European Association of Service providers for Persons with Disabilities

Technical support on the deinstitutionalisation process in Greece

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Training needs analysis and recommendations on trainings, qualifications and staff needs

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List of Abbreviations

DI: Deinstitutionalisation

EASPD: European Association of Service providers for Persons with Disabilities

ECI: Early Childhood Intervention

ICH: Institute of Child Health

MoLSA: Ministry of Labour and Social Affairs

MIA: Ministry of Interior Affairs

MoEd: Ministry of Education

MoH: Ministry of Health

MoJ: Ministry of Justice

NGO: Non-Governmental Organisation

NCDP: National Confederation of Persons with Disabilities

UN CRC: United Nations Convention on the Rights of the Child

UN CRPD: United Nations Convention on the Rights of Persons with Disabilities

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1. Introduction

In recent years, the Greek Authorities, supported by non-state actors have made important steps to take forward deinstitutionalisation (DI), in particular for children and adults with disabilities. This document is developed in the framework of Technical support on the deinstitutionalisation process in Greece project, giving guidance to the Greek government to strengthen its capacities in implementing the DI process. Its key policy outcomes were developed in consultation with key stakeholders, civil society, and representatives of persons with support needs. The main one is the DI national Strategy[1], an overarching framework focusing both on the prevention of institutionalisation and the transition to community-based settings for those currently living in institutions. The Strategy is accompanied by a Roadmap and Action Plan giving clear indications on actions and timeline for implementation.

Nonetheless, at present there are still outstanding issues to be addressed. The Greek system of social and child protection services is still relatively fragmented at the level of governance and thus unregulated. Both community-based and institutional care is offered by providers that can be public/governmental, non-profit private institutions, including children's villages, shelters for unaccompanied immigrant minors, charities, and religious institutions which the Greek Orthodox Church operates[2]. Most major child protection NGOs in Greece and Social Welfare Centres have also developed community-based services. Apart from residential care they also support families and children in need, facilitate foster care or adoption support persons with disabilities and elderly persons. However, their residential care services remain the core of their work. In the absence of a national legal framework and a minimum set of national standards of operation among all legal types of residential care, institutions often apply their own standards (or no standards at all) of quality of care[3]. On the other hand, community-based services that do not include residential care, are so unequally distributed

[1] Deinstitutionalisation Strategy in Greece, 2020, European Association of Service providers for Persons with Disabilities (EASPD)

[2] Mapping exercise and analysis/ review of support services and procedures implemented in the community in Greece. 2020, European Association of Service providers for Persons with Disabilities (EASPD)

[3] Special Report - The rights of children who reside in institutions: Findings and recommendations of the Independent Authority "the Greek Ombudsman". 2015, The Greek Ombudsman. Available at: http://www.synigoros.gr/resources/docs/575568.pdf

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and absent in some areas, understaffed and/or lacking graduate employees, overstretched, often operating without stable material and human resources, without methodological tools (such as assessment tools and intervention protocols) and solid links for inter-agency work with educational and health services, without or with very unclear mandates[4]. There are at least five Ministries involved in social care and child protection: The Ministry of Labour and Social Affairs (MoLSA), Ministry of Interior Affairs (MIA), Ministry of Health (MoH), Ministry of Education (MoEd) and Ministry of Justice (MoJ). However, there is little if any inter-Ministerial cooperation which often leads professionals working in their respective entities, to despair.

In this context, professionals working in social care are asked to change the things they have been doing, often for a long time, and do them differently. This change has been invariably frightening for most people in any country that embraced and developed community living. Not all of these countries had a robust social care system in place before closing institutions, but the deinstitutionalisation process helped them build one. Because others *'dared greatly'*[5] before us, we now know that DI is not only possible but is the sensible thing to do due to the significant, positive impact it has on the lives of vulnerable children and families, people with disabilities and elderly persons. Although many might have seen DI's transformational effect for both people that draw on support and professionals working in care, not everyone can envision this when thinking of the parameters and challenges this monumental reform entails. Training is, therefore, a key element to help professionals involved in this reform become part of this movement. It is a thread of activity that must run throughout the process and support people to share their experiences, their fears and their needs; it can support them to learn new skills and build confidence and change the current system of care in Greece.

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[4] Mapping and Analysis of the Childcare System in Greece. 2018, Institute for Child Health. Notes from G. Nikolaidis' brief presentation at UNICEF's Conference in Athens: Visioning Child Care Reform in Greece National Conference for Civil Society and Faith-based Organizations

[5] Largely used quote by Theodore Roosevelt: *"It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat."*

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This document is part of the component of the technical assistance to deinstitutionalisation in Greece project focusing on training and builds on the training on DI prepared and delivered to the social care staff and managers of public institutions and it is designed to inform and accompany the National DI training program.

2. Scope and Objectives

This document aims to identify the strengths and weaknesses of the social care workforce involved in DI in Greece. Based on those findings we will then present recommendations on their general training, qualification and staff needs.

For the purposes of this paper, we will look at professionals who support vulnerable children and families, persons with disabilities and elderly persons with support needs.

More specifically, we are looking at professionals working in community social services and institutions that:

(a) Prevent unnecessary family separation,
(b) Help people overcome their struggles in the community to be reunited with their children,
(c) Support children and people who are transitioning from institutions to community-based settings and alternative care (such as foster care and family-like settings for children)
(d) Support persons with disabilities who have already moved in community-based living.

3. Methodology

The methodology followed for the current document was a literature review including scientific studies, official organisations' reports and national policies and numerical data collection from updated and trustworthy sources. Research findings published or presented by the Ombudsperson's Office, the Institute for Child Health (ICH), and the National Confederation of Persons with Disabilities of Greece (NCDP) have been particularly helpful. The National DI Strategy, its related Action Plan, and Roadmap drafted by the EASPD in the framework of this technical assistance project, remains a key source of information. In addition to the above input from professionals who participated in the aforementioned training has been an invaluable source of information. We used notes from the training,

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participants' evaluation reports as well as notes from semi-structured follow-up interviews with some of the participants.

4. Strengths and weaknesses of social care sector workforce

Social services are the central services involved in DI and must entail a paradigm shift from a paternalistic and medical to an empowering and social approach in the way support is organised and provided to persons and families. A human-rights based approach, looking at persons with support needs as individuals and citizens that can chose for their lives should become the new rule for all social services which provide support to the three target groups. Building on social care professionals' cumulated experience and input we will focus on the support they need and the skills they must build in order to be more effective and efficient in their work at supporting people. We will start by identifying structural difficulties, and additional resources needed[6]. We will look at how they support children, families and people in the current system, highlight good examples. We will also look at how the system can be improved and strengthened and at the general training areas that would help professionals remain core allies in this effort. The paper then moves to specific recommendations on training for the social workforce in community-based (municipal and regional) social services, in institutions and in gate-keeping structures such as hospitals and schools.

Efforts to respond to the needs of the social care workforce in Greece are hampered by the lack of detailed, actionable and accessible data about social care. We need to limit the community-based social care workforce to social workers as apart from them a few psychologists and administrative staff, there are almost no other professionals currently working in community social services. Community nurses and health visitors are very few and to our knowledge there are no community midwives in Greece. We can find some interdisciplinary teams in targeted community-based services (such as medical-pedagogical centres, mental health centres etc.) We will therefore focus on social workers and develop the staff needs further in the recommendations.

[6] For missing services and support procedures, see: Mapping exercise and analysis/ review of support services and procedures implemented in the community in Greece. 2020, European Association of Service providers for Persons with Disabilities (EASPD)

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We do not have official data on the social care professionals working in various agencies including public entities. The number of social workers in Greece is no exception to this rule. The ICH[7] estimates that there are about 820 social workers who serve in various sectors in Greece (regional governments, municipal services, welfare and mental health services such as social markets, homeless shelters, and distribution of food programs, social pharmacies and offices of intermediation etc)[8]. According to the Ombudsperson's research findings, in the municipality of Athens, the biggest municipality in Greece with 93581 inhabitants there are currently three municipal social workers. Those professionals cover a range of needs for different service users. At the same time most of them are also heavily involved with bureaucratic, administrative work. It should be noted that there are municipalities which do not have any social workers[9] and that only 20% of the social workers in community-based services are permanent workers, 70% work on fixed-term contracts and 10% of them work through short-term programs operated by the Manpower Employment Organisation (OAED)[10]. This can undermine the quality of the relationship with the supported persons, and also poses challenging for planning and delivering training.

These professionals often go above and beyond their role to support the system of care. Most social workers in Greece work hard with complex and challenging cases. Some of the strengths of the social care workforce include the following:

- Even though social services in Greece are delivered by a small number of social workers in social-welfare type services, organisations and other entities (health, education, justice and public order) much dedicated professionals show commitment and resilience and continue to serve the people with everything they've got.

[7] Mapping and Analysis of the Childcare System in Greece. 2018, Institute for Child Health. Notes from G. Nikolaidis' brief presentation at UNICEF's Conference in Athens: Visioning Child Care Reform in Greece National Conference for Civil Society and Faith-based Organizations

[8] The number of professionals who work for the plethora of NGOs remains unknown.

[9] Hellenic Association of Social Workers: https://www.skle.gr/index.php/el/2015-01-27-08-52-05/2015-01-27-08-53-54

[10] Statistical data the President of the Hellenic Association of Social Workers, Ms Triantafyllia Atanasiou, shared during her interview with journalist Ms Mariniki Alevizopoulou for The Manifold Files. 22/07/2020.
Available at: https://www.facebook.com/themanifold.media/videos/3741011522592307/

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- With limited tools and resources, professionals have become inventive and resourceful.
- Due to frequent redeployments social workers in Greece are knowledgeable and highly skilled in different social services and target groups (such as: advice and support in accessing cash benefits, assistance in finding employment, parenting classes and support for new parents, day care centres for children, persons with disabilities, elderly persons, crisis centres for families fleeing domestic violence etc).
- The MoLSA has formed key partnerships between state and non-state actors (i.e. making use of the Child Guarantee Program) that support and strengthen professionals, create opportunities of sharing the experience and improving care for service users.
- The MoLSA has shown commitment to reforming the system of care. New staff members employed in Centres of Social Welfare (on short-term contracts basis) are mainly social workers and psychologists to support DI programmes. During this year, Centres of Social Welfare have increased their workforce by 1/3.
- Social workers crave for training. They register by hundreds in relevant opportunities offered by public entities and non-for-profit organisations. Some of them go to even self-fund their training and supervision.
- Many of them are already familiar with the core principles and practices of DI as they have worked for the reform in mental health and in community-based care programmes for persons with disabilities.
- They encourage and participate in networks created by service users and peer support groups.
- In lack of statutory inter-agency work, they create unofficial networks to share their experience and learn from each other[11].
- The Association of Social Workers of Greece (SKLE) [12] has become a Legal Entity under Public Law and is supervised by the MoLSA. Social workers register to their association and participate actively in its initiatives (public interventions, open discussions, training, cooperation with the Academia/INGOs/NGOs etc).
- They are the most stable and reliable source of allies in reforms that will benefit the lives of the people they serve.

[11] Such as 'The radical and critical social work': https://socialworkers.gr/
[12] Association of Social Workers of Greece (SKLE): https://skle.gr/index.php/el/

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- There is clearly a strong will amongst the workforce to improve things and they stress that support is needed at all levels to achieve change.

Despite social workers' much dedication and hard work, research findings show that shortcomings result to extremely concerning outcomes for all groups of service users. Vulnerable children are exposed to the ongoing risk for abuse and neglect. Persons with disabilities might find themselves isolated and at risk of institutionalisation. And elderly people that have high support needs and for various reasons cannot draw support from family networks have limited choices. The most notable weaknesses of the social care workforce[13] include the following:

- Lack of a robust, comprehensive, community-based social care service system with designated resources and jurisdictions to ensure its independence of other public sectors.
- Lack of professional independency and professional identity (social workers are often subordinate to the doctors, prosecutors, mayors etc).
- Lack of unified methodologies and sufficient communication with other services.
- Limited action and intervention in some cases due to the lack of authority for social workers to act without formal permission from the prosecutor.
- Lack of a monitoring tool to ensure all cases are monitored and reviewed for an appropriate time period.
- Limited community-based services to refer vulnerable people to.
- Lack of safety and legal protection for social workers that will need to intervene in highly dysfunctional situations.
- Lack of shared responsibility through inter-agency cooperation.
- Lack of formal, free of charge supervision.
- Lack of provision for paid overtime and reimbursement of their expenses.

Less data is available on social carers in institutions who work directly with children, persons with disabilities and older adults, and carers in integrated housing support for persons with disabilities. Most of these services expect care staff to have very generic social work qualifications. Very few private institutions for children make sure their carers have a pedagogical background or an academic background in humanities. In children and persons with disabilities and elderly persons where finding and retaining personnel is more

[13] Research conducted by ICH, EKKA, SKLE and the Greek Ombudsperson

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complicated, we often see a more diverse picture of social carers. Some might have a background in nursing (usually in nursing assistance), some might have had vocational education of any kind, few might only have primary education. Institutions can only have low ratios of staff per service users.

Nevertheless, understaffing in some institutions is severe, resulting in poor outcomes and risks for service users. Especially for children with disabilities, persons with disabilities and chronic conditions, we often see one social carer per 15 people or more. In these conditions, asking social carers to apply child and person-centred approaches might sound over-ambitious.

Carers in such institutions might still show high levels of commitment. They often work overtime, connect with children and people at a personal level, take risks and go beyond their role to support service users while always being subordinate to institutions' scientific teams. Carers rarely participate in interdisciplinary teams, despite their experience in everyday life with the people they support. Work conditions and lack of support for carers can be draining. We often see carers that have reached such levels of professional burnout, that simply go through the motions, reproducing deep-rooted outdated methods of care with little if any emotional involvement. The staff often appears to have low self-esteem and demonstrates low professional satisfaction levels. Social carers often lack professional identity and have difficulties in finding their place in DI. There is currently no requirement of a minimum professional qualification for people working directly with vulnerable children/people in institutions. Especially in public institutions carers are only asked to submit a criminal record check (as other employees in public sector) and are generally recruited through the Superior Council for Personnel Selection (ASEP) where there is no provision for interviews with prospective employees. They have significantly fewer opportunities to communicate and create networks with other professionals in community-based services. Some of them find it difficult to envision their new role in community-based settings and do not have adequate support in doing so.

On the contrary the scientific staff currently working in institutions, such as psychologists, social workers, and health visitors have a much better understanding of their role and their professional network in the community-based services, as this already exists. They will join and enrich most of their colleagues who already support people in the community. Those professionals will share their valuable experience in institutions and at the same time will

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learn from their colleagues new methods of care and intervention, of managing challenging behaviours, of diagnostic procedures and therapeutic plans for children and people who need support to be part of a community not an institution.

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5. Recommendations on training, qualifications and staff needs

The Strategy, Action Plan and Roadmap for DI in Greece[14], developed in the framework of the technical assistance for deinstitutionalisation in Greece project, have provided guidance on how to further develop existing community-based services and, when needed, design new services to replace large scale institutions. Those documents serve as a guide to help Greece build and diversify capacity and improve accessibility of universal services to ensure children in need or at risk, children and persons with disabilities and vulnerable older adults can access existing community-based services. These documents include provisions for improving or setting up targeted/specialised services as well. These services include the promotion of early screening and intervention, early childhood education and care (ECEC), family strengthening services that would also address the needs of a wider group of children who are not in institutions, but who are vulnerable, or at risk. They also include alternative family-based care and strengthening of foster care in Greece. For persons with disabilities they include the development of housing-like settings and housing-led support and support procedures to ensure that tenants exercise choice and control of their lives. For elderly persons these services include care and support at home and development of housing-like settings. The following set of recommendations build on the key conclusions and findings of the National Strategy and Action Plan and Roadmap for DI, underling training needs required to implement recommendations and reform the system.

5.1 General training needs for professional involved in social care

Every professional involved in social care should have knowledge of the international human rights framework, and on DI principles and practices. This includes policymakers and key senior officers in Ministries, Regional Governments and Municipalities, professionals who will be asked to implement this reform and staff members who work directly with people who

[14] Deinstitutionalisation Strategy in Greece; Roadmap for the implementation of the deinstitutionalisation (DI) strategy; Action plan accompanying the DI strategy, outlining in detail the steps needed to unroll the DI strategy and the actions to be undertaken; Attribution: Please cite this work as follows: European Association of Service providers for Persons with Disabilities (EASPD), Brussels, 2021

Available at: https://www.easpd.eu/en/content/di-greece

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draw on support. They should all be familiar with the values and the key elements of this reform. More specifically:

- Everyone involved in the DI process should be trained on the **legal and policy base for DI**. Especially on the UN Convention on the Rights of the Child (UN CRC), the UN Convention of the Rights of Persons with Disabilities (UNCRPD) and the UN Principles for Older Persons[15]. This training will give trainees a better understanding of children's rights and human rights. It will equip them with the ability to identify restrictions and violations of children's and human rights. Training will help professionals establish child and person centred approaches that will hopefully be applied in policies and strategies.
- Anyone caring for or working with and for children and families need to have a clear understanding of **attachment and trauma theories**. This will help them understand the roots of each families' problems and offer specialised help; both at the level of policymaking and when working directly with the people.
- Every professional working on disability should be introduced to the **principles, practices, and successful examples of personalisation of services, co-production, supported decision-making processes, supported housing and independent living**. This should be followed by specialised training around specific disabilities. Specialised training should be developed considering the personalised needs of different service users with the same disability. By the end of the training, it should be clear to professionals that two people with the same disability or condition remain two different people with different needs.
- All professionals should be trained in **identifying and addressing timely issues of professional burnout**. Develop and introduce performance review systems, supervision and support of all professionals in the care system.
- All professionals should be trained to **actively listen to the voices of persons with support needs**. People who draw on support, should be involved in the training process as trainers.

We should make sure to remind all professionals that the values of good care are intuitive and universal and, to a large extent, are the very values which already guide their work.

[15] For an overview of key articles see: Developing Community Care. 2011, European Social Network. Available at: http://www.esn-eu.org/developing-community-care

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5.2 Training needs for social care workforce in community-based social services

A precondition for successful training is the reinforcement of community-based services. Also, Greece needs more qualified social workers to respond timely and effectively to the needs of diverse populations.

Social workers should be further trained on:

- **Child and person-centred work** including direct interaction with children and people of all ages and abilities.
- A national easy to use **assessment framework** (which to this day does not exist despite good efforts), **standardised intervention protocols**, **guidelines** for handling cases and care plans templates.
- Child **individual assessment** methodologies (too be applied also to those in groups of siblings).
- **Diversity and intersectionality**. Ensure that people of all ethnic groups, people of any sexual orientation and gender identity, persons with disabilities, people who belong in more than one of the abovementioned groups of people, are treated equally.
- Basic **communication skills** with non-verbal children and adults.
- Effective **safeguarding policies and practices**.
- **Prioritising cases**. Identifying and handling effectively emergency intervention cases (provided that social workers in Greece will be granted legal authority to intervene and not wait for a prosecutor's orders).
- **Prevention of unnecessary family separation** and **support and monitoring methodologies** for the families that have been reunified with their children.
- **Supported decision-making** for persons with support needs and their families.
- Prospective **foster families recruitment, assessment** and **preparation**[16].
- Persons with support needs, including children and people with high support needs, **preparation and support for any changes in their lives**.

[16] See training material on foster care prepared by the University of Thrace: https://www.anynet.gr/pubnr/Training

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- Effective **communication and cooperation with prosecutor's offices**, including writing more effective, detailed reports and referrals[17]. This should include strategies on how to use standardised assessment protocols, how to retrieve and co-submit reports from any other services that have been previously encountered by the child/family/person (i.e. mental health services, police etc). It should also include strategies on understanding personal stereotypes and implicit prejudices and preferences that can penetrate and influence social reports and create unintended negative consequences for the lives of children and people that draw on support.
- A **national monitoring and review system** which would ensure that all cases are followed up for an appropriate period. It would enable social workers to take this on without requesting permission from the prosecutor.
- **Inter-agency work**: how to build interdisciplinary teams (and transdisciplinary teams when needed, especially when working with families) and manage mobile units.
- **Involve and empower service users', and value their experience**. The best experts to talk to through challenging times are the service users. This would help both parties build skills and trust.

6. Workforce development

The new services that will replace institutional care require trained personnel to provide high-quality services. The workforce is the most important resource in the reform process. Many can be redeployed from the institutions and other personnel will need to be recruited. However, training should be available for both old and new staff members. Care must be taken to ensure that personnel who are redeployed do not reproduce institutional culture. To prevent unnecessary institutionalization and reform the social sector toward empowering

[17] For detailed Circular of the Prosecutor of the Supreme Court titled 'Issues in regard to foster care, adoption and the process of removal of minors' parental responsibility/custody from parents or those who have minors' custody' (issued on 14/06/2021) makes special reference to this issue. Available at: https://eisap.gr/%CE%B5%CE%B3%CE%BA%CF%8D%CE%BA%CE%BB%CE%B9%CE%BF%CF%82-5-2021/?fbclid=IwAR3z59fqReyauYjNkSw_fWZ5uxvxLjTvmoL-erBlKTQoLUmxsz8Zqe448xU

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and individualized forms of support, we need to create, further develop, or give increased capacity and legislative status to the following types of professionals:

- emergency, professional, respite **foster carers**;
- specially trained and adequately resourced **community-based social workers**;
- **early childhood intervention** (ECI) **specialists** (special education teachers, teaching assistants, social workers, psychologists, occupational therapists, kinesiologists, vision and speech therapists specialized in working with babies, toddlers and small children -from 0-6- working in interdisciplinary teams and involving children's families in their teams, as integral partners);
- **legal experts** that will help speed up the process of specifying children's legal status (setting up family courts is critical for speeding up the process);
- **psychologists**, **play therapists**, **occupational therapists**, **speech and language therapists** (all of the above should be ready to be appointed in mobile units and work in teams);
- **health visitors**, **community nurses**, **midwives** to support babies, children, families, and people at home;
- **personal assistants** and **home-based support workers** for children, persons with disabilities and older persons;
- **mentors** and **work assistants** for holistic supported employment schemes for persons with disabilities;
- **orientation and mobility specialists**, **social educators** for children and people with intellectual and developmental disabilities (IDD) and complex needs (home-school/community link officers);
- **support workers** for careleavers. People trained to support young people prepare for independent living;
- **youth participation experts** that can ensure the participation of children and young people in the reform of services for vulnerable children and families;
- **communications specialists** to support and protect the process of di with effective, targeted and persuasive messages. Communications specialists could also develop a clear understanding of the full range of stakeholders affected by, or who can influence, the di process and how;
- **police officers** trained in child protection and human rights frameworks and thus can work in close cooperation with social workers and other professionals.

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All resources currently available for residential care should be ring-fenced and redirected to the new community-based system of care. This includes the non-residential, re-use of buildings. Most of the current employees can and will be redeployed to the new services. However, there will be a reduction of unnecessary administrative personnel to allow the employment of specialised professionals that can work directly with the people. Resources and budget for all current posts should be redirected to the new services regardless of possible reduction of personnel. Furthermore, it is essential that the Greek authorities develop and adopt a standard selection methodology to ensure the suitability of new staff members who will work with children, persons with disabilities and older persons. Although difficult to establish, a performance assessment system for all professionals in care is very much needed as well.

7. Conclusions

Training social care professionals to a new system of care, means targeting a wide range of professionals, who work in services that can exist in multiple forms regarding how they provide support, the intensity of support offered, and what forms of support they offer[18]. Although the provision of broad, generic training may be feasible, developing specialised training will be more challenging and should include experts from different sectors, as well as persons with support needs who are experts by experience. In order to draft training tools for different professionals we first need to ensure the availability of centralised data on the numbers and qualifications of personnel working in the system of care and on service users

[18] Education and Training in Housing Related Support: The Extent of Continuing Vocational Education and Training in Integrated Housing and Support in the EU, 2015. Department of Social Policy and Social Work, University of York. Available at: https://www.housingeurope.eu/section-87/resources

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and their care plans. In this highly diverse sector of social care, we must help all professionals feel less alone. We should help them feel empowered and reassured that responsibility for this reform is shared. We should make sure to professionals are duly valued for their tireless work and the challenges they face recognized and addressed. The most important take-away from any DI training is that everyone involved in care feels part of the DI movement. This significant endeavour will be life-changing for service users and rewarding for professionals involved in it.

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EASPD: https://www.easpd.eu/en/content/running-projects

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