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SOCIO-ECONOMIC STATUS OF PEOPLE WITH DISABILITIES AND POLICIES ON THEIR INTEGRATION IN THE LABOUR MARKET

The socio-economic status of people with permanent disabilities in Bulgaria and the policies for their labour integration as part of social inclusion were studied. Based on comparisons of data from two representative empirical sociological surveys, an evaluation was made of the changes in the socio-economic profile of this group of persons that occurred in the period 2009-2020 (demographic variables such as age, gender and place of residence; education; health status; living standard; living environment; labour status). Assessments of persons with permanent disability about the key policies for their integration in the labour market were analysed, while also using expert opinions for the explanation of the surveys' results.

JEL: I30; I38; J48

Keywords: *people with disabilities; socio-economic characteristics; labour market; policies; social protection*

Changes in the socio-economic status of people with permanent disabilities

Demographic characteristics

According to data from the information system of the Agency for People with Disabilities (APD), at the end of 2019 *the number of people with permanent disabilities* (PPD) in Bulgaria was about 753,204 persons. This number represented about 10% of the population in the country and is comparable to their share in 2009, when it was just over 9%.[1]

The comparative analysis of data about PPD from two empirical sociological surveys (ESS)[2] shows that in terms of *age structure,* an aging trend was observed – in 2020 the share of disabled people over 60 years of age was 62%, i.e., with 12 p.p. higher than in the previous survey. In all other age groups, the share of PPD was (more or less) higher in 2009 than in 2020 (see Figure 1, Panel A).

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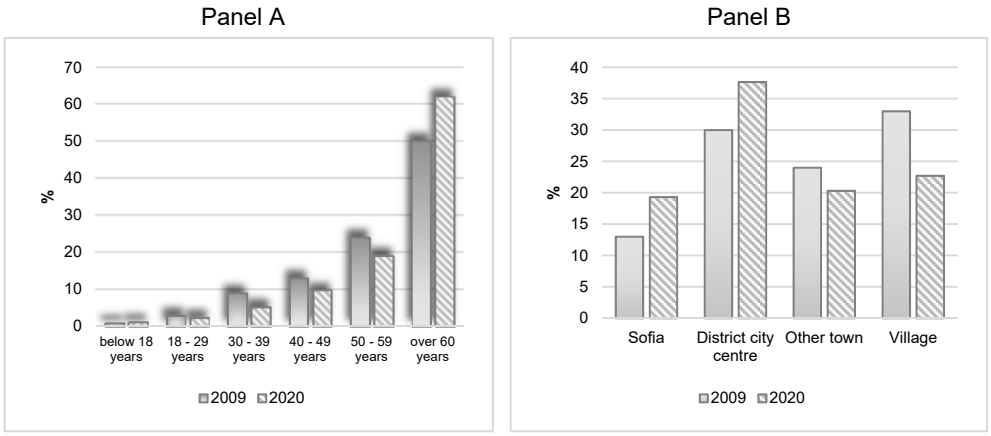
[1] Data on the share of people with disabilities, as well as on their main socio-economic characteristics, discussed below (education, health and income status) are similar to the results of other studies (see, for example, Ivkov, 2017, p. 5-6).

[2] The two surveys, in the implementation of which the authors participated, were conducted in 2009 and 2020 within the framework of projects funded by the PHARE Programme and by the OP "Human Resources Development" of the Agency for People with Disabilities.

Figure 1

Age structure and place of residence (in %)



In the hypothesis of an increase in the disability level with advancing age, these changes may be partly due to the fact that: (a) older people suffer more often from musculoskeletal diseases (in both 2020 and 2009, about 38% of PPD claimed having such diseases), as well as chronic diseases (as stated by almost 60% of respondents in 2020); (b) in 2020, 61% of persons receiving a disability pension due to a general disease, 77% of persons receiving a disability pension due to an accident at work, and 74% of those receiving a civil disability pension were over 60 years old. It can be assumed that this age structure may also partly be a consequence of the changes in the procedures for assessing the loss of workability.

Regarding the distribution of PPD by place of residence (see Figure 1, Panel B), the results of the 2009 survey showed that the highest share of people with disabilities, which made up about 33%, lived in villages, while just over 1/3 of the rest were concentrated in district city centres, and only 13% lived in Sofia. In 2020, the shares were different – just below 20% of people with disabilities lived in Sofia, almost 40% resided in other district city centres, and 23% lived in villages (10 p.p. less than in 2009). Obviously, the urbanization process and the migration flow “village – town”, as well as the fact that Sofia is the most preferred city to live in, lead to changes in the structure of PPD on this indicator. This development requires that the social policy includes a combination of appropriate forms of social protection (especially in the provision of accessible social services) that take into account, on the one hand, the predominant “urban” character of such persons, but, on the other hand, the fact that every fourth person with permanent disability inhabits a smaller settlement.

In terms of gender structure, in 2020, 57% of respondents were men and 43% were women, showing that the male population is a more at-risk group with regard to permanent disability.

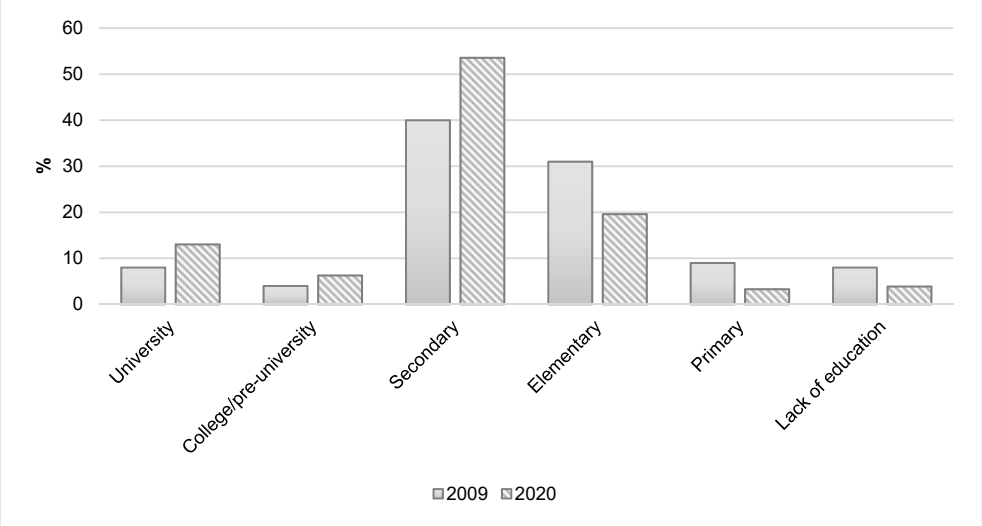
Socio-economic characteristics

The study of the socio-economic characteristics of PPD includes a comparative analysis of changes in their structure based on education level, health status, living standard (income status and living conditions in particular) and employment status.

The education structure of PPD in 2020 was significantly better than in the base year 2009, which is the main change in this characteristic of the studied population (Figure 2).

Figure 2

Education structure (in %)



More specifically, the analysis of the data shows the following:

- The share of PPD with higher and semi-higher education was over 19%, registering an increase of 7 p.p., and the share of disabled people with secondary education increased by about 14 p.p. to reach 54% of all respondents.
- Reciprocally, the share of people with elementary and primary education seriously declined – making up a total of 23% in 2020, compared to as much as 40% in 2009.
- Thus, the share of PPD with secondary education was already significantly higher at the expense of those with elementary and primary education. This was a qualitative positive change compared to the base year 2009, when the share of people with permanent disabilities with secondary education was lower than the share of those with elementary and primary education.
- In 2020, the share of PPD without any education was insignificant – only 4%, which was a double decrease compared to 2009.

It can be added that in 2020, 12% of respondents claimed to have completed post-education qualification courses. In other words, elements of “lifelong learning” are observed among this group. What was observed as having a very limited scope, according to the respondents, was the insufficient coverage of specialized qualification courses – a negligible part of PPD had passed such courses. In addition, in 2020, only about 2.2% of all respondents stated that receiving appropriate education and vocational training represents one of the serious problems for their social inclusion. As a result, only 6% of the whole sample stated that they do not have professional skills, while in the group of PPD of working age this figure was 5%. The others stated that they have the following professional skills:

- general computer literacy – 28%;
- professional specialty requiring higher education (e.g., teacher, doctor, lawyer, architect, economist) – 20%;
- technical profession (electrician, nurse, stenographer) – 18%;
- management skills – 8%;
- computer specialist – 5%.

The conclusions related to the education structure of PPD are that:

1. Measures taken over the years to ensure greater access to education for disabled persons have borne fruit.

2. Elements of “lifelong learning” are observed among the PPD group.

3. A large number of people with disabilities asserted that they have general computer literacy, as well as specific skills for practicing specialties requiring higher education or technical professions.

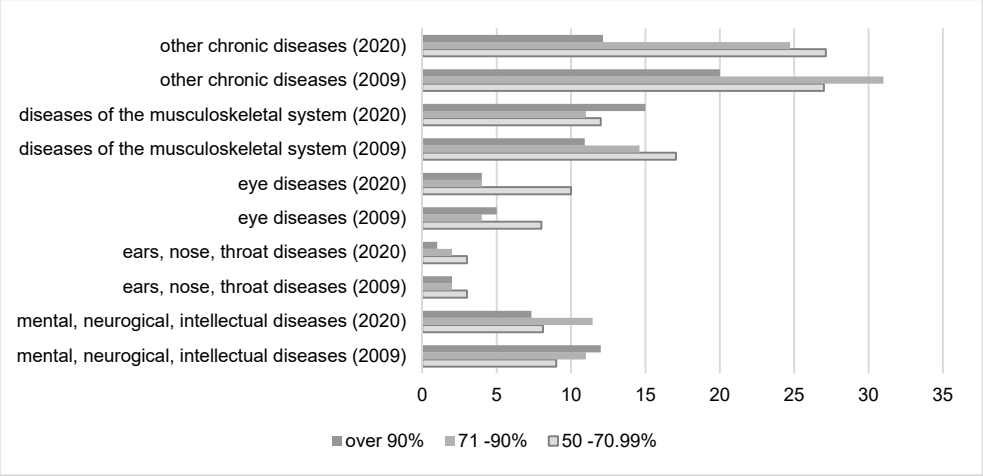
Key changes in the health status of PPD

The most common type of disability in both analysed years concerns diseases of the musculoskeletal system – such disabilities affected about 40% of all people with permanent disabilities – and the decrease observed in 2020 was insignificant (by 5 p.p.). Disabilities related to mental health conditions, neurological diseases or intellectual deficiencies ranked in second place – from 32% in 2009 they decreased to 26% in 2020. The share of the other specific types of diseases such as those of the eyes, ears, nose and throat was smaller and it remained the same in both research years – at about 17-18% for eye diseases and about 6-7% for ENT diseases. The large group of “Other chronic diseases” caused disability for 64% of PPD in 2020 and for 78% in 2009. A significant role in this group was played by cardiovascular diseases which were mentioned by 31% of respondents in 2009 and in 2020 their share was also likely to take the lead (see Figure 3).

In general, respondents affected by the listed types of diseases were relatively evenly distributed by disability degree. Some exceptions were represented by eye diseases, as half of the respondents have a third-level disability caused by such a disease, and by the diseases of the musculoskeletal system, in which the persons with the highest degree of disability or incapacity for work have the largest share in 2020.

Figure 3

Types of diseases by disability degree (in %)*

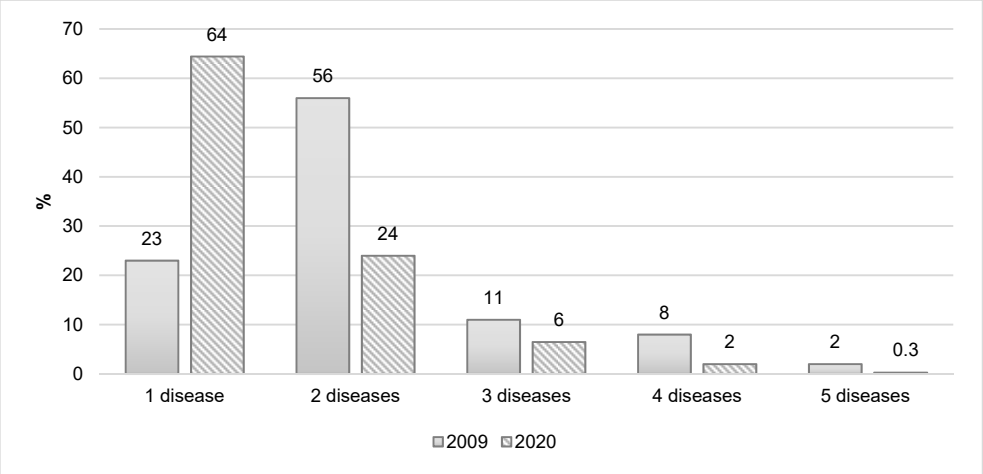


* The sum exceeds 100%, as respondents were allowed to point out more than one answer. In 2020, the sum of the relative shares of respondents who mentioned several diseases was over 20 p.p. lower than in 2009.

Data from the conducted surveys showed that a significant share of PPD in Bulgaria suffer from multiple disabilities (see Figure 4).

Figure 4

PPD by number of disabilities (in %)



In 2009, more than half of the respondents had two types of disabilities with a degree of over 50% and another 1/5 of respondents had three or more types of disability; in 2020 the share of people with two types of disease was more than twice smaller, and so was the share of those with three diseases. In 2020, the share of people with one disease was already the highest, followed by that of PPD with two diseases. This was a structural change compared to 2009, when the share of people with two diseases was predominant.

These structural changes in 2020 can be mostly explained by the changes introduced in the protocol for conducting medical expertise to assess disability type and degree. It is noteworthy that 88% of the respondents in 2020 were satisfied with the expertise, in contrast to the prevailing public dissatisfaction in this regard.

In terms of age, in 2020, as in 2009, the share of people with many diseases increased after reaching the age of 50 and jumped sharply after the age of 60 – from 14% for people aged 50-59 to already over 72% for the 60+ year olds.

Changes in *the standard of living* relate to the PPD's income status and living environment.

Income of households

Similar to the situation in 2009, in 2020 the income of most of the households with PPD were below the poverty line, in particular:

- According to the survey in 2009, the gross monthly income per household member of 55% of people with permanent disabilities who live in a family environment was below BGN 186.44 (the minimum amount needed for physical survival as calculated then by CITUB). Households with PPD with an income per member higher than the average in Bulgaria (according to NSI data for February 2009) were about three times less compared with the same indicator for the total population.
- The 2020 survey results showed that 41% of households with PPD had incomes below the poverty line of BGN 791 determined by the government[3].

Despite the conditionality (which arises due to methodological reasons) of the comparison of the data, there are other reasons to affirm that the income level of households with PPD have improved in 2020 compared to 2009. This statement is supported by:

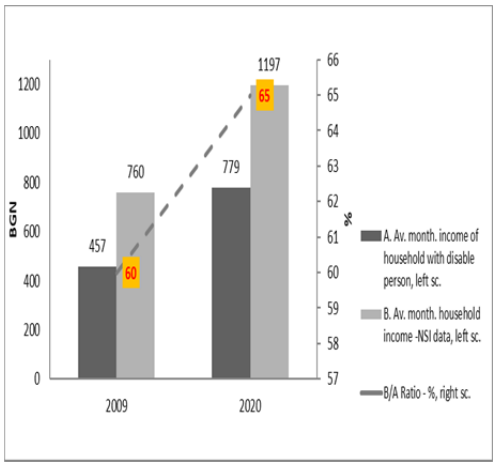
Firstly, by data on the average total monthly income of households with PPD (see Figure 5, Panel A). During the period under review, their income increased 1.7 times, while the national average household income increased 1.6 times. This leads to a reduced gap between the incomes of PPD and the average income in Bulgaria – in 2020 the incomes of disabled people represented 65% of the country average compared to 60% in 2009.

[3] For the purposes of the present analysis, the household poverty line for 2020 was calculated on the basis of its value per person determined by the government (BGN 363) multiplied by the average number of household members in Bulgaria (2.18) (according to data of the NSI from the annual survey of household budgets).

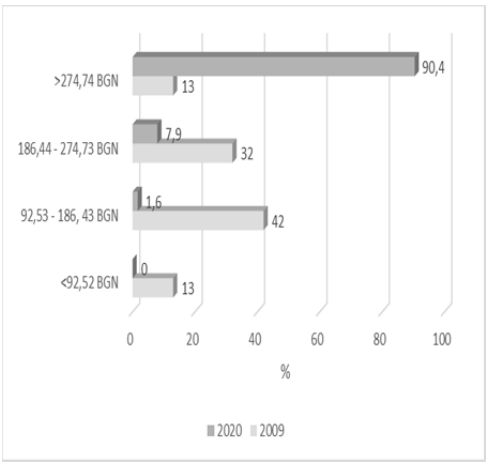
Figure 5

Income status of PPD

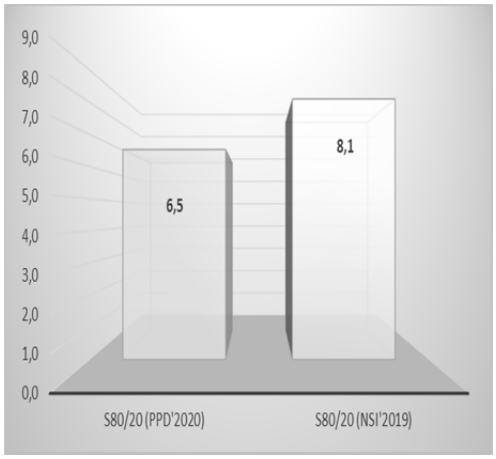
Panel A. Average total monthly income



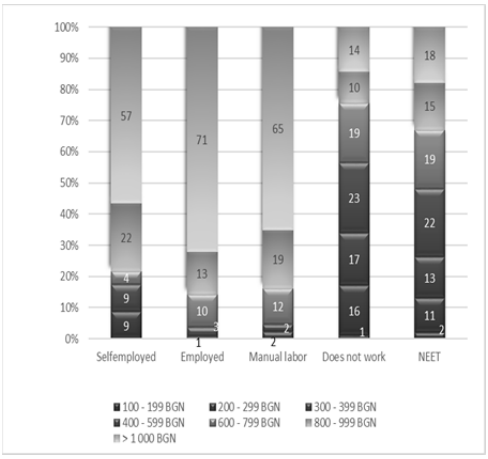
Panel B. Distribution by income groups (in %)



Panel C. Income differentiation (S80/20)



Panel D. Structure of income by form of employment, 2020 (%)



Secondly, by sociological data on the distribution of households with PPD by income groups formed in nominal terms in order to achieve comparability between the groups' scopes in the two surveys (see Figure 5, Panel B). Obviously (and normally), in 2020 the share of households with relatively higher incomes was significantly higher as a result of the indicated nominal growth of household income during the period.

A more accurate and clear picture of the income differentiation among households with PPD in 2020 is given by the ratio between the incomes of the last and the first quintile (the so-called S80/20) and its comparison with the average country income in 2019 (see Figure 5, Panel C). This indicator is significantly lower for PPD than the average, which is normal, given that 2/3 of the income of people with disabilities is formed by social transfers (pensions, social benefits and social allowances) whose amount is generally not characterized by a great differentiation (see Table 1).

Table 1

Income sources of households (in %)

	PPD (2009, ESS)	PPD (2020, ESS)	Average for the country (2019, NSI)
Salary/wage	25	24	56.6
Self-employment	n.a.	2.1	6.4
Property	n.a.	0.5	0.7
Social transfers	72	66.5	30.2

In comparative terms, in 2020 social transfers kept their leading role as a source of income for PPD, and income from hired labour retained its second place (including its relative share as a type of income). Compared to the average structure of household income sources for Bulgaria, the share of labour income was significantly lower, while the share of social transfers was (normally) twice as high. This is a consequence of the specific employment status of people with disabilities, as discussed below.

Differences in the income structure by form of employment are statistically significant (see Figure 5, Panel D) – relatively higher incomes predominate for disabled people who are employed or self-employed/own account workers or perform manual labour. In the other two groups, incomes in the range of BGN 400-599 prevail.

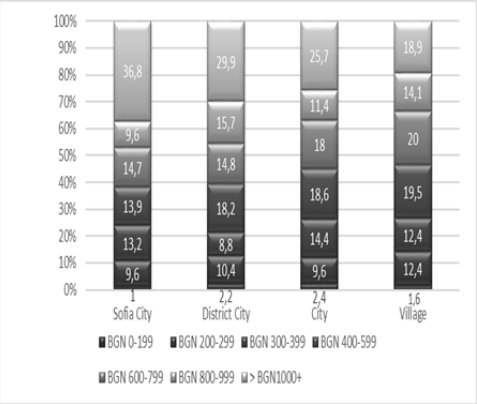
The outlined features of the income status of PPD are the base for the respondents' assessment in 2020 – despite the positive changes every sixth respondent stated that finding livelihoods is the biggest difficulty. This means that the income policy must pay explicit attention to this issue relating to people with disabilities – in terms of both compensatory social payments and (even more so) stimulation of employment, and of the income from this labour, respectively.

Due to the fact that PPD's incomes are largely formed by social payments, the differentiation in the incomes of the different socio-demographic groups of PPD is significantly smaller than for the rest of the population. As for the country in general, people with permanent disabilities who live in Sofia and those who have university education have higher incomes than those living in other settlements and people with lower education, with the differences in the income structure by education level being significantly pronounced (see Figure 6).

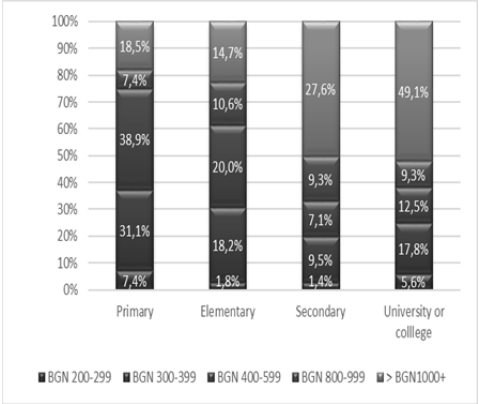
Figure 6

Distribution of households with PPD by income, place of residence and education, in 2020

Panel A. Income groups by type of settlement (in %)



Panel B. Structure of income by education level



The differences in the incomes of PPD by age groups are statistically significant. As in 2009, in 2020 the share of people with higher income increased with age until reaching retirement age. At an average income of about BGN 1,200 for a household with a pensioner (according to the Survey of Household Budgets) 36% of households with a member with permanent disability aged between 18 and 29 years had an income of over BGN 1,000 and this share increased to 42-43% for households with disabled persons aged between 30 and 59 years, falling to 19% for households with such persons over 60 years of age. This indicates that households with older people with disabilities have relatively lower incomes and are more vulnerable in terms of their material standard of living.

The described socio-economic characteristics of people with disabilities, as well as their rights protected by the UN Convention on the Rights of Persons with Disabilities, ratified by Bulgaria (2012), require relevant social work with PPD and changes in the national legal framework on persons with disabilities (see Act on Persons with Disabilities, 2018; Vekova, 2019, 2019a; Dimitrov, Vazova, 2020; Terziev, Dimitrova, Delibasheva, Arabska, 2014; Koeva, 2010; Hristoskov, Madjourova, 2020).

Living environment

1. Home environment. Given the general structure of housing ownership in Bulgaria, 98% of which is private, there is reason to believe that a large proportion of people with disabilities living in a family environment (in the 2020 sample they were over 99%) live in own homes. The analysis of the qualitative characteristics of the

housing conditions, such as availability of electrification, water supply, sewerage, central heating, etc., allows for the following evaluations of the changes that occurred in 2020:

• The general trend is towards improvement of the quality of the home environment of PPD based on all of the surveyed characteristics. Significant improvements are registered in ensuring:

- sewerage systems (an increase by 13 p.p. in 2020, reaching a coverage of 90% of dwellings) and central heating (70% of dwellings, or an increase of over 50 p.p.). The improvement might be due, on the one hand, to the fact that almost 80% of people with disabilities live in cities and, on the other hand, to the general process of improving the quality of housing conditions by developing the technical infrastructure in them and in the settlements as a whole;

- personal computers and access to the internet (for 50% of PPD, which means an increase of over 30 p.p. compared to the base year). This contributes to greater social inclusion of people with disabilities and should be used as a prerequisite for expanding their remote forms of work, which are now quite limited (as already mentioned, about 4% of PPD have such work).

• The comparison of the studied characteristics with the country average data shows that differences are not significant and that the share of homes of people with disabilities with available central heating is even higher than the country average. The latter is once again due to the fact that most PPD live in cities.

The conclusion is that, in general, the quality of the home environment of PPD has improved and by 2020 disparities with the country average were not registered. A range of problems registered in 2009 in this field have been solved – i.e., access to sewerage, central heating, internet services, and possession of computers. Therefore, it is not surprising that almost 90% of 2020 respondents were satisfied with their home environment.

2. Physical accessibility. The analysis of the respondents' assessments gives ground to evaluate the changes in solving one of the main problems of people with disabilities – the architectural accessibility of dwellings and other sites of the urban environment (Table 2).

Table 2

Architectural barriers (answer "Yes", in %)

	2009	2020
At home	23	17
At the entrance of your home	35	36
To a medical establishment	37	38
To the workplace	4	7
To school/university	3	3
To a training/qualification centre	3	4
To public institutions	20	26
To other organizations (NGOs, trade unions, churches, clubs)	8	12
On the way to and inside election polling places	24	29

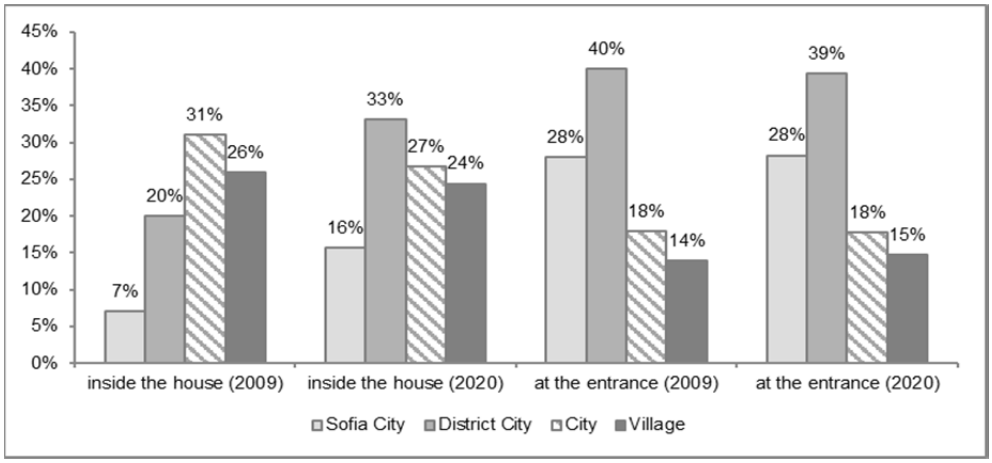
The most significant positive changes concern the reduction of architectural barriers in the home. A pronounced deterioration is observed with regard to the accessibility of election polling places, institutions with which people with disabilities have to communicate (labour offices, SAA units, NRA, municipalities), organizations in which they participate (NGOs, trade unions, religious organizations, interest clubs), and the workplace. We can add here the preserved high share of respondents (over 1/3) who assessed as difficult the access to medical establishments, as well as that to their residential buildings.

The conclusion is that accessibility to sites in the public environment was difficult and even deteriorated over the analysed period of over 10 years. Thus, physical barriers remain one of the most acute problems to be solved by the policies for people with disabilities. This is emphasized by about 15% of the 2020 survey respondents, for whom the difficulties with moving inside and outside of their home are particularly great.

In terms of place of residence, the homes of people with disabilities are relatively the most adapted to their needs in the capital city, where the share of homes with architectural barriers is several times lower than in other types of settlements (see Figure 7). However, in 2020 in Sofia there was a double increase in the share of unsatisfied respondents, which means that: (a) probably people with disabilities became more demanding; (b) the efforts and public policies in this direction have not given the desired positive results.

Figure 7

Architectural barriers of homes by place of residence



The entrances of residential buildings seem to be the most accessible in small towns and villages. On the one hand, this may be explained with the fact that residents of small towns and particularly of villages almost always inhabit single-family houses, which makes it relatively easier to make adaptations of the home entrance. On the

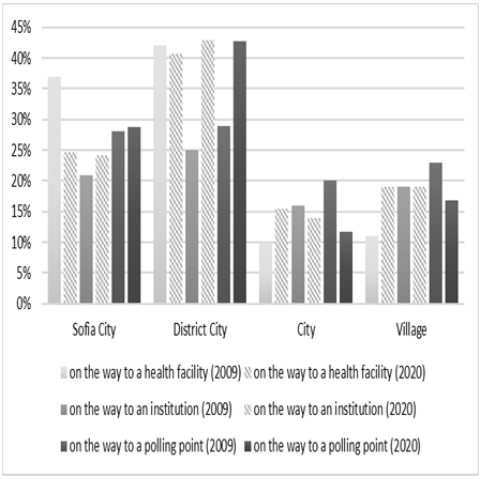
other hand, the subjective criteria of respondents of these types of settlements are probably less pretentious.

In any case, it can be concluded that public policies at the national and local level regarding the physical accessibility of housing of people with disabilities need to improve and expand in scope.

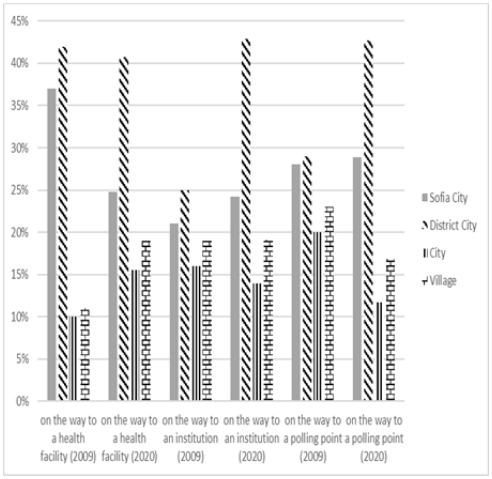
Figure 8

Architectural barriers in public buildings by place of residence (in %)

Panel A



Panel B



In both surveys, the problem of insufficient accessibility of public buildings was most acute for disabled people in large cities (see Figure 8). The accessibility of medical establishments (especially in large cities) and institutions with which PPD have to communicate, i.e., labour offices, SAA units, NRA, municipalities, was assessed as particularly difficult. This is explained, on the one hand, with the fact that due to the organization of the respective public systems, most of the buildings of these institutions are concentrated in large cities. On the other hand, the size of the settlement itself makes the travel distance to a particular institution longer and therefore increases the possible architectural barriers to it. In this regard, in 2020, for 14% of PPD one of the most serious problems (along with that of finding livelihoods) was receiving necessary health care services.

The findings in relation to physical accessibility lead to the conclusion that it would be most appropriate to focus the efforts on its improvement in two main directions – assistance for the adaptation of the homes of people with disabilities (with a possible focus on people living in larger settlements) and the implementation of projects for removing architectural barriers on the way to public buildings, especially in district city centres and in the capital city.

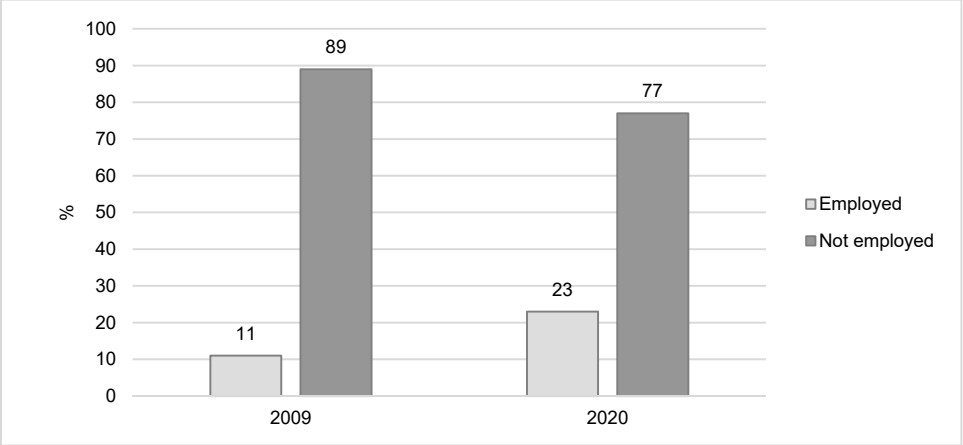
Labour status and position of PPD in the labour market

The analysis of the 2020 survey data confirmed the fact highlighted in 2009 that a large number of people with permanent disabilities still remain excluded from the labour market. At the same time, however, *there are important positive changes towards increasing the labour integration of disabled persons* (see Figure 9).

- While in 2019 the employment rate for the country was about 54% according to NSI data, in 2020 the corresponding rate among PPD aged 15-65 was significantly lower (39%), and the number of employed people with disabilities in the whole survey sample was 23%. However, this percentage was more than twice higher than in the 2009 survey, when the share of employed people with disabilities was only 11% compared to a 52% employment rate in the sample of the total population.
- At the same time, the share of not-working people among PPD (unemployed, pensioners, students, persons that are neither students nor workers nor job seekers) decreased from 89% in 2009 to 77% in 2020. Factors for this decline were the improved education structure, participation in the above-mentioned qualification courses, as well as the implemented policies for the inclusion of this vulnerable group in the labour market (as discussed below).
- Among the own-account workers with disabilities, in 2020 the shares of secondary (54%) and university (31%) graduates were the largest. This higher entrepreneurial activity probably results from their better economic self-confidence and skills.

Figure 9

Employment rate (in %)



In parallel with the listed positive changes, the following *problems* can be pointed out:

- In 2009, at an average age of 58 years of the persons with disabilities who participated in the survey, they had an average of 20 years of work experience. This

means that disabled people did not work for an average of half of their working age (after the age of 15). In 2020, at an average age of 62, PPD had an average of 25.6 years of work experience. Therefore, despite the improvement of this indicator, PPD remain inactive for most of their working age. The self-assessment of 78% of respondents in 2020 that they are currently unable to work may contribute to this situation.

For over 43% of respondents their disability was an obstacle to their desired labour activity. However, according to 30% of respondents this fact would not prevent them from practicing other work activities. In other words, the usual discrepancy was manifested between subjective desires and objective possibilities for carrying out one or another work activity. From the point of view of employment policies, the self-assessment of 1/3 of the respondents that their disability would not be an obstacle to practice their desired work indicates that it is necessary to develop mechanisms and measures to ensure greater consistency between labour supply and demand with regard to people with disabilities.

• By form of employment, in 2020 the structure of PPD was dominated by hired employees (56%), followed by manual workers (26%) and self-employed workers (17%). Compared to 2009, the increase in the shares of hired employees and entrepreneurs is at the expense of people with disabilities employed in manual work (see Table 3). The conclusion is that if hired labour is in the normal dominant degree, the entrepreneurial activity among PPD, although increasing, remains low compared to other forms, and the share of people with disabilities who perform predominantly manual work is still relatively high.

Table 3

Forms of employment (in %)

	2009	2020
Self-employed workers	12	17
Hired employees	49	56
Manual workers	38	26

• With regard to the education status of manual workers, in the last survey PPD with secondary and lower education prevailed (88%), while university graduates were 12%. It should be noted that the share of people with secondary education was the highest (64%), which means that their realization is underestimated, as it does not correspond to their education and qualification level.

• A very small share (less than 4%) of employed PPD worked in specialized enterprises (i.e., in a protected form of employment), and the rest worked in “normal”, non-specialized economic structures.

Data from the 2020 survey also show that the basic labour rights of people with disabilities are relatively well protected. 90% of them worked on some kind of employment contract: 73% on a permanent contract, 10% on a fixed-term contract, and a little over 7% on a civil contract. At the same time, 1/5 of them (1/4 in 2009) worked part-time. In other words, significant shares of people with permanent disabilities

benefited from flexible forms of employment provided by law. In addition, almost 20% of respondents stated that the employer complies with the restrictions imposed by the nature of the disability, while another 7% were of the opposite opinion.

The problem identified was that compared to 2009, when only 2-3% of employed PPD worked without an employment contract, in 2020 their share increased significantly and reached almost 10%. This indicates that by the time of the 2020 survey (characterized by an economic crisis and higher social isolation associated with COVID 19) people with permanent disabilities had become even more vulnerable in the labour market and more inclined to accept a job in the grey economy. The latter, and all so-called new forms of employment[4] in principle, lead to a reduction of social protection, which should be a priority of labour legislation and of the state's control activity. However, all this should be done without restricting more flexible employment forms, because they represent an additional employment opportunity for this not very active group in the labour market, which has its objective deficits for regular employment and very often is not able to work full time, every day, away from home, etc.

With regard to ownership of the respective economic structure, in 2020, 58% of PPD worked outside the governmental sector – at a private company, NGO or cooperative. Therefore, *the public sector is not the largest employer for this group of people*.

Table 4 shows data that give opportunity to evaluate the profile of employed PPD compared with the average in Bulgaria on a range of characteristics.

Table 4

Comparative characteristics of employed persons (in %)

	Country Average (2019)*	PPD (2020)**
By duration of working hours		
Full time	98	80
Part time	2	20
By type of employment contract		
Labour contract or civil servant contract	97	83
Service contract	1	7
Without a contract	2	9,5
By type of employer		
Private sector	76	58
Public sector	24	42
By type of work		
Employed on a permanent basis	96	73
Employed on a temporary basis	4	17

* NSI data – "Employed persons", https://www.nsi.bg/bg/content/4009/.

** ESS 2020 data.

[4] "New forms of work" comprise the following forms: employee sharing; workplace sharing; temporary (urgent) management; casual work (more on-call work, intermittent work, etc.); mobile work; voucher-based work; portfolio work, online platform work (gig economy, crowdsourcing); collaborative employment. For more information, see https://www.mlsp.government.bg/uploads/1/lm-report-v3.pdf

• In terms of duration and type of work, PPD were more engaged in part-time and temporary work than the average for Bulgaria. This can be partly explained by the level of their overall and labour capacity. However, the share of full-time employed PPD clearly dominated over part-time employed, which is typical for the entire economy of the country.

• In relation to legitimacy, a positive fact is that both in the country and for people with disabilities, contract-based employment prevailed. However, five times more PPD worked without a contract. This clearly shows that disabled people are a vulnerable group in the labour market that is more involved in/attracted to the grey sector with all its consequences. This is also evident from the answers of the respondents in 2020, for 7% of whom finding a suitable job was difficult.

• The private sector is the main employer; however, in the employment of people with disabilities, the role of the public sector is relatively higher.

The general conclusion is that the specific characteristics of PPD as a labour force determine their higher vulnerability in the labour market (especially with regard to unregulated employment) and lower involvement, expressed in part-time and temporary work.

In 2020, the forms of work of PPD were distinguished by some particularities. The use of the Internet for work was relatively large (over 40% of respondents). The vast majority of respondents worked only outside their home, in a normal work environment (91%). Interestingly, this result was obtained in the conditions of an emergency epidemiological situation caused by COVID-19, in which the form of remote work was more widespread in general. The fact that less than 10% of PPD worked at home shows that the rest (the predominant part) had to overcome the usual architectural barriers (for 70% of respondents the workplace is not adapted to their specific needs), but also to take additional preventative measures against the coronavirus at the workplace and on the way to it (Table 5).

Table 5

Forms of employment, 2020 (in %)

1. Workplace	
Only at home	5
Most of the time at home	4
Most of the time outside the home – enterprise/office	14
Only outside the home – enterprise/office	77
2. Forms of work	
Remote work/ work through a digital platform	4.3
Use of internet in the work	43
3. Work conditions	
The workplace is adapted to the needs of people with disabilities	30

In this context, respondents in the 2020 survey gave the following assessments of their *satisfaction* with the work they do. On the one hand, the majority (around 3/4) considered that there is a correlation between their satisfaction and their education

and qualifications. These opinions coincide with the 2009 survey, in which the majority of workers with permanent disabilities (58%) were satisfied with their job. On the other hand, in the 2020 survey, the share of respondents (58%) who do not see career opportunities prevailed compared to the 42% who believe that such opportunities exist. The additional structural analysis logically shows that: (a) 60% of the persons who perform work that corresponds to their education and qualification believed that it also provides opportunities for career development; (b) at the same time, almost all (98%) PPD whose work does not correlate to their education level declared that they do not see opportunities for career development in the job position they hold (Table 6).

Table 6

Satisfaction with the work, 2020 (in %)

1.Correlation between the work and the education and qualification level	
The work corresponds to the education and qualification	57
The work partially corresponds to the education and qualification	23
The work does not correspond to the education and qualification	20
2.Opportunity for carrier development	
The work provides good career development opportunities	15
The work provides some career development opportunities	27
The work does not provide opportunities for career development	58

The *general conclusion* from the analysis is that people with permanent disabilities who differ at least from the main workforce in the country most successfully adapt themselves to the labour market, i.e., people with secondary or higher education. For PPD with lower education, a significant problem is finding any job whatsoever, while for those with college and university education the main problem is the creation of appropriate conditions for them to take on jobs appropriate to their education and qualification.

Policies for the labour integration of PPD

Opinions and assessments of PPD about the policies for their labour integration and about the work of the institutions for implementing these policies, respectively, are presented and analysed below. Data from the representative empirical sociological survey conducted in 2020 were used for this purpose. The results of the survey show that the majority of people with disabilities (37.4%) found their current job through recommendations by acquaintances (see Figure 10), followed by those who found a job without job announcements (20.6%), from an employer's job announcement (20.1%) or through a labour office (9.8%). The disabled persons who found a job through an electronic platform and those working in a project or measure are negligibly few in number (less than 1%).[5]

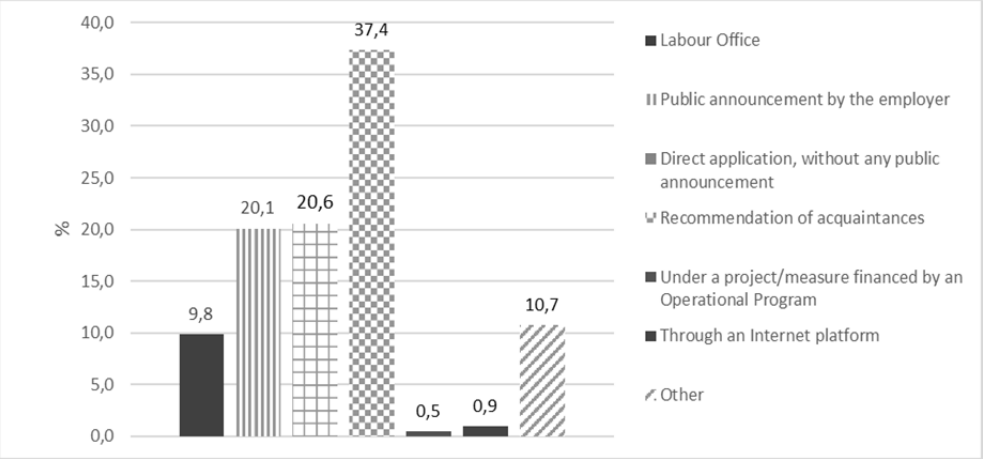
On the one hand, these results have their logical explanation in the fact that a large proportion of people with disabilities have always been in the labour market,

[5] The cited data were obtained only from employed PPD and not from all respondents.

became disabled later in life and remained active, when the injury/disease allowed it. On the other hand, the data justify the negative conclusion that the role of the labour offices in supporting the employment of people with disabilities is small and limited to assisting their registration as unemployed, whose number was around 11,000-16,000 in the period 2015-2019 according to the annual reviews of the Employment Agency. In addition, the labour offices do not implement any specific policy targeting the labour integration of people with disabilities. The latter are considered as part of the disadvantaged groups in the labour market and the only differentiation is the existence of several measures and programmes in the National Employment Action Plan[6], which are specifically oriented towards PPD. At the same time, there is no differentiation in terms of types of interventions, specialized structures or involved experts, integrated services for supported employment, etc.

Figure 10

Sources used by employed persons with disabilities to find a job, 2020 (%)



The people with permanent disabilities of working age (16-64 years) are over 227,000 (see NSI, 2019), of which 173,200 are economically inactive and 49,800 are employed. These numbers show that inactive people with disabilities represent a potential for the labour market and many of them could become the subject of a targeted activation policy. The results of the 2020 ESS confirmed these data – 45% of respondents, including people above the working age, are inactive and only 22.7% are employed. The survey highlighted another unfavourable trend – according to 78% of the respondents, as people with disabilities they are not able to work. This result coincides with NSI data that only about 22% of people with disabilities are employed.

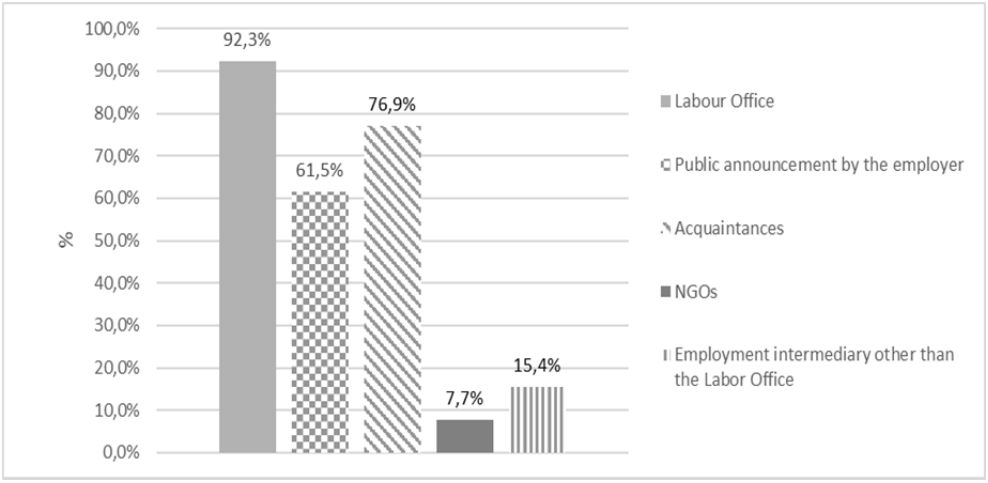
[6] Measures stipulated in the Employment Promotion Act – art. 36, para. 2; art. 43a; art. 51, para 2; art. 52, para 1 and 2; National Programme for Employment and Vocational Training of People with Permanent Disabilities and National Programme "Provision of Home Care".

Therefore, they are a potential contingent for work of the labour offices and, if it is used, the share of people who find work through public employment structures would be significantly higher without this being an end goal of the labour market policy in itself.

With regard to the sources used for finding a job by the respondents who identified themselves as unemployed (see Figure 11) (the included data is only for them), it can be seen that people with disabilities used mainly labour offices (92.3%), their acquaintances (76.9%) or job ads from employers (61.5%). The share of respondents who resorted to the help of labour mediators other than a labour office (15.4%) and non-governmental organizations (7.7%) is smaller. This has its logical explanation – mostly respondents registered in the labour offices declared themselves as unemployed. In addition to the fact that the number of registered unemployed has remained stable over the years, standing at around 11,000-16,000, and the labour offices fail to reach people who are not active, another problem is that very often these people are the same. They are unemployed persons with disabilities who are accustomed to participating in programmes and projects and whose employment depends entirely on active labour market policies without this leading to a gradual acquisition of independence and integration into the real market.

Figure 11

Sources used by unemployed persons with disabilities to find a job, in 2020



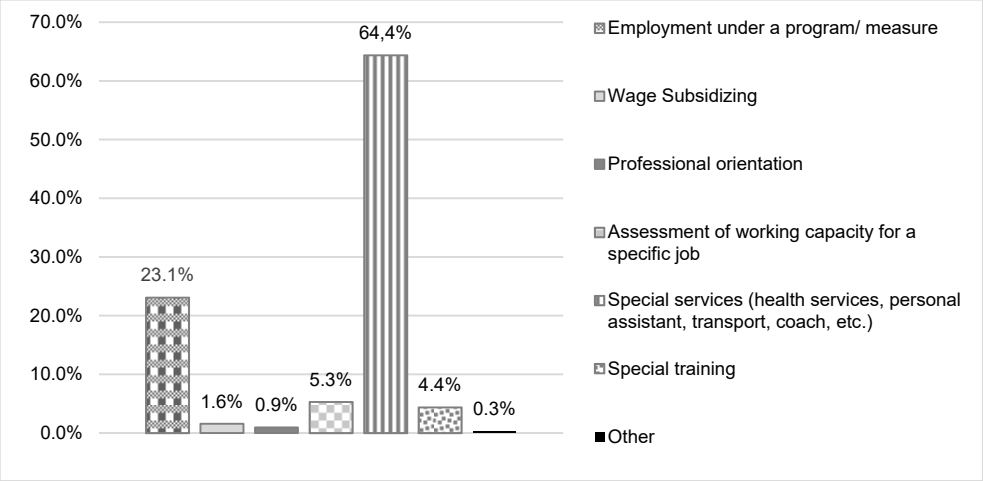
In terms of supported employment services, 69% of respondents stated that they had received specialized services – health services, personal assistant services, transport, mentorship and other services related to their disability (see Figure 12). 18% were employed under a programme or measure, 6% went through an assessment of their ability to perform a specific job, 5% participated in specialized training, 1%

received a subsidized salary/wage and 1% received professional orientation. It can be added to this that only 3.7% worked in specialized enterprises, which is close to the level of employment of people with disabilities in a protected environment. Of course, the new Act on People with Disabilities of 2019 also provides opportunities for sheltered employment, but so far there are only 2-3 such centres with about 50 employees and everything falls within the state-funded project period for their creation. Therefore, there is still not enough information to make evaluations and conclusions about the sustainability of this form of employment.

Employers remain highly reserved when it comes to working with the group of inactive people with disabilities – according to the 2020 survey, the private sector contributed for only 54% of their employment compared to an average of 76% in the economy. The introduction of quotas for hiring people with disabilities does not become the desired engine for expanding employment among PPD because employers either manage to meet their quotas with the already hired workers with disabilities, or they are simply more inclined to pay administrative compensations instead of hiring such people.

Figure 12

People with permanent disabilities receiving supported employment services, in 2020



This significant share (69%) of respondents who claimed to have received specialized services as part of the support for employment seems unrealistic and needs a special explanation. Based on an analysis of interviews with experts, two important conclusions can be drawn:

Firstly, specialized employment services covering social and health services, transport, psychological support, coaching, employment counselling, adaptation to the workplace and the work processes in their entirety are not widely applied as part

of the active labour market policy. Existing single practices are the result of pilot experiments in this regard.

Secondly, respondents who give an affirmative answer on whether they receive such services more likely accepted that these are services they generally receive without being tied to employment objectives. This is one of the conceptual problems of the policy for people with disabilities in Bulgaria, because a large part of the assistance is not bound to labour integration objectives.

Conclusions and evaluations

The analysis of the changes in the socio-economic profile of PPD in the period 2009-2020 leads to several very important conclusions:

- The changes in each of the considered characteristics are ambiguous – along with the positive changes there are also negative ones. The positive ones consist of improvements in the general educational structure of PPD, their employment and the duration of their employment, as well as their income status and housing environment. The problems are mainly in terms of the physical accessibility of the living environment, their greater vulnerability in the labour market (unregulated employment, temporary work and part-time work), chronic diseases and difficulties in finding livelihoods.
- The problems identified could be the subject of integration and compensation policies for these people and their rights under the Convention on the Rights of Persons with Disabilities.
- The persons who differ least from the main labour force in the country – those with secondary or higher education – adapt most successfully to the labour market. For people with disabilities with lower than secondary education, finding any job whatsoever is a significant problem in general, and for those with higher or semi-higher education, the greatest problem is the creation of conditions for them to take on suitable jobs.

The main conclusions regarding the shortcomings of the active labour market policy for the labour integration of PPD are:

- The specialized employment mediation provided by the labour offices that targets only people with disabilities is insufficient. Such service exists in a number of developed European countries. It is necessary because inactive people with disabilities have many deficits for integration into the labour market – they are long-term unemployed/inactive; they lack experience, work habits, skills and qualifications; they need comprehensive support, etc.
- Not only for people with disabilities, but also for the employers themselves, specific services such as work process adaptation, coaching, etc., which would eventually lead to joint coaching of both parties, are not provided on a sufficiently large scale.
- Work capability assessment, based on the current Ordinance on the medical certification of labour disability, focuses on the disease and on the general contraindications to work, and thus, the detailed evaluation of the general work capability

is omitted. The current system determines the same incapacity for work of two persons with the same disability/illness without taking into account their functional deficits. In addition, the system determines the degree of work incapability based on the disability/disease and/or for a specific type of work. Thus, a person in a wheelchair most likely will be assessed as 100% incapable of work (although this is physical incapacity for work), without paying attention to the fact that s/he may be 100% capable of many other types of work. A change in the way medical expertise is carried out by shifting the focus to what a person can do and what assistance s/he needs to work would lead to an entirely new approach to supporting the employment of people with disabilities.

- There is no guiding process of labour integration, which would gradually lead a person with disability from the most intensive forms of support in the beginning to gradual independence and integration in the real labour market, where possible. If, due to the nature of the disability, a person cannot gain full independence, the ultimate individual goal could be some of the intermediate forms of employment support.
- The level of integration of employment support services is insufficient. The offered and provided subsidized employment services often do not have a long-term effect, and thus, after the expiration of the programme and the monitoring period the person with disabilities returns to the starting position of an inactive person on the labour market.
- Employers are still very reserved about hiring employees from the group of inactive people with disabilities. The introduced quotas for hiring such persons have failed to become a factor for higher employment among them, which requires finding additional mechanisms in this direction.

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