

THEMATIC REPORT ON PEOPLE WITH DISABILITIES

Program:
**Local Development, Poverty Reduction and
Enhanced Inclusion of Vulnerable Groups 2014 – 2021**

Project:
Novel Approaches to Generating Data on hard-to-reach populations at risk of
violation of their rights

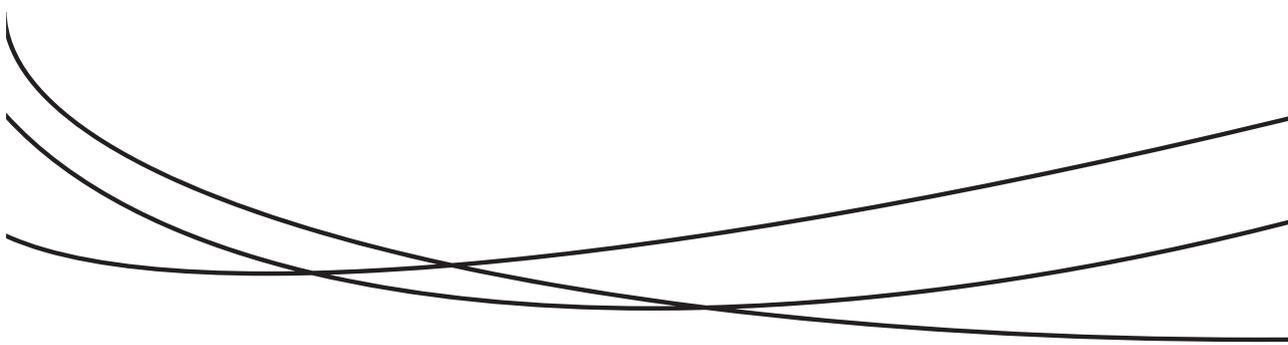




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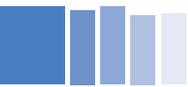
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Key social inclusion and fundamental rights indicators in Bulgaria

Thematic report on people with disabilities

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Introduction

This is one of a series of four thematic reports¹ as part of the project BGLD-3.001-0001 ‘Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights’. The project has funding from the Financial Mechanism of the European Economic Area 2014–2021 (EEA FM) under the programme ‘Local development, poverty reduction and improved inclusion of vulnerable groups’, and is implemented in partnership between the National Statistical Institute of Bulgaria (BNSI) (Национален статистически институт, НСИ) and the European Union Agency for Fundamental Rights (FRA). The main goal of the project is to provide data for key national, international and EU indicators on social inclusion and related fundamental rights, covering the general population and specific vulnerable groups at risk of social exclusion and violation of fundamental rights.

The project collected large-scale survey data. Using those data, the report outlines some of the key challenges people with disabilities in Bulgaria face from socio-economic characteristics and other risks.

In 2012, Bulgaria ratified the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) and committed to implement the principles of respect for inherent dignity and individual autonomy, equality of opportunity, non-discrimination and effective inclusion in society, accessibility, respect and acceptance, etc.

At EU level, the EU Pillar on Social Rights² affirms these principles by recognising the right of people with disabilities to equal access in all spheres of life. In particular, Principle 17 affirms their right to access to income support and to services and adapted environments that will enable their full participation in the labour market and social life. The EU Strategy for the Rights of Persons with Disabilities 2021–2030³ translates these principles into commitments that the Union and all Member States should implement. It outlines the importance of national policies in areas such as health and education for improving the lives of vulnerable people.

Reflecting its obligations under the CRPD, and relevant EU instruments, Bulgaria introduced a large-scale reform of its policy and legal framework. The aim was to align it with the human rights-centred model of disability in the CRPD. As part of this reform, the main legal instrument ensuring the rights of people with disabilities in Bulgaria is the People with Disabilities Act (Закон за хората с увреждания)⁴ and the secondary legislation on its implementation.⁵ It sets out the social relations in many spheres of public and social life where people with disabilities are involved, to guarantee their human rights and dignity under four of the CRPD principles: personal choice and independence, equality and non-discrimination, social inclusion and participation in public life, and accessibility. Other relevant instruments⁶ regulate the financial or in-kind social benefits and personal assistance schemes; define the functioning of residential and community-based services; and set out the rules for examining and evaluating the type and degree of disability.

Furthermore, a series of strategic documents spell out national commitments and measures for guaranteeing the rights of people with disabilities:

- Action plan for the implementation of the final recommendations to the Republic of Bulgaria made by the UN Committee on the Rights of Persons with Disabilities 2021–2026 (*План за действие за изпълнение на заключителните препоръки към Република България, отправени от Комитета на ООН за правата на хората с увреждания 2021 – 2026*);⁷

- National strategy for people with disabilities 2021–2030 (Национална стратегия за хората с увреждания 2021 – 2030 г.);⁸
- National strategy for poverty reduction and promotion of social inclusion 2030 (Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2030);⁹
- National strategy for long-term care (Национална стратегия за дългосрочна грижа)¹⁰ and the plan for its implementation for 2018–2021¹¹
- National employment programme for people with disabilities (Национална програма за заетост на хората с увреждания)¹² and National employment and training programme for people with permanent disabilities (Национална програма за заетост и обучение на хора с трайни увреждания)¹³
- National programme for accessible housing and personal mobility (Национална програма за достъпна жилищна среда и лична мобилност).¹⁴

Despite the political commitment and the reform, people with disabilities still face a number of challenges in exercising their rights. Four major challenges continue to exist: (1) the right to independent living is limited; (2) the medical concept underpins the definition of ‘disability’; (3) the lack of an accessible environment; and (4) the deprivation of legal capacity confines people from exercising many rights. They have implications in all major areas of life, and policies still need to tackle them.

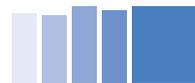
One of these is the limited right to independent living. Bulgaria has committed to close its institutions for people with disabilities by 2035 but, as of August 2020, 9,431 elderly people and people with disabilities live in 161 specialised institutions¹⁵ that deprive them of choice and autonomy. The lack of sufficient support in the community still forces many people to apply to live in institutions.¹⁶

The medical concept still underpins the definition of ‘disability’ – and, in turn, the policies on people with disabilities. The national system for recognising reduced working capacity is often accepted as a general recognition of disability in many other areas such as health-care, social sphere, etc. It has been a long-term subject of controversy and public debate. It is based on the principle that commissions (national and territorial expert medical commissions (национална експертна лекарска комисия (НЕЛК), териториална експертна лекарска комисия (ТЕЛК)) examine a person’s health condition and issue a decision to officially recognise their disability status.

It has been criticised for its long and cumbersome procedures and for corruption.¹⁷ There have been various attempts to reform and improve it.

Lack of an accessible environment is one of the major reasons why people with disabilities are often poor and socially excluded.¹⁸ It hinders access to many areas of life such as health-care, housing or justice. Moreover, Bulgaria has not legally recognised the right to reasonable adjustments at the workplace. That continues to hinder people with disabilities from having equal access to employment.¹⁹

In addition, as of 2018, more than 7,000 people²⁰ were completely or partially deprived of legal capacity, so they could not make decisions about their own lives. The Persons and Family Act (Закон за лицата и семейството)²¹ has been in force since 1949. It allows guardians to manage or approve decisions of person with disabilities about their personal life and property. People completely deprived of legal capacity cannot get married.²²



Besides initiating reforms in the national legal and policy framework, the UN Committee on the Rights of Persons with Disabilities outlined a number of areas that require additional efforts. To realise the right to independent living and inclusion in the community, the Committee recommends that Bulgaria speed up deinstitutionalisation and develop individualised and self-managed assistance and services.

In terms of non-discrimination, legislation and procedures do not explicitly recognise refusal to make reasonable adjustments as a discriminatory act. This gap means that they do not fully protect the right of people with disabilities to equal treatment in various areas. The committee also called for additional efforts to provide a barrier-free environment, including in rural areas, in transport and in providing electronic information.²³

The EU has also called on Bulgaria to increase efforts and improve its economic policies in a number of areas. One is the social system. It needs further reforms so it can effectively respond to major social issues, ensure equal access to social services, healthcare and long-term care for people with disabilities, and promote inclusion in the labour market.²⁴

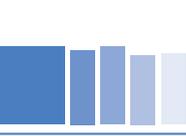
Furthermore, any legislative and policy measures should build on systematic, high-quality and timely data aligned with international statistical standards.²⁵ A common deficiency of the national framework is that it seldom uses or refers to statistical data.

The European Statistical System accepts the Global Activity Limitation Instrument (GALI) as a single-item measure of functional status. It asks individuals to rate their long-term limitations in usual activities due to a health problem.²⁶ Since 2015, European surveys, such as European Union Statistics on Income and Living Conditions (EU-SILC), the Survey of Health, Ageing and Retirement in Europe and the European Health Interview Survey, have used this instrument widely. So have many national statistical systems. They identify respondents with 'activity limitations' through a question on whether or not respondents face 'limitations in daily activities people usually do' because of a health problem. Respondents can also estimate limitations as 'severe' and 'non-severe'.

This project collects data using GALI, which follows the social concept of disability. However, the medical concept still underpins Bulgaria's official definition of 'disability' and, in turn, its disability policies. Overall, Bulgarian authorities do not collect comprehensive and regularly updated equality data²⁷ on people with disabilities that can serve as a reference for evidence-based decision making.

In this situation, the data most often used in policy making are the official statistics from the BNSI and, for international comparison, data that Eurostat publishes. The BNSI collects both administrative and survey-based data at national level. It also produces the statistical information for Eurostat and other international bodies.

At European level, the BNSI collects national data for several large-scale and regularly implemented statistical instruments, which collect comparable and reliable information about different populations, including people with disabilities. The most important of these are EU-SILC and the European Health Interview Survey. All of these instruments, however, survey broader populations, so they offer limited data that specifically refer to people with disabilities. Besides, they are not linked to the national-level context and do not offer multiple vulnerability indicators that can serve as a single source for evidence-based policy making, monitoring and evaluation.



Another challenge is the lack of consensus among stakeholders on the definition of ‘disability’. Various institutions collect data at both national and local levels.²⁸ Each uses its own administrative data, compiled on the basis of different criteria such as eligibility for social support or recognised reduced working capacity. Thus, the information from different sources is neither integrated in a common database nor analysed in a comprehensive way.

A unified definition and understanding of disability among national institutions and international organisations can be key for comparability of data. Since 2019, Bulgaria’s legislation has used two definitions of people with disabilities in an effort to differentiate people with different degrees of impairments. The first definition refers to “people with disabilities” and repeats directly the definition laid down in Article 1 of the CRPD. The second definition refers to “people with permanent disabilities” and adds a medical indicator for the degree/severity of disability: “persons with permanent physical, mental, intellectual and sensory impairments which, when interacting with the surrounding environment, could impede their full and effective participation in public life, and whose type and degree of disability or degree of permanently reduced working capacity medical experts have established as 50 % or over”.²⁹

The two definitions aim to reflect the difference between people with severe and non-severe disabilities in an effort to propose a clear criterion for differentiating policies targeting the two groups. This differentiation, however, is based on the traditional medical evaluation of impairments. Still, it continues to be a factor in eligibility for being a beneficiary of different policies and programmes for each of the two groups; for example, in the National Programme for Training and Employment of People with Permanent Disabilities (Национална програма за заетост и обучение на хора с трайни увреждания).³⁰ In addition, data are usually collected only about people with permanent disabilities.

Besides BNSI data, there are a number of auxiliary databases, maintained by different institutions.

The Agency for People with Disabilities (APD) (Агенция за хората с увреждания, АХУ) must by law maintain an information system with profiles of all people with disabilities. The database will feed in administrative data on their demographic characteristics, health status, educational level and qualifications, financial support and social services usage, and employment status, and other data.³¹ As of mid-2021, there is no publicly available information about the introduction of such a system and its parameters. The Agency for People with Disabilities keeps a register of the specialised enterprises and cooperatives of people with disabilities and another one of disability aids and equipment.

The SAA collects data on people who receive disability-related allowances or use state-delegated social services. Since October 2020, the Ministry of Health (МН) (*Министерство на здравеопазването*, МЗ) has operated an Information System for Control of Medical Expertise (Информационна система за контрол на медицинската експертиза).³² The system keeps a complete record of the medical expertise process. That is the procedure for assessing the degree of disability or reduced capacity to work, which is an eligibility criterion for most of the state- and municipality-backed disability benefits.

The survey in a nutshell

The representative survey designed and implemented specifically for the project was conducted between 19 May and 17 September 2020. It collected information on the situation



of over 26,600 individuals aged 15 and over and 3,600 children up to 14. Participation in the survey was voluntary, and despite the complicated situation in the country due to the measures introduced to combat the coronavirus disease 2019 (COVID-19) outbreak, the response rate reached 80.6 %.

The sample of the households surveyed was designed by applying two-stage stratified cluster sampling with random probabilities proportional to size. The sample contained 15,000 private households in 2,500 clusters representing the Bulgarian population living in private households.

All members of the households aged 15 and over were interviewed. Proxy interviews were not allowed. Questions referring to children younger than 15 were included in the interviews with the children's mothers; if this was not possible, another legal representative (parent or guardian) provided the information. Data were collected through face-to-face computer-assisted interviews.

The survey focused specifically on four groups identified as at high risk of poverty, social exclusion and fundamental rights violations:

- the Roma community (people who self-identify as Roma)
- children (people below the age of 18)
- older people (people who are 65 or older)
- people with disabilities (people who answered that they were limited or severely limited in their usual activities in the six months before the survey owing to health problems).

The situations of these four groups will be the subject of four thematic reports to be produced as part of the project. The specific criteria used to define these four groups as vulnerable were derived from an expert overview of the existing legal and policy frameworks referring to vulnerable groups and of the operational criteria applied in defining the concept of vulnerability elaborated in the first stage of the project.³³

Relation of survey data and administrative data

The survey data, collected within the 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights' project, used GALI to measure the percentage of people in Bulgaria with long-standing limitations due to health problems.

Bulgaria's disability statistics, on the other hand, are based on the registries of the national and territorial expert medical commissions and do not cover people who have no document recognising reduced working capacity. This disability recognition system issues documents that present people's working capacity reduction in percentages. People with working capacity reduced by over 50 % are considered severely disabled, or 'people with permanent disabilities' (see definition above).

Thus, the national social system and statistics fail to cover those who face barriers in their everyday life but, for any reason, have not undergone the official procedure for recognising disability status. As this group of people can also face barriers, challenges and rights violations, the policy-making process should bear them in mind as potential beneficiaries of social support.

The two types of data have their own advantages and limitations. If they refer to the same periods and the same target groups, they can be interpreted together, albeit with caution.

The National Center for Public Health and Analysis (NCPHA) (Национален център по общественото здраве и анализи, НЦОЗА) of the Ministry of Health publishes data on the number of people with recognised reduced working capacity or degree of disability. In 2020, a total of 3,079 children up to the age of 16 (0.3 % of the population in this age group) and 52,879 people at the age of 16 years and over (0.9 % of the population in this age group) were officially recognised as having a degree of disability or reduced capacity to work (Table 1).

Table 1: People with recognised permanently reduced working capacity or degree of disability in 2020

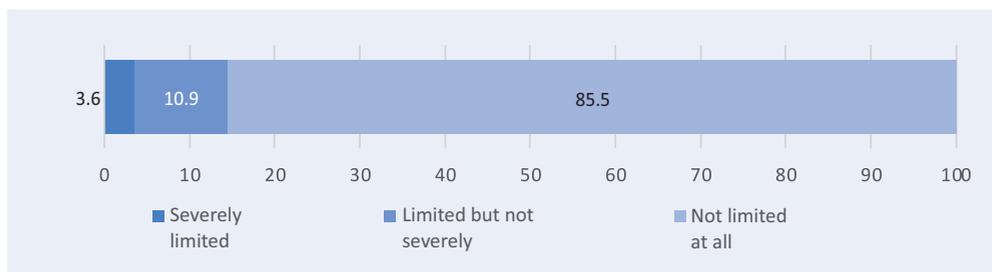
		Up to 16 years old	16 years old and over
Total	Number of people	3,079	52.879
	Percentage of all people in the age group	0.3 %	0.9 %
People with 90 % and over reduced working capacity	Number of people	546	13.751
	Percentage of all people with disabilities in the age group	17.7 %	26.0 %
People with between 71 % and 90 % reduced working capacity	Number of people	815	13.527
	Percentage of all people with disabilities in the age group	26.5 %	25.6 %
People with between 50 % and 70 % reduced working capacity	Number of people	1.238	17.765
	Percentage of all people with disabilities in the age group	40.2 %	33.6 %
People with less than 50 % reduced working capacity	Number of people	480	7.836
	Percentage of all people with disabilities in the age group	15.6 %	14.8 %

Source: Bulgaria, National Center for Public Health and Analysis³⁴

The survey data – using the GALI indicator – show that 14.5 % of the population in Bulgaria (aged 16 years or more) report (at least some) long-standing (at least six months) limitations in their usual activities due to health problems. While 10.9 % of the total population do not consider the impact severe, 3.6 % say that their health condition does cause them severe limitations (Figure 1).³⁵ These figures confirm WHO data, which estimate disability prevalence at 15 % of the world's population, with some 2–4 % experiencing severe difficulties.³⁶ More recent EU-SILC data suggest even higher disability prevalence in the EU: a quarter (24.7 %) of all the Union's citizens aged 16 and over report having any form of disability, and 7 % a severe form.³⁷



Figure 1: Share of people aged 16 and over with self-reported long-standing limitations in usual activities due to health problems (%)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,249); weighted results.

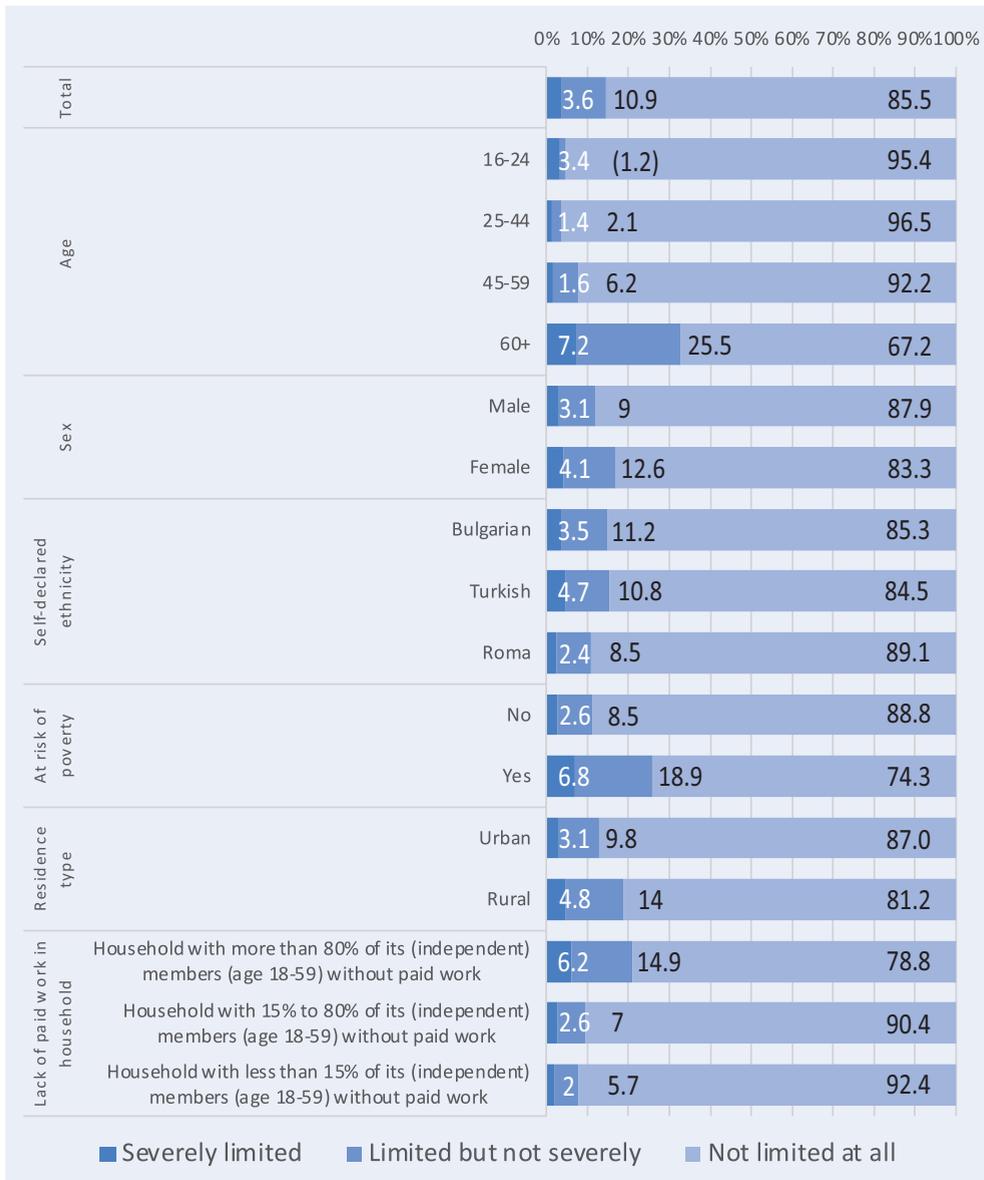
^b Based on the question “In the past 6 or more months, have you been limited in performing normal activities due to a health problem?”.

Source: BNSI/FRA survey 2020

The experience of long-standing limitations in usual activities due to health problems is related to age. One in three people aged 60 years or more reports such limitations, 7.2 % with severe limitations and 25.5 % with non-severe limitations. People in rural areas are generally older than those living in cities, so the proportion of people with limitations is higher. The proportions of people with limitations are also higher in households living in poverty and households with more than 80 % of the active members not having a paid job. The proportion of people with limitations does not vary much among genders and ethnic groups (Figure 2).

Personal characteristics data can serve policymakers to craft more tailored policy responses directed to groups with higher vulnerability risks.

Figure 2: Share of people aged 16 and over with self-reported long-standing limitations in usual activities due to health problems, by age, sex, self-declared ethnicity, at-risk-of-poverty rate, residence type and joblessness (%)



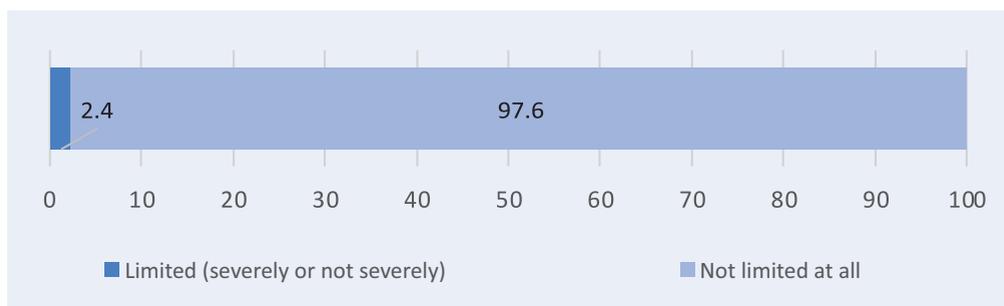
Notes: ^a Out of all respondents aged 16 years and over (n = 26,249); weighted results.
^b Based on the question “In the past 6 or more months, have you been limited in performing normal activities due to a health problem?”.
^c Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020



Children with long-standing limitations need particular attention because they are vulnerable to many risks. According to the survey data, about 2.4 per cent of children between 5 and 14 years of age have some (severe or not severe) long-standing limitation (Figure 3). However, the number of responses concerning such children in the survey is small, and further disaggregation of the data would make the interpretation of the results statistically less reliable. Therefore, this report analyses experiences of people with disabilities aged 16 years and over.

Figure 3: Share of children aged 5–14 reporting long-standing limitations in everyday activities (%)



Notes: ^a Out of all respondents aged 5–14 years ($n = 2,635$); weighted results.

^b Based on the question “During the last 6 months or more has the child been limited because of a health problem in activities most children of the same age usually do?”.

Source: BNSI/FRA survey 2020

Comparing official and survey data suggests that a considerable share of people with disabilities are left out of the scope of national institutions and policies. Official data show that 0.3 % of children up to the age of 16 have disabilities and were in contact with disability recognition authorities in 2020. Survey results among children between 5 and 14 years suggest that 2.4 % of the children in this group have any degree of disability. EU-SILC data show even higher figures: in 2017, some 4.9 % of children in Bulgaria had activity limitations due to health problems (3.7 % had moderate limitations and 1.2 % had severe limitations).³⁸

For people aged 16 years and over, people with disabilities who have been in contact with recognition authorities represent 0.9 % of the population within this age group. Survey data show that a total of 14.5 % of people have limitations in everyday activities, severe or non-severe.

Against this background, the data from the present report are a valuable source of information for processes ranging from informing the drafting of concrete programmes or funding schemes, e.g. in employment or housing, to helping make laws, e.g. by conducting preliminary impact assessments of draft laws and regulations.³⁹

Using GALI can inform Bulgaria’s policy-making process. This approach can reconcile the different understandings of disability. More importantly, the instrument can identify the percentage of people who have certain limitations and may need support, but are not in official statistics, because they do not meet the formal (medical) criteria.

At the same time, the survey has certain limitations that should be kept in mind when interpreting the data.

- The fieldwork was conducted between 19 May and 17 September 2020, in the midst of the coronavirus disease 2019 (COVID-19) outbreak in Bulgaria. Despite the pandemic and the restrictions that the government applied, the survey registered an adequate response rate, but the pandemic situation may have influenced some of the respondents' answers.
- The survey does not cover institutional households. As a consequence, the surveyed population excludes people with disabilities living in group settings, such as institutions or residential services. The interpretation of the results should therefore bear in mind that the data refer to people with limitations living in private households only. This means the survey results do not capture the experiences of about 11,000 older people and people with disabilities who live in institutions and about 3,500 who live in group homes, according to official data from 2018.⁴⁰
- The survey did not use proxies, so it does not reflect the experiences of people with disabilities with serious communication difficulties, for example sensory and intellectual, living in the households surveyed.
- The low number of children with limitations prevents further disaggregation of the data and does not allow for in-depth analysis of the situation of children with disabilities.

The report and its underlying indicators provide an overview of the vulnerability risks to which people with disabilities are exposed, in five thematic areas:

- employment and qualifications
- health
- housing
- poverty and social exclusion
- discrimination and social isolation.

The thematic areas correspond to the national policy framework for people with disabilities for 2021–2030. Thus, they can serve as baseline indicators and consequently inform monitoring and evaluation. Where possible, to allow more in-depth analysis, the results are broken down by different socio-demographic characteristics based on criteria such as age, sex, ethnicity, type of residence (urban/rural), education and risk of poverty.

¹ The four thematic reports include reports on the situation of Roma, children, older people and people with disabilities.

² For more information, see: European Commission (2017), *The European Pillar of Social Rights in 20 principles*.

³ European Commission (2021), *Union of Equality: Strategy for the Rights of Persons with Disabilities 2021–2030*, COM (2021) 101 final, 3 March 2021.

⁴ Bulgaria, People with Disabilities Act (*Закон за хората с увреждания*), 18 December 2018, last amended 11 December 2020.

⁵ Bulgaria, Rules on the implementation of the People with Disabilities Act (*Правилник за прилагане на закона за хората с увреждания*), 2 April 2019, last amended 6 April 2021.

⁶ Bulgaria, Social Assistance Act (*Закон за социално подпомагане*), 19 May 1998, last amended 11 August 2020; Bulgaria, Social Services Act (*Закон за социалните услуги*), 1 July 2020, last amended 17 February 2021; Bulgaria, Personal Assistance Act (*Закон за личната помощ*), 1 January 2019, last amended 4 December 2020; Bulgaria, Regulation on medical expertise (*Наредба за медицинската експертиза*), 27 June 2017, last amended 16 July 2021.

⁷ Bulgaria, Council of Ministers (Министерски съвет), Action Plan for the implementation of the final recommendations to the Republic of Bulgaria addressed by the UN Committee on the Rights of Persons with Disabilities 2021 – 2026 (*План за действие за изпълнение на заключителните препоръки към Република България, отправени от Комитета на ООН за правата на хората с увреждания 2021 – 2026*), 12 February 2021.

⁸ Bulgaria, Council of Ministers (Министерски съвет), National strategy for the people with disabilities 2021 – 2030 (*Национална стратегия за хората с увреждания 2021 – 2030 г.*), 23 December 2020.



⁹ Bulgaria, Council of Ministers (Министерски съвет), National strategy for poverty reduction and promotion of social inclusion 2020 – 2030 ([Национална стратегия за намаляване на бедността и насърчване на социалното включване 2020 – 2030](#)), 31 December 2020.

¹⁰ Bulgaria, Council of Ministers (Министерски съвет), National strategy for long-term care ([Национална стратегия за дългосрочна грижа](#)), 7 January 2014

¹¹ Bulgaria, Council of Ministers (Министерски съвет), Action plan for the period 2018–2021 for the implementation of the National strategy for long-term care ([План за действие за периода 2018–2021 г. за изпълнение на Националната стратегия за дългосрочна грижа](#)), 19 January 2018.

¹² Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика), National employment programme for people with disabilities, under Article 44, paragraph 1 of the People with Disabilities Act ([Национална програма за заетост на хората с увреждания, съгласно чл.44, ал. 1 от Закона за хората с увреждания](#)), 29 January 2021.

¹³ Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика), National employment and training programme for people with permanent disabilities ([Национална програма за заетост и обучение на хора с трайни увреждания](#)).

¹⁴ Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика), National programme for accessible housing and personal mobility ([Национална програма за достъпна жилищна среда и лична мобилност](#)), 20 August 2019.

¹⁵ Bulgaria, Council of Ministers (Министерски съвет), National strategy for poverty reduction and promotion of social inclusion 2020 – 2030 ([Национална стратегия за намаляване на бедността и насърчване на социалното включване 2020 – 2030](#)), 31 December 2020, p. 89.

¹⁶ Doichinova, M. (2018), [The right to independent living of persons with disabilities - Case study report - Bulgaria](#), 16 November 2018.

¹⁷ See for example: Bulgaria, Ombudsman of the Republic of Bulgaria (2014), Annual Activity Report for 2013 ([Доклад за дейността на Омбудсмана на Република България за 2013 г.](#)).

¹⁸ Bulgaria, Council of Ministers (Министерски съвет), Action Plan for the implementation of the final recommendations to the Republic of Bulgaria addressed by the UN Committee on the Rights of Persons with Disabilities 2021 – 2026 ([План за действие за изпълнение на заключителните препоръки към Република България, отправени от Комитета на ООН за правата на хората с увреждания 2021 – 2026](#)), 12 February 2021.

¹⁹ Bulgaria, Council of Ministers (Министерски съвет), Action Plan for the implementation of the final recommendations to the Republic of Bulgaria addressed by the UN Committee on the Rights of Persons with Disabilities 2021 – 2026 ([План за действие за изпълнение на заключителните препоръки към Република България, отправени от Комитета на ООН за правата на хората с увреждания 2021 – 2026](#)), 12 February 2021.

²⁰ European Parliament (2018), [People under judicial disability in Bulgaria](#), Question for written answer P-003179-18 to the Commission, 13 July 2018.

²¹ Bulgaria, Persons and Family Act ([Закон за лицата и семейството](#)), 10 September 1949, last amended 29 December 2002.

²² Bulgaria, Family Code ([Семеен кодекс](#)), 1 October 2009, last amended 4 December 2020, Art. 7

²³ CRPD (2018), [Committee on the Rights of Persons with Disabilities examines the situation of persons with disabilities in Bulgaria](#), press release, 4 September 2018.

²⁴ Council of the European Union (2019), [Council recommendation on the 2019 National Reform Programme of Bulgaria and delivering a Council opinion on the 2019 Convergence Programme of Bulgaria](#), COM(2019) 502 final, 5 June 2019.

²⁵ Bulgaria, Council of Ministers (Министерски съвет), Action Plan for the implementation of the final recommendations to the Republic of Bulgaria addressed by the UN Committee on the Rights of Persons with Disabilities 2021 – 2026 ([План за действие за изпълнение на заключителните препоръки към Република България, отправени от Комитета на ООН за правата на хората с увреждания 2021 – 2026](#)), 12 February 2021.

²⁶ Verbrugge, L. M. (1997), A global disability indicator, *Journal of Aging Studies*, Vol. 11, No. 4, pp. 337–362.

²⁷ Makkonen, T. (2016), [European Handbook on Equality Data](#), December 2016.

²⁸ These include, among others, the Ministry of Labour and Social Policy (MLSP) (Министерство на труда и социалната политика, МТСП), the Social Assistance Agency (SAA) (Агенция за социално подпомагане, АСП), the Agency for the People with Disabilities (APD) (Агенция за хората с увреждания, АХУ), the Employment Agency (EA) (Агенция за заетостта, АЗ), the National Expert Medical Commission (NEMC) (Национална експертна лекарска комисия, НЕЛК), and the National Social Security Institute (NSSI) (Национален осигурителен институт, НОИ).

²⁹ Bulgaria, People with Disabilities Act ([Закон за хората с увреждания](#)), 18 December 2018, last amended 11 December 2020, additional provisions, para. 1.

³⁰ For more information, see the website of the [Employment Agency](#).

³¹ Bulgaria, Rules for the implementation of People with Disabilities Act ([Правилник за прилагане на Закона за хората с увреждания](#)), 1 January 2019, last amended 11 December 2020, art. 87.

³² Bulgaria, Ministry of Health (Министерство на здравеопазването) (2020), 'Information system for control of medical expertise' ([Информационната система за контрол на медицинската експертиза](#)), press release, 15 October 2020.

³³ Markov, D. and Kuneva, L. (2019), Overview of data and indicators for monitoring 'vulnerability' of groups at risk in Bulgaria ([Преглед на данните и индикаторите за мониторинг на „уязвимостта“ на рисковите групи в България](#)), Sofia, BNSI.

³⁴ Bulgaria, National Center of Public Health and Analyses (Национален център по обществено здраве и анализи) (2021), Certified persons with recognised permanently reduced working capacity / type and degree of disability ([Освидетелствани лица с призната трайно намалена работоспособност / вид и степен на увреждане](#)).

³⁵ See also Eurostat (2020), [Self-perceived long-standing limitations in usual activities due to health problems by sex, age and income quantile](#), 17 December 2020

³⁶ WHO (2011), [World Report on Disability 2011](#), 14 December 2011.

³⁷ Grammenos, S. and Priestley, M. (2020), [Europe 2020 data & people with disabilities - tables \(EU SILC 2018\)](#), European Disability Expertise, 11 September 2020

³⁸ Eurostat (2019), [Children's health in the EU in 2017: More than 95% of children in the EU considered to be in good or very good health](#), press release, 5 February 2019.

³⁹ For example, see Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика), Preliminary impact assessment of the Draft regulation on the terms and conditions for providing free of charge translation service in Bulgarian sign language ([Частична предварителна оценка на въздействието на Проект на Наредба за условията и реда за осигуряване на безвъзмездна преводаческа услуга на български жестов език](#)), 21 July 2021. The assessment acknowledges the lack of official data on the precise number of people with hearing impairments in Bulgaria.

⁴⁰ Bulgaria, Council of Ministers (Министерски съвет) (2017), Action plan for the period 2018 – 2021 for implementation of the National strategy for long-term care ([План за действие за периода 2018–2021 г. за изпълнение на Националната стратегия за дългосрочна грижа](#)), 19 January 2018.

1. Employment and qualifications

Highlights

- Highest educational level differs considerably between people with and without disabilities. The share of people with completed upper secondary or tertiary education is close to 80 % among people with no disabilities, but stands at 61.5 % and 57.3 % among people with non-severe and severe disabilities.
- While 77.9 % of people with no limitations aged between 20 and 64 years are involved in any type of employment, the same share stands at 48.8 % among people with non-severe disabilities and 42.3 % among people with severe disabilities. Higher level of education remains a major factor for having a job.
- There is a considerable disproportion among people with and without disabilities in terms of employment status. People with limitations are much less engaged in paid work (16.9 % of those with severe and 14.1 % of those with non-severe limitations) and are either in (early) retirement (62.2 % and 74.1 %, respectively) or live on disability allowances (16.1 % and 6.4 %, respectively).
- The level of employment is higher among people with disabilities aged 20-24 and decreases with age suggesting that the introduction of inclusive education has produced certain visible results.

Access to employment is key for ensuring economic autonomy and reducing risk of poverty and social exclusion for anyone, including people with disabilities. Article 27 of the CRPD recognises the right of people with disabilities to work on an equal basis with others. This includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to people with disabilities.

At EU level, the Employment Equality Directive¹ lays down the principle of integrating people with disabilities in employment by prohibiting workplace discrimination. It guarantees the right to reasonable adjustments to accommodate their needs, as an important condition for equal treatment.

EU policies have also made efforts to guarantee the equality of people with disabilities in the labour market. The EU Strategy for the Rights of Persons with Disabilities 2021–2030 and Principle 17 of the EU Pillar of Social Rights also acknowledge the importance of adopting the right skills and qualifications for reducing the employment gap between people with and without limitations.²

High-quality employment and decent pay are closely linked to level of education. People with disabilities in Bulgaria have been historically disadvantaged. Before the 2016 reform, they attended specialised schools, usually obtaining a below-average education, and over the age of 16 they attended occupational boarding schools for people with disabilities (социални учебно-професионални центрове), where they could gain qualifications in a limited number of professions.

With the adoption of the Pre-School and School Education Act (Закон за предучилищното и училищното образование),³ Bulgaria introduced the principle of ‘inclusive education’. Children with disabilities joined mainstream schools with the support of ‘resource teachers’ (ресурсни учители).



The results of this reform on the level of education of people with disabilities are yet to be evaluated. Currently, the adults with disabilities at the labour market have access to a number of qualification and training opportunities but the gaps in their basic skills do not allow them to take advantage of these opportunities. That, in turn, is a barrier to finding and keeping paid work in the open labour market.

At national level, the People with Disabilities Act (Закон за хората с увреждания) defines the measures to encourage and support employment among people with disabilities. It classifies three types of working environment – ‘general’, ‘specialised’ and ‘protected’⁴ – and offers measures for each of them. Employers in general working environments have a quota under which 2 % of the staff in companies with 100 employees or more should be people with permanent disabilities, and one person in companies of between 50 and 99 employees. Programmes for workplace adjustment support employers in specialised environments to adjust or equip a workplace or increase the qualifications of an employee with a disability. The Act supports co-operatives and enterprises in which people with permanent disabilities represent at least 20 % of the personnel, and it creates ‘centres for protected employment’ (центрове за защитена заетост) for people with multiple, intellectual or psychosocial disabilities.

The National strategy for people with disabilities 2021–2030 (*Национална стратегия за хората с увреждания 2021 – 2030 г.*)⁵ and National strategy for poverty reduction and promotion of social inclusion 2020–2030 (*Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2020 – 2030*)⁶ contain concrete measures to include people with disabilities in the labour market. They focus on reforming the system for assessing working capacity and improving the inclusion of people with disabilities in the digital and knowledge-based economy.

A major tool for helping include people with disabilities in the labour market is the National programme for employment and qualification of people with permanent disabilities (Национална програма за заетост и обучение на хора с трайни увреждания).⁷ The Ministry of Labour and Social Policy’s (Министерство на труда и социалната политика) Employment Agency (Агенция по заетостта) runs it. It offers all people with disabilities free employment counselling and training courses.

Still, as of 2017, unequal opportunities in Bulgaria continued to greatly reduce the chances of people with disabilities to participate in the educational system and consequently in the labour market, the latest available evidence suggests.⁸ Being in bad health makes young people in Bulgaria 145 % more likely to be not in employment, education or training, according to that report.

The legislative and policy measures, except for the employment counselling and training courses, concern people with permanent disabilities only. They leave out all people with working capacity reduced by less than 50 % and those who face barriers in everyday activities but have not been officially recognised as people with disabilities. These efforts seem insufficient. The share of people with reduced working capacity between the ages of 15 and 64 who are employed increased from 18.3 % in 2016 to 25.2 % in 2020⁹ but was still significantly lower than the same share among the general population, which totalled 52.7 % in 2020, BNSI data show.¹⁰

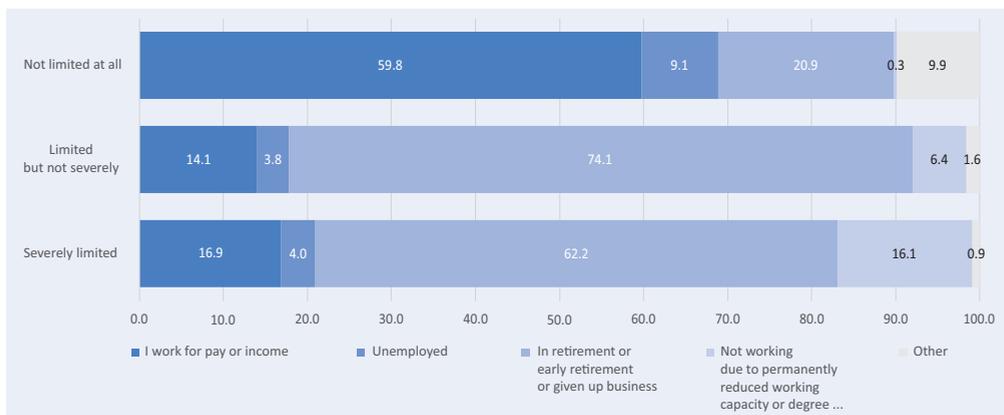
Official data also show that the number of unemployed people with permanent disabilities (people with more than 50 % reduced working capacity) grew from 11,873 in 2019 to 12,428 in 2020. That is about 5.1 % of all unemployed people in Bulgaria.¹¹ Bulgarian authorities also admit that ensuring work opportunities for people with disabilities is a serious challenge.¹²

Moreover, people with disabilities often criticise the available programmes and measures as ineffective.¹³ At the same time, national policies are also criticised for their unbalanced approach: they promote subsidised employment and specialised enterprises for people with disabilities, without offering personalised support based on an individual needs assessment for performing a specific job.¹⁴ The entrepreneurship encouragement measures also do not boost employment sufficiently. As of August 2021, there are a total of 211 such enterprises and cooperatives offering jobs to a total of 2,205 employees (between 20 and 30 % of whom should be people with disabilities), according to official data from the register of specialised enterprises for people with disabilities.¹⁵

Despite the efforts of national policies to activate economically inactive people, the number of people in Bulgaria who are inactive in the labour market because of illness or disability but still want to work (about 2,800) is much lower than the number of people in the same situation who do not want to work (about 208,500), official data show.¹⁶ We need further research to investigate why. Inactivity might result from objective barriers such as an inaccessible environment or discrimination.

The survey attests similar results. It evidences considerable difference in employment status between people with and without disabilities. People with limitations are much less often engaged in paid work (16.9 % of those with severe limitations and 14.1 % of those with non-severe limitations), either being retired, sometimes early (62.2 % and 74.1 %, respectively), or living on disability allowances (16.1 % and 6.4 %, respectively) (Figure 4).

Figure 4: Distribution of people aged 16 years and over with self-reported severe or non-severe long-standing limitations in usual activities due to health problems according to their employment status (%)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.

^b Based on the question “How would you describe your current employment status?”.

^c The category “Other” includes the responses ‘Pupil, student, postgraduate education, unpaid work’, ‘Housewifery (fulfilling domestic or family responsibilities)’, ‘A person who performs community service’ and ‘Other inactive person’.

Source: BNSI/FRA survey 2020



Unequal access to the labour market and discrimination in employment are major discouraging factors to consider when interpreting the data on the employment status. The small number of observations, however, limits the statistical reliability of the survey data on discrimination based on disability when looking for a job. The analysis therefore excludes them.

That small number may have different interpretations, e.g., low level of discrimination in practice, presumed inability to recognise discrimination due to lack of awareness, or low number of people with disabilities in the open market because they prefer to seek employment in protected and subsidised workplaces.¹⁷ Another possible explanation is that Bulgaria has not officially recognised refusing to make reasonable adjustments as a discriminatory act.¹⁸

Comparison with available EU data shows considerable differences in the results. The Fundamental Rights Survey shows that people with limitations report a higher prevalence of discrimination in employment: 46 % of people with severe limitations report being discriminated against on any ground during the five years prior to the survey, while 34 % of people with non-severe limitations do, which is still significantly higher than among people with no limitations.¹⁹ This calls for further and more targeted research on the prevalence of discrimination and its impact on people with disabilities in Bulgaria.

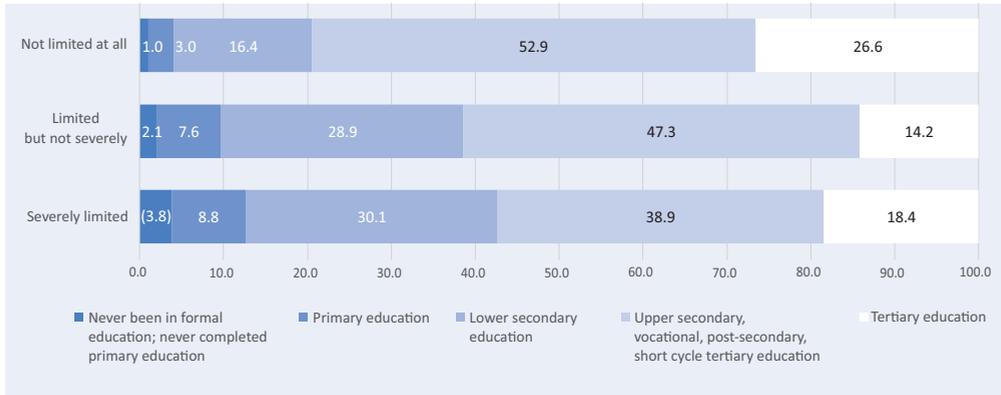
Higher level of education increases the chances of employment. As of 2020, about 68.5 % of Bulgarians of working age (between 15 and 64 years)²⁰ were employed.

However, the share of people with tertiary education (87.6 %) or upper secondary education (78.7 %) who are employed is much higher than that of people with basic education or lower (32.1 %).²¹ Furthermore, in 2018 about 13.7 % of people with limitations aged between 30 and 39 years had completed tertiary education, compared with 32.6 % of people with no limitations.²² Still, a survey of only people with permanent disabilities (people with capacity to work reduced by over 50 %) estimates that, in the 10-year period between 2009 and 2019, the share of people with permanent disability who had tertiary education (incl. professional bachelor education) increased by 7 percentage points, and that of those who had secondary education by 14 percentage points.²³ In 2020, 8,866 people with or without disabilities gained a professional qualification (compared with 17,192 in 2019) and another 60,862 people underwent some other professional training (63,319 in 2019), data from the National Agency for Vocational Education and Training (NAVET) (Национална агенция за професионално образование и обучение, НАПОО) show.²⁴

The survey data unsurprisingly indicate that the level of education of people with disabilities is generally lower than that of people with no limitations. That is a result of past policies on educating people with disabilities. While the share of people who have completed upper secondary or tertiary education is close to 80 % among people with no limitations, it goes down to 61.5 % and 57.3 % among people with non-severe and severe limitations, respectively (Figure 5).

The effects of the reform of the educational system are will probably further reduce inequalities in time. If surveys take place regularly, the results can indicate if inclusive education policy and practice need further refinement – if the indicator continues to show gaps when people with disabilities who had their education after the reform reach retirement age.

Figure 5: Distribution of people aged 16 years and over with self-reported severe or non-severe long-standing limitations in usual activities due to health problems according to their completed education (%)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,249); weighted results.

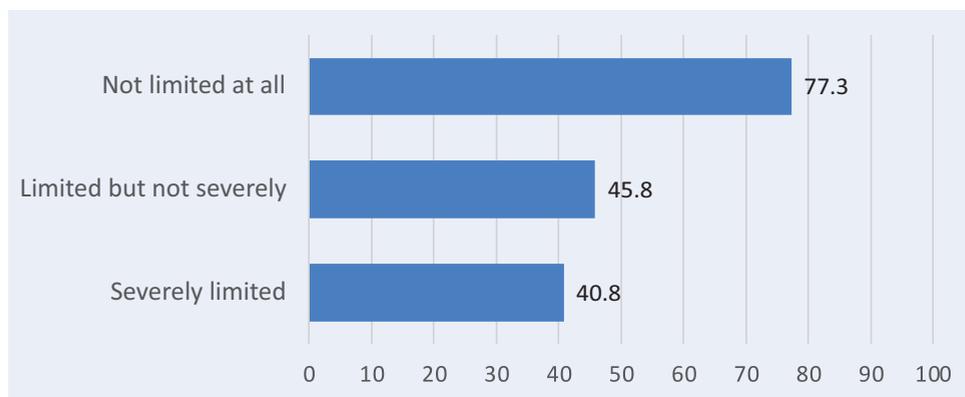
^b Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

The increase in the level of education and qualifications of people with disabilities leads to higher employment rates. Twice as many people with permanent disabilities are in employment now as in 2009.²⁵ According to the present survey, however, there is still a considerable gap between the percentages of people with and without limitations in paid work. While between 40.8 % of people with severe limitations and 45.8 % with non-severe limitations declare their main status as paid work, almost 80 % of people with no limitations do (Figure 6). The effectiveness and scope of presently applied labour policies need further evaluation. The principle of disability quotas for employers should be reconsidered for its effectiveness on both employers and employees. A sustainable policy principle might be to strengthen policies on increasing qualifications to be competitive in the general labour market and on improving the accessibility of workplaces instead of subsidising workplaces and introducing quotas. That could boost employment rate among people with disabilities in the long run.



Figure 6: Share of people aged 20–64 years with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems who self-declared their main activity as paid work (including people who were self-employed, working in their family business without pay, or participating in an internship or forms of education for which payment was received; and people who were on maternity leave, sick leave or annual leave, or worked for money in the four weeks before the survey) (%)



Notes: ^a Out of all household members aged 20–64 ($n = 17,308$); weighted results

^b Based on the questions “How would you describe your current employment status?”; and “During the past 4 weeks, have you done any work for a fee in cash or other income?”. The employment rate in the general population [lfsa_ergan] is based on the International Labour Organization’s concept: the employed population aged 20–64 consists of people who in the reference week did any work for pay or profit for at least one hour, or were not working but had jobs from which they were temporarily absent.

^c The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

When we break down the data by different socio-demographic characteristics, several groups of people with limitations stand out as particularly vulnerable regarding their position in the labour market. Among those with disabilities, people who have completed a lower level of education, people living at risk of poverty, people living in rural areas and people living in larger households report less often being in paid work than their counterparts in the general population.

In terms of education, one possible factor that needs to be considered when interpreting the data is the reform in the educational system. Since then, the previously existing specialised education for people with disabilities is no longer available. That has left many people, who were of school age at that time, with no or lower-quality education. The share of people aged 20–24 in employment stands at 66.6 % and with advanced age the share gets smaller. These observations suggest that the educational system reform has produced a higher number of skilled workers among the younger people with disabilities.

The survey results show differences depending on self-declared ethnicity. People self-identifying as Bulgarians are much more likely to be in paid work (more than 50 %) than those who self-identify as having a Turkish (about 25 %) or Roma (18 %) background. Women with disabilities are less likely to be in paid work than men (Figure 7). These findings can help policymakers tailor better programmes, such as the Employment Agency counselling programme, to better fit the personal needs of different groups, including at regional level.

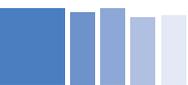
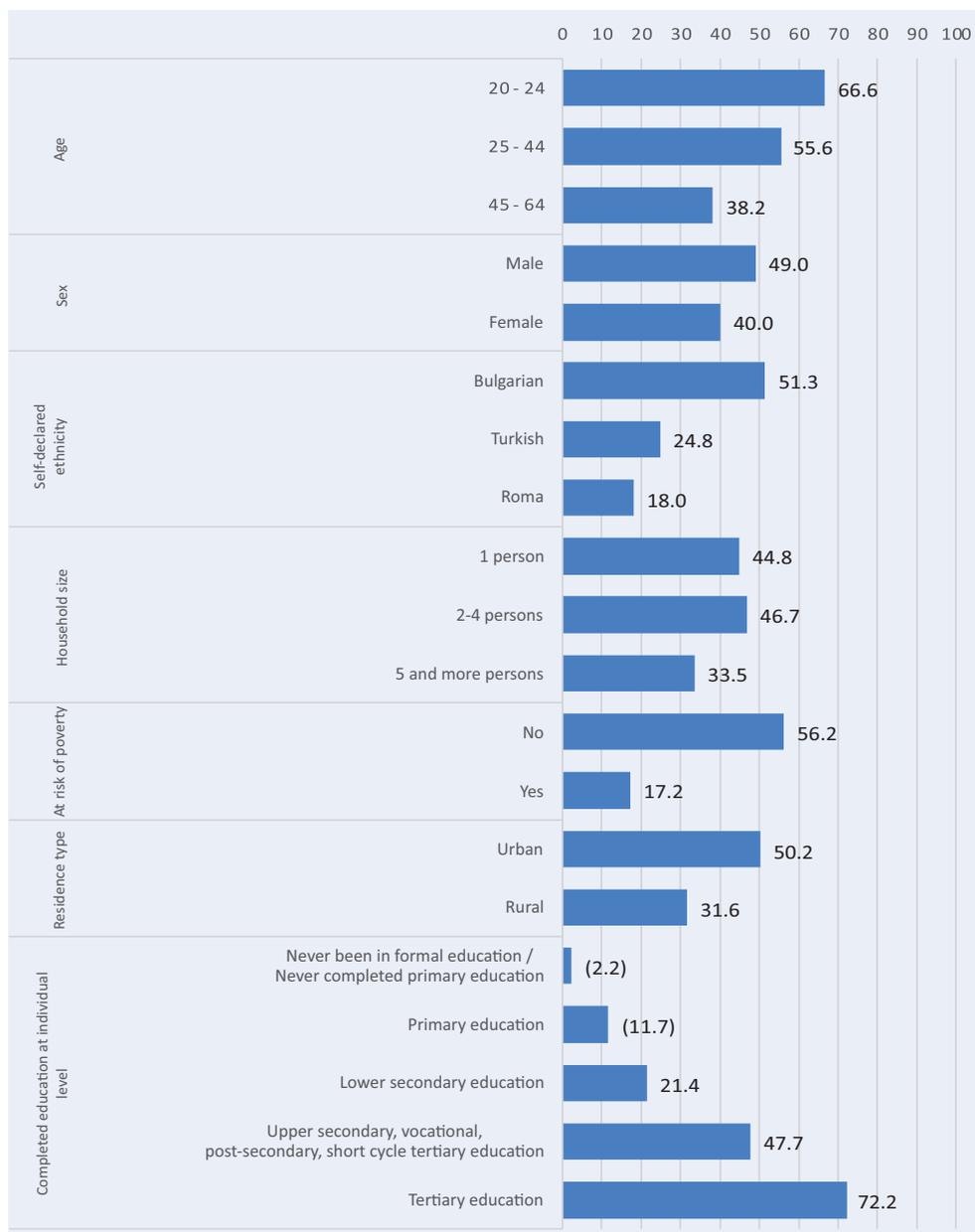


Figure 7: Share of people aged 20–64 years with self-reported severe or non-severe long-standing limitations in usual activities due to health problems who self-declared their main activity as paid work (including people who were self-employed, working in their family business without pay, or participating in an internship or forms of education for which payment was received; and people who were on maternity leave, sick leave or annual leave, or worked for money in the four weeks before the survey), by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate, residence type, and completed education at individual level (%)





Notes: ^a Out of all household members aged 20–64 with self-reported severe and non-severe limitations in usual activities due to health problems ($n = 1,200$); weighted results.

^b Based on the questions “How would you describe your current employment status?”; and “During the past 4 weeks, have you done any work for a fee in cash or other income?”. The employment rate in the general population [*lfsa_ergan*] is based on the International Labour Organization’s concept: the employed population aged 20–64 consists of people who in the reference week did any work for pay or profit for at least one hour, or were not working but had jobs from which they were temporarily absent.

^c The remainder of the 100 % includes non-responses to the underlying questions.

^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

¹ Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation, OJ 2000 L 303.

² European Commission (2021), [Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030](#), COM(2021) 101 final, 3 March 2021; and European Commission (2017), [The European Pillar of Social Rights in 20 principles](#).

³ Bulgaria, Pre-School and School Education Act ([Закон за предучилищното и училищното образование](#)), 13 October 2015.

⁴ Bulgaria, People with Disabilities Act ([Закон за хората с увреждания](#)), 18 December 2018, last amended 11 December 2020, Art. 35.

⁵ Bulgaria, Council of Ministers (Министерски съвет), National strategy for the people with disabilities 2021 – 2030 ([Национална стратегия за хората с увреждания 2021 – 2030 г.](#)), 23 December 2020.

⁶ Bulgaria, Council of Ministers (Министерски съвет), National strategy for poverty reduction and promotion of social inclusion 2020 – 2030 ([Национална стратегия за намаляване на бедността и насърчване на социалното включване 2020 – 2030](#)), 31 December 2020.

⁷ Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика), National employment and training programme for people with permanent disabilities ([Национална програма за заетост и обучение на хора с трайни увреждания](#)).

⁸ European Commission (2019), [Assessment of the people not in employment, education and training \(NEETs\) in Bulgaria and policy measures to effectively address their integration](#), Luxembourg, Publications Office of the European Union.

⁹ Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), Monitorstat: Employment rate of persons aged 15-64 with disabilities determined by national and territorial expert medical commissions ([Коефициент на заетост за лица на възраст 15-64 навършени години с определена от ТЕЛК \(НЕЛК\)](#)).

¹⁰ Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), [Employed and employment rates - national level; statistical regions; districts](#).

¹¹ Bulgaria, Council of Ministers (Министерски съвет) Strategy on employment in the Republic of Bulgaria 2021 – 2030 ([Стратегия по заетостта на Република България 2021 – 2030](#)), 15 July 2021.

¹² Bulgaria, Council of Ministers (Министерски съвет), National strategy for poverty reduction and promotion of social inclusion 2020 – 2030 ([Национална стратегия за намаляване на бедността и насърчване на социалното включване 2020 – 2030](#)), 31 December 2020, p. 8.

¹³ Doichinova, M. (2018), [The right to independent living of persons with disabilities - Case study report – Bulgaria](#), 16 November 2018, p. 34

¹⁴ Kukova, S. (2019), [European Semester 2018/2019 country fiche on disability](#), Academic Network of European Disability Experts.

¹⁵ For more information, see the full list of registered enterprises on the [website](#) of the register.

¹⁶ Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), [Persons not in labour force by reasons of inactivity and sex in 2020](#). The data on people who are inactive in the labour market due to illness or disability but want to work are less reliable because the sample figures are low.

¹⁷ For example, see Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика), National employment and training programme for people with permanent disabilities ([Национална програма за заетост и обучение на хора с трайни увреждания](#)).

¹⁸ Bulgaria, Council of Ministers (Министерски съвет), Action Plan for the implementation of the final recommendations to the Republic of Bulgaria addressed by the UN Committee on the Rights of Persons with Disabilities 2021 – 2026 ([План за действие за изпълнение на заключителните препоръки към Република България, отправени от Комитета на ООН за правата на хората с увреждания 2021 – 2026](#)), 12 February 2021.

¹⁹ FRA (2021), [Equality in the EU 20 years on from the initial implementation of the Equality Directives](#), FRA opinion 1/2021, 30 April 2021, p. 35.

²⁰ The BNSI uses the definition of working age starting at 15 up to the retirement age for the year in question. The present survey results cover the population aged 16 and over.

²¹ Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), [Employed and employment rates - national level; statistical regions: districts](#), 15 March 2021.

²² European Disability Expertise (2020), [Master tables concerning EU 2020: year 2018. Statistics on persons with disabilities](#) (data based on EU-SILC 2018).

²³ Bulgaria, Policy Instruments Association (Обединение „Инструменти за политики“) (2020), Study of the changes in the socio-economic status of people with disabilities compared to 2009 and assessment of the potential of people with disabilities and business for social and labour integration, including gravity and network analysis of the capacity of people with disabilities as working capital (Изследване на промените в социално-икономическия статус на хората с увреждания спрямо 2009 г. и оценка потенциала на хората с увреждания и бизнеса за социална и трудова интеграция, включително гравитационен и мрежови анализ на капацитета на хората с увреждания като работен капитал), Sofia, Policy Instruments Association, p. 33. The study is based on a survey only among people with permanent disabilities (people with reduced capacity to work over 50 %).

²⁴ For more information, see the detailed statistics on trained persons on the [website](#) of the agency.

²⁵ Bulgaria, Policy Instruments Association (Обединение „Инструменти за политики“) (2020), Study of the changes in the socio-economic status of people with disabilities compared to 2009 and assessment of the potential of people with disabilities and business for social and labour integration, including gravity and network analysis of the capacity of people with disabilities as working capital (Изследване на промените в социално-икономическия статус на хората с увреждания спрямо 2009 г. и оценка потенциала на хората с увреждания и бизнеса за социална и трудова интеграция, включително гравитационен и мрежови анализ на капацитета на хората с увреждания като работен капитал), Sofia, Policy Instruments Association, p. 34. The study is based on a survey only among people with permanent disabilities (people with reduced capacity to work over 50 %).



2. Health

Highlights

- The share of people with severe disabilities with unmet medical needs due to financial reasons, waiting lists or travel distances, exceeds 20 % while the same share among people with non-severe disabilities is 6.6 %, still much higher than among people with no limitations at all where it stands 1.9 %. Younger people with disabilities report disproportionately higher level of unmet medical needs.
- There are no major differences in the regularity of dental visits between people with and without disabilities. The share of people, who have not visited a dentist for more than a year, is slightly higher among people with disabilities (61.3 % of those with severe disabilities and 70.4 % of those with non-severe disabilities) compared to people with no disabilities (58.8 %).
- Although people with disabilities visit their general practitioners much more often than people with no disabilities, there are many who have not consulted a general practitioner for more than a year (9.3 % of people with severe and 14.8 % of those with non-severe disabilities).
- In terms of in access to specialised healthcare (visits to a medical or surgical specialist), the survey does not register major differences between people with and without disabilities.

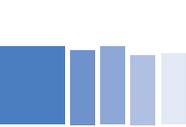
Equal access to timely and quality healthcare and rehabilitation is important for people with disabilities to have a good quality of life and enable active participation. Article 25 of the CRPD provides that states should guarantee no discrimination or differentiation in the quality and range of health services on the basis of disability. Specialised disability-related health services should also be available as close as possible to people's communities.

At EU level, the Strategy for the Rights of Persons with Disabilities 2021–2030 recognises the improvements needed in ensuring access to healthcare for people with disabilities. It acknowledges that reforms should be country-specific and health systems' deficits should be strengthened at national level with the support of instruments such as the European Health Union.¹

During the COVID-19 pandemic, people with disabilities emerged as a group particularly vulnerable to violation of rights as their higher risks from the virus led to stricter restrictions, particularly in institutional households, and subsequently to a risk of increased unmet medical needs. The EU has launched the EU4Health programme in response.² It aims to strengthen the national health systems to tackle the pandemic's consequences.

The long-standing problems of Bulgaria's healthcare system became particularly visible during the COVID-19 pandemic. The shortage and unequal distribution of medical staff have a disproportionately high impact on people with disabilities. According to official data for 2020, in Bulgaria there is one doctor per 233 people and one dentist per 946 people.³ There are 342 health establishments providing hospital aid with 54,216 hospital beds, and another 2,098 outpatient health facilities.⁴ However, both medical facilities and medical personnel are unevenly distributed across the country.

From an economic perspective, access to public healthcare depends on the regular payment of health insurance contributions. For people of working age, that is typically associated with employment. This, together with out-of-pocket cash payments and the costs of med-



ication, often represents a financial barrier for people with low incomes, particularly for people with disabilities, as almost half of those with severe limitations (49.8 %) and 46 % of people with non-severe disabilities live at risk of poverty. At the same time, in 2020, emergency medical care centres and emergency wards in hospitals served a total of 2,265,975 people,⁵ as emergency care is not linked to health insurance contributions and additional cash payments.

Problems such as the uneven distribution of doctors and healthcare facilities across the country and the financial obstacles affect the entire population. In addition, the lack of specialised out-of-patient care and rehabilitation predominantly affects people with long-standing limitations due to health problems. This problem is particularly relevant to people with mental health problems, for whom outpatient care and community-based support are “extremely unevenly distributed”.⁶

In 2021, Bulgaria introduced a thorough reform of the mental healthcare sector. It shifts the paradigm from a fragmented set of unequally distributed mental care facilities to a system functioning on the basis of human rights and a person-centred approach.⁷ This reform is expected to affect the lives of the 14.5 % of Bulgaria’s population who have lifelong frequent mental disorders, according to 2017 data that the strategy cites.⁸

As of 2021, Bulgaria has not adopted a national health policy document. The draft National Health Strategy 2021 – 2030 (Национална здравна стратегия 2021–2030) has been published for stakeholder consultations but has not been voted on as of end-2021.⁹ The document outlines the lack of a holistic approach in, and poor coordination between, different health specialists when working with people with disabilities.

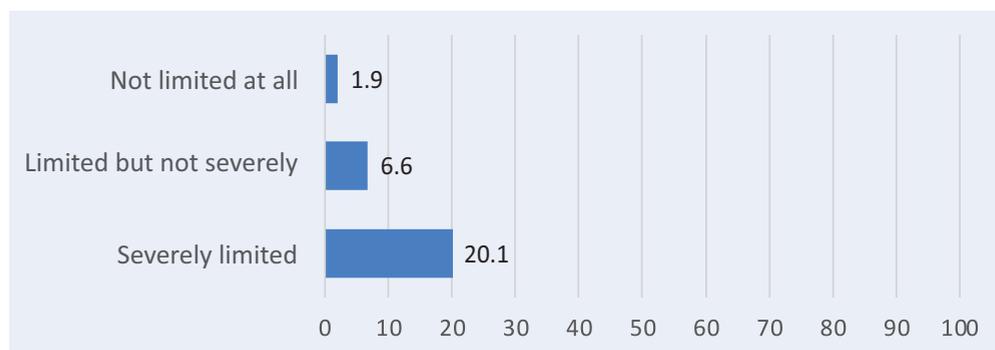
In addition, the state has planned to reorganise the system of disability expertise. The national policy does not recognise people with chronic diseases as people with limitations in everyday activities. Rather, it considers such diseases factors in or reasons for disability,¹⁰ and offers prevention as the main measure for countering them.

At the same time, a study on the situation of people with permanent disabilities (people with a certified degree of disability over 50 %) illustrates that the vast majority of this group (64 %) have disabilities caused by chronic diseases such as cardiovascular disease, about 40 % have conditions related to the musculoskeletal system, 26 % have mental, neurological and intellectual conditions, about 17–18 % have vision impairments and about 6–7 % have ear, nose and throat conditions. The proportion of people with multiple health problems increases at the age of 50 and rises sharply after the age of 60.¹¹ A reform introducing the social model in the system of disability recognition would acknowledge these people’s limitations when assessing their healthcare needs.

The present survey’s results show a considerable difference between people with and without disabilities when it comes to unmet medical needs. Among people with severe limitations in daily activities, more than 20 % report unmet medical needs due to financial reasons, waiting lists or travel distances. Among those who have non-severe limitations or no limitations at all, this share is considerably lower (6.6 % and 1.9 %, respectively) (Figure 8).



Figure 8: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems reporting unmet needs for medical care for three reasons – ‘financial reasons’, ‘waiting list’ and ‘too far to travel’ (%; cumulative result for all three categories)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.

^b Based on the questions “Was there any time during the past 12 months when you needed a medical examination or treatment but did not have one?”, and if yes, “What was the main reason for not consulting a doctor?”, where possible answers were ‘could not afford to/too expensive/not covered by health insurance’, ‘waiting list/did not have the referral letter’ or ‘too far to travel/no means of transportation’.

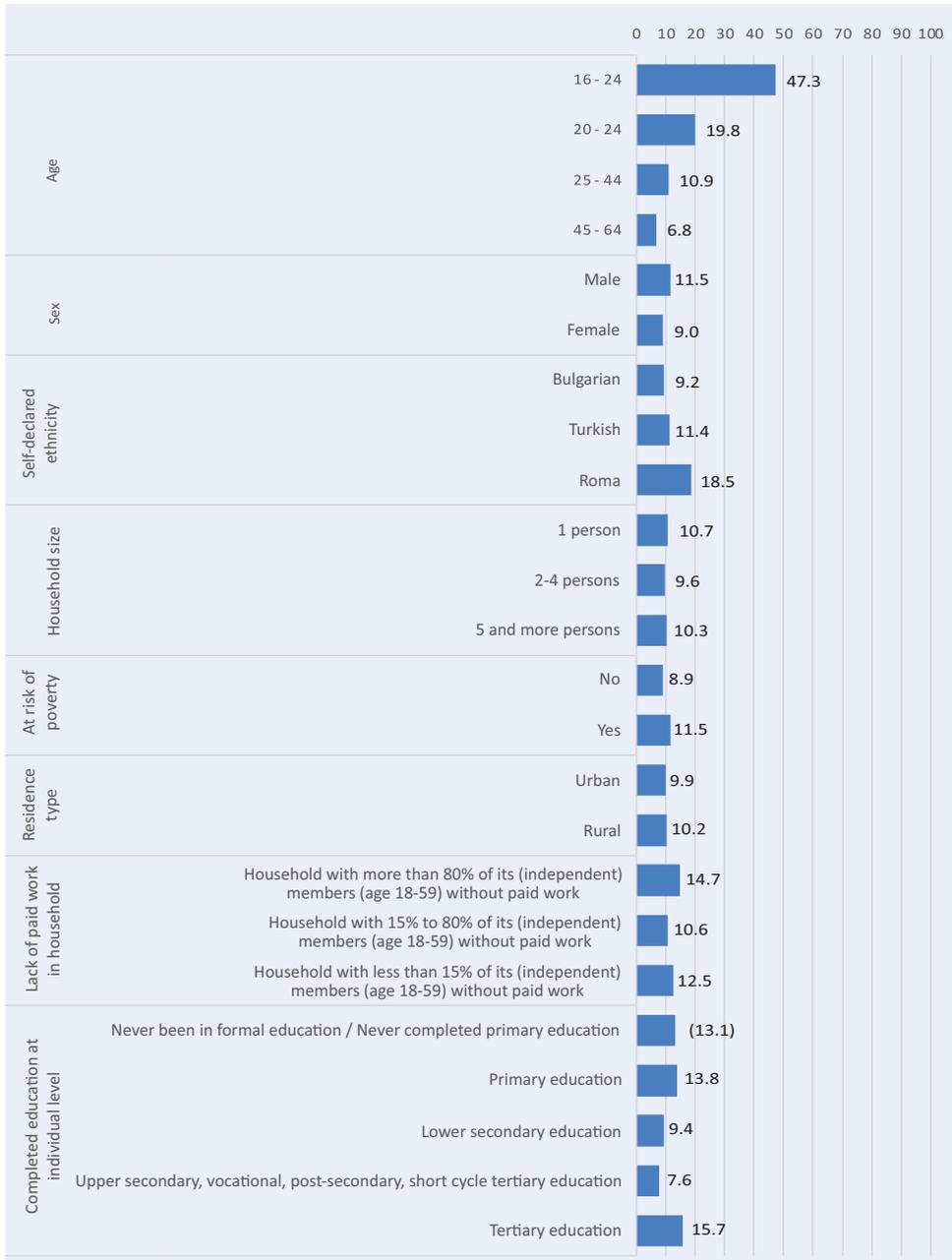
Source: BNSI/FRA survey 2020

Younger people with limitations face a higher risk of having their medical needs unmet. Ethnicity also seems to be a factor, as people who self-identify as having a Turkish or Roma background report unmet medical needs much more often than people who self-identify as Bulgarians. Men with disabilities report unmet medical needs more often (10.9 %) than women (9.0 %). The place of residence does not seem to be a factor in unmet medical needs, as similar percentages of people in urban and rural areas report such needs.

In terms of education, the highest levels of unmet medical needs are among people with tertiary education (15.7 %) and with primary education (13.8 %). These results require further research on the reasons behind them (Figure 9).



Figure 9: Share of people aged 16 years and over with self-reported severe or non-severe long-standing limitations in usual activities due to health problems reporting unmet needs for medical care for three reasons – ‘financial reasons’, ‘waiting list’ and ‘too far to travel’, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate, residence type, joblessness, and completed education at individual level (%; cumulative result for all three categories)





Notes: ^a Out of all respondents aged 16 years and over with self-reported severe and non-severe limitations in usual activities due to health problems (n = 4,250); weighted results.

^b Based on the questions “Was there any time during the past 12 months when you needed a medical examination or treatment but did not have one?”, and if yes, “What was the main reason for not consulting a doctor?”, where possible answers were ‘could not afford to/too expensive/not covered by health insurance’, ‘waiting list/did not have the referral letter’ or ‘too far to travel/no means of transportation’.

^c The remainder of the 100 % includes non-responses to the underlying questions.

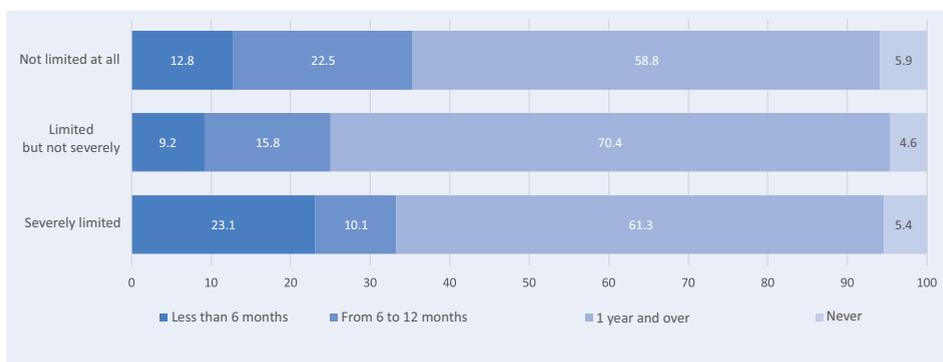
^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

In addition to the share of people with unmet medical needs, the survey also explores the regularity of people’s visits to a dentist, a general practitioner or another medical or surgical specialist. Although there is no commonly accepted understanding of the optimal regularity of dental examinations, it can be assumed that good oral health is difficult without regular dental examinations at least once a year.¹² Bulgaria also reflects this understanding in the rules for providing free dental services, which the National Health Insurance Fund (NHIF) (Национална здравноосигурителна каса, НЗОК) introduced. According to them the annual coverage of dental care includes one thorough dental examination and three medical procedures.¹³ Still, this does not mean that all people in need of dental care can access it in practice, especially as dental practices are predominantly private; they do not always work with the NHIF and require additional cash payments.¹⁴ Thus, the survey results indicate both the affordability of dental care and its territorial or infrastructural accessibility.

Against this background, the survey data show no major differences in the regularity of dental visits between people with and without long-standing limitations. Overall, the great majority of the population has not visited a dentist for more than a year, according to the survey. That percentage is slightly higher among people with limitations (61.3 % among people with severe limitations and 70.4 % among people with non-severe limitations) than among people with no limitations (58.8 %) (Figure 10). The data rather suggest that the main deficits of the dental care sector affect people with and without disabilities similarly, and accessibility of dental care services for the general population should be sought.

Figure 10: Time elapsed since last visit to a dentist: last visit to a dentist or orthodontist for people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems (%)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.

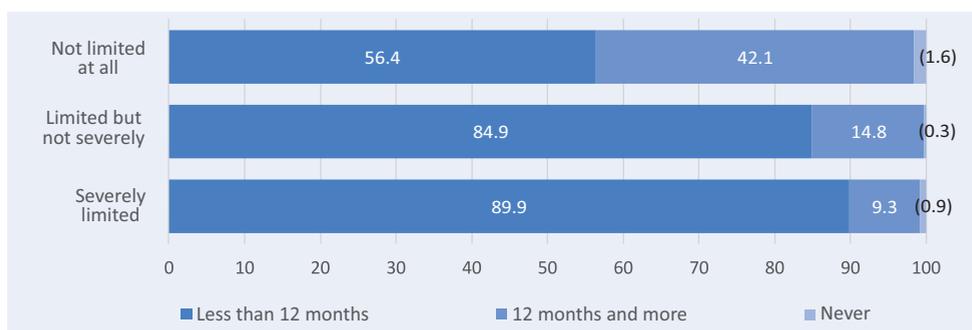
^b Based on the question “When was the last time you visited a dentist or orthodontist (specialist in orthopaedic dentistry) for yourself?”.

Source: BNSI/FRA survey 2020

People without disabilities in Bulgaria usually visit general practitioners for two major reasons: a health problem and preventive check-ups. Bulgaria’s health authorities have attempted to affirm the importance of prevention in reducing the prevalence of chronic diseases and disabilities by introducing mandatory annual check-ups.¹⁵ Many people with chronic diseases and permanent health problems, such as people with disabilities, need to take medication in the long term. They have to visit general practitioners regularly for their prescriptions. Given that, ideally the number of people who have not seen their doctor for more than a year should be insignificant.

Unsurprisingly, people with disabilities visit their general practitioner much more often than people with no disabilities, the survey results show (Figure 11). Still, a high percentage of people have not consulted their general practitioner for more than a year (9.3 % of people with severe limitations and 14.8 % of those with non-severe limitations). That requires further research to explore the vulnerability risks to which these people may be exposed.

Figure 11: Time elapsed since last visit to a general practitioner: last consultation with a general practitioner for people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems (%)





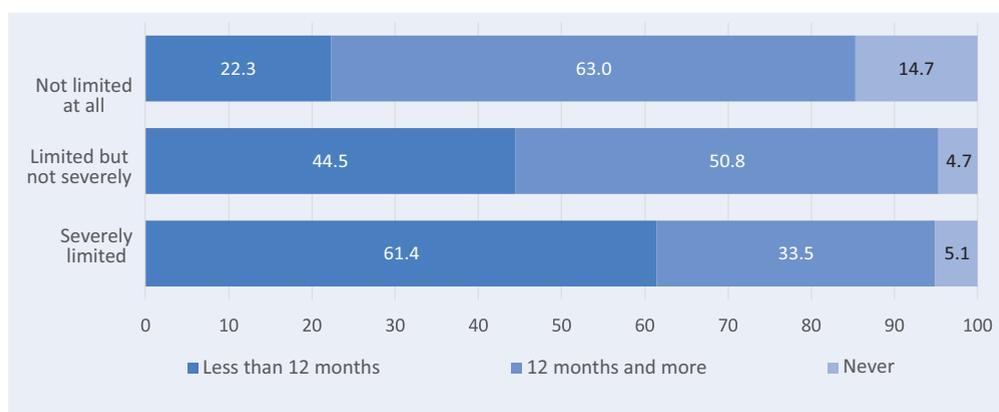
Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results
^b Based on the question “When was the last time you consulted your GP about yourself?”
^c Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

People usually consult medical or surgical specialists when specific health problems require specialised medical expertise or intervention. Within the Bulgarian healthcare system, the NHIF fully or partly covers many services that medical or surgical specialists provide for people with valid health insurance status, in accordance with a framework contract between the fund and the Bulgarian Medical Association (BMA) (Български лекарски съюз, БЛС), which is subject to regular reviews and updates.¹⁶

People with limitations consult such specialists more often than people with no limitations (Figure 12). The proportion of people with severe limitations who have consulted a medical or surgical specialist during the last six months (61.4 %) is about three times as high as that among people with no limitations (22.3 %). Given the uneven distribution of medical specialists and medical establishments across the country, and the accessibility barriers that people with limitations often face, these figures need to be taken into account when developing healthcare policies for people with disabilities.

Figure 12: Time elapsed since last visit to a medical or surgical specialist: last visit to a medical or surgical specialist for people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems (%)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.
^b Based on the question “When was the last time you consulted a specialist – surgeon for yourself?”

Source: BNSI/FRA survey 2020

Analysed as a whole, the above indicators confirm the national policy documents’ findings that unmet medical needs gaps between people with and without disabilities come from the lack of equal access to highly specialised healthcare (targeting rare diseases and disabilities), rehabilitation and tailored socio-medical services rather than from poor access to

the general healthcare system. A UN Committee on the Rights of Persons with Disabilities recommendation agrees.¹⁷

One of the factors to consider when interpreting the data on healthcare of people with disabilities is discrimination. However, given the small number of observations, the survey results are not statistically reliable for assessing the risk of discrimination to which people with long-standing limitations are actually exposed. Still, unequal treatment requires further research to effectively analyse the access to healthcare of people with disabilities. So do other problems such as inaccessible medical facilities,¹⁸ lack of convenient transport to and from hospitals and doctors' offices,¹⁹ insufficient capacity of doctors to make home visits,²⁰ and insufficient availability of specialised health support for people who need them.²¹

¹ European Commission (2020), [Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and The Committee of the Regions](#), COM(2020) 724 final, 11 November 2020.

² Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027, and repealing Regulation (EU) No 282/2014 (Text with EEA relevance), L 107/1, 24 March 2021.

³ Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2019), [Population per physician and per dentist by statistical zones, statistical regions and districts as of 31.12.2020](#).

⁴ Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2019), [Health establishments as of 31.12.2020 by statistical regions and districts](#).

⁵ Bulgaria, National Centre of Public Health and Analyses (Национален център по обществено здраве и анализи) (2021), Persons serviced by the centres for emergency medical care and the emergency departments of the medical establishments ([Обслужени лица от централите за спешна медицинска помощ и спешните отделения на лечебните заведения](#)).

⁶ Bulgaria, National Strategy for Mental Health of the Citizens of the Republic of Bulgaria 2021 – 2030 ([Национална стратегия за психично здраве на гражданите на Република България 2021 – 2030 г.](#)), 23 April 2021, p. 11.

⁷ Bulgaria, National Strategy for Mental Health of the Citizens of the Republic of Bulgaria 2021 – 2030 ([Национална стратегия за психично здраве на гражданите на Република България 2021 – 2030 г.](#)), 23 April 2021.

⁸ Bulgaria, National Strategy for Mental Health of the Citizens of the Republic of Bulgaria 2021 – 2030 ([Национална стратегия за психично здраве на гражданите на Република България 2021 – 2030 г.](#)), 23 April 2021, p. 5.

⁹ Bulgaria, Draft National Health Strategy 2021-2030 ([Проект на Национална здравна стратегия 2021-2030](#)), 30 December 2020.

¹⁰ See for example, Bulgaria, Draft National Health Strategy 2021-2030 ([Проект на Национална здравна стратегия 2021-2030](#)), 30 December 2020, p. 47.

¹¹ Bulgaria, Policy Instruments Association (Обединение „Инструменти за политики“) (2020), Study of the changes in the socio-economic status of people with disabilities compared to 2009 and assessment of the potential of people with disabilities and business for social and labour integration, including gravity and network analysis of the capacity of people with disabilities as working capital (Изследване на промените в социално-икономическия статус на хората с увреждания спрямо 2009 г. и оценка потенциала на хората с увреждания и бизнеса за социална и трудова интеграция, включително гравитационен и мрежови анализ на капацитета на хората с увреждания като работен капитал), Sofia, Policy Instruments Association, p. 41. The study is based on a survey only among people with permanent disabilities (people with reduced capacity to work over 50 %).

¹² World Health Organization (2005), [How frequently should children and adults receive routine dental checks? Summary of a HEN network member's report](#), Copenhagen, World Health Organization.

¹³ Bulgaria, Ministry of Health (Министерство на здравеопазването), Agreement No RD-NS-01-3-3 of 1 December 2020 for amending and supplementing the National Framework Agreement for dental activities between the National Health Insurance Fund and the Bulgarian Dental Association for 2020 – 2022 ([Договор № РД-НС-01-3-3 от 1 декември 2020 г. за изменение и допълнение на Националния рамков договор за денталните дейности между Националната здравноосигурителна каса и Българския зъболекарски съюз за 2020 – 2022 г.](#)), 1 December 2020.

¹⁴ Bulgaria, Draft National Health Strategy 2021-2030 ([Проект на Национална здравна стратегия 2021-2030](#)), 30 December 2020, p. 33.

¹⁵ Bulgaria, Health Act ([Закон за здравето](#)), 10 August 2004, last amended 12 March 2021, Art. 209 (1).

¹⁶ Bulgaria, National Health Insurance Fund (Национална здравноосигурителна каса), National framework agreement for medical activities for 2020 – 2022 ([Национален рамков договор за медицинските дейности за 2020 – 2022](#)), last amended 14 September 2021.

¹⁷ Bulgaria, Council of Ministers (Министерски съвет), Action Plan for the implementation of the final recommendations to the Republic of Bulgaria addressed by the UN Committee on the Rights of Persons with Disabilities 2021 – 2026 ([План за действие за изпълнение на заключителните препоръки към Република България, отправени от Комитета на ООН за правата на хората с увреждания 2021 – 2026](#)), 12 February 2021, p. 14.

¹⁸ Bulgaria, Draft National Health Strategy 2021-2030 ([Проект на Национална здравна стратегия 2021-2030](#)), 30 December 2020, p. 15.

¹⁹ Bulgaria, Draft National Health Strategy 2021-2030 ([Проект на Национална здравна стратегия 2021-2030](#)), 30 December 2020, p. 15.

²⁰ Bulgaria, Draft National Health Strategy 2021-2030 ([Проект на Национална здравна стратегия 2021-2030](#)), 30 December 2020, p. 33.

²¹ Bulgaria, Draft National Health Strategy 2021-2030 ([Проект на Национална здравна стратегия 2021-2030](#)), 30 December 2020, p. 50.



3. Housing

Highlights

- People with disabilities are exposed to a higher risk of living in housing deprivation. About 29.8 % of people with severe limitations and 24.1 % of those with non-severe limitations live in dwellings that are too dark, or have a leaking roof and/or damp walls or floors, no indoor bathroom or shower, or no indoor toilet. The corresponding share among people with no disabilities stands at 16.6 %.
- The sociodemographic characteristics most often associated with higher risk of housing deprivation are ethnicity, poverty and lower level of education.
- The share of people with severe limitations living in households with insufficient number of rooms (33.0 %) is slightly higher than the share of those with no (29.5 %) or non-severe (19.6 %) limitations.
- People with disabilities with lower level of education and those self-identifying as Roma are more often exposed to the risk of living in overcrowding along with people living in urban areas.

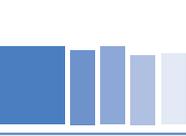
Access to adequate housing and technical aids is crucial to the quality of life, independence and inclusion in society of people with disabilities. Article 19 of the CRPD provides that states should guarantee the right of people with disabilities to choose their place of residence, where and with whom they live, and access to a range of in-home, residential and other community support services. At EU level, a proposed Council directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation¹ is expected to safeguard the equal treatment of people with disabilities, including in housing.

People with disabilities in Bulgaria live in either private or institutional households. Each kind faces specific challenges.

As of 2018, about 11,000 elderly people and people with disabilities lived in 161 specialised institutions.² In 2014, Bulgaria adopted its National strategy for long-term care (Национална стратегия за дългосрочна грижа),³ which initiated a process of deinstitutionalising adults with disabilities who lived in closed settings based on the medical model. The national policy is to build group houses offering different degree of care and support, which are expected to replace the currently existing institutions.⁴ This option was preferred to ensuring community-based support for people living in their own homes.

The national housing policy supports people with disabilities in private households. At national level, the last housing strategy defining the policy framework for providing accessible housing to vulnerable groups expired in 2018. The new strategy, drafted to replace it, has not yet been adopted. As a consequence, when addressing issues related to housing, Bulgaria's national policy on people with disabilities refers to the new strategy in its draft version.

From a structural point of view, it places housing within the general priority of ensuring accessible architecture for people with disabilities. The strategy defines two main means of support: targeted aid for the provision of medical devices and home adaptation, together with other support items; and provision of social housing. In practice, people with disabilities living alone and single parents of children with disabilities living in municipal housing are eligible for such assistance.⁵



The programme now in operation is the National programme for accessible housing and personal mobility (Национална програма за достъпна жилищна среда и лична мобилност). It is project-based and has two components: financial support for buying or adapting a car, and financial support for building ramps or elevators in residential buildings' common areas.⁶ In 2020, 80 projects were submitted within the adaptation priority, of which 62 projects worth BGN 2.7 million were admitted for evaluation and 49 (worth some BGN 2 million) were funded to serve the needs of 82 people with disabilities.⁷

Applying to the programme is a laborious procedure, imposing a significant burden on people with disabilities, such as obtaining a mandatory letter of support from a territorial unit of the SAA or filing application documents both electronically and on paper.⁸ In this context, one issue that still needs to be explored is the link between the accessibility and affordability of housing and how the lack of affordable and accessible housing in the community motivates people to go to institutions. As of May 2017, there were about 3,600 people on waiting lists for residential social services. The majority (about 2,200) were older people and people with intellectual and psychosocial disabilities.⁹

One of the key housing issues in Bulgaria is affordability of housing, particularly for young families, as it is strongly dependent on the means of income. In particular, repaying long-term mortgage loans requires long-term regular income. Such mortgages are accessible in practice to everyone with an income close to the country's average, according to a recent study.¹⁰ Overall, income (usually from paid work) and house prices remain the key factors determining people's ability to acquire a home.

In Bulgaria, house prices are constantly increasing.¹¹

When it comes to people with disabilities, the financial status of households is influenced by higher risks of poverty and unemployment, as the survey illustrates. Inability to cover the cost of maintaining a decent dwelling can be among the factors forcing them to apply for social residential settings such as institutions and group homes.

Besides affordability, people with certain disabilities need further adaptations in both the exterior and the interior of dwellings, which often lead to even higher housing costs. In that regard, state and local support such as social housing and/or financial support for improvements is key for ensuring the independence and social inclusion of people with disabilities. The housing cost burden is heavier on people with disabilities, with the housing overburden rate (households where the total housing costs represent more than 40 % of disposable income) being 12.5 % for people with a disability compared with 9.9 % for those with no disability, EU-level data suggest.¹²

In addition, the costs of renovating and repairing existing buildings are a further burden on household budget. They are assumed to hit low-income families worst and ultimately affect their living conditions negatively. At national level, the proportion of households' expenditure on housing costs and utilities stands relatively stable at around 14 % (ranging between 14.1 % in 2011 and 13.8 % in 2020), but furniture and repair costs almost doubled from 2.8 % in 2011 to 4.2 % in 2020.¹³ Moreover, in 2019, 18.5 % of households in rural areas spent more than 40 % of their disposable income on housing costs, while in urban areas they spent 15.6 %, Eurostat data show.¹⁴

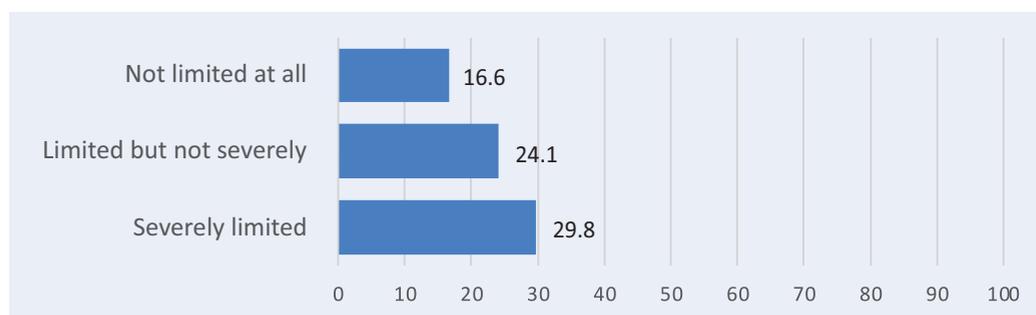
Bulgaria offers targeted financial assistance for home adaptation and for renting municipal housing. However, the beneficiaries of these programmes are limited to people with



reduced working capacity of over 90 % for home adaptation assistance and to people with permanent disabilities (over 50 %) for rent assistance.¹⁵

Against this background, people with disabilities are more exposed to the risk of housing deprivation, defined as living in a dwelling that is too dark, or with a leaking roof or damp walls/floors, or with no bath/shower or indoor toilet. The proportion of people with severe limitations living in housing deprivation (29.8 %) is almost twice as high as that of people with no limitations (16.6 %), according to the survey results. The proportion of people with limitations that are not severe who live in housing deprivation is also considerably high (24.1 %) (Figure 13). The higher risk of living in housing deprivation if one has limitations indicates that, despite the government's efforts, the housing situation of this group of people needs to be further addressed and improved.

Figure 13: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems living in housing deprivation (in dwellings that are too dark, have a leaking roof and/or damp walls or floors, have no indoor bath/shower or have no indoor toilet) (%)



Notes: ^a Out of all respondents aged 16 years and over ($n = 26,380$); weighted results.

^b Based on the questions “Do you have any of the following problems connected to the dwelling?: ‘Darkness, insufficient light’ or ‘Leaking roof, damp walls, foundations, etc.’”; “Are there in the dwelling: ‘Bathroom with a shower or bathtub’ or ‘Toilet with a running water?’”, where possible answers included ‘Yes, inside the dwelling’ and ‘Yes, outside the dwelling’. These correspond to Eurostat’s indicator Tessi291.

Source: BNSI/FRA survey 2020

Disaggregated data by specific socio-demographic characteristics show that some groups of people with disabilities have a higher risk of living in housing deprivation. The disaggregation by age and sex does not show any large differences, but the breakdowns by ethnic group, educational attainment, residence type and poverty reveal substantial discrepancies. Poverty is a key factor associated with housing deprivation. The proportion of people with limitations and at risk of poverty who live in housing deprivation (42.4 %), is much higher than that of those not at risk of poverty (14 %). These results show the impact of the economic status of the households on their housing conditions and indicate that housing-related policies should specifically address people with disabilities.

The differences observed between ethnic groups are also substantial: the proportion of people with disabilities living in housing deprivation is highest among the Roma population (61.3 %), lower among persons with a Turkish ethnic background (47.9 %) and lowest among Bulgarians (20.5 %).

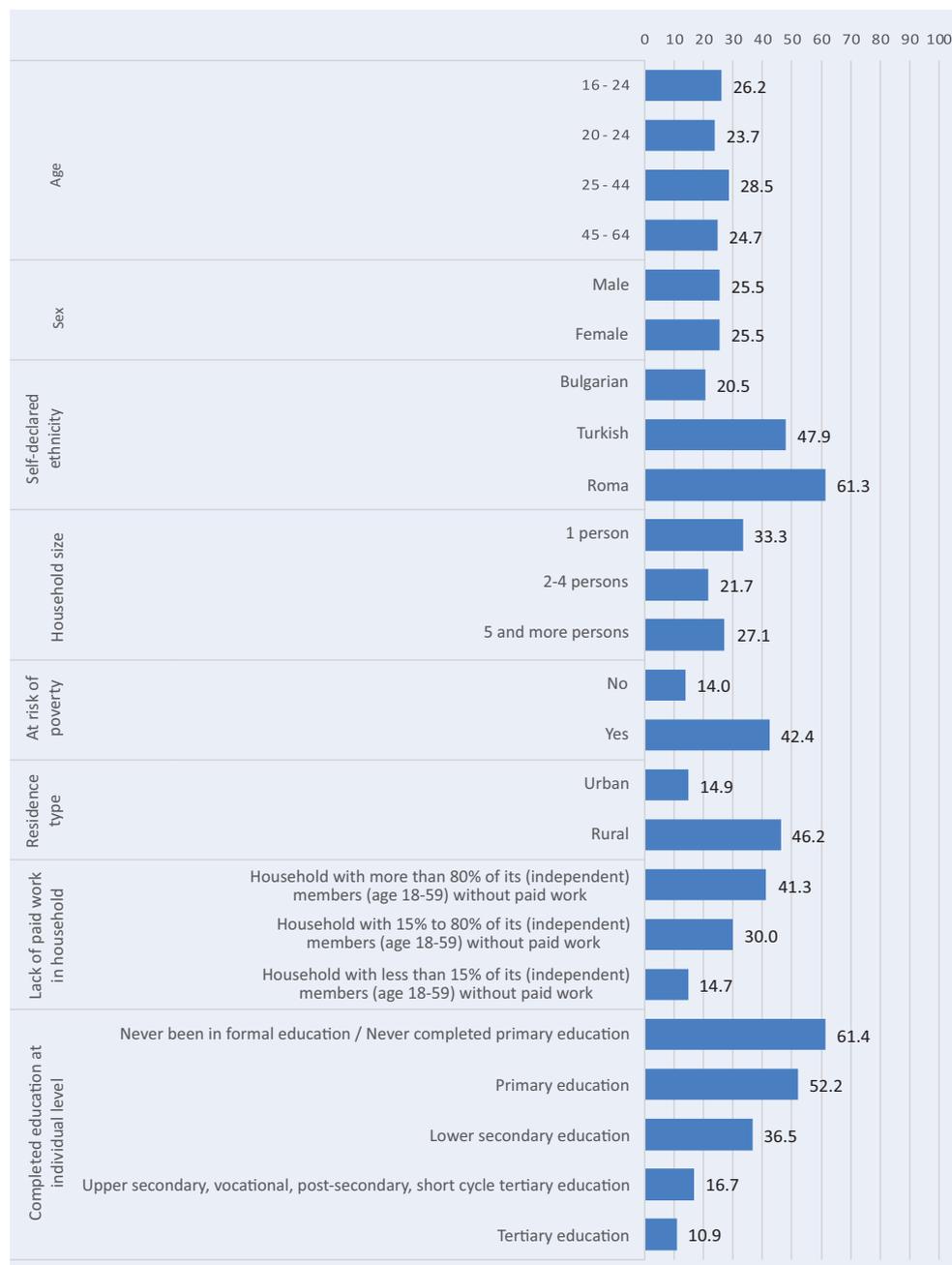


There are also substantial differences in relation to education attainment and the proportion of household members in paid work. While 10.9 % of people with limitations who have completed tertiary education live in housing deprivation, 52.2 % of those with primary education do. Similarly, the percentage of people with limitations who live in housing deprivation is much higher among those who live in households in which more than 80 % of working-age members do not have a paid job (41.3 %) than among those living in households in which fewer than 15 % of working-age members have no paid job (14.7 %).

Substantial differences also emerge in outcomes for people with disabilities living in urban and rural areas. A higher proportion of people with limitations in rural areas (46.2 %) than in urban areas (14.9 %) live in housing deprivation. People with limitations living alone are also at greater risk of housing deprivation than people living in bigger households (Figure 14).



Figure 14: Share of people aged 16 years and over with self-reported severe or non-severe long-standing limitations in usual activities due to health problems living in housing deprivation (in dwellings that are too dark, have a leaking roof and/or damp walls or floors, have no indoor bath/shower or have no indoor toilet), by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate, residence type, joblessness, and completed education at individual level (%)



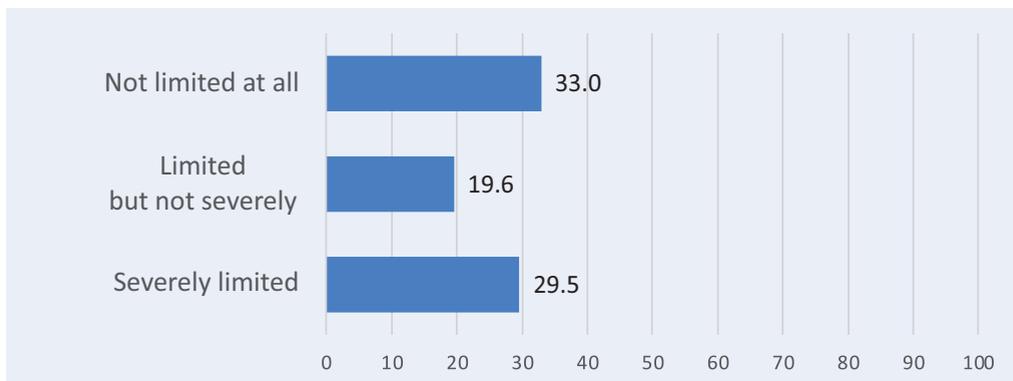
Notes: ^a Out of all respondents aged 16 years and over with self-reported severe and non-severe limitations in usual activities due to health problems (n = 4,250); weighted results.

^b Based on the questions “Do you have any of the following problems connected to the dwelling?: ‘Darkness, insufficient light’ or ‘Leaking roof, damp walls, foundations, etc.’”; “Are there in the dwelling: ‘Bathroom with a shower or bathtub’ or ‘Toilet with a running water?’”, where possible answers included ‘Yes, inside the dwelling’ and ‘Yes, outside the dwelling’. These correspond to Eurostat’s indicator Tessi291.

Source: BNSI/FRA survey 2020

To measure overcrowding, Eurostat has set a minimum number of rooms per person in a household.¹⁰² By this definition, people with long-standing limitations are not exposed to a higher risk than those with no limitations, the survey data show. The percentage of people with severe limitations who live in households with too few rooms (33.0 %) is slightly higher than the percentages of those with no limitations (29.5 %) and those with limitations that are not severe (19.6 %) (Figure 15).

Figure 15: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems living in households that do not have the minimum number of rooms according to the Eurostat definition of overcrowding (%)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.

^b Based on the question asking for the “Number of rooms in the dwelling (all rooms with an area of 4 and more square metres are included, without service rooms (bathrooms, closets, laundry rooms, etc.))”.

^c Overcrowding rate: a person is considered to live in an overcrowded household if the household does not have at its disposal a minimum number of rooms equal to one room for the household; one room per couple in the household; one room for each single person aged 18 or over; one room per pair of single people of the same gender aged between 12 and 17; one room for each single person between 12 and 17 not included in the previous category; and one room per pair of children under 12. This corresponds to Eurostat’s indicator ilc_lvho05a.

Source: BNSI/FRA survey 2020

Disaggregated data (Figure 16) show that the risk of living in overcrowding is higher among young people with disabilities: 76 % of those between 16 and 24 years live in households without the minimum number of rooms.

Disaggregation by ethnic origin shows substantial differences. The proportion of people who live in overcrowded households is considerably higher among people who self-identify



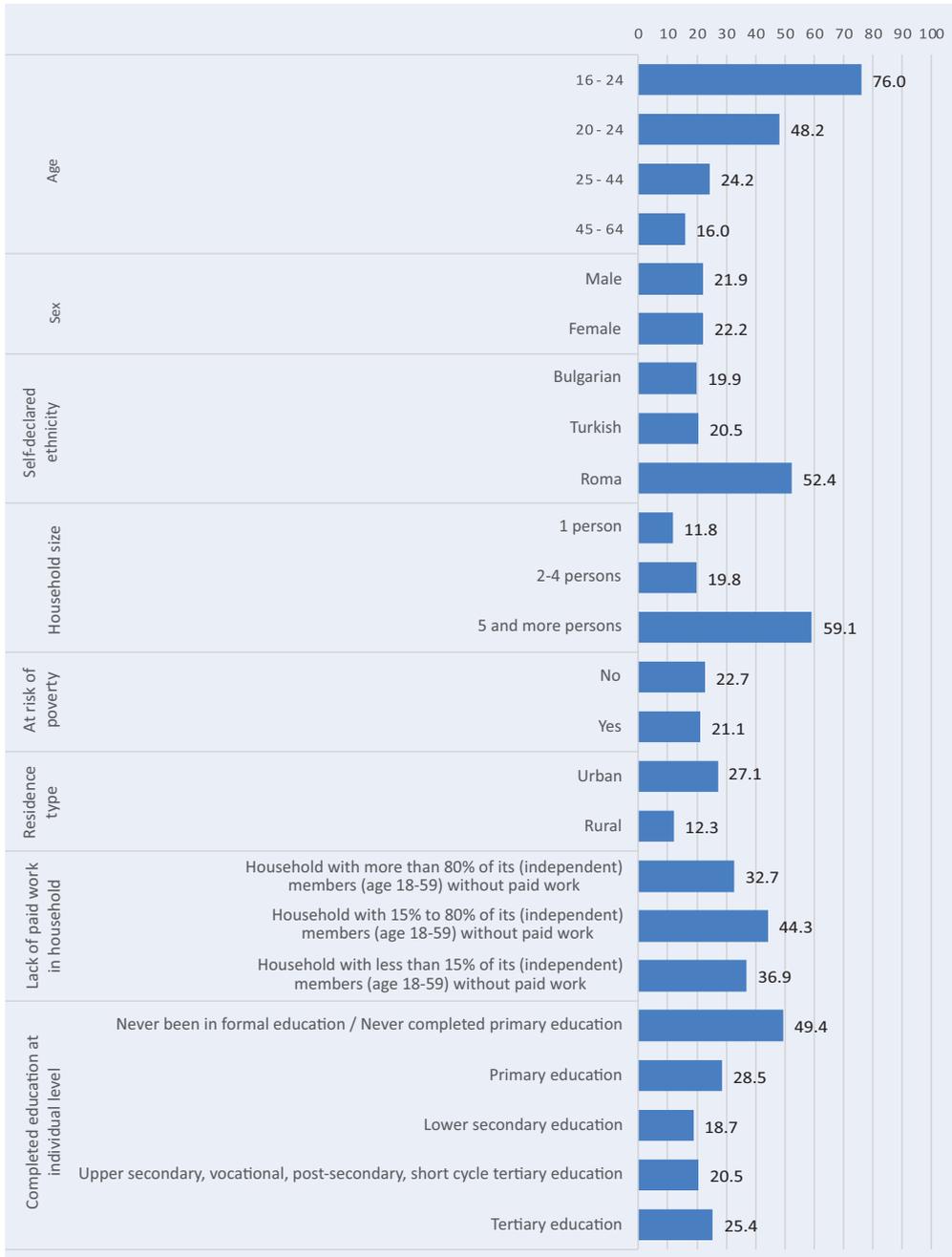
as Roma (52.4 %) than among people who self-identify as Bulgarians or as Turkish (19.9 % and 20.5 %, respectively).

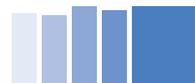
People with disabilities living in bigger households, of five or more members, are at more risk of overcrowding (59.1 %). However, 11.8 % of people with limitations who live alone also do not have the minimum number of rooms.

Men and women with disabilities seem equally exposed to overcrowding. The level of unemployment in the household does not seem to have an impact on the risk of overcrowding either. There is, however, a considerable difference between urban and rural areas: the percentage of people with limitations living in overcrowded households is more than twice as high in towns and cities (27.1 %) than in rural areas (12.3 %).

In terms of completed education, people with limitations who have not completed primary education (49.4 %) stand out as the group most at risk of living in households without the minimum number of rooms.

Figure 16: Share of people aged 16 years and over with self-reported severe or non-severe long-standing limitations in usual activities due to health problems living in households that do not have the minimum number of rooms according to the Eurostat definition of overcrowding, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate, residence type, joblessness, and completed education at individual level (%)





Notes: a Out of all respondents aged 16 years and over with self-reported severe and non-severe limitations in usual activities due to health problems ($n = 4,250$); weighted results.

b Based on the question asking for the “Number of rooms in the dwelling (all rooms with an area of 4 and more square metres are included, without service rooms (bathrooms, closets, laundry rooms, etc.))”.

c Overcrowding rate: a person is considered to live in an overcrowded household if the household does not have at its disposal a minimum number of rooms equal to one room for the household; one room per couple in the household; one room for each single person aged 18 or over; one room per pair of single people of the same gender aged between 12 and 17; one room for each single person between 12 and 17 not included in the previous category; and one room per pair of children under 12. This corresponds to Eurostat’s indicator *ilc_lvho05a*.

Source: BNSI/FRA survey 2020

¹ European Commission, [Proposal for a Council Directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation](#), COM/2008/0426 final - CNS 2008/0140, 2 July 2008.

² Bulgaria, Action plan for the period 2018-2021 for implementation of the National strategy for long-term care ([План за действие за периода 2018-2021 г. за изпълнение на Националната стратегия за дългосрочна грижа](#)), 19 January 2018.

³ Bulgaria, National Strategy for Long-term Care ([Национална стратегия за дългосрочна грижа](#)), 7 January 2014.

⁴ For more information about the drivers and barriers before the deinstitutionalisation process, see: Doichinova, M. (2018), [The right to independent living of persons with disabilities - Case study report - Bulgaria](#), 16 November 2018.

⁵ For more information, see the website of the [Social Assistance Agency](#).

⁶ For more information on the programme, see the website of the [Ministry of Labour and Social Policy](#).

⁷ Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика) (2021), Annual Report 2020 on the implementation of the activities under component 1 „Affordable Housing Environment“ of the National Programme for Accessible Housing and Personal Mobility ([Годишен отчет 2020 за изпълнението на дейностите по компонент 1 „Достъпна жилищна среда“ на Националната програма за достъпна жилищна среда и лична мобилност](#)).

⁸ Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика) (2021), Announcement of 2021 campaign calling for project proposals under component 1 „accessible housing“, of the National program for accessible housing and personal mobility ([Обява за кампания 2021 за набиране на проектни предложения по компонент 1 „Достъпна жилищна среда“ на Националната програма за достъпна жилищна среда и лична мобилност](#)), 23 November 2020.

⁹ Bulgaria, Council of Ministers (Министерски съвет), Action plan for the period 2018-2021 for implementation of the National strategy for long-term care ([План за действие за периода 2018-2021 г. за изпълнение на Националната стратегия за дългосрочна грижа](#)), 19 January 2018.

¹⁰ Slavov, Y. (2021), ‘Where will the housing prices in Sofia go’ ([‘Накъде ще вървят жилищните цени в София’](#)), Capital weekly, 25 June 2021.

¹¹ The house pricing index for the first trimester of 2021 stands at 6.7 % for new houses (above the average price year-on-year) and 8.0 % for existing ones. At the same time, the prices vary substantially between regions: while the average price per square metre in Sofia is estimated at €1,200, in smaller cities like Vidin it stands at €350. For more information on house prices, see: Raiffeisen bank (2021), ‘Raiffeisen bank: The real estate market remains stable during the pandemic. Prices continue to rise, but at a slower pace’ ([‘Райфайзенбанк: Пазарът на имоти остава стабилен и по време на пандемията. Цените продължават да растат, но с по-нисък темп’](#)), press release, 29 March 2021.

¹² European Parliament (2020) [Report on access to decent and affordable housing for all \(2019/2187\(INI\)\)](#), 8 December 2020.

¹³ Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), [Household expenditure: total expenditure – annual data 2011 - 2020](#).

¹⁴ Eurostat (2021), Is housing affordable? [Housing cost overburden in cities and rural areas](#).

¹⁵ Bulgaria, Social Assistance Agency (Агенция за социално подпомагане), Right to targeted assistance ([Право на целеви помощи](#)).

¹⁶ A person is considered to live in an overcrowded household if the household does not have at its disposal a minimum number of rooms equal to one room for the household; one room per couple in the household; one room for each single person aged 18 or more; one room per pair of single people of the same sex between 12 and 17 years of age; one room for each single person between 12 and 17 years of age and not included in the previous category; and one room per pair of children under 12 years of age. The indicator is presented by household type. For more information, see: Eurostat (2020), [Glossary: Overcrowding rate](#).

4. Poverty and social exclusion

Highlights

- Almost half of the people with severe limitations (43.3 %) and a slightly smaller share of those with non-severe limitations (39.6 %) live at risk of poverty compared to 19.9 % of people with no limitations.
- Age confirms to be a major determinant of the risk of poverty among both people with and without disabilities. Gender also seems to be a factor as more than half of the women with limitations live at risk of poverty (45.5 %) vis-à-vis 33.2 % of the men. People with disabilities living alone (in single-member households) are much more (75.1 %) exposed to the risk of poverty compared to households with 2 to 4 members (25.5 %).
- The share of people, who live in households, where at least one person has gone to bed hungry in the past month because there was not enough money for food, is much higher among people with severe (6.0 %) or non-severe limitations (4.6 %) than the corresponding share among the population with no limitations (3.2 %).
- The share of people with long-standing limitations, who do not have a bank account (43.5 % among people with severe limitations and 42.3 % among those with limitations that are not severe), is more than two times higher than the one among people with no limitations (20.7 %).
- A total of 11.8 % of the people with severe disabilities cannot afford to buy a car or to cover the running costs of having a car. This share falls to 10.2 % for households with non-severely disabled member and to 8.6 % for households with no members with disabilities. The share of people with severe disabilities who cannot afford basic communication services (internet, telephone, television) is also higher than the other two groups.

Poverty and social exclusion are complex social phenomena that represent the material and non-material barriers preventing people from leading a life of dignity and taking an active part in social life.

Article 28 of the CRPD recognises the right of people with disabilities to an adequate standard of living for themselves and their families. In particular, people with disabilities and their families living in situations of poverty should have access to state assistance with disability-related expenses, including adequate training, counselling, financial assistance and respite care.

At EU level, Principle 17 of the European Pillar of Social Rights recognises the right of people with disabilities to income support that ensures that they can live in dignity, services that enable them to participate in the labour market and in society, and a work environment adapted to their needs. The EU Strategy for the Rights of Persons with Disabilities 2021–2030 acknowledges that insufficient labour market participation, insufficient social protection and the extra costs related to disability are the main reasons why people with disabilities and their families are at a higher risk of financial poverty. It calls on Member States to further tackle gaps in social protection for people with disabilities.¹

Bulgaria has consistently topped Eurostat rankings for severe material deprivation. The country has registered rates of between 34.2 % in 2015 and 19.9 % in 2019, vis-à-vis an EU-27 average of 5.6 % in 2019.² Bulgaria has been the Member State with the highest rate of



severe material deprivation every year since 2015, according to the data.

Bulgaria has also consistently ranked among the countries with the highest at-risk-of-poverty rates in the EU.³ The proportion of people at risk of poverty in Bulgaria has been consistently higher than the EU average since 2007, the year in which Bulgaria joined the EU, according to the data. The income inequality gap in the country has been constantly widening in recent years as well, with the World Bank Gini index growing from 33.6 in 2008 to the EU's highest value, 41.3, in 2018.⁴

The national authorities acknowledge that many people with disabilities live at risk of poverty.⁵ Long-term unemployment is considered a serious challenge both for the people with disabilities and for the members of their families, who support them in their everyday activities.⁶

As of 2018, an estimated 49.5 % of people with disabilities were at risk of poverty or social exclusion, EU-SILC data show. That is 19.5 percentage points higher than the risk among people with no disabilities and also exceeds the EU average for people with disabilities by 20.7 percentage points. In 2018, the employment rate of people with disabilities was among the lowest in the EU (39.5 % compared with an EU average of 50.7 %), with a very large gap between them and people without disabilities (about 34.2 percentage points).⁷

The National strategy for poverty reduction and promotion of social inclusion 2020–2030 (Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2030) encompasses the state policies aimed at addressing both the consequences of poverty and social exclusion (through the system of social support) and the major factors that lead to them: high levels of unemployment, long-term inactivity in the labour market and low levels of education.⁸

Social transfers are a component of social support that has a direct effect on beneficiaries' financial status. At national level, people with disabilities can receive disability pensions and a monthly financial allowance. Both types of direct financial support are tied to disability status recognition and its duration. People whose working capacity is reduced by at least 50 % are eligible to receive any of the financial transfers.⁹

The People with Disabilities Act (Закон за хората с увреждания) regulates the disability allowance.¹⁰ Its level is a function of the national poverty threshold,¹¹ growing from 7 % of it for people with a degree of disability between 50 % and 79.99 %, to 57 % for people with over 90 % of disability who receive a social disability pension (BGN 271 or some € 135). This income is insufficient for people who are not engaged in paid work to maintain an adequate standard of living, at-risk-of-poverty data confirm.

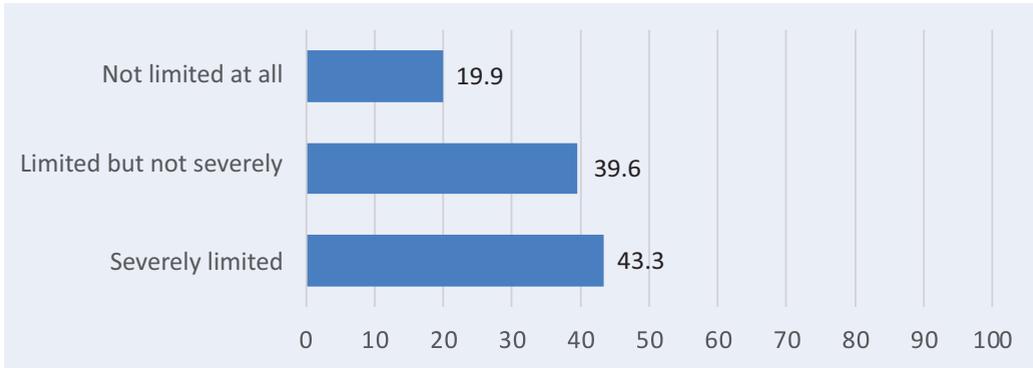
At the same time, there are two important parameters of financial assistance under national legislation. One is the 'guaranteed minimum income' (гарантиран минимален доход),¹² which the government defines as sufficient for one's basic needs. The other is the 'differentiated minimum income' (диференциран минимален доход), calculated at household level, which depends on the number of household members, their income and their possessions.¹³

The guaranteed minimum income was last set in 2018, at BGN 75 (€ 37.50) per month.¹⁴ The gap between this income and the poverty line has kept many people who need financial assistance from obtaining it. The vast majority of people with disabilities consider the amount of social transfers insufficient (90.8 %), and 41.9 % think it is also unacceptable.¹⁵

Particularly poor people have been a target of the national food programme. In 2020, 153,271 people with disabilities received basic food products.¹⁶

There is a considerable difference in the at-risk-of-poverty rate between people with and without disabilities, according to the survey data. Almost half of people with severe limitations (43.3 %) and a slightly smaller percentage of those with non-severe limitations (39.6 %) live at risk of poverty, compared with 19.9 % of people with no limitations (Figure 17).

Figure 17: At-risk-of-poverty rate of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems (%)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.

^b Those at risk of poverty are all people with an equivalised current monthly disposable household income below BGN 413.04, the 2019 twelfth national EU-SILC at-risk-of-poverty threshold that the NSI published. The equivalised disposable income is the total income of the household, after tax and other deductions, divided by the number of household members converted into equalised adults using the modified OECD equivalence scale (1–0.5–0.3).

Source: BNSI/FRA survey 2020

Age is a major determinant of the risk of poverty among people both with and without disabilities.¹⁷ Almost half of people with disabilities above the age of 65 (45.1 %) live at risk of poverty. That is a considerably higher proportion than among all other age groups, for which it ranges between 33.9 % and 35.9 %. The same trend is observed among people without disabilities, indicating that social payments are not enough to sustain a decent life, but people with disabilities are more vulnerable to poverty.

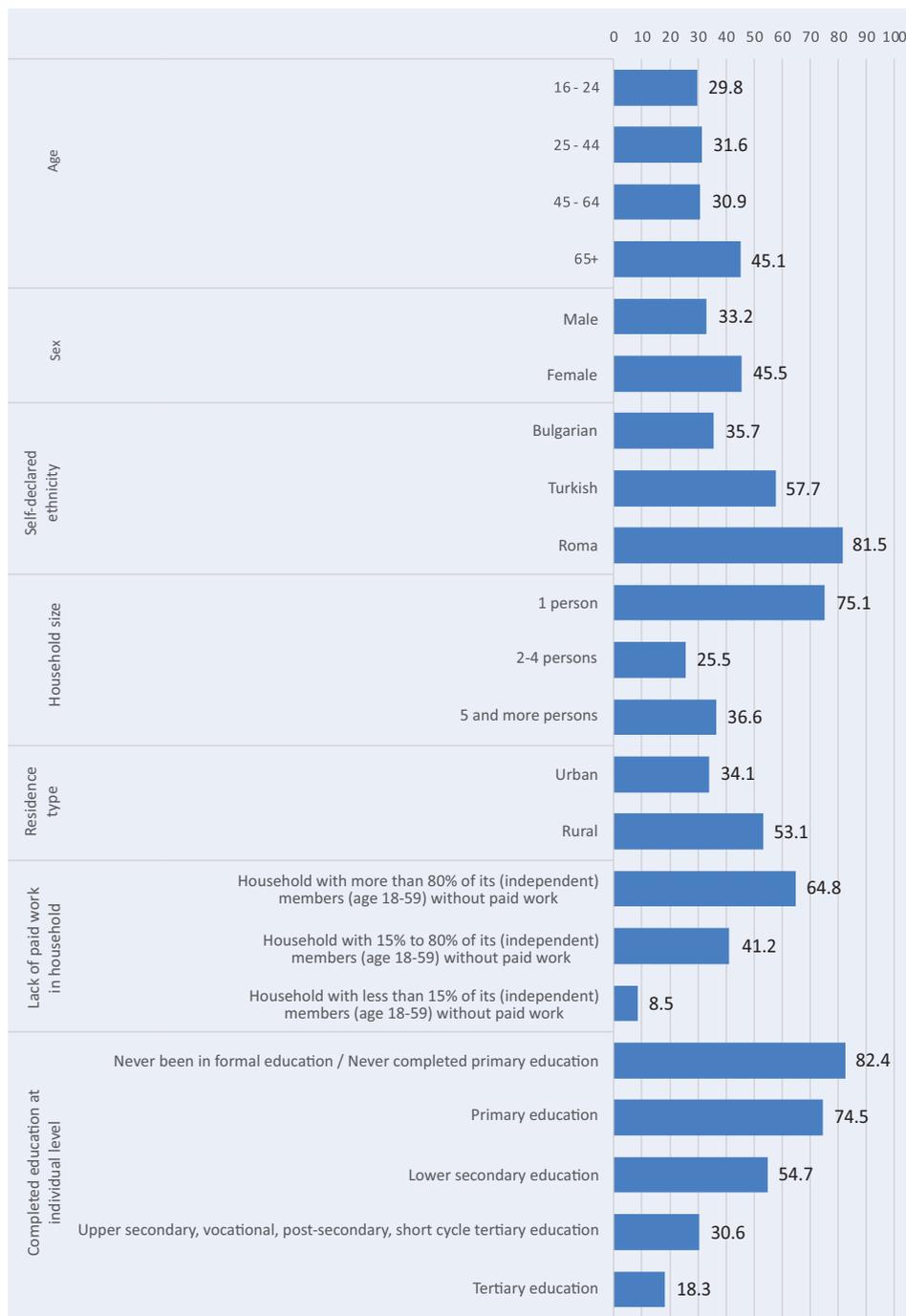
Gender also seems to be a factor. More than half of women with limitations live at risk of poverty (45.5 %), compared with 33.2 % of men. Although the same trend is visible among the general population (25.3 % of women versus 20.4 % of men),¹⁸ the gender gap is significantly wider among people with disabilities. This requires special policy attention to reducing poverty among women with disabilities.

Single-member households of people with disabilities are three times as exposed to the risk of poverty (75.1 %) as two- to four-person households (25.5 %). Shortage of paid work in the household is also associated with a higher risk of poverty. Employment therefore also protects people with disabilities from poverty, to a similar extent to the general population.

Individuals' education protects them from poverty to the same extent. Among people with disabilities, 21 % of those with tertiary education are living at risk of poverty. Among the general population only 7 % of those living in a household in which member has a degree are facing this situation (Figure 18).¹⁹



Figure 18: At-risk-of-poverty rate of people aged 16 years and over with self-reported severe or non-severe long-standing limitations in usual activities due to health problems, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate, residence type, joblessness, and completed education at individual level (%)



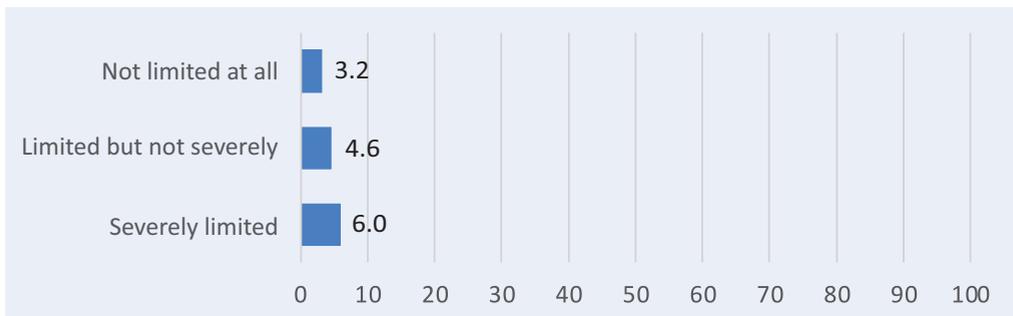
Notes: ^a Out of all respondents aged 16 years and over with self-reported severe and non-severe limitations in usual activities due to health problems (n = 4,250); weighted results.

^b Those at risk of poverty are all people with an equivalised current monthly disposable household income below BGN 413.04, the 2019 twelfth national EU-SILC at-risk-of-poverty threshold that the BNSI published. The equivalised disposable income is the total income of the household, after tax and other deductions, divided by the number of household members converted into equalised adults using the modified OECD equivalence scale (1–0.5–0.3).

Source: BNSI/FRA survey 2020

Inability to secure food because of lack of money is one indicator of extreme poverty. People with long-standing limitations are more exposed to this risk than the population without disabilities, survey data show. The proportion of people who live in households where one person has gone to bed hungry in the past month because there was not enough money for food is twice as high for people with severe limitations (6.0 %, and 4.6 % among those with non-severe limitations) as for people with no limitations (3.2 %) (Figure 19).

Figure 19: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems living in households where one person went to bed hungry in the month before the survey because there was not enough money for food (%)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.

^b Based on the questions “In the past month, have you or someone in your household gone to bed hungry because you didn’t have enough money for food? If so, how often this has happened in the last month?”.

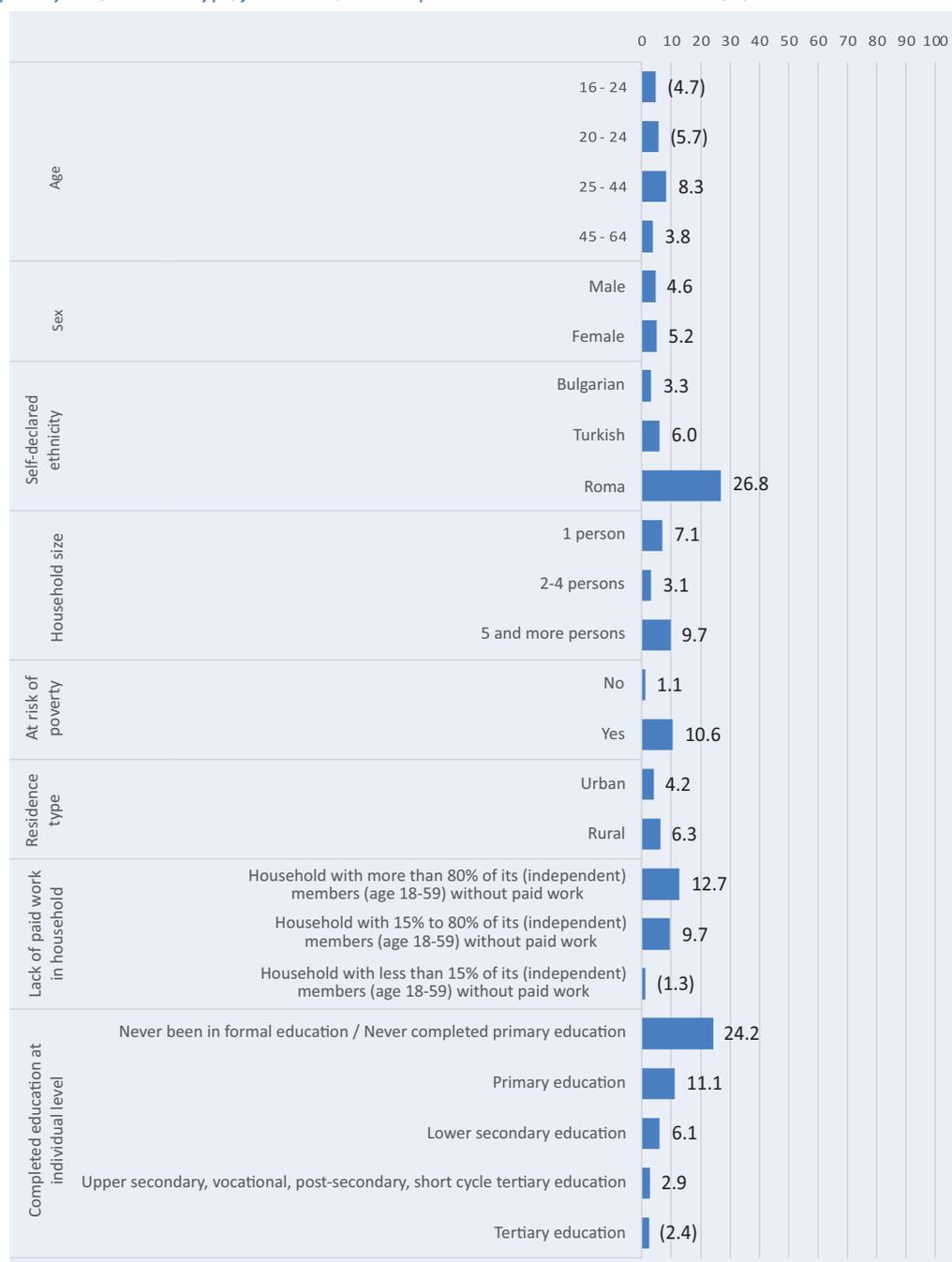
Source: BNSI/FRA survey 2020

Data disaggregated by socio-demographic characteristics confirm what is observed in national-level data among the general population.²⁰ Roma with disabilities stand out as being particularly vulnerable to the risk of going to bed hungry (26.8 %), a slightly higher proportion than among the general population with disabilities (24.1 %). The risk of experiencing hunger in the family unsurprisingly increases when the proportion of unemployed family members grows. The same correlation holds for the level of education.

That confirms the poverty drivers that Bulgaria’s poverty reduction strategy identifies (Figure 20).



Figure 20: Share of people aged 16 years and over with self-reported severe or non-severe long-standing limitations in usual activities due to health problems living in households where one person went to bed hungry in the month before the survey because there was not enough money for food, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate, residence type, joblessness, and completed education at individual level (%)



Notes: ^a Out of all respondents aged 16 years and over with self-reported severe and non-severe limitations in usual activities due to health problems (n = 4,250); weighted results.

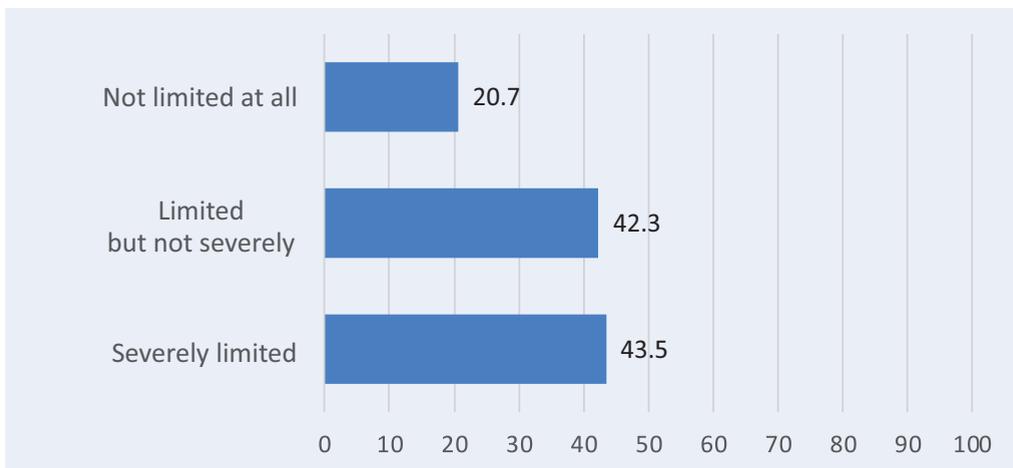
^b Based on the questions “In the past month, have you or someone in your household gone to bed hungry because you didn’t have enough money for food? If so, how often this has happened in the last month?”

^c Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total or based on cells with fewer than 20 unweighted observations are noted in parentheses. Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

The proportion of people with long-standing limitations who do not have a bank account (43.5 % among people with severe limitations and 42.3 % among those with limitations that are not severe) is more than twice as high as among people with no limitations (20.7 %), according to survey data (Figure 21).

Figure 21: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems who do not have a bank account (%)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.

^b Based on the question “Do you have a bank card (debit, credit) and/or bank account?”

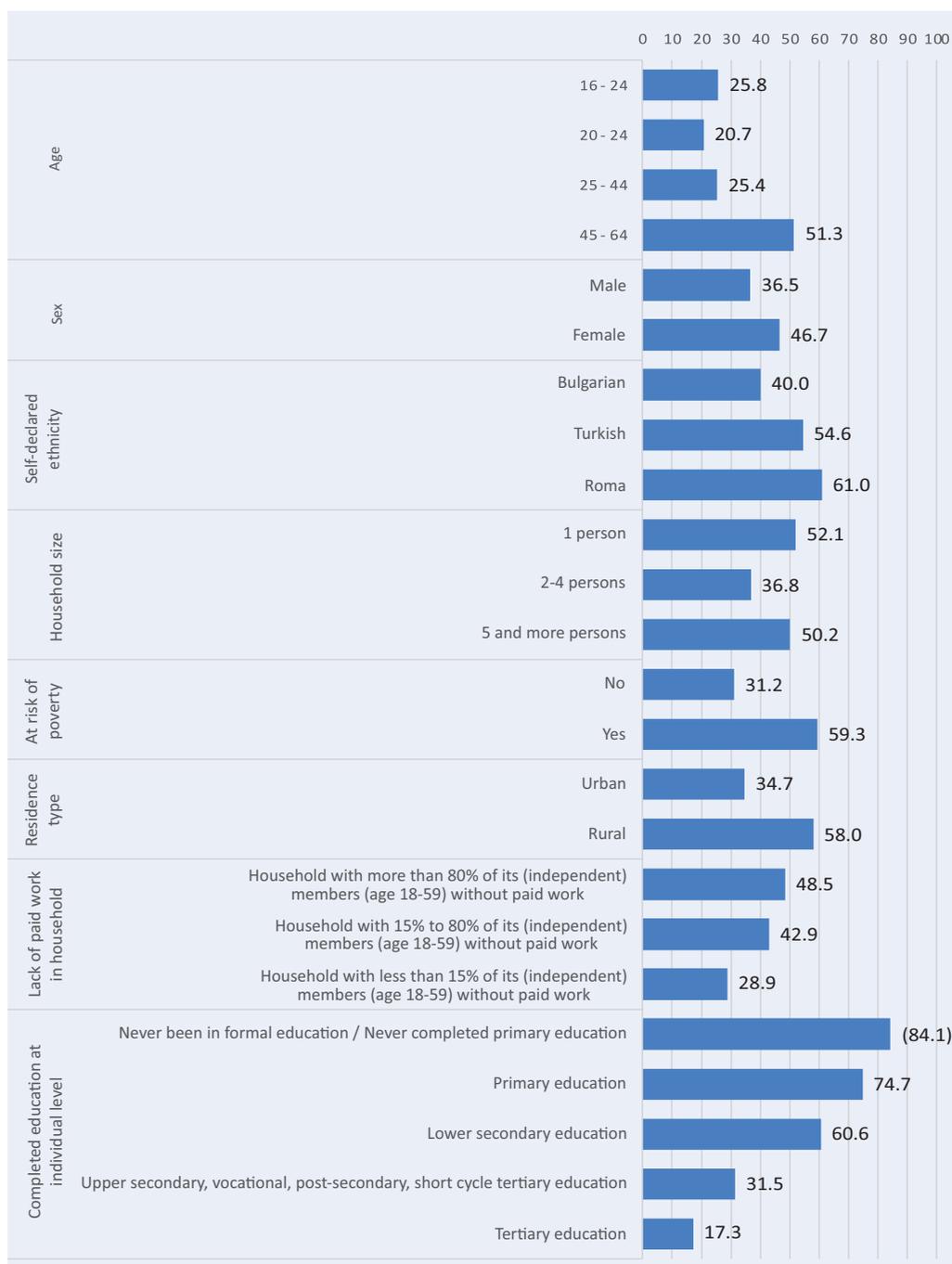
^c The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Disaggregated data show that age is a major factor in not having a bank account, as in the general population. It seems to affect younger people with disabilities less than the general population in the same age group. People with disabilities living in rural areas are particularly affected in comparison with the general rural population (58 % versus 47 %). Joblessness in household does not increase the proportion of people without bank accounts among people with disabilities to the same extent as in the general population. In terms of ethnicity, the people with disabilities who are at most risk of not having access to banking services are Roma (61.0 %), compared with 54.6 % of ethnic Turks and 40.0 % of ethnic Bulgarians (Figure 22).



Figure 22: Share of people aged 16 years and over with self-reported severe or non-severe long-standing limitations in usual activities due to health problems who do not have a bank account, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate, residence type, joblessness, and completed education at individual level (%)





Notes: ^a Out of all respondents aged 16 years and over with self-reported severe and non-severe limitations in usual activities due to health problems (n = 4,250); weighted results.

^b Based on the question “Do you have a bank card (debit, credit) and/or bank account?”.

^c The remainder of the 100 % includes non-responses to the underlying questions.

^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

Lack of accessible transport often stops people with disabilities independently carrying out everyday activities and participating in social life. Therefore, these people’s access to private transport indicates their independence in terms of mobility.

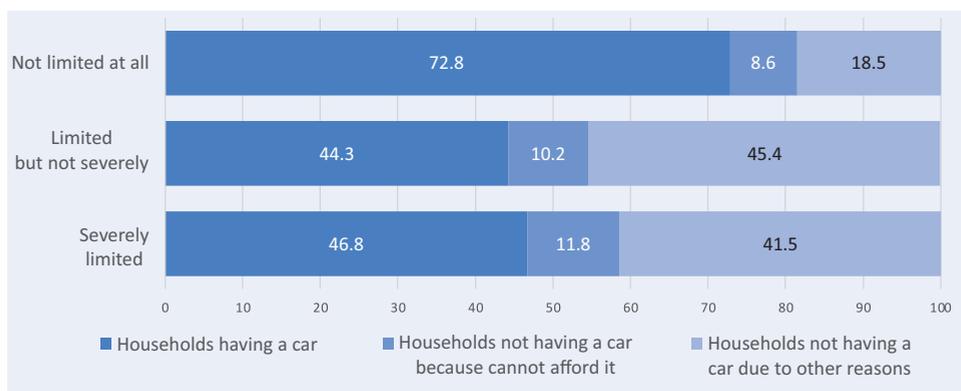
Affordability of personal transport is also related to the additional administrative burden and expenses for people with disabilities who want to drive. They need a specialised regional transport expert medical commission (транспортна областна лекарска експертна комисия) to issue a decision in their favour. These commissions are available at only five locations: Sofia, Plovdiv, Varna, Burgas and Gorna Oryahovitsa.²¹

The National programme for accessible housing and personal mobility (Национална програма за достъпна жилищна среда и лична мобилност)²² offers targeted support for purchasing or adapting a vehicle for people with disabilities. Like its accessibility component (see ‘Housing’ above), it is restrictive both in terms of eligibility criteria and in the amount of assistance. It also poses a significant administrative burden: it requires support letters from territorial unit of the SAA, and project proposals must be filed both electronically and on paper. In 2020, 13 proposals were filed, of which six were not found admissible.²³

Households that include people with disabilities less often have a motor vehicle at their disposal: 44.3 % of those with at least one member with a non-severe disability and 46.8 % with a severe disability, compared with 72.8 % of those with no members with a disability. Buying a car and covering its running costs is beyond the budget of 11.8 % of people with severe disabilities. This share falls from 10.2 % among households with a non-severely disabled member to 8.6 % among households without members with disabilities (Figure 23).



Figure 23: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems living in households that could not afford a car (%)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.

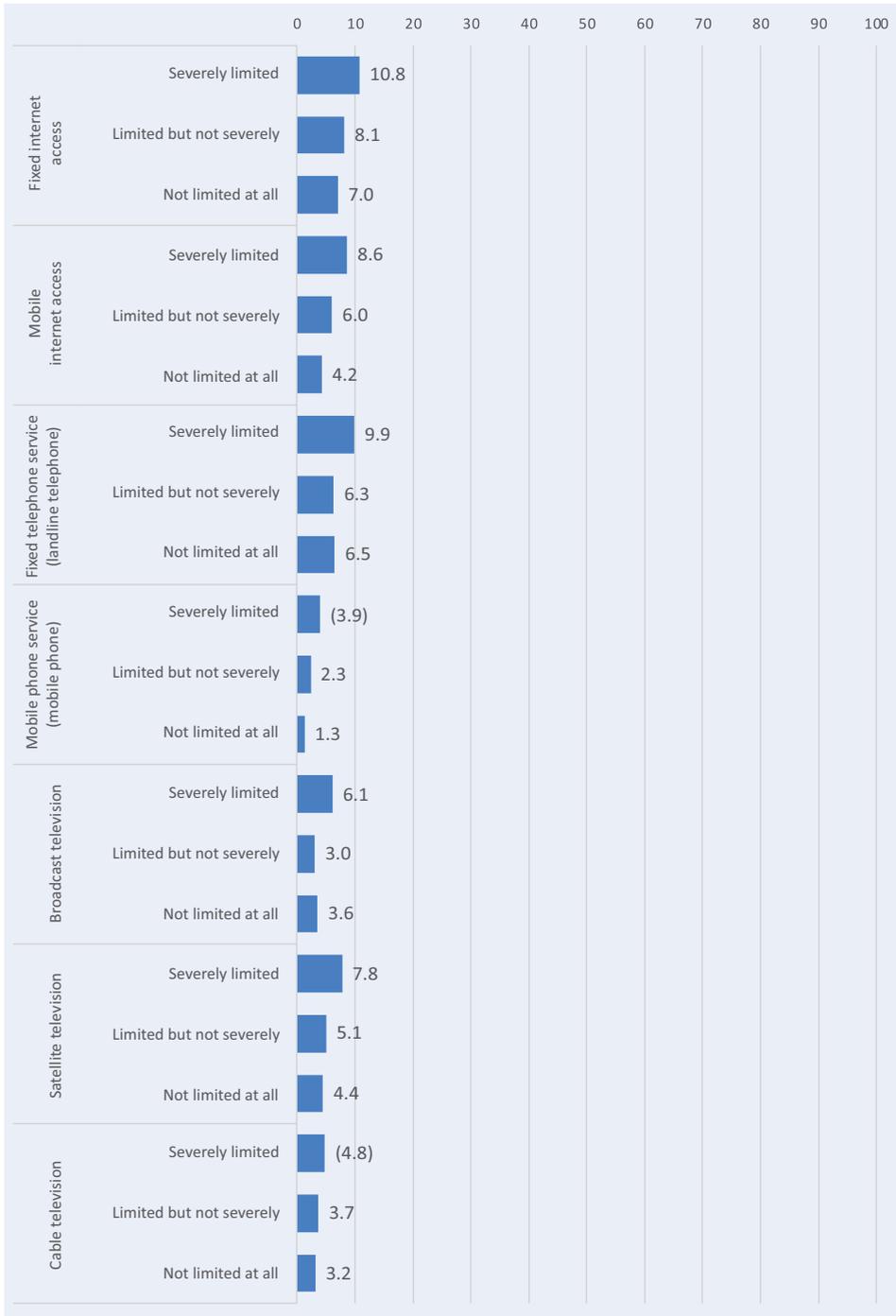
^b Based on the question “Does your household possess?: ‘Car (incl. company car used for private purposes)’?”.

Source: BNSI/FRA survey 2020

Accessible information and communication technologies could play an important role in ensuring independence and mobility. The internet, and digitalisation in general, can also serve as a tool to address barriers that people with disabilities face in access to the labour market. Almost one third of all employed people in Bulgaria use the internet (33.7 %),²⁴ and 10.9 % of companies sell goods or services online, according to official data.²⁵ In 2019, 33.8 % of companies used social media.²⁶

In terms of digital skills, however, the two main reasons for households not to have internet at home are the lack of skills to use it (10.4 %) and because they do not need it (because it is not useful, not interesting, etc.) (12.5 %), according to official data.²⁷ The survey results suggest that the proportion of people with severe disabilities who cannot afford basic communication services is higher than in all other groups with regard to the internet, telephone or TV. Fixed internet and telephone, and satellite TV are generally less affordable, presumably considered non-essential (Figure 24).

Figure 24: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems living in households that could not afford basic communication services (%)





Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.

^b Based on the question asking for “Services used by the household: ‘Fixed internet access’, ‘Mobile internet access’, ‘Fixed telephone service (landline telephone)’, ‘Mobile phone service (mobile phone)’, ‘Broadcast television’, ‘Satellite television’, and ‘Cable television’, where possible answer was ‘No, cannot afford it’”.

^c The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

¹ European Commission (2021), [Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030](#), COM (2021) 101 final, 3 March 2021, p. 16.

² Eurostat (2020), [Severe material deprivation rate, 2015-2019](#), 22 April 2020. According to the data, Bulgaria has been the country with the highest rate of severe material deprivation every year since 2015.

³ Eurostat (2020), [At-risk-of-poverty rate by poverty threshold, age and sex](#), 17 December 2020.

⁴ The World Bank (2020), [GINI Index \(World Bank Estimate\) – Bulgaria, European Union](#).

⁵ Bulgaria, Council of Ministers (Министерски съвет), National strategy for poverty reduction and promotion of social inclusion 2020 – 2030 ([Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2020 – 2030](#)), 31 December 2020, p. 24.

⁶ For more information, see ‘Employment and qualifications’ section.

⁷ Bulgaria, Council of Ministers (Министерски съвет), National strategy for poverty reduction and promotion of social inclusion 2020 – 2030 ([Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2020 – 2030](#)), 31 December 2020, p. 24.

⁸ Bulgaria, Council of Ministers (Министерски съвет), National strategy for poverty reduction and promotion of social inclusion 2020 – 2030 ([Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2020 – 2030](#)), 31 December 2020.

⁹ For more information, see the website of the [National Social Security Institute](#).

¹⁰ Bulgaria, People with Disabilities Act ([Закон за хората с увреждания](#)), 18 December 2018, last amended 11 December 2020.

¹¹ Until 2021, two different poverty thresholds were published each year. On the one hand, the BNSI published a poverty threshold calculated, according to Eurostat rules, as 60% of median equivalised income after social transfers on the basis of EU-SILC data for the preceding year. On the other hand, the government published its own poverty threshold, which was also based on EU-SILC data, but was calculated using a different formula. Thus, for the year 2020, the poverty threshold stood at BGN 363 (approximately €186) according to the government and at BGN 451 (approximately €225) according to the BNSI. In August 2021, the government amended its methodology and aligned it with the methodology used by Eurostat. Thus, starting from 2021, both poverty thresholds will be calculated according to the Eurostat methodology, however using different reference years. For more information, see Bulgaria, Council of Ministers (Министерски съвет), Methodology for determining the poverty threshold for the country ([Методика за определяне на линията на бедност за страната](#)), 27 September 2019, last amended 17 August 2021; and Bulgaria, Council of Ministers (Министерски съвет), Decree No 275 of 1 November 2019 for determining the poverty threshold for the country in 2020 ([Постановление № 275 от 1 ноември 2019 г. за определяне на размера на линията на бедност за страната за 2020 г.](#)), 5 November 2020.

¹² Bulgaria, Social Assistance Act ([Закон за социалното подпомагане](#)), 19 May 1998, last amended 11 August 2020, Art. 12.

¹³ Bulgaria, Rules for the implementation of the Social Assistance Act ([Правилник за прилагане на Закона за социално подпомагане](#)), 5 November 1998, Art. 9

¹⁴ Bulgaria, Council of Ministers (Министерски съвет) Decree № 305 of 19 December 2017 determining a new monthly amount of the guaranteed minimum income ([Постановление № 305 от 19 декември 2017 г. за определяне на нов месечен размер на гарантирания минимален доход](#)).

¹⁵ Policy Instruments Association (Обединение „Инструменти за политики“) (2020) Part 2 of the Final Report on Monitoring, Analysis and Evaluation of the Effectiveness, Efficacy and Impact of Disability Rights Strategies and Policies (Част 2 от Окончателен доклад Мониторинг, анализ и оценка на ефективността, ефикасността и въздействието на стратегиите и политиките за правата на хората с увреждания), October 2020, p. 28.

¹⁶ Bulgaria, Social Assistance Agency (Агенция за социално подпомагане) (2021), Food Programme 2021-2027 ([Програма за храни 2021-2027 г.](#)).

¹⁷ National Statistical Institute of Bulgaria, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), Key social inclusion and fundamental rights indicators in Bulgaria, Sofia, National Statistical Institute of Bulgaria (draft report developed under BGLD-3.001-0001 Project “Novel Approaches to Generating Data on hard-to-reach populations at risk of violation of their rights”), Chapter 3.

¹⁸ National Statistical Institute of Bulgaria, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), Key social inclusion and fundamental rights indicators in Bulgaria, Sofia, National Statistical Institute of Bulgaria (draft report developed under BGLD-3.001-0001 Project “Novel Approaches to Generating Data on hard-to-reach populations at risk of violation of their rights”).

¹⁹ National Statistical Institute of Bulgaria, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), Key social inclusion and fundamental



rights indicators in Bulgaria, Sofia, National Statistical Institute of Bulgaria (draft report developed under BGLD-3.001-0001 Project “Novel Approaches to Generating Data on hard-to-reach populations at risk of violation of their rights”).

²⁰ National Statistical Institute of Bulgaria, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), Key social inclusion and fundamental rights indicators in Bulgaria, Sofia, National Statistical Institute of Bulgaria (draft report developed under BGLD-3.001-0001 Project “Novel Approaches to Generating Data on hard-to-reach populations at risk of violation of their rights”).

²¹ Bulgaria, National Assembly (Народно събрание) (2017), Response to a question on the transport regional medical expert commissions ([Отговор на въпрос относно транспортните областни лекарски експертни комисии](#)), 13 July 2017. The commission based in Varna exists as of 2021.

²² For more information on the programme, please see the website of the [Ministry of Labour and Social Policy](#).

²³ Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика) (2021), Annual Report 2020 on the implementation of the activities under component 2 „Personal Mobility“ of the National Program for Accessible Housing and Personal Mobility ([Годишен отчет 2020 за изпълнението на дейностите по компонент 2 „Лична мобилност“ на Националната програма за достъпна жилищна среда и лична мобилност](#)).

²⁴ Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2020), [Persons employed using internet](#), 11 December 2020.

²⁵ Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2020), [Enterprises with e-commerce sales](#), 11 December 2020.

²⁶ Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2019), [Enterprises using social media](#), 6 December 2019.

²⁷ Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2020), [Reasons for not having access to the internet at home](#), 11 December 2020.



5. Discrimination and social isolation

Highlights

- Survey results reveal a considerable difference between the people with and without disabilities in relation to discrimination. Almost one in every four persons with severe limitations (24.1 %) have experienced discrimination in the areas of employment, healthcare, housing, education or public life in the 12 months prior to the survey. The share of those with non-severe limitations, who also felt discriminated, is much lower (7.7 %), but is still twice higher compared to persons with no limitations (3.8 %).
- The share of young people with limitations (25-44), who felt discriminated (32.8 %), is much higher compared to the other age groups. In terms of education, the share of people who felt discriminated grows with increasing the level of education, suggesting that people with higher education have higher level of awareness of the anti-discrimination rules.
- People with disabilities are much less satisfied with their personal relationships. While the share of persons, who are satisfied with their personal relationships, is 90 % among people without disabilities and 80 % among those with limitations that are not severe, when it comes to people with severe disabilities it drops down to about 62 %.
- People with disabilities can rely less on their relatives, friends, neighbours and other acquaintances when they need help, compared to people with no disabilities. While the share of people with no disabilities, who believe they cannot rely on such assistance, is about 12 %, it goes up to 18.2 % among people with non-severe disabilities, and to almost 25 % among those with severe disabilities.

People with disabilities are particularly vulnerable to discrimination and social exclusion. This is why equality and non-discrimination are among the general principles in the Charter of Fundamental Rights of the European Union.¹ Article 21 prohibits any form of discrimination based on any ground.

Article 5 of the CRPD also prohibits all discrimination on the basis of disability. It requires that states guarantee equal and effective legal protection for people with disabilities against discrimination on all grounds. In addition, it provides for ensuring reasonable accommodation as a way to eliminate discrimination and promote equality.

Equality stands out among the principles of the European Pillar of Social Rights and the priorities of the EU Strategy for the Rights of Persons with Disabilities 2021–2030.

At national level, Bulgaria's anti-discrimination legislation, the Protection against Discrimination Act (Закон за защита от дискриминацията), aims at "ensuring every person's right to equality before the law; equal treatment, including opportunities in public life participation; and effective safeguards against discrimination."² It declares that, if public spaces are not accessible to people with disabilities, it is an act of discrimination, and it obliges employers to adapt workplaces for workers who need it.

It also regulates the operation of the national equality body, the Commission for Protection against Discrimination, CPD (Комисия за защита от дискриминацията, КЗД). The number of complaints about unequal treatment has been constantly increasing through the years, according to the Commission's data, reaching a total of 921 in 2019. The majority of these complaints concern discrimination on grounds of disability. They are most often re-

lated to inaccessible infrastructure of various types of public spaces.³

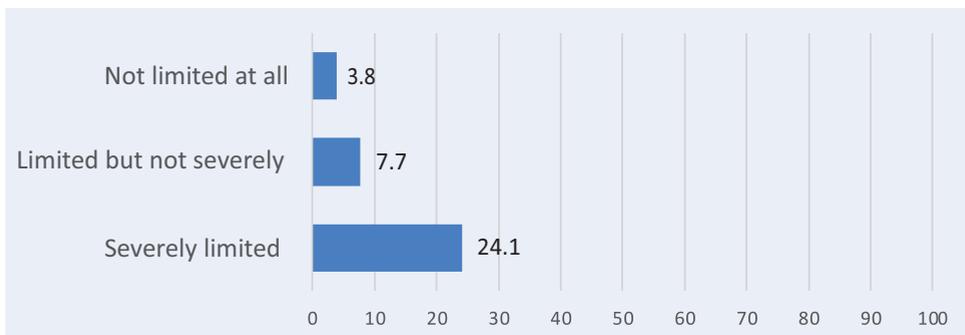
Nevertheless, Bulgaria's anti-discrimination system has been repeatedly criticised for needing to strengthen the equality body's capacity to fulfil its mandate, and for the insufficient application of its decisions. In addition, the national legislation needs amendment to recognise that rejecting reasonable accommodation is a discriminatory act.⁴

The Ombudsman of the Republic of Bulgaria is the other institution that receives complaints on the basis of disability. It also reports an increase in the number of complaints related to violating the rights of people with disabilities, from 395 in 2018 to 458 in 2020. Of the complaints received in 2020, 221 related to violations of political and civil rights (accessible environment 29; healthcare and rehabilitation access 21). A total of 87 complaints related to social and economic protection, 75 were in the area of social services and personal mobility, 11 concerned employment and entrepreneurship and nine related to housing.⁵

To assess the prevalence of discrimination, the survey captures people's subjective perceptions of whether or not they have been discriminated against. A person's own perception of discrimination – whether or not it has been proven in a court of law or even reported – affects their personal decisions and behaviour and can be a barrier for social inclusion.

The survey results show the percentages of people who felt discriminated against in the areas of employment, healthcare, housing, education and public life. They reveal a considerable difference between people with and without disabilities. Almost one in every four people with severe limitations (24.1 %) experienced discrimination in any of the areas covered in the 12 months before the survey. A far smaller percentage of those with non-severe limitations did (7.7 %), but it is still more than twice as high a proportion as that of people with no limitations (3.8 %) (Figure 25).

Figure 25: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems who felt discriminated against on any ground in any of the areas covered in the survey in the 12 months before the survey (%)



Notes: ^a Out of respondents aged 16 years and over who were in at least one of the areas of daily life asked about in the survey in the 12 months before the survey ($n = 25,646$); weighted results.

^b Areas of daily life asked about in the survey: looking for work, at work, education (as a student or as a parent), health, housing, and other public or private services (public administration, restaurants or bars, public transport and shops).

^c The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020



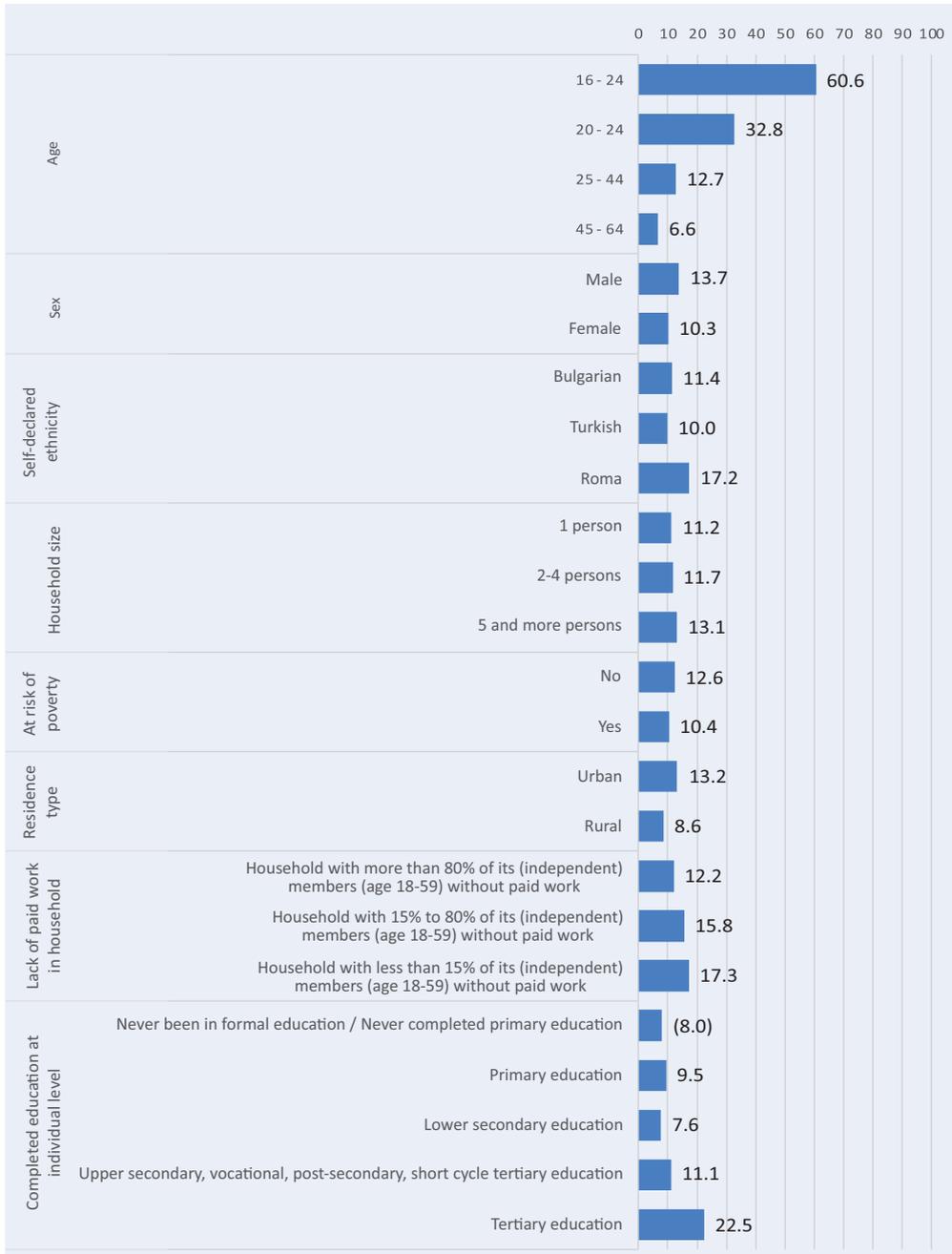
Disaggregated by socio-demographic characteristics, the data show several groups that are particularly vulnerable to unequal treatment. Age, ethnicity and education seem to be among the factors that influence the risk of discrimination.

The proportion of young people (aged 16–24) with limitations who felt discriminated against (60.6 %) is much higher than in the other age groups. That result can be explained either by the presumably more active life that younger people with disabilities live or by their higher levels of awareness of discrimination and safeguarding measures.

People with limitations who have Roma and Turkish ethnic backgrounds also seem more vulnerable to unequal treatment. However, the small numbers of responses for both of these groups do not allow for a more statistically reliable conclusion.

When it comes to education, the highest proportion of people who felt discriminated against is among those with completed tertiary education (22.5 %). That can be explained by their presumed higher level of awareness of the anti-discrimination rules (Figure 26).

Figure 26: Share of people aged 16 years and over with self-reported severe or non-severe long-standing limitations in usual activities due to health problems who felt discriminated against on any ground in any of the areas covered in the survey in the 12 months before the survey, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate, residence type, joblessness intensity, and completed education at individual level (%)





Notes: ^a Out of respondents aged 16 years and over with self-reported severe and non-severe limitations in usual activities due to health problems who were in at least one of the areas of daily life asked about in the survey in the 12 months before the survey (n = 4,052); weighted results.

^b Areas of daily life asked about in the survey: looking for work, at work, education (as a student or as a parent), health, housing, and other public or private services (public administration, restaurants or bars, public transport and shops).

^c The remainder of the 100 % includes non-responses to the underlying questions.

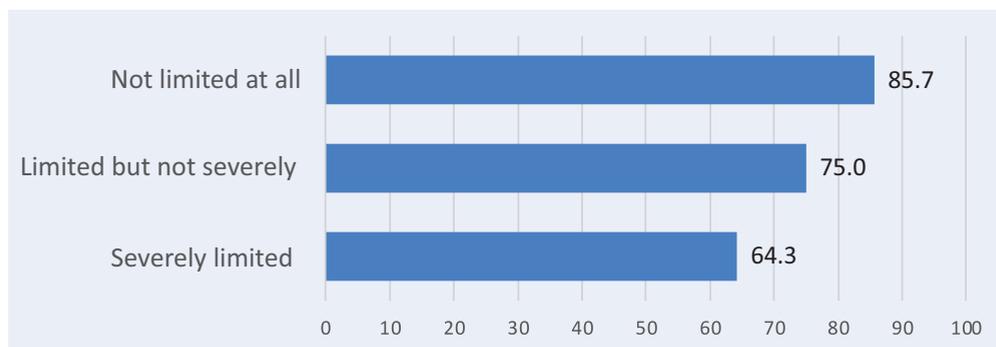
^d Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

Despite the higher risk of being discriminated against (Figure 25), people with limitations are less aware of the institutions that exist to protect their rights, the survey results show. Only 64.3 % of people with severe limitations and 75 % of those with less severe limitations have heard about at least one such institution, whereas more than 85 % of people with no limitations have (Figure 27). This lack of awareness, particularly among groups at more risk of unequal treatment, can lead to a higher number of unreported incidents.

Proper monitoring of the level of public awareness can single out those groups of the population that are less informed about ways to protect their rights, as the survey illustrates. In turn, the relevant public institutions can use the information to better target their information and awareness-raising campaigns.

Figure 27: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems who have heard of at least one equality body, national human rights institution or ombuds institution (%)



Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.

^b Based on the question “Have you ever heard of the following organisations?” where possible answers included ‘The Commission for Protection against Discrimination’ and ‘The Ombudsman of Bulgaria’.

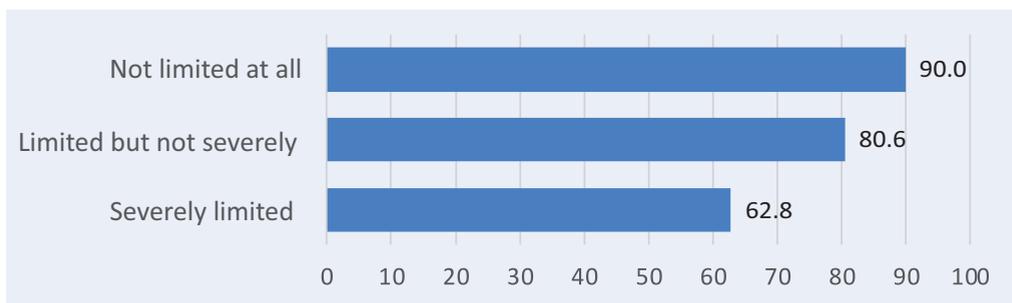
^c The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Personal relationships are vital for people’s health and personal well-being. Maintaining good relationships with friends reduces stress, and supports mental and emotional well-being.⁶

There is a lot of research on the vulnerability factors affecting the life of people with disabilities (such as discrimination, rejection and non-acceptance), but no in-depth studies exploring how these people perceive their own status in society. The survey partly fills this gap by exploring how satisfied people with limitations are with personal relationships. Particularly if they have severe limitations, they are generally less satisfied with their relationships with family, friends, neighbours and other people, it finds. As many as 90 % of people without limitations and 80 % of those with limitations that are not severe but only 62 % of people with severe limitations are satisfied with their personal relationships (Figure 28).

Figure 28: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems satisfied with their personal relationships with family, friends, neighbours and other people (%)



- Notes: ^a Out of all respondents aged 16 years and over (n = 26,380); weighted results.
^b Based on the question “Overall, what is your level of satisfaction with?: ‘Your personal relationships with family, friends, neighbours and other people you know?’, where ‘1’ means ‘completely dissatisfied’ and ‘10’ means ‘completely satisfied’.
^c The remainder of the 100 % includes non-responses to the underlying questions.

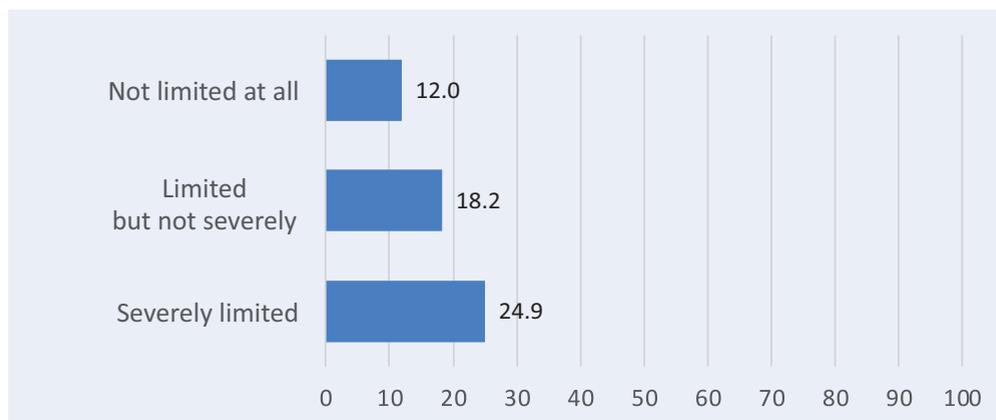
Source: BNSI/FRA survey 2020

Maintaining a network of social contacts increases the amount of instrumental and emotional support on which people can rely.⁷ The size of this network depends on individuals’ level of social integration, and frequent meetings increase the chances of contacts helping each other.⁸

The survey lets us explore the degree to which people with limitations can rely on support within their own social networks. However, they can rely less than people with no limitations on their relatives, friends, neighbours and other acquaintances when they need help, according to the results. A total of 12 % of people with no limitations, 18.2 % of people with non-severe limitations and almost 25 % of those with severe limitations believe they cannot rely on such assistance (Figure 29). Viewed in the context of the other indicators, these results confirm that people with limitations are more exposed to the risk of social exclusion, including within their own networks of family and friends.



Figure 29: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems who think they cannot get help from relatives, friends, neighbours or other people they know if they need other than financial help (%)



Notes: ^a Out of all respondents aged 16 years and over ($n = 26,380$); weighted results.

^b Based on the question “Do you think that if you need help other than financial (to talk to someone, someone to help you do something or to give you advice on a personal matter) you can get it from relatives, friends, neighbours or other people you know?”.

^c The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

¹ Charter of Fundamental Rights of the European Union, 2012/C 326/02, OJ C 326, 26 October 2012, pp. 391-407.

² Bulgaria, Protection against Discrimination Act ([Закон за защита от дискриминацията](#)), 30 September 2003, last amended 19 January 2018, Art. 2.

³ Bulgaria, Commission for Protection against Discrimination (Комисия за защита от дискриминация) (2020), Annual activity report of the Commission for Protection against Discrimination for 2019 ([Годишен отчет за дейността на Комисията за защита от дискриминация през 2019 г.](#)), Sofia, Commission for Protection against Discrimination.

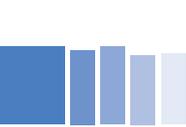
⁴ Bulgaria, Council of Ministers (Министерски съвет), Action Plan for the implementation of the final recommendations to the Republic of Bulgaria addressed by the UN Committee on the Rights of Persons with Disabilities 2021 – 2026 ([План за действие за изпълнение на заключителните препоръки към Република България, отправени от Комитета на ООН за правата на хората с увреждания 2021 – 2026](#)), 12 February 2021, pp. 3-4 and 26-27.

⁵ Bulgaria, Ombudsman of the Republic of Bulgaria (Омбудсман на Република България) (2021), Annual activity report of the Ombudsman 2020 ([Годишен доклад за дейността на омбудсмана 2020](#)), March 2021.

⁶ Amati, V., Meggiolaro, S., Rivellini, G., Zaccarin, S. (2018), ‘Social relations and life satisfaction: the role of friends’, *Genus*, No. 74.

⁷ Allan, G. (1998), ‘Friendship, sociology and social structure’, *Journal of Social and Personal Relationships*, Vol. 15, No. 5, pp. 685-702.

⁸ Haines, V. A., Hurlbert, J. S., Beggs, J. J. (1996), ‘Exploring the determinants of support provision: Provider characteristics, personal networks, community contexts and support following life events’, *Journal of Health and Social Behavior*, Vol. 37, No. 3, pp. 252-264.



Conclusions and recommendations

Successful reforms and policies require data-based decision making during their preliminary analysis, preparation, and monitoring and evaluation stages. The present report adds to the process of quality policy making by offering a holistic approach to targeting measures to protect the rights of people with disabilities in Bulgaria in five areas of their lives: (1) employment and qualification, (2) health, (3) housing, (4) poverty and social exclusion and (5) discrimination and social isolation. Further disaggregation by key characteristics makes it possible to identify the groups of people that are particularly vulnerable to risks of poverty and rights violations.

The survey is aligned to both EU and national policies. That makes its results particularly relevant to assessing the ongoing reforms in Bulgaria's social sphere, especially concerning people with disabilities. It offers a snapshot of the situation of their rights compared with people without disabilities. It enables multilevel analysis that further research can expand in areas where policy improvements are needed.

1. Employment and qualification

Employment of people with disabilities and education and qualification as its main determinants have been recognised as priority concern areas by national authorities for being a basic means of both integration and assuring dignified life. The policy documents recognise the lack of sufficient and adequate job skills for people with disabilities and at the same time admit their significance as a workforce pool yet to be utilised.

- After the reform in the educational system aiming at providing equal access and level of education to people with disabilities, survey data suggest that the educational gap among people with and without disabilities continues to exist with the share of people with completed upper secondary or tertiary education is close to 80 % among people with no disabilities, compared to 61.5 % and 57.3 % among people with non-severe and severe disabilities. National educational and qualification programmes, in particular the National programme for employment and qualification of people with permanent disabilities (Национална програма за заетост и обучение на хора с трайни увреждания), should expand their scope to fill the educational gap of people with disabilities who completed their education before the reform was introduced, and its admissibility criteria should expand not only to enrol people with permanent disabilities (over 50 % reduced working capacity) who are unemployed but also inactive people regardless of their disability or employment status. Moreover, in terms of content, the educational programmes should not only cover narrow professional education, but add basic skills and technology-related knowledge to meet the needs of digital economy.
- The higher level of education confirms to be a major factor for having a job, however, tailored labour services are also essential to provide equal access to employment. Presently, while 77.9 % of people with no disabilities aged between 20 and 64 years are involved in any type of employment, the same share among people with non-severe disabilities stands at 48.8 % and falls to 42.3 % among those with severe disabilities suggesting ineffectiveness of the presently applied measures such as people with disabilities employment quotas and subsidised workplaces. The currently applied concept of evaluation of working capacity, being the basis for measures' accession, should focus on abilities, rather on disability, to be able to effectively serve its



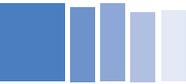
purpose to be the main tool for support eligibility. It has to offer needs assessment and opportunities for individualised and integrated approach in job market support. The 2019-introduced individual assessment, which measures the barriers that a person with disabilities faces in everyday activities, can be expanded and linked to the capacity evaluation and used as a tool in the area of employment.

- Inactivity at the labour market is another field in which national authorities should invest more efforts. There is a considerable disproportion among people with and without disabilities in terms of employment status. People with limitations are much less engaged in paid work (16.9 % of those with severe and 14.1 % of those with non-severe limitations). The higher employment level among people with disabilities aged 20–24 suggests that the reform introducing inclusive education and the efforts in ensuring labour accessibility has produced visible results. Besides expanding workplace adaptation support and qualification opportunities, people with disabilities, including in retirement age, should be encouraged to join the labour market. Further research is needed to identify their motivations and needs to do so.

2. Health

National authorities have acknowledged in the policy documents the importance of assuring an integrated social and medical approach for providing accessible and quality rehabilitation and medical services to reduce the negative effects of long-term health problems, including chronic diseases.

- The survey data show that although a sizable gap exists in unmet medical needs (1.9 % of people with no disabilities versus 6.6 % among people with non-severe and over 20 % among people with severe disabilities), no major differences are noticed when measuring occurrence of visits to general practitioners, medical or surgical specialists or dentists, suggesting decreased access to evenly distributed highly-specialised healthcare. Younger people with disabilities, people from the Roma ethnic group, as well as people in advanced seem to be particularly vulnerable of not receiving timely and quality healthcare suggesting affordability as the main reason for hindered access to medical aid rather than physical distance as differences between access to doctor in urban and rural areas is not significant. The national health authorities should introduce affordable combined assistance and medical services to enable people access medical specialists needed and to strengthen home visits by doctors within the NHIF pack of free services, where such need exists.
- The hindered access to healthcare of people with disabilities brings up the need for comprehensive needs assessment. The presently prepared needs assessments cover the use of financial support, social services and rehabilitation, however, do not include medical needs. The medical needs are met by the general healthcare system. Its only specific function related to the people with disabilities is the disability recognition system. It is based on the medical approach to disability and does not offer personalised assessment of medical needs. Despite there are limited efforts to reduce the administrative burden from people with disabilities, it is still a heavy procedure which hinders access of many people. In addition, the insufficient control over it allows for misuse of financial and support resources.¹
- An alarmingly high share of people with disabilities have not consulted their general



practitioner for more than a year – 9.3 % of people with severe and 14.8 % of those with non-severe disabilities. These figures are substantially lower than among the general population (37.9 %) suggesting that the general deficits of the national healthcare system affect also the people with disabilities. Besides the restructuring of the general healthcare system, national authorities should consider implementing digitalisation and new medical technologies to increase the accessibility in terms of prophylactics and preventive medicine.

3. Housing

Poor living conditions and overcrowding can pose significant health risks and deepen social exclusion due to poor adaptation and mobility aids. Housing cost burden is also higher for people with disabilities.

- People with disabilities are disproportionately exposed to higher risk of living in housing deprivation (29.8 % of severely limited and 24.1 % of non-severely limited people live in dwellings too dark, or with leaking roof or damp walls, or with no bath/shower or indoor toilet while the same share among people with no disabilities stands at 16.6%). In Bulgaria, there is no relevant policy response to this inequality besides the poverty reduction measures which is a powerful catalyst for the continuing high level of entry into institutions and residential settlements.
- The sociodemographic characteristics which seem most often associated with higher risk of housing deprivation are ethnicity, being at risk of poverty and having lower level of education suggesting that people with disabilities within these groups need special attention by policymakers in terms of housing.
- The present housing-related assistance opportunities for people with disabilities are limited to a narrow range of people in need (either over 90 % of reduced working capacity or living alone) and pose significant administrative burden to potential beneficiaries so that their impact is practically limited. Support programmes and assistance schemes such as the National program for accessible housing and personal mobility (Национална програма за достъпна жилищна среда и лична мобилност) should be more open. From a financial perspective, national policies should reconsider prioritising support programmes for private households at the expense of building residential social services within the deinstitutionalisation of people with disabilities process in order to motivate people to live in their homes in the community rather than feeding in institutional households when, due to poor living conditions, no other option is available.
- In terms of overcrowding, being generally a persisting problem in Bulgaria, people with disabilities do not stand out as particularly vulnerable. The share of people with severe limitations living in households with insufficient number of rooms (33 %) is slightly higher than the share of those with no limitations (29.5%) and those with limitations that are not severe (19.6%). Data suggests that this problem needs to be addressed at national level, targeting groups that are more affected than others (both among people with disabilities and within the general population) – people with lower level of education and those self-identifying as Roma report to be more often exposed to overcrowding along with people living in urban areas.



4. Poverty and social exclusion

Poverty and social exclusion pose another challenge to policies related to people with disabilities – a significantly higher proportion of this groups (40.5%) is exposed to risk of poverty compared to people without disabilities (19.9%).

- Insufficiency of support pushes other family members to long-term unemployment for having to assist their relatives with disabilities or, in cases where such people are not available, people with disabilities are forced to enter institutions. Age confirms to be a major determinant of the risk of poverty among both people with and without disabilities suggesting insufficiency of social transfers to sustain decent living standard. The people with disabilities are among the priority groups of the national poverty reduction policy, and the disability policy reform has linked the disability social transfers to the poverty line and extended the coverage of personal assistance and targeted financing to compensate disability-invoked expenses,² however, these efforts seem insufficient. The national social support system should reconsider financial support eligibility criteria by updating the “guaranteed minimum income” (*гарантиран минимален доход*) and “differentiated minimum income” (*диференциран минимален доход*) which practically greatly narrow the share of people who obtain financial assistance among those who need such. At the same time policy documents have planned, parallel to the ongoing deinstitutionalisation of adults with disabilities, strengthening of residential social services to respond to the long waiting lists. A careful evaluation of such an approach, based on the present survey and similar ones, might productively suggest ideas for reshaping these policies to better fit the people’s needs as well as to rationalise the available financial and non-financial resources.
- People experiencing extreme poverty need special attention both among people with and without disabilities. The share of people, who live in households, where one person has gone to bed hungry in the past month because there was not enough money for food, is higher for people with severe disabilities (6 %) and those with non-severe disabilities (4.6 %) than the corresponding share among the population with no disabilities (3.2 %). The Food and Basic Material Support Program 2021–2027 (*Програма за храни и основно материално подпомагане 2021–2027*)³ is targeting particularly this group of people. The programme should be refined to offer home delivery to people with lower mobility.
- Survey data show that the share of people with disabilities who do not have a bank account (43.5 % among people with severe and 42.3 % among those with non-severe disabilities), is considerably higher than the one among people with no limitations (20.7 %). Although individual banks offer reduced rates for people with disabilities, their services generally remain less accessible for them.
- The lower affordability of cars in households with members with disabilities poses an important barrier in their mobility and social inclusion and at the same time is an indicator of the need for improvement of the national mobility support programme. The national poverty reduction measures tailored for people with disabilities and their families, in combination with the reducing of the administrative burden both in licensing drivers with disabilities and in accessing the national mobility support programme can minimise the effect of this barrier.

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- The share of people with severe disabilities who cannot afford basic communication services is higher than all other groups with regards to either internet, telephone or TV. Poverty reduction measures and digital skills training can neutralise this gap by simultaneously decreasing the burden of communication expenses within the household budgets and increasing the extent to which people with disabilities can benefit the added value of these services.

5. Discrimination and social isolation

People with disabilities are more exposed to the risk of discrimination. The level of perceived discrimination and the level of awareness about human rights bodies suggests more attention is needed in this area.

- The higher level of discrimination reporting among younger people and those with higher level of education can be a signal for insufficient awareness about discrimination and safeguards against it. Such observations confirm the need of strengthening the national equality body, including its efforts to promote equality. Although the national disability policy documents occasionally state equality and public solidarity as their principles, the specific measures promoting them are scarce.
- Data confirm that people with disabilities live in social isolation excluded by both their communities and families. They can rely less on their relatives, friends and community members for non-financial assistance which suggests more efforts are needed in changing society's perception on their community roles. Awareness campaigns and acceptance messages can be a part of the national disability policies. Survey data and the proposed indicators suggest a set of variables that might assist measuring such attitude changes.

¹ Bulgaria, National Strategy for the People with Disabilities 2021 – 2030 ([Национална стратегия за хората с увреждания 2021 – 2030 г.](#)), 23 December 2020, p. 22.

² Bulgaria, National Strategy for Poverty Reduction and Promotion of Social Inclusion 2020 – 2030 ([Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2020 – 2030](#)), 31 December 2020, p. 24.

³ Bulgaria, Social Assistance Agency (Агенция за социално подпомагане) (2021), Food Programme 2021-2027 ([Програма за храни 2021-2027 г.](#)).

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