Providing social services – opportunity to increase quality of life for people with disabilities in small settlements

Veronika Spasova[a*], Kalina Kancheva[b]
[a] *Medical University, Pleven, Bulgaria*
[b] *Medical Univerity, Pleven, Bulgaria*

Abstract
The social services are aimed to increase the quality of life of vulnerable society groups, in compliance with the principle of independent life and human dignity, preferably in family environment. Providing those services to disabled people who cannot take care of themselves and who live in small settlements where social services are lacking, is an alternative to overcome their social isolation and render better quality of care. The objective is to maintain their health, social inclusion and to create opportunities for participation in public life. This care should be of household nature, considering their individual necessities, desires and conditions of life, commitment of relatives and friends, besides the social workers. They are subjected to territory dependency – the more distance is to municipal cities, the less in number they are. According to national surveys in urban areas, a significant reduction of poverty level has been recorded, compared to rural areas, because poverty in cities is smaller. The necessity of adequate services in rural areas is significantly greater. In 2002 there commenced de-institutionalization in Bulgaria, as major priority of the social policy. That is the foundation for already started district strategies with objectives as: reducing the number of people accommodated in institutions and elaborating of social services that facilitate providing of homecare, directly targeted to most vulnerable groups of the society.
In recent years, with ageing of population and migration of young people to big cities and abroad, the small settlements remain populated by elderly, solitary and disabled people to whom the policy of providing social services should be directed to.

Keywords*: persons with disabilities; elderly people; social services; social inclusion; quality of life.*

1. The care for elderly and persons with disabilities

In modern world one of the global problems with tremendous challenges facing developed societies is aging of population. According to the classification of WHO on age groups, the distribution is the following: 60 to 74 years old are elderly; aged 75 to 89 are older people and aged over 90 longevive people. Along with all the world countries, the country members of EU are also facing the problem of population aging. In 2012 a report was published „Aging Europe – to get ready from now on" stating that till 2060 almost one third or 517 millions of European citizens shall be over 65. It is expected at the same time the portion of population between 15 and 64 years old to reduce from 67 to 56%. In the same year, 2012, the relative portion of population of 65 and more years in EU was 17,8%. Bulgaria ranks among the countries with greatest share of population over 65 years– 19,2%, those trends preserving sustainable tendency

[*]Veronika Spasova. Tel.: 00359–64–884-297. *E-mail address:veronikahali@abv.bg*; *kalinakk@abv.bg*

to increase: the average age of population has increased, 40,4 in 2001 to 41,2 in 2005 and reaching 42,8 at the end of 2012 (National strategy for long term care 2014).

Development and achievements in medicine increase life expectancy and the elderly and disabled people and those with chronic diseases becomes greater and more numerous. Life expectancy for the total population of country within 2010-2012 is 74,0 years, for men 70,6 years and 77,6 for women, which expose them to greater risk related to health problems and serious social-economic consequences, as poverty and social exclusion. That, on the other part, emphasize the need and the necessity for those individuals including developing of services in community and family environment in order to maintain quality of life and provide independent and dignity of life, as well as complete inclusion in public activities (Ninov 2013a: p. 25; Ninov 2013b: p. 28; Boloev 2000: p. 46).

Long term services are needed not only for elderly but also disabled individuals, as well as for those who cannot independently perform their daily routine of life activities. One of every six persons in EU has a disability problem, varying from slight to serious, the number being about 80 million people.

More than one third of people over 75 suffer from a disability. Analyzing the data from the Information system for continuous disability of population over 16 in Bulgaria, based on annual processing of reports by Occupational Expert Medical Board (OEMB) after 2008, we can see that the number of persons with disabilities increased, reaching in 2012 up to 39738 individuals. The number of examined and re-examined persons with continuous disability is significant – in 2012 it is 172 555 persons, almost equally distributed on gender. The highest number is that of 50-59 age group (37,5%), followed by those of 60 and more (36,2%). The part of primary examined for disability persons and recognized status of reduced capacity for work (71-90%) is higher– 32,4%, followed by persons with 50-70% continuous reduced capacity for work – 31,8%. Every fourth examined person over 16 years old is suffering over 90% continuous reduced capacity for work (NSI 2015).

The aging trend for population and disability people requires a development of network to provide long term social services, as elderly and disabled people, in need of intensive care shall represent the most rapidly augmenting social group in society for the future (National strategy for long term care 2014).

Social services in Bulgaria are decentralized, their administration is assigned to mayors of municipalities. The geographic coverage per areas is irregular and usually the social services are according the strength of population. More social services are being provided in administrative centers with large capacity and in small settlements that are insignificant in number or do not exist at all. The demographic distribution in the country shows that mostly, elderly and old people live in the villages and for them as well as for disabled people, social services are of great importance to be provided in community and family environment, as they need support at the daily routine of life because the lack of social contacts increase the risk of social isolation.

The social services, provided in family environment aimed to improve quality of life to that target groups, taking into account their individual needs and existing opportunities (Altschuler 1997: p. 78; Fogel, Vodrashkee and Barten 1999: p. 47).

Those services are intended to assist the user to accomplish his/her daily activities that he/she cannot overcome himself/herself due to old age or disease (Ministry of labor and social issues 2007).

Quality of life and the entire well-being of this people, includes minimum standard of life, access to employment and social protection, personal safety and security, economic liberty (Yorgova, Pulova and Mileva 2011). Quality of life, besides the key factors as income, education and access to material resources should also be referred to health care, as well to family and social relations. Currently, the existing normative social services for support of families and rendering services for family member in need are the following(Regulations for implementation of Social Aid Act 2015):

- Personal social work assistant (personal social worker) – a social service, provided at home of person in need and assisting him/her in all activities of daily life, not only in communal and household aspect. Activities are performed jointly with user, not instead of him/her, intervention being to assist and develop personal possibilities and not exposing to risk health and safety (Methods to provide the service of „personal social worker" in community 2009).

- Social work assistant (social worker) - social services, provided at home of person in need, in a manner, considering dignity and right for personal environment and taking into account his/her way of life. Assistance is aimed mostly to activities of social functioning – settlement of administrative issues, bill payment, shopping, as well organizing free time (Methods to provide the service of „social worker" in community 2009).

- Home helper – social services, provided at home of user and directed to performance of household activities as cleaning of rooms and sanitary premises, shopping, throw out garbage, assistance to maintain personal hygiene (Methods to provide the services of „home helper" in community 2009).

Social service in community, intended for elderly and disability people, as:

- Municipal home providing services - social service, provided at homes of persons over 65 years old and disability persons, having difficulties themselves or with help of their relatives to organize their daily routine of life, as: supply of food, monitoring of health status and assistance to receive medical aid, keeping hygiene at home etc. (Instructions for work in specialized institutions for social services in community in compliance to standards and criteria for health care 2007; Instructions for work in specialized institutions for social services in community in compliance to standards and criteria for nutrition 2007).

- Daily center for the elderly with disabilities - social service, providing to users a set of activities to organize and become aware of daily routine of life as: preparation of food, inclusion into labor therapy and art therapy, various anniversaries and events at leisure time; performance of rehabilitation activities and programs under medical supervision. Users are able to establish personal contacts and valuable communication that increase their self-confidence and they feel appreciated. (Instructions for work in specialized institutions for social services in community in compliance to standards and criteria for health care 2007; Instructions for work in specialized institutions for social services in community in compliance to standards and criteria for nutrition 2007).

- Daily center for elderly people – social service in community that offers to elderly people contacts to avoid social isolation and loneliness. During the entire servicing in daytime it is envisaged providing of food, rehabilitation activities, healthcare lectures, events in leisure time, celebrating of birthdays and anniversaries, artistic performances etc. (Instructions for work in specialized institutions for social services in community in compliance to standards and criteria for health care 2007;

Instructions for work in specialized institutions for social services in community in compliance to standards and criteria for nutrition 2007).

2. Research findings

During the period January - February 2016, we conducted a survey to establish the desires and needs for usage of the social services, provided in home environment.

We visited the homes of 289 persons - disabled persons and solitary old people over 65, who are restricted or impossible to take care of themselves alone, residents of Dolni Dabnik town and six villages on the territory of municipality.

Dolni Dabnik municipality is located in central north part of Bulgaria and one of twelve municipalities of Pleven district with a population of 11670 residents at last census in 2011. The municipality includes Dolni Dabnik town with 4217 residents and six villages with a number of residents, as follows: Barkach village -762, Gorni Dabnik village-1402, Gradina village-486, Krushovitsa village-1451, Petarnitsa village-1533 and Sadovets village-1819. The average portion of population over 65 years age for the municipality is 26,25%, the highest for Gradina village-32,51% and the lowest for Petarnitsa village-21,20%. The municipality is with greater share of elderly and old people for the average in Pleven district which is 22,43% (NSI 2012).

During the same period, January - February 2016, we conducted a survey among 228 persons with chronic diseases or disturbances (intellectual, physical, psychiatric, sensitive) on the territory of Dolni Dabnik municipality and after processing the data we received following results:

All persons, subject of the survey have GP doctor in the same settlement they are residing. None of them was registered to full or partial prohibition and all of them had legal representatives. Almost all of them (90,3%) were fully or partially communicative and expressed their opinion as well demands with regard to social services in community they prefer and for the rest (9,7%) we questioned the people who take care of them.

All persons presented medical documents for diagnoses and degree of disability.

A part of them (24,76%) lacked OEMB records and submitted discharge summaries and other medical documents that verify the nature of their diseases.

In terms of gender the greater part of persons who need support in home environment are women – 64,7%, the remaining 35,3% are men.

More than a half (78,5%) of interviewed persons live alone and rarely were visited by relatives and friends; 21,5% live with partner/spouse or other with close relatives.

We established, that: persons who use social service in community– „Municipal home providing services" are 27,7%, „personal social work assistant" - 26,4%; there are some persons who manage to pay others of same settlement to perform functions of social worker (19,8%).

Almost each of the interviewed persons (82,4%) uses in his/her daily activities „auxiliary means, devices and equipment and people with disability also chairs for bathroom and personal hygiene.

Distribution of persons according to their type of suffering is:

- Intellectual disability – 2,6%
- Physical disability – 62,0%
- Psychic disturbances – 1,3%
- Sensitive disturbances – 4%
- Multiple disturbances – 30,1%, in that number

Distribution of persons according to their degree of disability is:

- 50% to 70 % permanent reduced capacity for work – 2,64%
- 70,01% to 90% permanent reduced capacity for work – 33%
- 90% to 100% permanent reduced capacity for work – 10,56%
- Over 90% permanent reduced capacity for work with assistance – 29,04%

The remaining persons (24,76%) have not presented medical document for examination from OEMB as they cannot manage it by themselves and there is nobody to help them fill in documents and submit them to OEMB.

Prevailing diseases as per leading diagnose can be summarized in following way:

Diseases of cardiac-vascular system:

- Arterial hypertension
- Cardiac insufficiency (CHF or without CHF symptoms)
- Ischemic heart diseases
- Condition after myocardial infarct
- pulmonary-vascular-disease etc.

Diseases of the locomotion:

- Arthritis and poly arthritis
- Arthrosis (mainly gonararthrosis)
- Osteoarthrosis
- Fissures & fractures, more frequently lower extremities – thigh, joints
- Osteoporosis
- Amputation of extremities on various levels etc.

Diseases of metabolism:

- Diabetes

Consequences of brain-vascular incidents:

- Infarct of brain
- Insult of brain

Sensitivity diseases and disturbances:

- Glaucoma
- Cataract
- Inborn diseases of eyes
- Deafness and reduced hearing
- disturbances of vestibular system
- Diseases of retina
- Practical blindness
- Diseases of vision nerve and ways

Most of the interviewed persons show disturbances and deviations in concentration of attention and memory abilities, resulting in various degrees of dementia manifestations.

At most people, those diseases are combined (30,1%) which additionally hinders the performance of their activities and social functioning.

Almost all interviewed persons take medicines:

- 4,4% irregularly;
- 21,12% do not know type and dosage;
- 74,48% know type and dosage of medicines taken.

Those who cannot take medicines themselves, appeals to neighbors, friends and relatives for render assistance. They prepare in advance the medicines to be taken.

Regarding the monitoring of vital indexes we established that most of them may use blood pressure devices. A small part of them rely on medical person's visit to supervise their condition.

A part of them also use glucometers, hearing devices and inhaler pumps. Greater part of them manages to operate them successfully.

At our visits to their homes we established their problems in several fields (social functioning, self-servicing, household activities and social interrelations).

Social functioning: It became obvious that most of them may take decisions and initiate undertakings but encounter difficulties at their implementation – in short, that make them dependable on other persons. That is the reason why shopping, bill payment and settlement of administrative issues are to be assigned to other persons (neighbors, children, friends and care assistants).

Self-servicing: A large number of the persons are dependable on help to perform activities of personal hygiene. They rely on assistance from relatives and friends during weekends for: washing, dressing, change of bed sheets and underwear. For going and getting out of bed, toilet visits, eating and drinking they manage with difficulty but most of them independently. Bathing and toilet facilities are available with most of them which facilitate their actions in that regard.

Household activities: For most of them the performance of those activities is difficult or impossible, thus every third receive food from Municipal home providing services. Solitary people use as per program personal social work assistant (26,4%) or pay to social assistant on hourly rate to clean home and sanitary premises, peg out clothes as most of them have washing machines.

Social interrelations: Most of the persons we visited (78,5%) live alone, and as they are getting older and older they have difficulties in moving and stay inside home. They need their relatives they have established relations with. Relatives in most cases live far away or abroad and cannot actively participate in their lives. Maintaining relations with them frequently is restricted and depends on their free time. The older people establish new contacts with difficulty, due to their immobility and health status.

Those persons have not possibilities to organize independently activities for their free time as: theater going, cinema, excursions. The presence of social assistant when going for a walk, visit to friends or relatives.

Deductions

Most of the people from small settlements, are living alone and rely on support from neighbors, relatives or persons hired on hourly rate for help and duties as: shopping and food cooking, clean-up of rooms they live and stay, administrative services, maintenance of personal hygiene.

None of the settlements in municipality provide social services for community members as daily centers and centers for social rehabilitation and integration, that results in lack of activities to organize free time - excursions, visits to cultural events, celebrating national and personal anniversaries that fill up the gap of social contacts for those people.

All disability and solitary living people we visited need social service on hourly base, provided in home environment. That is a crying need especially in cold seasons when heating of homes is obligatory.

One of the major deductions is – despite the fact that in every settlement there is a GP doctor, most of the people suffering with disabilities and having a degree of reduced work capacity recorded in Medical Board, resolution does not correspond to actual

healthy and functional status of the person. That fact leads to negative social-economic consequences for them.

The basic propriety of country's social policy during recent years is transition from institutional commitments to social services of community. Recently, the social services provided at home environment are directed predominantly to secure employment to family members rather than providing professional support to disability people and to solitary people to receive adequate cares. The result of the experience to elaborate those cares is implementation and execution of various programs and unfortunately directed to bigger towns, the small settlements being left in the periphery of those actions.

3. Conclusions

Bulgaria as all countries from European Union is facing the aging problem of population and at the same time, the problem of the large part of older people, suffering chronic diseases and disabilities. To secure quality of life and adequate for their age participation and involvement in life of society, requires actions for the development of various social services. They should correspond to comprehensive needs of older people and facilitate the social inclusion and adherence to achieve favorable social health. Creating of conditions for independent and dignity life of older and disability people in family or close to family environment is priority of the social policy in that regard. The institutional commitment is antique method, functioning institutions lack the capacity to accept the increasing number of those in need.

For most of older people in Bulgaria, the perspective to leave their homes, their relatives, their environment and use the cares in institution or residential service is hard to be adopted. They prefer to remain and receive support in their homes, because Bulgarians are attached traditionally to their home. It is important for them to preserve the connection with their relatives and social environment they have used to feel secured. That is a serious challenge to national policy concerning social services for older people: that service should increase in number and become more variable, modify the territorial distribution to respond the needs of actual people.

The elaboration of national strategy for long term care is the response to the trend of population ageing and increase the need for long term social services to elderly and disabled people. A network for various types of services has been envisaged, not only "stationary" as daily centers, centers for social rehabilitation and integration, protected homes, homes to be supervised, but also mobile forms of social services to be provided at homes of the people. The implementation and use of reliable and accessible stationary and mobile services in community is a guarantee for social inclusion and for the increase of the quality of life for older and disabled people.

"The attitude, protection, securing dignity in care for elderly and people with disabilities are criteria for the culture and maturity of each one society".

References

Act for integration of people with disabilities, Mod. SG no. 13, dated 16th of February, 2016.

Altschuler, J. (1997) *Working with Chronic Illness. A Family Approach*, London: Macmillan Press.

Beloev, Y., et al. (2000) *Patients' care and nursing equipment*, Sofia: Mi „Arso".

Dictionary of the words in the Bulgarian language (2016) [online] Available: http://rechnik.info [accessed 22 March 2016].

Fogel, A., Vodrashkee, G. and Barten, I. (1999) *Manual to taking care of patient at home*, Sofia: „Emac" Publishing House.

GER (Governmental Educational Requirement) to obtain qualification in profession of „Social worker".

Instructions for work in specialized institutions for social services in community in compliance to standards and criteria for health care 13.08.2007.

Instructions for work in specialized institutions for social services in community in compliance to standards and criteria for nutrition 30.05.2007.

Medical Dictionary (2012- 2015) [online] Available: http://www.medicine.bg/medicinski-rechnik/ [accessed 27 April 2016].

Methods to provide the service of „personal social worker" in community, 26.06.2009.

Methods to provide the service of „social worker" in community, 26.06.2009.

Methods to provide the service „home helper" in community, 26.06.2009.

Ministry of labor and social issues (2007) *Manual of social worker in Bulgaria*, Sofia.

Muhina, S. and Tarniovskay, I. (2006) *Theoretical fundamentals of nurse cares*, Pleven: Medical University.

National Statistical Institute, Bulgaria (2016) [online] Available: http://www.nsi.bg/ [accessed 20 March 2016].

National strategy for long term care, adopted by National Assembly on 7th of January, 2014.

Ninov, N. (2013a) *Long term social cares in Republic of Bulgaria– condition, problems, perspectives*, Svishtov: Academic issue, D. A. Tsenov Academy of Economics.

Ninov, N. (2013b) *Social Aid*, Svishtov: Academic issue, D. A. Tsenov Academy of Economics.

Regulations for implementation of Integration of Disability People Act, mod. SG No. 40 dated 2 June 2015.

Regulations for implementation of Social Aid Act, Mod. SG No. 63, dated 18 August 2015.

Social Aid Act, Mod. SG No. 98, dated 28 November 2014.

Strategy to secure equal opportunities for disability people, 2008-2015, update of Council of Ministries, dated 23 May 2012.

United Nations, *The Universal Declaration of Human Rights (UDHR),* adopted at UN on 10th of December 1948.

United Nations, *UN Convention of Rights for Disability people,* published in SG No. 37, dated 15 May 2012.

Yorgova, M., Pulova, Y. and Mileva, S. (2011) *Manual on social work with elderly people*, Veliko Tarnovo: Faber.