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SOCIAL SERVICES FOR ELDERLY PEOPLE: QUALITY OF LIFE IN CARE FACILITIES DURING COVID-19

Abstract: The paper presents the results of the opinions and evaluations of elderly people, users of social services for residential care, regarding the measures applied to control and investigate the COVID-19 infection with a focus on their quality of life in the institutional environment. The research interest has been provoked by the unprecedented restrictive measures introduced in social services with a view to preventing the wide spread of the virus and high mortality. The study was conducted at the home for elderly people in Veliko Tarnovo in September 2022, six months after the cancellation of the emergency epidemiological situation in Bulgaria. The results show that different strategies have been used to deal with the crisis: disinfection, testing, reduction of interaction, isolation, vaccination, etc. The imposed restrictive measures and work practices have ensured the continuity of care and have guaranteed the life safety and health of the elderly users. However, they have negatively affected the latter's autonomy by cutting off their access to activities that bring satisfaction and meaning to their daily lives, and by limiting their contacts with relatives and friends. Nevertheless, they were satisfied with the characteristics of the inhabited residential environment; they highly evaluated the received timely care and support corresponding to their needs, as well as the access to treatment and health services during the pandemic. A balance has been achieved between safety and subjective well-being, resulting in the preservation of the quality of life of elderly people in the institutional setting.

Keywords: social services; social care; elderly people.

Over the past two years, European societies have been exposed to serious challenges posed by the spread of COVID-19. Overcoming them has required a search for solutions to control the crisis, as the restrictive measures taken provoked a number of issues related to the observance of people's rights on the one hand, and to the need to protect their lives and health in the conditions of a pandemic on the other hand.

People in advanced and old age appeared to be more threatened by the virus due to the more severe course of the disease and the higher risk of developing complications and death. Epidemiological outbreaks in care facilities led to the adoption of a medical approach to control the infection in specialized institutions and to introduce strict restrictive measures. The steps taken to protect the lives and health of elderly users have raised concerns that the measures disproportionately limit the rights of elderly people and have a negative effect on their quality of life in an institutional environment.

1. Social Services for Elderly People and Population Ageing

The EU's population is ageing. This process takes place with different intensity in the individual member states, but regardless of this, the forecasts for the demographic development are still not partic-

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ularly favourable. According to Eurostat data, the number and share of elderly people over 65 years of age is permanently increasing, and for the period 2001–2020, their share has increased by 5%, reaching 21%¹. For some member states, including Bulgaria, the increase is above the EU average. According to the data of the National Statistics Institute (NSI) for 2021, the share of persons aged 65 and over in Bulgaria is 23.5%, while on a regional scale, in 3/4 of the administrative provinces, the relative share of the people over 65 years of age is higher than the average for the country². Furthermore, the process of ageing of the population takes place at different rates according to age and gender. The percentage of elderly women exceeds that of elderly men, and this trend is particularly pronounced in the older age groups. The growth of the number and share of elderly people aged 80 and over is the most intensive. For the period 2001–2020, their proportion in the EU has doubled, reaching 6%. The data for Bulgaria also indicate an increase from 2% to 5%³. The current demographic situation in the country is characterized by a continuous decrease in the population, deepening ageing processes, deterioration of the population's health status, and an increasing age of the population with many chronic diseases⁴.

Looking at the social services in the EU through the prism of demographic changes (expressed in increasing life expectancy, an increasing number and proportion of people living to an advanced old age, as well as in an increase of chronic diseases and functional limitations with age) gives reason to note that more and more elderly people need support to cope with objective difficulties in their everyday lives due to illness, disability, or infirmity. There is also a decrease in the provision of care by the family and an increase in the number of elderly people living alone as a result of changes in the life, work, and living conditions of European citizens related to labour mobility, an increase in the retirement age, changes in the family model, an increase in the participation of women in the labour market, as well as to a decrease in the number of persons who take care of elderly relatives with deteriorated health at home. All this provokes a progressive expansion of social services providing personal care and household activities, as well as integrated health and social care. The profile of potential users of social services for elderly people is mainly formed by persons in the age group of 75–84 years, with women clearly predominating among the users aged 85 and above⁵.

2. Social Services for Elderly People and Quality of Life

In modern European societies, attitudes towards preserving and maintaining a good quality of life in old age dominate. In practical terms, this is invariably related to the provision of social services adequate to the needs of the elderly people. In recent decades, these services have developed intensively with the application of the concept of person-centred care. This concept puts the user at the centre of the design and delivery processes of social services. The focus is on the needs and requirements of the elderly person and his/her relatives, as the aspiration is to ensure satisfaction of the person's real needs. Fundamental to the concept are the principles of partnership, complex assessment of the needs and risks, and maximization of independence and choice. Practices are also used to strengthen the user's positions.

¹ Eurostat. Demography of Europe – Statistics Visualized, 2021 [online] [Accessed: 28 Oct. 2022] https://ec.europa.eu/eurostat/cache/digpub/demography_2021

² NSI. Population as of 7 September 2021 (nsi.bg), 2021 [online] [Accessed: 28 Oct. 2022]. https://www.nsi.bg/sites/default/files/files/pressreleases/Census2021_population.pdf

³ Eurostat. Demography of Europe – Statistics Visualized, 2021 [online] [Accessed: 28 Oct. 2022] https://ec.europa.eu/eurostat/cache/digpub/demography_2021

⁴ MLSP. National Strategy for Active Life of the Elderly People (2019–2030), 2019; MLSP. REPORT FOR 2021: On the Implementation of the Updated National Strategy for Demographic Development of the Population in the Republic of Bulgaria (2012–2030), 2021; NSI. Population as of 7 September 2021 (nsi.bg), 2021 [online] [Accessed: 28 Oct. 2022]. https://www.nsi.bg/sites/default/files/files/pressreleases/Census2021_population.pdf

⁵ Grubanov-Boskovic, S. et al. Healthcare and Long-Term Care Workforce: Demographic Challenges and the Potential Contribution of Migration and Digital Technology. EUR 30593 EN, Publications Office of the European Union, Luxembourg, 2021 [Accessed: 28 Oct. 2022] <https://publications.jrc.ec.europa.eu/repository/handle/JRC121698>

The aspiration for social services is not simply to offer care and certain comforts, but to maximize the quality of life of elderly users to a degree commensurate with their physical and mental condition⁶.

Ensuring a good quality of life for elderly people in the social services for residential care was achieved by *providing appropriate support and care* to overcome limitations related to health and age, as well as by *improving the environment* – housing conditions, food, hygiene, access to various activities that bring satisfaction and meaning to everyday life, relationships with service staff, access to information, and maintaining contacts with relatives and friends. It is accepted that formal support should assist elderly people in their efforts to lead fulfilling lives. It should be provided in a way that does not hinder them in the performance of their routine duties, facilitates them in maintaining social contacts, preserves their sense of independence, and does not depersonalize them as individuals. Moreover, elderly users receive care that corresponds to their individual needs, as the desired result is a positive change in the health and functional status, activeness, self-esteem, and satisfaction with life⁷.

Looking at the social services for elderly people through the lens of quality of life allows us to note that the policy in the social services sector is aimed at building affordable, high-quality, and efficient social services; services that provide support in everyday life and participation in community life, and that are genuinely linked to the needs of people and communities; services that are designed and delivered from a human rights perspective. The quality of the support provided by them is defined and measured not only by the changes in the health of the elderly user, but also in a broader framework, including aspects such as freedom of choice, preservation of personal dignity, and involvement of the user. The aspiration is to add quality to the years of life by creating conditions and opportunities for the elderly to maintain their mobility and independence, to actively participate in the life of the community, and to adequately adapt to the challenges of old age.

3. Social Services for Elderly People in the Conditions of COVID-19

The publicly available information on the spread of COVID-19 in social services for elderly people nationally and internationally is difficult to compare. It comes down to media reports, availability of national surveillance reports in some EU countries, reports from the European Centre for Disease Prevention and Control (ECDC) regarding the outbreaks of COVID-19 in residential care facilities. This information, although incomplete, is indicative of the formation of a complicated epidemic situation.

In the first months after the beginning of the pandemic, there was a rapid spread of the infection in the social institutions for long-term care, with high morbidity and mortality rates. Mortality reached 40–45% of all deaths related to COVID-19 according to data for US⁸, and 37–66% for EU countries⁹ (ECDC, 2021). Researchers estimate that at least 429,265 people in care facilities have died from COVID-19. In view of the available data, the most affected were Great Britain, the USA, and Denmark, where approximately 1 in 10 users died from the virus¹⁰.

⁶ **Yorgova, M.** *Social Inclusion of the Elderly: Optimizing Opportunities for Active and Dignified Life. Social Inclusion*, Veliko Tarnovo: St. Cyril and St. Methodius University Press, 2011, pp. 173–208; **Yorgova, M.** *Practical Guide to Social Work with the Elderly* (2nd revised and supplemented ed.). Veliko Tarnovo: Faber, 2016.

⁷ **Yorgova, M.** *Social Inclusion of the Elderly: Optimizing Opportunities for Active and Dignified Life. Social Inclusion*, Veliko Tarnovo: St. Cyril and St. Methodius University Press, 2011, pp. 173–208; **Yorgova, M.** *Practical Guide to Social Work with the Elderly* (2nd revised and supplemented ed.). Veliko Tarnovo: Faber, 2016.

⁸ **Baker, N. R. et al.** Infection Control in Long-Term Care: An Old Problem and New Priority. *Journal of the American Medical Directors Association (JAMDA)*, vol. 23(2), 22 Dec. 2021, pp. 321–322 [online] [Accessed: 28 Oct. 2022]. <https://doi.org/10.1016/j.jamda.2021.12.010>

⁹ **Danis, K. et al.** High Impact of COVID-19 in Long-Term Care Facilities, Suggestion for Monitoring in the EU/EEA, *Eurosurveillance*, vol. 25(22) 2020 [online] [Accessed: 28 Oct. 2022] <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.22.2000956>

¹⁰ **Comas-Herrera, A. et al.** International Data on Deaths Attributed to COVID-19 among People Living in Care Homes. *International Long-Term Care Policy Network*, 22 Feb. 2022 [updated 25 Apr. 2022] [online] [Accessed: 28 Oct. 2022]. <https://ltccovid.org/2022/02/22/international-data-on-deaths-attributed-to-covid-19-among-people-living-in-care-homes/>

A study conducted in 2020¹¹ revealed that the outbreaks of COVID-19 in care facilities were highly dependent on: 1) the level of infection in the community in which the facility was located; 2) staffing levels and the organization of staff work; and 3) the size and workload of the specialized institution. Staff was identified as a key factor in preventing, limiting, and controlling the spread of the infection. However, it was established that, in terms of social services for elderly people, the staff did not always have the necessary education, qualification, and composition to guarantee the quality of care and the safety of the users. This problem was particularly relevant in private for-profit care facilities¹².

An in-depth study of the epidemiological outbreaks in homes for elderly people¹³ (Scottish Government: CHSCD, 2020) showed that the high prevalence of COVID-19 in the community increased the risk of the virus being introduced into specialized institutions by asymptomatic visitors with COVID-19 and staff. Vaccination and early identification of virus circulation in social facilities led to a reduction in the risk of infection for users and staff. Early testing to identify symptomatic and asymptomatic cases and the immediate implementation of anti-epidemiological and occupational safety and health measures, as well as the isolation of infected users, helped contain outbreaks and minimize the overall impact of COVID-19 on the lives and health of elderly people.

According to certain authors¹⁴, the issue concerning the prevention and control of infectious diseases in specialized institutions is a well-known problem which, in the context of the pandemic, has become a priority again. Its presence suggests serious violations in the system processes in care facilities. Its aggravation in the first months of the pandemic was the result of underestimation of the situation and the anti-epidemiological measures, as well as delayed provision of guidelines for action by the health authorities. New challenges also emerged related to the lack of personal protective equipment, testing of users and staff, management of visiting restrictions, and management of the isolation of users¹⁵.

A comparative analysis¹⁶ of the established practice in facilities for institutional problems in the context of COVID-19 revealed that the social services sector was not sufficiently prepared to deal with the epidemiological crisis. The delayed implementation of anti-epidemiological measures increased the

¹¹ **NCCMT**. Rapid Review Update 1: What Risk Factors Are Associated with COVID-19 Outbreaks and Mortality in Long-Term Care Facilities and What Strategies Mitigate Risk?, 2020 [online] [Accessed: 28 Oct. 2022]. <https://www.nccmt.ca/uploads/media/media/0001/02/3133bc00b0f5ec21b2efe70a10719e4440493411.pdf>

¹² **Baker, N. R. et al.** Infection Control in Long-Term Care: An Old Problem and New Priority. *Journal of the American Medical Directors Association (JAMDA)*, vol. 23(2), 22 Dec. 2021, pp. 321–322 [online] [Accessed: 28 Oct. 2022]. <https://doi.org/10.1016/j.jamda.2021.12.010>; **NCCMT**. Rapid Review Update 1: What Risk Factors Are Associated with COVID-19 Outbreaks and Mortality in Long-Term Care Facilities and What Strategies Mitigate Risk?, 2020 [online] [Accessed: 28 Oct. 2022]. <https://www.nccmt.ca/uploads/media/media/0001/02/3133bc00b0f5ec21b2efe70a10719e4440493411.pdf>; **Rocard, E., Sillitti, P., and Llena-Nozal, A.** COVID-19 in Long-Term Care: Impact, Policy Responses and Challenges. OECD Health Working Papers, No. 131, OECD Publishing, Paris, 2021 [online] [Accessed: 28 Oct. 2022]. <https://doi.org/10.1787/b966f837-en>

¹³ **Danis, K. et al.** High Impact of COVID-19 in Long-Term Care Facilities, Suggestion for Monitoring in the EU/EEA, *Eurosurveillance*, vol. 25(22) 2020 [online] [Accessed: 28 Oct. 2022] <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.22.2000956>; **McMichael, T. M. et al.** Epidemiology of COVID-19 in a Long-Term Care Facility in King County, Washington. *The New England Journal of Medicine*, vol. 382(21), 2020, 2005–2011 [online] [Accessed: 28 Oct. 2022]. <https://www.nejm.org/doi/10.1056/NEJMoa2005412>; **Rocard, E., Sillitti, P., and Llena-Nozal, A.** COVID-19 in Long-Term Care: Impact, Policy Responses and Challenges. OECD Health Working Papers, No. 131, OECD Publishing, Paris, 2021 [online] [Accessed: 28 Oct. 2022]. <https://doi.org/10.1787/b966f837-en>

¹⁴ **Baker, N. R. et al.** Infection Control in Long-Term Care: An Old Problem and New Priority. *Journal of the American Medical Directors Association (JAMDA)*, vol. 23(2), 22 Dec. 2021, pp. 321–322 [online] [Accessed: 28 Oct. 2022]. <https://doi.org/10.1016/j.jamda.2021.12.010>;

¹⁵ **Rocard, E., Sillitti, P., and Llena-Nozal, A.** COVID-19 in Long-Term Care: Impact, Policy Responses and Challenges. OECD Health Working Papers, No. 131, OECD Publishing, Paris, 2021 [online] [Accessed: 28 Oct. 2022]. <https://doi.org/10.1787/b966f837-en>

¹⁶ **Rocard, E., Sillitti, P., and Llena-Nozal, A.** COVID-19 in Long-Term Care: Impact, Policy Responses and Challenges. OECD Health Working Papers, No. 131, OECD Publishing, Paris, 2021 [online] [Accessed: 28 Oct. 2022]. <https://doi.org/10.1787/b966f837-en>

probability of deaths among elderly users many times over. There were variations in the measures taken by country, but, in general, measures such as bans on visiting and reduction of group activities were imposed first, and operational protocols and action guidelines were implemented later. Staffing and the introduction of work practices that limit the movement of personnel, both within a given institution and between social institutions in the region, were of key importance in reducing the spread of the infection. Difficulties in ensuring good coordination between the social service sector and the health system had a negative impact on the lives and health of elderly users.

4. Social Services for Elderly People in Bulgaria in the Conditions of COVID-19

The established practice in Bulgaria is that social services for elderly people support and expand their possibilities to lead a relatively independent life with support. They mainly satisfy their daily and security needs, social contacts, and free time management. The nomenclature of social services for the elderly includes services in the home (*assistant support, home social patronage, home assistant*), in the community (*day centres for the elderly, pensioner clubs, and clubs for people with disabilities*), and in an institutional setting (*homes for the elderly, centres for family type accommodation*). Their development over the years has been related to the implementation of policies to limit poverty among the population over working age, respectively ensuring a dignified existence by guaranteeing access to social services for the most vulnerable persons of the advanced old age groups. This is reflected in the profile of their users, which is mainly represented by elderly people living alone, with low incomes, without relatives, or with relatives in a difficult financial situation.

In the period 2000–2022, in the sector of social services for elderly people, the development of the services in the home and in the community have been prioritized. Their provision is expanding, with the emphasis being mainly put on the social and domestic aspects of care (delivery of food and medicines, household services, social contact, etc.). However, the specialized services with a focus on healthcare remain extremely insufficient in terms of volume and scope. The provision of such integrated health and social care, although regulated in the Social Services Act, is still a serious challenge.

The services in an institutional setting continue to be preferred by the elderly people in Bulgaria. The reasons for this can be found in the existing traditions in the provision of this type of care, in the demographic trends (an increase in the share of elderly people living alone), and in the socio-economic conditions (low pensions, insufficient to ensure a normal standard of living, insufficiently developed social services in the home and community for the elderly, etc.). These people choose to live in an institution, usually because they cannot cope alone in various aspects of their daily lives or do not wish to live alone, guided by various considerations: security, convenience, social contacts, etc. In the last ten years, the homes for the elderly, which are a state-delegated activity, have maintained a total capacity of about 5,600 places. There is a significant number of people waiting for accommodation¹⁷.

An in-depth study of the sector of social services for elderly people in Bulgaria showed that these services were insufficient and with uneven territorial coverage. Shortages were reported in both home-based and institutional services, with the shortfall in residential care being significantly higher¹⁸. It is necessary to take into account that the development of the sector takes place with a higher territorial dispersion of the elderly population, which is a challenge for the access to social services and their organization¹⁹.

During the COVID-19 pandemic, Bulgaria took 21st place in terms of morbidity, third place in mortality, and first place in total mortality from the infection compared to other EU countries²⁰. The life

¹⁷ **MLSP**. Action Plan for the Period 2022–2027 for the Implementation of the National Strategy for Long-Term Care, 2022 [online] [Accessed: 28 Oct. 2022]. [action-plan-ltc-2022-2027-final-1.pdf](https://www.government.bg/action-plan-ltc-2022-2027-final-1.pdf) (government.bg)

¹⁸ **IMI**. Assessment of Social Service Needs at the Local Level, 2021 [online] [Accessed: 28 Oct. 2022] https://ime.bg/var/images/SocialCareNeeds_190321_f.pdf (in Bulgarian)

¹⁹ **MLSP**. National Strategy for Active Life of the Elderly People (2019–2030), 2019.

²⁰ **NCPHA**. Analytical Report on the Activities Related to the Health Care of the Population in Response to the COVID-19 Pandemic for the Period 01 March 2020 – 31 May 2021, 2021, p. 18 [online] [Accessed: 28 Oct. 2022]. https://ncpha.government.bg/uploads/pages/103/AnalyticalReport_COVID_19-EN-final_PD_clean.pdf

expectancy worsened in 2021 compared to the pre-pandemic 2019, with a recorded loss of 3.7 years²¹. The reasons for the alarming findings are complex: age structure of the population, incidence of chronic diseases, socio-economic conditions, behavioural factors, state and functioning of the health system, etc.²².

In the sector of social services in Bulgaria, the COVID-19 pandemic has exacerbated already existing problems related to the increasing number of people aged 65 and over in need of care, and has created new challenges regarding infection control among the elderly users and staff.

Urgent actions were taken to limit the spread of COVID-19 in the social services sector on the one hand, and to expand the provision of social and integrated health and social services in a home environment on the other hand, using the possibilities of the *assistant support* service, the targeted programme Warm Lunch at Home in Emergency Conditions 2020, and the Patronage Care+ programme. Under the latter programme, measures to protect the life and health of users were also financed, such as disinfection of service buildings, testing of staff and users, partitioning of premises in order to isolate infected users, additional remuneration for staff for overtime work, etc.²³.

According to operational data of the Bulgarian Ministry of Labour and Social Policy, as of August 2020, cases of COVID-19 were confirmed in 32 social services for residential care. The total number of infected people was 306, of which 233 were users and 73 were staff. 22 people died, 95% of whom were users. In the affected homes for elderly people, between 37 and 76% of the users were infected²⁴. Thanks to the timely measures, the wide spread of the virus and high mortality were not allowed²⁵.

The monitoring of the epidemiological situation in the social services in Bulgaria in accordance with the orders and instructions of the Agency for Social Assistance (ASA) in relation to the functioning of social services in the conditions of a pandemic²⁶ allowed us to assume that the first cases of users and staff with the coronavirus infection had been established in the period March–May 2020. The measures taken included suspension of reception in social institutions, limitation of contacts between healthy and sick users, and isolation of infected users and staff. At the beginning of June 2020, more detailed instructions were prepared regarding the prevention of the spread of COVID-19 in the social services sector. These included *general calls* for disinfection, hygiene, physical distance, personal protective equipment, and *additional requirements* for specialized institutions regarding the implementation of basic processes in them while observing physical distancing. For example, daily activities with users were performed at 30% of the capacity of the hall or, if possible, outdoors with a distance between participants of at least 1.5 m; meals took place in shifts in permanent groups, or food was delivered to the sleeping quarters; visits were prohibited. In September 2020, the complete ban on visits was reconsidered. The admission of unauthorized persons was permitted as an exception, at the discretion and with the permission of the head of the social service facility, subject to anti-epidemiological measures. Strict control was introduced at the entrance to social institutions. At the end of May 2021, admission to social services was resumed. The applied algorithm required accommodation in a private room for a 14-day period, limited access to

²¹ MTSP, 2021, p. 11.

²² **NCPHA**. Analytical Report on the Activities Related to the Health Care of the Population in Response to the COVID-19 Pandemic for the Period 01 March 2020 – 31 May 2021, 2021 [online] [Accessed: 28 Oct. 2022]. https://ncpha.government.bg/uploads/pages/103/AnalyticalReport_COVID_19-EN-final_PD_clean.pdf

²³ **MLSP**. REPORT FOR 2021: On the Implementation of the Updated National Strategy for Demographic Development of the Population in the Republic of Bulgaria (2012–2030), 2021.

²⁴ **MLSP**. BG05M9OP001-6.002 Patronage Care+, OP Development of Human Resources, 2014–2020, 2020b [online] [Accessed: 28 Oct. 2022]. <https://esf.bg/procedures/patronazhna-grizha/>

²⁵ **MLSP**. Action Plan for the Period 2022–2027 for the Implementation of the National Strategy for Long-Term Care, 2022, p. 6 [online] [Accessed: 28 Oct. 2022]. [action-plan-ltc-2022-2027-final-1.pdf](https://www.government.bg/action-plan-ltc-2022-2027-final-1.pdf) (government.bg)

²⁶ **ASA**. Guidelines for the Prevention of the Spread of COVID-19 in Social Services, 2020 [online] [Accessed: 28 Oct. 2022]. <https://www.asp.government.bg/uploaded/files/5007-UKAZANIE08-00-660802062020.pdf>; **ASA**. Order RD01-0881/27.05.2021 of the Executive Director of the Social Assistance Agency on the Suspension of Accommodation in All Social Services of Residential Type and Specialized Institutions for Adults and Children at Risk in the Country, Which Are Delegated Activities by the State, 2021 [online] [Accessed: 28 Oct. 2022]. <https://www.asp.government.bg/uploaded/files/5761-ZAPOVED0881.pdf>

other users, service by a team of the same employees in compliance with physical distancing measures, hand hygiene, disinfection of surfaces, respiratory etiquette, correct use of protective masks, as well as monitoring the state of health for the appearance of symptoms characteristic of COVID-19²⁷. At the beginning of April 2022, the emergency epidemiological situation in Bulgaria was cancelled, and the restrictions for users, visitors, and staff of social services for residential care of elderly people were lifted.

5. Methodological Notes

As a result of the complicated epidemiological situation in the EU countries, measures were taken to control the coronavirus infection. The restrictions imposed on the elderly included obligations to stay at home for long periods of time, self-isolation, limiting and even cutting off social contacts, observing special rules regarding shopping, using public transport, access to services, free time, and participation in various activities in the community. Specific restrictive measures were also introduced in the social services sector, which were highly restrictive towards elderly users. These included suspension of the provision of social services at home and in the community, isolation and quarantine of the users of specialized institutions, suspension of admission, prohibition of visits, physical and social distancing, and limitation of daily activities carried out by staff to those necessary to guarantee normal existence.

The measures taken made it difficult to access social services and led to a reduction in the provision of care in both the home environment and the community, as well as in specialized institutions. The demand for social services was also affected but to a relatively lesser extent. There was an increased user interest in home care. At the same time, deterioration of the quality of care and unsatisfied needs were found. The COVID-19 infection generated additional demand for care²⁸.

In the severe epidemiological situation, the social services sector faced the serious challenge of providing care and ensuring the safety of their users. A medical approach was adopted to deal with the crisis in which the preservation of life and health was the primary task. The introduced measures limited the rights of elderly users, especially the right to lead a dignified and independent life (Article 25 of the Charter of Fundamental Rights of the EU). They also affected their autonomy, interrupted important relationships for them, and brought about unwanted changes in their daily routine.

The threat of COVID-19 has put forward the questions of the quality of care in a fundamentally different context where the established standards could not be maintained. A number of studies²⁹ have

²⁷ **ASA**. Guidelines for the Prevention of the Spread of COVID-19 in Social Services, 2020 [online] [Accessed: 28 Oct. 2022]. <https://www.asp.government.bg/uploaded/files/5007-UKAZANIE08-00-660802062020.pdf>; **ASA**. Order RD01-0881/27.05.2021 of the Executive Director of the Social Assistance Agency on the Suspension of Accommodation in All Social Services of Residential Type and Specialized Institutions for Adults and Children at Risk in the Country, Which Are Delegated Activities by the State, 2021 [online] [Accessed: 28 Oct. 2022]. <https://www.asp.government.bg/uploaded/files/5761-ZAPOVED0881.pdf>

²⁸ **Eurofound**. COVID-19 and Older People: Impact on Their Lives, Support and Care. Publications Office of the European Union, Luxembourg, 2022, p. 61 [online] [Accessed: 28 Oct. 2022] <https://www.eurofound.europa.eu/publications/report/2022/covid-19-and-older-people-impact-on-their-lives-support-and-care>; **MLSP**. Action Plan for the Period 2022–2027 for the Implementation of the National Strategy for Long-Term Care, 2022 [online] [Accessed: 28 Oct. 2022]. [action-plan-ltc-2022-2027-final-1.pdf](https://www.government.bg/action-plan-ltc-2022-2027-final-1.pdf) (government.bg)

²⁹ **Van der Geugten, W., Jacobs, G. and Goossensen, A.** The Struggle for Good Care: Moral Challenges during the COVID-19 Lockdown of Dutch Elderly Care Facilities, *International Journal of Care and Caring*, vol. 6(1–2), 2022 157–177 [online] [Accessed: 28 Oct. 2022]. <https://doi.org/10.1332/239788221X16311375958540>; **De Vries, D. et al.** The Impact of Physical Distancing on Socially Vulnerable People Needing Care during the COVID-19 Pandemic in the Netherlands, *International Journal of Care and Caring*, vol. 6(1–2), pp. 123–140, 2022 [online] [Accessed: 28 Oct. 2022] <https://doi.org/10.1332/239788221X16216113385146>; **Van der Roest, H. G. et al.** The Impact of COVID-19 Measures on Well-Being of Older Long-Term Care Facility Residents in the Netherlands. *Journal of the American Medical Directors Association (JAMDA)*, vol. 21(11), 10 Sept. 2020, pp. 1569–1570 [online] [Accessed: 28 Oct. 2022]. <https://doi.org/10.1016/j.jamda.2020.09.007>; **Gordon, A. L. et al.** Commentary: COVID in Care Homes – Challenges and Dilemmas in Healthcare Delivery. *Age and Ageing*, vol. 49(5), 2020, pp. 701–705 [online] [Accessed: 28 Oct. 2022] <https://academic.oup.com/ageing/article/49/5/701/5836695>; **Eurofound**. COVID-19 and Older People: Impact on Their Lives, Support and Care.

found that restrictive measures had an adverse effect on the well-being of elderly users. It manifested itself in increased levels of loneliness, depression, mood swings, and behavioural problems. Concerns have been raised about the quality of care which elderly users received during the pandemic; concerns arising from acts of discrimination and neglect with regard to the treatment and care related to the coronavirus infection, as well as denial/delay of access to treatment of other non-infection-related illnesses. Furthermore, the imposed long-term isolation of elderly users in an institutional environment caused anxiety among them, especially about the risk of infection. This required a rethinking of the understanding of safety, moving from a narrow epidemiological restriction of the infection to a broader interpretation based on human rights and related to taking conscious risks. “From this perspective, safety is not the prohibition of all risks, but the taking of a given risk in order to allow other values to be fulfilled in action”³⁰. Finding a balance between the safety and subjective well-being of elderly people was critical to the quality of care in a pandemic setting. Its achievement was a step towards restoring the quality of their life in an institutional environment and towards returning to the established standards of care.

The aim of the study is to seek the opinions and evaluations of elderly users of social services for residential care regarding the measures implemented to control and limit the COVID-19 infection with a focus on their quality of life in an institutional environment.

Material

The study was conducted in the home for elderly people in Veliko Tarnovo in September 2022. It covered 50% of the users. At the time of the study, 120 elderly adults were accommodated in the institution. The average age of the respondents was 81.34 years. The list of persons accommodated in the institution was used for their random selection. They were included in the sample on a random basis. Their opinion was obtained through an interview. The data were processed with the Statistical Package for Social Science (SPSS) software, applying a non-parametric and alternative analysis.

During the pandemic, in the above-mentioned home for elderly people, cases of COVID-19 were registered among users and staff. The worst period in terms of the spread and control of the infection in the specialized institution was from October to December 2020 when the number of COVID-19 patients among the users reached 45%. In connection with the pandemic, an increase in the total mortality rate in the home was reported, which primarily reflected the influence of the age structure and the presence of serious accompanying chronic diseases in the elderly users. The main causes of death were diseases of the circulatory system, malignant neoplasms, diseases of the respiratory system, and COVID-19.

6. Main Results

6.1. Profile of the Elderly People, Users in the Home

The users' profile was formed by elderly people with low incomes, without relatives, or with relatives in a difficult financial situation; by ones able to care for themselves and carry out their daily activities independently; and by ones in relatively good health for their age. A significant part of them led an independent life. This has an impact on the length of their stay in the specialized institution, as well as on the needs and preferences related to the care.

The majority of the surveyed elderly people have lived in the specialized institution for more than five years. The share of the newcomers was only 3%, i.e. those with a stay of up to one year. It is

Publications Office of the European Union, Luxembourg, 2022, p. 61 [online] [Accessed: 28 Oct. 2022] <https://www.eurofound.europa.eu/publications/report/2022/covid-19-and-older-people-impact-on-their-lives-support-and-care>; EC. Report on an Old Continent Growing Older – Possibilities and Challenges Related to Ageing Policy post-2020 (2020/2008(INI), 2021 [online] [Accessed: 28 Oct. 2022]. https://www.europarl.europa.eu/doceo/document/A-9-2021-0194_EN.html

³⁰ De Vries, D. et al. The Impact of Physical Distancing on Socially Vulnerable People Needing Care during the COVID-19 Pandemic in the Netherlands, *International Journal of Care and Caring*, vol. 6(1–2), p. 15, 2022 [online] [Accessed: 28 Oct. 2022] <https://doi.org/10.1332/239788221X16216113385146>

noticeable that they were at a more advanced age and in a worse general state of health than the rest of the users. At the time of conducting the survey, the waiting list for admission to the home contained 90 candidate users.

6.2. Opinion of the Elderly People about the Residential Care Facility

The surveyed elderly people overwhelmingly shared that the institution provided them with *material security* (95%). In the facility they received daily care in terms of feeding, dressing, personal hygiene and hygiene of the living quarters, heating, lighting, medical monitoring, and assistance in accessing health services and in using administrative services related to certain aspects of their daily lives. They also had access to a variety of daytime activities. Less than 10% of the interviewed elderly people participated in them. The others explained their passivity with a lack of interest on the one hand, and with a desire not to get involved in conflicts and intrigues on the other hand. At the same time, they had the freedom to organize their own free time and social contacts. They could renovate their room and bring in their belongings such as TV, radio, refrigerator, etc., i.e. create their own space. In addition, their opinion was taken into account in the preparation of the weekly meal menu, as well as in ongoing matters concerning various aspects of the service. These possibilities were positively evaluated by the users. They gave them a sense of independence and control. Satisfaction with the living conditions in the institution, albeit to varying degrees, was expressed by 83% of the interviewed elderly people.

Upon entering such an institution, elderly people expect to receive good support and care that corresponds to their individual needs. They also want to maintain their habits and habitual activities, as well as to develop their interests. However, the life in an institution has its peculiarities. Adapting to them is a factor in achieving subjective well-being. For 25% of the interviewed elderly people, it took about six months to adapt to the new environment; for 65% this period was more than one year; and 20% still encountered difficulties. Quite a number of the respondents indicated that accommodation in a private room helped them to adapt. It was most difficult for them to get used to the characteristics of the inhabited residential environment: noise and microclimate. Almost 80% of them identified them as the main sources of stress and discomfort.

6.3. Dimensions of the Quality of Life in Institutional Settings through the Eyes of Elderly Users

The elderly people surveyed identified five main topics which they believed to add quality to their lives. These were social relationships (87.5%), housing and living conditions (62.5%), psychological well-being (57.5%), health (45%), and income (24.75%). No significant differences were observed in the ranking of topics by gender and by age. The topics were mentioned by the respondents interrelatedly, as past and present were intertwined.

Some specificity was reported regarding health and income. Although health was accepted by all respondents as a 'foundation' for the other aspects of their lives, and income as a necessary condition for a good life, these topics had a less pronounced presence. This was probably due to the fact that the users were maximally facilitated in meeting their daily and health needs on the one hand, and, on the other hand, although they experienced difficulties, they were able to self-care and carry out their usual daily activities independently. The interviewed elderly people had predominantly positive assessments of their subjective health; although all of them had chronic diseases, only 16.5% defined their health condition as 'bad.' The respondents tended to accept illnesses as a natural condition for their age when the latter were not associated with serious suffering and did not impose significant limitations on their vitality and activity. The importance of income increases when health deteriorates, as it is related to the possibility of purchasing medicines, providing adequate treatment and care.

Systematizing the respondents' understanding of the topics allows the following dimensions of good life, according to them, to be outlined:

- good social relationships (having a close person next to you; having friends; maintaining contact with your grandchildren and children – seeing or hearing them on the phone; receiving practical help from friends – buying medicine, shopping; having company, i.e. someone with whom to do various

pleasant things – walking, talking, reading, needlework, etc.; being respected and valued by the staff, other users, and relatives);

– good living conditions and living environment (living in a private room – this is associated with: privacy and the ability to independently carry out various activities of your choice, such as watching TV, listening to music, reading a newspaper or a book, etc.; the room to be comfortable, clean, and heated; common areas to be clean and welcoming; good relations with the other users who are your neighbours);

– psychological well-being (being engaged in meaningful activities that bring satisfaction; feeling needed, not under stress, not having worries, being calm, feeling good, doing what you want);

– health (being in relatively good health for your age; having access to good health services when necessary; being active, mobile, and able to self-care);

– adequate income (receiving a high pension relative to the other people's pensions; being able to buy the things you need, such as medicine, food, shoes, clothes, etc.).

Most often, the interviewed elderly people shared that their quality of life had been worsened by bad relationships, lack of respect and understanding (93.75%), poor health (36.25%), and inadequate income (16.25%).

The most important aspect of the quality of life for elderly people is to have good social relationships, i.e. having a loved one and friends, maintaining a good relationship with children and grandchildren, and being respected by the staff and the other users.

The majority of the interviewed elderly adults were satisfied with the quality of the life they led in the institution; 25% pointed out the need to improve some aspects of the living environment like living conditions, accommodation in a private room, better food, more varied daily routine, and a better microclimate, while 12% had demands from the staff for more humanity, respect, and responsiveness to their needs.

6.4. Challenges to the Quality of Life of Elderly Users during the COVID-19 Pandemic

All the elderly people surveyed shared that the period of the COVID-19 pandemic was difficult for them. The extraordinary epidemic situation had a negative impact on the lives of 67% of them, 23% did not share this opinion, and 10% could not decide. The negative effects mentioned by the respondents were related to limiting contacts (74%), dropping routine activities from everyday life: walks, shopping, meeting friends, entertainment and activities, etc. (69%), loneliness exacerbated by the loss of a friend (62%), stress and discomfort due to a quarantine (56%), and deterioration of health (51%).

The users surveyed identified four main challenges they felt they had to overcome during the COVID-19 pandemic:

– restrictions on visits (prohibition of visits; conducting visits after special permission and in a controlled environment);

– isolation (keeping physical and social distance);

– limitation of daily activities (discontinuation of activities of interest: floristry, knitting, embroidery, national cuisine, confectionery, art and music activities; discontinuation of organizing celebrations of personal and national holidays, excursions, etc.);

– risk of infection (strict compliance with anti-epidemiological measures: disinfection, testing, personal protective equipment, meals in the room, ban on visiting common areas, ban on gatherings).

In retrospect, the interviewed elderly people shared that, due to the strict restrictive measures, their social relationships were limited only to their closest circle – friends in the home and staff. Placed in a situation of risk of infection and deterioration of the health condition (exacerbation of diseases, experiencing severe physical pain, limitation of functional possibilities to deal with activities in daily life), the importance of health increased for them. The main dominants of their experiences were determined by their health and social relations in the institution. The main sources of anxiety and frustration for them in the conditions of isolation were the COVID-19 infection (risk of infection and deterioration of health) (62.5%) and the lack of respect and understanding (29.75%).

It is curious to note that the elderly people surveyed showed little interest in the vaccination against COVID-19, regardless of the wide awareness campaign organized by the Bulgarian Ministry of Health for priority vaccination of the elderly and chronically ill people. Only 25% of them have been vaccinat-

ed, and a significant part of them did so for financial reasons – an addition of BGN 50 to their pension. Among the unvaccinated users, $\frac{2}{3}$ did not want to be vaccinated, and 12% could not be vaccinated due to medical indications. This was probably due to the control of the infection in the social service facility and to the creation of a safe environment (disinfection, testing of the users and the staff, continuous monitoring of the users' health status, constant contact with the general practitioners, etc.), behavioural factors, etc. The respondents who have recovered from COVID-19 stated that they had received the necessary support and care. Predominantly positive were the evaluations of the interviewed users regarding the monitoring of their health condition and the provision of treatment when necessary in the conditions of strict restrictive measures.

A significant proportion of the respondents (77%) shared that they had confidence in the staff in terms of the compliance with anti-epidemiological measures; 86% claimed to have complied with the restrictive measures; 32% said that, even at the time of the interview, they avoided attending events related to the gathering of many people, and 28% shared that they limited their activity due to mobility difficulties, with the latter probably reflecting primarily the influence of the age structure and the presence of chronic diseases progressing with age.

The surveyed elderly people highly appreciated the support received from the staff during the COVID-19 pandemic with regard to:

- clarification of the current situation; taking off the tension from the situation and helping to deal with it by venting experiences (94%);
- ensuring regular contacts with a general practitioner and access to treatment and other health services if necessary (87%);
- making small gestures of attention: small purchases (food products and essential goods, including medicines, etc.), payment of telephone bills, birthday greetings, etc. (65%);
- supporting contacts with relatives by organizing online meetings and facilitating the use of technical means: telephone and internet (45%).

More than $\frac{2}{3}$ of the respondents shared the opinion that the support was timely. For $\frac{1}{5}$ of them, however, it was not enough to compensate for social isolation. This opinion was mainly expressed by the surveyed individuals who reported deficits in terms of social contacts and free time, such as loneliness (lack of a close relationship with at least one person) and boredom (lack of meaningful activities).

It is noteworthy that the sampled elderly adults defined the *preservation of relative independence* in the conditions of isolation as an important aspect of their quality of life in the institutional setting. They associated the maintenance of their independence primarily with support in everyday life, which, according to them, covered the areas of care, health, and material security. Their attention was focused on the physical environment, since good relationships in terms of care and provision of psychosocial support were an important part of their understanding of a good and peaceful life.

7. Conclusions

The social services for elderly people have been greatly affected by the pandemic caused by the spread of COVID-19. In specialized care institutions, the highest proportions of infected and deceased of the coronavirus in the EU have been recorded. To control the infection, different strategies to deal with the crisis have been implemented: disinfection, testing, limited interactions, isolation, vaccination, etc. The restrictive measures and work practices introduced have ensured the continuity of care and have guaranteed the life safety and health of the elderly users. However, they have negatively affected their autonomy by cutting off their access to activities that bring them satisfaction and give meaning to their daily lives. They have also affected their contacts with relatives and friends and have increased anxiety about the risk of infection. This called for rethinking the limitations from the perspective of the elderly's quality of life in an institutional environment, as well as for achieving a balance between safety and subjective well-being.

In the conditions of strict restrictive measures, the work in residential care facilities for the elderly were related to solving problems that corresponded to their activity profile. The problems were not new,

but they required additional efforts for normal running of the main processes. The elderly users highly valued the support received from the staff during the COVID-19 pandemic, including clarification of the current situation and reducing tension, emotional and social support, ensuring continuity of care, and monitoring their health status. For the elderly, maintaining relative independence in isolation was an important aspect of their quality of life in an institutional setting.

After the pandemic, life in specialized care facilities is gradually returning to normal. Elderly people want to lead peaceful lives in good health, to have freedom of choice and control over their daily activities and environment, to benefit from the support of their family and friends, and to have access to a variety of activities that make their everyday lives meaningful. They are satisfied with the material services, albeit to varying degrees. Their social contacts are mostly limited to their immediate environment: friends in the social service, staff, and relatives. The main place in their daily lives is occupied by the relationships between themselves and with the staff. They want to feel the respect and recognition of others, as well as attention, empathy, and responsiveness from the staff. They expect not only specific practical help from the staff, but also an immediate manifestation of this attitude of respect and responsibility.

The subjective well-being of elderly individuals depends mostly on the characteristics of the inhabited residential environment, their satisfaction with the care they receive, the social contacts, as well as on the opportunities to spend their free time.

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