

ACCESSIBILITY AND QUALITY OF SOCIAL SERVICES FOR THE ELDERLY IN BULGARIA: IMPACT OF DECENTRALIZATION AND DEINSTITUTIONALIZATION**Tanya Vazova¹**

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ABSTRACT. This article examines the development of social services in Bulgaria after 2002, with an emphasis on decentralization and deinstitutionalization as key processes for the transformation of the system. It analyses the main reforms introduced through new legislation, including the Social Services Act (2019), and their impact on the accessibility, quality and efficiency of services provided. Special attention is paid to the role of municipalities and private providers in providing social support, as well as the transition from institutional care to home- and community-based services. The study highlights the significant progress in increasing the number and capacity of day and residential care units, but also identifies critical challenges such as uneven distribution of services, lack of resources and lack of sustainability of project-based initiatives. It also discusses good practices related to the integrated approach and the need for more effective collaboration between the public and private sectors. In conclusion, the paper offers recommendations for the future development of social services, including expanding capacity, improving the quality of care and introducing innovative models of support. This study provides valuable insights for improving the social system in Bulgaria in order to more effectively meet the needs of vulnerable groups and improve quality of life.

Key words: social services, decentralization, deinstitutionalization, integrated care, social inclusion.

Introduction. Social services occupy a key role in modern society, serving as an essential tool to support vulnerable groups and to tackle social exclusion, poverty and inequality. In Bulgaria since 2002, there has been significant progress in the development of social services, driven by the processes of decentralisation and deinstitutionalisation. These processes, together with the creation of new legislative and institutional frameworks, aim to transform the social support system to make it more efficient, accessible and responsive to citizens' needs.

Decentralisation has led to a transfer of responsibilities and powers from central government to local authorities, empowering municipalities to analyse the specific needs of their communities and create tailored services. On the other hand, deinstitutionalisation aims at a transition from traditional institutional care to services that promote social inclusion, a personalised approach and the provision of support in a home and community environment. These reforms are part of a

broader effort by the state to ensure decent living conditions and full social integration for older people and persons with disabilities.

The aim of this article is to analyse the evolution of the social services system in Bulgaria in the context of decentralisation and deinstitutionalisation policies [1], as well as the impact of regulatory changes, including the adoption of the Social Services Act (2019). Key aspects such as the types of services offered, their quality, capacity and accessibility, as well as the role of different institutional and private providers in this process will be addressed. The introduction is based on empirical data on the development of social services, as well as an analysis of the main challenges that remain for the system, such as the uneven distribution of resources and the lack of sustainability of project initiatives.

The structure of the paper seeks to offer a comprehensive view of the dynamics of social services in Bulgaria, including their successes and limitations, as well as potential directions for future development. This analysis is relevant not only for professionals and researchers in the field of social work, but also for the formulation of effective policies to address the growing needs of vulnerable groups in the context of demographic and social change.

Materials and methods of research. The methodological approach combines qualitative and quantitative research methods to provide an in-depth and multi-layered view of the subject under study.

The study is structured as a retrospective analysis covering three main aspects: the legal framework and policies for social services in Bulgaria, trends in their provision, including capacity, quality and accessibility. The main method of data collection is documentary analysis covering legislation, national strategies and reports of the Social Assistance Agency and the Ministry of Labour and Social Policy. Statistical data on the development of social services were also analysed. The data were extracted from national and European statistical sources, mainly the National Statistical Institute (NSI) and Eurostat. These data have been processed quantitatively by calculating averages, percentages and trends, which are presented in graphs and tables.

The analysis of normative documents and strategic plans was used to identify policies and principles related to social services, focusing on their compliance with European standards and good practices.

Decentralisation and deinstitutionalisation of social services. The processes of **decentralization and deinstitutionalization** are aimed at improving the system of social services in Bulgaria, ensuring greater efficiency, accessibility and focus on citizens and their needs.

Decentralisation refers to the transfer of responsibilities and powers in the field of social services from central to local government. Municipalities and local authorities become key players

in setting priorities and delivering social services in their areas. They can analyse the needs of the population and adapt the services offered to specific needs, as exemplified by the analysis of the needs for social services and the development of the National Needs Map 2023-2024. Decentralisation allows municipalities to develop and deliver a variety of social services that meet the specific needs of their communities.

Deinstitutionalisation aims at replacing institutional care for vulnerable groups with more community-based and home-based services. The process of deinstitutionalisation provides for the gradual closure of institutions, promotes personalised solutions and an individual approach to service provision to take account of the specific needs and preferences of clients and encourages the provision of appropriate social services in the community rather than in institutional settings.

According to the Social Assistance Act adopted in 1998, social services are defined as "activities to assist individuals and families who are unable or have difficulty meeting their basic living needs". Since 2002, this text has been amended several times, and until the entry into force of the Social Services Act, social services were defined as activities to support persons for social inclusion and independent living, which are based on social work and are provided in the **community** and in **specialised institutions**, on a short-term and/or long-term basis (according to the SSPA, 'long-term services' are services provided for a period of more than 3 months, and 'short-term services' are services provided for a period of up to 3 months), through an individual approach

The CPA and the CSPA do not a clear distinction between service delivery activities and the actual place where these services are delivered and consumed. It is only with the adoption of the SSA and the SHSP that a new regulation by type of service is introduced.

In order to distinguish the functions more clearly, the term "**social services unit**" is used [2]: *"Social Service Delivery Unit" is a structure or organisation/institution whose main purpose is to assist individuals and groups of people in a socially vulnerable situation by offering and providing social services. These services may include, but are not limited to, social counselling, psychological support, domestic help, rehabilitation, provision of information and guidance on access to other social and health services, and support for community integration*“.

Social service delivery units can be state, municipal or owned by private organisations (including NGOs) and can operate at local, regional or national level. They play a key role in the social system of any country by promoting social inclusion, improving the quality of life of vulnerable populations and contributing to reducing social exclusion and poverty.

This concept emphasises that the focus is not only on the physical space or location where services are provided, but also on the organisational structure, processes, resources and staff qualifications that are required for the effective provision and delivery of social services.

According to the legislation in force until the adoption of the LSA (SG No. 24 of 22 March 2019):

Units for the provision of social services in the community

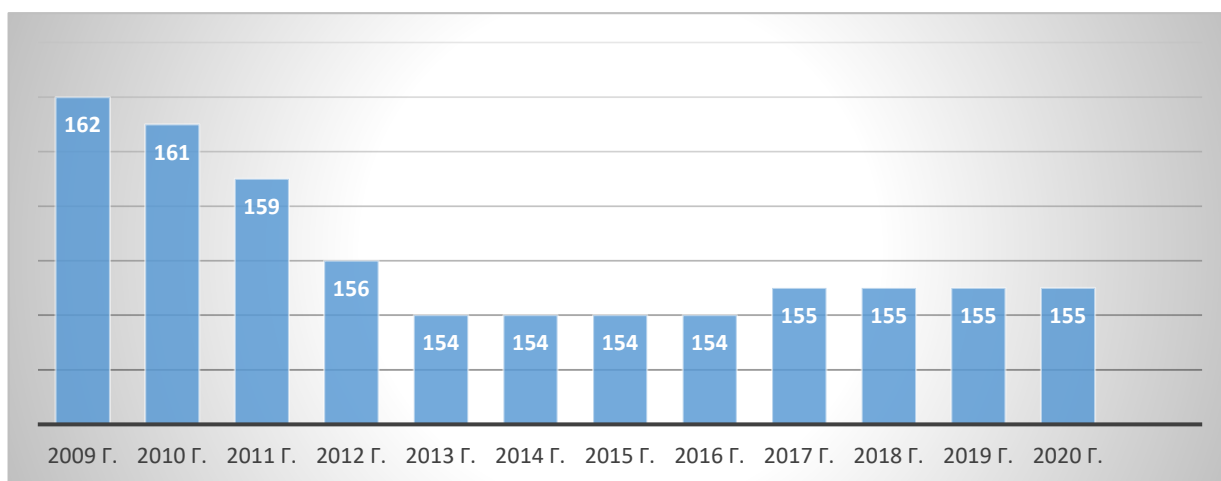
- 1. Home environment:** personal assistant; social assistant; domestic helper; home social patronage.
- 2. Day Care Units:**
 - **Day centres:** day centre for adults with disabilities; day centre for adults with severe multiple disabilities; day centre for adults with disabilities - weekly care; day centre for the elderly.
 - Centre for Social Rehabilitation and Integration.
- 3. Residential care units** - family type accommodation centre, temporary accommodation centre, crisis centre, transitional housing, supervised housing, sheltered housing, shelter, social training and vocational centre.

Units for the provision of specialised social services for the elderly and the elderly - activities delegated by the state

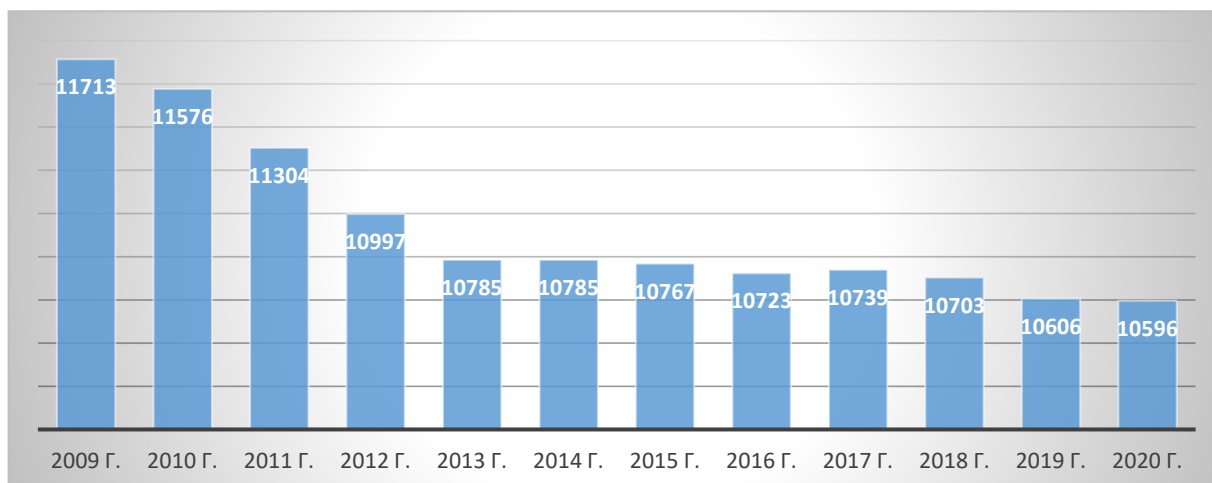
Over the last decade, Bulgaria has seen a significant increase in the number of units providing social services in the community, while at the same time specialised institutions have been declining. This is an indicator of the implementation of a policy of reorientation towards a more decentralised approach in the provision of care.

From 2009 to 2020, despite a stable number of about 155 social service units per year, capacity decreases from 11,713 in 2009 to 10,596 in 2020 (Chart 1 and Chart 2). This indicates a clear trend towards a reduction in institutional services and a shift towards a more community-based model of support.

Chart 1: Number of units providing services in specialised institutions



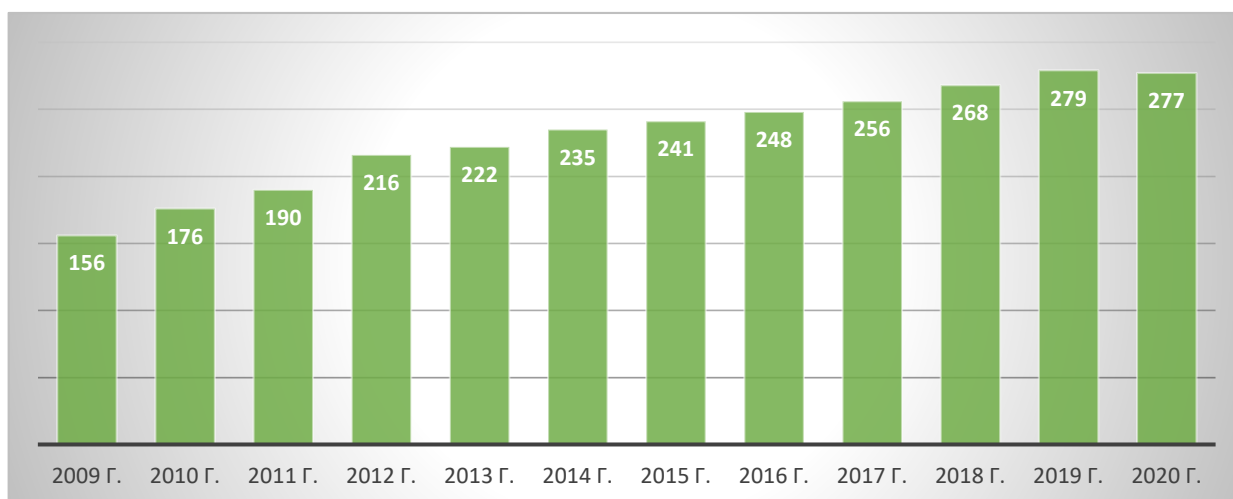
Source: [3].

Chart 2: Capacity of service delivery units in specialised institutions

Source: [3].

Units for the provision of social services for the elderly and the aged - state delegated activities - in the community (day care)

Increasing the number of day care units, including residential services, is a response to the needs of people for more individualized and accessible support in their residential environment. This approach not only provides a closer link between service recipients and their communities, but also promotes inclusion and social adaptation of people in their social context (*Chart 3 and Chart 4*).

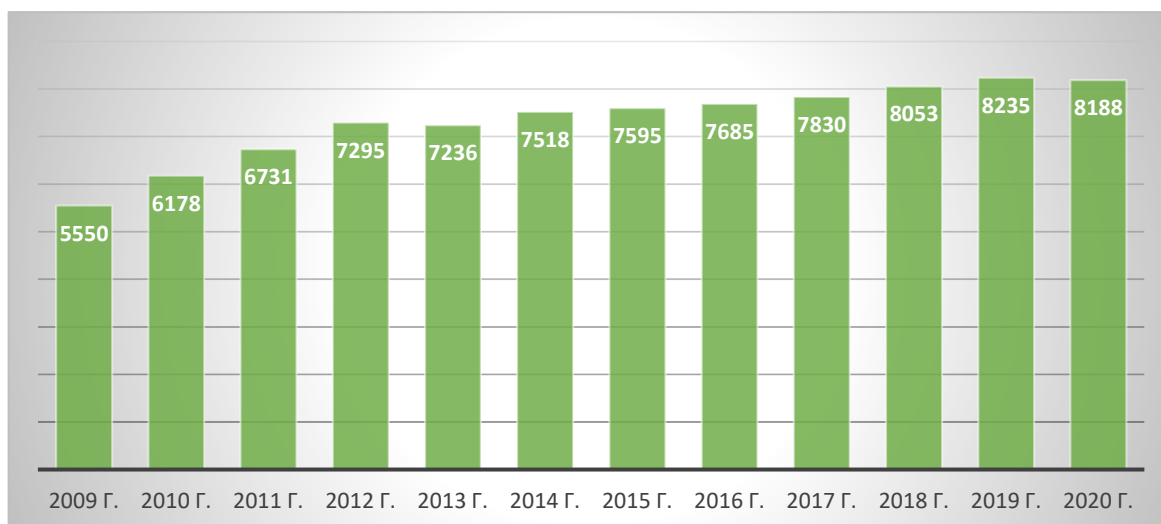
Chart 3: Number of units providing day care - DCs and CCRCs

Source: [3].

The increase in the number of day care units: day care centres (DCs) and centres for social rehabilitation and integration (CSRIs), from 156 in 2009 to 277 in 2020, reflects the growth in community-based social care. At the same time, the increase

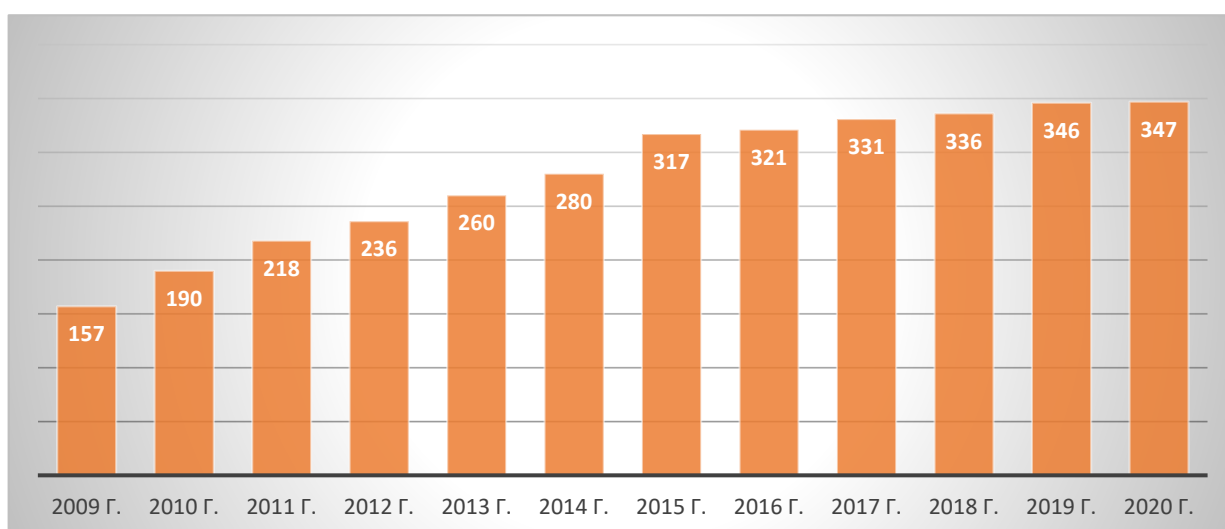
in capacity from 5,550 places to 8,188 places is also significant (*Chart 5 and Chart 6*).

Chart 4: Capacity of day care units - day care centres and day care centres



Source: [3].

Chart 5: Number of residential care units



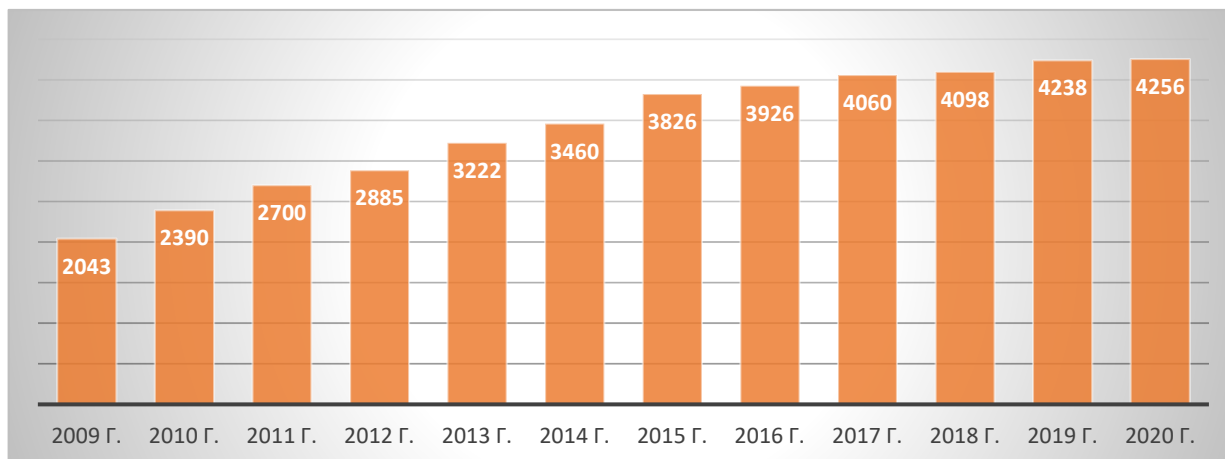
Source: [3].

This can be seen as a response to people's growing social needs and preferences to integrate and receive support in their communities. DCs and CCRCs play an important role in providing appropriate care, social support and integration for older and older people and people with disabilities.

Increasing the capacity of these units contributes to wider coverage and accessibility of social care in the community and ensures that more people receive the support and care they need, promoting their inclusion and participation in society.

However, it is important to note that this whole process must be accompanied by appropriate measures to improve the quality of the services provided, as well as the training and preparation of staff.

Chart 6: Capacity of residential care units



Source: [3].

The increase in the number of residential care units, from 157 in 2009 to 347 in 2020, reflects the growth in community care for people with different needs and vulnerable groups. At the same time, the increase in capacity from 2,043 places to 4,256 places highlights efforts to increase the accessibility and capacity of these services.

Residential care units play an important role in providing appropriate care and community support for people with special needs or vulnerabilities who may require more constant and intensive care and supervision. The increase in numbers and capacity reflects the growing need for these types of support in the community.

It is important to note that the expansion of the capacity of these units must be accompanied by appropriate measures to ensure the quality of care and support, as well as staff training and preparation. It is also important that services are provided in accordance with legislation and best practice in the field of social care for vulnerable groups.

Increasing the number of residential care units and increasing their capacity are important steps towards better meeting the social needs of the population and improving the quality of life of those who need this support.

The variety of social services provided by the units reflects society's desire to meet the diverse and specific needs of vulnerable groups. Each of these services is aimed at supporting people with different challenges and aims to provide an adequate environment for their development, recovery and social integration. This highlights efforts to deinstitutionalise, replacing large and impersonal institutions with smaller, family-style placements that offer a more

personal approach and a home-like environment. This also contributes to better social adaptation and integration of those placed.

After 2018, Bulgaria is taking significant steps towards modernising and improving the social services system for the elderly and the elderly. Through new legislation, the country is committed to improving the quality of life of these vulnerable groups.

The Social Services Act (SSA) was passed in March 2019 and comes into force on 1 July 2020.

It regulates key aspects for the sector, involving the state, municipalities, private providers and other stakeholders in the processes of providing, financing and monitoring social services. The main objectives of the Act include ensuring everyone's right to support in a home and community environment, and promoting an integrated approach to support provision.

Since the adoption of the LSA, a number of subordinate regulations have been adopted:

1. Ordinance on the standards for remuneration of the work of employees performing activities in the provision of social services financed from the state budget, adopted by Decree of the Council of Ministers No. 343 of 7 December 2020;

2. Rules of Procedure of the Agency for the Quality of Social Services, adopted by Decree of the Council of Ministers No. 220 of 18 August 2020;

3. Tariff for the fees for the issuance and renewal of a license for the provision of social services, adopted by Decree of the Council of Ministers No. 267 of 25 September 2020;

4. Ordinance on the planning of social services, adopted by Decree of the Council of Ministers No. 133 of 6 April 2021;

Ordinance on the quality of social services, adopted by Decree of the Council of Ministers No 135 of 22 June 2022.

By Order No. RD-06-45/28.05.2021 of the Minister of Labour and Social Policy, a Code of Ethics for Employees Performing Activities in the Provision of Social Services, developed by the Bulgarian Association of Social Workers (BASW), was approved. The Code has been prepared by an inter-ministerial working group, with representatives of the MLSP, ASA, municipalities and NGOs, in accordance with Article 128 of the Social Welfare Act [4]. However, there is no information available on the extent to which these standards are known to those working in the sector and the number of social workers who are members of the organisation, and thus the extent to which these standards are valid for all.

A key point in the new law is the development and adoption of a National Map of Social Services. It includes 28 types of social and integrated health and social services with a total capacity of 166 799 users [5].

The Law ensures the implementation of the reform of the social services system for long-term care in Bulgaria, focusing on the de-institutionalisation of care for the elderly and people with disabilities. This is an important step towards ensuring that every person has the right to support to live at home and in the community.

One of the key aims of the law is to ensure that every person has the opportunity to live in an environment where their rights to choice, privacy and independence are respected. The principle of prevention of institutionalisation is clearly enshrined in the law, and it is intended to prevent the creation of conditions that would violate people's dignity and deny them the opportunity to lead independent lives.

For the first time, a definition of "institutionalisation" has been given at the legal level, which describes the condition in which a person has difficulty leading an independent life and is dependent on the care of others, and lives in an environment that restricts his or her rights and creates conditions that violate his or her dignity. Stresses the importance of developing alternative social services to provide the necessary support for independent living for disabled and elderly people in their community, and the use of residential care services is only allowed if the possibilities for supporting the person through social services at home and in the community have been exhausted, and the care is organised in a way that does not allow the person to be isolated from the community. The law defines social services not as places and buildings but as support activities to prevent and/or overcome social exclusion, realise rights and improve quality of life.

The Social Services Act (SSA) includes for the first time regulations on advocacy and mediation, job skills support and assistant support as social services. It also introduced substitute care and flexible approaches to service delivery, the integrated approach and integrated health and social services.

Social services are defined in the law as **generally accessible** (information, counselling and training for the realisation of social rights and for the development of skills, which are provided for a period not exceeding two months; mobile preventive community work) and **specialised** (provided when a certain risk to the life, health, quality of life or development of the person occurs and when it is necessary to meet a specific need of a certain group of persons

Depending on the main groups of activities, the types of social services defined in the law are: information and counselling; advocacy and mediation; community work; therapy and

rehabilitation; skills training; support for the acquisition of work skills; day care; residential care; shelter provision; assistant support.

In the framework of the process of deinstitutionalization and improvement of the quality of life of the elderly and old people, there is a gradual reduction in the number of specialized institutions. In 2009, the number was 162, gradually decreasing to 149 in 2024, underlining the sustainability and coherence of the deinstitutionalisation and quality improvement strategy.

In the case of residential care units, there are dynamic changes in two of the residential services after 2021. After the establishment of two *Shelters* in 2012 and 2013, with a total capacity of 70 places, both their number and capacity have been maintained for ten years. Only in 2019 the capacity was increased by 15 places and in 2023 another 4 shelters with 105 places were opened as delegated activities. Thus, by 2024, there are 6 shelters with a total capacity of 190 places. According to the provisions of the national legislation "Shelter" is a form of social service provided for a period not exceeding 3 months within a calendar year for a certain part of the day (from 17.00 on the current day to 10.00 on the next day) to homeless persons and families in urgent need of meeting their basic needs related to the provision of shelter, food, hygiene and social counselling. At their core, shelters not only provide basic needs, but are also centres of support and recovery for people who find themselves in difficult situations or are exposed to danger. They play a key role in assisting vulnerable groups and improving their lives and prospects.

In 2022 and 2023 there is a significant number of newly opened *Family Type Accommodation Centres (FTAAC)*. In 2022, 34 centres with a capacity of 516 places are being opened and in 2023, 48 centres with a capacity of 714 places are being opened, compared to previous years when the increase was in the order of 10 - 15 newly opened CLRCs per year. A "family-type accommodation centre" is a place to live in a family-like environment for a limited number of persons - no more than 15. The centre provides support to children with/without disabilities, young people or adults with a high degree of care dependency and to the elderly.

Table 1: Family Type Accommodation Centres (FTAAC)

Year	Number	Capacity
2013	15	197
2015	12	157
2017	11	150
2019	12	169
2021	7	105
2022	34	516
2023	48	714

Source: <https://asp.government.bg/>, <https://ime.bg/>

Day care units will see the most significant changes in the period 2021 - 2024. In the years 2011 - 2020, both their number and their capacity will increase steadily by between 5% - 10% per

year. However, a significant change is observed in 2021, namely with the launch of the social service "Assisted support, when the users of day services increase dramatically - from 8 188 persons in 2020 to 22 626 persons in 2021.

Table 2: Number and capacity of day care units

Year	Number	Capacity
2011	190	6731
2012	216	7295
2013	222	7236
2014	235	7518
2015	241	7595
2016	248	7685
2017	256	7830
2018	268	8053
2019	279	8235
2020	380	8188
2021	546	22626

Source: <https://asp.government.bg/>, <https://ime.bg/>

At the beginning of 2021, the provision of the social service "Assisted Support" will start as a state delegated activity with funding from the state budget. The assistant support is a specialised social service implemented under the provisions of the Social Assistance Act and the Social Protection Act, with the municipality of the location, as the provider of the assistant support, directing, administering and managing the activities of the assistant support. The service includes support from an assistant for: self-care; movement and mobility; changing and maintaining body position; performing daily and household activities; communication. It is provided to both permanently disabled children and permanently disabled adults with a defined foreign assistance who do not receive assistant support, assistance for the provision of assistant support or for whom home care assistance is not received under another law, and to *over-age* persons *unable to self-care who do not have a properly defined degree of reduced working capacity*

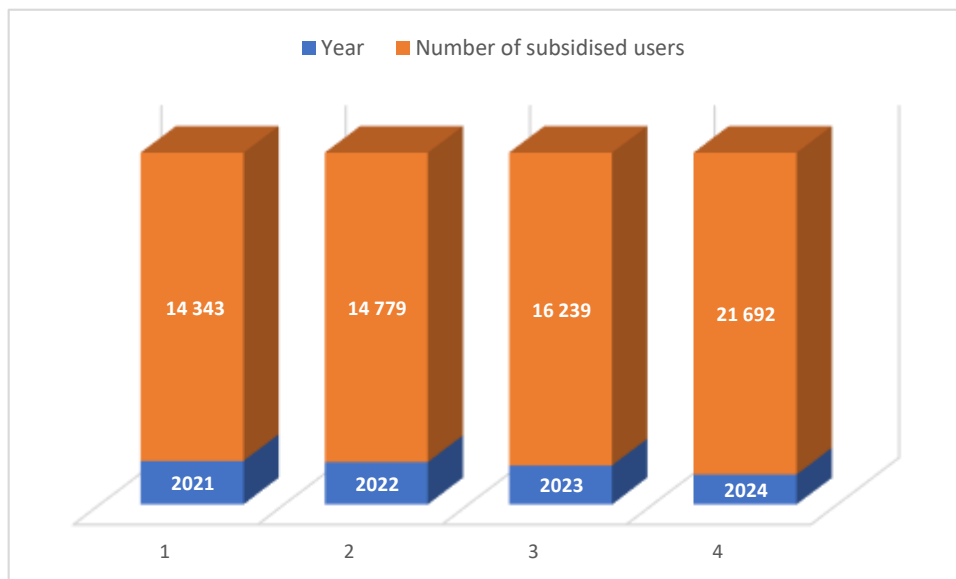
According to the data of the ASA, in 2020, 103 orders for prior approval for the establishment of an assistant support service were issued after submitted an application form by the mayors of the municipalities. In 2021, there are 162 such applications, with the service starting to be provided by all 265 municipalities, for a total of 14 343 users.

From 2021, there has been a significant increase in the number of users covered by community services compared to the previous ten years, with the key factor being the opening of the social service "Assisted Support":

According to the data of the ASA, in 2021 the number of subsidised users is 14 343, in 2022 it increases to 14 779, in 2023 it reaches 16 239, while in March 2024 the number of users of

"Assisted support" is 21 692, which is about 50% more than in 2021, when the number of users was 14 343.

Chart 7: Subsidised users "Assisted support"



Source: <https://asp.government.bg/>

In the years 2022 and 2023, there is also a large number of Day Centres for Adults with Disabilities (ADAC) opened. In 2022, 12 LTCFs with a capacity of 350 places are opened and in 2023 the number is 13 with a total capacity of 390 places. Compared to the previous period 2009 - 2020, the opening of LTCRCs is phased in the order of 3-6 places.

Table 3: Opened Day Centres for Adults with Disabilities (ADAC)

Year	Number	Capacity
2012	5	130
2014	6	100
2016	3	80
2018	5	117
2021	3	75
2022	12	350
2023	13	390

Source: <https://asp.government.bg/>, <https://ime.bg/>

Shortfalls in the supply of social services during the period

Despite efforts to expand access to community-based social care, problems with accessibility and quality of services persist.

One of the main factors contributing to this is the uneven distribution of social service units in different regions of the country. The majority of units and their resources are concentrated in large cities and more developed regions, while regions with smaller populations or weaker economies remain with less access to social services.

Furthermore, the increase in the number and capacity of community social service units is out of step with the growth of social needs and demographic changes in society. For example, as the numbers of older and disabled people increase, there is a greater need for social care than current resources can meet.

The most significant shortage is in the Homes for Adults with Mental Disorders, where the waiting list is twice as high as the number of residents. The situation is similar in the homes for the elderly - 77 LTCFs with a capacity of 5,449 places and 1,963 waiting persons.

Table 4: Homes for adults 2020.

Institution	Number	Capacity	Waiting
<i>Home for Adults with Dementia (HADD)</i>	14	556	788
<i>Home for Adults with Mental Disorders (HAMAD)</i>	13	925	2057
<i>Home for mentally retarded adults (DMPHA)</i>	27	1939	1107
<i>Home for adults with physical disabilities (ADPD)</i>	21	1031	313
<i>Home for Adults with Sensory Impairment (HAAI)</i>	4	108	35
<i>Home for the Elderly (HHA)</i>	77	5449	1963

Source: <https://asp.government.bg/>, <https://ime.bg/>

In recent years, there has been a huge increase in the number of people waiting for accommodation in residential care units (CCRC and ZW). Family type accommodation centres. While the shortage in 2017 was double, in 2018 the waiting list is three times higher, in 2019 - four times and in 2020 - already reaching five times the number of accommodated. Thus, for 2020, the number of CCTs is 143 with a capacity of 1,872 places, and the waiting list is 7,938 persons (according to I.P.I.). A large number of waiting list is also observed in Protected Housing (PH). As of 2020, the number of ZWs is 149 with a capacity of 1,265 places and the waiting list is 2,217 persons.

Table 5: Residential Care Units (RCCU and RZU)

Institution	Number	Capacity	Waiting
Family type accommodation centres (FTCs)	143	1872	7937
Sheltered housing (SH)	149	1265	2217

Source: <https://asp.government.bg/>, <https://ime.bg/>

In the Day Centres the situation is more favourable, if we take into account that in 2020 the number of the Day Centres is 43 places with a capacity of 1046 places and 35 waiting persons, and in the LTRC the waiting persons are 81 persons with a capacity of 2286 places. The number of DCs is also insufficient, and the reason for the low number of people waiting is rather rooted in differences in the perception, preferences and national psychology of our society, namely the

acceptance that as long as a person can look after himself, albeit with difficulty, he does not need additional care and the care of the family is sufficient.

Table 6: Day care units

Institution	Number	Capacity	Waiting
Day care centre for adults with disabilities (ADCD)	94	2286	81
Day Care Centre for the Elderly (DCCA)	43	1046	35

Source: <https://asp.government.bg/>, <https://ime.bg/>

The shortage of social services is a significant challenge for the social care system in Bulgaria. This shortage particularly affects the elderly, the disabled and their families, who often face difficulties in finding appropriate support and services.

In 2021, there is a significant decline in the number of people placed in residential care for older people, with the number of people waiting also decreasing significantly compared to the 2020 period. One of the main reasons for this decline is the COVID-19 pandemic, which has led to increased precaution and increased mortality, particularly among older people. The media has consistently reported outbreaks of the virus in nursing homes across the country, further worsening the perception of the safety of these institutions and the reduced willingness to move into them due to the high risk of infection. Another factor is the wider availability of alternative care services. This trend is likely to continue, given the socio-economic and health challenges facing society.

This situation highlights the need to expand and promote social services for home care, which are a more effective and efficient alternative to institutionalization.

Table 7: Waiting in adult care homes

Institution	Waiting for 2020.	Waiting 2021.
<i>Home for Adults with Dementia (HADD)</i>	788	195
<i>Home for Adults with Psychiatric Disorders (ADAPD)</i>	2057	544
<i>Home for mentally retarded adults (DMPHA)</i>	1 107	183
<i>Home for adults with physical disabilities (ADPD)</i>	313	82
<i>Home for Adults with Sensory Impairment (HAAI)</i>	35	14
<i>Home for the Elderly (HHA)</i>	1963	892

Source: [5].

Table 8: Waiting list in community-based social services, including residential type (CCT and ZW)

Institution	Waiting for 2020.	Waiting 2021.
Family type accommodation centres (FTCs)	7937	1872
Sheltered housing (SH)	2217	1265

Source: [5].

Table 9: Social services in the community

Institution	Waiting for 2020.	Waiting 2021.
Day care centre for adults with disabilities (ADCD)	81	21
Day Care Centre for the Elderly (DCCA)	35	8

Source: [5].

Despite the changes introduced in the social services system in Bulgaria in the period 2019-2020, related to the adoption of the Personal Assistance Act and the Social Services Act and the introduction of the "personal assistance" mechanism and the "assistant support" service which are a step towards increasing access to social services in the home environment, the analysis identifies remaining significant gaps in the provision of comprehensive and effective support related to:

- **Limited coverage of services:** the mechanisms in place, such as "personal assistance" and the "assistant support" service, do not fully cover the needs of all target groups, especially the elderly and the elderly.
- **Uneven distribution of services:** social services are unevenly distributed, leading to a lack of adequate support in different regions of the country.
- **Insufficient resources:** existing services and mechanisms are not supported by sufficient resources (financial, human, infrastructure), which limits their effectiveness and sustainability.
- **Lack of comprehensive and integrated support:** social service provision is still fragmented, without a coordinated approach to provide comprehensive and coherent support to those in need.
- **Insufficient attention to the specific needs of the target groups:** existing services are not sufficiently adapted to the diverse needs of the different target groups, especially the disabled and the elderly.

This shows that the mechanisms and services developed and implemented during the period under review are still not sufficient to cover the growing and unevenly distributed social services for the elderly and the elderly in Bulgaria. There is a need to continue with the development and implementation of concrete measures, with recommendations targeting different sectors: the introduction of integrated care models; the development of a network of mobile care teams, particularly important for rural areas; the development of informal care support services; the introduction of digital solutions such as telemedicine, online consultations and mobile applications for health monitoring of older people.

Conclusions and recommendations

Based on the analysis of social services in Bulgaria the following main findings can be drawn:

1. ***Shortage of available places for users in need:*** there is a significant shortage of places in institutions and the supply of social services in a home environment for elderly and disabled people. This shortage highlights the critical need to expand and upgrade existing infrastructure and services.
2. ***Support from national and European projects:*** the examination of national and European projects shows a positive impact on the comprehensive provision of social services in the home environment. These projects play a key role in supporting and providing additional care, which is essential to meet the growing needs of the target groups. One of the main problems associated with the projects is their poor sustainability. They are often temporary and dependent on external funding, making them vulnerable once financial support runs out. Once projects are completed, the results achieved and services created often cannot be sustained in the long term. The lack of integrated strategies and mechanisms for the continuation of these activities leads to disruption of the services provided, leaving the target groups again without the necessary support. This poses serious challenges as the needs of these groups do not diminish after the projects are completed, but on the contrary often increase over time. The need to build sustainable models and secure continued funding is essential to ensure that the positive impact of these projects continues beyond their completion.
3. ***The importance of private providers:*** private providers play a positive role in the elderly care sector by bringing innovation, flexibility and good practice. Their ability to tailor their services to individual needs represents a valuable resource for the social services system.

Based on the findings, the following recommendations can be made:

1. ***Expanding the capacity of social services:*** increased investment in social infrastructure and the development of home-based services is needed to meet the growing needs of the elderly and persons with disabilities.
2. ***Encourage and support innovative practices:*** public policy to encourage and support the development and implementation of innovative approaches and technologies in the delivery of social services, which includes stimulating public-private partnerships.
3. ***Improving access to funding:*** there is a need to optimise the available financial resources and expand the possibilities for funding social services through European funds, national budgets and other sources.

4. ***Strengthening cross-sectoral collaboration:*** Establish sustainable mechanisms for collaboration between the public, private and non-governmental sectors to ensure integrated and effective delivery of social services. This includes networking to share best practices, knowledge and resources.
5. ***Building integrated social service systems:*** developing integrated systems that allow easy and quick access to a variety of social services. This includes the creation of single information portals and centralised contact points that facilitate navigation through the social services system.

Conclusion

The study of social services in Bulgaria after 2002 reveals a complex picture of progress but also a number of challenges. Decentralization and deinstitutionalization are key processes that have led to the expansion of home and community-based services. This is essential for a more independent life for the elderly, for their social inclusion and for improving their quality of life.

Despite the results achieved, the uneven territorial distribution of services limits access to support, especially in smaller settlements. There is a shortage of qualified personnel, which affects the quality of care. Limited funding makes it difficult to develop new services and maintain existing ones. More efficient mechanisms for interaction between municipalities, service providers and the non-governmental sector are needed.

Expanding the range of home-based services is a key factor for a more independent life for the elderly. Investing in staff training, developing quality standards and introducing monitoring systems are important steps in improving the quality of care. There is a need to look for new, more efficient models of providing social support.

The transformation of the social service system is an ongoing process, requiring coordinated efforts from all stakeholders. Only through joint action can accessible, quality and sustainable support for the elderly in Bulgaria be ensured.

To achieve full social inclusion and improve the quality of life of older people, it is necessary to:

Expand the network of home and community services: This will allow older people to stay in familiar settings and lead more independent lives, while reducing pressure on institutional care.

Improving the qualifications of staff: Training of personnel is essential to ensure quality care that meets the individual needs of older people.

Providing sustainable funding: Long-term funding mechanisms for social services need to be developed to ensure stability and continuity of support. Development of innovative support

models: The introduction of new technologies and approaches in the provision of social services should be encouraged in order to meet the dynamically changing needs of older people.

Strengthen coordination between different institutions: Effective interaction between municipalities, service providers and the non-governmental sector is a key factor in ensuring comprehensive and effective support.

In conclusion, the transformation of the social service system for the elderly in Bulgaria is a dynamic and multifaceted process. It requires joint efforts from all stakeholders to ensure accessible, quality and sustainable support for the elderly.

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