



## **Don't pave the way for more institutions in Bulgaria**

As part of its [Recovery and Resilience Plan](#), in June and July 2022 the Bulgarian authorities presented one of the Plan's promised milestones for approval by the European Commission. [Milestone 290](#)[1], as it appears in the Plan, promises the entry into force of an "Ordinance on the Quality of Social Services". The aim of this Ordinance is to outline the minimum quality standards for the provision of services.

As such, Bulgaria has presented a set of standards for, among other things, "therapy and rehabilitation", "day care", "residential care", "shelter" and "assistant support". The European Commission subsequently approved the Ordinance, despite the fact that it opens the door for the creation of new institutions across the country, particularly for persons with disabilities.

The Ordinance states that Bulgarian residential care settings can house up to 120 people when the setting is intended to house older people. For settings specifically aimed at housing adults with disabilities, up to 30 residents are allowed. It is also permitted to have up to two residents sleeping in each bedroom, meaning that the minimum quality standards set out by the Bulgarian authorities do not guarantee privacy, dignity and a safe space for people to be alone should they want to.

A number of other standards are also prescribed that are likely to create settings that are institutional in nature. The settings should have, the Ordinance states, "at least one room designed for group work", something that in no way reflect a typical and independent home setting. It also states that "the main activities for each user are written in an individual work schedule" which again paints the scene of a controlled setting where service users cannot easily determine what they do, in a spontaneous way that reflects what we mean by independent living and following one's own free choice.

The Ordinance also mentions the need to be located near to medical facilities. It should be reminded that, while inclusion in the community is dependent on having good access to local amenities, persons with disabilities and other service users should not be receiving their support services, including medical services, in the place of their dwelling. Having the services provided on-site will result in a hospitalisation of the living setting and further alienate residents from regular interactions with their communities. Furthermore, in no way should the provision of these services be tied to living in such

residential settings, something that will make it difficult, if not impossible, for people to move away should they want to live somewhere else without losing access to necessary services in the process.

The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) outlines the right to support for independent living and inclusion in the community in its [Article 19](#), as well as its [General Comment 5](#). Contrary to the type of settings being proposed by Bulgaria, the UN CRPD's General Comment 5 explains that States that "Independent living/living independently means that individuals with disabilities are provided with all necessary means to enable them to exercise choice and control over their lives and make all decisions concerning their lives", something that is arguably unlikely to be achieved in settings of up to 30 people, where residents might not even have their own personal space, where residents' routines are charted and where there are rooms within dwellings for "group work".

We call on the European Commission to review its assessment of Bulgaria's new Ordinance on Quality of Social Services, and to promote minimum standards that go much further in supporting independent living and freedom of choice of people with support needs.

## About the EEG

The [European Expert Group on the Transition from Institutional to Community-based Care \(EEG\)](#) is a broad coalition gathering stakeholders representing people with care or support needs and their families, including children, people with disabilities, homeless people, and people experiencing mental health problems; as well as service providers, public authorities and UNICEF.

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