

COUNTRY REPORT

BULGARIA

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Introduction

According to Georgieva (2018), the policy on home care by the Bulgarian government is weak and mainly reactive. Existing policies always were adapted after services had already been developed by NGOs first, and both the Ministry of Labour and Social Policy and the Ministry of Health in general aim at a de-institutionalisation of Personal and Household Services (PHS) in favour of ambulatory and community-based arrangements. No policy paper exclusively addressed home care, until the Bulgarian government approved an action plan for the implementation of a National Strategy for Long-Term Care in January 2018¹ and the Bulgarian Parliament adopted the new Social Services Act at the beginning of March 2019².

Changes and amendments to the Social Services Act were adopted on 27 December 2019, 21 July 2020 and 11 November 2020.



Factors Supporting the Growth and Development of the Field of PHS

Bulgaria faces several demographic challenges, such as a low birth rate, a high mortality, an increased migration flow, and a rapid decrease and ageing of the population as well as of the work force.³ Currently, life expectancy at birth is 71.5 years for men and 78.6 years for women.⁴ However, the life expectancy of people over 65 years old is 16,2 years, which is the lowest in the European Union (EU); also, the disability adjusted life years are comparatively low. The low population density 64/km² and the negative population growth rate (-0,74 per cent in 2020 and negative natural change -6.7‰⁵) are poor circumstances for service development and informal care.⁶

Undeclared work is socially accepted and widely practiced in Bulgaria. It is estimated that undeclared work accounts for roughly a third of the gross domestic product (GDP). Nearly one in ten people in Bulgaria does some undeclared work.⁷

Employment numbers are high, with 71.3 per cent of the working age population being in employment. Unemployment numbers are low (at 4.2 per cent of the population aged +15

¹ Georgieva (2018).

² Bogdanov/Zahariev (2019).

³ Ministry of Labour and Social Policy [Bulgaria] (2016).

⁴ Statista (2020).

⁵ Eurostat (2020).

⁶ World Population Review (2020).

⁷ Stefanov et al. (2017).

and for the year 2019)⁸; the numbers for women are slightly lower than the numbers for men and women tend to stay shorter unemployed. Yet, one third of the population is materially deprived and about one quarter faces the risk of poverty or social exclusion.⁹

The number of **early leavers from the education and training system** is higher than the EU average;¹⁰ they could represent a **target employee group in PHS**. Other target groups could be **young unemployed persons**, as youth unemployment numbers are constantly high¹¹, and **persons with low educational attainment**, who represent 17 per cent of the working age population.¹²



Definition and Development of PHS Instruments

There is no official specific definition of PHS in Bulgaria. Social services are regulated and defined to „be activities aimed at supporting individuals in: 1. prevention and/or overcoming of social exclusion; 2. exercising rights; 3. improving the quality of life.

(2) Social services shall be based on social work, an individual approach and individual needs assessments. (stipulated further in Article 4) according the **Social Services Act**¹³.

and

“activities which assist and expand the opportunities of persons to lead an independent way of life and which are carried out at specialised institutions and in the community” by the **Social Assistance Act (SAA)**¹⁴ and the **Regulation of the Implementation of the Social Assistance Act (RISAA)**¹⁵. Thus, social care at home in Bulgaria is defined by law as a complex set of social services provided in the client’s home by the respective municipal departments. It includes provision of meals, maintenance of personal hygiene, cleaning, assistance with the supply of technical means and devices needed by the disabled client, and daily living services among others.¹⁶

Since 2015, the Health Act has integrated health and social services as activities through which medical professionals and specialists in the field of social services provide health care and medical supervision and perform social work, including at home, in support of children,

⁸ National Statistical Institute of Bulgaria (2020c).

⁹ National Statistical Institute of Bulgaria (2020a).

¹⁰ National Statistical Institute of Bulgaria (2020a).

¹¹ Young people aged 15 to 24 show an unemployment rate of 8.9 per cent (National Statistical Institute of Bulgaria (2020c)).

¹² National Statistical Institute of Bulgaria (2020b).

¹³ Social Services Act (2020)

¹⁴ Social Assistance Act (SAA) [Bulgaria] (1998).

¹⁵ Rules for the Implementation of the Social Assistance Act (RISAA) [Bulgaria] (2001).

¹⁶ Georgieva (2018).

pregnant women, people with disabilities and chronic diseases and the elderly who need help in carrying out their daily activities. These services may be provided by the municipalities, by the medical establishments and by the persons under Art. 18, para. 2 of the Social Assistance Act.

With the Law on Social Services adopted in 2019 and entered into force on 1 July 2020, integrated health and social services are defined as services for specialized support of persons through activities in the field of health care and social services, which are provided within of common organization and management. Support through integrated health and social services is provided by medical professionals and by professionals providing social services.

In the sense of the current legislation, medical specialists are the persons with acquired professional qualification in specialties from the professional fields "Medicine", "Dental Medicine", "Pharmacy" and "Health Care". In view of the purpose of health and social services, it can be assumed that health care within the scope of integrated health and social services can be provided mainly by doctors, nurses, rehabilitators and other medical specialists.

In 2019, the Ministry of Health has developed a Methodology for providing home care for the elderly and people with disabilities under Project BG05M9OP001-2.028-0001 "Home care for the elderly and people with disabilities - component 1", which is implemented with the financial support of the Operational Program "Human Resources Development" 2014-2020, co-financed by the European Union through the European Social Fund. The project introduces a model for home care for the elderly and people with disabilities, incl. with chronic diseases and permanent disabilities to provide hourly mobile integrated health and social services in their homes. This model structures and standardizes the provision of health and social care by municipalities. The project is implemented throughout the country and its good and timely implementation is the basis for the implementation of health and social care services for the elderly and people with disabilities from the municipalities.

The **amendment of the Social Assistance Act (SAA)** in 2003 has profoundly changed the social services landscape in Bulgaria, as it led to a de-institutionalisation and decentralisation: Wherever the quality of care was unsatisfactory, the municipalities were to develop community-based social services in their areas to substitute for the large state institutions.¹⁷ Today, the provision of PHS is carried out under either one of the following national programmes: the Assistants of People with Disabilities programme, or the Human Resources Development programme (2014 to 2020); still, the provision of PHS is delegated from the state to the municipalities.¹⁸

Most home social services arrangements in Bulgaria are part of the following three schemes: the Home Social Patronage, the Social Assistance scheme; and the Social Services in the Home

¹⁷ WHO (2013).

¹⁸ Georgieva (2018).

Environment.¹⁹ The **Home Social Patronage** is a national scheme managed by municipalities aiming to provide basic care, including the provision of food, personal and domestic care, and cleaning services, to vulnerable populations like elderly, poor and disabled people. It is a type of community-based social service financed by the municipalities. The responsible municipality can directly provide such services through a municipal organisation established for this purpose or by contracting its provision out to a private provider.²⁰

The **Social Assistance** scheme is a national instrument that enables the provision of personal care and support and of domestic aid to people with disabilities by personal assistants. Personal assistants are informal carers receiving financial support from the Social Assistance scheme, which is run by municipalities.²¹

The **Social Services in the Home Environment** are part of the national programme “Operation Independent Living under the Human Resources Development” (2014 to 2020). It is locally managed by the municipalities and aims at light household support for and the social activation of people in need. Another goal of the programme is to ensure additional training and employment of persons who already have experience as social assistants or as people helping in private households. Each social assistant serves several clients and spends equal time in each client’s household regardless of the differences in clients’ needs.²²

The above-mentioned PHS support **schemes are entangled with unemployment policies** (comparable to programmes for subsidised employment), as a considerable proportion of community-based social services is provided by unemployed people who have had little or no training for the job.²³

At the beginning of March 2019, the Bulgarian Parliament adopted **the new Social Services Act**, which introduces an entirely new philosophy and changes the legal framework for planning, providing, financing, and monitoring of social services. Its main aim is to improve access to social services, enhance their efficiency by mapping social services so as to regulate the need for such assistance on the ground, and improve their quality. It states that a right to assistance is given to the elderly who cannot take care of themselves and to other people in need of assistance, and furthermore intends to enforce those rights by enabling the provision of social services to any person who needs support to prevent or overcome social exclusion.²⁴

The law furthermore introduces two new services: “**substitute care**” and “**support for informal carers**”. “Substitute care” will provide temporary rest for caregivers of other dependents; “support for informal carers” will be directed at members of a family who give

¹⁹ WHO (2013).

²⁰ WHO (2013).

²¹ WHO (2013).

²² WHO (2013).

²³ WHO (2013).

²⁴ Bogdanov/Zahariev (2019).

informal care, for example helping them through courses on giving standard home care to a dependent person.²⁵

On 10 September 2019 is enforced **State Education Standard 762020 “Assistant Social Activities”**, 3rd qualification level, 4th level according the National and the European Qualification Framework.²⁶ It consists of 2 specialties: 7620201 **“Social work with children and families in risk”** and 7620202 **“Social work with children and adults with disabilities and chronic diseases”**.

On 3 July 2020 is enforced **State Education Standard 762040 “Social assistant”**, second qualification level, 3rd level according the National and the European Qualification Framework.²⁷



Landscape of Users

The users of integrated health and social services are normatively defined, namely: children and persons with permanent disabilities; persons with chronic diseases; persons over working age in inability to self-care.

The referral for use of integrated health and social services for residential care is carried out on the basis of a specialized expert assessment of the health condition and the needs of the persons for medical care from medical establishments for hospital care, determined by an order of the Minister of Health. The medical establishments support and consult the providers of integrated health and social services for residential care in the performance of the individual needs' assessment, the development of the individual support plan and in the provision of the service. Ongoing medical supervision and medical care, which are provided through integrated health and social services for residential care, are provided according to the methodology of the Minister of Health.

Home care in Bulgaria may be provided to people who are unable to take care of themselves without assistance due to the state of their health, functional impairments, or old age. These services are intended for people with different kinds of disabilities whose health constraints lead to their isolation and/or inability to organise their own daily activities, such as single people who are lonely and, for various health reasons, unable to organise their daily lives or keep their home clean.²⁸ **Personal care, domestic aid, and technical aid** are only available for people with a disability holding a nationally regulated certificate of being disabled (meaning

²⁵ National Network for Children (2018).

²⁶ State Gazeta 71, 10.09.2019

²⁷ State Gazeta 59, 03.07.2020

²⁸ WHO (2013).

to have lost the ability to work for at least 50 per cent).²⁹ In general, it is not possible to combine the use of services from different schemes; for instance, Social Assistance recipients cannot receive services from Home Social Patronage as well.³⁰

Apart from this, the three above-mentioned schemes apply their own eligibility criteria. As financial resources are insufficient, those who are eligible for care not always receive the services. Municipal social assistance programmes may manage this by using the principle of “first come, first serve”.³¹ With **the new Social Services Act** adopted by the Bulgarian Parliament in 2019, this might change, as the law gives all people in need (such as elderly people and people with disabilities) “a right to assistance” that should be enforced through state monitoring of and improved access to social services.³²

In order to be eligible for support through the **Home Social Patronage** services, one needs to be disabled, over the age of 65, unable to organize one’s living needs, without close relatives taking care, and not own a home.³³

Eligibility for support through payments through the **Social Assistance** scheme is assessed by social workers in local departments. Criteria are the applicant’s and family members’ financial and other means (including if the applicant owns a house themselves), the applicant’s living situation (if they live alone or not) as well as their disability level (which must be at least 90 per cent inability to work).³⁴

Until recently, **non-governmental organisations (NGOs)** providing PHS without being assigned to it by contract with a municipality have defined their own target groups and set their own eligibility criteria.³⁵ With the new Social Services Act of 2019, at least all private providers licensed and funded by the state will have to stick to the new criteria that are oriented to the rights and needs of users.



Financing of the Main Instruments and Associated Prices

In terms of expenditure, **most PHS in Bulgaria are “state delegated”**, which means that they are **funded by the state but managed by the municipalities**. While this ensures a minimum amount of funding available to meet local needs, it does not ensure either high quality or

²⁹ WHO (2013); Panayotova (2009).

³⁰ WHO (2013).

³¹ WHO (2013).

³² Bogdanov/Zahariev (2019).

³³ WHO (2013).

³⁴ WHO (2013).

³⁵ WHO (2013).

universal coverage.³⁶ The financial standards for the community-based services funded from the central budget are mainly measured per capita, without taking into consideration individual needs.³⁷ Municipalities must manage the services within strict budgetary limits that are based solely on the number of beds or units of service rather than on the quality of service. In addition, the state provides an equal amount of funding for state-delegated services for each municipality regardless of the population size or level of demand.³⁸

Funding for state-delegated services comes from national target programmes (such as the Assistants for Persons with Disabilities programme), **social assistance funds, and grant schemes for social services** (such as the Human Resources Development programme 2014-2020 and the European structural and investment funds/ESIF with national co-financing). For state-delegated services, the central government determines the rate at which each service is to be subsidised. The municipalities are expected to provide high-quality services within the targeted subsidy. However, they are welcome to co-finance state-delegated services from their own revenues. This is particularly important, because the state provides an equal amount of funding for social services to each municipality regardless of its size or the conditions under which it provides such services.³⁹

Besides the general funding by the state, **some municipalities self-finance their own municipal home care programmes, and for NGOs, another important source of funding are (foreign) donations.**⁴⁰ Speaking from the perspective of the recipients, **social services** in particular **need co-payments by clients. Medical care services** covered by the National Health Insurance Fund (NHIF) (including medical care by private medical institutions who have contracts with the NHIF agency) **are completely financed by the state** without any payment by the client under the condition of a medical recommendation for the treatment/service provided; otherwise, private nursing services have to be paid completely by the client.⁴¹

As Bogdanov and Zahariev (2019) point out, the new Social Services Act adopted by the Bulgarian Parliament in March 2019 in theory increases **the funds available for delegated social services**. According to data by the Institute of Market Economy (2019), however, these funds **have been slightly reduced** from 9.2 to 8.1 per cent as a share of total delegated state spending, because the total delegated costs have increased more than the cost of social services. Also, an important goal of the new law is to tie state-funding of social services by public and private providers strictly to the fulfilling of new quality standards.⁴²

³⁶ Georgieva (2018).

³⁷ WHO (2013).

³⁸ Georgieva (2018).

³⁹ Georgieva (2018).

⁴⁰ WHO (2013).

⁴¹ WHO (2013).

⁴² Bogdanov/Zahariev (2019); Institute for Market Economy (2019).

Both new services, introduced with Articles 92 and 93 of the new SSA have state budget support as follows: **surrogate care** in the home or in a specialised environment is financed by the state budget and **assistant support** is financed by the state budget the municipal budget.



Work Arrangements

The most common forms of employment in the Bulgarian PHS sector are **intermediary employment** through a public or private service provider and **informal direct employment** by families/private households.



Landscape of Intermediaries and Quality Management

Providers of social services contracted with the municipalities are not obliged to monitor their service quality themselves. Instead, the compliance to the standards set in **the Regulation of the Implementation of the Social Assistance Act (RISAA) has been checked by the Inspectorate of the Agency for Social Assistance (ASA) and the municipalities** until recently.⁴³ Also, private social services providers not in contract with the municipalities have been hardly subject to quality evaluations so far.⁴⁴

With the new Social Services Act adopted by the Bulgarian Parliament in March 2019, this is supposed to change drastically. A new government agency to monitor the quality of social services has been established in form of **the Agency for the Quality of Social Services at the Ministry of Labour and Social Policy**, which was intended to be operational as of 2020. One task of the new agency **is to control compliance to new standards of public and all state-funded private providers of social services licensed by the agency.**⁴⁵

Currently, there are municipal and private providers (NGOs) of services, but they are only registered; under the new law, private services for adults will be licensed and services for children and municipal services will be monitored by the new agency. It will verify compliance with the rights of users of social services, monitor national performance, and license all private providers of social services; and if the standards are not met, state-funding will be

⁴³ WHO (2013); Topchiyska/Vasileva (2009).

⁴⁴ WHO (2013).

⁴⁵ Bogdanov/Zahariev (2019).

phased out. Furthermore, it will create common standards for providers but, at the same time, will give them the freedom to develop their own practices and relationships between professionals and users of social services.⁴⁶

As Bogdanov and Zahariev (2019) and the Bulgarian Centre for Not-for-Profit Law (BCNL) (2019) emphasize, the new law intends to develop and fund quality services only. Another crucial point in the new legislation is **the focus on the individual needs of every person, which is supposed to become the basis for further quality development of services.**⁴⁷

As for the landscape of intermediaries, **the Bulgarian Red Cross (BRC)⁴⁸, Caritas Bulgaria⁴⁹ and Karin dom are important NGOs active in the field of PHS.** According to their own records, **the BRC** offers a broad range of PHS, giving an overview of their services and accomplishments on their website (specifically for the year 2010). They for example provide social services within the Home Social Patronage scheme, such as hot meals delivery, support for household maintenance, provision of technical aids for disabled people, and different products and medicines to older persons in the Municipality of Smolyan.⁵⁰

Besides programmes funded and delegated by the municipalities, the BRC offers several other PHS, one of them being the **Public Social Patronage**, which is a programme that was implemented mainly by volunteers. Within the programme, food, clothes, and free medicine are provided to lonely elderly and chronically ill persons in the regions Kyustendil and Kurdzhali. A further goal of the programme is to provide lonely people with social contacts and thus reduce their social isolation.⁵¹

They also set up a Bureau for Home-Helpers and Social Assistants in Pazardjik, where specially trained home-helpers and a social assistant provide care in the homes of disabled and bed-bound patients. In Plovdiv, too, specially trained social assistants provide care to lonely disabled and elderly persons.⁵²

In so-called **Home Care Centres** established in different regions of Bulgaria, the organisation provides complex health care and social services to older people with chronic diseases and permanent disabilities at their homes. Through these centres, several systems have been established: an individual needs assessment of beneficiaries; the provision of health care services and social services by qualified nurses and home-helpers; and a quality monitoring of provided services in cooperation with experts from the Swiss Red Cross (SRC). The teams of the centres (including volunteers trained by the BRC) work in close collaboration with the

⁴⁶ Bogdanov/Zahariev (2019).

⁴⁷ Bogdanov/Zahariev (2019); BCNL (2019).

⁴⁸ <https://en.redcross.bg/>.

⁴⁹ <https://caritas.bg/en/>.

⁵⁰ BRC (2017).

⁵¹ BRC (2017).

⁵² BRC (2017).

Social Assistance regional departments, general practitioners, medical specialists, and dietary canteens among others, providing regular care to hundreds of people.⁵³

In so-called Day Care Centres, the NGO furthermore offers social and health services to and supports the social adaptation and inclusion of lonely elderly people in Plovdiv and Pernik.⁵⁴

In a similar manner, **Caritas Bulgaria** has built up a network of local organisations and provides care services, including PHS, through their own employees as well as volunteers. The organisation has set up eight Home Care Centres in Sofia, Ruse, Belene, Bardarsky geran, Plovdiv, Rakovsky, Malko Tarnovo, and Zhitnitsa. Via mobile teams, they provide social services and health care at the homes of needy elderly people. Furthermore, Caritas Bulgaria offers services for lonely elderly people at a Day Care Centre in Pokrovan. The organisation also organises trainings for their employees as well as for volunteers.⁵⁵



Landscape of Employees and Degree of Professionalisation

There are various professions in the field of PHS, and training for PHS workers is different for each of them.

A **nurse**: In the Republic of Bulgaria the profession of nurse is regulated. This means that the training is fully in line with national legislation in this area, which fully transposes Directive 2005/36 / EC on the recognition of professional qualifications. The training in the specialty "nurse" in the professional field of "Health Care" is conducted at a university or branch accredited under the Higher Education Act. The training in the specialty "Nurse" for the educational qualification degree "Bachelor" is conducted in a regular form with a duration of not less than 4 academic years, corresponding to 8 semesters and hours of 4630 hours and the acquisition of not less than 240 credits. The system for accumulation and transfer of loans. For the professionalization of the nurse, the duration of the practical training, which is carried out in medical establishments approved by the Minister of Health, which should meet specific criteria, is essential. In this regard, it should be noted that the nurse during the training. The practical training has a minimum duration as follows:

1. educational (clinical) practice - from the first to the sixth semester inclusive, with a duration of not less than 1140 academic hours;

⁵³ BRC (2017).

⁵⁴ BRC (2017).

⁵⁵ Caritas (2020).

2. pre-diploma internship - is held in the seventh and eighth semester, with a duration of not less than 1600 astronomical hours. The undergraduate internship provides specialized knowledge in various areas of the practical foundations of nursing care.

The training in the specialty "Nurse" provides:

1. comprehensive knowledge of the disciplines underlying nursing care, including a sufficiently good knowledge of the body, psychological functions and behavior of healthy and sick people, as well as knowledge of the relationship between human health and his physical and social environment;
2. sufficient knowledge of the nature and ethics of the profession and of the general principles relating to health and nursing;
3. appropriate clinical practical experience;
4. ability to participate in the practical training of the health staff and experience in the work with this staff;
5. experience in the joint work with other medical specialists;
6. competence for self-determination of the necessary health care, using the current theoretical and clinical knowledge, as well as for planning, organizing and providing health care in the treatment of patients in order to improve the professional practice;
7. competence for effective joint work with other medical specialists, including participation in the practical training of medical specialists;
8. competence to encourage persons, families and groups of persons to lead a healthy lifestyle and to take care of themselves;
9. competence for independent undertaking of immediate life-saving measures and for taking measures in case of crisis and disaster;
10. competence for independent provision of advice, instructions and support to persons in need of health care and to their relatives;
11. competence for independent quality assurance and for assessment of health care;
12. competence for realization of complete professional communication and for cooperation with representatives of other professions in the healthcare system;
13. competence for analyzing the quality of health care in order to improve personal professional practice.

Currently in the Republic of Bulgaria eight universities (with a total of five branches to them) train students in the specialty "nurse".

A **social assistant** is mainly involved in social work and provides home-based services on an hourly basis to children or adults with permanent disabilities and to persons over 65 years of

age with limited or no ability to cope by themselves with social inclusion. The activity of social assistants focuses on such social inclusion of the clients by supporting them in the organisation of their everyday activities by promoting their social engagement, supporting communication, creating/maintaining social contacts, diversifying everyday life by reading newspapers/magazines/books or playing board games, and escorting the person outdoors for a walk/cultural events among others. Social assistants also provide some support activities, such as dressing, washing, using the toilet, helping to control medication, attending health care facilities/rehabilitation, small purchases, and administrative assistance among others.⁵⁶ Social assistants have followed a 660 classes training for second professional degree (3rd qualification level according the National and the European Qualification framework. The required target competencies have been laid down in detail in the “Handbook of Social Assistant” and were to be incorporated in the Vocation Education and Training Law in the 2000s.⁵⁷ Several licensed VET centers provide training for **assistants social activities** and **social assistants** according the adopted State Education Standards.

Caregiver - The work activities, responsibilities and personal qualities for the caregiver are defined in laws and regulations and are generally limited to:

- supporting the activities of health care specialists in post-treatment medical institutions (medical and rehabilitation institutions, specialized institutions for the provision of social services, medical and social care institutions with accommodation), in the community (hospices for terminally ill, at home, in social institutions for the elderly and homes for the disabled). Care is provided to patients recovering from an acute stage of the disease and people with disabilities in accordance with treatment plans prepared by medical professionals;
- fulfils the appointments of the medical specialist or social worker to meet the needs for maintaining the life and health of the people. Caring for
- supports the activities in meeting the basic vital needs of the patient - nutrition, hygiene, movement, breathing, excretion, sleep, rest;
- actions in compliance with the rules and norms for hygiene, disinfection and sterilization of the hospital, outpatient environment and in the home.

A **home helper or personal assistant** is involved in domestic aid, such as cleaning, cooking, and shopping. When providing services under the Home Social Patronage scheme, home assistants also provide personal care for disabled people needing assistance with dressing, feeding, washing/toileting, and getting in or out of bed or activities of daily living, such as using the telephone, shopping, food preparation, housekeeping, transportation, taking medication, and financial administration among others.⁵⁸ They provide home-based personal care and domestic aid for children or adults with permanent disabilities and persons over 65

⁵⁶ Georgieva (2018); WHO (2013); Toptchiyska/Vasileva (2009).

⁵⁷ WHO (2013); Toptchiyska/Vasileva (2009).

⁵⁸ WHO (2013).

years of age who are unable to meet their everyday household and social needs by themselves. Personal assistants are committed to fully serving the needs of their clients and assist them in maintaining personal hygiene/cleanliness of the room, taking medicine, carrying out health-promoting activities, preparing food and eating, handling of personal belongings/documents, using the bathroom/toilet, and going outside the home among others.⁵⁹ There are no educational requirements for personal assistants, but candidates oftentimes follow a short training course. Many of them were unemployed and registered at the National Employment Agency of Bulgaria⁶⁰ before.⁶¹

The **Personal Assistance Act 2019** regulates the terms and conditions for the provision and use of personal assistance to people with disabilities by ensuring that people with disabilities can choose from whom, when, where and how to use the assistance.

From 1 September 2019 to 31 December 2020 the beneficiaries of **personal assistance** are:

1. Persons entitled to care with minimum 90 per cent degree of disability or degree of permanently reduced working capacity;
2. Children entitled to care with minimum 50 per cent degree of disability or degree of permanently reduced working capacity;
3. Children not entitled to care but with minimum 90 per cent degree of disability or degree of permanently reduced working capacity. **Home helpers working for NGOs** provide domestic aid and personal care, too.⁶² As mentioned above, home helpers and social assistants working for NGOs are oftentimes trained by the NGO itself. For example, the BRC has a National Training Centre providing trainings for their home helpers, social assistants, nurses, and volunteers, and other organisations offering PHS. In 2008, licensed branches of such training centres with trainers for home helpers and social assistants existed in nine towns in Bulgaria.⁶³ Caritas Bulgaria offers trainings for their employees and volunteers, too.⁶⁴

Part of the **new Social Services Act** adopted by the Bulgarian Parliament in 2019 is the introduction of clear standards for the professional competences of social workers, intending to improve their skills.⁶⁵ The National Employment Action Plan started in 2020 a new National program "Provision of care in home environment" for training and employment of 4.625 unemployed people. The expectations are to develop skills and practices all over the country.

⁵⁹ Georgieva (2018); WHO (2013); Toptchiyska/Vasileva (2009).

⁶⁰ <https://www.az.government.bg/en/pages/za-nas/>.

⁶¹ WHO (2013).

⁶² WHO (2013).

⁶³ WHO (2013).

⁶⁴ Caritas (2020).

⁶⁵ Bogdanov/Zahariev (2019); National Network for Children (2018).



Wages

According to the National Centre for Disabled Persons in Bulgaria, personal assistants are employed on a five-hour working day and are paid by the hour at the rate of EUR 1.57 (BGN 3.07). **For municipal projects, remuneration of assistants** for providing services in the home environment depends on the source of the funding and **is linked to the minimum wage**.⁶⁶ In 2019, the minimum wage in Bulgaria was at EUR 286,33.⁶⁷

The **new Social Services Act** adopted by the Bulgarian Parliament in 2019 also intends to improve the wages of social service workers.⁶⁸ The National Employment Action Plan proposes 3,92 BGN (EUR 2,00) per hour for 2021.

The minimum remuneration of nurses is agreed in the Collective Labor Agreement for the Healthcare Sector, signed between the nationally representative social partners, and depends on the type of structure in which the work is performed - medical institution for hospital care, medical institution for outpatient care, health and budget-supported medical establishments and other types of medical and health establishments.



Social Dialogue in the Field of PHS

PHS as a part of the living standard are within the scope of the National Council for Tripartite Cooperation (NCTC). The nationally representative organisations of the workers and the employers are involved in the tripartite National Council for Employment Promotion where the new National program "Provision of care in home environment" was adopted.

Representatives of the social partners are members of the NAVET Expert commission where the State Education Standards for Assistant Social Activities (with both specialties: Social work with children and families in risk and Social work with children and adults with disabilities and chronic diseases) and for Social assistant were discussed and adopted 2019.

The citizen dialogue, as shown above, involved as important actors in the field of PHS **NGOs such as Caritas Bulgaria and the BRC**, the latter engaging in PHS-related projects and developing quality monitoring systems for their work together with the SRC. Furthermore, **the new Social Services Act (2019)** has been prepared for nearly a year together by the municipalities, other institutions, and NGOs. According to Bogdanov and Zahariev (2019), the drafting process worked well, included a well-developed roadmap of how public consultation

⁶⁶ Georgieva (2018).

⁶⁷ Trading Economics (2020).

⁶⁸ Bogdanov/Zahariev (2019); National Network for Children (2018).

would take place as well as multiple stages of public discussions, and thus guaranteed that the law is a result of discussions with all stakeholders and their various points of view.⁶⁹



Policy Process

Social home services are a joint responsibility of the Bulgarian Ministry of Labour and Social Policy⁷⁰ and the municipalities. The implementation of a national social assistance policy is in the hands of the Agency for Social Assistance (ASA), which has national, regional and municipal departments. The organisation and management of services at local level is a responsibility of the municipalities.⁷¹

Medical and nursing services at home are under the control of the Bulgarian Ministry of Health⁷². Home nursing is unknown in most parts of the country as it is only developed on a very small scale by NGOs. Long-term care (LTC) only recently has got governmental attention after the adoption of the National Health Strategy (2014 to 2020). For the future, it is predicted that community nursing will be provided by independently working home care nurses. Both ministries aim to harmonise and coordinate isolated and fragmentary initiatives on home care.⁷³

The Home Social Patronage is a national scheme managed solely by the municipalities, as it is a type of community-based social service financed by the municipalities without any subsidy from the state budget. In addition to national schemes, **municipalities may develop their own additional social assistance programmes.** The municipality of Sofia, for instance, developed the Assistance for Independent Living programme, by which informal carers of disabled people can have some financial compensation.⁷⁴ In April it started an integrated health-social service “patronage care”, co-financed by Human resource development Operational Programme 2014-2020.

At the beginning of March 2019, the Bulgarian Parliament finally adopted **the new Social Services Act**, aiming at the improvement of access to social services and an enhanced efficiency by mapping social services.⁷⁵ As mentioned above, the law also has established **the Agency for the Quality of Social Services at the Ministry of Labour and Social Policy** for the

⁶⁹ Bogdanov/Zahariev (2019).

⁷⁰ <https://old.mlsp.government.bg/>.

⁷¹ WHO (2013).

⁷² <http://www.mh.government.bg/en/>.

⁷³ WHO (2013).

⁷⁴ WHO (2013).

⁷⁵ Bogdanov/Zahariev (2019).

monitoring of state-funding and of the quality of all social services provided by state-funded and state-licensed providers. Furthermore, **the National Map of Services**, which should enter into force in 2021 and be updated annually, is supposed to provide information on available services and on the needs of target groups throughout the country, guiding decisions on funding as well as on opening/closing of services on a national scale.⁷⁶



Commonalities across Countries

The welfare state in Bulgaria can be describes as “unsupported familialism” or “familism-by-default”, according to the terminology of Keck and Saraceno (2008).⁷⁷ When applying a different terminology, the Bulgarian welfare state could be described **also as “post-Communist Europe”**, as are countries such as Croatia, Czech Republic, Hungary, Poland, and Slovakia. The quality of life is better and society more egalitarian than in other Central and Eastern European Countries (CEEC); on the other hand, the welfare states of the “post-Communist Europe” model present more moderate levels of economic growth and inflation.⁷⁸

The BRC draws on the expertise of Swiss experts for the quality monitoring of their services.⁷⁹ The BRC and the SRC together also ran projects of “participatory community work with older people” (2003 to 2016) aiming at developing and maintaining older people’s health and functional ability by keeping them active and engaged in the community. The SRC later also conducted a comparative study of such projects in Bulgaria, Belarus, and Bosnia-Herzegovina.⁸⁰



Previous Instruments

The de-institutionalisation and decentralisation resulting from the 2003 change of the Social Assistance Act has profoundly changed the social services landscape in Bulgaria. From that time municipalities should develop community based social services in their areas to substitute for the large state institutions where the quality of care was unsatisfactory.

⁷⁶ Bogdanov/Zahariev (2019).

⁷⁷ Keck/Saraceno (2008).

⁷⁸ Learn Europe (2020).

⁷⁹ BRC (2017).

⁸⁰ BRC (2011); SRC (2017; 2018).



Promising Practices

In two administrative districts, the district administration has signed contracts with **security companies** who **agreed to provide social services additionally to security services**. These social services include grocery shopping, provision of medicines on prescription, and transportation to doctor's appointments or the hospital in case of emergency. In order to be able to provide social services, security company employees have to attend a first aid course. The district administrations do not support this type of service provision financially, they only act as intermediaries explaining and promoting this type of services. However, the project's scope is limited to a certain number of users. Users have to pay a fee, which makes up about one fifth of the total cost of the services; the rest is subsidized. The whole arrangement is supported by a regional telecommunication company that provides users with phones which they can use for home emergency calls.⁸¹ It could be possible that these security companies will receive some form of state support in the future, because they create additional jobs for security services employees by engaging in PHS.

Two new services have been introduced with Articles 92 and 93 of the new SSA: **surrogate care** in the home or in a specialised environment, financed by the state budget and **assistant support**, financed by the state budget the municipal budget.

According Article 92 since 1 July 2020 is introduces the option **surrogate care for children and elderly people** to replace families and caregivers in home environment. It shall be provided for a period that may not exceed 30 days within one calendar year.

The provision of home services is carried out under the national program "Assistants to people with disabilities" (the activities of "personal assistants" and "assistant educators" defined in the National Action Plan for Employment 2018), under the National program "Provision of care in the home environment "(NAPE 2020), under municipal projects falling within the scope of Operation Independent Living under the Operational Program" Human Resources Development "2014-2020.

Since 13 March 2020, the Ministry of Labor and Social Policy has provided disinfectants for 6730 single elderly people over 65 who do not have the opportunity to self-care. They were also identified as in need by personal assistants under the National Home Care Program. MLSP continued to provide hot lunches under the Food Operational Program, as well as the Home Social Patronage service to nearly 20,000 people from 101 municipalities. Patronage care for 43,184 users continued to be provided on the territory of 272 municipalities. Support is provided in the homes of elderly people over the age of 65 who are unable to self-care and for people with disabilities, regardless of the type and degree of their disability.⁸²

⁸¹ Traffic Security (2020).

⁸² Ministry of Labour and Social Policy Bulgaria (2020).

Promising is the Karin dom initiative “**Early intervention**”⁸³ giving a chance to hundreds of families and supported by the municipality of the town of Varna. During the period 2010-2019 services were provided to 897 children aged 0-3 years. After finishing of the intervention 52% of the children do not need any therapy, specialised services or resource support in facility.

Target group are babies 0-3 years old who are at risk of developmental delay, incl. premature or low birth weight; lag behind in any of the areas of development - cognitive, motor, speech, social, emotional or have a diagnosis.

Karin dom has trained patronage nurses in the town of Sliven as well.⁸⁴

The municipality of Sofia provides social services “Assistant for independent childhood” and “Assistant for independent and active life”.⁸⁵

The service "**Assistant for Independent Childhood**" is a social service to compensate for the deficit in children with permanent disabilities and difficulties in their active social inclusion and in the daily services to support their development.

The service "Assistant for Independent Childhood" is a social service to compensate for the deficit in children with permanent disabilities and difficulties in their active social inclusion and in the daily services to support their development;

Users of the social service "Assistant for Independent Childhood" are children over 5 years of age during the period of use of this service with 50% and over 50% type and degree of disability with certain foreign assistance, having a valid decision of the Labor Expert Medical Commission or the National Medical Expert Commission, requested through their legal representative, as well as children over 5 years of age during the period of using this service, who are provided with foster care with 50% and over 50% type and degree of disability with certain foreign assistance, holding a valid decision of the Labor Expert Medical Commission or the National Medical Expert Commission, requested through their foster parent. “Assistant for independent and active life" is a social service to compensate for the deficit of people with permanent disabilities and difficulties in their active social inclusion and daily care. They complement the diversity of social services in the community and support their independence and activity.

Users of the social service "Assistant for independent and active life" are persons who have reached the age of 18 at the time of starting the use of the social service, who have 90% and over 90% permanently reduced working capacity with certain foreign assistance, having a valid decision of the Labor Expert Medical Commission or the National Medical Expert Commission.

⁸³ <https://karindom.org/ranna-intervencia/>

⁸⁴ <https://karindom.org/obuchenie-patronazhni-sestri-unicef-2014/>

⁸⁵ <https://www.lex.bg/laws/ldoc/2135584312>

Project "**Raising the awareness of a specialized unit in Sofia Municipality for actions in case of sudden cardiac arrest, according to modern European standards**".⁸⁶ In partnership with the Sofia Inspectorate and with the financial support of Sofia Municipality, Europe 2020 Program. Implementation period: July - October 2020.

Project "**Pass on - first aid for teachers and students**"⁸⁷

In many accidents, the measures that are taken in the first few minutes immediately after the accident are crucial for the survival and successful recovery of the victims. These measures are usually taken by witnesses to the incident until an ambulance arrives. Modern first aid is based on simple and effective measures that anyone can easily learn. At the same time, the medical teams in the organizations issuing modern guidelines for first aid (European Resuscitation Council, American Heart Association, ILCOR, ICRC) process a huge amount of data, conduct continuous medical research and change the guidelines for first aid in three main areas - to be more effective, to be safer and to be easier to learn by non-specialists. Like any science, first aid is constantly evolving. This requires first aid instructors to have modern knowledge, and also of great importance are the pedagogical methods developed specifically for mastering first aid techniques.

⁸⁶ <https://firstaid.bg/projects/proekt-stolichna-obshtina/>

⁸⁷ <https://firstaid.bg/projects/obuchenie-na-uchiteli/>

Glossary

Formalisation: In the context of informal care work, the European Commission describes how “formalisation of informal care takes place either through payments and associated social security (pension and health insurance), training/ certification of skills schemes and finally legislation (recognition of status and rights to being assessed as a carer)”. In the same article, the EC associates “any type of formal work” with the following features: payments (preferably regular and predictable); an employment contract and social security (such as being protected by regulation); training and validation of skills; and finally broader legislation which recognises the importance of the role and offers assurance of a certain minimum standard of rights”.⁸⁸

Immigration: “Immigration” is the action by which a person establishes their usual residence in the territory of a Member State for a period that is, or is expected to be, of at least 12 months, having previously been usually resident in another Member State or a third country (Regulation (EC) No 862/2007 on Migration and international protection).⁸⁹

Migration Chain: The terms “chain migration” or “migration chain” refer to “a process in which initial movements of migrants lead to further movements from the same area to the same area. In a chain migration system, individual members of a community migrate and then encourage or assist further movements of migration”.⁹⁰

Professionalisation: “[P]rofessionalisation means granting workers of a certain sector employment and social protection rights that are equivalent to those enjoyed by employees working under employment contracts regulated by law, including a decent wage, regulated working hours, paid leave, health and safety at work, pensions, maternity/paternity and sick leaves, compensation in the event of invalidity, rules governing dismissal or termination of the contract, redress in the event of abuse, and access to training; whereas the domestic work and care sector can be professionalised through a combination of public finance (tax breaks), social finance (family allowances, aid to businesses, mutual societies and health insurance, works councils, etc.) and private finance (payment for services by private individuals)”.⁹¹

Regularisation: In the context of (illegal) migration, “regularisation” is defined by the European Union (EU) “as state procedure by which illegally staying third-country nationals are awarded a legal status”; a synonym that is rather used in the USA and less in the EU is “legalisation” (AE: “legalization”).⁹²

⁸⁸ European Parliament (2008).

⁸⁹ Eurostat (2018).

⁹⁰ European Commission (2018a).

⁹¹ European Council, European Parliament (2016: 6).

⁹² European Commission (2009).

Regular Profession: In the context of work and professions, the EU defines a “profession” as “regulated (...) if [one has] to hold a specific degree to access the profession, sit special exams such as state exams and/or register with a professional body before [one] can practice it”.⁹³

Undeclared Work: In the EU, the term “undeclared work” denotes “[a]ny paid activities that are lawful as regards their nature but not declared to public authorities, taking account of differences in the regulatory systems of the Member States.” The Member States have adopted a variety of different definitions focusing upon non-compliance with either labour, tax and/or social security legislation or regulations: If there are additional forms of non-compliance, it is not undeclared work. If the goods and services provided are unlawful (for example, the production/trafficking of drugs, firearms and persons, or money laundering), it is part of the wider criminal economy, such as the “shadow economy” (often defined as including both the undeclared economy and the criminal economy), and if there is no monetary payment, it is part of the unpaid sphere.⁹⁴

Undocumented or Irregular Migrant: The EU defines a “undocumented” or “irregular migrant” as “a third-country national present on the territory of a Schengen State who does not fulfil, or no longer fulfils, the conditions of entry as set out in the Regulation (EU) 2016/399 (Schengen Borders Code) or other conditions for entry, stay or residence in that EU Member State”.⁹⁵

Unpaid Sphere: The term “unpaid sphere” refers to activities that are lawful as regards their nature but not declared to public authorities and without monetary payment.⁹⁶

⁹³ EU (2019).

⁹⁴ European Commission (2018b).

⁹⁵ European Commission (2018a).

⁹⁶ European Commission (2018b).

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