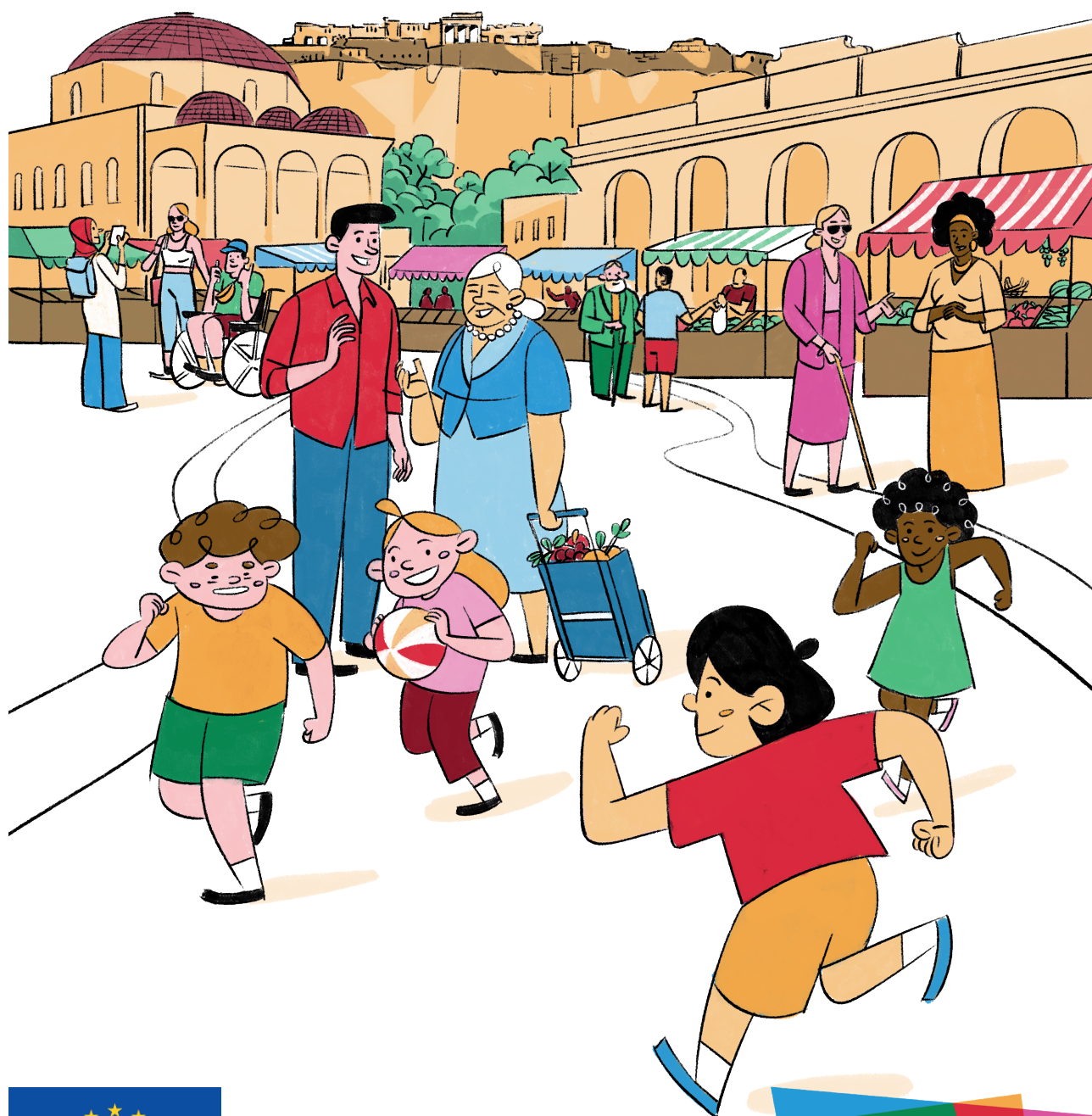


Roadmap for the implementation of the deinstitutionalisation

Technical support on the deinstitutionalisation process in Greece



European Association of Service providers
for Persons with Disabilities



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European Association of Service providers for Persons
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Technical support on the deinstitutionalisation process in Greece.
Grant Agreement: SRSS/S2019/02
Deliverable 3 (as per the Workplan) under Component 1,
Output 1.1 Activity 1.1.1 "Support the completion of the national
DI strategy, roadmap and action plan"

ACKNOWLEDGEMENTS

The European Association of Service providers for Persons
with Disabilities (EASPD) would like to thank Vasilis Kalopisis
for authoring this report.



This publication was carried out with funding by the European Union
via the Structural Reform Support Programme and in co-operation with the European
Commission's Directorate-General for Structural Reform Support.
The information contained in this publication does not necessarily reflect
the official position of the European Commission.

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Executive summary

This roadmap and roadmap guide have been designed for policy makers and state officers involved in the process of deinstitutionalisation (DI). The roadmap aims to convey a clear, shared vision and visualise the project strategy through an engaging visual product.

We expect that this shall be a powerful tool for creating alignment, motivating teams and professionals involved in the DI process, and setting the stage for timely execution of the National DI Action Plan.

This document shall help users:

- **Define a project vision** and get consensus buy-in by different stakeholders involved in this process;
 - **Identify and prioritise key strategic goals** that will turn that vision into reality;
 - **Understand which metrics matter** and desired outcomes to meet those goals;
 - **Establish themes** that encompass significant areas of focus for the DI project;
 - **Organise prioritised initiatives** under those themes;
 - **Define known and potential audiences** for the project roadmap;
 - **Set an initial timeline** for the visual project roadmap;
 - **Present and socialise** the visual product roadmap to various audiences;
 - **Set (and stick to) a review-and-update cadence** for the visual project roadmap, ensuring it stays current and accurate;
 - **Develop roadmaps** that fit their organisations and institutions and meet the goals set in the National DI Plan.
-

The roadmap guide is dedicated to guiding managers of public entities (Centres of Social Welfare), who will serve as the advocates of the childcare reform and the way we care for disabled and older people, on how to build their strategic documents. Our goal is to support managers in designing and developing a plan for transforming their services, communicating the steps they need to take, and keeping their teams on track in executing that plan.

The Roadmap is not a stand-alone document. It is designed to accompany the National Deinstitutionalisation Strategy and the National DI Action Plan, which have been developed under the technical support project under Activity 1.1.1., and set the framework for this reform. It is part of a set of documents that combine theory and practice and equip the participants with sufficient knowledge to design and manage a National DI program.



I. Introduction

This strategic document will help policy makers and state officers to develop plans for this big reform and keep all teams on track on executing those plans. It conveys both aspirations (through the DI project vision as portrayed at the National DI Strategy) and programs (through specific initiatives) while also connecting project strategy to the National Action Plan for DI. The objective is to develop a roadmap that effectively communicates the “why” behind everything we do.

We are asking many people (such as politicians, personnel at institutions, doctors and nurses, people living in closed care, community social workers) to change things they have been doing -often for a long time- and do them differently under a shared vision. With such a broad range of stakeholders involved in the DI process, the Roadmap can only be helpful, cohesive and relevant for all of them if it is grounded and shows

organisational alignment around the project’s goals and progress measures.

We want state officers and managers to see that their role is vital; they are working at the intersection of a lot of critical information for the Greek Authorities and are in a unique position to contribute, if not define, the success of the DI project. All stakeholders need to be on board. We need state officers to see the Roadmap as a document that gives them confidence that the DI initiatives stated in the Roadmap will meet the MoLSA’s strategic objectives on the broader Welfare Agenda.

We want managers to read this roadmap and be supported to convince children, vulnerable people, families, staff members and local communities that the DI project will meet their needs and also to be able to produce relevant Roadmaps for their respective Entities.



2. What is a Roadmap?

Roadmaps are not simple ‘to do’ lists or lists of features arranged in a somewhat prioritised order. They are high-level visual plans for our strategies. This DI Roadmap is a summary that maps out the vision and direction of the National DI program and will help us reach the following goals:

- **Describe the DI vision and strategy** to different audiences;
- **Provide a guiding document** for executing the strategy;
- **Get internal stakeholders** (state officers, managers in Centres of Social Welfare etc.) in alignment;
- **Facilitate discussion** of options and scenario planning;
- **Communicate progress and status** of the development of the DI project;
- **Help communicate** the National DI Strategy and Action Plan to external stakeholders (including service users).

State officers and managers need to think of the DI Roadmap as a living (preferably online) document rather than a plan set in stone. It should be regularly discussed, prioritised, estimated, updated and shared. The following figure illustrates the general process we will follow.

The Roadmap is primarily a self-management tool one can use throughout the DI pro-

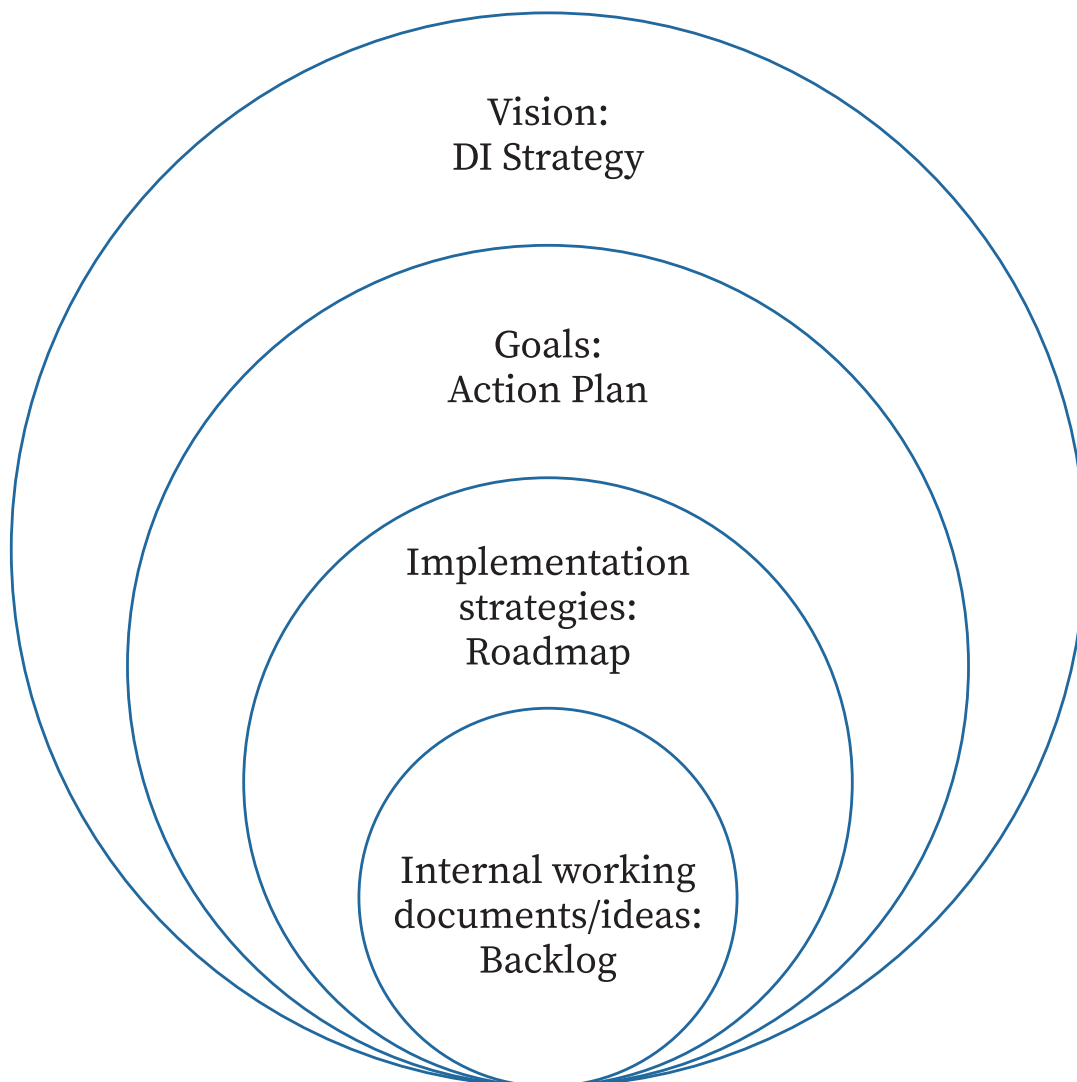
cess. Any actors involved in the process can use it to evaluate their steps towards the transition and reflect whether these steps lead to the change from institutional to community-based care. A roadmap is also a tool for external evaluation of the transition activities at different levels. For example, the MoLSA can evaluate the sequence of events for the transition of specific institutions. Furthermore, the Greek Authorities can assess how the municipalities and regional governments contribute to the deinstitutionalisation process. Top-down strategic planning and communication is considered the most effective approach when drafting Roadmaps. We want to have productive discussions about future initiatives; however, these must tie directly to the vision and goals for DI as stated in the National DI Strategy and Action Plan. Therefore, top-down discussion and planning have a greater chance of producing a project roadmap to get all teams on board with the strategy. State officers and managers need to make sure that the proposed Roadmap fits with the strategic direction of the Greek Authorities and that its initiatives will be delivered timely to support the strategy. This can be achieved by keeping the road mapping process high-level and collaborative. From there, derive detailed internal working documents that can help different teams and professionals keep track and report on the process.



3. Tying the DI Roadmap to the National DI Strategy and Action Plan

The most important part of the DI Roadmap has already happened before even starting its building. And that was drafting the National DI Strategy and Action Plan. By doing so, we now have a strategy that we can clearly articulate and defend. This strategy-first approach made it easier to articulate the vision for DI to any constituency across various stakeholders involved in social care. It ensured stakeholders are on the

same page before beginning the detailed conversations that followed at the Action Plan. This process allowed us to identify priorities more clearly throughout the road mapping process. The drafting of a high-level vision for DI, evidence and supporting data research to back up our Roadmap happens at the ‘pre-roadmap’ planning stage when drafting the National DI Strategy and Action Plan.



3.1 National DI Strategy

The Deinstitutionalisation Strategy is wide-ranging in scope and sets the general framework of the whole process of making a sustained transition from institutional care to family-based and community-based alternatives for individuals currently living in institutions.

The DI process includes developing a range of services in the community, including prevention, to eliminate the need for institutional care. The strategy introduces the case for deinstitutionalisation and the leading international legal framework, describes values and princi-

ples of the deinstitutionalisation process, key terms, essential procedures and the vision behind the deinstitutionalisation process and finally focuses on strategic objectives for children and children with disabilities, for adults with disabilities and older people.

3.2 National Action Plan for DI

The Action Plan that accompanies the Deinstitutionalisation Strategy is an operational tool to guide the process. Sets specific strategic goals for all user groups, actions to achieve these goals, implementation indicators per action, detailed time frames, responsible implementation authorities, and financial resources allocation.

More specifically, the Action Plan defines:

- what we want to achieve;
- how we will achieve it;
- how we will be able to check that we have met our objectives;
- who will be responsible for the implementation of the actions;
- who should we involve from a wide range of stakeholders;
- when we should have completed the agreed steps and how what will cover each action's required budget.



3.3 Developing the DI Strategy and Action Plan (methodology)

The deinstitutionalisation process is complex. This is especially true when target groups include vulnerable people: children (with and without disabilities), disabled, and older people. Through those documents, we aim to build a framework of social care support systems to create the conditions for all individuals to participate in society. We are allowing them to enjoy their fundamental rights, empowering them and promoting their active contribution as full citizens with equal rights.

We divided the DI Strategy into five chapters that looked at:

- the case for DI and the main international legal frameworks,
- values and principles, key terms, key procedures and vision,
- strategic objectives for children (including children with disabilities),
- strategic objectives for disabled people,
- strategic objectives for older people.

We treated the Action Plan for DI as a five years' time frame (2021 – 2026) that describes how to implement the DI Strategy. Therefore, in the Action Plan, we included: strategic objectives, tasks (on how to achieve the objectives), indicators (measures to identify success), time frame (including mid-term evaluation dates and a final date for the completion of each task), supervising authority, other stakeholders' involvement, allocation of financial resources.

This allowed us to set priorities for each target group as follows.

Priorities for children and children with disabilities:

- Ensure a base of support services to strengthen and empower families, and all children;
- develop a range of alternative care measures to provide all children without parental care with a family-like environment;
- ensure the closure of all institutional care settings, the reintegration of all children in their families or the transition of children from institutional to family and community-based care settings;
- reinforce, promote and further develop educational schemes for all children;
- develop support programmes for all children leaving care and for their after-care support.

Priorities for disabled people:

- Gradual closure of all institutions and resettlement of residents in community-based accommodations;
- develop a range of community-based services;
- prevent institutionalisation;
- develop legal framework unlocking participation in the community.

Priorities for older people:

- Develop framework programme to address the needs of the elderly and related services;
- develop workforce training programmes to better address the changing needs of older people.

The DI strategy and the accompanying Action Plan are not one-dimensional goals to achieve but rather an ongoing process that requires time, many individual steps and proper coordination of actions and actors. As it is a process that requires implementing a series of activities, we should draft and execute several measures in parallel.

The methodology we used to draft the above was the following.

3.3.1 Analysis of the situation

Legal framework review

The lack of the appropriate legislative framework or lack of implementation of the existing legislative framework is often regarded as one of the major obstacles to DI. We, therefore, initially reviewed the legal context and gathered the legislative provisions at international and national level that are currently in force in Greece and are directly or indirectly related to deinstitutionalisation (Output 1.1, Activity 1.1.1, under the technical support on the DI project). We focused on the Greek authorities' legal obligation to provide prevention services such as community medical services, community centres, early intervention programs, or universal services such as free healthcare and education and family benefits. Research shows that poverty can be a major cause of the separation of children from their families. We needed to review legal frameworks and map the existing social care support systems looking at their strengths and weaknesses. We also looked at the legislative provisions to allow foster care of all children. We looked at both children at risk and those already in closed care. In addition, we found that in many cases where appropriate legislation does exist, it was not sufficiently implemented by State actors due to lack of capacity to manage the process. Thereby meeting resistance from various stakeholders and facing discriminatory practices (stigma against specific groups of children and people) and lack of robust social service infrastructure.

Data collection

As we have noted in many countries, Greece is no exception to the rule that existing data is insufficient. The first necessary step of the deinstitutionalisation process is the collection of both detailed and aggregated data that will relate to quantitative and qualitative information at the national, regional level and also at the level of each existing institution, such as the following:

- How many children, adults and the elderly live in closed care institutions today?
- How does geographical area distribute these institutions?
- What are the special conditions in each institution and each area?
- Detailed information for the residents of each institution but also for the employees in them.
- What kind of universal and specialised services exist per geographical area, and how do they cover the current needs?
- What kind of preventive care measures (provisions of preventive care), social cohesion, and the fight against inequalities are in force? How do they create a protection network for the most vulnerable groups of the population? What gaps are there?
- How are students with special educational needs supported?
- How do community services support children, families and people at risk of institutionalisation?

Our goal was to gather all existing information to identify gaps and guide interventions at the local and national level.

Assessment of existing services – developing a range of new services

Experience from similar deinstitutionalisation efforts in other countries has shown that a significant risk is to initiate institutional settings' closure without first securing the development of community-based settings and services supporting the transitional phase. In practice, institutional settings and the community's new services will have to run in parallel during the transition period with the financial burden. However, the institutions must close gradually so that the residents do not remain exposed and unprotected during the transition period.

Therefore, we mapped the existing services and procedures addressed to the four target groups of the project: children with and without disabilities, persons with disabilities, and older persons. We looked into those services' strengths and weaknesses and provided guidelines for improvement and what needs to be developed. (output 2.1, activity 2.1.2, under the technical support on the DI project).

As indicated in the DI Strategy and the Action Plan, we need different community-based services for various target groups. Regarding children (with and without disabilities), we highlighted the need for strategies that prevent family separation, promote family reintegration and encourage the development of high-quality, family-based options for alternative care. We also underlined the importance of Early Childhood Intervention programs. Concerning disabled and older people, we stressed the importance of community-based services for supported and independent living and living arrangements that enable users to make choices and have more control over their lives.

We collaborated with the MoLSA and worked directly with Public and Private Service Providers, professionals, parents, families, and service users during this process. We made sure to report our findings regularly to the Greek Authorities. Those reports include for instance:

- The lack of social services infrastructure: over-stretched statutory social services; insufficiently trained social workers with high caseloads and lacking basic resources.

- Insufficient inter-agency working: services divided across different ministries and departments with little regular coordination; services unprepared to identify needs and refer to other services (e.g. teachers who do not know how to identify child abuse or neglect and who then refer to social services).

3.3.2 Consultations with relevant stakeholders

EASPD always works in partnership in all countries it operates. Its teams around Europe form supportive partnerships with policy makers, NGOs and professionals so they have the skills to support a wide scale, sustainable transition to community-based care. Its innovative model is self-sustaining. It equips local organisations, staff and the government to run community services, resulting in permanent changes which continue to improve the lives of disabled people, children, families and vulnerable people for the long term.

We could not have drafted the National Strategy and Action Plan without exchanges with organisations at the local level and consultations with policy makers and stakeholders. EASPD used research documents, strategic reviews, and reports produced by local and international organisations concerning vulnerable children, disabled and older people.

The National DI Strategy and Action Plan were drafted through a series of consultations, workshops and meetings that helped with:

- mapping the reasons and nature of institutionalisation specific for each target group. This assisted with understanding the scale of the problem to be addressed whilst demonstrating harm and costs involved;
- documenting what works well and what not in the DI process and sharing the results with other stakeholders involved. Good practices and lessons learnt are essential parts of the research component;
- adding context to our recommendations. We consulted with a wide range of professionals across the country. The information we gathered from the field helped us form the basis for the National Action Plan and accelerate and improve the quality of the DI process.

4. Building a Roadmap for DI

Now that we have drafted the National DI Strategy and Action Plan, we need to communicate the big picture to various stakeholders. It would be challenging to share a strategy through a Roadmap that would look like a long list of items, overloaded with too many goals and objectives or long-term plans and deliverables.

We want to create a practical, agile Roadmap that outlines the DI vision through prioritised themes. For each theme, we specify certain steps that different stakeholders should take. We have focused on three key stakeholders: the Greek authorities, municipalities and regions, and institutions.

We focus on the stakeholders mentioned above as DI takes place at the level of providing care (institutions and other social services) and at the social services system level, while the state, municipalities, and regional governments supervise both closed-care and community-based services. On the one hand, institutions are responsible for providing social assistance and

care directly to vulnerable people. Still, we also ask them to deliver the transition from institutional to community-based care. On the other hand, the Greek State, municipalities and regional governments are responsible for the social services system (Public Entities, professionals, individuals, authorised organisations) and its management and funding, thereby creating a framework for deinstitutionalisation to take place. Therefore, we will describe their complementary roles in this process, focusing on the areas (themes) placed on the Roadmap.

It should be highlighted that the Roadmap should be treated as a living document.

It is not a fixed plan, nor is it a ‘promise’ to various stakeholders. A static roadmap would be bound to fail in a fast-changing environment. Not only should we expect to revisit, discuss regularly, and re-prioritise our Roadmap based on new inputs, but we should be ready to build flexibility, move quickly and be adaptive when working with such tools.



4.1 Grouping goals together into themes

In the DI Roadmap, we grouped a series of DI initiatives according to a larger strategic objective they share. It is more effective to use a themes-roadmap, so the conversation stays at the strategic level. It's too easy to lose sight of your strategic vision when stakeholders are stuck prioritising a list of requests. Instead, by organising potential initiatives or updates into buckets representing themes; we can move things in and out, but the theme itself remains the same.

Based on the key priorities and objectives listed in the Action Plan, we created groups of initiatives that the State, Municipalities and Institutions need to take to achieve the strategic goals. Therefore, the Roadmap comprises themes arranged in a priority hierarchy that one can clearly explain and defend.

The themes we will work on within this Roadmap are the following:

- 1. Planning and coordinating** at all levels of deinstitutionalisation.
- 2. Communication, awareness-raising, influencing key players.**
- 3. Involving children, disabled and older people in the DI process** – training and preparing for change.
- 4. Preventing further institutionalisation** (community-based services).
- 5. Ring-fencing resources.**
- 6. Monitor and evaluate** (M&E) the DI process.

4.1.1 Planning and coordinating at all levels of DI

The deinstitutionalisation process is multifaceted and requires the cooperation of many stakeholders. In order to have prospects for sustainable implementation, significant preparatory work and detailed planning are required. Networking, information dissemination and the active involvement of all key players are essential components of a successful planning and coordination process.

The State should:

- Adopt the National Strategy and Action Plan for the transition from institutional to community-based care. A Strategy and Action Plan that meets DI values, principles and objectives and provides clear achievement indicators while ensuring capacity for the new services.
- Timely share the National Strategy and Action Plan with the European Commission in order to explore possibilities of funding through the Structural Funds.
- Budget the commitments set on the strategy.
- Ensure financing mechanisms.
- Inform all Ministries and relevant governmental authorities on the National Strategy and Action Plan.
- Encourage and coordinate inter-ministerial cooperation.
- Create a platform for regular dialogue with civil society, keep organisations and service provided updated on the process.
- Appoint supervising authorities and entities for each goal/milestone.
- Appoint a Monitoring Committee of the DI process and train its members on the use of a monitoring framework with specific indicators.
- Clearly describe the involvement of other state authorities that will participate in the transition to community-based care.
- Ensure capacity building at all levels.
- Ensure that all state officers involved in the process have the necessary information on the transition process.

Municipalities and Regional Authorities should:

- Draft regional plans according to the National DI Strategy and Action Plan.
- Make sure the deinstitutionalisation commitments contained in the regional/municipal social services are reflected in the financial and organisational tools of the region/municipality plans to use.
- Create a network for cooperation with other regions/municipalities, share methodologies and standard practices.
- Create cooperation protocols with institutions that are transforming their services.
- Create cooperation protocols with all available public social services, critical partnership with private and Non-Governmental service providers.
- Organise and deliver training for their officers (those working in social services but also those involved in administration).
- Create cooperation protocols with civil society organisations working in the area of DI.
- Actively participate in local communication campaigns sharing the DI vision with local (especially receiving) communities.

Institutions should:

- Actively demonstrate a willingness to contribute to the change of the system that perpetuates exclusion and poor outcomes in the lives of the people they serve (express commitment).
- Prepare draft Action (transformational) Plans for their organisations aimed towards their transition to community-based services.
- Form interdisciplinary teams (including service users' representatives) to draft the Action Plan.
- Encourage all Units and staff members to participate in the process.
- Draft individual support plans for each client, keeping in mind that no one can be left behind.
- Make sure that clients with the highest support needs and children receive the support they need during the transition period.
- Make sure that Action Plans include specific deadlines.
- Inform all employees timely, clearly and honestly. Ask them to contribute to this process, discuss their needs and options, and make sure their employees can make informed decisions about their professional futures.
- Allocate clear responsibilities along with methodological tools to each professional involved in the transition from institutional to community-based care.
- Share the new governance structure.
- Cooperate with NGOs, civil society organisations and professionals who can support them in the process.



4.1.2 Communication, awareness-raising, influencing key players

Deinstitutionalisation cannot be achieved if it is attempted to be imposed through a top-down process. It is necessary to develop a broad movement in which service recipients, employees, decision makers and social care managers will participate, and which will deconstruct the myths around the benefits of institutional care. To achieve this goal, a Communication Strategy for DI in Greece is expected to be produced under Activities 4.1.1 and 4.2.1 of the technical support on the DI project, including raising awareness material and an outreach plan for receiving communities. This Communication Strategy aims to guide all stakeholders who want to implement successful models of life and care in the community.

The State should:

- Mind that a good communications strategy depends upon good contents. Where there is not a good plan for DI, no amount of communications will improve it.
- Draft a DI Communication Plan that is reactive, supports and protects the entire DI process from start to finish with effective, targeted messages and initiatives that are persuasive, accurate and timely.
- Budget and organise a National Campaign on DI, which will run throughout the process.

Municipalities and Regions should:

- Draft communication plans focusing on the community-based services they deliver.
- Organise campaigns on the local level with service users, organisations and institutions.

Institutions should:

- Invest in internal communications identifying target groups, key messages and appropriate means of communication.
- Deliver those messages timely.
- Openly share the risks involved in the process and draft strategies to mitigate them.
- Organise and actively participate in public initiatives that support deinstitutionalisation.
- Involve service users where possible.
- Identify and nurture self-advocates/ DI ambassadors.

4.1.3 Involve children, disabled and older people in the DI process – train and prepare for change

Deinstitutionalisation is not about buildings and procedures. It is about persons who have the right to live a good life. These persons should be actively involved from the beginning and throughout the process and should always stay at the centre of the attention.

The State should:

- Remove the legal, economic and organisational barriers preventing people with support needs from making choices about their lives.
- Reform legislation so that institutions have no other choice but to help all people and all children transition to community-based care.
- Involve service users, directly, and through their parents' associations and representatives in drafting DI actions.

Municipalities and Regions should:

- Train their social services on how to communicate directly with service users (especially when those have learning difficulties).
- Involve service users in the training.
- Ensure that all social services are fully accessible to all children and families with disability (relay system for sign language users, braille printed material, easy-to-read material and information sheets).
- Organise raising awareness actions on the Convention on the Rights of Persons with Disabilities. Identify what they need to meet those commitments.

Institutions should:

- Identify and use proper tools and methodologies to support all people in the decision-making process for what ultimately is their life.
- Talk to children (with or without disabilities) about their new placement in a one-to-one situation, using language and communication tools appropriate to the individual's age, level of understanding and needs.
- Set a flexible timetable and individual preparation plan depending on the needs of the persons.
- Invite residents to attend these planning meetings. Invite also children/people's parents/guardians/friends in the meetings, especially if they are going to have an ongoing role in the people's life.
- Set intensive, comprehensive intervention and preparation programmes for residents that have lived in an institution for many years and have limited experiences outside of institutional life. These programmes will support those people to adapt to changes to their environment, routine and people and mitigate -possibly life-threatening- risks.
- Make sure that there is no other option than community-based care for each person's care plan.
- Ensure the people and children have built a secure relationship with their new carers or birth families before moving from the institution. Ask them to share their thoughts about it. Actively listen to them.
- Inform and train clients' family members, friends and guardians on how to best support them in achieving the most independent life possible.



4.1.2 Communication, awareness-raising, influencing key players

For the DI process to be complete and ensure protection and support to all who need it, closing down institutions is equally important as creating a system of integrated services and support in the community with quality life choices for all.

The State should:

- NOT introduce moratoria on admissions to institutions before the new services are in place.
- Ensure that systems are in place to provide proper management and supervision of all services for children and families and that inspection systems can identify, report and address inadequate standards of service provision.
- Legislate and budget all types of foster care (kinship, professional, emergency and respite foster care).
- Legislate and budget for new community based, family type, accommodation services for adolescents and adolescents with disabilities who are currently living in institutions as a preparatory stage for their transition to community life.
- Develop a comprehensive early childhood intervention framework for children with disability
- Set early childhood intervention services -provided preferably at children's and families' natural environment- by specially trained professionals.
- Legislate and budget for a range of anti-poverty measures (GMI, social housing, family benefits, school meals etc.).
- Ensure regulations to govern each of the new types of services that replace institutions (such as specialist foster care, emergency foster care, small group homes, personal assistants).
- Ensure that the social welfare sector operates uniformly, with standard guidelines.
- Ensure a common framework for needs assessment and training for a sufficient number of relevant professionals in using that framework.

- Ensure minimum quality standards are met in all settings and placements for all people and children.
- Pilot DI programs, draw conclusions, roll them out nationally.

Municipalities and Regions should:

- Find solutions together with the MoLSA to address the fact that municipalities often operate with insufficiently trained social workers with high caseloads, lacking essential resources.
- Ensure that staff working in Municipal and Regional social services get training on early identification of social need and early intervention.
- Build capacity on assessment tools, templates and guidelines for handling cases.
- Inform and update their staff members, especially in social services, on all public resources and measures that enable vulnerable people's lives in the community.
- Actively promote coordination and inter-agency working.

Institutions should:

- Inform those interested in institutional social services about community-based support: informal caregivers, social and civil organisations, associations, publicly available services, community-based social services.
- Inform those interested in institutional social services of the impact of institutional care on children and people.
- Ensure that parental rights for children in closed care do not contradict the right of children to live in a family.

4.1.5 Ring-fence resources

For DI reform to go ahead, it is crucial to consider the – financial, material and human – resource implications of the transition from institutional to community-based care. The State, local authorities and institutions should ensure that all available resources are used efficiently and that any additional resources required are identified.

The State should:

- Calculate the cost of closing an institution safely and sustainably: including personnel, project-management of the programme, individual assessments of children and adults and family tracing, support to families to reunite children and the costs of services to prevent further admissions, alternative family care, other services, such as preparing for independent living for young adults, supported and independent living for disabled people etc.
- Draw conclusions to plan the next steps (e.g. Do expenditure figures match the funds received? Is the cost per child/person reasonable? How can we use funds currently donated to institutions to support many more children in their families/people in the community etc.)?



Municipalities and Regions should:

- Include new community-based services in their annual budgets.
- Include new services in the EC-funded programs (actively target them).

Institutions should:

- Assess their resources and budget.
- Identify the employees who will work in the community-based social services and determine the appropriate support and training they will need.
- Draft job descriptions for the new jobs current personnel will (can choose to) have in the new services. The job description should clearly outline their new roles and responsibilities in the settings/services. Staff members should have an opportunity to discuss their role in detail with the manager, ask to be informed about their alternatives and make informed decisions for their professional futures.
- Evaluate their employees' work performance.
- Not make new investments in the buildings, except if there is an emergency
- Launch timely discussions on the use, sale or lease of idle assets of the institution: use the funds obtained from the sale or lease of idle assets of the institution ONLY FOR the new community-based social services.
- Use the institution's appropriate equipment for the operations of the community-based social services.
- Rethink and redirect volunteering from institutions to new community-based settings.
- Ensure that the buildings that will close can no longer be used as long-term residential care settings.

4.1.6 Monitoring and Evaluating (M&E) the DI process

Monitoring and evaluation are indispensable components of the DI process and should be performed in close cooperation with the actual and potential users of services. Effective monitoring and evaluation require setting up a range of mechanisms ensuring transparency, accountability and control of all phases of the transition to community process. A DI monitoring framework is expected to be produced under Activity 3.1.2 of the technical support on the DI project to serve as a compass to evaluate progress and an online training on this DI monitoring framework is expected to be delivered to DI experts responsible for the overall monitoring and coordination of the DI process.

The State should:

- Start M&E from the beginning of the DI process: collect baseline data to show where we started from.
- Ensure that success indicators involve changes in the health, development and life chances of children, disabled and older people, effective use of finances, and sustainability of services.
- Understand that monitoring programmes should not only measure outputs (e.g. the setting up of 100 Supported living Homes) but also outcomes for service users (e.g. how the new conditions of care in those SLHs have improved or not the quality of life of the service users).
- Use milestones to measure progress (e.g. the completion and successful submission of the National DI Strategy and Action Plan, specific legislative changes, identification of resources, agreed assessment process for all service users etc.).
- Reflect on the M&E results for the further course of the transition process.
- Disclose evaluation findings.
- Form protocols for M&E and train professionals on how to use them.

Municipalities and Regions should:

- Invest in data collection mechanisms: design a safe and straightforward local system to collect and monitor vulnerable children and families' data. This data is used both to ensure the efficacy of individual placements for children, the quality of services, as well as planning to meet future needs.
- Ensure that a common framework for M&E exists and that a sufficient number of relevant professionals have been trained in using it.

Institutions should:

- Monitor health and development of children/ disabled and older people;
- Regularly monitor parents' ability to care for their children (family reunification is not a one-off process).
- Ensure their Action Plan is on time and budgeted.
- Ensure that all resources been transferred from institutions to the community-based services.
- Ensure that the new personnel is well-trained/providing quality services.
- Ensure that all children, disabled and older people are accepted in their new communities.
- Use observation checklists and protocols to deliver this work and discuss findings in interdisciplinary teams.

5. Building a Roadmap for DI

Now that we have planned our strategy, we are ready to build and present our Roadmap to different teams and audiences. It is important to remember that the Roadmap aims to communicate the DI Strategy and Action Plan and plan and prioritise actions. The way we package this matters! People cannot invest too much time and energy to delve into the DI Strategy and Action Plan, so we should provide them with a short story about our vision and initiatives to achieve this in our Roadmap. Keeping the text to the absolute minimum, using large fonts and colour-coded themes will help to get different audiences on board.

There are endless options for Roadmap styles to choose from. Selecting the appropriate one might be tricky. Keeping in mind that the Roadmap is a living working document, we would highly recommend investing in an on-

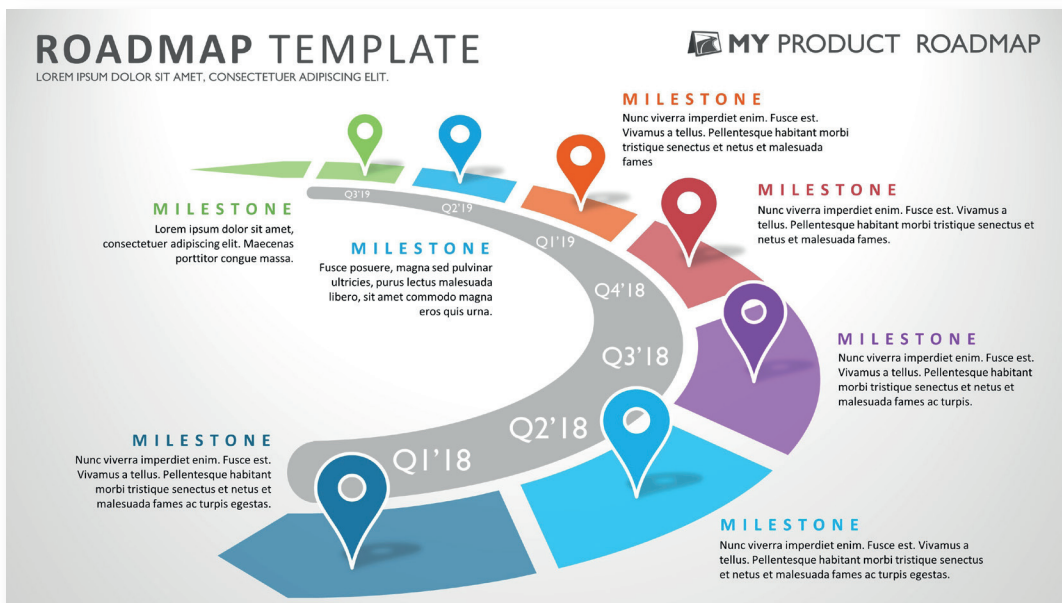
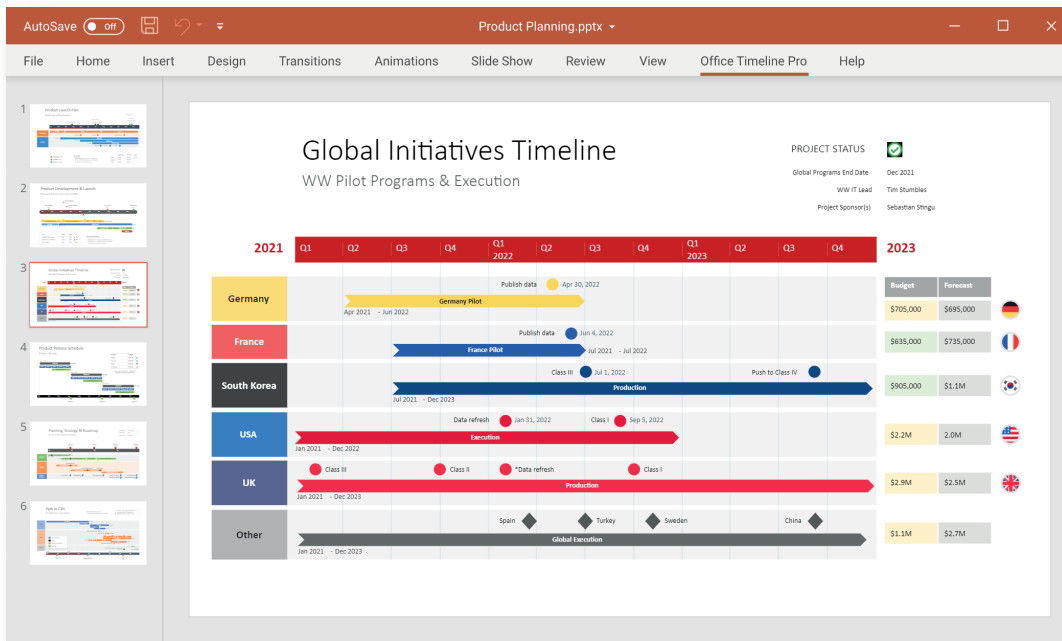
line, powerful visual tool rather than using spreadsheets, power-points and text-packed documents. Administrators can share online roadmaps with selected state officers, managers and colleagues, re-prioritise when necessary, and move items in real-time. State officers, managers and groups of professionals who are less familiar with online tools should not be discouraged from using Roadmaps. Spreadsheets, power points, sticker boards, checklists or even simple chalkboards can and will work as long as there is the commitment to consult and update them regularly and communication skills to share them effectively.

Even though roadmap styles are endless, there are three styles that we see more often: (a) Timeline based roadmap, (b) Roadmap without Dates, and (c) Kanban. We will briefly explain each roadmap type and show some examples.



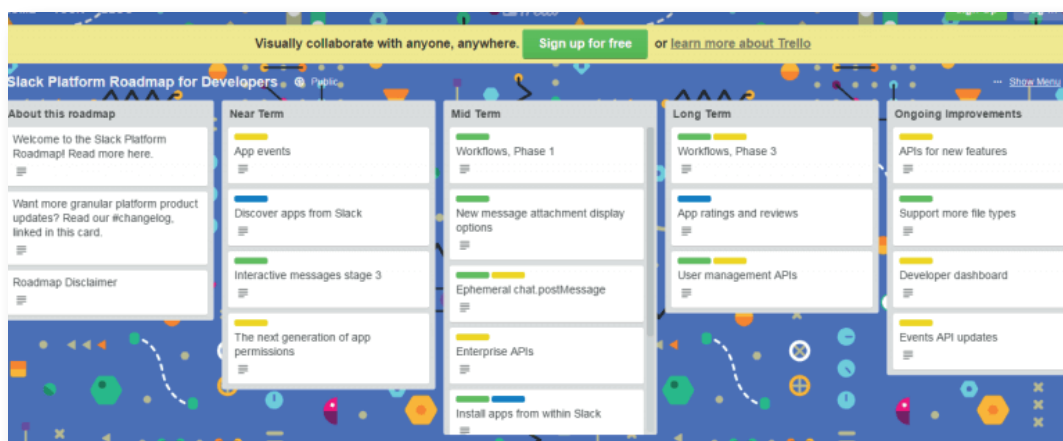
(a) Timeline based roadmap

A timeline-based roadmap is more useful when responding to questions about when we will do things. A timeline-based roadmap shows the course of our actions in the context of time. It visually communicates how long we intend to focus on specific initiatives and plan to complete them. Typically, we arrange our initiatives in a bar chart on a grid that represents a particular timeframe. Timeline-based roadmaps are great to visualise project schedules among the different goals. However, a common backfall for timeline-based roadmaps is to focus on deadlines rather than strategic priorities.



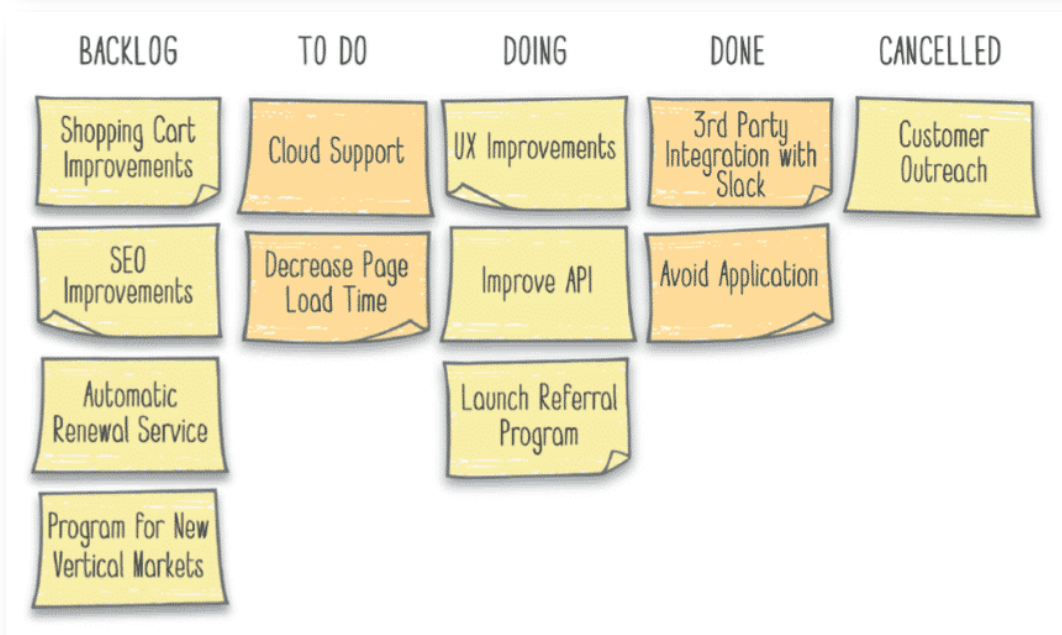
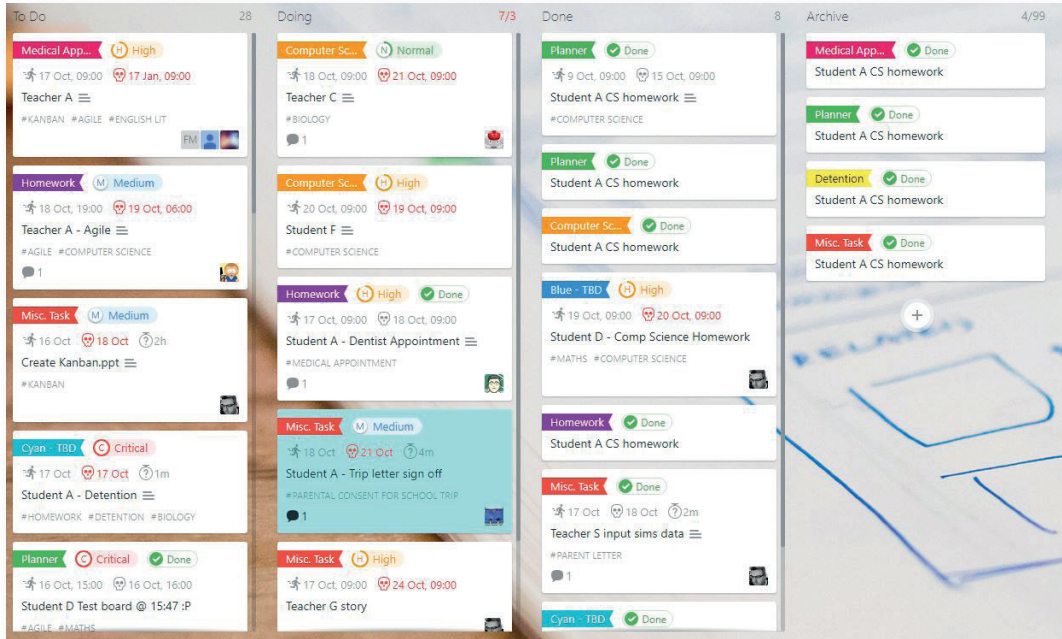
(b) Roadmap without dates

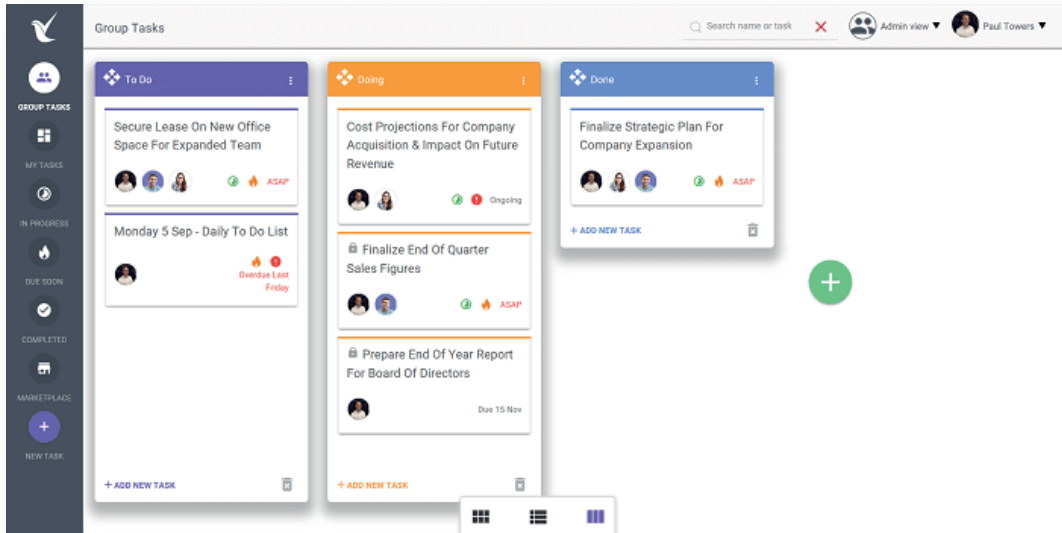
Removing date constrictions from roadmaps allows to better focus on modelling the process — how to achieve the end goal. While there are many commonalities between timeline-based roadmaps and roadmaps without dates, the critical differentiator is that dates are not associated with initiatives. We can group similar items in the same swimlane to better emphasise related initiatives. Each initiative's length, depicted as bars, could represent their strategic importance or rough effort level. Even though we don't need to commit to a specific deadline, a roadmap without dates still gives the possibility to order all involved initiatives sequentially. We can model the process based on what must be done first and put the initiatives in context with everything else.



(c) Kanban

Kanban is a project management framework that is now frequently used to show a roadmap priorities and progress. By matching the amount of work in progress (WIP) to the team's capacity, Kanban gives teams more flexible planning options, faster output, clear focus, and transparency throughout the development cycle. A fundamental tenet of Kanban is to limit the amount of work in progress because WIP limits can highlight bottlenecks and backups in the team's process due to lack of focus, people or skill sets. For a Kanban-style roadmap, we want to show stakeholders the status and priorities for each development stage. For example: backlog, to do, doing, done, archive.

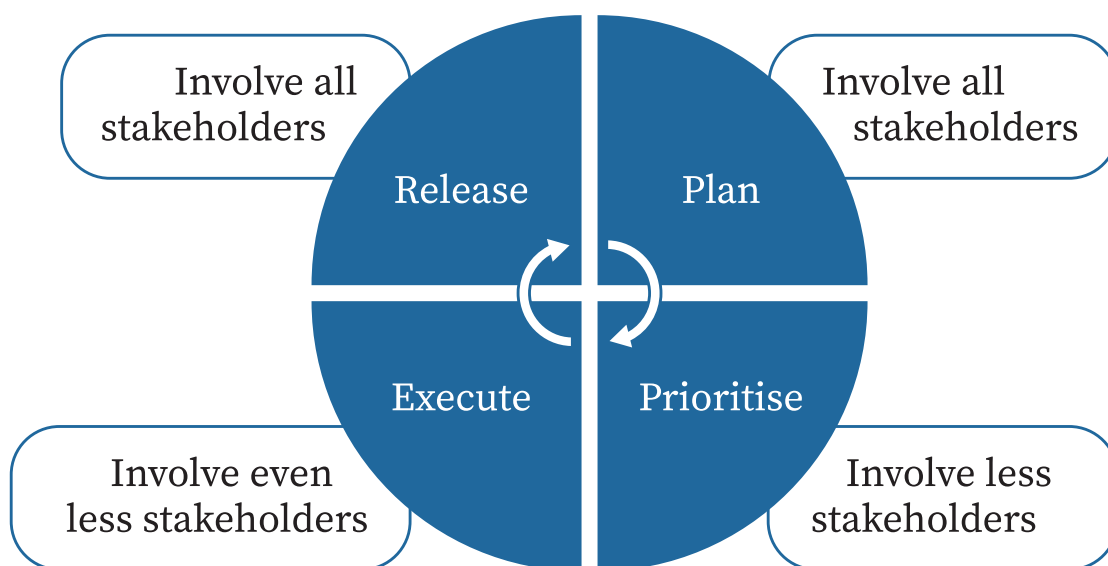




6. Recommendations on communicating the DI Roadmap

Managers who have worked on drafting the strategy behind the Roadmap should pay equal attention to building a communications strategy to share this tool with different sets of stakeholders effectively. It can be a high-level inter-Ministerial event and/or a working group in an institution; themes illustrated on the DI Roadmap will remain the same and should share the strategic direction for implementing our vision for children and disabled and older people. Managers will, therefore, find themselves in the intersection of many important -often conflict-

ing- feedback lines (staff members, donors, parents, trade unions, NGOs) and will often feel pulled in different directions. Involving stakeholders in all roadmap development phases is a good way to engage them, mitigate risks, and melt resistance. Stakeholders should feel part of the story we are creating behind the Roadmap and not as the audience we are presenting it to. We suggest investing in internal communications and allocating resources to communications activities, interactive workshops at every stage of the process, as figured below:



The Roadmap is the tool to narrate our strategy. Whether it is a high-level visually beautiful tool or a series of post-it on a board, it will not say much as a stand-alone document. Therefore, before any presentation, managers should be asked to do their homework, both on the Roadmap and the audience they are presenting their Roadmap to.

In terms of the latter, managers should deliver targeted bottom-up communication (when presenting to state officers, managers from other Entities, etc.) or top-down (when presenting to employees and parents) targeted to the audience. Based on the audience will depend the number of details on the vision and strategic goals (e.g., presenting to state officers) or on the specific duties, deliverables, and deadlines (e.g., presenting in working teams). The language should avoid avoiding jargon, buzzwords, acronyms, and abbreviations to improve the understanding. Anticipating objections can be a good strategy to recognise and pre-empt barriers.

Regardless of the audience, the Roadmap's presentation should always be structured and concise with clear narrative and messages. Therefore, it is important to early identify the takeaways and communicate them clearly and directly, avoiding wordy slides. Presentations should start from the big picture and then narrow down to the specifics. Having a clear argument for DI is a key element, based on the best demonstrable outcomes for children, disabled and older people, international best practice, children's rights and disabled peoples' rights. Practically this means that: it should be backed up with research findings (on the harm caused to children and people by institutional care), facts (show data from your analytics tools) and specific examples (explain our initiatives in terms of how they have benefited people in certain situations/countries/settings). Also, the initiatives' hierarchy should be visually apparent (easily legible, colour-coded) showing how the initiatives relate to one another and to the general strategic goals.

7. Conclusions

The deinstitutionalisation process is a multi-level process that requires coordination of actions and cooperation of many stakeholders based on a common plan. The existing Deinstitutionalisation Strategy and the accompanying Action Plan, developed through a broad consultation process, are the basis for achieving the goal of transition in the community of all services provided to people with support need. The Roadmap developed in this document aspires to be a coherent, self-management visual tool that will accompany the

DI Strategy and Action Plan and will help all stakeholders to understand the individual actions they need to take to contribute to the implementation and success of the DI reform.

This Roadmap is focused on three key stakeholders: the Greek authorities, municipalities and regions, and institutions and is built around prioritised themes with specific steps. Several different Roadmap styles are presented with an emphasis on the online options, which can be used as flexible and powerful visual guides.

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via the Structural Reform Support Programme of the European Commission.
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