

Report on the social inclusion and social protection of disabled people in European countries

Country: Bulgaria
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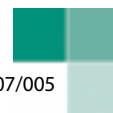
Background:

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its Disability Policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people*.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in social inclusion and social protection, and in particular the National Strategic Reports of Member States from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.

The first version of the report was published in 2008. This is the second version of the report updated with information available up to November 2009.



Summary of changes since 2008

Housing and homelessness:

Bulgarian housing and homelessness monitoring policy does not specify disability as an indicator. Generally, housing as such is not an area where disabled people face particular discrimination. Accessibility of accommodation, however, is a major problem for most severely disabled people. Funding available for housing modifications remains at extremely low levels (EUR 300 for home adaptation), is means-tested and provided on a reimbursement basis after the reconstruction has been completed and invoices paid. Disabled people can hardly afford these costs or to wait for the money to be re-funded, and this keeps many people living in inaccessible apartments or houses. The Agency for Disabled People reports that BGN 23 277 (EUR 11 900) was spent on housing adaptations in 2007, and only BGN 3 600 (EUR 1 800) in 2008.¹

According to the Law on the Integration of Disabled People and its implementing regulations, people with permanent disabilities have the right to a monthly allowance for renting a municipal dwelling if they are single and have a rental contract in their own names. The allowance is paid on presentation of a receipt and amounts to approximately BGN 32 (EUR 16) per month.²

New strategies and actions for the inclusion of disabled people:

A new Strategy on Equal Opportunities for Disabled People 2008 – 2015 has been suddenly published on the website of the Ministry of Labour and Social Policy (MLSP) without any public debate.³ It does not seem to be a follow-up to the previous strategy – there is no reference to the latter at all. Most of the statements are vague and general.

No annual action plans have been announced so far. The new government, which took office in August 2009, has not yet announced its disability policy apart from an intention to cut back all social policy budgets.

New changes in incomes, benefits and pensions:

The Integration of Disabled People Programme, run by the Ministry of Labour and Social Policy (MLSP), cost BGN 203 million in 2008 – 0.5 million more than planned. However, as it did not include substantial policy changes, it did not generate a better quality of life for its disabled beneficiaries.⁴ These transfers – although intended to promote integration – constitute a lump sum of EUR 15 – 20 per capita. This amount basically adds to the family budget rather than increases the independence and participation of disabled people in the community. Since 1 January 2009, the Guaranteed Minimum Monthly Income (GMI) has been increased by 20% (from BGN 55 to BGN 65, i.e. approximately EUR 33), which is used as a basis for calculating the monthly integration allowances for disabled people. Data on government spending for this purpose will be published later in 2010.

Community services comprise of home care and service provision in institutional settings (day care centres, sheltered housing, protected housing, etc.). National quantitative data on these services (number of clients, staffing, etc) is not available since they are provided by local authorities through delegated budgets. Personal assistance, 'social assistant' and 'home attendant' services comprise the set of assistance services offered to disabled people. They are delivered on a project basis by NGOs, (commercial) companies and local authorities.

¹ Agency for Disabled People, response to a request under the Access to Public Information Act dated July 2009

² Bulgaria's Response to the Questionnaire to the Member States on homelessness and housing exclusion, 2009

³ Ministry of Labour and Social Policy: <http://www.mlsp.government.bg/bg/docs/indexstr.htm>

⁴ MLSP Annual Expenditure Report for 2008 – www.mlsp.government.bg (last accessed – 15 October 2009). This programme incorporates all disability allowances that disabled citizens are entitled to.

In 2008 national funding worth EUR 17 million was allocated to Personal and Social Assistant schemes, topped up by another EUR 13 million of joint ESF – BG public money for the same purposes.⁵ None of the schemes encourage independent living (the whole process is controlled by providers), although they help people stay at home as opposed to applying for an institutional placement. Nevertheless, levels of institutionalisation are still very high. Despite the PHARE EUR 5 million spent between 2004 and 2007 on the Deinstitutionalisation Programme, there were still 17 253 disabled children and adults in residential care at the end of 2008.

Access to technical aids and appliances – crucial for the inclusion of disabled people – remains unreformed. High-tech equipment is not included at all in the list of refundable items, thus making the EUR 24 million allocated for technical aids ineffective from an impact perspective. Moreover, cases of corruption and fraud are currently under investigation. Car adaptations are also important for the independence of people with mobility problems and people may receive up to EUR 600 for this purpose. However, half of this sum is to be spent on housing modifications if necessary, making the amount insufficient even by Bulgarian standards. This situation, combined with the lack of a personal assistance scheme, often makes the 'home' just an institutional setting.

New changes in long-term care and support:

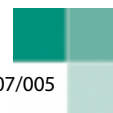
There are no new policies in the long-term care and support of disabled people although these are very much needed!

Implications of the economic crisis:

There is no evidence that disabled people have been touched by the economic crisis. Data on mass lay-offs do not report dismissals of disabled employees, which is consistent with protection under the Labour Code for disabled people. Increased unemployment rates have not yet affected particular social groups.

Social welfare transfers have not been cut back in 2009, although the intention of the Government for 2010 appears to be going in this direction. Furthermore, the increased Guaranteed Minimum Income (GMI) has resulted in increased net payments of all social benefits calculated on the basis of this. Figures for 2009 will be released in 2010.

⁵ Assessment of Assistance Services to Disabled People in Bulgaria, 2009, Centre for Independent Living, <http://cil.bg/Новини/99.html> (accessed - 21st October 2009). Minor changes were introduced in regard to eligibility criteria for assistants, but not for users.



PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

1.1: Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

There are numerous policy documents where disabled people are included. The National Strategic Reports and Action Plans on Social Inclusion for 2006–2008 and 2008–2010⁶ provided a general policy framework covering all excluded groups. There are few specific references to disability issues in the main document but a large number of references in the annexes. For example, the report on implementation 2006–2008 includes a section on disability (pp59–61 and pp14–19) and references to disability in relation to pensions, the labour market, strategy, institutions, family care, education, accessibility, and computer access. There are policy examples in Annex 2.2, including the National Programme on 'Assistants to People with Disabilities' (NPAPD), which is described later in this report.

The 2008–2015 Strategy to Ensure Equal Opportunities for Disabled People⁷ and the Action Plan for 2008–2009 focused specifically on disabled people and their inclusion in society. In addition most of the sector policies include disability-oriented statements to demonstrate inclusiveness and anti-discrimination. When it comes to the responsible authorities and budgets, however, statements become vague and inconclusive. Most of the measures in the Action Plan on Equal Opportunities list a number of responsible authorities but not one in overall charge and traditional sources of funding but not the size of the budget.

1.2: Major actions (policy or practical examples)

There are some major disability-related problems which still require government action and a new approach to the design of policy measures: these include institutionalisation and specialisation (segregation), environmental barriers and participation in the community. These issues cannot be solved simply by allocating more money to existing policy mechanisms but through radical change in the legislation and government programmes that continue to re-enforce a medical model of disability, at the expense of attention to environmental barriers – physical, attitudinal, institutional, etc.

Institutionalisation:

The issue of institutionalisation in general among children and particularly disabled children was raised more than a decade ago. Data from the National Statistical Institute for the end of 2007 showed that 1 651 disabled children were still living in 28 facilities of a residential type and 6 796 adults with various impairments occupied 111 residential institutions, though mental health settings accounted for most of these.⁸ These statistics placed Bulgaria second in Europe after Russia by number of institutionalised children. It is well known that once a child is institutionalised in Bulgaria, it is often for life.

For decades this problem was ignored by policy makers. Due to domestic and international pressure exerted on the Government palliative measures were taken, which resulted only in moving children from one institution to another.

⁶For reference, the Social Inclusion OMC documents for Bulgaria can be found at: <http://ec.europa.eu/social/keyDocuments.jsp?type=0&policyArea=0&subCategory=0&country=36&year=0&advSearchKey=&mode=advancedSubmit&langId=en>

⁷ A comparison between this document and the previous one – the National Strategy on Equal Opportunities for Disabled People (2003 – 2007) - shows a copy-paste approach to the policy development process without evaluation of the outcomes and lessons learned (www.cil-bg.org).

⁸ http://www.nsi.bg/SocialActivities_e/Health.htm

Institutions for disabled adults remained unaltered. After the Europe-wide debate on deinstitutionalisation following Kate Blewett's BBC documentary *Abandoned Children of Bulgaria* (late 2007), numerous charity initiatives have been launched and international fundraising activities undertaken, but no substantial government plans have been announced to implement deinstitutionalisation, and even less provision has been made for community living. An action plan to reform the institutional care system is under development. The debate, however, has been focused on how to improve the quality of institutional care rather than to create conditions for children and adults to live in the communities where they belong.

Along these lines a small number of programmes have been produced, funded from national and international sources (EU PHARE Programme and the Human Resource Development Programme for the absorption of EU Structural Funds). Day-care centres for disabled children and adults, sheltered housing and assistants for disabled people are intended to support disabled people leaving institutions to move to community living. However, given the inaccessible built environment, provision of outdated technical aids and lack of individualised client-driven schemes, as well as poor life skills – all these being ignored in the government plans – it is not reasonable to expect a substantial change in the lifestyle of deinstitutionalised people.

Housing:

Unlike many other countries, housing as such is not a major issues for disabled people but accessibility in the home is. Funding available for house modifications remains at extremely low levels (EUR 300 for housing adaptation), is means-tested and provided on a reimbursement basis after the reconstruction has been completed and invoices paid. Disabled people can hardly afford these costs or to wait for the money to be re-funded, and this keeps many people living in inaccessible apartments or houses. The Agency for Disabled People reports that BGN 23 277 (EUR 11 900) was spent on housing adaptations in 2007, and only BGN 3 600 (EUR 1 800) in 2008. This, along with a set of other reasons (see below), encourages disabled people to seek refuge in residential institutions.

Specialisation:

Three assistance schemes were recently re-designed and financed from various public sources. None of them follow the principles of direct payments/personal budgets, and they fall under the generic heading of *Community Services for Integration* in government policy documents. These are: Personal Assistant (PA), Social Assistant (SA) and Home Attendant (HA) Schemes. The PA scheme was initially set up to use disabled people as an instrument to address high unemployment rates: relatives of disabled people are formally hired and paid the minimum monthly wage (EUR 110) given that the household is eligible for welfare assistance (low income and property ownership test). SAs and HAs are available to disabled people through service providers – public or private – who receive funding on a project basis to 'help disabled people and single elderly in running their daily activities'. In 2008 national funding worth EUR 17 million was allocated to Personal and Social Assistance schemes, topped up by another EUR 13 million of joint ESF – BG public money for the same purposes.⁹ None of the schemes enables independent living (the whole process is controlled by providers), although they help people stay at home as opposed to applying for a place in an institution. Nevertheless, rates of institutionalisation are still very high. Despite the PHARE EUR 5million spent between 2004 and 2007 on the Deinstitutionalisation Programme, there were still 17 253 disabled children and adults in residential care at the end of 2008.

⁹ Assessment of Assistance Services to Disabled People in Bulgaria, 2009, Centre for Independent Living, <http://cil.bg/Новини/99.html> (accessed - 21st October 2009). Minor changes were introduced in regard to eligibility criteria for assistants, but not for users.

In July 2007 an Assistance for Independent Living (AIL) scheme was introduced by the local metropolitan government. The regulation covers residents of the Greater Sofia Municipality only. It was designed as a PA scheme, but the local administration still acts as the employer of the assistants recruited by disabled users. Anecdotal evidence shows that procedures are slow and clumsy. Delayed payments to the assistants result in high turnover and a need for new assistants to be recruited. As a result of this and other factors, most users prefer to hire relatives as assistants for pay that is much better than the minimum wage. The programme has not been monitored and evaluated yet, but random feedback shows that it does not enable independent living.

Access to technical aids and appliances – crucial for the inclusion of disabled people – remains unreformed. High-tech equipment is not included in the list of refundable items at all, thus making the EUR 24 million allocated for technical aids ineffective from an impact perspective. Moreover, cases of corruption and fraud are currently under investigation. Car adaptations are also important for the independence of people with mobility problems and people may receive up to EUR 600 for this. However, half of this sum is to be spent on housing modifications if necessary, making the amount insufficient even by Bulgarian standards. This situation, combined with the lack of a personal assistance scheme, often makes the 'home' just an institutional setting.

Accessibility (Environmental Barriers):

Since 1995 the few pieces of disability legislation (two so far) require owners/investors to make sure that the built environment, especially public facilities, is made accessible for disabled people. Furthermore, the Anti-discrimination Act passed in 2003 fully transposes the EU Equality Directives (43/2000/EC, 78/2000/EC, 75/117/ECR, 97/80/EC, and 76/207/ECR) and requires the protection of all individuals in the territory of the country against all forms of discrimination, thus contributing to its prevention and re-enforcing positive measures for equal opportunities. The law also bans discrimination on the grounds of race, gender, religion, disability, age, and sexual orientation. Its Article 5 declares 'construction and maintenance of an inaccessible environment' to be direct discrimination, which allows many physically disabled people, individuals with visual impairments and disabled people's organisations to challenge public and private entities due to their inaccessible environments.

An Anti-discrimination Commission was set up under the Law, which is intended to quickly settle disputes regarding unequal treatment. Commissioners judge whether discrimination on a certain ground occurred and can impose penalties. In addition, cases of discrimination may also be taken directly to court with the burden of proof reversed, meaning the accused party has to prove that there was no discrimination on any of the grounds listed in the law. NGOs representing a group of people whose rights have been violated can also take action under this law. This is a substantial breakthrough in the Bulgarian legal system, which does not normally consider group cases.

Recently, numerous accessibility adjustment initiatives have been put in place by different authorities. Most government-funded programmes in the areas of education, social services, and culture require applicants to perform accessibility audits, design adjustments and make sure that disability is mainstreamed in their routine activities. This first step forward, however, has not been accompanied by structured and properly financed efforts to change attitudes and advance new professional approaches which will allow the needs of disabled users to be accommodated in the mainstream environment.

The above factors effectively prevent disabled people from participating in their communities.

Participation in the Policy Process:

The Law on the Integration of Disabled People (Article 6) regulates the participation of disabled people in the policy process by setting up a National Council on the Integration of Disabled People (NCIDP), which is a consultative body for the Ministry of Labour and Social Policy.

Its operation is supervised by the Minister, and its functions are defined as 'enlarging the social basis of the policymaking process'. It is supposed to meet when new legislation is discussed, to take a stand on draft legislation, to suggest policy action, etc.

The NCIDP's by-laws setting out criteria for national representation and operating procedures define two sets of requirements for members: general and specific. General requirements refer to the legal status of the member organisation and country coverage, whereas specific requirements deal with membership size and the impairments represented. Currently 12 organisations of disabled people are members of the NCIDP and the remaining 19 are organisations for disabled people, trade unions, employers' organisations and government authorities. This composition clearly shows the minority position of disability organisations. Most of them are single-disability based (vs. cross-disability), very traditional in their approach (medically oriented) and hierarchical in terms of governance. These organisations are granted government subsidies by virtue of being nationally representative and refrain from questioning the Government's decisions.

The NCIDP does not have an administrative structure (i.e. office and staff), nor does it maintain a website of its own. Information on its proceedings and events can be obtained through the MLSP with a special request for information under the Access to Public Information Act.

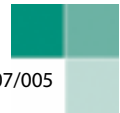
In addition, there are initiatives at municipal and district level¹⁰ to set up public councils around different policy issues, of which disability is often one, along with child protection and others. These bodies have consultative status to the local governments and district authorities. They often operate without any administration or administrative support and members contribute on a voluntary basis. Thus, in most cases, these bodies are used by the establishment to legitimise certain decisions, not always the best. No research has been publicly released that would show how effective and efficient these bodies are in shaping public policies in the best interest of the disabled population.

1.3: Recent research about disabled people's equality and social inclusion

Research on disability is scarce and rarely conducted from a human rights or social inclusion perspective. Most studies treat disability as a factor explaining poverty or employment status, applying traditional indicators for monthly income and property ownership and using the legal definition of 'disabled person' and 'permanently disabled person', both defined in the Law on the Integration of Disabled People on the basis of 'lost capacity to work' assessed using health condition and medical diagnosis. Most government reports on different programmes or inclusion mechanisms fail to consider disability as a social phenomenon of impaired communication between the individual and the environment or as a result of exclusion from mainstream public systems (education, transport, labour market, etc.).

The Bulgarian Helsinki Committee (BHC) is active in research on human rights and the Centre for Independent Living (CIL) specialises in monitoring disability policies from a human rights perspective. Most independent reports conclude that public policies need to be changed. BHC reports deal primarily with mental health issues and have concluded – for years – that deinstitutionalisation should be considered as a priority in public policies. They describe the conditions and treatment of people in residential facilities as appalling and recommend improvement of quality of life through closing down the worst institutions and hiring more professional staff. CIL reports highlight the medical approach to disability as the key problem and the need to replace this with a social model.

¹⁰ There are 264 municipalities in Bulgaria with an elected council (local legislative body) and administrative structure and 28 districts with appointed governors and a limited administrative structure that perform central government responsibilities.

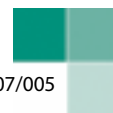


Most reports note the lack of statistical data and also question the reliability of existing information – for instance, the fourfold difference in statistics on the numbers of disabled people provided by the National Statistical Institute and the National Social Security Institute, the latter responsible for paying disability pensions and allowances.

Inequalities within disabilities are not studied at all, though the National Census of 2001 included data on type and severity of disability, distribution by gender, ethnicity, education levels and place of residence. Studies focusing on children, Roma and gender – the main diversity factors used in Bulgarian policy research – do not reflect impairments and their implications, nor do they study the effects of multiple discrimination. Reasons can be found in the strict definition of ‘vulnerable’ groups in policy documents – nationally and internationally - as well as in the lack of disability awareness among social analysts, who firmly specialise in specific social groups.

In general, disability issues require more research and an entirely new approach. It is necessary to question the definition of disability in the first place. An eventual change in this definition – moving from a focus on individual characteristics to defining barriers in the environment – would require a new approach to data collection and policy design and practices, which would need monitoring and evaluation when designed and implemented. Secondly, evaluation of the existing disability programmes from a human rights perspective would reveal the extent of their effectiveness and efficiency. Such research could be used by the disability movement to make a strong argument for policy change. And finally, the quality of inclusion – defined as participation in regular community-based activities and levels of control exercised by disabled individuals – should be studied urgently, and results should be used to design appropriate policy measures and instruments.

All these efforts should be performed with international assistance to promote alternative research approaches and methodologies. Comparative studies – bi- and multilateral in line with the principles of the Open Method of Coordination – could result in a more realistic picture of where disability inclusion in Bulgaria stands with reference to other European countries.



PART TWO: INCOMES, PENSIONS AND BENEFITS

2.1 Research publications (key points)

Until 2004 an Annual Disability Rights Review was published by CIL¹¹, which aimed at analysing disability policies from a human rights perspective. Three subsequent issues were produced with funding from the MATRA Programme – an instrument of the Dutch Government for international development. Each issue focused on a specific topic – self-perceptions of disabled people, income, and community services. The two integral parts of the research aimed to present government policies from the viewpoint of disabled people through a review of the legislation and budgets.

The key findings and conclusions stated that:

- primary disability data is scarce and unreliable;
- policy measures are shaped following the medical approach to disability, ignoring the reasons for the low income, unemployment and vulnerability of the disabled, namely exclusion from mainstream public services;
- policy measures are not targeted at all, which makes them ineffective and wasteful: huge public resources are spent on a large number of beneficiaries with no impact whatsoever;
- no attention is paid to the environment, which remains inaccessible in both physical, cultural and institutional terms.

The reports also included a recommendations section addressing the problems identified. Adequate policy measures, however, have hardly been noticeable except for the introduction of a new language policy (since 2005 the word 'invalids' has been replaced by 'disabled people'), though the concept has remained unchanged.

Another important piece of research was submitted by the National Statistical Institute in 2005 upon request by EUROSTAT¹². It was performed on a sample of 3 000 disabled people applying EUROSTAT methodology and a questionnaire. The report gives a snap shot of the situation and refrains from drawing conclusions and formulating recommendations.

The Bulgarian Helsinki Committee issues annual reports on human rights in Bulgaria as well as special reviews on the situation of people with mental health problems¹³. They focus on institutionalisation and the need to improve the quality of services in residential settings.

In 2006 a coalition of human rights organisations put together a shadow report on the implementation of Bulgarian Government measures in response to the European Commission Report of 16 May 2006 in the field of human rights protection and the integration of vulnerable groups under the Political Criteria Chapter (due prior to Bulgaria's full EU membership). Disabilities were a part of this report. Its conclusions stressed the structural nature of poverty (inadequate policies reinforce the poverty cycle caused by social exclusion), lack of administrative capacity in the Government to manage social change, and ignorance on the part of policy makers of new ideas coming from the NGO sector.

A highly specialised analysis was performed by the National Social Security Institute (NSSI) dealing with the impact of a newly introduced system of control on the number of disability pensions granted¹⁴. Namely, the NSSI's appointment of a medical doctor on disability assessment panels appeared to reduce the number of disability pension beneficiaries.

¹¹ <http://www.cil-bg.org/en>

¹² <http://www.nsi.bg/SocialActivities/Health.htm>

¹³ <http://www.bghelsinki.org>

¹⁴ NSSI, Monthly Bulletin (2), 2008 http://www.noi.bg/content/publikacii/Buletini/08/Br_2_08.pdf

The report does not draw explicit conclusions regarding a possible correlation between these two facts, though it could be interpreted as an NSSI response to a situation where the system was abused and disability was seen as a way to increase individual or family income. It would be reasonable to say that applications for disabled status reflect one of the 'survival' strategies used by the beneficiaries. This could be explained by low levels of income – from paid work or a regular pension – and the fact that: (a) disabled status is easy to acquire, and (b) one single document opens access to the whole set of disability benefits provided by the law. In the last five years, however, the number of disability-related pensions has continued to fall and has reached almost 50% on an aggregate basis compared to 2003.

2.2 Type and level of benefits (key points and examples)

All benefits are conditional upon the results of an individual's disability assessment, which reflects his/her medical condition and does not take into account levels of functioning at all. In other words, the focus is on a disabled person's impairment and inability to function compared to a non-disabled individual. The direct link between diagnosis and 'lost capacity to work' measured in percentage against a 'normal', 'healthy' person's performance fails to recognise capacities which could be developed by compensating for impaired functions. Furthermore, all provisions in Bulgarian legislation relating to disability refer to disabled people as 'persons with an impairment certified by a Medical Labour Panel with more than 50 percent lost ability to work'. *This gives one, and only one, document the absolute power to decide access to all types of disability allowances, cash benefits and services.* Such references can be found in the Social Security Code, which regulates pensions and other disability allowances; the Law on the Integration of People with Disabilities providing monthly integration benefits; the Social Assistance Act, which gives access to cash benefits and services; the Law on Family Support and Child Benefits, which grants public resources for raising children; the Public Education Act, which regulates school enrolment; the Public Health Act; the Employment Promotion Act, which stipulates special treatment in the workplace; the Corporate Taxes Act granting tax holidays for special enterprises; and the Law on the Taxation of Individuals, which stipulates tax privileges for disabled people.

Lost capacity to work is determined individually by a special medical panel on the basis of the Regulation on the Assessment of Working Capacity. Under this regulation, the reference point for assessment is the 'fully able-bodied person' with no medically diagnosed disease. The procedure includes collection of all medical documentation and an application for 'granting disabled status'. Any health condition can be claimed as disabling. A special body, called the Territorial Expert Medical Panel, reviews the applicant's medical history and attaches percentages of 'lost capacity to work' to each condition diagnosed. If more than one condition is claimed, then a leading condition is defined and 'accompanying' conditions, as many as there are, are allocated a lower percentage of 'inability to work'. Finally, a numerical formula is applied to calculate the overall percentage of lost working capacity.

Disability pensions are regulated in the Social Security Code, which also provides an additional allowance in the case of disability from childhood (known as the 'social disability pension') and an assistance allowance for severely disabled citizens. It is important to note that a disability pension is payable regardless of the employment status of the person – employed or unemployed.

As of 31 March 2008, the National Social Security Institute (NSSI) reported 850 959 disability pensions. Thirty-four percent (289,368) of the pensioners had more than 90 percent lost capacity to work, 49.4 percent (420,546) had between a 71 and 90 percent inability to work, and 16.6 percent (141,022) had a lost working capacity of between 50 and 71 percent.¹⁵

¹⁵ NSSI, Statistical Bulletin, Pensions as of 31 March 2008, Sofia 2008

It is important to mention that disabled status adds 25 percent of the social disability pension (BGN 84 = EUR 42) to any payments in retirement made for length of employment and age. The same source also reveals that in 2007 the number of newly granted disability pensions was 45,124; another 4,435 pensioners were granted the social disability pension for the first time. The average pension rate in 2007/2008 was BGN 149 (EUR 75) per month taking into account all pensions due. Status as disabled with over 90 percent lost ability to work may result, but not necessarily, in an assistance allowance worth BGN 57.17 (EUR 29.00). The number of assistance allowance beneficiaries in 2007 was 118 292.

Detailed information about disability pensions and social security allowances is released on a monthly, quarterly and annual basis by the NSSI.

Disabled status is an eligibility criterion for a number of welfare benefits, namely monthly integration allowances for transport for people with mobility problems, medicines and food for special diets, communication, access to information and accessible information, and training. These are regulated in the Law on the Integration of Disabled People. The rate of the various benefits is determined in reference to the monthly subsistence cost established by the Government on a year-by-year basis (BGN 55 = EUR 27.5 since 2006 and currently). The size of the individual benefit depends on the type and severity of the impairment and varies between BGN 8.50 (EUR 4.25) and BGN 30 (EUR 15) per month.

Official data shows that in 2007 on average BGN 24 (EUR 12) disability allowances per month were paid to 464,099 beneficiaries (an almost constant number for the last two years), which accounts for BGN 130,639,766 (EUR 65,319,883) of public expenditure. The average monthly allowance cannot be expected to compensate for a person's disability and help her/him integrate into society. This allows us to draw the conclusion that a lot of public resources are distributed without proper targeting, which leads to low effectiveness and efficiency.

People with mobility problems and visual impairments are also entitled to assistance services for 10 hours a year paid at a rate of BGN 5 (EUR 2.5) per hour. In 2001 public resources worth BGN 1,181,519 (EUR 590,759.5) were paid to 31 093 beneficiaries. People with hearing impairments should be paid for 10 hours a year of sign language interpretation at a rate of BGN 8 (EUR 4) an hour. The 2007 reports of the Ministry of Labour and Social Policies reveal spending for this purpose of BGN 183,634 (EUR 91,817) paid to 9,665 people.

The Integration of Disabled People Programme, run by the Ministry of Labour and Social Policy (MLSP), cost BGN 203 million in 2008 – 0.5 million more than planned. However, given the lack of substantial policy changes, it did not generate a better quality of life for the disabled beneficiaries.¹⁶ These transfers – although intended to promote integration – constitute a lump sum of EUR 15-20 per capita. This amount basically adds to the family budget rather than enabling the independence and participation of disabled people in the community. Since 1 January 2009, the Guaranteed Minimum Monthly Income (GMI) has been increased by 20% (from BGN 55 to BGN 65, i.e. approximately EUR 33), which is used as a basis for calculating the monthly integration allowances for disabled people. Data on government spending for this purpose will be published later in 2010.

Disabled people are entitled to medical appliances and technical aids which are listed in an annex to the Implementation Regulation of the Law on the Integration of People with Disabilities. This annex gives an exhaustive list of 14 technical aids, for which the Government grants a fixed 'targeted cash benefit' to eligible disabled people¹⁷.

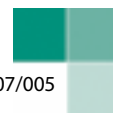
¹⁶ MLSP Annual Expenditures Report for 2008 – www.mlsp.government.bg (last accessed – 15 October 2009). This programme incorporates all disability allowances that disabled citizens are entitled to.

¹⁷ Implementation Regulations to the Act on Integration of Disabled People, Annex 7 to Article 40. The list mentions prostheses, orthoses, crutches, wheelchairs, orthopedic shoes, hearing aids, white canes, anti-decubitus items, etc.

The rates of these cash benefits have not been changed since 1998, whereas the prices of the technical aids have grown considerably in this period. A cash benefit for a below the knee prosthesis is EUR 110, one for an above the knee prosthesis EUR 300. A manual wheelchair is supported by the Government with EUR 200, an electric one – with EUR 1 300. Thus the legislation makes modern technical solutions – wheelchairs, computer technologies, etc. – inaccessible to disabled people. At the same time public resources worth BGN 34 561 575 (EUR 17 280 787.5) were spent in 2007 for these purposes. Up to BGN 1 200 (EUR 600) is provided for car adaptations, but half of this is to be used on housing modifications if necessary. This is not enough even for Bulgaria, where prices are much lower than in other EU member states.

2.3 Policy and practice (summary)

The financial income of disabled people, **not their level of inclusion and participation**, is of primary concern to the Bulgarian Government. Policies are designed using the medical model which fails to recognise the environmental barriers that stop disabled people from participating in various public systems – education, labour market, transport, entertainment and sports, etc. The size of individual disability benefits – pensions and disability allowances – is minimal, resembling more welfare support than compensation for impairments or an instrument enabling meaningful occupation. Pensions are due unconditionally – irregardless of whether the disabled person has a job or not – and most disability benefits are not means-tested (unlike welfare benefits). The extremely low levels of these payments, however, encourage disabled people to look for paid jobs. Despite shortages of labour, disabled people rarely find a job because of (a) their low level of educational attainment; (b) inappropriate skills and lack of professional experience; (c) general lack of accessibility of the built environment and transport; (d) outdated technical aids, and (e) lack of personal assistance. The growing numbers of disabled people in employment reflect a higher number of people with chronic diseases who have been granted disabled status due to their health condition.



PART THREE: CARE AND SUPPORT

3.1 Recent research publications (key points)

Recent research predominantly deals with residential care since the number of institutionalised disabled people – both children and adults – is alarmingly high. Independent living is neither legally regulated nor practiced. There are no programmes to accommodate the needs of disabled people in the mainstream environment. ‘Community services’ (listed below) are not yet subject to monitoring and evaluation, neither are they of interest to researchers.

3.2 Types of care and support (key points and examples)

Disability assistance services are funded through service providers who can prove that they specialise in assisting the disabled and basically consist of rehabilitation and care. Personal and Social Assistant Schemes, as well as the Home Attendant Scheme, were presented in Part 1 of this report. Beneficiaries are charged on an hourly basis depending on the level of their monthly income. These charges do not cover the delivery costs of either scheme. The working hours of the assistants and attendants are regulated by the Labour Code – 8 hours a day, with weekends off.

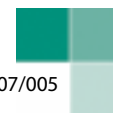
The quantitative dimension of other government-provided ‘services in the community’ at the end of 2007 was presented in the 2007 Report of the Ministry of Labour and Social Policy¹⁸:

- 205 social services had become operational as government-delegated community-based services, of which 47 new alternatives to institutionalised care had been set up with capacity to serve 992 beneficiaries. They included 14 sheltered houses; five day-care centres for disabled adults and nine for children and young disabled people; eight centres for social rehabilitation and integration; and one day-care centre for the elderly (often with impairments due to aging).
- The number of private service providers had grown to 242.

There are no personal assistance budgets, direct payments or any similar schemes which would allow disabled people to choose to manage their own finance for care and support.

Six bigger cities offer para-transit services upon request made well in advance due to the shortage of adapted vehicles. The service is payable at the rate of regular public city transport (EUR 0.5).

¹⁸ <http://www.mlsp.government.bg/bg/docs/45%20otchet%20MLSP%202007.doc>



PART FOUR: SUMMARY INFORMATION

4.1 Conclusions and recommendations (summary)

Current policies, though declared to be targeted at social inclusion and participation, do not achieve such results. They help people survive but not develop. This is mainly due to the application of the medical model in policy decisions, an approach which fails to recognise the barriers in the environment which hinder the participation of disabled people in the communities to which they belong. Secondly, this is because disability benefits are available to all disabled people based on their medical diagnosis and type and severity of their impairments but without an individual assessment of needs. Thirdly, government support goes to allowing employers and service providers to take disabilities on board but not to enabling disabled people to take control of their lives.

The whole disability policy should undergo fundamental change:

1. The medical approach should be replaced by a social model. Health care needs should be differentiated from social inclusion needs from the very start of the disability assessment.
2. The disability assessment should reflect the need to compensate for the deficiency caused by the impairment, which can easily happen by introducing ICF Methodology developed by the WHO. As a result more than one assessment document should be produced for each disabled person, with each of these documents providing access to a different public system.
3. The education of disabled children should be made entirely inclusive thus ensuring better knowledge and skills, which will allow them to compete on the open market when they grow up. In order for this to happen, mainstream schools should be provided with resources to accommodate disabled children. These should ensure accessibility of the built environment, individual support in class, technical aids and flexible teaching techniques which result in learning and development.
4. Disability employment promotion schemes should be introduced which provide individual support – prior to employment and on the job – thus making sure that the disabled person, not the employer, benefits from them.
5. Modern technical aids – including high-tech versions – should be made available to disabled people depending on their individual needs and aspirations.
6. New schemes for independent living need to be introduced.
7. The collection and provision of statistical data should be improved and made public as soon as possible. Gender, ethnicity, sexual orientation and other factors should be incorporated in the raw data, which will allow consideration of different policy options relevant to the needs and situation of different disabled people and groups. The type and extent of individual support provided should complement figures on type and severity of impairments.

This need for profound policy change requires intensive research and contributions from international consultants experienced in disability research. The effectiveness and efficiency of existing policy measures should be evaluated from a social inclusion perspective and compared to good practice in other European countries. This would help to strengthen the argument for change. Bulgarian policy makers and the administration need to be approached with disability awareness programmes which would raise the capacity of the Bulgarian authorities to manage new policy solutions.

4.2 One example of best practice (brief details)

The 'Assistant for Independent Living' project is a municipal scheme run in Sofia, which is partially based on the principle of a personal budget for disability assistance. It is targeted at disabled people who need help and funded by the Sofia municipal budget. Beneficiaries are children and adults with more than a 90 percent loss of ability to work who encounter difficulties in performing daily activities.

The hourly rate is fixed at triple the minimum wage for the country and currently exceeds BGN 4 (EUR 2) per hour, including social security and health insurance contributions payable by the employer. The yearly budget for the scheme is BGN 3 million (EUR 1.5 million). At present 252 users have been approved by the social authorities in Sofia and more are on the waiting list.

Disabled people are assessed and granted a certain number of hours of assistance per month. They are allowed to recruit up to five assistants, who are then employed by the municipal administration. The assistants' work is managed by the disabled person.

This scheme has been operational since March 2008 and has not been evaluated yet, but certain weaknesses are already detectable:

- Family members and relatives are not excluded from the pool of possible assistants. It often happens that disabled people 'choose' them for paid assistance. As a result, the family budgets of users have drastically increased, but the situation of disabled people has not changed.
- There is no training of users on how to manage their assistance prior to getting involved in the programme, which leaves them as dependent consumers of family care, as they have always been.
- The high cost that the scheme imposes on the municipal budget cannot be justified in the absence of any substantial impact or improvement of quality of life for disabled users.

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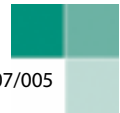
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