

Unofficial translation



REPUBLIC OF BULGARIA

REPORT

ON THE IMPLEMENTATION OF THE COUNCIL RECOMMENDATION ON ACCESS TO AFFORDABLE HIGH- QUALITY LONG-TERM CARE

(2022/C 476/01)

1. Context

Bulgaria, like a number of other EU Member States, is facing serious challenges related to the population ageing and the declining share of people of working age, leading to an increase in the need for long-term care services and, consequently, to an increase in public spending on these services. These challenges have been further exacerbated by the crisis associated with the spread of COVID-19, which has put serious pressure on health and social service systems. On the other hand, social rights and a better understanding of the right of all people to have a full and dignified life are becoming increasingly important in the implementation of policies for the transition from institutional care to alternative home and community-based services.

At European level, there are a number of instruments and initiatives that set a common strategic vision for the development of long-term care. This vision focuses on ensuring quality, timely, comprehensive and affordable long-term care services, increasing the supply and mix of long-term care services, introducing affordable digital solutions in the provision of care services, ensuring high quality criteria and standards for long-term care providers, supporting informal carers. These objectives are also at the heart of the European Care Strategy, the implementation of which will support the implementation of the principles enshrined in the European Pillar of Social Rights, in particular the principles of gender equality, work-life balance, childcare and support for children and long-term care.

In line with European policies and initiatives in this area, the provision of accessible, high quality and sustainable long-term care services is among the leading priorities at national level, with its implementation is secured both in the strategic framework and in the relevant legislation. The large-scale reform in the field of social services in Bulgaria continues through the ongoing implementation of the Social Services Act (SSA), which entered into force on 01.07.2020. All relevant by-laws are also enacted: Regulation for the Implementation of the Social Services Act¹ (RISSA), Regulation on the Standards of Remuneration of Employees Performing Activities for the Provision of Social Services financed from the state budget², Rules of Organisation of the Agency for the Quality of Social Services³, Tariff for the License Fees for Social Service Providers⁴, Ordinance on Planning of Social Services⁵, Ordinance on the Quality of Social Services⁶ (OQSS).

Ongoing is the process of de-institutionalization of care for people with disabilities and the elderly, which is legally regulated in the SSA and is implemented through the adopted strategic documents – the National Strategy for Long-Term Care⁷ (the Strategy), the 2018-2021 Action Plan for the implementation of the National Strategy for Long-Term Care⁸ and the 2022-2027 Action Plan for the implementation of the National Strategy for Long-Term Care⁹ (the Plan). The reform of social services and the process of de-institutionalisation of care for people with disabilities and the elderly can be seen in the context of the continuing successful efforts to change services in the child protection system, which have set the conditions for care based on human rights and dignity. At the same time, the essence of the process of reforming the long-term care system is to change the model, its structural and functional characteristics, as well as to ensure skilled professional support at every stage of the service delivery. In parallel,

¹ Decree of the Council of Ministers (DCM) No 306 of 09.11.2020.

² DCM No. 343 of 07.12.2020.

³ DCM No. 220 of 18.08.2020.

⁴ DCM No. 267 of 25.09.2020.

⁵ DCM No. 133 of 06.04.2021.

⁶ DCM No. 135 of 22.06.2022.

⁷ Decision of the Council of Ministers (DecCM) No 2 of 07.01.2014.

⁸ DecCM No. 28 of 19.01.2018.

⁹ DecCM No. 509 of 21.07.2022.

the main priority continues to be the introduction, compliance and monitoring of the quality standards for all social services in Bulgaria, which includes the implementation of such standards in the homes for people with disabilities and people over working age.

The provision of quality and accessible long-term care services and the implementation of the process of deinstitutionalisation of care for the elderly and people with disabilities are among the priority policies, stemming from the understanding for ensuring the beneficiaries' well-being, dignity and fulfillment of their rights. These actions are a key focus of the social services system reform and the deinstitutionalisation process, and we are confident that with the joint efforts of all responsible institutions, the rights of people in vulnerable situations can be guaranteed in the spirit of European values and respect for international human rights instruments.

1.1. Diagnosis of the gaps and remaining challenges

The aforementioned 2022-2027 Action Plan notes that the further successful development of the long-term care system and the provision of effective support to the people in needs depend on the resolution of many challenges of different nature and dynamics. The following key issues in the system have been identified:

- a large number of people placed or willing to be placed in a specialised institution;
- still an insufficient number of services to comprehensively meet the needs of care dependent people;
- the uneven distribution of services across the country and – last but not least – the lack of sufficient and qualified staff and staff turnover in the sector.

Some of these findings are also contained in the 2023 European Semester Report for Bulgaria and in the 2023 Annual Report of the European Commission's Social Protection Committee. In addition to these challenges, the following can be indicated:

- insufficient quality of provided services, especially of services for residential care;
- the need to improve control mechanisms at all levels, not only in the field of social and health services, but also in other support mechanisms for persons with disabilities (e.g. the personal assistance mechanism);
- the risk of replication of the institutional model of care in the new social and integrated health and social services for residential care, unless more serious investment is made in improving the quality and overall change of the care model;
- insufficient public awareness about the existing forms of support and the possibilities to use different social and health services;
- the need for greater flexibility of services and the organisation of activities within them depending on the support intensity needed for the respective person;
- the need to establish conditions for the development of vocational training (outside vocational training centres) so as to encourage the development of competences.

A significant barrier specifically for the people with disabilities is the insufficient awareness of their right to use various forms of support, as well as the stakeholders' coordination. There is a need to create good models for social assistance directorates, municipalities and other local structures involved in the assessment and referral of people to different forms of support, to organise information and counselling activities in an accessible

way and to implement the one-stop-shop model¹⁰. This problem is compounded by the serious difficulties met by some people to coordinate their health treatment – finding health professionals with the right qualification, specialised health facilities, organising access to them, etc.

The measures and activities set out in the Plan are derived from the baseline data at the time of its adoption, which show that in Bulgaria there are about 9 000 persons with disabilities and elderly people living in 151 specialised institutions. In the same time those waiting for placements in specialised institutions on a first-come, first-served basis are 1 696 persons, of whom 861 are persons with mental disorders, mental retardation and dementia. Around 2 040 persons are waiting for placement in 366 community-based social services for residential care (family-type accommodation centres and sheltered housing), almost all of them persons with mental disorders, mental retardation and dementia. These services are fully funded by the state budget. Persons with mental disorders permanently accommodated (for more than one year) in state psychiatric hospitals are around 260 as of April 2024. These persons do not need active treatment but cannot be released from the hospitals due to lack of housing, of relatives or due to relatives' unwillingness to take care for them. Mainly these are persons with schizophrenia – 82%, 7% – with mental retardation and 3% each – with bipolar affective disorder and dementias.

The number of people waiting for placement in a specialised institution in Bulgaria continues to be high, which imposes the necessity for developing alternatives for supporting living in the community as a prerequisite for elimination of the need for institutional care. The demand for institutional care continues to be driven mainly by:

- the increased needs for long-term care services as a result of the long-term ageing of the population;
- insufficient provision of community-based services and services at home;
- the persisting stereotypes and attitudes towards the people with mental disorders and mental retardation that sometimes lead to their discrimination;
- in some cases, the unreformed legal capacity system, which may give too many rights, especially to the guardians of persons under full legal guardianship, but does not provide for adequate support measures.

• ***Population dynamics and forecasts for the 65+ cohorts***

The Plan indicates that the population aged 65+ is expected to increase over the period 2020-2034 as shown in the table below:

Table 1: Estimates of the population aged 65+ for the period 2020-2034

Year	Forecast	95% confidence interval	
		Lower limit	Upper limit
2020	1 508 458	1 481 290	1 535 625
2021	1 523 371	1 486 802	1 559 939
2022	1 538 283	1 494 263	1 582 304

¹⁰ Bulgaria Disability System and Policy: A Comprehensive Review A. Posarac et al, 2022, Bulgaria: Disability System and policy, A Comprehensive Review. © World Bank, https://reform-support.ec.europa.eu/publications-0/bulgaria-disability-system-and-policy-comprehensive-review_en

2023	1 553 196	1 502 802	1 603 591
2024	1 568 109	1 512 049	1 624 170
2025	1 583 022	1 521 807	1 644 237
2026	1 597 935	1 531 956	1 663 913
2027	1 612 848	1 542 418	1 683 277
2028	1 627 761	1 553 136	1 702 386
2029	1 642 674	1 564 069	1 721 278
2030	1 657 586	1 575 185	1 739 988
2031	1 672 499	1 586 462	1 758 537
2032	1 687 412	1 597 878	1 776 947
2033	1 702 325	1 609 418	1 795 232
2034	1 717 238	1 621 070	1 813 406

Source: 2022-2027 Action Plan for the Implementation of the National Strategy for Long-term Care

On the basis of the statistical forecast, it can be concluded that in 2027 the share of the population aged 65+ in the total population will amount to 24.5%, and at the end of the forecast period in 2034, this share will reach 27.6%. This demographic trend is also typical for other EU Member States.

1.2. Stakeholders' involvement

In accordance with paragraph 10 of the Council Recommendation, the mechanism for managing, monitoring and reporting on the implementation of the Plan functions through an Inter-institutional Working Group (IIWG) for the management and coordination of the process of deinstitutionalisation of care for the elderly and people with disabilities. Responsibility for the implementation review is within the competency of the Permanent Expert Working Group (PEWG) to support the development and coordination of the implementation of the action plans for the implementation of the National Strategy for Long-Term Care, which includes the development and submission of annual reports and support for the implementation of these action plans. The PEWG also has an additional function of monitoring the implementation of the deinstitutionalisation of the care for people with disabilities and the elderly.

1.2.1. Inter-ministerial working group for management and coordination of the process of deinstitutionalization of care for the elderly and people with disabilities

The IIWG for the management and coordination of the process of deinstitutionalisation of care for the elderly and people with disabilities was established by an order of the Prime Minister of the Republic of Bulgaria purposed to better coordinate the activities of the institutions involved. The IIWG is chaired by the Minister of Labour and Social Policy. Members of the Group are the Ministers of health, of regional development and public works, of finance, the Executive Director of the Social Assistance Agency (SAA) and the Executive Director of the National Association of Municipalities in the Republic of Bulgaria (NAMRB). Reserve members are appointed from the relevant Deputy Ministers of the above-mentioned ministries, as well as the Deputy Executive Directors of the ASA and of the NAMRB. The Secretary of the group is the relevant Deputy Minister of Labour and Social Policy. The Ministry of Labour and Social Policy (MLSP), through the Directorate for Social Inclusion (DSI), provides the organisational and technical support to the IIWG. The composition of the IIWG is determined by Order No. P-22/08.02.2018 of the Prime Minister of the Republic of Bulgaria and is periodically updated. By Order No. P-131/17.10.2019, the scope of the

activities of the PEWG was expanded by assigning it with the task of developing and coordinating also the subsequent action plans for the implementation of the National Strategy for Long-Term Care, and not only to support the coordination of the implementation of the 2018-2021 Action Plan.

Since the adoption of the Council Decision on 8 December 2022, the IIWG has held one meeting, on 7 December 2023, to discuss and adopt the draft report on the implementation of the 2022-2027 Action Plan, and to present a timetable for the implementation of the plan's actions in 2024.

1.2.2. Permanent Expert Working Group to support the development and coordination of the implementation of the action plans for the implementation of the National Strategy for Long Term Care

The composition of the PEWG to support the development and coordination of the implementation of the action plans for the implementation of the National Strategy for Long-Term Care was determined by Order No. RD01-413/21.05.2018 of the Minister of Labour and Social Policy in his capacity as chair of the PEWG. The composition of the PEWG is updated periodically, and as indicated above, the tasks of the PEWG were updated by Order No. RD01-678/28.10.2019. The PEWG is chaired by the relevant Deputy Minister of Labour and Social Policy. Its members are representatives of the Ministry of Labour and Social Policy, the Ministry of Health, the Ministry of Regional Development and Public Works, the Ministry of Finance, the Council of Ministers Administration, the ASA, the Agency for Persons with Disabilities, municipalities through the NAMRB and civil society organisations, social service providers and organisations of and for persons with disabilities.

The tasks of the PEWG include supporting the development of draft action plans for the implementation of the National Strategy for Long-Term Care, ensuring coordination between state institutions and other organisations involved in the activities of the action plans, and supporting state institutions and other actors involved in the process of deinstitutionalisation of care for the elderly and people with disabilities. The PEWG is also engaged with the reconciliation of the functional requirements for the construction of the new and for the reform of the existing infrastructure; it is involved in the coordination of the guidelines for the reform of homes for the elderly and the approval of the requirements for the organisation of life and the provision of support services, taking into account the specificities of different groups of people with disabilities. The performance review is also part of the mandate of the PEWG, which includes the development and submission of annual reports. The Permanent Group also has an additional function of monitoring the implementation of the process of deinstitutionalisation of care for people with disabilities and the elderly, etc.

Since the date of adoption of the Council Recommendation, the PEWG has held two meetings – on 27.09.2023 and on 04.10.2023, at which the draft Report on the implementation in 2022 of the 2022-2027 Action Plan was considered and approved. The meetings also discussed and approved the Functional Requirements for the new social and integrated health and social services for residential care and specialized social services for persons with disabilities to be established under Subcomponent 1.1 of Project P39 „Modernization of Long-Term Care” under the National Recovery and Resilience Plan (NRRP).

This report has been prepared with the active participation of the PEWG representatives and the designated MLSP contact person for the coordination mechanism for the implementation of the Council Recommendation on access to affordable high-quality long-term care. The report preparation process is in line with the national requirements for managing, monitoring and reporting on the implementation of the 2022-2027 Action Plan and in compliance with the format and requirements of the EC for reporting on Council

Recommendation implementation progress. To this end, the institutions represented in the PEWG provided information and data on the execution of the Plan's measures. The information received for the period from the adoption of the Council Recommendation to the first quarter of 2024 has been summarised and discussed by the PEWG and approved by the IIWG, and the report submitted to the EC also serves for the purposes of the existing national reporting mechanism and forums.

In parallel with the functions performed by the PEWG, the National Council for Social Inclusion (NCSI) under the Council of Ministers monitors the implementation and reporting on the progress of the Plan. The NCSI is the body for coordination, cooperation and consultation in the development, implementation, monitoring and evaluation of state policy in the field of social inclusion. The Council includes representatives of all stakeholders – ministries, agencies, representatives of the National Statistical Institute and the National Social Insurance Institute, social partners, municipalities, NGOs, academia. The NCSI is purposed to monitor the achievements in the field of social inclusion, as well as to actively involve stakeholders in the evaluation and monitoring processes.

2. Policy objectives and measures (to be) taken

2.1. General policy response

The vision for the long-term care policy is fully developed in the Strategy, which aims to create conditions for independent and dignified living for the elderly and people with disabilities by improving access to social services and increasing their quality, expanding the services network in the country, deinstitutionalization, and stimulating the interaction between health and social services. There is a specific focus on building an adequate network of accessible and quality social services provided in the community and in home, including the provision of hourly services to support social inclusion, which focus is in line with the spirit of the Council Recommendation, in particular paragraphs 3 and 5. Bulgaria has also taken into account the challenges regarding the increase in the relative share of informal care, as well as the risks to the professional career of carers of dependent family members, retention in employment and the risk of dropping out of the social security system and the labour market and the risk of social exclusion. The Strategy's definitions of long-term care as „formal” and „informal” are meaningfully consistent with the wording in paragraph 3 of the Council Recommendation.

In operational terms, the Strategy is realised through the development and implementation of medium-term action plans, which include tangible measures, projects and activities, as well as the institutions responsible for their implementation, deadlines, amounts and sources of funding. Such national action plans and their reporting requirements are set out in paragraph 11 of the Council Recommendation. Even before its adoption, the first 2018-2021 Action Plan has been implemented in Bulgaria and the corresponding Final Report presents the progress of the process of deinstitutionalisation of care for people with disabilities and the elderly, as well as an analysis of the achieved results. In July 2022, the second 2022-2027 Action Plan for the implementation of the Strategy was adopted. The Plan is in line with the Common European Guidelines for the Transition from Institutional to Community-based Care as well as the UN Convention on the Rights of Persons with Disabilities. It contains the measures in the second stage of the process of deinstitutionalisation of care for persons with disabilities and the elderly and the improvement of the efficiency of the long-term care system, the latter being in line with paragraph 10(h) and with the Annex to the Council Recommendation. The Plan allocates a key role for the following groups of measures:

- measures to provide support in the home environment for persons with disabilities and care-dependent elderly people;
- measures to develop quality and accessible social and integrated health and social services, closing 41 homes for people with disabilities and reforming 82 existing homes for elderly;
- measures to increase the efficiency of the long-term care system;
- measures to build the necessary infrastructure to deliver the long-term care services.

In line with the Strategy, as well as with the Council Recommendation, the priority of the Action Plan is the development of an adequate network of quality and accessible social and integrated health and social services delivered in home environment and in the community. The new services must comply with the principles of deinstitutionalisation of care for the persons with disabilities and elderly people, while respecting their rights and tailored to their needs. An emphasis is made on the implementation of innovative measures to introduce modern information and communication technologies for the provision of services in home environment such as telecare and teleassistance. New approaches to support independent living for people with disabilities, such as „shared living arrangements” and „active care”, will also be piloted, expanding the range of long-term care options as recommended by the Council. The current Plan foresees the provision of quality care and support in new community-based services for at least 2 700 persons with mental disorders, mental retardation, physical disabilities, sensory impairment and dementia. These people will be removed from the specialised institutions. For over 8 300 persons with disabilities and elderly persons unable to care for themselves new day and residential care and support services will be established. In addition, care and support services will be provided for over 50 000 persons in their home environment and in the community, including patronage care, telecare and assistant support. Further, environment improvements are envisaged for 840 existing social services funded by the State, including energy efficiency measures, etc.

As mentioned in section 1.2 of this report, in accordance with paragraph 10 of the Council Recommendation, the mechanism for management, monitoring and reporting of the Plan is realised by the IIWG, while the review of its implementation is conducted by the PEWG, including the development and submission of annual reports. The PEWG also monitors the implementation of the process of deinstitutionalisation of care for people with disabilities and the elderly.

The implementation of the Plan is linked to specific measures and activities of the NRRP and it is funded by the state budget, the European Regional Development Fund (ERDF), the European Social Fund+ (ESF+) and through the already mentioned NRRP. The sustainability of all services established within the reform process will be ensured by the state budget upon completion of the respective project funding, which is in line with the elements of the Council Recommendation related to the sustainability of long-term care systems (e.g. paragraph 10(h)).

The development of an adequate and balanced network of social and integrated health and social services in the community is also supported by the SSA. In line with the Council Recommendation, priority is given to provision of support in home environment and in the community. The use of social services for residential care is only allowed when the other possibilities have been exhausted and the organisation of the residential must not lead to beneficiary's isolation from the community. For the first time, the definition of the term „institutionalisation” is stipulated in the law. This is a condition in which a person is prevented from leading an independent life because of dependence on the care of others, as a result of living in an environment which limits the right to choice, privacy and independence and creates conditions which undermine the dignity of the person. Paragraph 34 of the Transitional and

Final Provisions of the SSA regulates the closure of all specialised institutions for persons with disabilities by 2035, as well as the approach and specific actions of the responsible institutions in this process. The SSA regulates the following principles for the provision of all social services in the country (Article 2 of the SSA): availability of different types of social services; accessibility; individualisation of support; comprehensiveness, integration and continuity of support; prevention of institutionalisation; respect for the rights of persons using social services and ensuring their active participation in decision-making; flexibility and transparency in the management of social services; involvement of all stakeholders and use of all available resources. Social services are defined not as spots and buildings but as support activities to prevent and/or overcome social exclusion, realise rights and improve quality of life. Advocacy and mediation, support for acquiring occupational skills and assistant support are for the first time regulated as social services in the SSA, as well as regulations are provided for respite care, supplementary financing standards, the integrated approach and integrated health and social services, etc. In the context of long-term care, the social service for assistant support is to be mentioned through which support to the beneficiaries is provided in their home environment.

Workforce development – which is one of the Council’s Recommendation’s accents (paragraphs 7 and 8) – is regulated in the SSA by the statutory right to induction and advanced training for both social services’ and referral authorities’ staff. These trainings are mandatory. The law obliges social service providers to introduce mentoring for employees engaged for first-time with social service delivering activities. Aiming to improve the care quality and to enhance the professional capacity of social service providers, the SSA regulates the right to regular supervision for both the social services’ and referral authorities’ employees.

Alongside the SSA, the implementation of the People with Disabilities Act (PDA) and the provision of personal assistance under the Personal Assistance Act (PAA) play an important role in supporting people with disabilities to live independently in home environment and in the community, thus preventing institutionalisation. The SSA introduced fully free of charge services to support and train family members providing informal care in their home environment for persons with permanent disabilities and/or for elderly persons above working age, which are unable to care for themselves. This regulation is consistent with paragraph 9 of the Council Recommendation.

For the first time, the SSA introduced national-wide planning of social services financed by the state budget through the development of a National Map of Social Services (the Map). In this way, the state commits to creating in the long term a comprehensive network of social services across the country. A draft Map has been developed and should be adopted in the course of 2024 by the Council of Ministers. The outcome of the mapping exercise guarantees the predictability and sustainability of social services, aiming to achieve a territorial balance in their distribution and availability, which forms one of the requirements of Council Recommendation paragraph 5. The development of the standards for the financing of all social services under the SSA is the next important step of the reform course, which is set to take place after the Map adoption in 2024 and implemented in 2025. In parallel with these processes, it is planned to put into operation an Integrated Information System of social services financed from the state budget. Another key benchmark is the adoption and implementation of workload standards for: a) the social service providers’ employees, and b) the social service referral authorities’ employees – the Social Assistance Directorate and the municipalities. These requirements, regulated in the legislation, are in full compliance with the spirit and principles of the Council Recommendation.

The SSA also places a strong emphasis on achieving and maintaining the quality of social services by establishing a special body mandated to monitor and support all social service providers – the Agency for the Quality of Social Services (AQSS). The Agency is the main institution at national level tasked with monitoring the quality of social services, as well

as providing methodological support to social service providers, which in turn are also responsible for monitoring, evaluating and reporting on the services they provide.

In accordance with the requirements of the SSA, the OQSS has been adopted, which – in line with the Council Recommendation and in particular its Annex – establishes mandatory standards and criteria for the quality of all social and integrated health and social services provided in the country. The standards are for the organisation and management, qualification and professional development of the personnel and for the effectiveness of the service in terms of the results achieved for the persons who use it in response to their needs. The OQSS also defines the minimum requirements for the number and qualifications of staff required performing social service delivery tasks, the requirements for the specific activities of staff and managers, the obligations of social service providers to ensure the professional and career development of their personnel in the context of lifelong learning, etc. The standards are tailor-made according to the specifics of the service type and of the target group for which it is provided, respecting the principles of non-discrimination and equality. The provider shall ensure, to the extent maximum possible, respect for the personal dignity of the beneficiaries and their protection from abuse and violence. Measures for physical restrains of social service beneficiaries is prohibited. There shall be specific training for staff members to handle inappropriate behaviour and aggression from the side of service users, whereas team/individual supervisions are envisaged in cases of their problematic behaviour. The focus of the standards is on empowering service beneficiaries and encouraging their independence and social inclusion, as well as involvement in the process of service delivery, management and evaluation. The standards are designed to take into account the views of users at each stage of service delivery, and many of the indicators to the criteria formulated for each standard include a survey of their views. Special emphasis is placed on the rights and protection of service beneficiaries and the requirement for all staff members to be aware of the UN Convention on the Rights of Persons with Disabilities (where the social service is provided for people with disabilities). Separate quality standards and criteria in the OQSS address the services provided in the specialised institutions for people with disabilities to ensure enhanced controls are in place until their closure by the end of 2035. Existing care homes for elderly people are already in the process of being reformed by 1 January 2025 to meet the quality standards set out in the OQSS. An inter-agency working group has been in place since October 2023 to review the quality standards based on the monitoring of their up-to-date implementation, which is in line with the Council Recommendation. As part of the working group's tasks, the standards for residential care for adults with disabilities have been reviewed, which resulted in a suggestion to organise the care activities according to the intensity of support people need. These revised standards will increase the opportunities to access support for independent living in the community, which is in line with the principle of comprehensiveness and continuity of services in the Council Recommendation Annex. Standards for social services related to telecare are also proposed and drafted, which will enable multiplication of this type of support countrywide beyond the recent pilots. This new (for Bulgaria) social service can be viewed in direct correlation with paragraph 5(c) of the Council Recommendation.

The remuneration of the work of employees of social services financed from the state budget is according to the standards regulated in the Ordinance on the Standards for Remuneration of the Work of Employees Performing Activities for the Provision of Social Services Financed from the State Budget. In terms of achieving attractive and fair remuneration for the workforce in the sector, which is another element of the Council's Recommendation (paragraph 7) the mentioned Ordinance, which entered into force on 01.01.2022, lead to a remuneration increase of the social service workers from the beginning of the same year. It sets the minimum amounts of the individual basic monthly salaries, according to the different labour groups, which are established as a percentage of the national minimum wage (NMW) within a

range of up to 250% of the NMW¹¹. In this way, the Ordinance also creates guarantees for the regular updates of the remuneration levels for all categories of the employees, ensuring better wages in social service sector, as well as differentiation according to workers' qualifications.

2.2. Detailed description of the measures

2.2.1. Measures to provide support in the home environment for care-dependent persons with disabilities and elderly people

Priority in this group of measures is the provision of social services and integrated health and social services to support people to live relatively independently in their home environment. Support is provided to persons with disabilities and elderly people unable to care for themselves and it is spread to include remote areas of the country where the access to basic services is limited.

Social service Assistant support

One of the main forms of support in the home environment is provided through the social service for assistant support regulated in the SSA. The delivery of that service has continued without interruption since 2021 with funding from the state budget through the budgets of municipalities. This specialised social service includes support from an assistant for self-care, movement and mobility, changing and maintaining body position, performing daily and household activities and communication. Assistant support is not limited to people's home environment and it can be provided outside their homes. This SSA regulated service is provided to the following target groups – 1) people above working age unable to self-care, who do not have a duly determined degree of reduced working capacity, 2) children and/or adults with permanent disabilities who are entitled to assistance by another person but do not use assistant support and assistance for providing assistant support or with respect to whom no assistance for care in the home environment is received in accordance with the procedure laid down in another law. In cases of state or municipality funded service for assistant support referrals are made only by the municipality providing the service. The municipality is responsible to organise the integrated provision of assistant support with the other types of social services in home environment. The municipality manages the supervision of the assistants' activities and their reporting cycles. It can be stated that the assistant support service also contributes to the prevention of institutionalisation, in addition to its core mandate to provide adequate care in beneficiaries' home environment. The available data regarding the scope, number of users and the amount of funding of the service are as follows:

- In 2022, the service is delivered in 264 municipalities with the capacity to support 20 226 users. The funding standard for one subsidised user for the period 01.01. – 31.03.2022 is BGN 3 985 and for the period 01.04. – 31.12.2022 it is BGN 5 041. The funds provided by the state budget for 2022 for the provision of assistant support amount to BGN 101 984 471;
- In 2023, the service is delivered by 263 municipalities for 21 710 users. The funding standard for one subsidised user amounts to BGN 5 545. The funds provided by the state budget for 2023 amount to BGN 120 381 950;

¹¹ Minimum wages by years: for 2022 – 650 BGN until 31.03.2022 (DCM № 331/26.11.2020), 710 BGN from 01.04.2022 until 31.12.2022 (DCM № 37/24.03.2022); BGN 780 from 01.01.2023 to 31.12.2023 (DCM No. 497/29.12.2022); BGN 933 from 01.01.2024 to 31.12.2024 (DCM No. 193/12.10.2023).

- In 2024 assistant support is delivered for 21 769 users. The funding standard for one subsidised user amounts to BGN 7 016. The funds provided by the state budget for 2024 amount to BGN 152 731 304.

Services under the procedure „Care at Home”

On 07.10.2022 the Managing Authority (MA) of the HRDP 2021-2027 opened a call for applications under the procedure „Care at Home” with a budget of BGN 225 million, eligible candidates are the municipalities in the Republic of Bulgaria. The currently established model of care of hourly mobile integrated health and social services in users’ homes continues to be delivered for elderly and people with disabilities, including persons with chronic diseases and permanent disabilities. The conditions for independent living in dignity of elderly people and persons with disabilities have been created through the provision of quality, accessible and sustainable long-term care services, which are tailored to their individual needs, while striking a better balance between the quality and the effective and efficient delivery of services. Amongst the eligible activities under the procedure „Care at Home” are training and supervision of staff providing the services, including transport for them to the homes of service users. During the meeting of the Monitoring Committee (MC) of the HRDP 2021-2027, which took place in mid-May 2024, additional funds amounting to BGN 48 million were approved, thus ensuring the provision of services until the end of 2024. This brings the budget of the procedure to BGN 273 million. Overall, 229 contracts have been concluded for a total of BGN 213 498 589. So far, 37 210 care-dependent persons with disabilities and elderly people have been served.

In order to ensure continuous support after the completion of the operation „Care at home”, an expert advisory unit was established under the Minister of Labour and Social Policy tasked to prepare an analysis of the activities, users and employees of the projects implemented under the procedure. Part of the objectives of the expert unit are related to an assessment of the conditions for ensuring the sustainability of the services provided within procedure, as well as an assessment of the need for programming of a new measure for home care under the HRDP 2021-2027.

Similarly, in the context of the 2022-2027 Action Plan for the implementation of the National Strategy for Long-term Care, the procedure „Continuing Support for Long-term Care” was opened for applications on 24.04.2024. Its purpose is to extend the support for preparation of beneficiaries placed in homes for adults with disabilities for their exit and planning for their integration in family environment or appropriate social services for residential care and other support services. These activities concern the homes for adults with disabilities identified for closure within the second stage of the deinstitutionalization process. The operation has a budget of BGN 12 million and the aim is to reach at least 3 200 persons from the target group.

Health and social care in home environment

In 2023, integrated health and social care in home environment is provided by the Bulgarian Red Cross (BRC) in the municipalities of Varna, Sofia, Vratsa, Oryahovo, Byala Slatina, Krivodol, Montana, Vidin and Belogradchik through 9 Home Care Centres operating on their territory. Over 700 users benefit from regular care activities executed by qualified nurses and home-helpers. In the municipality of Varna, the Home Care Centre’s operate as a local municipal activity subcontracted to an external supplier until September 2024. Provided are 4 types of services – information and counselling, advocacy and mediation, therapy and rehabilitation and assistant support. The quantitative data for the year-round work in the municipality of Varna show: 80 persons served per month, 103 persons – on an annual basis. Of these, 59 users are disadvantaged, diagnosed by the expert decisions of the Territorial Expert Medical Commissions. The majority of users have diseases of the cardiovascular system and

musculoskeletal system; they are living alone and many of them do not have a supportive extended family circle. In the Sofia-capital municipality, the centre is entirely funded by the BRC and it serves around 15 beneficiaries. As of 2019, the project „Innovative Models Of Community Care For People With Chronic Diseases And Permanent Disabilities” continues to be implemented by the BRC in partnership with the MLSP, the Ministry of Health (MoH) and the Norwegian Association of Local and Regional Authorities, with the support of the European Economic Area Financial Mechanism 2014-2021, Programme „Local Development, Poverty Reduction and Improved Inclusion of Vulnerable Groups”. The main objective of the project is to improve the access of vulnerable populations in remote and rural areas to professional health care and social support by creating innovative models of medical and social services in the community, which are provided through Home Care Centres. The target groups are: people with chronic diseases and permanent disabilities aged over 50, including representatives of Roma and other ethnic communities, living alone in small and rural areas in the provinces of Vratsa, Vidin and Montana. In the three provinces 7 Home Care Centres have been established in the municipalities of Vratsa, Oryahovo, Byala Slatina, Krivodol, Montana, Vidin and Belogradchik. Within the framework of the project an innovative model for remote monitoring of the health and psychosocial status of people with chronic diseases and permanent disabilities based on modern information and communication technologies has been created – telecare, which has been piloted on the territory of the 3 regions since the beginning of 2022. Telecare is a real-time remote monitoring of vital signs, which is carried out by means of two types of personal devices installed in users’ homes. For this purpose, a Control and Communication Centre (CCC) has been set up in the city of Vratsa with 5 employees with medical education, appointed as „operator”, who provide 24 hours, 7 days a week monitoring of vital signs of users, among them HRV, temperature, pulse, saturation, blood pressure, ECG, etc. Due to the monitoring, multiple crisis situations in the users’ homes have been prevented due to timely response taken by the CCC team or the 7 Home Care Centers’ teams or – when needed – alerting the Emergency Medical Care Centers or the general practitioners. In the 7 municipalities of Vratsa, Oryahovo, Byala Slatina, Krivodol, Montana, Vidin and Belogradchik, 75 jobs for nurses and home-helpers have been created, which provide regular care for over 600 users, most of whom live in 34 remote and small settlements with limited access to medical care and social support. The use of new technologies has enabled the expansion of services and improved access to timely and professional care, including for people in remote and hard-to-reach locations with limited access to quality medical care and social support.

Given the demographic profile of the population in the country, increasingly more elderly people need support and assistance in their daily lives, with the goal of remaining in their homes and communities rather than being cared for in specialised institutions. As technologies continue to evolve and having in mind that telecare services proved their effectiveness and efficiency in countries with well-developed social systems and modern social services, it could be expected that tele-services will increasingly enter the daily lives and the need for them will grow. Further development of this kind of support is envisaged to be implemented in two steps – (i) through the development and adoption of quality standards for integrated health and social telecare service, which is already in process within the framework of the working group established review the OQSS, and (ii) through an upgrade of the „Care at Home” procedure under the HRDP 2021-2027 including the approbation of these services on the ground and implementation of supporting activities related to training and supervision of the workforce, training of informal carers, etc.

Mechanism „Personal Assistance”

Support for people with disabilities is also provided under the PAA, which provides personal assistance for people with permanent disabilities, regulated as a mechanism for provision of support to them in order to meet personal, domestic and social needs. The trend is for an increase not only in the number of users but also in the number of assistants. Persons with permanent disabilities are entitled to personal assistance for a certain number of hours, according to the needs identified in an individual needs assessment. Where the need for inclusion in the personal assistance mechanism is established, the conclusion file must specify the period and the number of hours of the personal assistance mechanism to be provided. This shall result in a referral for the provision of the assistance. The request for inclusion in the personal assistance mechanism is submitted to the mayor of the municipality of the person's current place of residence, whereby the municipality is the designated provider of the mechanism. In case the applicant has not stated a specific person as an assistant, the provider of the personal assistance mechanism may offer him/her an assistant. Under the PAA, BGN 439 448 116 has been transferred to municipalities/districts of municipalities for the personal assistance mechanism in 2022, so that an average 43 534 users were supported on monthly basis; 59 190 users were supported in 2023; 61 137 users were supported in the first quarter of 2024.

2.2.2. Measures for the closure of specialised institutions for persons with disabilities and establishment of quality and accessible social and integrated health and social services in the community. Reform of homes for the elderly in accordance with the quality standards for social services

As noted above, the SSA provides for the closure of the existing specialised institutions for people with disabilities by 1 January 2035 and for the reform of the existing homes for the elderly by 1 January 2025. The specified terms form the time frame for the implementation of the entire deinstitutionalisation process, which is implemented in stages, in accordance with the measures provided in the strategic documents and as required by law.

Deinstitutionalisation and development of social services to support the process

The deinstitutionalisation of care for persons with disabilities and for the elderly is one of the main objectives of the National Strategy for Long-term Care and its action plans. However, the measures taken at national level also require time for their implementation, as the reform process is complex and involves careful planning, implementation and evaluation. This process is carried out in a stages and sequential manner and the necessary human and material resources need to be allocated. The main target groups are people with mental retardation, mental disorders, physical disabilities, sensory disabilities and dementia, as well as the elderly. In line with the ongoing reform in the field of social services and the long-term care, there has been a steady increase in the number of social services financed from the state budget through the budgets of municipalities, as well as in the funds provided annually by the state budget for their provision.

- In 2022, the state budget funded a total of 1 679 social services for children and adults for 57 289 users.
- In 2023, a total of 1 840 social services with the capacity to support 63 647 users (children and adults) were operating in the country funded from the state budget.
- According to the latest data of the SAA, as of April 2024, a total of 1 856 social services with the capacity to support 64 215 users (children and adults) are functioning in the country funded from the state budget, including 264 social services for day care, counselling, therapy and rehabilitation and other services for adults with 7 417 places. Social services for residential care for adult are 433 with 5 539 places. Assistant support

is provided in 263 municipalities, with the capacity to support 21 710 persons. Homes for people with disabilities are 69 with 4 419 places. There are 82 homes for elderly people with 5 598 places.

As a result of the implementation of the first 2018-2021 Action Plan for the implementation of the National Strategy for Long-Term Care, 9 specialised institutions were closed and the number of places in the largest specialised institution for adults with mental retardation was reduced. The Plan implementation was funded from the state budget, the Operational Programme Human Resources Development (OPHRD) 2014-2020 and the Operational Programme Regions in Growth (OPRG) 2014-2020. As mentioned above, the 2022-2027 Action Plan is already under implementation. This second Plan is funded from the state budget (for 2023 – BGN 644 784 699) and European funds – ESF+ and ERDF: under the Human Resources Development Programme (HRDP) 2021-2027 (BGN 632 000 000) and the Regional Development Programme (RDP) 2021-2027 (up to BGN 137 800 000 from ERDF resources or up to BGN 167 500 000 from ERDF resources and national co-financing). Under the NRRP, investments amount to BGN 753 000 000. The MLSP is the Monitoring and Reporting Structure (MRS) for Investment P39 „Modernisation of Long Term Care” under the NRRP, which is implemented through 3 components – procedures for direct grants to specific final recipients – municipalities.

- On 09.12.2022 the first procedure under the NRRP of the investment BG-RRP-11.010 „Carrying out of construction works and supply of equipment and furniture with a view to reforming the existing homes for the elderly“ was opened for application. The procedure budget amounts to BGN 376 million and is directed to municipalities with functioning homes for elderly funded by the state budget. These institutions will be reformed in line with the new quality standards for residential care for elderly people above working age. Within the framework of the procedure, 81 applications were submitted proposing investment measures for the reform of homes for elderly (73 eligible specific beneficiaries – municipalities) with a capacity for approximately 5 600 users. The activities will be carried out according to functional requirements and guidelines for the reform of the new infrastructure, previously developed and agreed by the MLSP, in line with the OQSS.
- Procedure BG-RRP-11.011 „Increasing the energy efficiency of the social infrastructure for the provision of social services delegated by the state“ was opened for applications on 28.02.2023. It will remain open until the financial resource of BGN 215 million is exhausted, so there is no established deadline for applications. The interest in the procedure from the side of the municipalities was very low (four proposals were submitted) and therefore a large part of its resource was redirected to the procedure for the reform of the homes for elderly. At present, the budget for the procedure amounts to BGN 28.8 million.
- The third procedure „Construction and equipment of new social and integrated health and social services for residential care and accompanying specialised and consultative social services for persons with disabilities“ is tentatively to be opened for applications in June 2024.

Sustainability of all services established within the reform process will be ensured from the state budget upon completion of the project funding. According to the data provided by SAA, the following actions took place between 2022 and the present related to the deinstitutionalisation and development of social services:

- In 2022, 6 specialised institutions for adults with disabilities with 412 places were closed; 51 new community-based social services for adults with 1 020 places were established, including services for residential care, which are funded from the state budget. Also, in 7 state funded community-based social services the number of places increased by 91 places;
- In 2023, 3 specialised institutions with 169 places were closed (two homes for adults with mental retardation and one home for adults with mental disorder). Established were 52 new social services, out of which 35 for residential care for persons with disabilities with 504 places and 17 services for day care and hourly support (community-based care) for 560 adults with permanent disabilities;
- As of 01.01.2024, one home for adults with mental retardation was closed and 41 users referred to other services. Since the beginning of the year, 10 new social services for 222 users were established, including 2 services for residential care with 33 places for persons with disabilities and 3 day care and hourly support (community-based care) for 120 persons with permanent disabilities.

Since 2022, a steady increase in the financial resources and financial standards for the social services funded by the state budget is observed. The corresponding figures are as follows: BGN 533 666 528 for 2022, BGN 644 784 699 for 2023 and BGN 902 666 178 for 2024. In this context, the amount of funds for long-term care constitutes more than half of the state delegated activities for social and integrated health and social services. Targeted deinstitutionalisation policies aim to reduce or retain the capacity residential services at the current levels while increasing places of community-based services and the services for assistant support.

In this group of measures are included activities for that foresee by 2027 the closure of 41 specialized institutions (about 60% of their total number), which concerns the existing homes for adults with mental retardation, homes for adults with mental disorders, homes for adults with physical disabilities, homes for adults with sensory disorders and homes for adults with dementia. New community-based social and integrated health and social services are to be established where the current home residents can continue their lives with appropriate support provided to them. The applicable principle is that in the municipalities where a new social service for residential care is to be established, corresponding accompanying specialised and consultative social services for persons with disabilities will also be established, in an accessible location and possibly within a walking distance of the residential service.

Reforming the homes for elderly

As already noted, in accordance with the provisions of the SSA, all homes for the elderly are to be reformed by 1 January 2025 in accordance with the quality standards for residential care for the elderly over working age set out in the OQSS. The reform preparation process started in 2022current and it concerns the 82 state funded homes for elderly. In this regard, each municipality with operational home for elderly developed and adopted relevant Home Reform Plan. The plans were prepared by the municipalities according to a methodology developed by the SAA, and the AQSS supervised the implementation of the applicable § 35 (2) and (4) of the Transitional and Final Provisions of the SSA. In this context, the activities planned under the NRRP are related to the execution of construction works and supplies of equipment and furniture in order to bring the existing facilities of the into full compliance with the quality standards for residential care for elderly people over working age in terms of the specialised environment for the provision of that service.

2.2.3. Measures to increase the efficiency of the long-term care system

The key activities in this group of measures are to support the practical implementation of the legal framework introduced by the adoption of the SSA and its subordinate legislation, as well as to improve the functioning of the social service system, increase the interaction and enhance the professional capacity of workers in the social service system. Planned are also measures to strengthen the coordination between the social and health systems, taking into account that the services for long-term care in Bulgaria is provided by these two sectors. Social services, including long-term care services, are regulated in the SSA. On the other side, the long-term health services are regulated by the Health Act and the Medical-Treatment Facilities Act and are provided in various types of specialised medical institutions, such as pre-treatment and long-term care hospitals, rehabilitation hospitals, state psychiatric hospitals, as well as mental health centres and hospices.

Emphasis in this group of measures is placed on the implementation of the OQSS, the development of the National Map of Social Services and the subsequent development and implementation of the new financing standards for social services. All the sub-legislation to the SSA is already adopted, which ensures the practical implementation of the measures foreseen in the law. More detailed information on the developed and planned normative acts, which are relevant to the implementation of the Council Recommendation is provided in section 2 of this report.

With regard to the activity related to methodological support on the implementation of the OQSS in accordance with its statutory obligations in Article 22, para. 3(4) of the SSA, the AQSS provides such methodological support to the social service providers for compliance with the quality standards for social services. The methodological support is provided during the inspections of social services and in the form of written responses to specific inquiries on the matter, which contain methodological guidelines or mandatory prescriptions issued by the Executive Director of AQSS, as follows:

- In 2022, the AQSS provided methodological support to a 266 providers of social services through the issuance of methodological guidelines, whereas after the adoption of the OQSS, the number of letters sent to providers was 163, out of which 22 contained methodological guidelines to the mandatory prescriptions;
- In 2023, the AQSS provided methodological support through written methodological guidance to 82 social service providers. As in 2022, the largest share of these relate to services for residential care (60%). In 2023, a total of 32 mandatory prescriptions were issued (18 in 2022), out of which 13 to private social service providers and the remaining 19 to municipalities. Expert responses were prepared to queries related to licensing from citizens, NGOs, institutions and companies. Methodological support was provided for 503 enquiries on the hotline (02/970 11 11) and on site at the Agency's administrative service centre.

Regarding the capacity building activities for training, professional qualification and supervision, a number of trainings were held for AQSS staff and social service providers in relation to the new legislation in the field of social services, which fall within the project BG05M9OP001-3.021-0001 „For Better Quality and Efficiency of Social Services in Bulgaria“. The project was funded through direct grant procedure „Ensuring the quality and efficiency of social services“ under the 2014-2020 OPHRD, with the specific beneficiary MLSP, and the following results can be reported:

- The first group of trainings were to support the implementation of the AQSS functions for control and monitoring of social services. All employees of AQSS participated in

introductory and upgrade trainings on the then-new legislation in the field of social services and more specifically on the regulations concerned with the functions and responsibilities of the Agency, related to: monitoring and control of the system; the standards for the quality of social and integrated services defined in OQSS; requirements for the social service providers, municipalities, territorial structures of SAA, etc.; the expenditure of public funds in the provision of social services; beneficiaries' rights; the applicable licensing regime of social service providers, etc.

- Countrywide on 13 October 2022 started the second group of specialised trainings on the social service's quality standards intended for the employees of social service providers, including municipalities. The trainings were organised by the MLSP in partnership with the NAMRB within the same project. The main objective of the trainings is to familiarise social service providers with the new quality standards for social services introduced in the legislation and with the criteria for their implementation. Emphasis was also placed on the commitments of social service providers to organise the internal monitoring and control of the services they provide. The trainings contributed to strengthening and improving the capacity of professionals in the social services system. Each of the two-day training was conducted with the physical presence of the trainees and the trainers were experts from AQSS. Training workshops reached more than 1 800 professionals from the social services system. Events were executed within 5 months between October 2022 and February 2023 in each of the 28 districts of Bulgaria.

In 2022 and 2023 the SAA continued to implement the project BG05M9OP001-3.006-0001 „Capacity Building of Child Protection, Social Services and Social Assistance Officials“ under OP HRD 2014-2020, BGN 29 500 000. As of the project completion date 30.09.2023 the cumulative results are as follows:

- Trainings were held to build intersectoral coordination links amongst the representatives from different sectors related to social services – 28 basic trainings with the participation of 1 501 trainees on tracking system for development of child at risk cases; 28 upgrading trainings with the 1 467 trainees on the same topic. 20 specialised 3-day trainings for 604 employees of social services established in relation with the implementation of the National Strategy „Vision for the Deinstitutionalisation of Children in Bulgaria“, functioning with project funding under OPHRD 2014-2020;
- Specialised support was provided to the staff of CPD, the Department of Individual Assessment of Persons with Disabilities and Social Services and the Department of Individual Assessment of Persons with Disabilities, Social Services and Social Protection of the territorial structures of the SAA by providing support through 6 538 hours of individual and 1 800 hours of group supervision in 294 departments of the SAD. A total of 49 specialised trainings were held for 2 571 participants;
- Under the activity „Provision of Supervision and Consultations for Teams of Active Social Services“ – supervisions were conducted for 16 983 employees, out of which 11 754 working in social services for the elderly and 5 229 – in services for children. The intensity of supervision was as follows: 31 476.2 hours for 29 405 individual supervisions and 8745.4 hours for 4 233 group supervisions.

With regard to the implementation of the activities under the measure for the provision of health care for persons with disabilities and for elderly people unable to care for themselves, the following information is provided by the MoH:

- In order to expand the outreach capacities of general practitioners to serve settlements in remote and inaccessible areas, financial incentives have been introduced for them by the National Health Insurance Fund (NHIF) in the form of a monthly financial allocation for the respective practice. These amounts are defined in the National Framework Contract by locality, depending on the remoteness of the practice from other medical facilities, the difficulty of accessibility due to poor transport infrastructure, the dispersion of the settlements served (in the case the practice serves two or more settlements) and the population served. In order to improve the accessibility and capacity of the primary outpatient care, a working group was established by an order of the Minister of Health to develop a draft National Strategy for Improving the Accessibility and Capacity of Primary Outpatient Care and Ensuring a Balanced Territorial Distribution of Medical Care and Health Care in the Republic of Bulgaria 2021-2027 and an action plan for the implementation of that strategy included in the NRRP, Health Component. The MoH took an active part in the preparation of the Decision No. 679 of the Council of Ministers of 29.09.2023 assigning to the „Bulgarian Post“ EAD to perform a service of general economic interest – remote provision of basic telemedicine services through its post offices on the territory of the country. The available services are included in the package of health activities of the general practitioners, mainly focusing on disease prevention, monitoring the condition of persons already diagnosed with diseases and specified long-term supportive treatment. These include remote counselling on a newly emerging or existing health problem, as well as recording of various vital signs through equipment for tele-diagnostic and tele-monitoring, purposed to provide counselling to patients with chronic diseases.
- In order to expand the scope of prevention of socially important diseases, additional clinical and laboratory tests are included in the preventive examinations package paid by the NHIF. The Regulation No. 8 of 2016 on preventive examinations and dispensary care was updated, thus establishing the legal prerequisites for better dispensary care and for monitoring the treatment effects for patients with rare diseases (congenital hyperinsulinism, congenital generalised lipodystrophy, acute hepatic porphyria, transthyretin-related amyloidosis with normal sequence and primary hyperoxaluria). Another step in the direction diseases prevention was to extend the age scope for screening for prostate cancer for males and breast cancer for females.
- The implementation of measures in the field of prevention of chronic non-communicable diseases resulted in successfully conducted screenings for early detection of oncological diseases in different districts of the country – breast cancer, cervical cancer and malignant neoplasms of the rectosigmoid region; for cardiovascular diseases, with the most common cardiovascular diseases in the age cohorts 65+, 55-64 years and 45-54 years; for early detection of chronic obstructive pulmonary disease. Actions have also been taken to develop a draft „2027 National Plan for the Development of Comprehensive Prenatal and Neonatal Screening, and Screening for Socially Significant Diseases“, included in the NRRP, Health Component for the implementation of the reform „Support for Better Provision of Preventive Screening Activities“. Prevention activities aim to identify people in an apparently healthy population, but who are at higher risk of a health problem or condition so that early diagnosis, treatment or intervention can be offered.

- With regard to capacity building of medical and non-medical professionals providing health and integrated health and social services, the National Centre for Public Health and Analyses carried out an assessment of the needs of the population (general and inpatients) for mental health services and their provision at territorial level. The analysis entails information on the number of adults and children in need of specialised social services. This will determine the number and territorial distribution of services amongst municipalities, as well as the number of specialists needed. A legislative initiative was launched to amend the Health Act relating to mental health with the aim to develop and organise a full and appropriate range of community-based services for inpatient, day and outpatient psychiatric care. This initiative is in the context of the country's obligations under the UN Convention on the Rights of Persons with Disabilities. The draft amendment to the law are purposed to ensure the rights of patients with mental illness and the protection of the human dignity of all patients by prohibiting any form of cruel, inhuman or degrading treatment or punishment.
- A draft National Strategy for Geriatric Care and Healthy Ageing and its corresponding action plan were prepared according to an Order of the Minister of Health and are in process of operationalisation.

A total of 171 municipalities are implementing activities under the procedure „Strengthening Municipal Capacity“, which was announced on 12.10.2022. The total budget of the projects amounts to BGN 19.6 million to provide integrated support to municipalities for fulfilment of their mandates under the SSA, the PDA and the PAA. Planned and in process of implementation are preparatory activities related to the three Acts, setting up front offices, hiring staff and organising training and supervision for them. The HRDP 2021-2027 supports the preparation of analyses and studies in the field of social services, as well as the development of electronic platforms for unified access to request usage of social services. So far, 1 784 persons are involved in the various project activities.

In addition, in 2022, two new procedures for strengthening the capacities of the SAA and the AQSS are proposed to the MA of the HRDP 2021-2027. The procedure for capacity strengthening of the ASA was approved in April 2023 at a meeting of the HRDP 2021-2027 SC. In 2024, the operation was complemented with new activities and is planned for announcement. The operation aims to modernise the administration of SAA, which is responsible for the implementation of the state policy for social assistance and social protection. This will include activities to increase the quality of services offered by ensuring their flexible and accessible use; other improvement areas are related to modernisation and digitalisation of services, staff capacity building in order to improve the effectiveness of the support and services provided, etc.

At the November 2023 meeting of the MC of the HRDP 2021-2027, the following procedures were approved: 1) Procedure „Increasing the efficiency of social services provision and monitoring“ with a specific beneficiary AQSS, which is aimed at increasing the capacity of the Agency to perform its statutory functions for licensing, control, monitoring and analysis of social services, as well as providing methodological support to social service providers to comply with the quality standards for social services set in the OQSS; increasing the capacity of social service providers to deliver quality social services in line with the standards set forth in the OQSS; promoting the activities of the AQSS among the various stakeholders and the public at large, as well as promoting at national level the good practices established by the AQSS. The procedure is planned for announcement. 2) Procedure „Continuing support for Long-Term Care“ with specific beneficiary SAA. The Procedure is aimed at supporting the process of preparation and transition of people placed in the homes for adults with disabilities,

designated for closure within the second stage of the deinstitutionalisation, as well as ensuring adequate support by offering and delivering appropriate social services for residential care and other supportive services; support for the closure of homes for adults with disabilities. The procedure was announced on 24 April 2024. Both operations are in the context of the 2022-2027 Action Plan for the implementation of the National Strategy for Long-Term Care.

2.2.4. Measures to build the necessary infrastructure for the provision of social and integrated health and social services for persons with disabilities and elderly people over working age and/or unable to care for themselves

With regard to the measure related to the reform of homes for elderly in accordance with the quality standards for residential care for the elderly, the following activities were implemented or are in implementation phase:

- MLSP developed the functional requirements regarding the material and technical base of the services for residential care for elderly people over working, which were discussed and approved (on 24.10.2022) by the PEWG. Similarly, under development are functional requirements for the new services to be established under Subcomponent 1.1 of Project P39 – Modernization of Long-Term Care. This project aims to establish new social and integrated health and social services for residential care and specialised social services related to the closure of 41 homes for persons with disabilities;
- Subcomponent 1.2 (Procedure BG-RRP-11.010 – Carrying out of Works and Supply of Equipment and Furniture with a view to Reforming the Existing Homes for Elderly) of Project P39 was opened for applications on 09.12.2022, whereas its conditions were agreed in advance with the beneficiary municipalities and the NAMRB. The allocated funds amount to BGN 189.8 million. The minimum size of a project proposal is BGN 50 000, with a deadline for applications set for 24.04.2023;
- On 14.12.2022, a webinar was held via the ZOOM platform, at which the MLSP experts provided detailed instructions on the application procedure, explained the functional requirements for the specialized service environment and answered to all questions asked by the participants. Subsequently, further individual consultations (in person or online via ZOOM) were held with representatives of more than 25 municipalities to clarify certain issues mainly on the functional requirements of the specialised service environment;
- Subcomponent 2 (BG-RRP-11.011 – Increasing the Energy Efficiency of Social Infrastructure for the Provision of Social Services, State Delegated Activity) of Project P39 was opened for applications in early 2023. The conditions for application were also agreed in advance with the beneficiary municipalities and the NAMRB. There is no deadline for applications, so that project proposals will be received until the financial resources under the procedure are exhausted. The minimum size of a project application is BGN 20 000.

Under the fourth group of measures, project proposals for reforming 81 homes for elderly were submitted in 2023 (Project 39, NRRP), but due to the need to secure additional funds, the evaluations within the procedure were suspended. Following the signing of the Supplementary Agreement in 2024 between the Ministry of Finance and the MLSP, the project proposals evaluation was resumed. Grant agreements with municipalities are in process of being concluded, and the municipalities will carry out procedures under the Public Procurement Law for the selection of contractors for the civil works and for the supply of equipment/furnishings.

A procedure was launched in January 2024 aimed to build 250 new social and integrated health and social services for residential care and specialised social services in support of the closure of 41 homes for persons with disabilities (subcomponent 1.1. of Project P39 – Modernization of Long-Term Care). On the other hand, through the Integrated Territorial Investments approach of the RDP 2021-2027, which was announced in 2023, the assessment of concepts submitted by the municipalities will be finalised in 2024. The next step will be to develop detailed project proposals for the establishment of new services for residential care for elderly, for the construction and equipping of new integrated health and social services for residential care for adults, and for establishment of new services for emergency accommodation and for provision of shelter in crisis situations.

3. Remaining challenges and need for EU support

3.1. Remaining challenges

For the purposes of this report, while taking into account the challenges mentioned in the section 1.1, including the demographic trend of population ageing and taking into account the results achieved in the field of long-term care services, the remaining challenges for the system can be summarised in several areas – those related to (i) the ongoing reform of social and integrated health and social services, (ii) the coordination between the responsible institutions, and the involvement of all stakeholders and – last but not least – (iii) the resourcing of the system, including the workforce development.

- Ongoing reform of the social and integrated health and social services

Despite the dynamic development of the system in recent years and the steps taken towards improving the quality and efficiency of social services and implementing conceptually new approaches to work and coordination, there are still some serious challenges. Some of these are related to the uneven distribution of services and resources across the country, the medical approach to disability, the lack of diverse forms of adequate and effective services for adults, difficulties in recruiting qualified staff in the sector of social services, the need for better coordination between different services and different systems, and others. In parallel, it is to flag the need to apply flexible approaches in the management, financing and provision of social services, to develop new forms of services and to rethink the current model of work in the direction of individualisation of care while mainstreaming the complexity and the application of integrated approach to the support provided. The already mentioned imbalances in terms of the territorial distribution of services as well as the workforce can be overcome with the targeted efforts of all stakeholders.

The sector of social services was heavily impacted in the context of the aftermath of the COVID-19 crisis, as well as the ongoing processes of digitisation of society, which pose both new challenges and opportunities for improving services' accessibility, efficiency and delivery modalities. The utilisation of information and communication technologies in this context is essential both to enhance employability and increase the chances of better lives for users of long-term care services. These relatively new processes in the country require additional efforts in the course of the reform of the social service system, such as the forthcoming definition of the telecare service with the relevant standards and quality criteria, the training of the staff engaged in the service, etc.

- Coordination between responsible institutions and lack of or partial ownership of policy implementation

In spite of the reported positive results from the adequately functioning mechanism for management of the processes in the field of long-term care (in the form of the IIWG and the PEWG), there are still challenges related to the wider involvement of all responsible institutions. Expectations and efforts are directed to strengthening of commitment, interest and recognition of the long-term care as an intrinsic activity for the respective institution or organisation, as well as achieving greater stakeholder initiative in the development of services. The lack of official statistics or the fragmentation of available data to capture the specificities of different vulnerable groups continues to be noted. To this end, and given the multi-sectoral nature of the policy in the long-term care sector, there is a need to improve the coordination and the exchange of information between the various government institutions and local authorities.

There is also the challenge of the limited understanding of long-term care services as solely social services, without taking into account the health, education, and sport, etc. aspects of users' lives and the key role of local authorities. An integrated approach between different sector policies is a possible solution to this challenge, given the multifaceted dimensions of approaches to providing support through long-term care services. There is also a need to inform the wider public about the possibilities and positive outcomes from using support in a home environment and community-based services other than residential care.

- Resourcing the long-term care system, including human resources

As indicated in the report, the financial resources in the system of social services, including the services for long-term care are increasing, however the views of service providers vary when it comes to the level of funding adequacy. Ongoing are activities to build and improve material conditions of the services, including optimisation of energy efficiency. Another aspect of investments made by the State is related to the provision of appropriate equipment in the service facilities. It is important to note that these so-called „hard” measures should be synchronised with „soft” measures related to the preparation of staff and service users (and their families) for relevant changes, promotion of services, case management, organisation of activities, supervision of staff, etc.

Investments aimed at improving the professional capacity of social workers are among the key factors for the successful implementation of the ongoing reforms in the sector of social services, which includes also the long-term care services. For that reason, the undertaken efforts will continue aimed at enhancing the professional capacity of workers in the system and at creating conditions for increasing the attractiveness of the professions involved in the provision of long-term care services.

3.2. EU support

Further EU support is recommended to continue in the current form, intensity and frequency of events.

Policy coordination and the exchange of good practices between EU Member States are essential to improve the policies and measures. A possible approach to foster dialogue and exchange of experiences between Member States is to hold various thematic mutual learning events, high-level initiatives and provide networking opportunities. Although most Member States face similar challenges related to the ageing populations and the people's increasing needs for care, the specific challenges faced by different countries as well as the differences imposed by national legislations need to be taken into account.