.0
	Men	3815.9	69.9	14.7
	Women	4029.6	67.0	19.2

* Data for 1985 and 2001 are respectively from the Census '85 and Census '01. The rest of the data are from the Statistical yearbooks for the respective years. Sofia: National Statistical Institute
** NSI. Statistical yearbooks for the corresponding years.
*** Data for 2002 are for 31.12.2002. Statistical Codebook. Sofia: National Statistical Institute.

The annual birth rate decreased seriously in the years of transformations, but the life expectancy for both men and women is similar to those in 1885.

Table 2: Annual Birth and Life expectancy rates.

Rate	1985	1990	1995	2001
Birth rate (live births per 1000 population), in ‰	13.3	12.1	8.6	8.6
Average life expectancy of men	68.2	68.1	67.1	68.5
Average life expectancy of women	74.5	73.6	74.9	75.2

Source: NSI. Statistical yearbooks for the corresponding years.

As a result of transformations Bulgaria now has full current account convertibility, full interest rate liberalization, wages regulation, independent telecom regulator, independent electricity regulator, competition office. In 1997 in Bulgaria was introduced *International Monetary Found*. Some key macroeconomic indicators and changes could be seen in the following table.

Table 3: GDP changes

	1985	1990	1995	2001	2002	2003
GDP per capita $*	1960	1922	1559	1705	1978	2538
GDP growth rate	-	90.9	102.9**	104.0	104.9	104.3

* Main macroeconomic indicato Human development report for Bulgaria 1997, UNDP.rs 1991-2001, NSI, 2001.
** Human development report for Bulgaria 1997, UNDP.

The current trends are towards increasing the GDP - both real and per capita and towards decreasing the inflation in the country.

Table 4: Real GDP growth and inflation rates

	2000	2001	2002	2003*
GDP growth	5.8	4.0	4.9	4.3
Inflation rates	10.3	7.4	3.8	5.6

* National statistic institute (www.nsi.bg)
Source: European Commission (2002b): Economic Forecasts for the candidate countries Autumn 2002. Directorate General for Economic and Financial Affairs. Enlargement Paper No. 12 (http: / / europa.eu.int / economy-finance)

Changes in real wages do not indicate the same tendency. They could be seen in the following table.

Table 5: Change in real wages and salaries (at constant prices)

	1985	1990	1995	2001
Change of real wages	(1980 = 100) 111,3	(1985 = 100) 117.7	(1992 = 100) 77,2	(1995 = 100) 73,3

Sources: Statistical Reference book 1989. NSI. p.32; Statistical Yearbook 1993. NSI. p. 67; Statistical Yearbook 2002. NSI. p. 4-5; Statistical Yearbook 2002. NSI. p. 24.

The current governmental policy is strongly oriented towards increasing the living standard of the population and combating the poverty. Poverty is a comparatively new phenomenon for Bulgaria, born from the general transformations. For Bulgarian socio-economic environment poverty indicates *impoverishment,* loose of social statuses, social declassing. There is not an official poverty line in the country, but the Government annually fixes a minimum income which is used (together with other criteria) for eligibility to receiving social assistance and services.

Despites leaving with not high incomes, elderly people in the country are in lower poverty risk than working age and children and the relative poverty risk is only greater 1 than the average national risk of poverty, according to the experts of the European Commission[1]. But their data (what can be seen in the following table) could be accepted with some reserves, because not all other survey results based on different methodology show similar correlations. In any case, the methodology for poverty measurements plays a crucial role for poverty measurement and for any anti-poverty strategies.

[1] European Commission. Directorate General for Employment and Social Affairs. Social Protection in the 13 Candidate Countries: a Comparative Analysis. Belgium: March 2003.

Table 6: Poverty risk and shares of the Bulgarian elderly in 1997

Poverty risk (%)	Relative poverty risk	Share of poor (%)
14.7	129	22.9

The National Statistical Institute in the country applies the research approach of household budgets' measurements and division of the households in 10 decile groups. Data for 2003 by age and gender could be seen in the following table.

Table 7: Structure of household by age groups by decile groups for 2003 (%)

	Total	I	II	III	IV	V	VI	VII	VIII	IX	X
Under 16 years	15.0	24.6	20.6	16.9	15.5	13.9	13.6	12.7	12.5	11.1	8.6
Males	39.3	37.4	34.5	37.7	37.9	38.5	39.4	39.5	40.4	42.2	42.7
16-59	28.2	33.8	30.6	27.4	25.2	24.7	24.3	25.6	28.2	30.5	31.8
60 +	11.1	3.6	6.9	10.3	12.7	13.8	15.1	13.9	12.2	11.7	10.9
Females	45.7	38.0	41.9	45.4	46.6	47.6	47.0	47.8	47.1	46.7	48.7
16-54	26.4	30.9	27.4	24.9	23.6	23.9	23.8	25.0	26.8	27.8	29.3
55 +	19.3	7.1	14.5	20.5	23.0	23.7	23.2	22.8	20.3	18.9	19.4

Source: Household budgets in Republic of Bulgaria, Sofia 2003, NSI

1 Profile of family carers of older people

1.1 Number of carers

At the time the survey was carried out (December 2003 - March 2004), the practices and institutions of social care services, albeit differing in degree of density and intensity, encompassed the entire territory of the country. There are 262 family care service offices in Bulgaria.

Table 8: Family care services in terms of number of staff, number of places and number of municipalities providing this service by administrative regions.

Administrative Region	Family care staff	Places available for family care services	Municipalities providing family care services	Population aged 60+
Blagoevgrad	290	2090	14	63429
Burgas	213	1600	13	86353
Varna	193	1615	12	90346
V. Turnovo	236	1715	10	69221
Vidin	245	1820	11	40612
Vratza	194	1415	11	65407
Gabrovo	130	935	4	38057
Dorich	118	870	8	44029
Kurdjali	65	460	7	33251
Kiustendil	154	1095	9	43259
Lovetch	175	1305	8	47668
Montana	205	1470	11	57169
Pazardjik	202	1485	11	63243
Pernik	119	880	6	40767
Pleven	315	2385	10	84275
Plovdiv	218	1535	16	160311
Razgrad	158	1215	7	31407
Russe	146	1090	8	61418
Silistra	111	760	7	30816
Sliven	114	820	4	46291
Smolian	45	355	10	26815
Sofia-city	232	1545	22	231951
Sofia – distr.	254	1912	1	66150
Stara Zagora	230	1715	11	84248
Turgovishte	139	1070	5	31700
Haskovo	142	1070	11	71067
Shumen	75	545	10	43402
Iambol	54	400	5	39670
Total	4772	35172	262	1792332

Source: Regional directorate for family care, Sofia

The largest number of offices is in Sofia-city – 22, Plovdiv region – 16, Blagoevgrad, Bourgas and Varna –14, 13 and 12, respectively. The least family care services are in the regions of Turgovishte and Yambol – four each, as well as in Gabrovo and Sliven region – five each.

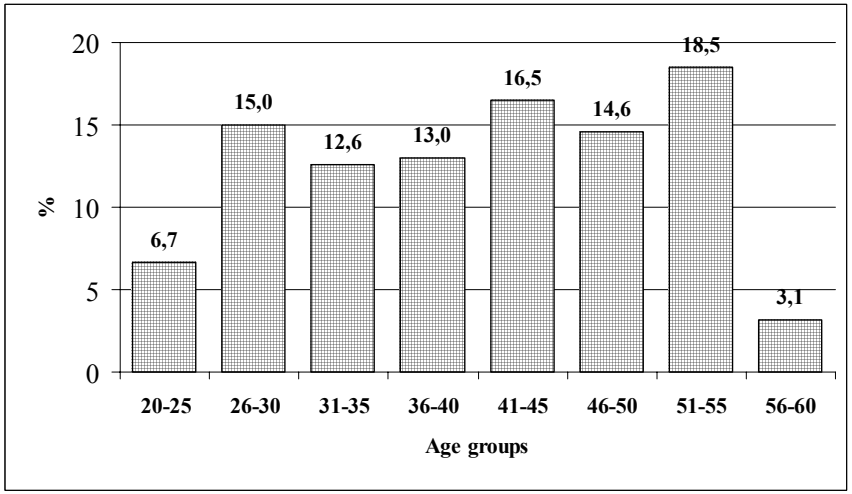
The total number of family carers in Bulagria is 4,772. Their number is largest – over 250 people – in the regions of Blagoevgrad, Pleven and Sofia City, whereas in the Kurdjali, Smolyan and Yambol regions, the number of workers in this social sphere is below 100.

The data in Table 1 show that the total number of places in family care services in the country is 35,172. The number is largest in the regions of Pleven – 2,385 places, Blagoevgrad – 2,090 places, and Sofia City – 1,912 places. The least places in family care services are in Smolyan region – 355 places, Yambol region – 400 places, Kurdjali region – 460 places, and Shoumen region – 545 places.

Sofia City municipality has one main family care service office, with 12 units. At the time the survey was carried out, a total 254 people were employed in it, including 23 family carers and 12 so-called "*social care service organisers*". Family care services in Sofia City municipality have 1,912 places.

1.2 Age of carers

Figure 1: Age of staff in municipal care services in Sofia City



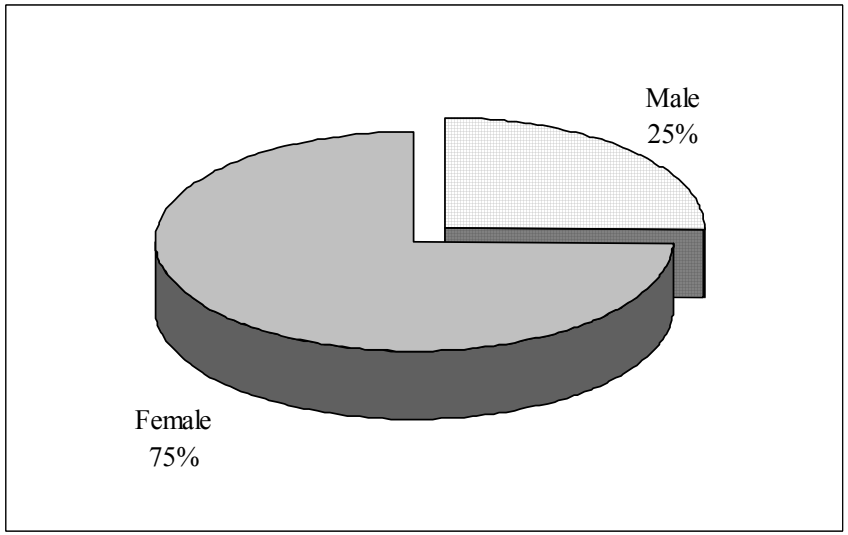
Source: Regional directorate for family care, Sofia

The age structure of employees in municipal care services in Sofia City shows a normal representation of all groups, some exception being made by the youngest, aged 20 to 25 – about 7 %, and those aged between 56 and 60 – 3 %. The remaining age groups are evenly distributed within the range of 13 % to 18 % of all workers in this social sphere.

1.3 Gender of carers

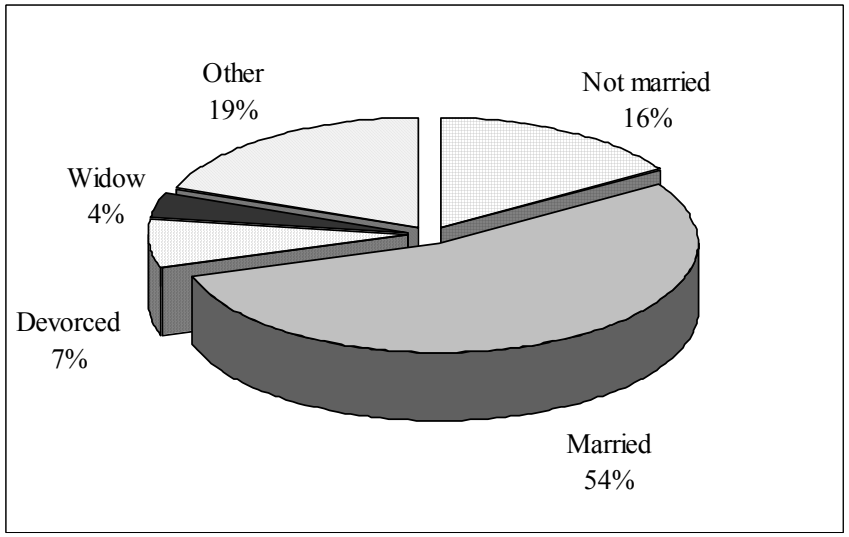
The gender proportion of employees in municipal care services in Sofia City shows a categorical predominance of women – 75 % versus 25 % men. The average salary in the 12 municipal care service units in Sofia City is 238 leva (~ € 120 per month, what is the average monthly payment for Bulgaria).

Figure 2: Gender distribution of family careres in Sofia region



Source: Regional directorate for family care, Sofia

Figure 3: Marital status of family carers in Sofia region



Source: Regional directorate for family care, Sofia

1.4 Income of carers

no information provided

1.5 Hours of caring and caring tasks, caring for more than one person

At the level of statutory framework, the family care services activity is regulated in the *Regulations for the Social Service of Persons and Families*. *Article 5* of it states that ***family care services*** provide: delivery of food; monitoring of the state of health and help in receiving medical assistance; small repairs in home and of household appliances; bedding, clothes and shoes according to the current standards for old people's homes for persons lacking private means; entertainment and pursuits; purchase of food products and other indispensable articles with the money of the cared-for; administrative, financial and legal services.

In *Ordinance No. 4* of 16.03.1999, family care services are regulated as a set of ***social services***, provided in people's homes: food delivery (meals on wheels), maintenance of personal hygiene and hygiene in the rooms inhabited by the cared-for, assistance in obtaining the necessary aids in case of disability or grave disease, help in interaction and in maintaining social contacts, entertainment and pursuits in the home and outside it, everyday services - buying food products and other indispensable articles, paying electricity, heating, telephone and other bills with the money of the cared-for, help in preparing the necessary documents for certification by an expert medical commission.

The amount of duties and the average number of hours involved in the different family care services is structured as follows:

- Delivery of food – the whole delivery of meals to the homes of the clients takes about three hours a day. In that time a person delivering food in a district visits no more than 30 addresses a day.
- Maintenance of personal hygiene and hygiene in the rooms inhabited by the cared-for – these activities are carried out by orderlies and, if both done on the same day, take about five hours on average. In that time orderly services some three to four addresses in one district in one day.
- Maintenance of personal hygiene – this activity is strictly individual, depending on the condition and ability to move of the cared-for. It includes: daily washing; putting on pampers, if necessary; bathing – a couple to three times a week; nail cutting and other procedures, needed for the personal hygiene of the cared-for. It takes an average of about 4-5 hours a day and in that time an orderly services an average 4-5 addresses in one district in one day.
- Maintenance of hygiene of the home – this activity includes: daily washing of dishes; cleaning of the room of the cared-for, of the kitchen, bathroom and toilet, corridor – a couple to three times a week, and cleaning of all windows twice a year. These activities take an average of about 6 hours and in that time could be visited 5-6 addresses in one district per day.
- Assistance in obtaining the necessary aids in case of disability or grave disease – this activity is carried out by a family carer. S / he decides where to buy the necessary aids and ensures their delivery to the home of the cared-for. The aids that usually need to be provided are: wheelchair – once every 5 years; toilet chair – once every 3 years; anti-decubitus mattress – once every 2-3 years; medicines and emergency medical aid, if necessary.
- Everyday services - buying food products and other indispensable articles, paying electricity, heating, telephone and other bills with the money of the cared-for – this activity is carried out by a family carer in about 1-2 hours a day on average.
- Small repairs in the home and of household appliances – this activity is carried out by an electrician or plumber.
- Help in interaction and in maintaining social contacts, entertainment and pursuits in the home and outside it (conversations, strolls, celebrations, etc.) – this activity is carried out by a family carer for about 30 minutes per

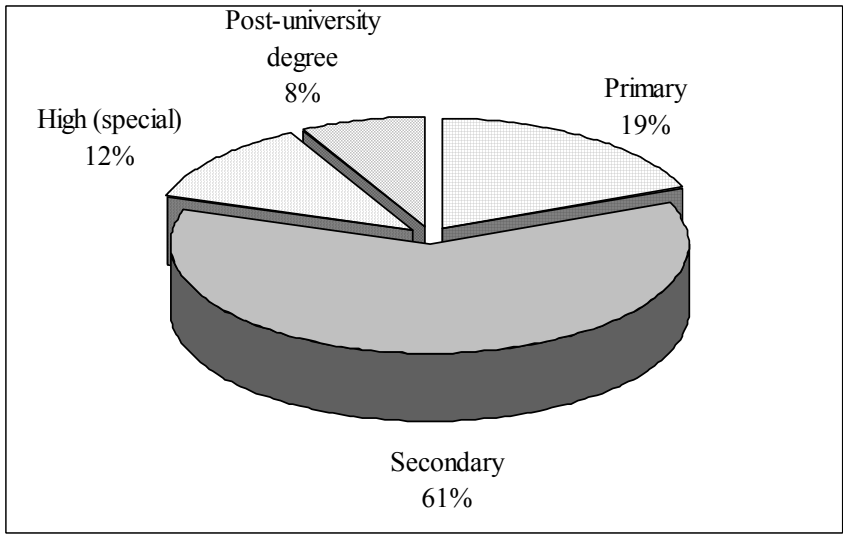
cared-for person, or in one day for an average of about 4-5 hours a family carer services 8 persons in one district.

- Administrative, financial and legal services – help in preparing the necessary documents for certification by an expert medical commission, applications, complaints, etc. – this activity is carried out by a family carer in an average of about 1-2 hours a day.

1.6 Level of education and / or Profession / Employment of family carer.

The educational structure of employees in the Sofia City municipal care services is dominated by people with secondary education – 61 %, while university graduates total 20 %, (including: persons with a master's degree – 7.8 %, with a bachelor's degree – 1.6 % and specialists – 10.6 %), and those with primary education comprise 19 %.

Figure 4: Education degree of family careres in Sofia region



Source: Regional directorate for family care, Sofia

The qualification structure of employees with university education in the Sofia City municipal care services is the follows: eleven persons trained as "*social pedagogues*", two qualified in "*social education and social assistance*", three with the qualification of "*social work*", seven with the qualification of "*social worker*", two with the qualification of "*social worker*", also holding a certificate of the completion of a "*family carer*" training course, four nurses, two nurses

also holding a certificate of the completion of a "*family carer*" training course, other specialists – 20 in all, including diet instructors, philologists, psychologists, medical personnel, lawyers, economists and engineers.

The administration and status structure in the Sofia City municipal care services is as follows: director, two deputy directors, chief accountant, legal consultant, a person in charge of social care services, 11 social care service organisers, 23 family carers, eight diet instructors, 54 food deliverers, 37 orderlies, one nurse, 54 drivers, one electrician, one plumber, five cooks, 10 assistant cooks, 16 kitchen workers, 10 pursers, six stewards, a purveyor, a car mechanic, five accountants, a human resources department, a technical assistant and two security guards.

1.7 Generation of carer, Relationship of carer to OP

no information provided

1.8 Residence patterns (household structure, proximity to older person needing care, kinds of housing etc.)

Family care services are intended to provide social services in a family environment or one close to the family environment to a certain category of persons, who have difficulties in satisfying their basic needs. The terms and procedures for providing these services are set down in the *Regulations for Implementation of the Social Assistance Act*. The family care services assess the needs of each recipient and formulate the goals to be achieved, an individual plan being prepared. The family care services assess the fulfilment of the personal plan every six months and upgrade it, if necessary.

Ordinance No. 4 of 16.03.1999 on the terms and procedures of providing social services, statutorily defines the ***eligibility criteria*** to family care services: persons over the age of 60, disabled persons certified with first or second degree of disability, and disabled children. Accepted for family care services are persons who are unable to look after themselves and satisfy their basic needs; persons who are certified with first or second degree of disability and active treatment in their case has ended; persons who have no relatives to take care of them; persons who have not signed a contract for ceding property in return for financial support and / or care.

The *Regulations for the Social Service of Persons and Families* also clearly outline the ***eligible persons for family care services***: a form of providing services at home to persons aged over 65 and first and second category disabled persons, who have difficulty to independently or with the help of their family to organise their life. Acceptance of one member of a family of elderly people is allowed by exception, while priority is enjoyed by persons aged over 75, single elderly persons and persons whose income is not larger than the

social pension. Family care service units are set up if there are at least 30 applicants. If necessary, branches with at least five cared-for persons may be established with the care services. In these cases, the persons undertaking services under contract are ensured the necessary kitchen equipment, food supply and standard payment of ensuing utility costs. Micro-homes may be opened with the family care services: the people accommodated in them are entitled to social services for a fee according to the tariff of social care facilities.

1.9 Working and caring

As a whole, according to the official statistics, the number of employed in Bulgaria tends permanently to decrease during the years of changes in the country. For the period 1988 – 2000, labour market "has impoverished" with more than 1 350 000 employees coming as a result of the structural reforms of Bulgarian economy. The decrease for men is by 600 000, and for women – by over 760 000.

1.10 General employment rates by age

Table 9: Employment, Activity rate, Employment rate and Unemployment (LFS and registered).

a) Employment	2000			December 2001[2]			2002		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
LFS Labour force (Employed+ unemployed,000s)	3272.2	1741.2	1531.0	3264.7	1722.1	1542.6	3248.6	1722.6	1526.0
% Labour force who are M & F	100	53.2	46.8	100	52.7	47.3	100	53.0	47.0
Activity Rate (Labour force in % of total, M & F populations, 15-64)	58.9	63.3	54.7	60.7	64.5	57.1	48,4	53.2	43,9
Total employment (LFS, 1,000s, 2nd quarter)	2735.5	1453.1	1282.4	2751.5**	1431.1**	1320.4**	2800.5	1469.1	1331.4
% Employed who are M & F	100	53.1	46.9	100	52.0	48.0	100	52.5	47.5
Employment rate (total empl. In % of total, M & F populations, 15-64)	49.3	52.8	45.8	51.2	53.6	48.8	40.3	43.9	37.0

[2] LFS, Employment and Unemployment, 4/2001, 4/2002, NSI
** Data for June 2001. 2001 is divided into 4 periods – March, June, September and December.
* Statistical Reference Code 1989. NSI. p. 62.

b) Unemployment - LFS	2000			December 2001*			2002		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total unemployed 1000s LFS ILO definition	536.7	288.0	248.6	636.5	350.6	286.0	544.2	302.8	241.4
% unemployed who are M & F	100	53.7	46.3	100	55.1	44.9	100	55.6	44.4
LFS Unemployment rate unemployed as % LF total, M & F, 2nd quarter	16.4	16.5	16.2	19.4	20.2	18.4	16.8	17.6	15.8
Youth unemployment rate unemployed as % LF, 2nd quarter 15-24	34.2	36.0	32.1	38.4	42.0	34.5	35.4	39.4	30.5
Elderly unemployment rate unemployed as % LF, 2nd quarter 55-64).	13.8	13.8	13.9	17.6	17.4	18.1	14.1	14.7	13.0
Registered unemployment rate	21.2	18.3	23.9	50.6	47.5	54.5	20.2	18.2	22.5

* LFS, Employment and Unemployment, 4 / 2001, 4 / 2002, NSI
Sources: Data for 2001 are from the LFS (Labour Force Survey) and are on the basis of ILO definition for unemployment and Eurostat recommendations. The retired age for women is 55, for men – 60.

Survey results show that no overlapping exists between employment and social assistance. Family care services are the main occupation of all their employees. Surveyed family care service employees do not engage in additional activities and officially there is no overlapping between their main occupation and other additional activities. They are in labour relations with the family care services and work a full eight-hour working day in a five-day working week.

1.11 Positive and negative aspects of care-giving

The conducted survey among family care service employees revealed a number of ***positive aspects*** of the social assistance system in Bulgaria. According to the carers, the family care services are a system of activities, which help to organise life of the elderly. This enables elderly people to feel adequate and productive without being torn from their normal home environment. At the same time, these services help elderly to satisfy their basic material needs and alleviate the social isolation, which these people usually suffer. In most cases, social care services are the most important, not to say main source, which provides care and daily supervision of single persons, persons with chronic

diseases and disabilities. The social care services system is vitally necessary for the physical survival of socially disadvantaged people and is an extremely modern and promising form of social service. At the same time, the current social care services system in Bulgaria is more flexible, more efficient and yields better results. It enables coordinated actions between the different teams and the people working in them, on the one hands, and between the teams and managing administrative body, on the other – in this way the emerging problems are solved more quickly and efficiently. In particular, the family care services system in Sofia City is well-structured, covering the entire territory of the capital city, and the aim is to improve the facilities in the different teams.

There is complete consensus among family carers that there are absolutely no cases of ill-treatment of elderly or disabled persons. Here are two typical opinions in this respect:

"I do not know of any cases of ill-treatment, but there are cases of a cold or negative attitude by relatives, which the elderly experience painfully. They feel a burden to the young and this pains them. Cases of physical abuse may exist if, for example, the son is an alcoholic or mentally disturbed." (Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

And also:

"The social care services system the way it functions at present, is a new system, its structure was changed about one year ago. All social care service units on the territory of Sofia City were integrated into one common team and, whereas a division by different regions existed before, the system now functions as a uniform whole. The management, methodological work and everything related to the functioning of the system, is interlinked to such an extent that I feel a part of this whole, and this is very important from the point of view of a sense of belonging. It is very important that a link exists between the different units and this contributes to the better functioning of the system. It is also important that the new rules enable the quicker solution of a given problem. For example, I am free to directly approach anybody in the hierarchical ladder and the reaction is much faster and, naturally, the problem is solved much more quickly. Another positive aspect is the accessibility to the system itself, for example, the access of donors whose will we fulfil. A soup-kitchen has been set up for children from socially disadvantaged families, i.e. besides the elderly, we also care for children. We also receive donations in the form of children's clothing, which is also a proof of the flexibility of the borders of the system, and this allows more useful things to be done for the people we care for." (Family carer, Municipal Enterprise Social Care Services Lozenets, Sofia).

Social carers mention some ***challenges and key problems*** of social assistance and, in particular, of family care services in the country. Among them could be mentioned that social care services are a well-conceived form of caring for elderly people, but they needs both to improve the quality of services,

and to include additional services. As regards the service of "meals", the main problem is the supply of low-quality products, which leads to changes in recipes and the taste of food. Completely lonely elderly people are in need of an additional package of services: *administrative* – paying of taxes, fees, etc.; *therapeutic* – consultations, worthwhile working hours, hobbies, etc.; establishing and expanding *networks* of voluntary associates of social care services. As a whole, the social care services system is in need of more highly qualified staff, to enable the necessary time and personal attention to be devoted daily to the elderly.

Negative aspects of the social care services system are also seen in the lack of a regulated link with the institutions, servicing the social care services contingent, which hampers the work of the family carers themselves. The absence of modern technologies and up-to-date computer technology at times blocks the system or, at best, sharply decreases its efficiency. Besides this, it increases the administrative work of family carers and, in general, makes for bureaucracy in all social assistance activities in the country.

The economic crisis in Bulgaria affects negatively the quality of care services and the work of family carers, mainly due to the shortage of funds for transport, work clothes and low remuneration. The nature of the work leads to a physical and mental overload of employees in the social care services system, who are in need of additional material and moral incentives. Family carers need to constantly watch their health and to have regular medical check-ups. Providing suitable work clothes and prophylactic medicines would help to keep them healthy. In short, the main negative aspects of the current social care services system in the country are the lack of a greater number and diverse social services, including the whole system of acquisitions for the family carers themselves, not enough staff for carrying out the different activities and the low payment of workers in the sphere of social assistance. Here are some carers' statements that indicate symptoms of a ***burnout effect*** on the carers in the country.

"The basic negative aspects in the social care services system and the people working in it are determined by the age-related peculiarities of the cared-for persons – psychological, very often mental (senile dementia), and this hides many risks, because people forget, are irritable, though mainly due to the lack of money, and there are people with very low pensions who are downright destitute. All this reflects on their mental health and hence also on the contact with them, in which great tact and attention is needed. Naturally, this reflects also on the family carers who are greatly burdened mentally. Every whim, even the slightest grumbling of a client is taken very seriously by our carers, they take it personal, although we all know that this is also due to age. But when a person tries to do everything to make people happy, to pay attention to them and yet they complain, he is mentally burdened and experiences his work as a burden. Unfortunately, this is the nature of things and in some cases it is very testing." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"The system as a whole is not developed as it should be. We face many obstacles in communicating with the different institutions. For example, if I want to submit or receive some documents in the tax office, the most frequent answer is: 'The person's signature is required!' I realise that the tax officers are observing the requirements and rules, but this hinders us. In other words, there is no coordination between the institutions. Nor is there a uniform system for us to consult when necessary. For example, there is a system only for Sofia which allows us to check the pension size of a cared-for person, but if he gets his pension from the provinces, we have to ask for certificates, which take time. Financing, too, is a problem. There are not enough funds, yet nothing is done to seek sponsors, whereas we could be authorised to get in touch with such people. Also, a person could be appointed to be in charge of this activity, he could look for sponsors and promote this activity. In this respect the system is not well developed. Another thing that is underrated is staff training." (Family carer, Municipal Enterprise Social Care Services Lozenets, Sofia).

1.12 Profile of migrant care and domestic workers (legal and illegal). Trends in supply and demand

no information provided

1.13 Other relevant data or information

no information provided

2 Care policies for family carers and the older person needing care.

2.1 Introduction. Family care services: significance, philosophy, changes

The main concept of family care services in Bulgaria may be seen both at the level of the legal and statutory framework, as well as on the basis of the opinions of respondents in the conducted qualitative social survey. According to the *Social Assistance Act*, social assistance shall be provided in the form of cash / in kind benefits and services to meet the basic necessities of life of persons unable to secure adequate resources by their own work or through property owned by them. Entitlement to social assistance shall accrue to Bulgarian citizens, families and cohabiters who, due to health, age, social and other reasons beyond their control, are unable to meet their basic necessities of life on their own through their work or on income accruing from property they own, or with the help of the persons whose dependants they are by law.

The specialised body for providing social assistance in the municipality is the municipal social assistance service; it is a municipal-budget-supported legal entity. The structure of the municipal social assistance service also includes the establishments providing social services within the municipality. The municipal social assistance service locates and registers persons and families in need of assistance and social services, checks the genuineness of the circumstances declared by the persons and families, applying for social assistance, analyses and summarises the needs for social assistance, provides social assistance on the territory of the municipality, consults and works individually with every needy person towards his social adaptation and integration. The municipal social assistance service works in cooperation with non-governmental organisations for charity or other humane goals, individuals and legal entities and encourages their activity in the sphere of social assistance.

The following activities may be organised within the framework of the regional (municipal) ***social assistance centre***: family care services, soup kitchen, day nursery for children and elderly people, rehabilitation centre, club of the pensioner or the disabled, social activities bureau, temporary housing for socially disadvantaged persons and families. ***Family care services provide***: delivery of food; monitoring of the state of health and help in receiving medical assistance; small repairs in the home and of household appliances; bedding, clothes and shoes according to the current standards for old people's homes for persons lacking private means; entertainment and pursuits; purchase of food products and other indispensable articles with the money of the cared-for; administrative, financial and legal services. In other words, family care services are a set of social services, provided in a normal home environment to

persons over the age of 60, disabled persons certified with first or second degree of disability, and disabled children.

Among family carers there is an extremely high level of consent on two important issues. First, the majority assess family care services as an extremely important form of support for the elderly, and especially of lonely and disabled people. Second, according to them, no differences whatsoever exist either at the level of attitudes for assistance, or in the actual manner of support, towards the ethnic groups in the country. Family care services are estimated by the majority of carers as a very well organised form of caring for socially disadvantaged elderly people, without having to leave their home, as in the case of accommodation in an old people's home. Family care services allow this group of senior citizens to enjoy an independent, full life in home surroundings, preserving their dignity and requiring a minimum commitment by relatives and friends. More often than not, the family carer is the only link of the cared-for person with the surrounding reality, and is often the only support of lonely and abandoned people. Social care services enable single elderly people and the disabled to be full members of society without the need to accommodate them in specialised institutions. Support is individual, depending on the needs of each elderly or disabled person; consequently, there are absolutely no differences in the manner of support among the different ethnic groups - an issue what is rather sensitive for a country with multi-ethnic environment what Bulgaria is.

"We have Roma clients, and we have absolutely no any problems with them, not even with payment. They are very good people, very forthcoming, modest and understanding. There are no differences in care. In our unit we also prepare food for the European care services – the Shalom unit. They are under my management, but have their own person in charge. This is a joint project between the organisation of the Jews in Bulgaria and our enterprise. Kosher meals are prepared, based on the principle of food combining. Exceptional hygiene is maintained, the specific thing being that they do no mix meat and dairy products. This is controlled by their rabbi. The staff preparing the food is Bulgarian. The meals of everybody else who has applied for social care services are prepared with the same care, i.e. there are no differences. Our staff is very well trained and the meals are prepared almost like home-cooked food. The only difference being that their recipients pay the real price of the food, because they have higher incomes." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"The importance of social care services is great, because the number of people in need of our services is growing. The children go abroad and leave their parents alone. In addition, half of the people in Bulgaria are relatively alright, but the rest are very badly off. Some are able to hire somebody to look after their parents against payment. I think that we, too, could develop this service perhaps most successfully with associates registered with the social care services. In that case we could also provide both hourly and daily care for people

who are ill or in need of constant care at reasonable rates. I was told by the Social Activities Bureau that they are contacted by people who wish to do such work – able-bodied pensioners and people wanting to care for other elderly persons, but unfortunately we have not regulated this activity and are unable to offer it, yet there is a need for it, because it will provide somebody to care for the elderly, to help them, and their family will be not be worried. Our clients include people from different ethnoses, but they too would be cared for just like the rest." (Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

2.2 National policies (general principles, orientation, action plans)

2.2.1 Adopted and legal conditions of "dependence", "need" of assistance

The legally adopted conditions of "*need*" for social assistance and use of family care services are strictly determined in a legislative framework, regulating this type of activities. Family care services provide social services in the homes of persons over the age of 60, disabled persons certified with first or second degree of disability, and disabled children. Depending on the time in which the social services are provided, they may be daily or yearly. Eligible for family care services are persons who are unable to look after themselves and satisfy their basic needs; persons who are certified with first or second degree of disability and active treatment in their case has ended; persons who have no relatives to take care of them; persons who have not signed a contract for ceding property in return for financial support and / or care.

The legislative and statutory framework in Bulgaria, as well as the opinions of social care service workers show that the criteria for the use of this type of social services is based both on socio-economic and age-related, physical and psychological characteristics. This key thesis is supported by the stand of one of the managers, working at the representation of the American Red Cross in Sofia. "*The conditions for receiving our social services are as follows: income – a condition, which was set one year ago. Its size will probably gradually change. We accepted 68 leva (about €35) as a low monthly income and it depends whether it is an income or a pension. At the time it concerned general income. The second condition was age over 65. Each region also has other selection criteria, most of which do not own land, not having additional income, to be alone or with disabilities."* (Manager, American Red Cross, Sofia)

2.2.2 Disabled and / or dependent older people in need of care / support?

According to the surveyed social workers and carers, the system of social measures aimed at socially disadvantaged and elderly people in need of assistance, is legally and statutorily well regulated. Despite this, in their daily work family carers come up against a number of problems, mainly organisational and financial ones, as well as problems related to medical services for the cared-for persons and the direct co-ordination with their GPs. Illustrations:

"Everything we do complies with the recommendations of their GP. The visit of the family carer also entails taking the blood pressure and watching the health of the cared-for. We have good relations with the GPs, we have the telephone numbers of almost all of them, and whenever somebody does not feel well or has a problem with his blood pressure, rather than giving advice, we get in touch with the GPs and arrange for a house call. Most of the doctors respond and in this way we facilitate both them and the cared-for. People suffering from specific diseases who have prescription booklets for partially reimbursed medicines, have the medications bought and brought home to them. We do not provide personal care of the kind provided in hospitals for bedridden patients, or laundry. These are part of the duties of the personal assistant. Insofar as individual assistance is concerned, the orderlies sometimes help them to have a bath, although this is not part of their duties. In principle, we are able to drive people in our cars to a health establishment for tests, examinations or consultations, so they don't have to pay for a taxi. We also do all the rest: getting the test results, securing orthopaedic and other aids. Starting from getting a written statement from the doctor, certifying it in the Orthopaedic Institute in Gorna Banya, lodging the application, getting the decision, seeking suitable firms offering such aids and their actual delivery to the home of the respective person. Occasionally we have had to call a hospital for emergency admission. Sometimes, however, hospitals have refused to admit our clients due to their advanced age." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"We do not have the possibility to fully carry out all activities directly linked to preserving the health of the elderly, since a mere three family carers look after 160-170 persons, included in the social care services system. In the case of single elderly people especially, if necessary, we get in touch with their attending physician and buy the prescribed medicines. We also prepare the documents necessary for their certification by an expert medical commission. There are instances in which I have taken the commission to the home of the cared-for. I would like to mention that some people (after suffering brain strokes, broken bones, etc.) need rehabilitation for locomotion and massages, an activity that could be expanded, but it should be free of charge for these people. When they need to have laboratory tests done, we sometimes accompany them, but in the case of gravely ill patients, the lab tells us that this is the responsibility of the GP. I don't even dare dream that we, family carers, could have a car at our disposal in order to be able to transport our clients whose movement is impaired to the health establishment or somewhere else for that matter. In fact, we do have cars, but due to financial difficulties, they are used only to deliver meals. But then, again due to the lack of funds, they are in such

condition that our drivers take a risk driving them – the vehicles are old and worn and there are no spare parts for them." Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

2.2.3 Working carers: Are there any measures to support employed family carers (rights to leave, rights to job sharing, part time work, etc)?

The obtained data show that the professional combination of the performance of one basic job and social assistance work as an additional activity are still very weakly developed in the system of social care services in Bulgaria. This conclusion is valid both at legislative and statutory level, as well as it comes from the viewpoint of the daily practical work of family carers. At the time the survey was carried out, there was no system of measures for benefiting "the combination" of such type of activities and all respondents were performing social care services as their only and main job.

In Bulgaria, the activity and organisation of family care services is strictly regulated in the *Social Assistance Act*, adopted on 19.05.1999, amended and supplemented on 29.12.2002, as well as by the *Regulations for Implementation of the Social Assistance Act*. Other statutory documents, regulating this activity are the *Regulations for the Social Service of Persons and Families and Ordinance No. 4* of 16.03.1999 on the terms and procedures for providing social services. Outside this legislation, family carers do not have any other statutorily regulated possibilities for practical initiatives.

According to the current *Bulgarian Labour Code*, family carers are entitled to extra paid leave of 5 to 8 days, in addition to the legally stipulated 20 days of annual paid leave. The concrete size of additional paid leave is determined with an order of the respective employer.

In accordance with the *Health and Safety at Work Act*, an employer who has more than 50 employees is obliged to sign a contract with the Labour Medicine service. On the basis of this contract, health files of the family carers are prepared and they are periodically subjected to prophylactic medical examinations. At the time the survey was carried out, no other legal norms for benefits of family carers existed in Bulgaria.

The obtained data show that the surveyed carers widely share the opinion that there are no benefits or relief of any kind for family carers. The only exception to this common rule, according to a small part of them, is the additional 8-day paid annual leave.

The prevalent opinion among the respondents is that the legal framework regulating the rights and obligations of family carers is greatly narrowed. There is no ordinance, regulating the procedures and conditions of providing social services, in conformity with the *Social Assistance Act* and the *Regulations for Implementation of the Social Assistance Act*. Cash benefits should be allocated to the socially disadvantaged at the assessment of family carers, and a contract should be signed with a psychologist for psychological assistance and consultations. In order to facilitate contacts between the cared-for persons, medical personnel and other state institutions, new or at least actualised legislation is needed.

The obligations of social care service workers are specified in their job descriptions, depending on the position held, and are in compliance with the *Labour Code*. At the same time, and this is a fact that needs to be stressed, there are no regulated rights of family carers, nor any legal benefits or relief especially for them. According to a large part of the surveyed, family carers have only obligations, but no legal rights. And according to another part of the respondents, their obligations are many, whereas their rights are greatly limited. New ordinances are also necessary in order to facilitate contacts between family carers and the other employees in the social sphere, aimed at better coordination between the different institutions and decreased bureaucratic procedures.

Another prevalent opinion among the surveyed carers is that a common legal framework regulates social care services activity. The type of social case is not taken into account – disabled, lone persons, co-habitation with relatives, income size, property, etc. At the time the survey was carried out, only war invalids were entitled to reduced payments – 30 % of their personal pension, while for all others the payment totals 60 % of their monthly pension. The legislative framework needs to be updated with regard to increasing the rights of family carers and expanding the range of the offered services. Here are some authentic opinions:

"We are under contacts of employment in compliance with the Labour Code. To make our work more effective, the activities between the different institutions should be coordinated. Besides this, both before and now family carers enjoy the least rights. Our work frequently requires us to contact various institutions, but instead of assisting us, exactly the opposite happens. They take a long time to react – both in hospitals and in the police – we are nobodies for them." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"I think that the legal framework is somehow outdated. It has to catch up with the processes taking place in society. Despite this, I think that things are heading in the right direction, even if more slowly." (Family carer, Municipal Enterprise Social Care Services Lozenets, Sofia).

"Our obligations are very well formulated and we are familiar with them, but our rights are not as well regulated. For example, in the pension office, they wanted an authorisation by the person to enable me to file his documents. The fact that I am a family carer means nothing to them, although it should, because most of the people we care for have difficulty in moving about. Apart from this, we are working with a very old ordinance from 1999, which should definitely be updated. The Social Assistance Act very cursorily mentions some

social services, but again it is unclear whether they refer to social care services or some other services which are not yet developed." Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

2.3 Are there local or regional policies, or different legal frameworks for carers and dependent older people?

Social assistance system in Bulgaria functions mainly on the basis of the legal, statutory and procedural regulations of this activity. The initiatives for social care services at regional and local level are still few and tend to be incidental and sporadic, rather than a widely established practice. The social carers point out that such local initiatives are linked mainly with donations, sponsorship and charity by private companies and individuals on concrete occasions or for a specific purpose. In general, the participation of local business, as well as of the non-governmental sector in social care services is insufficient.

An example of such donor activity is the set up soup kitchen in the social care service unit of Lozenets municipality in Sofia City. "*This process is mutual and possible because our system is an open one. Besides clothes for children, the soup kitchen for them functions thanks to the donors, who provide the money, while we prepare the food. Also in the form of charity and in keeping with the will of donors, a free soup kitchen has been set up in a club on the territory of our district for handing out hot meals."* (Family carer, Municipal Enterprise Social Care Services Lozenets, Sofia).

Another example of successful and effective practice of social assistance at regional level is the activity of the American Red Cross in Bulgaria. *"This work is financed by the American Government. Our work is restricted only to six regions and we service a total of about 2,300 to 3,000 persons; i.e. the scale is limited, but we are investing in a long-term aspect, proving that small good practices can help to increase this scale. With our entry into concrete spheres we aimed in future to make this municipal policy in support of the elderly, the way this policy has been developed with regard to children".* (Manager, American Red Cross, Sofia)

2.4 Are there differences between local authority areas in policy and / or provision for family carers and / or older people?

The obtained qualitative data show that at the time the survey was carried out there was no overall system of social measures, aimed at the activity of family carers performing social care services. The cited next two opinions sufficiently well describe the current situation and the main problems, related to the work of family carers in the *Municipal Enterprise Social Care Services, Sofia City*.

"We only have additional paid annual leave, depending on the position held. I think that some money was also given for free meals. Possibilities to be considered could include some kind of holiday, for relaxation, even for consultations with a psychologist, because our work is a big mental burden, or measures to alleviate this burden. This would heighten people's motivation. As regards payment, I think one of the problems is the jobs which require little qualification but where remuneration is very low, but this is mainly what motivates people. It should be clear that their work is linked with responsibility, because they are the ones who are in daily contact with these people and try to provide decent services. I think that family carers, too, are underpaid. We were told that the staff would be given work clothes, but so far this has not been legally regulated. In fact, we are working according to a very old ordinance, which has not been updated at all. I think that something needs to be done because people with such low incomes are unable to provide their own normal work clothes. The statutory framework, which regulates our transportation by public transport for the performance of our duties is also very old. It does not even mention the position of "family carer" and for this reason we have only three free season tickets for five persons and we are at our wits' end what to do in order to be able to do our work properly. Not only family carers, the orderlies too, pay house calls in different parts of the city. Each of them visits 5-6 addresses a day and if they were to walk on foot, they would lose a lot of time and also get very tired." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"We enjoy absolutely no benefits or relief. We are only given seven additional days paid leave per year, but they are not enough to recuperate, considering the nature of our work. I do not know whether the free season tickets for the public transport we use when making house calls can be considered a relief. But even they are restricted – for three family carers and five orderlies we only have four free season tickets, yet all of us use public transport in order to perform our duties. We also need work clothes. In the past we were given shoes (for winter and summer), work clothes (parka, raincoat, suit), bag, now we don't get anything, despite the fact that we are constantly on the go and our shoes wear out quickly and our clothes depend on season. It would be a good thing if we had a chance for summer holidays. We do not have holiday facilities and everybody has to organise his own holidays as best he can, whereas this could be arranged for us and part of the expenses could be paid." (Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

EUROFAMCARE – National Background Report for Bulgaria

3 Services for family carers

Table 1: Services for family carers	Availability			Statutory	Public, Non statutory	Voluntary		Private
	Not	Partially	Totally			Public funding	No public funding	
Needs assessment (formal – standardised assessment of the caring situation)		x		x				
Counselling and Advice (e.g. in filling in forms for help		x	x	x			x	x
Self-help support groups	x							
"Granny-sitting"			x	x			x	
Practical training in caring, protecting their own physical and mental health, relaxation etc.	x							
Weekend breaks	x							
Respite care services			x	x				
Monetary transfers			x	x				
Management of crises		x			x		x	
Integrated planning of care for elderly and families (in hospital or at home)		x			x		x	
Special services for family carers of different ethnic groups	x							
Other	X							

3.1 Examples

Survey was focused also on some positive and innovative practices in the field. They could be thus grouped and summarised:

3.1.1 Good practices

According to the surveyed family carers, the only concrete example of a positive, moreover legally regulated, practice is the additional paid annual leave, to which they are entitled in their capacity of family care service employees. An exception to this general rule is made by employees in the *Shalom family care services*, who, besides additional paid leave, also have free season tickets for public transport, regular medical check-ups and cash compensations for harmful labour, and some of them – a business mobile phone as well.

3.1.2 Innovative practices

The surveyed basically agree that what is needed to heighten the motivation of family carers is higher payment, improved standards for the performance of their activity, equalising their work with that of their colleges from the European countries and the existence of a number of social acquisitions for employees in the social assistance system: money for food and for harmful work, free season tickets for city transport, free clothes and shoes, free medical services, holidays and recreation at preferential prices.

An indicative example for the introduction of innovative practice in social care services, making for a stable and increased motivation of family carers, is the activity of the American Red Cross in Bulgaria. "*People who have joined our teams – paid or unpaid - as family carers, helpers in the household and the like, have different motivations. Some are guided by moral or personal motives, others feel useful, and some probably also feel guilty for not having helped their parents. What we and our teams do locally is to mainly motivate those who do this work voluntarily; we try to motivate the elderly people themselves to participate. They all simply become like one family and derive purely human satisfaction. We provide great psychological support to people who are performing this activity, because it is very difficult to work with the group of elderly people – some attack you, others forget, still others won't let you go. All this is emotionally taxing, due to which we try to cope with the stress of working with them."* (Manager, American Red Cross, Sofia)

4 Supporting family carers through health and social services for older people

4.1 Health and Social Care Services

The issues of the offered health services within the framework of the social assistance system in Bulgaria and of social care services, in particular, is statutorily regulated in the *Regulations for Implementation of the Social Assistance Act*. It decrees that the providers of social services in specialised institutions and the providers of long-term social services in the community shall prepare an individual plan after assessing the needs of each recipient and formulating the goals which have to be attained. This individual plan includes activities for satisfying daily needs, health needs, educational needs, rehabilitation needs, leisure time needs, needs for contacts with family, friends, relatives and other persons. If necessary, in order to satisfy the health needs of recipients of social services, a written health care plan is prepared by a person with suitable medical education, which includes the case history, necessary preventive measures, possible allergies, need for dental care, need of treatment or health programmes, immunisation and supervision, rehabilitation, food and diet, personal hygiene. Social service providers assess the fulfilment of the individual plan every six months and, if necessary, update it.

4.1.1 Health services

4.1.1.1 Primary health care

Persons and teams providing health services (doctors, nurses, auxiliaries personnel, psychotherapists, etc.)

Health establishments in Bulgaria are organisationally separate structures on a functional principle, in which doctors or dentists, individually or with assistance of other medical and non-medical specialists, carry out: diagnostics, treatment and rehabilitation of patients; care of pregnant women and provision of natal assistance; care of chronically ill patients and persons threatened by disease; prophylactics of diseases and early discovery of diseases; measures for the strengthening and protection of health; transplantation of organs, tissue and cells. The health establishments provide out-of -hospital and hospital care, they may not refuse medical care to persons in a critical condition threatening their life.

The personnel in the health establishments consists of doctors, dentists, pharmacists and other specialists participating in the diagnostic and treatment process, and in university hospitals - also of lecturing doctors and dentists; medical specialists with educational and qualification degree of "specialist" or "bachelor" of health care; other persons performing administrative and auxiliary activities. Doctors and dentists with basic or profiled medical speciality who work in a health establishment for hospital care can register individual practice for out-of -hospital specialised care and can conclude a contract with the *National Health Insurance Fund*.

Persons and teams providing health services at home (dental services at home, domestic laboratories, etc.)

Social services provided in the specialised institutions and in the community have to comply with a number of health care standards and criteria: to ensure a proper diet, taking into account the requirements of the *Public Health Act* and the statutory acts for its implementation; assured quality, healthy and nourishing food under consideration of the diet needs and personal choice of consumers; ensuring assistance for receiving medical and dental care, as well as other health services; ensuring assistance in supplying prescribed medicines; choosing a suitably trained officer to supervise the implementation of the health care criteria and standards.

Within the framework of family care services, one of the offered social services is supervision of the state of health and assistance in receiving medical care. The obtained data show that all cared-for persons have GPs, chosen voluntarily by them. At the time the survey was carried out, health services in the homes of the elderly were provided by their GPs and by nurses. Dental care at the surveyed home is not available, and domestic laboratories do not exist.

"As regards health care, things are strictly individual. Some people do not want us to know about their condition. But when responding to such a wish, I must definitely stress the need of establishing our role as go-betweens, of specifying the roles, rights and obligations of every institution, which would reflect positively on the services for our clients. But, in principle, we agree between ourselves, for example, whom to contact for a spare key in an emergency, the name and telephone number of the GP, how to get in touch with relatives - and all this in order to be of use to the person. Watching his health, and especially if the persons trusts you, he will tell you things he did not tell you at first, the benefit of our mutual contact is usually clear." (Family carer, Municipal Enterprise Social Care Services Lozenets, Sofia).

4.1.1.2 Acute hospital and Tertiary care

General conditions for treatment of the elderly.

Health establishments in Bulgaria carry out their activity according to the rules for good medical practice and the standards for treatment, observing the rights of the patient. The health establishment for hospital care consists of: clinic and / or wards with beds, medical diagnostic and medical technical laboratories, wards without beds, hospital pharmacy, consulting rooms, units for administrative, economic and servicing activities. The clinic is a hospital unit with specific medical or dental speciality, headed by a person with academic rank -

doctor, respectively dentist, which carries out diagnostic and treatment activity, as well as training. The general conditions for the treatment of elderly people in Bulgaria in principle do not differ greatly from medical treatment and care provided for other groups of patients. They conform to modern requirements and criteria for effective medical assistance.

Existence of specialised geriatric activities and specialists (specialists in geriatrics, geriatric beds, diagnostic and rehabilitation centres).

The medical system in Bulgaria carries out a number of specialised geriatric activities, aimed at elderly people. Despite the fact that geriatrics is absent from the list of basic medical specialities – the *Health Establishments Act* defines it as a profile speciality – Bulgaria has the necessary narrow specialists in this field. Both the different types of hospital establishments, as well as the diagnostic and rehabilitation centres provide specific medical care for the elderly.

Health establishments for hospital care on the territory of Bulgaria are: hospital for active treatment; hospital for further treatment and continuous treatment; rehabilitation hospital, hospital for final treatment, continuous treatment and rehabilitation. The hospitals can be multi-profiled or specialised. Multi-profile is a hospital which has at least four wards or clinics on different medical specialities. Specialised is a hospital which has wards and clinics on one basic medical or dental speciality.

Treated in the hospital for active treatment are patients with acute diseases, traumas, aggravated chronic diseases, conditions requiring operative treatment, as well as natal care. The hospitals for further treatment and continuous treatment admit persons needing prolonged recovery of health and persons with chronic diseases, requiring care and maintenance of satisfactory corporal and psychological condition. The hospital for rehabilitation admits persons needing physical therapy, locomotor and mental rehabilitation, balneotherapy, climatological treatment and thalassotherapy. The hospital for final treatment, continuous treatment and rehabilitation carries out the same activities as in the preceding two types of hospitals.

4.1.1.3 Are there long-term health care facilities (includes public and private clinics)?

Besides health establishments for extra-hospital care and health establishments for hospital care, centres for emergency medical care, homes for medical and social care and hospices also exist in Bulgaria. The centre for emergency medical care is a health establishment in which medical specialists with the assistance of other personnel render emergency medical care to sick and injured persons at home, at the scene of the accident or during transportation to their possible hospitalisation. The home for medical and social care is a health establishment where medical and other specialists provide continuous medical supervision and specific care for persons of different age groups with

chronic diseases and medical social problems. The hospice is a health establishment where medical and other specialists carry out continuous medical supervision, sustaining treatment subscribed by a doctor and specific care in the homes of persons with chronic disabling diseases and medical social problems. The social care establishments in the country also include day-care homes, bureaux for social services, homes for elderly people and clubs of the disabled. The day-care homes provide conditions for nursing during the day, including for persons aged over 60. The bureaux for social services provide social services to families with underage children, sick people, disabled, elderly persons, etc. Soup kitchens provide food for indigent persons and families. Homes for elderly people with mental impairments provide social services to elderly people with sensory impairments - blind, deaf, etc. Old people's homes provide social services to persons aged over 60 and to persons aged over 60 who have difficulty in moving about or are bedridden. Seasonal homes provide conditions for recreation up to three months, including to persons aged over 60. The rehabilitation centres at the day-care homes for the elderly are forms for additional medical recovery and recuperation for recipients of social care. The rehabilitation centre ensures manual therapy, remedial exercises, mechano-therapy, psychotherapy, culturotherapy, basic rehabilitation for people having lost their sight or hearing late in life, etc.

4.1.1.4 The role of family carers in-patient health care

The system of links between social assistance and health care, as well as the place of social assistance in every form of health care, except at the level of the legal and statutory framework, is apparent within the scope of the daily activity of social care service workers. In it, the family carer is the first to provide assistance to the cared-for person whenever he / she is in need of health care: gets in touch with and accompanies the person to his GP or respective specialist for examinations, assists him in the prescription of medicines and issue of medical vouchers for treatment in a health establishment, helps to prepare and submit documents for certification by an expert medical commission, helps to take his blood pressure at home, accompanies him when specific tests need to be made, after which he files the results of the tests, as well as when the person is admitted or discharged from a health establishment. In short, the family carer maintains contact with the GP, s / he acts as an intermediary between the person in need of assistance and the specialised health services. Second, the family carers daily supervise and pay special attention to cared-for persons in a grave state of health by getting in touch with the attending physician, ensuring specialised medical assistance or accompanying the elderly persons to the health establishment, if necessary. Third, family care services are of great importance for post-hospital care, assuring the necessary diet depending on the illness, while the orderlies look after the personally hygiene of the client and the cleanness of the home.

Generally speaking, one of the main functions of the family carer in Bulgaria is the systematic supervision of and special attention to the general state of health of the elderly; s / he acts as an intermediary between the health authorities and the cared-for persons. At present, family care services ensure above all pre-medical care for the elderly in their homes, thus greatly facilitating GPs. Thus, for example, the Shalom family care service has a medical team of one doctor and nurses who use ambulances. Their duties include prophylactics of the health of the cared-for persons, accompanying them to hospital during admission and discharge, preparing documents for certification by an expert medical commission, supply of medicines. If necessary, personal hygiene is maintained by an orderly and laundry is taken to the dry-cleaners. Volunteers among friends and neighbours of the cared-for person are trained for individual assistance.

4.1.2 Social services

In Bulgaria social services are performed in or outside the habitual home environment, based on social work and aimed at supporting the assisted persons in their daily activities and for their social inclusion. According to Ordinance No. 4 of 16.03.1999 on the terms and procedure for the performance of social services, outside the habitual home environment they are provided by homes for physically challenged children and elderly people, homes for mentally challenged children and elderly people, social vocational education establishments, kinderdorfs, homes for elderly people, homes for temporary accommodation, shelters and seasonal homes.

The homes for elderly people provide social services to persons aged over 60 and to persons aged over 60 who have difficulty in moving about or are bedridden. Both at a legal and statutory level of regulation, and from the viewpoint of daily practice, family care services perform social services only in the habitual home environment. People engaged in it do not participate in providing constant care to people living temporarily or on a long-term basis in old people's or other specialised homes.

4.1.2.1 Residential care (long-term, respite)

Homes for elderly people accommodate persons who: are unable to look after themselves and satisfy their basic needs; persons who are certified with first or second degree of disability and active treatment in their case has ended; persons who have no relatives to take care of them; persons who have not signed a contract for ceding property against obligation for financial support and / or care. The homes for elderly people may also accept persons who have relatives, but who are certified with first or second degree of disability, have reached retirement age – 60 for men and 55 for women, look after a gravely ill person or child, are restricted in inhabited living space, are in bad relations

with the person wishing to use social services, established by means of a social inquiry.

Table 10: Number of registered homes for elderly people according to their status by Administrative Regions

Administrative Region	Long-term health care facilities	Total capacity (available places)	Number of people involved	Number of carers per one place
Blagoevgrad	5	310	102	0,33
Burgas	9	498	176	0,35
Varna	4	242	96	0,40
V. Turnovo	9	680	251	0,37
Vidin	6	425	171	0,40
Vratza	6	420	140	0,33
Gabrovo	7	461	180	0,39
Dorich	4	270	96	0,36
Kurdjali	n / a	n / a	n / a	n / a
Kiustendil	4	350	133	0,38
Lovetch	2	70	37	0,53
Montana	9	514	185	0,36
Pazardjik	5	460	167	0,36
Pernik	2	140	50	0,36
Pleven	3	310	111	0,36
Plovdiv	8	725	256	0,35
Razgrad	8	535	193	0,36
Russe	4	471	157	0,33
Silistra	4	430	137	0,32
Sliven	3	370	110	0,30
Smolian	3	290	122	0,42
Sofia-city	5	987	324	0,33
Sofia – distr.	3	261	88	0,34
Stara Zagora	10	711	262	0,37
Turgovishte	2	120	48	0,40
Haskovo	4	390	133	0,34
Shumen	3	330	125	0,38
Iambol	3	308	96	0,31
Total	**135**	**11078**	**3946**	**0,36**

Source: Regional directorate for family care, Sofia

War veterans enjoy priority in the use of social services, provided they conform to the above-mentioned criteria. Persons, whose physical and mental state does not conform to the profile of the establishment, may not be accom-

modated in social service establishments. Until the 5th of each month, the directors of the municipal social care services furnish the regional social care services with written information about the number of occupied and available places for the preceding month. The persons accommodated in establishments providing social services outside the habitual domestic environment, use their own clothes and personal belongings, and when they do not have any, these are provided at the expense of the establishment, according to standard; they personally receive their monthly pensions. The social service establishments are obliged to keep documentation, specified by the *Social Assistance Agency*, concerning the admission, service and discharge of the persons accommodated therein.

4.1.2.2 Community care services (statutory coverage and whether aimed primarily at older people living alone or including support to family carers)

According to the *Social Assistance Act*, social assistance benefits are resources provided in cash and / or in kind which supplement or substitute own incomes up to an amount sufficient to meet the basic necessities of life or to meet incidental needs of the assisted persons and families. Social assistance benefits are monthly, target and lump-sum ones. They are granted following an assessment of: the income of the person or the family, the applicant's property status, marital status, state of health, employment status, age, and other established circumstances. The *Council of Ministers* determines the monthly amount of the guaranteed minimum income serving as a basis for determining the size of social assistance benefits.

In contrast, family care services are intended for providing services in a family environment or in an environment approximating the family environment to certain categories of persons who have difficulties in satisfying their basic needs. These categories of persons are people over the age of 60, disabled persons certified with first or second degree of disability, and disabled children. Consequently, these are two types of social services – social assistance benefits and family care services – aimed at two different target groups of the Bulgarian population. Of course, this does not exclude the possibility in principle for a large part of the elderly people who satisfy the statutorily regulated conditions to be recipients of both types of social services.

The interviewed family carers assess the practical effectiveness of the daily activities they perform not only with the successes but also with the difficulties of their work. Their opinions are explicit and agree both on the most important achievements of their activity and on the main problems of family care services.

4.1.2.2.1 Home-help

The family carer makes house calls during which s / he becomes acquainted with the problems of the beneficiary and gets a better chance to provide adequate assistance. In case of a change of the needs of the client, however, s / he is not always able to duly inform the respective institution and to provide adequate assistance in time. At present, only hygiene is maintained in the homes of the beneficiaries and their shopping is done. It is not always possible to ensure transport and laundry for the elderly due to the lack of vehicles and the necessary personnel. The assistance at home for lonely elderly people has to be individual, based on the assessment of the family carer, rather than according to schedule. It is necessary to buy sanitary materials to enable the sanitary officer to do his job properly.

"An enormous problem for all family carers who make house calls are the stray dogs – they gather in packs, block the entrances, bark at people, scare and bite them. People are expecting them – but they are prevented from entering! Many colleagues have been attacked and bitten by stray dogs. Drug addicts and persons of Roma descend are also a problem. A family carer does not have any protection. Sometimes there are also problems with the relatives of the beneficiaries, especially if they themselves have some kind of mental problem, but this is not all that common, there are not all that many of them." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"By entering a home, the family carer becomes part of a system which has its own rules and standards, and in order to be useful he has to orient himself in these rules and specify everything he will do from now on in order to prevent misunderstandings." (Family carer, Municipal Enterprise Social Care Services Lozenets, Sofia).

4.1.2.2.2 Personal care

According to the respondents, the activity of the family carer is still dominated by quantitative indicators and this is one of the most important challenges. It is necessary to accurately determine the individual needs for care of the beneficiaries and to give priority to lonely people and the disabled. Often persons with low incomes cannot afford to buy the necessary materials for cleaning their homes and are content only with receiving food. Individual assistance for hygiene and personal needs is provided according to daily schedule, but the concrete needs of the beneficiaries should be specified. And also, to provide funds for buying sanitary materials for persons with low incomes, aimed at better quality services. The availability of stationery and other aids will also help to heighten the quality of individual assistance.

"There are also problems with the elderly people suffering from dementia – they forget, lose their sense of orientation; they require greater tact and attention, yet most often they prove to be alone. Unfortunately, it turns out that people in a very bad state of health do not have a family and at the same time do

not want to be placed in an old people's home and prefer to remain in their own homes, but looking after them creates the biggest problems because they need much more care, which means to involve more people and to devote more time to them." Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"As a rule, the family carer does not perform such activities. Sometimes the orderlies, though disinclined, do so by agreement, but this activity is not sufficiently developed, yet it is necessary. Furthermore, the disabled have aids – wheelchairs, bathing chairs, etc. The problems will be solved mainly in this way – inclination of people for a certain kind of work and adequate payment for it." (Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

"Individual assistance for hygiene and personal needs is provided mainly to lone elderly people. The only problem is to get the person to trust you to perform this activity, and to agree at what time to do." (Family carer, Municipal Enterprise Social Care Services Lozenets, Sofia).

4.1.2.2.3 Meals service

Daily provision of food in homes of the elderly people is the most efficient and best organised activity in family care services. In general, its realisation does not pose any serious problems, and insofar as any exist, they concern mainly transportation, the quality, taste and variety of the food.

"The problem is that we lack proper funding for the maintenance of our cars. That's one thing to be considered because the cars are old – 10-12 years old, although otherwise comfortable." Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"There are no problems in food delivery and supply is regular. More could be done about hygiene, about the utensils in which the food is delivered, but all this is again due to the lack of funds. Many people heat up the food in these utensils, forget and burn them and then we have to buy new ones. The menu, too, could be varied, but this is not possible within the scope of 60-70 leva, the current real value of the food. People want more fruit, and this makes food more expensive, while we try to give them mainly soup, a main course and dessert, which is also prepared by us. They also want greater meat variety, but meat is growing more expensive and lamb, for example, is a luxury even for many of us carers." (Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

4.1.2.2.4 Other home care services (transport, laundry, shopping etc.)

According to the respondents in the survey, in order to perform the enumerated services well and in time, the family carers need enough season tickets for public transport, suitable work clothes and official IDs. It is also necessary

to daily ensure enough sanitary materials, tools and aids, better technical maintenance of the food delivery vehicles, a larger service staff. They also need a trade union organisation, protecting the rights of family carers.

"We are unable to provide personal care for people. They have to cope on their own with eating, dressing, bathing, including disabled persons and their companions." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"A problem is also the contacts with the different institutions, which we have to approach when serving a given person, including with some of the GPs. But everything depends on the desire of the other side to help, to contribute to the solution of a concrete problem. There are also people who look down on family carers." (Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

4.1.2.2.5 Community care centres

According to the interviewed family carers, the role of public social support centres is particularly important in providing guidelines for the solution of problems emerging during their daily work through consultations and advice. In other words, the main function of the public social support centres is to provide methodological guidance concerning the legal and statutory framework and in this way to ensure the practical efficiency of the activity of family carers.

"We support financially the teams in six regions – Dobrich, Pazardjik, Stara Zagora, Lovech, Shoumen and Pleven. These teams, together with partners at local level, have gone through a long process of developing models for assisting elderly people, which include things other than just food assistance, namely to make an attempt to create services for the elderly, i.e. to seek other forms outside humanitarian assistance and to create mechanisms for support at local level, which to allow resources to be mobilised or to institutionalise different forms of providing services, so that they will not be dependant on their official elite. We have adopted this programme and it is called 'Together helping senior citizens'. Within the scope of the six regions, these teams have developed different forms of support, one of them being 'Assistance through a food bank', based on an American model, which we have recommended for adaptation, in any way possible. Actually what it represents is the collection of food products, the same way we do with all second-hand clothes, which are put into a storeroom where they are sorted, checked, inspected and packed, in order to be handed out to those who need them. The American Red Cross put up funds to initiate this idea, to launch a series of campaigns, to pay the initial capital needed for this. The other thing is that there is a soup kitchen in Pazardjik, which daily provides a hot meal for elderly people. This, too, is supported by us, but also by the municipality which provides funds, facilities and consumables at local level. The whole programme is aimed at tapping all local

resources, to cause them to take actions to support the indigent." (Manager, American Red Cross, Sofia).

4.1.2.2.6 Day care ("protective" care)

The system of activities of family care services in the country is in the form of day care, aimed at satisfying the essential needs of the elderly. According to many surveyed carers, however, there is a general need for family care services to encompass the whole life, day and night and way of existence of the beneficiaries.

"We are performing our duties during working hours, but at night the elderly people are alone. Something needs to be done in this respect, because there are many lonely and disabled people who do not have any family. Even the programme of the social assistant does not provide for services at night or on holidays. Perhaps volunteers could be recruited, or people who would be willing do this job against remuneration, which should be paid by the state, because these people lack funds. I know that international institutions under different projects finance the start of such activities, and then rely on the Bulgarian institutions to continue what has been started. Payment by the hour or part-time work might also be considered." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"Providing care at home for those who are bedridden or to others who are able to move about, but are lonely, pushed out of social life. This is done in many different ways, again looking for the local resource, i.e. in everything we support, we also require assurances that it will continue once the initial 'investments' are withdrawn. Care at home consists in: taking blood pressure, communicating with people, reading newspapers, helping with household chores, shopping, accompaniment, help with administrative and all kinds of other operations with different institutions, rehabilitation. These services are provided on the basis of voluntary labour, but in the different places the models are different. The model in which students or medical personnel, who have special interest in practising, are involved in all social activities has begun looking very successful. Models have been developed locally in which a group of second and third year students – some 30-40 in all - provide the services at home. It all starts with finding the indigent, organising the system of work, of supervision and reporting, and this personnel is employed depending on their level of competence. In some places there are paid nurses, who coordinate the teams of volunteers. We finance payment, but it is within certain limits and for a certain time." (Manager, American Red Cross, Sofia).

4.1.2.3 Other social care services

Within the framework of family care services, the system of additional social services – advice, consultations, technical assistance, adaptation, training, etc. – is well developed and performed daily by family carers. They provide

assistance to the beneficiaries in different forms, including through personal advice, professional consultations concerning social assistance, medical and technical assistance for certification by an expert medical commission, and especially through the social contacts they ensure for the elderly and lonely people.

"If there is a bedridden or sick person in the home, what we do is to inform him what he can receive from other institutions, because most people are not aware of their rights, nor are they able to look for them or understand the legal jargon, i.e. they are given help in order to receive assistance in winter, for the telephone. The people who care for them, get in touch with the institutions from which they can receive what they are entitled to – they fill out their applications, accompany them to the respective place. Whenever necessary, they seek legal advice, for example, for unpaid rent for leased land, in cases when their children appropriate their dwellings, but do not want to look after them, etc. In general, in the specified regions, the Bulgarian Red Cross is trying to act as a coordinating team, so that the elderly will know what is being done for them anywhere in the region; for example, social care services do such and such, whereas this and that is done by the respective NGO or the church, the social assistance services. Given this data base, when the elderly people approach them, they try to establish contact between them. Informational and administrative services are also performed, i.e. to tell them in simple language who does what for them and to try and build a bridge between them and the caregivers." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"Another model of pilot projects is the creation of mutual assistance groups, according to the American model. It is developed in different ways. Practically in the last three-four months it has looked like this: people who share some common problems (e.g. have suffered a brain or heart stroke or suffer from some chronic disease, such a diabetes) gather together in groups and share everything which helps or hinders them in their daily life, and again socialisation and activation is sought with regard to mechanisms in which people in a community can help each other, i.e. the active participation of the beneficiaries themselves is sought. I want to emphasise that in most of the services, the people who participate are representatives of the target group itself, i.e. the people packing and handing out products are actually the elderly persons themselves. This is one way of working, i.e. the activation and transformation of the elderly person who, besides a recipient, wants also to be a subject." (Manager, American Red Cross, Sofia).

4.2 Quality of formal care services and its impact on family caregivers: systems of evaluation and supervision, implementation and modelling of both home and other support care services

In Bulgaria, state social assistance establishments are managed by the head of *the Social Assistance Agency.* It creates, changes and terminates labour relations with the directors of the state social service establishments and they, in turn, creates, changes and terminates labour relations with the workers and employees. The payroll of the state social service establishments is determined by the head of the *Social Assistance Agency*.

The municipal social service establishments are subordinate to the directors of the municipal social assistance services. They regulate the labour relations with the directors of the municipal social service establishments. The director of the municipal social service establishment creates, changes and terminates labour relations with the workers and employees in the establishment and determines the payroll. In the establishments providing social services outside the habitual home environment, a social council is set up, and in the establishments for children's institutions – a social educational council.

The Minister of Labour and Social Policy exercises overall control for the observance of the laws and statutory instruments in the sphere of social assistance.

Specialised control on the lawful application of the statutory instruments in the sphere of social assistance at the territorial units of the *Social Assistance Agency* and at the specialised institutions for social services and the social services provided in the community, as well as in respect of compliance with the criteria and standards for performance of social services, shall be exercised by the Inspectorate with the Executive Director of the *Social Assistance Agency*.

In the discharge of their controlling functions, inspectors shall have the right: to visit without restraint the social assistance authorities and the places where social assistance activities are carried out; to require explanations and the provision of documents, fact sheets and information; to obtain the required information directly from the beneficiaries. Upon ascertainment of any breach of the law, which gives reason to believe that a criminal offence has been committed, the inspector shall immediately notify the prosecutor's office. Inspectors have the right to impose coercive administrative measures, to give mandatory directions for elimination of breaches as committed, to stay the execution of wrongful decisions, to enter data on breaches committed and to propose expungement of any such entry. The coercive administrative measures, imposed by inspectors, may be appealed according to the procedure established by the *Administrative Procedure Act*.

In the municipalities, public councils are established to facilitate and assist the performance of social assistance activities and to exercise public control over

their implementation. The public council has the following functions: assists the implementation of social assistance policy in the municipality, discusses regional strategies, programmes and projects related to social assistance, helps to coordinate activity in the provision of social services, exercises control over the quality of social services in accordance with established criteria and standards, provides opinions on the opening and closure of specialised institutions for social services on the territory of the municipality.

All respondents, performing family care services, have the necessary education – a bachelor's (four-year training course) or a master's degree (five-year training course) in the specialities of "social education" or "social activities", as well as the necessary qualification to exercise this profession.

The survey shows that at the time it was carried out, there were no specialised courses for family carers and the majority of the respondents do not have any certificates or documents for post-graduate specialisation. Nevertheless, a part of them have completed a "*Family Carer Training Course"* and have gained higher professional qualification. According to the opinions of the respondents, no serious problems exist in recruiting persons for family care services; the challenge is to keep them. All respondents agree that specialised courses for family carers would greatly heighten their qualification and practical skills.

"I have a master's degree in the speciality of "social activities". The course takes five years. We learn many things, related to social work – "social education", "social work", medical disciplines, which are very useful in our social care service work. I definitely think that such education is necessary. At present, many people are working in the system who lack special education. They would cope better with the work in the financial offices, than in the departments engaged in actual social work. Special education is required of us and family carers are chosen on this basis, but in the social assistance directorates there are people who lack such education, although it is required there too. It is true that their work is linked more with the observance of the statutory framework, but one way or another, they too are in contact with people – with the socially disadvantaged, with elderly people, with young people coming to collect child allowances, etc." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"As far as people are concerned who perform social care services, I am unable to make a concrete assessment. Rather, I would say that I personally covered a long road, trying to attain the kind of professional skill that would be useful to me – I trained for two years as an X-ray laboratory assistant, after which I graduated in "social education" from Sofia University Kliment Ohridski, and then attended courses on clinical social work at New Bulgarian University, which provide training in psycho-dynamic understanding of the human psyche. At the moment I am completing a course on "Family and marriage therapy". I already hold a first level diploma of family marriage consultant, which is training in the sphere of problems in relationships in the family, the crises in it, how

they can be overcome, and all this is useful to me because it helps me in my contacts with the people I communicate with. Most of my colleagues are graduates in "social education" from Sofia University Kliment Ohridski, and some have college education – speciality "family carer". (Family carer, Municipal Enterprise Social Care Services Lozenets, Sofia).

"I am a graduate with the speciality of "family carer". My study course took five years and I consider it good for our work. Colleagues of mine, who are now studying for family carers, also have the practice, but in any case, besides higher education, the inclination and desire to perform this kind of work is of decisive importance. Especially useful for family carers is to study foreign experience (for example, in one-month courses abroad), to go abroad to exchange experience. Of course, we must also have the facilities, the necessary funds, which they have abroad, because we can gain foreign experience, have the desire to introduce it, but lack the necessary conditions for this, and only face obstacles and financial restrictions. Education does not matter in the case of orderlies, but they too should undergo courses for communication, for first aid." (Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

4.3 Case management and integrated care (integration of health and social care at both the sectoral and professional levels).

At statutory level, the relations between the social care services system and the system of social assistance are regulated in the Social Assistance Act and the Regulations for its implementation. According to the respondents, at this level no serious problems exist which hamper the effective performance of their duties.

At the level of daily practice three groups of issues could be mentioned: 1) insufficient coordination between the different authorities, performing social care services; 2) not enough rights versus big obligations of family carers; 3) the enormous physical and mental burden of family carers in their daily work. Any emerging problems, which concern the practical implementation of social care services, are solved by the family carers themselves, and when concerning their professional obligations, they are solved in an administrative way by the above-mentioned authorities.

The conducted survey registers the following important problems in the daily practice of family care services: need for greater clarity regarding the rights of family carers after concluding the contract with the client; difficulties with communicating with persons with mental diseases or advanced arteriosclerosis; reluctance of the relatives of a gravely ill beneficiary to help improve his existence; lack of protective measures and means in work with the mentally ill; low social status of people performing family care services; unregulated legal rights for the performance of the different activities; lack of coordination between the different institutions in the social sphere and prompt information about legislative changes in this sphere.

The five most serious challenges for family carers in their own opinions are: 1) regular funding and the lack of sufficient resources; 2) the health of family carers and especially the care for their mental health; 3) the insufficiently coordinated relations with the institutions; 4) the remuneration which should correspond to the invested labour; 5) additional acquisitions – work clothes, shoes, free season tickets for public transport, possibilities for recreation during annual holidays, etc.

"It is necessary to establish a network between the different teams, in order to react adequately to any specific problem that might emerge, i.e. to know when, at what time and to whom to turn, in order to help the elderly person, to reach contractual agreements between the various systems, to enable the family carer to successfully act as an intermediary. These are the main problems linked with my concrete job, my immediate duties as a family carer. All the rest, such as, for example, the old and broken-down cars, which are in need of constant repair, are beyond my role. Ultimately, everything depends on how a system is organised, what goals it will set itself, how it will communicate with the other teams." (Family carer, Municipal Enterprise Social Care Services Lozenets, Sofia).

"In the areas financed by us, such organisations work hand in hand with the municipality, they know who does what and divide the beneficiaries among each other. It is true that there is no coordination at national level, but it was the same in the said regions before we set foot there and this common work there at present is perhaps an outcome of the programme and the whole work, which we somehow introduced. The main thing is to have a policy at local level and to seek the maximum and effective use of resources. The representatives of business are unlikely to assume responsibilities. Rather, they should be taught to assume social responsibility and to seek a common interest. They commit to social activity only if it benefits them. There could be a different treatment by the municipal administration with regard to business, or they could enjoy tax concessions, which depends on the national statutory framework. As regards the division of responsibilities, it should be clear, there should be some kind of frame, within which it is clear what we do for the elderly, how we do it and what we use, and to agree on it. Work needs to be done in the direction of distribution and planning what we want and what resources are needed." (Manager, American Red Cross, Sofia)

5 The Cost – Benefits of Caring

5.1 What percentage of public spending is given to pensions, social welfare and health

Table 11: Public spending given to pensions, social welfare and health (%)

	2001 Report	2002 Report	2003 Programme	2004 Projection
Social insurance and services	14.1	14.5	14.8	14.9
Pensions	9.1	9.1	8.7	8.9
Assistance and benefits	2.9	3.1	3.7	3
Health insurances	1.4	1.7	1.8	2.3
Other social and health insurance payments	0.8	0.6	0.7	0.7
GDP (ths.BGN)*	29709	32323	35285	37983

*1 Euro = 1.95 BGN
Source: Ministry of Finance, Bulgaria

5.2 Funding of family carers

In Bulgaria, people performing family care services do not receive any additional financial relief. They receive a salary, regulated by effective legislation in the country – the *Labour Code* and subordinate legislation – and a percentage for years of service. They are also entitled to addition paid annual leave of 5 to 8 days, which is added to the basic annual paid leave for the respective position. Employees in family care services are most critical of these issues. Most of them stress the fact that family carers do not receive any additional financial relief (cash, credits, allowances, etc.), nor any free work clothes and shoes, or sufficient funds for food and maintaining their state of health. At the same time, they state their basic expectations that the state, within the framework of the social policy conducted by it, should play a much greater role in solving the problems of family carers, especially as regards remuneration in this sphere of activity.

Table 12: Benefits for family carers

	Allowances	Allowances for social care services	Holidays
Level of remuneration / monthly	% for years of service	0	5 to 8 working days
Number of recipients for 2002	4772	0	4772

5.2.1 Tax benefits and allowances for family carers

At the time the survey was carried out, tax concessions for family carers, performing family care services in Bulgaria did not exist. The only exceptions to this rule are family carers with certified degree of disability. Regarding the issue of whether inheritance or the change of ownership play any role in changing the situation in families where family care services are performed, the opinions of the respondents are divided. Some consider that such changes affect their activity, others disagree. In general, they stress the fact that in case of inheritance or change of ownership, things are strictly individual. In some cases, persons are not cared for by their relatives to whom they have transferred property in some form. But the opposite is also true - cases of very adequate and caring behaviour of relatives for the elderly person. A commonly shared opinion is that a change of ownership in the family where social care services are performed does not lead to a change in the quality of the offered social services. Some of the respondents, however, underline the fact that inheritance or the change of ownership leads to a change in the situation in families where social care services are performed – when a contract has been concluded for care and support and with additional income the rates change, mainly for food. When the beneficiary cedes his property to another person, with a clause for support and care by its new owner, s / he forfeits his / her right to social assistance. In this case, when providing food for the beneficiary, the latter pays its real value. Quite a few family carers also consider that inheritance and change of ownership tend to worsen family relationships, give rise to conflicts and growing intolerance. They cite cases of accommodation of elderly people in social service establishments: in homes for the temporary placement of homeless persons and in old people's homes.[3]

[3] Detailed date on other issues like: private and public spending on long term care (LTC), public/private mix in health and social care, take up of benefits or services etc was not available at the time the survey was carried out.

5.2.2 Carers' or Users' contribution to elderly care costs

a. Medical, nursing and rehabilitation services	General access:			Access based on:		
				Means-tested		
	Free at point of use / wholly reimbursed	Partly privately paid / partly reimbursed	Completely privately paid	Partly reimbursed	wholly reimbursed	Based on severity
General practitioner	–	X	–			
Specialist doctor	–	X	–			
Psychologist	–	–	–			
Acute Hospital	–	–	–			
Long-term medical residential care (for terminal patients, rehabilitation, RSA, etc.)	–	–	–			
Day hospital	–	–	–			
Home care for terminal patients	X	–	–			
Rehabilitation at home	X	–	–			
Nursing care at home (Day / Night)	X	–	–			
Laboratory tests or other diagnostic tests at home	–	–	–			
Telemedicine for monitoring	–	–	–			
Other, specify[4]	X	–	–			

[4] Use of medics

b.Social-care services	General access:			Access based on:		
				Means-tested		
	Free at point of use / wholly reimbursed	Partly privately paid / partly reimbursed	Completely privately paid	Partly reimbursed	wholly reimbursed	Based on severity
Permanent admission into residential care / old people's home	X	–	–			
Temporary admission into residential care / old people's home in order to relieve the family carer	–	–	–			
Protected accommodation / sheltered housing (house-hotel, apartments with common facilities, etc.)	–	–	–			
Laundry service	X	–	–			
Special transport services	–	–	–			
Hairdresser at home	X	–	–			
Meals at home	–	X	–			
Chiropodist / Podologist	X	–	–			
Telerescue / Tele-alarm (connection with the central first-aid station)	–	–	–			
Care aids	–	–	–			
Home modifications	–	–	–			
Company for the elderly	X	–	–			
Social worker	X	–	–			
Day care (public or private) in community center or old people's home	–	–	–			
Night care (public or private) at home or old people's home	–	–	–			
Private cohabitant assistant ("paid carer")	–	–	–			
Daily private home care for hygiene and personal care	X	–	–			
Social home care for help and cleaning services / "Home help"	X	–	–			
Social home care for hygiene and personal care	X	–	–			
Telephone service offered by associations for the elderly (friend-phone, etc.)	–	–	–			
Counselling and advice services for the elderly	X	–	–			
Social recreational centre	–	–	–			
Other, specify	–	–	–			

c. Special services for family carers	General access:			Access based on:		
	Free at point of use / wholly reimbursed	Partly privately paid / partly reimbursed	Completely privately paid	Means-tested: Partly reimbursed	Means-tested: wholly reimbursed	Based on severity
Training courses on caring	–	–	–			
Telephone service offered by associations for family members	–	–	–			
Internet Services	–	–	–			
Support or self-help groups for family members	–	–	–			
Counselling services for family carers	–	–	–			
Regular relief home service (supervision of the elderly for a few hours a day during the week)	–	–	–			
Temporary relief home service (substitution of the family carer for brief periods of time, for example, a week)	–	–	–			
Assessment of the needs	X	–	–			
Monetary transfers	–	–	–			
Management of crises	X	–	–			
Integrated planning of care for the elderly and families at home or in hospital	–	–	–			
Services for family carers of different ethnic groups	–	–	–			
Other, specify	–	–	–			

6 Current trends and future perspectives

6.1 Major policy and practice issues debated on family care of the elderly in Bulgaria

The basic expectations of family carers for the future of the system of social care services as a whole are optimistic, and that in the medium term. They are linked mainly to three circles of problems, which shape their present work. First, in future the system of family care services will have to become more effective, mainly through better coordination between its different teams; second, social services aimed at elderly people and the disabled will have to both increase in quality and expand in range; third, a large part of the offered social services have to be strictly individualised, depending on the specific personal needs and necessities of each beneficiary; they have to fully encompass their way of life and existence.

The subject of ill-treatment of elderly people, for obvious reasons, remains an important problem for the future of the social care services system. For now, the respondents agree that there is no ill-treatment of elderly people in their daily activity.

"I hope that in future the activities we perform will evolve, for it can on no account be claimed that we have attained the maximum. We provide personal care for people. If people want us to do so, we take their laundry to the laundry service. If one of our clients tells us of some difficulties with members of his family, we try to help resolve them. Or if he needs help in getting over the loss of his partner, this too is individual assistance. Just like that of the orderly who cleans the home, does the shopping, pays the telephone and electricity bills. All this conforms to the possibilities and wishes of our client." (Family carer, Municipal Enterprise Social Care Services Lozenets, Sofia).

6.2 Expected changes, trends in services to support family carers

Employees in the system of social care services have high expectations concerning the future changes affecting their own activity. This is true both in respect of increased private, rather than just state participation, in the system of social care services, as well as with regard to higher remuneration, more relief and more acquisitions for the family carers themselves. The concrete expectations of respondents concern: a clearer and consistent social policy by the state; more sponsors and donations by Bulgarian businessmen and private persons, who should in turn be entitled to a number of tax concession; assessing workers in employees in this sphere by their merits and respectively paying them accordingly; explanation and popularisation of the activity of social care services in order to ensure assistance by different state institutions; increasing the role of non-governmental organisations in the social sphere.

According to the respondents, the change in the offered services must be aimed mainly at the increasingly better and fuller satisfaction of the needs of clients. The establishment of private social care services would facilitate the state, relieve it of a number of its functions and lead to new forms of services. At the same time, the changes in the system of social care services should lead to serving only persons without a family, truly depending on others and unable to cope with satisfying their daily needs. Some consider that changes are also necessary in the statutory framework, regulating activities in the social sphere – a special law should be created, aimed at improving the way of life and existence of the whole group of beneficiaries. For them the increased role and commitment of the state in the social sphere is only natural.

"I hope for better payment, for additional acquisitions besides extra leave. I hope that we will get work clothes and shoes, because they present a main problem for family carers. Work clothes for the kitchen staff and orderlies are particularly important. I also hope for transport facilitation, for more season tickets." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"If the state is stabilised and well, this will reflect also on our sphere of activity – both with regard to the people employed in it and with regard to the people served by us, but private organisations, too, could be attracted to support social care services. It would be good for family carers to be insured, because we come in contact will all sorts of people, we enter households of mentally disturbed people. Besides this, we are also subject to risk of various diseases, due to our constant contact with people. It would be good to popularise the work of family carers not only in order to increase our contingent, but also in order to heighten its prestige." (Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

6.3 The role of carer groups / organisations

The obtained data show that at the time the survey was carried out, neither formal, nor informal unions existed among the family carers themselves. Nevertheless, the majority of the respondents agree that they should exist in future and exert a favourable influence on the overall system of social care services in Bulgaria. The professional organisations of family carers would help to increase the quality of social assistance and would protect the rights of the people working in it. According to some of the respondents, formal and informal unions and organisations could be useful with their interaction since social care services are an activity that is open for contacts, the main aim being to improve and expand the services aimed at the people in need of them. According to others, professional unions of family carers would mainly help to improve the quality of the offered social services and to heighten the overall effectiveness of social care services. In short, there is a real need for the creation of a professional organisation to support the activity of the system of social assistance in Bulgaria, an organisation to protect the rights of family carers while they are employed, and afterwards as well. And together with this, there is a need for greater independence – from the municipal structure – of each social care service branch, in order to attain a more adequate, optimal and flexible servicing of each territorial unit.

"The Pokrov Bogorodichen Foundation performs such activities, which are free of charge for the recipients, and consist in the visit of a rehabilitator and cares. I personally heard about it by word of mouth, the way we hear about many private homes for elderly people, about hospices. There should be coordination and cooperation, however. It would even be a good thing to issue a newsletter about such services, because sometimes we are also asked who to turn to in a concrete case, and a telephone number is not even available from the directory enquiries." (Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

"The American Red Cross finances different programmes for supporting vulnerable groups, the projects being realised within the framework of the Bulgarian Red Cross. Our main target group is that of the elderly people and what we do is to we finance and assist the creation of models for the support of elderly people in different regions in Bulgaria, this being done mainly by the Bulgarian Red Cross. My own position is to represent the donor, who actually determines the parameters of the projects, works with the local organisations of the Bulgarian Red Cross, which help elderly people with our funds. I am responsible for the spending and accounting of funds, so that I can be of use to you with information about the models that have been developed with our funds." (Manager, American Red Cross, Sofia).

6.4 Existence of tensions between carers' and older people's interests

Family carers agree that in the present situation there are no serious conflicts between their interests and the interests of the people in need of assistance. Rather, it is a matter of a number of discrepancies, which are solved in a natural way in the course of the daily work itself. Examples of this kind of problems are the discrepancies between the demands of the beneficiaries and the physical impossibility of the small number of family carers; discrepancies between the demands of the beneficiaries and the possibility to respond to them – this is why it is necessary to ensure priority in servicing lonely and helpless people; discrepancies between the demands and wishes of the beneficiaries and the powers of family carers; discrepancies between the desire of family careers to help and the bureaucracy they have to cope with; the lack of assistance by a number of different institutions and their reluctance to work together with social care services for attaining common results. There are also individual cases in which the cared-for persons want services other than those offered, or more frequent visits, but the family carers solve these problems, so that potential conflicts are avoided.

"Conflicts may arise if the mental state of the elderly people is not taken into account. At the moment we do not have any such persons, since the people who work here are inclined to work with elderly people and this is very important. Conflicts emerge most often when this kind of attitude is lacking, while otherwise one gradually learns in practice how to deal with such people." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"Everything is strictly individual. If a person who uses this service is too demanding or has a negative attitude, conflicts are likely to arise. The same goes for the relatives of the elderly people we care for. It is very difficult to collect the fees if the person dies, and especially if his successors are not well off. In some cases we have been bothering people for a whole year, and we've all just about had it. These difficulties stem from the fact that our fees are not payable at the beginning of the month. They are paid at the end of the month during which the person has used the service. Occasionally an elderly person covers some other expense and is then unable to pay us. The only option is to strike him off the list temporarily, until we have collected the fee, but sometimes it is never paid. I should say here that the Directorate for Social Assistance is in a difficult state. In the past, everybody would get some kind of assistance at least once a year, now lump-sum benefits have been restricted for everybody, not only for the elderly, so that our beneficiaries are unable to rely on them either to pay us. At present we have some 800 leva in outstanding fees." (Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

6.5 State of research and future research needs (neglected issues and innovations)

Family carers agree on the practical necessity to conduct a comprehensive study – representative of the system of social assistance in the country – concerning the needs of social care services. It would reveal a number of problems, which so far have not been posed for public discussion, as well as a number of innovative practices and practical actions for their solution.

"Feedback is sought in all these spheres, polls are carried out. All people in this group are satisfied. We have carried out a national survey through Vitosha Research, which addressed three types of the most basic needs – food, social and health needs. As a result of the survey, six regions were selected and numerous meetings were held with different institutions and elderly people at local level in order to identify all these forms of assistance. All this is in response to the year-long process of seeking a solution at local level. This is a specific way of working, of developing models for assistance, which could happen for all types of groups, but we have chosen the group of the elderly people. This entails the inclusion of all local interests. All this is not done only with the efforts of donors. In Pazardjik it is done by the group of the Union of Pensioners, the municipality, the NGOs, i.e. they all have made inquiries before doing what they are doing, and are trying to do it in the best possible way, because it is their offspring. These are pilot projects, for in a certain sense they are local. It might not include many people, but in a certain sense it is a pioneering project." (Manager, American Red Cross, Sofia).

6.6 New technologies in the older people care system

In connection with the question of the new technologies and their gradual introduction in the system of social care services, the interviewed family carers completely agree on two things. First, that from a technological and technical point of view, the present Bulgarian system of social assistance of very backward. And second, that the introduction of new technologies will maximally optimise the support for the elderly people and will generally facilitate the activity of family carers. The new technologies will improve communication between the different social services, aimed at rapid reaction in critical situations and providing accurate information about the financial and health status of the beneficiaries. The use of modern computer networks and suitable programmes would facilitate the keeping of obligatory and current information. Consequently, it would sharply increase the effectiveness of the work of family carers at all levels, as well as the real possibilities for assisting the elderly. There is a practical necessity for the establishment of a comprehensive information system between the different state institutions for the purpose of facilitating family carers in seeking information about the beneficiaries.

"Such technologies would be most useful in the kitchen, which would make people's work easier. Better equipment would also help in supplying food for people. It would be very good for family carers to have good computers. Our computers are among the first to be marketed. We have the software, but the computer is slow, often stops and everything would be different, if we were able to work with new software." (Organiser, Municipal Enterprise Social Care Services Lyulin, Sofia).

"A computerised system is needed through which, according to certain parameters, we would be able to receive feedback also from another team (for example, from the GP) dealing with an elderly person at a given time, that he needs our services. I hope this happens for sometimes there are people who are unable to find us on their own." (Family carer, Municipal Enterprise Social Care Services Lozenets, Sofia).

"Many people want the introduction of non-cash payment of fees, but this means that we have links with other institutions, since some people get their pensions through the State Savings Bank and the payment of their electricity, telephone and other bills is handled the same way through the bank. We, in particular, after the structural changes, have been left without computers and are recording everything by hand. We had one typewriter, but that too was taken away. When the social care services were split up, very few things re-

mained, but everything is probably due to the lack of funds." (Family carer, Municipal Enterprise Social Care Services Mladost, Sofia).

6.7 Comments and recommendations

The most important comments and suggestions of family carers with regard to increasing the overall effectiveness of the system of social assistance and social care services concern the need for the stepped up modernisation of the social sphere in Bulgaria.

- The system of social care services is working well and evolving, it is constantly expanding its activities. For this reason, a national computer network needs to be set up to encompass all institutions, aimed at better coordination of the work of family carers.
- It is necessary to organise events to diversify the everyday life of the beneficiaries – movies, theatres, strolls, etc. Food quality to be improved and diets should be stricter in order to keep elderly people healthy longer. The range of offered social services for completely alone elderly people should be expanded.
- The continued training of family carers is necessary, as well as the regular organisation of training courses for family carers. The implementation of similar practices from the developed European countries is also necessary. Joint work is needed with NGOs and students, studying social disciplines at university. New specialisations for future family carers should be introduced at Sofia University.
- Uniform rates of the offered social services have to be worked out and approved. Respectively, a special team for performing these new services should be set up – day-time care, hourly assistance, transport, consultations, technical assistance, etc. Regular training of volunteers in aid of family carers.
- The profession of family carer should be widely popularised in society by providing an adequate legal framework, regulating the rights and obligations of family carers. The powers of family carers in the performance of their different activities have to be elaborated and regulated in detail.

7 Appendix to the National Background Report for Bulgaria

7.1 Socio-demographic data

7.1.1.1 Life expectancy at birth (male / female) and at age 65 years.

Table 13: Life expectancy at birth (male / female) and at age 65 years, 2001

	Total		Male		Female	
	Prob. to decease in the same year	Average duration of life	Prob. to decease in the same year	Average duration of life	Prob. to decease in the same year	Average duration of life
0 years	0.01331	71.8	0.01456	68.53	0.01199	75.23
65 years	0.02406	14.34	0.03325	12.94	0.01631	15.55
75 years	0.05975	8.63	0.07222	7.74	0.05074	8.8
85 years	0.17435	4.19	0.18591	3.99	0.16699	4.23
95 years	0.33779	2.15	0.32959	2.11	0.34173	2.46
100 years	0.4768	0.46	0.53065	0.46	0.45447	0.46

Source: National Statistc institute, "Population and demographic processes" 2001

7.1.1.2 % of > 65 year-olds in total population by age groups

Table 14: Share of 65 year-olds in total population by 10 year age groups, 2001

Age Group	Number	%
65-69	453843	34.33
70-74	387425	29.30
75-79	289900	21.93
80-84	114616	8.67
85-89	59041	4.47
90-94	15177	1.15
95-99	1870	0.14
100+	186	0.01
Total	1322058	100

Source: National Statistc institute, "National CENSUS of population" May 2001

7.1.1.3 Marital status of > 65 year-olds (by gender and age group)

Table 15: Marital status of 65 and over year-olds % (by gender and age group), 2001

Marital status	Male	Female	Total
Not married, living alone	0.72	1.15	1.87
Not married, living in co-residence	0.17	0.11	0.28
Married, separated	0.15	0.19	0.35
Married	31.79	23.26	55.05
Married, living in coexistence	0.02	0.01	0.02
Divorced, living alone	8.42	30.92	39.34
Divorced in co-residence	0.26	0.19	0.45
Widows, living alone	0.78	1.70	2.48
Widows living in co-residence	0.10	0.06	0.17
Total	**42.42**	**57.58**	**100.00**

Source: National Statistc institute, "National CENSUS of population" May 2001

7.1.1.4 Living alone and co-residence of > 65 year-olds by gender and age groups.

Table 16: Marital status of 65 year-olds (males %), 2001

Marital status	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
Not married, living alone	0.78	0.49	0.29	0.09	0.04	0.01	0.00	0.00
Not married, living in co-residence	0.19	0.12	0.07	0.02	0.01	0.00	0.00	0.00
Married, separated	0.14	0.10	0.07	0.03	0.01	0.00	0.00	0.00
Married	30.50	23.52	14.51	4.58	1.58	0.24	0.01	0.00
Married, living in co-residence	0.02	0.01	0.01	0.00	0.00	0.00	0.00	0.00
Divorced, living alone	3.51	4.78	5.54	3.08	2.18	0.66	0.09	0.01
Divorced in co-residence	0.23	0.20	0.12	0.04	0.02	0.00	0.00	0.00
Widows, living alone	0.91	0.53	0.27	0.09	0.03	0.01	0.00	0.00
Widows living in co-residence	0.12	0.07	0.03	0.01	0.00	0.00	0.00	0.00
Total	**36.40**	**29.83**	**20.91**	**7.95**	**3.87**	**0.93**	**0.10**	**0.01**

Source: National Statistc institute, "National CENSUS of population" May 2001

Table 17: Marital status of 65 year-olds (females %), 2001

Marital status	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
Not married, living alone	0.58	0.60	0.51	0.19	0.10	0.03	0.00	0.00
Not married, living in co-residence	0.09	0.06	0.03	0.01	0.00	0.00	0.00	0.00
Married, separated	0.09	0.09	0.08	0.04	0.03	0.01	0.00	0.00
Married	18.56	12.83	6.90	1.65	0.41	0.04	0.00	0.00
Married, living in co-residence	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Divorced, living alone	12.02	14.31	14.54	7.13	4.30	1.22	0.17	0.02
Divorced in co-residence	0.15	0.11	0.05	0.01	0.00	0.00	0.00	0.00
Widows, living alone	1.24	0.88	0.56	0.17	0.07	0.02	0.00	0.00
Widows living in co-residence	0.06	0.03	0.01	0.00	0.00	0.00	0.00	0.00
Total	**32.80**	**28.92**	**22.68**	**9.20**	**4.90**	**1.31**	**0.17**	**0.02**

Source: National Statistc institute, "National CENSUS of population" May 2001

7.1.1.5 Urban / rural distribution by age

Table 18: Selected age groups by type of settlement and gender, 2001

Age group	Total			Urban			Rural		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
65-70	542867	243415	299452	299803	130919	168884	243064	112496	130568
71-75	369822	157802	212020	201908	84984	116924	167914	72818	95096
76-80	263131	104913	158218	138082	54244	83838	125049	50669	74380
81-85	92795	35625	57170	47951	17905	30046	44844	17720	27124
86-90	48697	17531	31166	24867	8687	16180	23830	8844	14986
90+	11944	3983	7961	6234	2065	4169	5710	1918	3792
Total	1329256	563269	765987	718845	298804	420041	610411	264465	345946

Source: National Statistc institute, "National CENSUS of population" May 2001

7.1.1.6 Disability rates amongst > 65 year-olds. Estimates of dependency and needs for care.

no information provided

7.1.1.7 Income distribution for top and bottom deciles aged > 65 years

no information provided

7.1.1.8 % > 65 year-olds in different ethnic groups

Table 19: Share of 65 year olds in different ethnic groups, 2001

Age group	Bulgarians	Turks	Roma	Other	Not mentioned	Total
60-64	392293	31705	7557	6298	1888	439741
65-69	412665	28656	5908	5083	1531	453843
70-74	357246	20971	3865	4162	1181	387425
75-79	270877	13476	1937	2869	741	289900
80-84	107356	5157	532	1215	356	114616
85-89	55692	2293	233	635	188	59041
90-94	14277	614	43	191	52	15177
95-99	1692	124	6	40	8	1870
100+	142	26	1	14	3	186

Source: National Statistc institute, "National CENSUS of population" May 2001

7.1.1.9 Share of those who own their place of residence (urban / rural areas) by age groups (%)

Table 20: Share of those who own their place of residence (urban / rural areas) by age groups (%)

Age group	Urban	Rural	Total
65-70	34.6	43.2	38.3
71-75	31.4	24.3	28.4
76-80	20.9	21.6	21.2
81-85	7.2	8.1	7.6
85+	5.9	2.7	4.5

Source: ASA, "National Identity Survey", may-april 2003, n=1069, SE=±2 %

7.1.1.10 Housing standards / conditions

Table 21: Housing standards by age groups

Age group	Own color TV set	Own satellite / cable TV	Own telephone	Own cell phone
65-70	53.3	60.4	49.9	68.9
71-75	42.7	37.7	45.2	15.5
76-80	3.4	1.9	4.3	15.5
81-85	0.6	0.0	0.5	0.0
85+	0.0	0.0	0.0	0.0

Source: ASA, "Women, Work, Globalization", National representative survey", 2001, n=1093, SE=±2 %

7.2 Examples of good or innovative practices in support services

The interviewed family carers cite a number of examples of innovative and effective practices in the services for assisting people in need of this. The most important of these are:

- All activities, performed by social care services are positive practices aimed at people who are elderly or disabled and unable to organise their own life. The activity of social care services has to be assessed higher by the managing authority and better facilities and financial incentives have to be provided for greater motivation.
- Cited widely as a positive practice are the rights of family carers in many European countries to accommodate persons in specialised institutions once the potential of the community has been exhausted - despite the existence of relatives who do not render support and assistance – or that of other possibilities in view of the condition of the person – state of health and social status.
- In order to heighten motivation and retain staff what is needed is: better payment, higher standards in the work of family carers, putting their job on the same level as that of their colleagues in the European countries, social acquisitions for employees in the system of social care services.
- The day-care homes for the elderly are an innovative and highly effective practice to prevent them from falling into social isolation, to enable the members of their family to work and be assured that the elderly people are under daily supervision and care.
- Good example of another innovative practice are the clubs of pensioners in Sofia, which are very active. These clubs maintain constant contacts with many cultural institutions, e.g. theatres, cinemas, etc., and thus diversify the daily life of the elderly.

An indicative example of innovative and effective practices in the services for assisting people in need of this is the activity of the American Red Cross in Bulgaria. "*We provide great psychological support to people who are performing this activity, because it is very difficult to work with the group of elderly people – some attack you, others forget, still others won't let you go. All this is emotionally taxing, due to which we try to cope with the stress of working with them. In this respect special training is provided for work with this age group to prevent anyone from dropping out. We often meet in order to discuss what is happening and reactions to different situations, experience is shared, for example, how somebody has found a person and how he has been saved, i.e. experience is exchanged and people unwind*." (Manager, American Red Cross, Sofia).

8 References to the National Background Report for Bulgaria

"National CENSUS of population 2001", National Statistc Institute (NSI), 2001

"National Identity Survey", Agency for Social Analysis (ASA), may-april 2003, n=1069, SE=±2 %

"Population and demographic processes" National Statistc Institute, 2001

Regional Directorate for Family Care, Sofia

Human development report for Bulgaria 1997, UNDP.

European Commission (2002b): Economic Forecasts for the candidate countries Autumn 2002. Directorate General for Economic and Financial Affairs. Enlargement Paper No. 12 (http://europa.eu.int/economy-finance)

Statistical Reference book 1989. NSI.

Statistical Yearbook 1993. NSI.

Statistical Yearbook 2002. NSI.

European Commission. Directorate General for Employment and Social Affairs. Social Protection in the 13 Candidate Countries: a Comparative Analysis. Belgium: March 2003.

Household budgets in Republic of Bulgaria, Sofia 2003, NSI

"National CENSUS of population 2001" Demographic characteristics", volume 6, book1, NSI, 2001

"Sense for the old people" American Red Cross Buletin, vol.1, 2003

"Sense for the old people" American Red Cross Buletin, vol.2, 2003

"Sense for the old people" American Red Cross Buletin, vol.3, 2003

Social Assistance Act, promulgated SG, 56 / 1998

Regulations for Implementation of the Social Assistance Act, promulgated SG, 112 / 1999

Ordinance #4 / 1999, for conditions and ordinance for implementing social assistance, Ministry of Labour and Social Assisstance, promulgated SG, 29 / 1999

"Labour an law", v6 / 1999, p.51, 1999

Regulations for the Social Service of Persons and Families, promulgated SG, 68 / 1991

"Problems of elderly people survey" MBMD, march 1999, n~1000, SE=±2 %

National Budget of Republic of Bulgaria Act, promulgated SG, 114 / 2003

Public Health Act, promulgated SG, 62 / 1999

Ns."Trud", 2000 / 11 / 28

Ns."24 chasa", 2002 / 6 / 9

Ns."Duma", 2004 / 1 / 8

Ns."24 chasa", 2003 / 12 / 2

Ns."Standard", 2003 / 10 / 16

Ns."Dnevnik", 2003 / 2 / 6

Ns."24 chasa", 2002 / 10 / 25