

## **Technical support on the deinstitutionalisation process in Greece**

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### **DI monitoring framework**

**Deliverable 18, (as per the Workplan) under Component 3, Output 3.1, Activity 3.1.2 - Training for stakeholders monitoring the DI process**

## Original title, according to project workplan

DI monitoring framework developed, Deliverable 18, under Component 3, Output 3.1, Activity 3.1.2 - Training for stakeholders monitoring the DI process.

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## 1. Introduction

This document was developed in the framework of the Technical support on the deinstitutionalisation process in Greece project, which general objective is to strengthen the capacity of the Greek authorities in implementing the process of deinstitutionalisation (DI).

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The main policy outputs of the project are the DI Strategy, Action Plan and Roadmap, an overarching framework that should lay the basis for the implementation of the DI process, focusing on both the prevention of institutionalisation and the transition from institutional to community-based settings for persons with support needs.

The roll out of this policy framework will require solid coordination and a monitoring structure to ensure a smooth implementation and the overcoming of unexpected issues. The significance of including a robust plan for Monitoring and Evaluation of deinstitutionalisation reforms is widely recognised and highlighted in several reports, recommendations and guideline documents issued by international organizations and civil society.

Monitoring and Evaluation are complementary, both are necessary to engage and satisfy the range of stakeholders in any monitoring and evaluation intervention. Moreover, independent and decentralised Monitoring and Evaluation instruments can secure transparency, continuity and relevance of implementation. They can ensure end-users involvement, adequate resourcing, regular assessment of quality of services, permanent data collection mechanisms. These are key elements for effective implementation of the DI reform.

This document first provides the reader with definitions, criteria, principles, and examples of indicators for effective Monitoring and Evaluation, as well as examples from other countries showing the importance of such frameworks, and inspiration on how they should be established. It then gives a concrete framework for the DI Action Plan and a detailed list of indicators for the Monitoring and Evaluation of each of its priorities and actions.



## 2. Monitoring and Evaluation

**Monitoring** is the systematic collection, analysis and subsequent use of information collected from Action Plan, projects' implementation. It is vital to enable effective decision making, learning from past actions and accountability for resources being used.

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Monitoring systematically and tracks whether activities are carried out according to plan. It provides relevant parties with important information on progress, or lack of progress, in relation to project objectives and with answers to questions such as the following:

- *How well are we doing?*
- *Are we doing the activities we planned to do?*
- *Are we following the designated timeline?*
- *Are we over/under-spending?*
- *What are the strengths and weaknesses in the project?*

Monitoring as a routine activity enables those responsible for the implementation of specific activities to identify strengths and weaknesses, to review progress being made and to make necessary adjustments. It also keeps the implementation of work plan on track and provides the information necessary to make key decisions at the right time. It generates in a systematic manner relevant data that are required to support evaluation of implemented activities.

Monitoring is an internal process, an on-going, built-in function of a Strategy/Action Plan. It keeps track, reviews and reflects on progress, or lack thereof, in relation to project objectives. It provides the answer to the question what activities were implemented and what results were achieved at a certain point in time. It alerts project managers or governing bodies or devices for problems and provides options for corrective actions. An effective and efficient monitoring provides for reviewing on going progress and/or lack of progress, making necessary adjustments in the implementation of activities, prioritizing allocation of resources for the various project activities and gathering information for evaluation purposes.

**Evaluation** assesses the information collected through monitoring in an objective manner in order to demonstrate whether activities and outcomes are relevant, effective, efficient, sustainable, and whether desired impacts are being achieved.

Evaluation is an assessment of the relevance, efficiency, effectiveness, performance and sustainability of a program. It requires an in-depth review at specific points in the life of the action plan implementation, usually at the mid-point or end of specific phases. It verifies whether strategic objectives have been achieved or not. It is a management tool which can assist in evidence-based decision making, and which provides valuable lessons for implementing organizations and their partners. It helps to answer questions such as:



- *How relevant was our work in relation to the primary stakeholders and beneficiaries?*
- *To what extent were the initially set strategic objectives achieved?*
- *What contributed to and/or hindered these achievements?*
- *Were the available resources (human, financial) used as planned and used in an effective way?*
- *What are the key results, including intended and unintended results?*
- *What evidence is there that the Action Plan has changed the lives of individuals and communities?*
- *How has the project helped to strengthen the management and institutional capacity of the organization?*
- *What is the potential for sustainability, expansion and replication of similar initiatives and activities?*
- *What are the lessons learned from the implementation of the action plan's activities?*
- *How should those lessons be used in future planning and decision making?*

Evaluation is a periodic function of a Strategy/Action Plan as it can take place at the midterm, at the end, or in a later stage in a substantial period after the project has ended. Evaluation can be either externally assigned or in some occasions an internal process of a monitoring device assigned to overview the implementation of a Strategy/Action Plan. It includes an in-depth analysis to compare planned with actual achievements in relation to project objectives. Additionally, it can provide the answer to questions related with how the results were eventually achieved. It can also contribute to building theories and models for change; provides project managers with strategy and policy options; increases accountability to project beneficiaries, funding mechanisms and other partners. A fully-fledged evaluation of a Strategy/Action Plan should provide information for the assessment of the overall Strategy/Action Plan's performance, for the potential improvement of the Strategy/Action Plan's design as well as the assessment of the cost effectiveness of the Strategy/Action Plan. Evaluation should allow for making decisions based on concrete evidence, increase knowledge of what works, what does not work – and most importantly why the preformed as such, be accountable to project beneficiaries and to donors, identify successful strategies for extension, expansion, replication and provide evidence for future resource mobilization for the aforementioned expansion of the scope, goals and objectives of the Strategy/Action Plan.

**Monitoring and Evaluation are complementary**, both are necessary to engage and satisfy the range of stakeholders in any monitoring and evaluation intervention. This process enables effective governance of the implementation of individual Actions and Programs' that are included in a Strategy/Action, demonstration of value for money and outcomes from funded Actions or Programs, continued learning resulting in continuous improvement and transparency from inception through to the realization of outcomes and benefits. As articulated in a relevant WHO Guide *"Monitoring refers to the routine tracking of a plan, whereas evaluation refers to a systematic means of appraisal to assess*



*the value, worth or effectiveness of the policy or plan*<sup>1</sup>. In that sense, any Strategy/Action Plan that aims at indeed materialising a change in quality and orientation of services in the real world need to sufficiently provide for both Monitoring and Evaluation of its implementation.

### 3. Importance of Monitoring and Evaluation in Strategies/Action Plans – International Experience Page | 7

The significance of including a robust plan for Monitoring and Evaluation of any Strategy/Action Plan for deinstitutionalisation is widely recognised and highlighted in several reports, recommendations and guideline documents issued by international organizations such as the UN, UNICEF<sup>2</sup>, WHO<sup>3</sup>, the EU Fundamental Rights Agency<sup>4</sup>, and others including USAID<sup>5</sup> and civil society's stakeholders such as the European Expert Group on the transition from institutional to community based care<sup>6</sup>, international NGOs and NGO networks.

In some cases there is emphasis in conducting independent evaluation reports or even primary research inquiring on awareness of relevant information, qualitative assessment and satisfaction of end-users/beneficiaries while in some others reference is made to standardised tools for monitoring progress of work in the field. Inclusion of end-users/beneficiaries of services is also among the key elements to achieve a better outcome. More specifically, some of the proposed instruments include the use of standardised tools such as the Hexagon<sup>7</sup>, Outcome-Based Assessment/Results-Based Accountability tools<sup>8</sup>, tools for periodic or regular evaluation of quality of services such as the ones developed by Better Care Network<sup>9</sup> or the MEASURE Evaluation tool<sup>10</sup>, while in another occasion a brief questionnaire was developed through empirical research for inquiring actual change in received services as well as satisfaction of end-users regarding deinstitutionalisation progress (the Mental Health Services Deinstitutionalisation Measure – MENDit questionnaire<sup>11</sup>).

In all the above cases, the common grounds that seem to be underlined are the necessity for independent and decentralised Monitoring and Evaluation instruments/devices (that could secure transparency, continuity and relevance of the Strategy/Action Plan's implementation), the requirement for end-users/beneficiaries' involvement in the process of Monitoring and Evaluation, the link between adequate resourcing and Monitoring and Evaluation of services (thus implying that

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<sup>1</sup> [https://www.who.int/mental\\_health/policy/services/14-monitoring%20evaluation\\_HKprinter.pdf](https://www.who.int/mental_health/policy/services/14-monitoring%20evaluation_HKprinter.pdf)

<sup>2</sup> <https://www.unicef.org/eca/media/13271/file>

<sup>3</sup> [https://www.who.int/mental\\_health/policy/services/14-monitoring%20evaluation\\_HKprinter.pdf](https://www.who.int/mental_health/policy/services/14-monitoring%20evaluation_HKprinter.pdf)

<sup>4</sup> <https://fra.europa.eu/en/project/2014/rights-persons-disabilities-right-independent-living/publications>

<sup>5</sup> <https://bettercarenetwork.org/sites/default/files/Study%20on%20Deinstitutionalization%20of%20Children%20and%20Adults%20with%20Disabilities%20in%20Europe%20and%20Eurasia.pdf>

<sup>6</sup> <http://enil.eu/wp-content/uploads/2016/09/Guidelines-01-16-2013-printer.pdf>

<sup>7</sup> <https://nirn.fpg.unc.edu/ai-hub>

<sup>8</sup> <http://raguide.org/>

<sup>9</sup> <https://bettercarenetwork.org/toolkit>

<sup>10</sup> <https://www.measureevaluation.org/resources/publications/tl-19-25>

<sup>11</sup> <https://bmcpsy psychiatry.biomedcentral.com/track/pdf/10.1186/s12888-016-0762-4.pdf>



funding should also be a part and parcel of the Monitoring and Evaluation process), the need to combine regular assessment of quality of services by directly measuring specific quality indicators along with procedural ones, the indispensable function of advocacy of the rights of end-users/beneficiaries that needs to be built-in in Evaluation procedures, the necessity for permanent data collection mechanisms and the requirement of a wide societal stakeholders' alliance to bring about change in child protection system in overall<sup>12 13</sup>.

As a matter of fact, shortcoming in Monitoring and Evaluation provisions have been remarked as primary reasons for consideration in several countries in national and international reviews of progress in deinstitutionalisation at the European level. In a recent (2018) review EC's Fundamental Rights Agency stressed the point that however progress has been made throughout Europe *"significant gaps persist between policy commitments to deinstitutionalisation and progress towards achieving it in practice. Participants attributed this to a lack of effective consultation with relevant stakeholders, absence of clear timelines, insufficient funding and lack of adequate monitoring of national strategies"*<sup>14</sup>.

For instance, the lack of some such provisos in the case of Slovakia, lead to claims by stakeholders that the lack of measurable goals in national policy prevented effective evaluation of progress insofar. The same equally applied to Ireland which despite its initial commitment to close all institutions for persons with disability and conclude the deinstitutionalisation program by 2018, its centralised structure of management and lack of independent monitoring scheme among others led to the revision of the initial timeframe and postponing the end goal for further beyond. The lack of monitoring instruments/devices has also been spotted as a severe weakness in Strategies/Action Plans for persons with disability in Cyprus, Greece, Italy, Malta and Romania in which there is no provision for any monitoring mechanisms<sup>15</sup>.

In Czech Republic also despite several efforts undertaken for deinstitutionalizing services especially for children, shortage of monitoring mechanisms has been identified as one of the main reasons for reduced outcomes, with similar situation identified for other countries as well such as Estonia, Lithuania, Poland and to some degree Spain in areas such as children, persons with disability, homeless and persons suffering from mental health issues<sup>16</sup>.

On the contrary, there are also several good practices at the pan-European level. For instance, Finland when introduced its own Strategy/Action Plan that was done including a clear timeframe with specific

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<sup>12</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7311356/pdf/main.pdf>

<sup>13</sup> <https://bettercarenetwork.org/sites/default/files/Study%20on%20Deinstitutionalization%20of%20Children%20and%20Adults%20with%20Disabilities%20in%20Europe%20and%20Eurasia.pdf>

<sup>14</sup> [https://fra.europa.eu/sites/default/files/fra\\_uploads/fra-2018-from-institutions-to-community-living-ground-perspectives\\_en.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-from-institutions-to-community-living-ground-perspectives_en.pdf)

<sup>15</sup> [https://fra.europa.eu/sites/default/files/fra\\_uploads/fra-2017-independent-living-part-i-commitments-structures\\_en.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/fra-2017-independent-living-part-i-commitments-structures_en.pdf)

<sup>16</sup> <https://deinstitutionalisationdotcom.files.wordpress.com/2020/05/eeg-di-report-2020-1.pdf>





milestones, allocation of competencies among stakeholders and a transparent monitoring scheme involving all stakeholders<sup>17</sup>. That Strategy/Action Plan of course stepped on long term previous efforts made in that country for people suffering from mental health issues, persons with disabilities<sup>18</sup> and the elderly<sup>1920</sup> which resulted in measurable good outcomes<sup>21</sup>. In another recent review examples of good practice in closely monitoring the DI process in implementing national Strategies/Action Plans are mentioned to include Austria in which a particularly participative model of end-users/beneficiaries was employed<sup>22</sup> as well as a very frequent issuing of publicly available interim report on the progress of work done insofar (that is incorporating input from civil society's stakeholders through regular public consultation)<sup>23</sup>.

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Similarly, a clear and effective procedure and allocation of mandates and competencies has been identified to be included in Strategies/Action Plans in the cases of Portugal, Germany and Slovenia<sup>24</sup> although covering one or another priority area (viz. children, persons with disability, elderly, homeless, people with mental health issues etc.).

A more perplexed situation is appearing in some countries recently introducing Strategies/Action Plans for deinstitutionalising services for some or other category of persons with increased vulnerability such as Georgia, in which despite the emphasis given to building a ground-based stakeholders' alliance, there is not clear description of Monitoring and Evaluation mechanisms<sup>25</sup>.

In the even more complicated case of Bulgaria, the confusion between allocation of competencies between central governmental and decentralised stakeholders, including regional governing bodies as well as discrepancy between nominal provisos of the national Strategy/Action Plan on one hand and actual situation "on the ground" (but also other challenges grounded on more fundamental barriers in DI progress in that country<sup>26</sup>) led to a series of corrective actions of the entire effort and the introduction of more concrete means of Monitoring and Evaluation in order to ensure its effectiveness and efficiency<sup>27</sup>.

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<sup>17</sup> [https://fra.europa.eu/sites/default/files/fra\\_uploads/finland-independent-living-case-study-report\\_en.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/finland-independent-living-case-study-report_en.pdf)

<sup>18</sup> <https://www.sjdr.se/articles/10.1080/15017419.2012.761153/>

<sup>19</sup> <https://www.jstor.org/stable/pdf/45141062.pdf?refreqid=excelsior%3Adc118538ca4a0e8d43ca5916ae41a1e7>

<sup>20</sup> <https://www.tandfonline.com/doi/abs/10.1080/01488376.2015.1129017?journalCode=wssr20>

<sup>21</sup> <https://academic.oup.com/eurpub/article/22/4/604/483678>

<sup>22</sup> <http://enil.eu/wp-content/uploads/2016/09/Guidelines-01-16-2013-printer.pdf>

<sup>23</sup> [https://fra.europa.eu/sites/default/files/fra\\_uploads/fra-2017-independent-living-part-i-commitments-structures\\_en.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/fra-2017-independent-living-part-i-commitments-structures_en.pdf)

<sup>24</sup> <https://deinstitutionalisationdotcom.files.wordpress.com/2020/05/eeg-di-report-2020-1.pdf>

<sup>25</sup> [https://www.easpd.eu/sites/default/files/sites/default/files/Conferences/Chisinau/presentations/11\\_nelly\\_akobia.pdf](https://www.easpd.eu/sites/default/files/sites/default/files/Conferences/Chisinau/presentations/11_nelly_akobia.pdf)

<sup>26</sup> <https://reader.elsevier.com/reader/sd/pii/S1877042816313635?token=580488B77643D71A19AC2EA753648E0FBA12FB3D0CCFD4D0FBAE4CA8EED0079F51E82601E9D96F6D9286032F41CE18C6&originRegion=eu-west-1&originCreation=20210516103536>

<sup>27</sup> <https://www.unicef-irc.org/publications/pdf/7.Bulgaria.pdf>



On the contrary, recently developed Strategies/Action Plans even in countries with relatively less availability of financial resources have led to the adoption of national Strategies/Action Plans with robust Monitoring and Evaluation plans such as Macedonia<sup>28</sup>, Montenegro<sup>29</sup> and Latvia<sup>30</sup> in which it is clearly defined who is going to monitor and evaluate what, at which point of time, which what accountability, clear funding lines and revision procedures, independent and participative monitoring instruments/devices and inclusive, participatory interim evaluation schemes. Page | 10

To sum up as illustrated in a 2007 report by WHO as a recommendation for the significance of Monitoring and Evaluation of a Strategy/Action Plan:

“in order to understand whether the policy and plan have achieved their intended objectives, it is necessary to:

- (i) evaluate both, as documented;
- (ii) monitor the implementation of the plan;
- (iii) evaluate the implementation of the plan; and
- (iv) assess whether the objectives of the policy have been met, or to what extent they have been met.

*Key to evaluation is on-going monitoring to ensure that the plan is being implemented as intended*<sup>31</sup>. International experience insofar seems to reinforce such recommendations’ usefulness providing examples of good practices that achieved successful outcomes but also shortcomings in Monitoring and Evaluation schemes resulting in delays or failures in the process of deinstitutionalisation.

## 4. Main Criteria

Any type of overviewing exercise of a national policy framework for addressing a phenomenon of great societal significance should meet a minimum of goals in order to serve the intended purpose. Consequently, a national DI Strategy/Action Plan should meet the criteria listed below and therefore Monitoring and Evaluation should be mapped on, measured for its adherence to such criteria:

### 1. Relevance

This criterion addresses the question to what extent the DI Strategy/Action Plan objectives are pertinent to needs, problems, and issues to be addressed. Since the DI Strategy/Action Plan is to be

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<sup>28</sup>[https://www.mtsp.gov.mk/content/pdf/2019pravilnici/23.4\\_National%20Deinstitutionalisation%20Strategy%20and%20Action%20plan.pdf](https://www.mtsp.gov.mk/content/pdf/2019pravilnici/23.4_National%20Deinstitutionalisation%20Strategy%20and%20Action%20plan.pdf)

<sup>29</sup><https://www.hraction.org/2017/03/10/models-of-deinstitutionalization-and-methods-of-protecting-mental-health-in-community/?lang=en>

<sup>30</sup>[http://vvc.gov.lv/image/catalog/dokumenti/Implementation\\_of\\_Deinstitutionalisation\\_2015-2020.pdf](http://vvc.gov.lv/image/catalog/dokumenti/Implementation_of_Deinstitutionalisation_2015-2020.pdf)

<sup>31</sup>[https://www.who.int/mental\\_health/policy/services/14-monitoring%20evaluation\\_HKprinter.pdf](https://www.who.int/mental_health/policy/services/14-monitoring%20evaluation_HKprinter.pdf)



prepared before the Monitoring exercise to be launched, the criterion of relevance is to be understood concerning in medias res modifications and adjustments that are to be decided and introduced to the Strategy during its effective period. This criterion is to provide the answers to the following questions:

- To what extent the DI Strategy/Action Plan targets at real needs of vulnerable population groups liable to social protection?
- To what extent the DI Strategy/Action Plan's structure and mode of implementation applies prioritization in accordance with needs of the end beneficiaries?
- To what extent the DI Strategy/Action Plan has mechanisms for been informed about time trends of beneficiaries changing needs as well as for up-to-date state of the art solutions better fit to the end users' needs?

## 2. Effectiveness

This criterion addresses the question to what extent the specific objectives of the DI Strategy/Action Plan have been achieved. This criterion is to provide the answers to these questions:

- To what extent the level/degree of institutionalisation in the overall social protection system in Greece have been decreased?
- To what extent the current shortcoming and problems (viz. institutional nature of social protection in Greece) have been overcome?
- Can we tell any difference in each of the different sectors (child protection, disability assistance, aid for the elderly) in respect of the questions above?

## 3. Efficiency

This criterion addresses the question to what extent the desired effects are achieved at a reasonable cost. This criterion is to provide the answers to these questions:

- To what extent the desired effects/impact have been obtained?
- Was this done respecting the action plan (and its potential modifications)?
- To what extent all the planned outputs have been delivered?
- Was there any partial (and not full) instantiation of outputs as initially planned?
- What kind of money-costly modifications, accidents or unexpected difficulties have been tackled in the implementation of the deinstitutionalisation Strategy/Action Plan (not hampering the validity and relevance of the end outputs)?

## 4. Timeliness

This criterion addresses the question to what extent the DI Strategy/Action Plan has achieved desired effects in due time. This criterion is to provide the answers to the following questions:

- Was implementation of individual outputs respecting the timetable (and its agreed modifications)?



- Was there any kind of modifications in timeframe in order to address barriers or unforeseen challenges?
- Was there any necessity for modification timely implementation of outputs? If so, how this was assessed and agreed?

### 5. Sustainability

This criterion addresses the question to what extent positive effects are likely to last after the DI Strategy/Action Plan has been concluded. This criterion provides answers to these questions:

- To what extent, the dissemination and the networking carried out during the DI Strategy/Action Plan's implementation set the premises for durable results?
- How are the DI Strategy/Action Plan's results perceived by the general public, thus, been incorporated in the mainstreamed public perception of social protection?
- To what extent the implementation of the DI Strategy/Action Plan has been involving all key stakeholders of the respective topic areas?
- Were there any differences in the level of engagement in the different sectors (child protection, disability assistance, aid for the elderly) involved?
- What are the main strategic factors for building follow ups at national level?

### 6. Consistency

This criterion addresses the question to what extent positive/negative impact onto other economic, social, or environmental policy areas are being maximised / minimised. This criterion provides answers to these questions:

- Did any unplanned outputs arise from the DI Strategy/Action Plan's implementation?
- Did any of the DI Strategy/Action Plan's results give ground to any implication or formulation concerning policies and programmes? (spill over effects on child's/person with disability's/elderly's rights, wider health, welfare, social inclusion policies etc.)?

### 7. Utility

This criterion addresses the question to what extent effects/impact correspond to the needs problems and issues to be addressed.

- Were vulnerable groups liable to social protection actually strengthened by the implementation of the DI Strategy/Action Plan?
- Were vulnerable groups addressed within the context of this DI Strategy/Action Plan perceived the Strategy's implementation as beneficial and strengthening for them?
- Was there any substantial change in the wider public opinion perception for social protection to the particular vulnerable groups through the implementation of this DI Strategy/Action Plan?
- Did all the above resulted in any substantial change in social protection system in Greece?



## 8. Inclusiveness/Transparency

Inclusiveness and transparency criterion looks into what extent structure, outputs, prioritisation, implementation and validation of final deliverables include the voices of the end users. This criterion is to provide answers to these questions:

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- To what extent the drafting of the DI Strategy/Action Plan included participation of end beneficiaries?
- To what extent on-going monitoring included feedback by end beneficiaries as well as consultation for any potential in medias res modifications to be adopted?
- To what extent validation of outputs included end users' input?
- To what extent all the above questions have been addressed for all vulnerable groups liable to social protection covered by the DI Strategy/Action Plan?
- To which extent such coverage concerned not only institutional representations of vulnerable population groups if any, but also took into consideration individual contributions by singular contributors (especially where institutional contributions are not existing or feasible), thus, providing for channels of such communication?

All the above criteria should be sufficiently addressed for the Strategy and Action Plan to meet their goals and objectives, in combination with political will, adequate resourcing and the necessary legal and administrative framework modifications. Covering all these aspects would correspond to Monitoring and Evaluation of the planned change in the system of care including type of services provided, quality of services and the overall well-being of end-users/beneficiaries as required by any DI Strategy/Action Plan<sup>32</sup>.

## 5. Dimensions

Based on the previously elaborated considerations, Monitoring and Evaluation combined altogether should address fundamental questions of a DI policy framework. These include what is monitored and evaluated, how is this happening and who is going to do what in bringing about these functions. To address them, an effective Monitoring and Evaluation goal setting scheme should combine overviewing several indicators and have features that could sufficiently cover a number of dimensions, as the ones indicated below:

### 1. Outcome and Process Evaluation

Addressing sufficiently this dimension entails measuring both the impact of implementation of the DI Strategy/Action Plan as well as the adherence/compliance to the initial planning. Such measurements

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<sup>32</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7311356/pdf/main.pdf>



should depict real progress “on the ground” (i. e. numbers and percentage of children/persons with disabilities/elderly living in residential care units and alternative settings and their time trend during the DI Strategy/Action Plan’s effective timeframe etc.) as well as intermediate impact indicators along with indicators of the percentage of activities provided for that eventually have been materialised. Covering sufficiently this dimension of Monitoring and Evaluation corresponds to major streams of thought in contemporary doctrines on evaluation of systems in general. The former perspective ensures that whatever the intermediate steps, the final outcome services, the DI overall goals and objectives addressing thus concerns that when focusing only to procedural issues one might lose track of the greater picture and the wider societal outcome of individual measures and actions taken. The latter safeguards adherence to planning and preserves the DI Strategy/Action Plan from any unreasonable deviation that might be otherwise be imposed by random or trivial necessities to operators assigned with the Strategy/Action Plan’s implementation.

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A further specification of this dimension for Monitoring and Evaluation of the DI Strategy/Action Plan includes distinguishing Input and Output Indicators as well as Impact Indicators which can shed light in a comprehensive outcome Monitoring and Evaluation on one hand and fully-fledged Process Indicators which can inquire the level of adherence to the initial planning as included in the DI Strategy/Action Plan.

## **2. Qualitative and Quantitative Indicators and Milestones**

Addressing sufficiently this dimension entails combining measurable and as much objective as possible indicators in terms of both qualitative “on/off” (e. g. introduction or not of a certain measure, implementation or not of a specific activity etc.) and quantitative numerical values (e. g. number of persons living in institutional care or number of residential care beds at point X in time etc.) for following up the DI Strategy/Action Plan’s impact and progress. Quantitative indicators of overall performance of a DI Strategy/Action Plan tend to depict the overall progress in real life; however qualitative indicators, most commonly referring to legislative or administrative acts, are also informative showing target setting schemes in a society, thus, illustrating trends and orientation of policies and measures already taken.

## **3. Evaluation Scheme - Interim and Final Reporting of outcomes and progress of work**

Addressing sufficiently this dimension entails defining points in time which the assessment of the DI Strategy/Action Plan’s outcomes and progress insofar will be illustrated and reported (e. g. at the middle of the DI Strategy/Action Plan’s duration and by the end of it) as well as the procedure for reporting (e. g. an external evaluator provided by a clear and transparent procedure or a Monitoring Device/Instrument although this might inflict some or other conflict of interest). In some countries Evaluation done on an annual basis, while in others one interim and one final report are only provided. What at this point seems to be very crucial, is the inclusiveness in the functional utility of any interim (be it annual or not) reporting material. That is so, because all interim reports should in principle be



publicly available in order for further feedback from all relevant societal stakeholders to be able to contribute proposals for in medias res modifications that are seemingly necessary for bringing about the deinstitutionalisation Strategy/Action Plan's goals and objectives. It is good that these specifications on the timeline and modality of the Evaluation scheme **have been clearly addressed in advance** in any DI Strategy/Action Plan for avoiding confusion and conflicting competencies during its implementation.

#### **4. Flexibility and Capacity for in medias res Modifications**

Addressing sufficiently this dimension entails specifying mechanisms for on-going modifications in the DI Strategy/Action Plan including the mode of inputs for adjustments (who is to propose such adjustments, under which rationale requirements, from which specific pathway, how regularly such proposal could be submitted etc.) as well as the nature and the provided extent of adjustments (how much deviation from the initial planning is allowed and was eventually done, how this is decided and introduced to the deinstitutionalisation Strategy/Action Plan as a whole etc.). One crucial element regarding this dimension is **how feedback for necessary modifications is collected** (which agencies participate to this effort, is it centralised or decentralised, is it a continuous or a continual effort etc.) and **who is the decisive body for introducing any such modifications** (will it be the government or some more participatory body including civil society's stakeholders and end-users/beneficiaries?). Such questions **have to be clearly addressed in advance** in any deinstitutionalisation Strategy/Action Plan for avoiding confusion and conflicting competencies during its implementation.

#### **5. Data Collection Mechanisms and Transparency**

Addressing sufficiently this dimension entails providing for regular means for collecting data relevant to measuring and assessing the DI Strategy/Action Plan's impact and progress as well as making all relevant data available to all potential stakeholders; that includes mandate/capacity of the Monitoring Device/Instrument and the Evaluation Agency/ies, the responsiveness by all involved parties, the assessment of the quality and quantity of input provided etc.). It is, therefore, of no surprise that in almost all relevant recommendation reports made by international organizations on Monitoring and Evaluation of Strategies/Action Plans the requirement for setting up effective data collection mechanisms is always stressed with increased emphasis. As a result, to define an effective Monitoring and Evaluation scheme one has to necessarily provide for robust and comprehensive data collection mechanisms otherwise runs the risk of not being able to feed with appropriate data all indicators required to conclude the tasks to be served. It should also be noted that data regularly collected should be made publicly available to all relevant stakeholders.

Last but not least, apart from continuous or continual collection of administrative data, in implementing any such DI Strategy/Action Plan it is of paramount importance also provide for end users/beneficiaries experience (through field research) and collect additional data for their health and well-being. In order to do that, respective resources have to be provided for conducting the





aforementioned surveys (directly or by assigning them to competent academic agencies) in the DI Strategy/Action Plan. Such issues regarding effective data collection in overall ***should be appropriately addressed in advance*** for avoiding lack of data or low quality of available data that would undermine the scope and integrity of Monitoring and Evaluation.

## 6. Device/Instrument for On-going Monitoring

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Addressing sufficiently this dimension entails setting up a permanent Monitoring Device/Instrument for on-going follow up of the DI Strategy/Action Plan.

That device be it in the shape of a Steering Committee or a Permanent Working Group should:

- (a) be mandated to conduct the work of on-going Monitoring of the nationwide DI Strategy/Action Plan (probably by legislative or administrative act, the former probably more preferable in order to resolve potential confusion),
- (b) have the capacity of collecting data and making them available to all relevant stakeholders,
- (c) have the appropriate means to conduct its overall task assigned,
- (d) be constituted by relevant stakeholders as involved Ministries (at least Ministry of Labour but also probably Ministry of Justice and considerably Ministries of Health, Migration, Development etc.) and other governmental agencies, independent authorities (such as the Ombudsman, National Committee for Human Rights etc.), the academia and related organizations, civil society's stakeholders, end users/beneficiaries for all vulnerable groups liable to social protection covered in the deinstitutionalisation Strategy/Action Plan (including institutional representations but maybe also feedback from singular contributors via specified channels of submission of such contributions),
- (e) be preferably constituted by legal persons and not natural persons in order to secure continuity of work,
- (f) establish effective paths of receiving regularly collected (continuously or continually) input/feedback for the progress of work as well as impact to end users,
- (g) be mandated to introduce proposals for in medias res modifications of the DI Strategy/Action Plan to the political leadership of the Ministries involved and
- (h) be entitled to publish the calls and assign the task of evaluation to external agency/ies with the required good standing and status in a predefined and transparent procedure as well as make publicly available Interim and Final Evaluation Reports.

Therefore, the nature, composition, function and capacities of the Monitoring Device/Instrument ***has to be clearly addressed in advance*** in any DI Strategy/Action Plan for avoiding confusion and conflicting competencies during its implementation. In most occasions of countries, that required





some short of **legislative or administrative Act** to set up the Monitoring body and assign it with appropriate competencies and responsibilities.

## 7. Agency for Evaluation

Addressing sufficiently this dimension entails predefining the nature of the agency to preform the Evaluation of the DI Strategy/Action Plan. In principle, one could provide for the Monitoring Device/Instrument to conduct both functions (Monitoring and Evaluation) although some considerations of potential conflicts between the two roles/functions might reasonably emerge (since the evaluator would coincide in such occasion with the agency assigned responsible for bring about the work to be evaluated). To avoid and resolve any such conflicts **in most cases of countries, a distinct role for Evaluation has been provided** (most commonly assigned to domestic or international agencies having some such relevant expertise). Page | 17

That entails respective provisions in the deinstitutionalisation Strategy/Action Plan in terms of:

- (a) Including Evaluation as a separate activity,
- (b) Indicating the preferable timeline (including frequency of Evaluation),
- (c) Clarifying whether this should be conducted by the Monitoring Device/Instrument or to be assigned externally,
- (d) Providing for sufficient resources for its assignment (especially if it is to be assigned externally as in most such occasions),
- (e) Defining the role of all relevant societal stakeholders throughout the evaluation and
- (f) Mandating the public transparency of Evaluation reports.

Such issues regarding Evaluation Agency **should be appropriately addressed in advance and be defined** in the deinstitutionalisation Strategy/Action Plan for avoiding lack of clarity and confusion during its implementation.

## 6. Outcome Indicators – Examples

An old saying indicates that “*the proof of the pudding is eating it*”. Therefore, irrelevantly from any other kind of monitoring or evaluation effort, any DI Strategy/Action Plan to be assessed as successful has to fulfil certain outcome objectives that serve its overall goal, otherwise it certainly suffers from some or other shortcoming. Consequently, it has to serve the function of achieving to reduce substantially institutional care for the particular groups of population it concerns. This has to be documented in terms of specific outcome indicators that have to be illustrate a substantial change in the comparison between the indicators’ values at the starting point of the deinstitutionalisation Strategy/Action Plan and the respective values at the deinstitutionalisation Strategy/Action Plan’s conclusion.



Examples of some such crude **quantitative indicators** can be seen in the table below:

Indicator	Children		Persons with disability		Elderly	
	pre	post	pre	post	pre	post
Number of persons living in institutional care						
Number of children under 3/5 years old living in institutional care			-	-	-	-
Number of adults living in residential care along with minors						
Number of beds/seats available in institutional care						
Number of new admissions – placements in institutions per year						
Average length of stay in institutional care						
Number of persons living in alternative care settings (independent – supported accommodation etc.)						
Number of persons having regular contact with (supported by) community-based services						
Number of agencies providing institutional care						
Average size (in beds/seats) of residential care						

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The list above is by no means final or exhaustive. It should also be noted that the above indicators should be monitored and evaluated also in respect to gender, age subgroups, legal status of provider (governmental and non-governmental) and region.

A similar table can be formulated regarding **“on/off” qualitative indicators** that are pertinent in bringing about the desirable change in the system of care for vulnerable populations such as the following:

Indicator - target setting	Children	Persons with disability	Elderly
Launching of the deinstitutionalisation Strategy/Action Plan	YES/NO (effective date)	YES/NO (effective date)	YES/NO (effective date)
Conclusion of the deinstitutionalisation Strategy/Action Plan	YES/NO (effective date)	YES/NO (effective date)	YES/NO (effective date)
Legal abolition of institutional care – closure of all institutions	YES/NO (effective date)	YES/NO (effective date)	YES/NO (effective date)
Legal mandate to forbid placing children under 3/5 years old in institutional care	YES/NO (effective date)	-	-

Moratorium in further enlargement of institutional care – inhibition of further admissions to all institutions	YES/NO (effective date)	YES/NO (effective date)	YES/NO (effective date)
Introduction of standard procedures – protocols for specifying alternative care provision of services to end-users/beneficiaries	YES/NO (effective date)	YES/NO (effective date)	YES/NO (effective date)

The above refer mostly to legislative or administrative acts considered as necessary and conditional to bring about the deinstitutionalisation Strategy/Action Plan's goals and objectives. Again, the list above is by no means final or exhaustive and maybe some further breaking down of the "on/off" qualitative indicators can be foreseen in respect to sub-procedures introduced or also in respect to subgroups, legal status of provider (governmental and non-governmental) and region.



## 7. Input; Process; Output; Outcome & Impact Indicators–Exemplar for M&E

In the table below the type of indicators to be identified in order to be used for the monitoring of Action Plan’s implementation is described (along with the justification for the use of each category of indicators).

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Justification	Type of indicators	Type of indicators <sup>33</sup>	Targeted-quantitative	Realised-quantitative	Rate targeted / realised	Assessment (TBD / case)
<b>Input indicators</b>						
WHY	To prepare a baseline for the DI process monitoring and assessment based on clear information deriving from the original action plan					
WHAT	Policies, human resources, materials, financial resources; based on the original action plan					
WHEN	Data/information collection: before starting implementation of the DI action plan activities (during the planning phase)					
WHO	Responsible: trained the indicated competent key staff members					
HOW	Tools: see “Tools”					
<b>Process indicators</b>						
WHY	To monitor DI action plan implementation flow and timely identify potential deviations from the original plan (in term of timeline, budget, geographic coverage and target groups) and take action to handle the situation, mitigate unexpected risks and proceed to a smooth implementation of the individual Activities under DI action plan					
WHAT	Milestones set in terms of timeline, geographic coverage, target groups, budget					
WHEN	Data/information collection: continuously (or periodically) during DI implementation life					
WHO	Responsible: trained the indicated competent key staff members					
HOW	Tools: see “Tools”					

<sup>33</sup> Indicators under each category will be defined per Target -group, Priority and Objective and Activity – where possible on the basis of the draft Action Plan

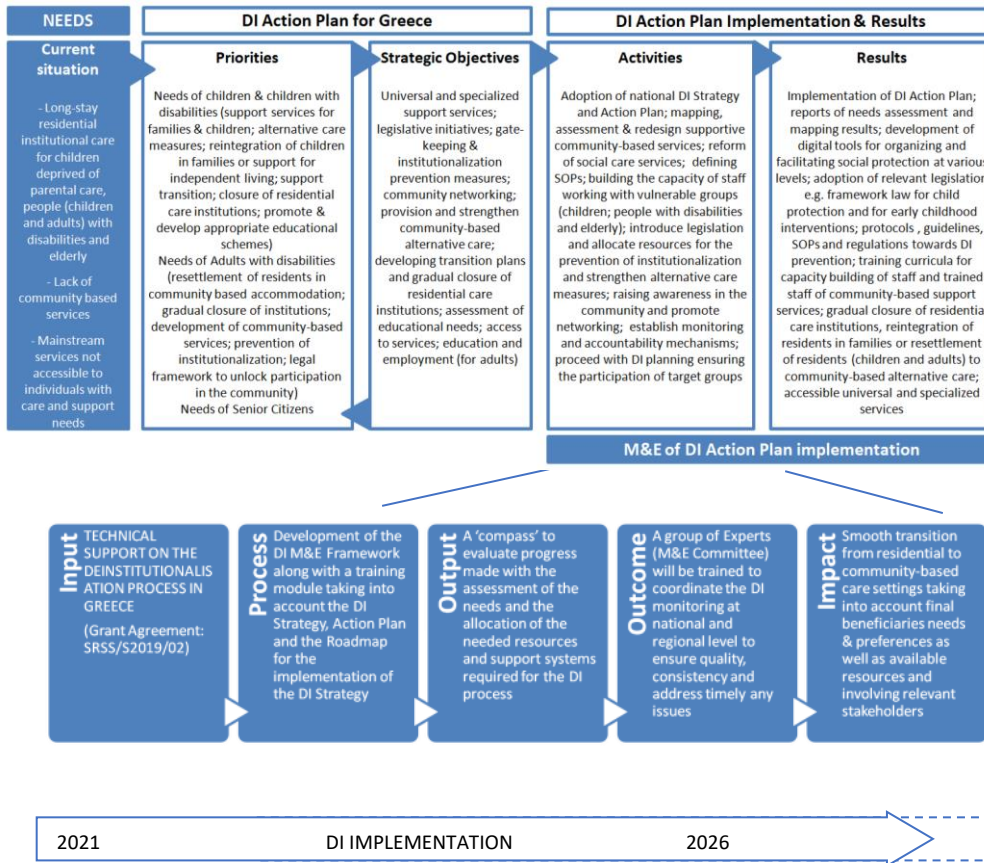
Cont.	Type of indicators <sup>34</sup>	Targeted-quantitative	Realised-quantitative	Rate targeted / realised	Assessment (TBD / case)
<b>Type of indicators</b>					
<b>Output indicators</b>					
WHY	To assess individual products of planned activities (tangible deliverables and non-tangible) in terms of quantity (in regards to the initially set target) and quality (in regards to the respective objective)				
WHAT	Based on the work plan (targets and objectives); Tangible (deliverables) & Non-tangible				
WHEN	Data/information collection: Qualitative & quantitative; periodically (before/ after activities' implementation); Short- and intermediate-term				
WHO	Responsible: trained the indicated competent key staff members				
HOW	Tools: see "Tools"				
<b>Outcome indicators</b>					
WHY	To assess the extent that individual activities under action plan priorities contribute to meet the respective objectives				
WHAT	In terms of initially set objectives				
WHEN	Data/information collection: Qualitative & quantitative; periodic follow-up after activities' implementation and based on output indicators				
WHO	Responsible: trained the indicated competent key staff members				
HOW	Tools: see "Tools"				
<b>Impact indicators</b>					
WHY	To assess progress on DI in long-term				
WHAT	In terms of initially set objectives				
WHEN	Data/information collection: Long-term ; Follow-up after action plan activities' completion; based on outcome indicators				
WHO	Responsible: trained the indicated competent key staff members				
HOW	Tools: see "Tools"				

<sup>1</sup>Indicators under each category are defined below per Target group, Priority, Strategic Objective and activity – where possible on the basis of the DI Action Plan

<sup>34</sup> Indicators under each category will be defined per Target -group, Priority and Objective and Activity – where possible on the basis of the draft Action Plan



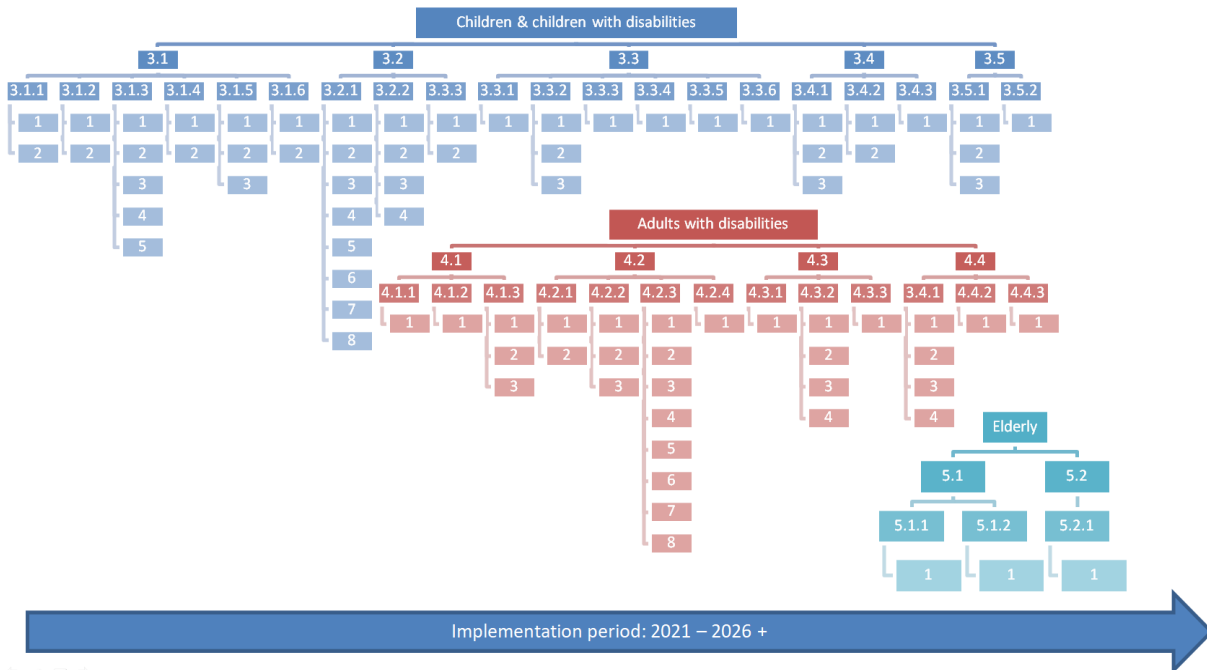
### 8. Logical M&E Framework of Greek DI Action Plan



## 9. Detailed presentation of Indicators on the basis of the DI Action Plan for Greece

Indicators are presented per  
 Target group > Priority > Strategic Objective > Activity  
 AND per Type  
 Input | Process | Output | Outcome

### Structure of DI Action Plan for Greece



## 9.1 DI Actions for CHILDREN AND CHILDREN WITH DISABILITIES

### Priority 3.1

#### 1. What does this DI priority want to change and how?

**Priority 3.1** aims to ensure a solid base of support services aimed at strengthening and empowering families, children and children with disabilities

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#### 2. What are the specific objectives to achieve this change?

To achieve the development of a solid base of support services to strengthen and empower children, children with disabilities and their families and to prevent placements in residential care settings 6 distinct strategic objectives were set, the following:

**Strategic Objective 3.1.1** Reinforcing, further developing and harmonising the range of universal social care programs, services and benefits (e.g., early childhood education, family allowances, access to health services) available to ensure accessibility, availability and affordability to all services across the country – including in rural areas and covering both pre and post-natal care.

**Strategic Objective 3.1.2** Developing across the country a wider range of specialised support programs, services and benefits (e.g. educational support, disability allowances, in-kind assistance, free travel pass, invalidity pension) available in the community to support families and children with high support needs.

**Strategic Objective 3.1.3** Developing legislation and a program aimed at regulating Early Childhood Intervention (ECI) programmes for children aged 0 to 6 years-old, operating at national level as a support system for families in need and as specific support for children with disabilities.

**Strategic Objective 3.1.4** Strengthening the availability of anti-poverty measures, including access to personal assistance schemes, that act as a cushion against social exclusion and poverty, including social housing, support for basic needs (transport, food, healthcare, materials) and psychological support aimed at reinforcing the family, addressing emergency needs and preventing child separation from his/her family.

**Strategic Objective 3.1.5** Enhance the capacity of community centres' network to provide consultation, follow up services and ensure continuous support, to persons with support needs and their families, according to their individual needs.

**Strategic Objective 3.1.6** Strengthen the gate-keeping system at regional and local level in order to prevent unnecessary separation of children from their families and placement in residential care.

#### 3. What is the input/output/outcome being measured?





**Inputs:** human & financial resources and time allocated for the activities under priority 3.1; existing national network of Community Centres; existing Social Services in different fields such as health care, education, municipal Social Services; existing national network of Teams for Protection of Minors; existing e-Register of Social Welfare Services; existing social assistance schemes; existing early childhood intervention services; set up of an inter-ministerial working group with representatives of Ministry of Labour and Social Affairs, Ministry of Interior, Ministry of Health, Ministry of Justice, Ministry of Education, Ministry of Finance, local and regional Authorities; set up of a working group of experts on early childhood intervention services; results from EASPD's activity "Mapping exercise and analysis/ review of support services and procedures implemented in the community in Greece"; existing resources and training materials for the management of child abuse and neglect cases

**Outputs:** Single Digital Access Portal to Social Protection; Report on mapping & analysis of existing child protection-related universal services; Report on mapping & analysis of existing child protection-related specialised support services; Report on Early Childhood Intervention Services-current situation and needs assessment; Action plan for development Early Childhood Intervention Services; Pilot Early Childhood Intervention program; Legal Framework for Early Childhood Intervention Services including protocols and standard operations procedures; Register of Providers of Early Childhood Intervention Services; Report on good practices for children's alternative care, other than institutional care; Recommendations for reinforcing the role of Teams for Protection of Minors; Recommendations for reinforcing the role of Community Centres; Legislation for reinforcing Community Centres; Trainings of Community Centres' staff on the management of child abuse and neglect cases; Recommendations for reviewing the role of the Public Prosecutor and clarifying the role and responsibilities of all involved stakeholders.

**Outcomes:** # of digital systems integrated under the Single Digital Access Portal to Social Protection; # of experts to participate in the working group for early childhood intervention services; # of representatives of relevant Ministries and Authorities to prepare recommendations regarding the role and responsibilities of Public Prosecutor and the involved stakeholders; # of pilot programs to be implemented on early childhood intervention services; # of providers of early childhood intervention services to be included in the Registry and involved in the pilot program(s) # of beneficiaries participated in the pilot program(s) on early childhood intervention services; # of Community Centres involved in capacity building activities on child abuse and neglect case management (and proportion out of the total number of Community Centres); # of frontline professionals participated in the trainings on child abuse and neglect case management (and proportion out of the total number of frontline professionals working in Community Centres)

**The proposed indicators are appropriate;** however, some additional input information would be useful especially for input and process indicators (see also the next table).



INPUT INDICATORS	Strategic Objective 3.1.1	Strategic Objective 3.1.2	Strategic Objective 3.1.3
Responsible for M&E - Reporting:	TBD	TBD	TBD
Responsible for implementing-data source:	MoLSA in cooperation with Ministry of Digital Governance	MoLSA in cooperation with Ministry of Digital Governance	MoLSA in cooperation with Ministry of Education and Ministry of Health
<b>Note:</b>	Names/contact details-Roles & Responsibilities: to be added		
Implementation in terms of timeframe:	2021-2023 Act.1: 2021-2023; Act.2: 2022-2023	2021-2023 Act.1: 2021-2023; Act.2: 2022-2023	2021-2023 Act.1: 2021-2022; Act.2: 2021-2022; Act.3 2021-2023; Act.4: 2021-2023; Act.5: 2023
Implementation in terms of budget:	ESF+/RRF/National Budget in complementarity;	ESF+/RRF/National Budget in complementarity;	TSI/ ESF+/ RRF/ National Budget in complementarity;
<b>Note:</b>	only qualitative information is available (funding mechanism); however quantitative information on financial and other resources should also added to be used as baseline (input indicator) for the monitoring and evaluation process		
Baseline:	National network of Community Centres National network of Teams for Protection of Minors Social Services in different fields such as health care, education, municipal Social Services Existing e-Register of Social Welfare Services Existing social assistance schemes Existing early childhood intervention services Results from EASPD's activity "Mapping exercise and analysis/ review of support services and procedures implemented in the community in Greece" Existing resources and training materials for the management of child abuse and neglect cases		
Lifetime target:	To reinforce and further develop and harmonise the range of the available child protection-related universal services and to ensure accessibility, availability and affordability to all services across the country and cover pre and post-natal care.	To develop across the country a wider range of community-based specialised support services to support families and children with high support needs in order to prevent family separation and facilitate the reintegration of children currently living in residential care institutions with their families	To develop necessary legislation to regulate Early Childhood Intervention (ECI) programme for children aged 0 to 6 years-old at national level as a support system for families in need and as specific support for children with disabilities.

INPUT INDICATORS	Strategic Objective 3.1.4	Strategic Objective 3.1.5	Strategic Objective 3.1.6
Responsible for M&E and Reporting:	TBD	TBD	TBD
Responsible for implementing-data source:	MoLSA in cooperation with Ministry of Interior	MoLSA in cooperation with Ministry of Interior	MoLSA in cooperation with Ministry of Interior, Ministry of Health, Ministry of Justice, Ministry of Education, Ministry of Finance
<b>Note:</b>	Names/contact details-Roles & Responsibilities: to be added		
Implementation in terms of timeframe:	2023-2025 Act.1: 2023-2025; Act.2: 2023-2025	2021-2025 Act.1: 2021-2022; Act.2: 2023; Act.3 2023-2025	2021-2026 Act.1: 2024; Act.2: 2024-2026; Act.3: 2021-2022; Act.4: 2021-2022
Implementation in terms of budget:	RRF/ ESF+/ State Budget in complementarity;	ESF+/ State Budget in complementarity;	ESF+/ State Budget in complementarity; ESF +/- Child Guarantee
<b>Note:</b>	only qualitative information is available (funding mechanism); however quantitative information on financial and other resources should also added to be used as baseline (input indicator) for the monitoring and evaluation process		
Baseline:	(as above)		
Lifetime target:	To act against social exclusion and poverty by strengthening the availability of anti-poverty measures, including access to personal assistance schemes,, social housing, support for basic needs (transport, food, healthcare, materials) and psychological support aimed at reinforcing the family, addressing emergency needs and preventing child separation from his/her family.	To reinforce the network of Community Centres by increasing human and financial resources and improving the provision of support services to meet a range of needs such as day-care centres, creativity centres, kindergartens, rehabilitation facilities, respite-care services, legal aid, etc. with an ultimate aim to allow proper follow up of families requesting consultation and ensure continuous support according to their needs.	To strengthen the gate-keeping system at regional and local level in order to prevent unnecessary separation of children from their families and avoid placement of children in residential care.

M&E Indicators		Process Indicators			Output Indicators	Outcome Indicators
Indicator for the period	Period	Progress since previous M&E measure	Progress in terms of timeline	In terms of budget / resources	Qualitative evaluation	% of lifetime target of the Act. 3.1.1 -5 achieved
potential values	timeframe	Yes / No / Partially / NA	on time / delayed / advanced	as expected / over-spent / under-spent	on the basis of evaluation/ analysis/ technical reports/ pilot testing etc. - TBD	Yes / No / Partially / NA
Creation of the Single Digital Access Portal to Social Protection Upgrading of the existing platform, with the integration of all information systems, through which applications for social benefits and all type of social care programs and services are submitted.	2021 - 2023					
Report with detailed analysis on universal social care programs, services and benefits availability, current needs for reinforcement of existing ones and development of new services.	2022 - 2023				Note: Ensure the results from EASPD's activity "Mapping exercise and analysis/ review of support services and procedures implemented in the community in Greece", are utilised.	
Report with detailed analysis on specialised support programs, services and benefits availability, current needs for reinforcement of existing ones and development of new services.	2022 - 2023				Note: Ensure the results from EASPD's activity "Mapping exercise and analysis/ review of support services and procedures implemented in the community in Greece", are utilised.	
Report identifying existing ECI services, gaps and needs at national level.	2021-2022					
Report of the ECI expert group identifying model of ECI and next steps for action.	2021 -2022					

Regulations for pilot ECI program adopted and evaluation report of the pilot ECI program including number of children and families reached.	2021 - 2023					
Adoption of legal framework for ECI with specific protocols and operation procedures.	2021 -2023					
ECI providers register in operation.	2023					
Report with identification of good practices and recommendations as alternative to institutional care including a feasibility study for the strengthening of the support and prevention services for assisting families in need and at poverty margin.	2023- 2025					
Report with recommendations for the reinforcement of OPA.	2023 - 2025					
Report with specific recommendations for the reinforcement of the role of Community centres including specific indicators on numbers of community centres per population developed, numbers and number of professionals required.	2021- 2022					
Review of the relevant legislation.	2023					
Staff trained and informed about support options in the community.	2023 - 2025				Development of training module- material # of trainings conducted # of Community Centres staff participated Training evaluation reports	
Report with specific recommendations reviewing the role of the Public	2024					

Prosecutor and clarifying the role and responsibilities of all involved stakeholders.						
Framework law on child protection adopted consolidating all relevant provisions and strengthening the role and responsibilities of social services of the local and regional authorities to prevent family separation.	2024 - 2026				Note: The Framework law should include a comprehensive Social Work Assessment methodology, clear plans for the provision of family support or placement in alternative care for all children proposed for separation.	
Adoption of the protocol including adoption of relevant tools.	2021 – 2022				Qualitative characteristics to be taken into account: to include procedures for the management of child abuse and neglect cases that will be common to all Child Protection Services at national level and will clearly define the role and responsibilities of the local Prosecutorial Authorities and the Social Services of local and regional Authorities as well as the cooperation between them	
Training of frontline professionals of Social Services on child abuse and neglect case management (according to the adopted protocol).	2021 - 2022				Existing resources/ material and the protocol and procedures to be utilised # of trainings conducted # of Social Services frontline professionals participated	

**Comments/Clarifications/Notifications:** If you have any comments related to the indicators above, please indicate in the following table

Date / Period / Strategic objective	Comments/ Clarifications/ Notifications	To WHOM the comments addressed
Insert date/period here / Strategic Objective ID number	Insert comment here	Insert details here
Add lines, if needed		

## Priority 3.2 - MONITORING & EVALUATION

### 1. What does this DI priority want to change and how?

**Priority 3.2** aims to develop a range of alternative care measures aimed at providing children without parental care - including children with disabilities - with family-like environment.

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### 2. What are the specific objectives to achieve this change?

To achieve this aim, 3 distinct strategic objectives were set under Priority 3.2, the following:

**Strategic Objective 3.2.1** Development of a programme for foster care including:

- procedures for assessment and training of foster carers developed and applied in a harmonised manner;
- ongoing monitoring, supervision, support and performance management developed and applied for foster carers;
- further development of the national register of foster carers;
- development of appropriate workforce, including social workers, psychologists, foster carers, and other professionals involved in the delivery of quality foster care services.

**Strategic Objective 3.2.2** Development of a small-scale family-type residential care options based in the community that will serve the child's best interest. Residential care in the community should be the last resort option if the family of origin is not available to take care of the child or fostering/adoption are not possible. Small scale residential care should by no means resemble institutional care and to this extent quality standards should be developed in line with the UN CRC and the UN CRPD and legally adopted. All residential care settings (private, State and faith-based) should be registered and licensed as well as regularly monitored to ensure that the care provided is of good quality.

**Strategic Objective 3.2.3** Supporting the development of systems to enhance participation of children on issues concerning their lives.

### 3. What is the input/output/outcome being measured?

**Inputs:** human & financial resources and time allocated for the activities under priority 3.2; Existing Register of Foster Carers; existing legal framework for foster care and adoption (L.4538/2018); ANYNET (existing electronic Informational System for Adoption and Foster Care at anynet.gr; currently applied training activities for the candidate foster carers (mandatory training); currently applied assessment procedures of the candidate foster carers; set up of a working group to develop the



regulatory and operational framework for the operation of existing residential services; existing residential care institutions; current supervising mechanism of residential care institutions; existing children's advisory panels

**Outputs:** Foster Care Programme including a range of foster care options (short term, long-term and specialised care for children with complex needs); procedures for assessment and training of foster carers; provisions for on-going monitoring, supervision, support and performance management for foster parents; upgrade of the national Register of Foster Carers; appropriate workforce, including social workers, psychologists and other professionals involved in the delivery of quality foster care services along with the foster carers; Awareness raising and recruitment campaigns for foster parents; local networks of candidate foster parents; pool of trained short-break/respice foster carers; revised legal framework for foster care and adoption; regulatory framework for "foster care allowance" and e-platform-delivery mechanism for foster care allowance to all entitled beneficiaries; inclusion of UAC and refugee/migrant families to ANYNET; regulatory framework for professional foster care for children with disabilities; training curriculum and training materials for mandatory initial and on-going training programme for foster carers; regulatory framework for on-going training, supervision and support of foster carers; set up of a working group for the development of a regulatory framework for registration, licensing/accreditation and monitoring of existing residential care settings (private, State and faith-based) and adoption of relevant legislation; establishment of supervision mechanism to monitor the quality of care in existing residential care settings; training programmes for Social Care workers and Managers on the implementation of new regulations and care standards; legal framework for development of community-based family-type accommodation services for adolescents and adolescents with disabilities currently living in residential care institutions and for support their transition to community life; digital Registry of adolescents-beneficiaries; training program for professionals/persons of reference on the support of adolescents in community-based accommodations and their transition to community life; lease of apartments; recommendations for establishing mechanisms to ensure participation of children in making decisions affecting their lives; training module and material for the training of professionals in assessing children's views in decision-making processes; recommendations for the establishments of children's advisory panels and empowerment of the existing ones.

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**Outcomes:** # of children currently living in foster care; # of children currently living in residential care institutions (baseline)

# of children currently live in residential care institutions to be placed in foster care after awareness raising campaign – target # to be defined

% of change in the annual number of admission in residential care institutions – target # to be defined





- % of change in the annual number of foster care placements – target # to be defined
- # of local networks to be developed (OR # of candidate foster parents to participate in local networks) – target # to be defined
- # of UAC to be included in the foster care programme until the end of 2022 – target # to be defined
- # of refugee/migrant families to be included in the foster care programme until the end of 2022 – target # to be defined
- # of initial mandatory trainings of candidate foster parents to be conducted until the end of 2022 – target # to be defined
- # of candidate foster parents to participate in initial mandatory trainings until the end of 2022 – target # to be defined
- Evaluation of initial trainings of candidate foster parents
- # of on-going trainings of foster parents to be conducted until the end of 2022 # of initial mandatory trainings of candidate foster parents to be conducted until the end of 2022 – target # to be defined
- # of foster parents to participate in on-going trainings until the end of 2022 # of initial mandatory trainings of candidate foster parents to be conducted until the end of 2022 – target # to be defined
- Evaluation of on-going trainings of foster parents
- # of training programs for social care managers and social care workers for the implementation of the new regulations and care standards until the end of 2024 – target # to be defined
- # of social care managers and social care workers to participate in training programs for the implementation of the new regulations and care standards until the end of 2024 – target # to be defined
- Evaluation of trainings of social care managers and social care workers to participate in training programs for the implementation of the new regulations and care standards
- # of persons of reference to be recruited to support adolescents and adolescents with disability currently living in residential care settings to live in community-based family-like accommodations and to their transition to community life until the end of 2026 – target # to be defined
- # of reference persons to participate in training programs on how to support adolescents and adolescents with disability currently living in residential care settings to live in community-based family-like accommodations and to their transition to community life until the end of 2026 – target # to be defined
- # of training programs on how to support adolescents and adolescents with disability currently living in residential care settings to live in community-based family-like accommodations and to their transition to community life to be conducted until the end of 2026 – target # to be defined
- # of apartments to lease until the end of 2026 to accommodate adolescents and adolescents with disability currently living in residential care settings – target # to be defined



# of adolescents with disabilities currently living in residential care settings to transfer in community-based family-like accommodations until 2026 – target # to be defined (also % of the total number of adolescents currently living in residential care settings to resettle in family-like accommodation)

# of adolescents currently living in residential care settings to transfer in community-based family-like accommodations until the end of 2026 – target # to be defined (also % of the total number of adolescents with disabilities currently living in residential care settings to resettle in family-like accommodation) Page | 34

# of trainings for professionals on how to access children’s participation in decision making processes to be conducted until the end of 2023 – target # to be defined

# of professionals to participate in trainings on how to access children’s participation in decision making processes until the end of 2023 – target # to be defined

Evaluation of trainings of professionals to participate in trainings on how to access children’s participation in decision making processes

**The proposed indicators are appropriate;** additional input information would be useful especially for input and process indicators (see also the next table).



INPUT INDICATORS	Strategic Objective 3.2.1	Strategic Objective 3.2.2	Strategic Objective 3.2.3
Responsible for M&E - Reporting:	TBD	TBD	TBD
Responsible for implementing-data source:	MoLSA /OPEKA in cooperation with UNICEF and Ministry of Finances	MoLSA in cooperation with Regional and Local Authorities	MoLSA
<b>Note:</b>	Names/contact details-Roles & Responsibilities: to be added		
Implementation in terms of timeframe:	2021-2022 Act.1: 2021; Act.2-Act.9: 2021-2022	2021-2026 Act.1: 2021-2022; Act.2: 2021-2023; Act.3: 2022-2024; Act.4-Act.8: 2021-2026	2022-2023 Act.1: 2022-2023; Act.2: 2022-2023; Act.3 2022-2023
Implementation in terms of budget:	Child Guarantee (Act 1); National Budget/Child Guarantee in complementarity (Act 4); RRF/ESF+ in complementarity (Act 6); N/A for Activities 2,3,5,7	Child Guarantee, RRF, ESF+, State budget in complementarity (Act 4); N/A for Activities 1,2,3	State Budget (Act 1,2)
<b>Note:</b>	only qualitative information is available (funding mechanism); however quantitative information on financial and other resources should also added to be used as baseline (input indicator) for the monitoring and evaluation process		
Baseline:	Existing Register of Foster Carers Existing legal framework for foster care and adoption (L.4538/2018) ANYNET (existing electronic Informational System for Adoption and Foster Care at anynet.gr); Currently applied training activities for the candidate foster carers (mandatory training) Currently applied assessment procedures of the candidate foster carers Existing residential care Services Current supervising mechanism of residential care institutions Existing children's advisory panels Current number of children in foster care Current number of children in residential care		

<p>Lifetime target:</p>	<p>To develop a programme for foster care including a range of foster care options (short term, long-term and specialised foster care for children with complex needs); necessary procedures for assessment and training of foster carers; provisions for on-going monitoring, supervision, support and performance management for foster parents; a national register of foster carers; appropriate workforce with the participation of social workers, psychologists and other professionals involved in the delivery of quality foster care services along with foster carers.</p>	<p>To develop a range of community-based family-type residential care alternatives that will serve the child’s best interest. Quality standards should be developed for small scale residential care in line with the UN CRC and the UN CRPD and legally adopted. To ensure that the care provided in residential care settings (private, State and faith-based) is of good quality, all types of residential care institutions will be registered, licensed and regularly monitored.</p>	<p>To support the development of systems to enhance participation of children on issues concerning their lives.</p>
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M&E Indicators		Process Indicators			Output Indicators	Outcome Indicators
Indicator for the period	Period	Progress since previous M&E measure	Progress in terms of timeline	In terms of budget / resources	Qualitative evaluation	% of lifetime target of the Act. 3.2.1 -3 achieved
potential values	timeframe	Yes / No / Partially / NA	on time / delayed / advanced	as expected / over-spent / under-spent	on the basis of evaluation/ analysis/ technical reports/ pilot testing etc. – TBD (to be defined)	Yes / No / Partially / NA
Number of children in foster care.	2021				# of children currently living in foster care (baseline measure) # of children currently living in residential care institutions (baseline measure) % of change in the annual number of admission in residential care institutions – <b>target # TBD</b> % of change in the annual number of foster care placements – <b>target # TBD</b>	
Number of candidate foster carers identified and supported.	2021 - 2022				# of local networks to be developed (OR # of candidate foster parents to participate in local networks) – <b>target # TBD</b>	
Issue of relevant Ministerial decision.	2021 - 2022					
Issue of relevant Ministerial decision. E-platform and delivery mechanism for foster care allowance functioning.	2021					
Unaccompanied minors and families of refugees included in the foster care program.	2021 - 2022				# of UAC to be included in the foster care programme until the end of 2022 – <b>target # TBD</b> # of refugee/migrant families to be included in the foster care programme until the end of 2022 – <b>target # TBD</b>	

Regulatory framework is issued and operational framework is developed.	2021 - 2022					
Training curriculum and training materials for mandatory initial training programme developed and approved by the Ministry of Social Welfare.	2021 – 2022				# of initial mandatory trainings of candidate foster parents to be conducted until the end of 2022 – <b>target # TBD</b> # of candidate foster parents to participate in initial mandatory trainings until the end of 2022 – <b>target # TBD</b> Evaluation of initial trainings of candidate foster parents	
Procedures in place to determine on-going training and support needs and provision of support and training.	2021 – 2022				# of on-going trainings of foster parents to be conducted until the end of 2022 # of initial mandatory trainings of candidate foster parents to be conducted until the end of 2022 – <b>TBD</b> # of foster parents to participate in on-going trainings until the end of 2022 # of initial mandatory trainings of candidate foster parents to be conducted until the end of 2022 – <b>target # TBD</b> Evaluation of on-going trainings of foster parents	
Adoption of the relevant ministerial decision and care standards.	2021 - 2022					
Adoption of supervision mechanism to monitor the quality of care.	2021 - 2023					
Training programmes delivered to social care workers and managers.	2022 - 2024				# of training programs for social care managers and social care workers for the implementation of the new regulations and care standards until the end of 2024 – <b>target # TBD</b> # of social care managers and social care workers to participate in training programs for the implementation of the new regulations and care standards until the end of 2024 – <b>target # TBD</b>	



					Evaluation of trainings of social care managers and social care workers to participate in training programs for the implementation of the new regulations and care standards	
Legal framework developed.	2021- 2026					
Digital registry of beneficiaries developed.	2021- 2026					
Persons of reference recruited.	2021- 2026				# of persons of reference to be recruited to support adolescents and adolescents with disability currently living in residential care settings to live in community-based family-like accommodations and to their transition to community life until the end of 2026 – target #TBD	
Lease of apartments.	2021- 2026				# of apartments to lease until the end of 2026 to accommodate adolescents and adolescents with disability currently living in residential care settings – target # TBD # of adolescents with disabilities currently living in residential care settings to transfer in community-based family-like accommodations until 2026 – target # TBD (also % of the total number of adolescents currently living in residential care settings to resettle in family-like accommodation) # of adolescents currently living in residential care settings to transfer in community-based family-like accommodations until the end of 2026 – target # TBD (also % of the total number of adolescents with disabilities currently living in residential care settings to resettle in family-like accommodation)	
Employability training of beneficiaries.	2021-2026				# of beneficiaries to participate in employability training until the end of 2026 – target # TBD	



					# of trainings to be conducted until the end of 2026 – <b>target # TBD</b> Effectiveness evaluation of trainings	
Report with recommendations for the development of mechanisms which secure an individualised approach to children care where the views of children are at the centre.	2022 – 2023					
Professionals trained in assessing the wishes and voices of children.	2022 - 2023				# of trainings for professionals on how to access children’s participation in decision making processes to be conducted until the end of 2023 – <b>target # TBD</b> # of professionals to participate in trainings on how to access children’s participation in decision making processes until the end of 2023 – <b>target # TBD</b> Evaluation of trainings of professionals to participate in trainings on how to access children’s participation in decision making processes	
Report with recommendations for the development of children's advisory panels and empowerment of existing ones.	2022 - 2023					

**Comments/Clarifications/Notifications:** If you have any comments related to the indicators above, please indicate in the following table

Date / Period / Strategic objective	Comments/ Clarifications/ Notifications	To WHOM the comments addressed
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Insert date/period here / Strategic Objective ID number	Insert comment here	Insert details here
Add lines, if needed		

## Priority 3.3 - MONITORING & EVALUATION

### 1. What does this DI priority want to change and how?

**Priority 3.1** aims to ensure the closure of all institutional care settings, the reintegration of children and children with disabilities in their families or the transition of children from institutional to family and community-based care settings.

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### 2. What are the specific objectives to achieve this change?

To achieve the closure of residential care institutions and the reintegration of children in their families or their transition from institutional to family and community-based care, 6 distinct strategic objectives were set, the following:

**Strategic Objective 3.3.1** Collecting disaggregated qualitative and quantitative data on children living in large and small residential care settings, including their support needs and their family situation.

**Strategic Objective 3.3.2** Development of deinstitutionalisation plans, including a timeframe, for every large-scale institutional care setting aimed at a gradual closure of the institutional setting as such. Alternative use of the buildings – non including residential care options – should be explored.

**Strategic Objective 3.3.3** Development of individual care plans for each child living in institutional care to ensure family reintegration or transition to family and community based care.

**Strategic Objective 3.3.4** Support municipalities to put in place family and community-based care services.

**Strategic Objective 3.3.5** Introduction of a gradual moratorium mechanism on placement of children in institutions, in parallel to the development of community-based services. For children without parental care, alternative care options shall be sought looking first at kinship care and secondly at care in family-based (foster care) or family-like environments, ensuring siblings are kept together.

**Strategic Objective 3.3.6** Ensure reintegration in families in so far as possible, and when in the best interest of the child, by providing families with the social work assessment and needed family support (financial, material, psychological and practical support), as well as connecting them to professional, community and wider family support. A family support/family strengthening/reintegration plan/programme for helping the family of origin should be designed and applied. A strategic action plan for the cooperation of all relevant social services should be made with binding status reflected in relevant legislation.

### 3. What is the input/output/outcome being measured?



**Inputs:** human & financial resources and time allocated for the activities under priority 3.1; needs assessment for existing residential care institutions based on data from the e-Register of Social Services and the ANYNET platform (quantitative and qualitative data); existing residential care institutions (small and large scale of various types and legal status); hiring of consultants and set up of working groups for each individual institution; existing procedure of individual DI planning (ASOA); existing Municipal community-based services

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**Outputs:** Report on Needs assessment of existing residential care institutions; tools to support the DI process (i.e. Needs Assessment Protocol, Guidelines on standard procedures on DI and community based care settings, Roadmap on how to deinstitutionalise a setting); transformation plans for each individual residential care institution; tool for DI planning for each individual child; recommendations for establishment of Municipal community-based services to support DI process; official moratorium for the placement of children up to 3 years old in residential care; Framework Law on Child Protection

**Outcomes:** # of DI plans for individual residential care institutions (including timeframe, process for reintegration of children in their families or transition of children in community-based settings, plans for reuse of buildings and material resources of residential care institutions and plans for training of managements and re-skilling of staff of residential care institutions); closure of 2 residential care institutions up to the end of 2023 on the basis of the respective DI plans; # of staff/professionals that will be trained to conduct individual care plans for children and review them periodically # of children for which individual care plans will be prepared (along with methodology for periodic review of plans); # of children that will be reintegrated with their families until the end of 2023; # of children that will be placed in alternative care (kinship; foster; supported; independent living settings) until the end of 2023

**The proposed indicators are appropriate;** however, some additional input information would be useful especially for input and process indicators (see also the next table).



INPUT INDICATORS	Strategic Objective 3.3.1	Strategic Objective 3.3.2	Strategic Objective 3.3.3
Responsible for M&E and Reporting:	TBD	TBD	TBD
Responsible for implementing-data source:	MoLSA	MoLSA in cooperation with EASPD (Act. 1); Social Welfare Centres (Act. 2); UNICEF (Act.3); SWC of Attica and Western Greece (Act. 4)	MoLSA in cooperation with National Council for Foster Care and Adoption (Act.1) and UNICEF (Act.2)
	<b>Note:</b> Names/contact details-Roles & Responsibilities: to be added		
Implementation in terms of timeframe:	2022-2024	2021-2026 Act.1: 2021; Act.2: 2024-2026; Act.3: 2021-2022; Act.4: 2021-2023	Act.1: 2021-2023; Act.2: 2021-2022
Implementation in terms of budget:	State budget/ESF+ in complementarity (Act.2-3)	TSI/DG Reform (Act.1); State budget/ESF+ in complementarity (Act.2,4); Child Guarantee (Act.3)	State Budget (Act.1) and Child Guarantee (Act.2)
	<b>Note:</b> only qualitative information is available (funding mechanism); however quantitative information on financial and other resources should also added to be used as baseline (input indicator) for the monitoring and evaluation process		
Baseline:	e-Register of Social Services ANYNET platform Existing residential care institutions (small and large scale of various types and legal status) Hiring of consultants /set up of working groups (to prepare DI plan for each individual institution) Existing procedure of individual DI planning (ASOA) Existing Municipal community-based services		
Lifetime target:	To collect disaggregated qualitative and quantitative data on children living in large and small residential care settings, including their support needs and their family situation.	To develop DI plans, including a timeframe, for every large-scale institutional care setting and alternative use of the buildings – non including residential care options towards a gradual closure of the institutional settings as such.	To develop individual care plans for each child living in institutional care to ensure family reintegration or transition to family and community based care.

INPUT INDICATORS	Strategic Objective 3.3.4	Strategic Objective 3.3.5	Strategic Objective 3.3.6
Responsible for M&E and Reporting:	TBD	TBD	TBD
Responsible for implementing-data source:	MoLSA in cooperation with Ministry of Interior and Local Authorities	MoLSA in cooperation with Ministry of Justice	MoLSA in cooperation with Ministry of Interior, Ministry of Health, Ministry of Justice, Ministry of Education, Ministry of Finance
<b>Note:</b>	Names/contact details-Roles & Responsibilities: to be added		
Implementation in terms of timeframe:	2025-2026	2023-2024	See Framework Law on Child Protection
Implementation in terms of budget:	State Budget Only qualitative information is available (funding mechanism); however quantitative information on financial and other resources should also added to be used as baseline (input indicator) for the monitoring and evaluation process	No information on budget or other resources are included (is noted N/A); however, at least human resources should be added (human effort/working time of MoLSA and Ministry of Justice staff that will work for the preparation of the moratorium on the placement of children up to 3 years old in residential care)	See Framework Law on Child Protection
Baseline:	(as above)		
Lifetime target:	To support Municipalities to put in place family and community-based care services	To introduce a gradual moratorium mechanism in parallel to the development of community-based services and provide alternative care options for children without parental care (looking first at kinship care and secondly at care in family-based foster care or family-like environments, ensuring siblings are kept together).	To ensure reintegration of children living in residential care in their families in so far as possible, and when in the best interest of the child, by providing families with the needed support (financial, material, psychological and practical support), as well as connecting them to professional, community and wider family support. To design and apply family support/ strengthening/ reintegration plan for helping the family of origin. To prepare a Strategic Action Plan for the cooperation of all relevant social

			services with binding status reflected in relevant legislation.
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M&E Indicators		Process Indicators			Output Indicators	Outcome Indicators
Indicator for the period	Period	Progress since previous M&E measure	Progress in terms of timeline	In terms of budget / resources	Qualitative evaluation	% of lifetime target of the Act. 3.1.1 -5 achieved
potential values	timeframe	Yes / No / Partially / NA	on time / delayed / advanced	as expected / over/under-spent	on the basis of evaluation/ analysis/ technical reports/ pilot testing etc. - TBD	Yes / No / Partially / NA
Report delivered.	2022 - 2024				A detailed report on Information Systems of Social Services, and conduct a gap analysis between actual collected data and data that should be collected for DI purposes.	
Information systems modified.	2022-2024				Modified systems should be able to respond to the gap analysis.	
Tools developed.	2021				These Tools will support the DI process (i.e. Needs Assessment Protocol, Guidelines on standard procedures on DI and community based care settings, Roadmap on how to deinstitutionalise a setting)	
Consultants hired and transformation plans adopted by management bodies of each institutional care setting.	2024 - 2026				# of DI plans for individual residential care institutions (including timeframe, process for reintegration of children in their families or transition of children in	



					community-based settings, plans for reuse of buildings and material resources of residential care institutions and plans for training of managements and re-skilling of staff of residential care institutions)	
Partner identified and transformation plans developed.	2021-2022					
Closure of 2 institutions and safe reintegration of children into families, or transition in alternative community-based care after exhausting all the possibilities of foster care or adoption.	2021-2023				2 residential care institutions to be closed up to the end of 2023 on the basis of the respective DI plans # of staff/professionals that will be trained to conduct individual care plans for children and review them periodically # of children that will be reintegrated with their families until the end of 2023 # of children that will be placed in alternative care (kinship; foster; supported; independent living settings) until the end of 2023	
Individual planning tool available and in use.	2021-2023					
Individual transformation plans developed for each child in 4 institutions in Attica Region.	2021-2022				# of children for which individual care plans will be prepared (along with methodology for periodic review of plans)	
Report with recommendations.	2025 - 2026				Recommendations should support Municipalities to put in place family and community-based care services.	

Moratorium adopted for placements of children up to 3 years old in residential care	2023-2024					
Framework Law on Child protection adopted	See Framework Law on Child Protection					

**Comments/Clarifications/Notifications:** If you have any comments related to the indicators above, please indicate in the following table

Date / Period / Strategic objective	Comments/ Clarifications/ Notifications	To WHOM the comments addressed
Insert date/period here / Strategic Objective ID number	Insert comment here	Insert details here
Add lines, if needed		





## Priority 3.4 - MONITORING & EVALUATION

### 1. What does this DI priority want to change and how?

**Priority 3.4** aims to reinforce, promote and further develop educational schemes for children and children with disabilities.

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### 2. What are the specific objectives to achieve this change?

**Strategic Objective 3.4.1** Data collection to monitor the needs of children, their attendance to schools and their educational development in order to plan interventions, follow up the needs and prevent early drop outs.

**Strategic Objective 3.4.2** Granting children with support needs full rights to have access to mainstream education while receiving specific support. A comprehensive plan to address inclusion of children with disabilities should be developed in order to equip schools with the needed resources, train school professionals and raise awareness among the schooling community.

**Strategic Objective 3.4.3** Developing guidelines for staff in the education sector to better identify and respond to the needs of children with support needs.

### 3. What is the input/output/outcome being measured?

**Inputs:** human & financial resources and time allocated for the activities under priority 3.4; “myschool” platform; “Educational and Counselling Support Centres”-KESY; school Social Services; existing inclusive education schemes; school staff; existing school infrastructures

**Outputs:** National registry on children’s educational support needs; interconnection of “myschool” platform with KESY; nomination of regional contact points for children with support needs in education; identify children who not attend school (not registered at all or drop outs); Social Services support at school; Review of inclusive education schemes; Methods and tools for development of individual plans for children with educational needs; Assessment of needs of staff in educational sector to identify and respond to the needs of children with support needs; Plan to address inclusion of children with disabilities in mainstream education system (including equipment of school infrastructures with necessary material resources; training of school staff and raise awareness in school community)

**Outcomes:** # of regional contact points for children with support needs in education to be nominated; # of children identified who don’t attend school; # of school staff participated in trainings regarding participation of children with disabilities and support needs in mainstream education system; # of awareness campaigns and # of people reached; # of children with support needs in education for whom individual plans developed



**The proposed indicators are appropriate;** additional input information would be necessary especially for input and process indicators such as timeframe and qualitative and quantitative information about funding mechanism and financial resources (see also the next table).



INPUT INDICATORS	Strategic Objective 3.4.1	Strategic Objective 3.4.2	Strategic Objective 3.4.3
Responsible for M&E and Reporting:	TBD	TBD	TBD
Responsible for implementing-data source:	Ministry of Education and Religious Affairs	Ministry of Education and Religious Affairs	Ministry of Education and Religious Affairs
	<b>Note:</b> Names/contact details-Roles & Responsibilities: to be added		
Implementation in terms of timeframe:	Not available	Not available	Not available
Implementation in terms of budget:	Not available	Not available	Not available
Baseline:	“myschool” platform Educational and Counselling Support Centres”-KESY Existing School Social Services Existing inclusive education schemes School staff Existing school infrastructures		
Lifetime target:	To collect data with the aim to monitor the needs of children, their attendance to schools and their educational career in order to plan interventions, follow up the needs and prevent early abandonment.	To grant children with support needs full rights to have access to mainstream education while receiving specific support; a comprehensive plan to address inclusion of children with disabilities to be developed in order to equip schools with the needed resources, train school professionals and raise awareness among the schooling community.	To develop guidelines for staff in the education sector to better identify and respond to the needs of children with support needs.

M&E SUGGESTED Indicators – To be further specified by the Ministry of Education and Religious Affairs.		Process Indicators			Output Indicators	Outcome Indicators
Indicator for the period	Period	Progress since previous M&E measure	Progress in terms of timeline	In terms of budget / resources	Qualitative evaluation	% of lifetime target of the Act. 3.4.1 -3 achieved
potential values	Timeframe (to be defined)	Yes / No / Partially / NA	on time / delayed / advanced	as expected / over-spent / under-spent	on the basis of evaluation/ analysis/ technical reports/ pilot testing etc. - TBD	Yes / No / Partially / NA
National Registry on Children’s Educational Support Needs	Not available				Registry should be linked with existing digital tools like “myschool.gr” platform and services like the national network of the 71 “Educational and Counselling Support Centres”)	
Nomination of regional contact points for children with support needs in education	Not available				# of regional contact points for children with support needs in education to be nominated	
Establish a mechanism to identify children that not attend schools as it should (drop outs or never registered)	Not available				# of children identified who don’t attend school	
Establish Social Services support at school with the responsibility to identify timely and address the needs of children and families at risk (in cooperation with community-based social services)	Not available					



Development of a plan to address inclusion of children with disabilities in mainstream education system including recommendations for appropriate equipment of schools to become accessible by children with disabilities, training of school professionals and raise awareness among school community members)	Not available					
Prepare methodology and tools for developing individualised educational support plans for children with educational needs	Not available				# of individual plans developed for children with support needs in education	
Development of individual plans for children with educational needs	Not available					
Report on needs of the staff in educational sector to better identify and respond to educational support needs of children	Not available					
Guidelines for staff in the education sector to better identify and respond to the needs of children with support needs	Not available					
Strategy to address needs of staff in educational sector to better identify and respond to educational support needs of children	Not available				# of awareness campaigns and # of people reached	

**Comments/Clarifications/Notifications:** If you have any comments related to the indicators above, please indicate in the following table

Date / Period / Strategic objective	Comments/ Clarifications/ Notifications	To WHOM the comments addressed
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Insert date/period here / Strategic Objective ID number	Insert comment here	Insert details here
Add lines, if needed		

## Priority 3.5 - MONITORING & EVALUATION

### 1. What does this DI priority want to change and how?

**Priority 3.5** aims to develop support programmes for children and children with disabilities leaving care and for their after-care support.

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### 2. What are the specific objectives to achieve this change?

To achieve this aim, 2 distinct strategic objectives were set under Priority 3.5, the following:

**Strategic Objective 3.5.1** Development of a national programme to provide support schemes for children leaving care ensuring their inclusion in the community. This should include psychosocial support and guidance by trained professionals, financial and housing allowance and more. Children leaving care should be supported as long as it is needed after their transition to independent living.

**Strategic Objective 3.5.2** Ensuring person-centred plans for each child leaving care are developed. These plans should include provisions for ongoing support throughout education at both secondary post-secondary and tertiary level and for the development of life skills.

### 3. What is the input/output/outcome being measured?

**Inputs:** human & financial resources and time allocated for the activities under priority 3.5; # of children currently living in residential care; existing support services available; social care workers

**Outputs:** Report with needs assessment, gaps and recommendations regarding leaving care support system; Promotion points award system for care leavers in order to benefit from existing, universal “social cohesion actions”; Toolkit of leaving care options available (i.e. Housing support, allowances, educational opportunities, employment options, psychosocial support); Relevant training for social care workers developed

**Outcomes:** # of social care workers participated in trainings to identify and use existing universal social cohesion provisions to the benefit of care leavers and include provisions for on-going support into the development of the individualised support plan (ASOA) of the care leavers; # of individualised support plans developed for children-care leavers; # of children that will be benefit up to the end of 2026 by the “points award system”

**The proposed indicators are appropriate;** additional input information would be necessary especially for input and process indicators such as quantitative information about financial resources (see also the next tables).



INPUT INDICATORS	Strategic Objective 3.5.1	Strategic Objective 3.5.2
Responsible for M&E and Reporting:	TBD	TBD
Responsible for implementing-data source:	MoLSA (Act.1,2) in cooperation with Ministry of Education (Act.3)	MoLSA in cooperation with Ministry of Education
	<b>Note:</b> Names/contact details-Roles & Responsibilities: to be added	
Implementation in terms of timeframe:	2021-2026 Act.1: 2021-2023; Act.2: 2023-2025; Act.3: 2025-2026	2023-2026
Implementation in terms of budget:	State Budget (Act.1,3); NA (Act.2);	State budget/ESF+ in complementarity;
	<b>Note:</b> Only qualitative information is available (funding mechanism); however quantitative information on financial and other resources should also added to be used as baseline (input indicator) for the monitoring and evaluation process	
Baseline:	Children currently living in residential care-potential care-leavers Existing support services available for care-leavers Social care workers that can work with care-leavers	
Lifetime target:	To develop a national programme to provide support schemes for children leaving care and for their after-care ensuring their inclusion in the community. This programme will include psychosocial support and guidance by trained professionals, financial and housing allowance and more. Children leaving care will be supported as long as it is needed after their transition to independent living.	To ensure person-centred plans for each child leaving care are developed. These plans will include provisions for on-going support throughout education at both secondary and tertiary level and for the development of life skills.



M&E Indicators		Process Indicators			Output Indicators	Outcome Indicators
Indicator for the period	Period	Progress since previous M&E measure	Progress in terms of timeline	In terms of budget / resources	Qualitative evaluation	% of lifetime target of the Act. 3.5.1 -2 achieved
potential values	Timeframe	Yes / No / Partially / NA	on time / delayed / advanced	as expected / over-spent / under-spent	on the basis of evaluation/ analysis/ technical reports/ pilot testing etc. - TBD	Yes / No / Partially / NA
Report with needs assessment, gaps and recommendations regarding leaving care support system.	2021-2023					
Promotion points award system established.	2023-2025				# of children-care leavers that will be benefit by the “points award system” up to the end of 2025	
Toolkit of leaving care options available (i.e. Housing support, allowances, educational opportunities, employment options, & entrepreneurship, including internships / apprenticeships and psychosocial support and follow up coaching).	2025-2026				# of individualised support plans developed for children-care leavers	
Relevant training for social care workers developed and delivered.	2023-2026				# of social care workers participated in trainings to identify and use existing universal social cohesion provisions to the benefit of care leavers	



**Comments/Clarifications/Notifications:** If you have any comments related to the indicators above, please indicate in the following table

Date / Period / Strategic objective	Comments/ Clarifications/ Notifications	To WHOM the comments addressed
Insert date/period here / Strategic Objective ID number	Insert comment here	Insert details here
Add lines, if needed		



## 9.3 DI Actions for ADULTS WITH DISABILITIES

### Priority 4.1 - MONITORING & EVALUATION

#### 1. What does this DI priority want to change and how?

**Priority 4.1** aims to achieve gradual closure of all institutions and resettlement of residents in community-based accommodation. Page | 59

#### 2. What are the specific objectives to achieve this change?

To address this change, 3 distinct strategic objectives were defined under priority 4.1, the following:

**Strategic Objective 4.1.1** Clear political commitment and legally binding decisions to close institutions.

**Strategic Objective 4.1.2** Mapping of existing institutions by Social Welfare Centres, providing specific information regarding numbers and profiles of people living, numbers of staff etc.

**Strategic Objective 4.1.3** Developing a community-transition plan for each institution, providing clear guidance as to how the transformation process will proceed and an action plan with a clear time frame and all the necessary steps forward.

#### 3. What is the input/output/outcome being measured?

**Inputs:** human & financial resources and time allocated for the activities under priority 4.1; conduction of mapping and situational analysis of current residential care institutions for adults with disabilities (per institution: stock and flow analysis, collection of information on human, financial and material resources and needs assessment); # of trainers for institutional staff training on ID issues and # hours to be devoted to these trainings; participation of # staff working in institutions for adults with disabilities; needs assessment protocol (already developed by EASPD); training material developed by EASPD for the DI process; formulation of # working groups for conduction of needs assessment and # working groups for the development of a plan for transition of residents to community

**Outputs:** DI Strategy and Action Plan, DI specific Legal Framework, DI Plans per Social Welfare Centre and relevant Moratoria, Report presenting the analysis of existing residential care institutions for adults with disabilities, Plan for transition from institutional care to community (transformation process), Training/ Re-skilling of management and staff of institutions on DI related issues; Needs assessment reports per institution; Technical reports including DI implementation results

**Outcomes:** # of adults with disabilities participated in transition from residential to community-based care; # of existing institutions proceeded in reform and participated in DI; # of institutions for adults with disabilities closed; # of staff trained/ re-skilled; # of human/ financial/ material resources re-allocated from residential care institutions to community-based care alternatives (such as supported living)

**The proposed indicators are appropriate;** however, some additional input information would be useful especially for input and process indicators. Moreover, some further information should be added on the Legal Framework to be developed for the DI



INPUT INDICATORS	Strategic Objective 4.1.1	Strategic Objective 4.1.2	Strategic Objective 4.1.2
Responsible for M&E and Reporting:	TBD	TBD	TBD
Responsible for implementing-data source:	MoLSA (Act. 1a,2); in cooperation with EASPD (Act.1b); with Social Welfare Centres (Act.3)	MoLSA in cooperation with Social Welfare Centres	MoLSA in cooperation with Social Welfare Centres
<b>Note:</b>	Names/contact details-Roles & Responsibilities: to be added		
Implementation in terms of timeframe:	2021-2026 Act.1(a,b): 2021; Act.2: 2022-2024; Act.3: 2025-2026	2022-2023	2023-2026 and afterwards Act.1: 2023-2025; Act.2: 2025-2026; Act.3 2026; Act.4: 2026 and afterwards
Implementation in terms of budget:	SRSS (Act.1b) For a activities 1a, 2, 3 budget is N/A; however, at least human resources should be added (human effort/working time of MoLSA and SWCs staff that will work for the development of DI Strategy and Plans and will contribute in drafting of the Legal Framework)	Budget is N/A; however, at least human resources should be added (human effort/working time of MoLSA and SWCs staff that will work for the preparation of the report on the situational analysis of existing residential care institutions)	ESF+ (Act.1, 2, 3) Only qualitative information is available (funding mechanism); however quantitative information on financial and other resources should also added to be used as baseline (input indicator) for the monitoring and evaluation process
Baseline:	# of existing long-term residential care institutions for adults with disabilities nationwide (total, per type e.g. public/ private/ other) # of adults with disabilities currently living in residential care of institutions nationwide # of new admissions per year during the 5 previous years (total, per type of disability and per reason of admission and demographic information such as gender; age; family status, belonging to minority groups, refugees/migrants etc.) # of discharges per year during the 5 previous years (total and per reason for admission e.g. returned to family; moved to another institution; moved to medical treatment institutions; moved to supported living departments; moved to independent living departments/facilities; discharged due to rules of the institutional rules; deceased; other) # of staff currently working in long-term residential care institutions (total, per specialty) # or proportion of trained staff working in residential care institutions who participated in long life training programmes (per year for the previous 5 years)		

	Type of services provided in residential care institutions (e.g. housing, medical care, physiotherapy, etc.) # of community-based services for adult persons with disabilities (total and per type e.g. help/care at home, day care centres, short-term social care services; specialised individual support, rehabilitation services etc.)		
Lifetime target:	To reach definite political commitment towards DI and legally binding decisions to close residential care institutions for adults with disabilities and resettle residents to community-based care	Report summarizing the existing situation of residential care institutions for adults with disabilities (stock and flow analysis, human/financial/material resources) and the existing community-based universal and specialised services for people with disabilities.	Training and re-skilling of staff working in residential care institutions for adults with disabilities using the training material developed by EASPD for the DI Process and development of "Transition to Community" Plans per individual institutions



M&E Indicators		Process Indicators			Output Indicators	Outcome Indicators
Indicator for the period	Period	Progress since previous M&E measure	Progress in terms of timeline	In terms of budget / resources	Qualitative evaluation	% of lifetime target of the Act. 4.1.1-3 achieved
potential values	timeframe	Yes / No / Partially / NA	on time / delayed / advanced	as expected / over-spent / under-spent	on the basis of evaluation/ analysis/ technical reports/ pilot testing etc. - TBD	Yes / No / Partially / NA
DI Strategy and Action Plan adopted and presented	2021					
DI monitoring framework developed	2021					
Legal Framework developed	2022-2024				e.g. development of draft legal framework (2023) – finalization and enter into force (2024)	
DI Plans developed for each entity and Moratorium enforced.	2025-2026				Qualitative characteristics to be taken into account: to include timeline, activities, cost for each Social Welfare Centre based on the National DI Plan. To be followed by a binding decision to enforce a moratorium based on the timeline of the DI plan. To ensure the repurposing of institutional buildings and the retraining/ reskilling of the staff	
Report on the situation analysis of all existing residential institutions.	2022-2023				Qualitative characteristics to be taken into account: availability of detailed information (as presented in the baseline INPUT indicators above): specific data on the number of institutions, number of residents, number of staff per institution, amount and type of financial and material resources allocated to	

					each institution / Collection of qualitative data to assess support needs and quality of life of individuals	
Completion of training for staff and managers in residential institutions (using training material developed by EASPD for the DI process).	2023-2025				Based on the training material developed by EASPD for the DI process # of institutions involved # of institutions' management involvement # of staff/trainees involved (and respectively proportions in regards to the total numbers)	
Number of residential institutions that developed a Needs Assessment procedure (using the Needs Assessment Protocol developed by EASPD).	2025-2026				# of residential care institutions developed a Needs Assessment procedure	
Number of residential institutions that developed and adopted a complete "Transition to Community Plan" with a secured budget and a clear time frame of actions.	2026				# of residential care institutions developed and adopted a "Transition to Community Plan"	
Reports on the implementation of the plans.	2026 (and afterwards)				e.g. Technical Reports per institution and overall report	

**Comments/Clarifications/Notifications:** If you have any comments related to the indicators above, please indicate in the following table

Date / Period / Strategic objective	Comments/ Clarifications/ Notifications	To WHOM the comments addressed
Insert date/period here / Strategic Objective ID number	Insert comment here	Insert details here
Add lines, if needed		







## Priority 4.2 - MONITORING & EVALUATION

### 1. What does this DI priority want to change and how?

**Priority 4.2** aims to develop a range of community-based services for adults with disabilities.

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### 2. What are the specific objectives to achieve this change?

To proceed with the development of community-based services for adults with disabilities, 4 distinct strategic objectives were defined under priority 4.2, the following:

**Strategic Objective 4.2.1** Development of a range of specialised support systems catering for a variety of needs in the various spheres of lives of individuals. Support systems should be based on quality assurance mechanisms for services with the involvement of a range of experts including persons with disabilities and/or their advocacy/representative organisations.

**Strategic Objective 4.2.2** Reinforcing and further development of supported living homes resembling the size of a common family-type environment and provision of adequate support for persons with complex needs.

**Strategic Objective 4.2.3** Developing a range of community-based services that support persons with disabilities to live their lives independently such as personal assistance services. This requires the development of a legal framework supporting the development of associated professional profiles, training materials and accreditation process. Moreover, services such as respite services, emergency help services, legal counselling, day-care support and other should be made available in the community.

**Strategic Objective 4.2.4** Piloting of new initiatives and methodologies regarding personalised funding options.

### 3. What is the input/output/outcome being measured?

**Inputs:** human & financial resources and time allocated for the activities under priority 4.2; conduction of mapping and situational analysis of existing community based services for adults with disabilities and/or their advocacy/representative organizations (# of services in total and per type of service; # of advocacy/representatives' organizations in total and per type); set up of a Working Group to elaborate quality assurance standards for community-based services addressing adults with disabilities, including supported living homes resembling the size of a common family-type environment and personal assistance services; conduction a study on services and modalities in support of independent living



**Outputs:** Development of a series of 3 relevant legislative frameworks (Respite Services; Personal Assistance Services; Day Care Centres; Recovery and Rehabilitation Centres) and issue a new Ministerial Decision for Creative Day Care Centres; Report presenting recommendations for the monitoring of quality assurance standards for different community-based services for adults with disabilities; Adoption of the quality assurance framework from supervising authorities; Toolkit of quality assurance standards and of training programs; Report presenting the results of a study for services and modalities in support of independent living. Page | 66

**Outcomes:** # of legislative frameworks adopted; adoption of quality assurance standards for supported and independent living facilities from services and the supervising authorities; # of trainings and # of persons participated in training on quality assurance standards for community-based services addressing adults with disabilities; # of persons receiving personal assistance

**The proposed indicators are appropriate;** however, some additional input information would be necessary especially for input and process indicators related to human effort and financial resources to be allocated by MoLSA for the implementation of the activities.



INPUT INDICATORS	Strategic Objective 4.2.1	Strategic Objective 4.2.2	Strategic Objective 4.2.3	Strategic Objective 4.2.4
Responsible for M&E and Reporting:	TBD	TBD	TBD	TBD
Responsible for implementing-data source:	MoLSA Names/contact details-Roles & Responsibilities: to be added	MoLSA Names/contact details-Roles & Responsibilities: to be added	MoLSA Names/contact details-Roles & Responsibilities: to be added	MoLSA Names/contact details-Roles & Responsibilities: to be added
Implementation in terms of timeframe:	2022-2024 Act.1: 2022-2023; Act.2: 2022-2024; Act.3: 2024	2021-2024 Act.1: 2021; Act.2: 2022-2024	2021-2023 Act.1: 2022; Act.2: 2021; Act.3 2021-2023; Act.4: 2021; Act. 5: 2022	2025-2026
Implementation in terms of budget:	RRF/ESF + /National Budget in complementarity (Act.1,2); for Act.3 N/A.	RRF/ESF + /National Budget in complementarity (Act.2); for Act.1 N/A.	Under financial resources is indicated "N/A".	RRF; Information on funding mechanism is available; quantitative information on financial and other resources should also added to be used as baseline (input indicator) for the monitoring and evaluation process
Baseline	<p># of existing community-based services for adult persons with disabilities nationwide (total and per type e.g. help/care at home, day care centres, short-term social care services; specialised individual support, rehabilitation services etc.)</p> <p># of social services provided from the government budget (# of providers, # of employees, # of people with disabilities who have received services disaggregated by gender and age etc.)</p> <p># of adults with disabilities currently receiving services from relevant community-based services nationwide</p> <p># of staff currently working in community-based services for adults with disabilities (total, per specialty)</p>			
Lifetime target:	To develop a range of specialised support services for a variety of needs of individuals with disabilities that will be governed by quality assurance mechanisms that will be	To reinforce and further develop supported family-type living homes and ensure adequate support for persons with complex needs.	To develop a range of community-based services that support persons with disabilities to live independently (such as personal assistance services, respite services, emergency help	To pilot new initiatives and methodologies regarding personalised funding options concerning support of independent living such as personal



	<p>designed with the involvement of experts including persons with disabilities and their advocacy organisations.</p>		<p>services, day-care support and legal counselling). In the same context to adopt the legal framework including provisions on associated professional profiles, training modules and accreditation processes.</p>	<p>assistance/care and advocacy services.</p>
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M&E Indicators		Process Indicators			Output Indicators	Outcome Indicators
Indicator for the period	Period	Progress since previous M&E measure	Progress in terms of timeline	In terms of budget / resources	Qualitative evaluation	% of lifetime target of the Act. 4.2.1-4 achieved
potential values	Timeframe	Yes / No / Partially / NA	on time / delayed / advanced	as expected / over-spent / under-spent	on the basis of evaluation/ analysis/ technical reports/ pilot testing etc. - TBD	Yes / No / Partially / NA
Report with detailed analysis on specialised support programs, services and benefits availability, current needs for reinforcement of existing ones and development of new services.	2022-2023					
Report with specific recommendations for the monitoring of quality assurance standards for different services available for adults with disabilities in the community.	2022-2024				More detailed timeline can be prepared e.g. 2023: set up of working group and review of good practices of other countries 2024: final report of recommendations (quality assurance standards for services addressing adults with disabilities)	
Adoption of the quality assurance framework from supervising authorities.	2024				means of verification can be a signed agreement among services, supervising authorities and relevant Ministry	
Specific clarification or modification of existing legislation adopted.	2021				e.g. release of revised legislation including the provisions for establishment and licensing of supported living accommodation services	



Completion of a toolkit of quality assurance standards and of training programs (see objective 4.2.1).	2022-2024				Qualitative characteristics to be taken into account: to be based on the quality assurance framework that will be adopted by supervising authorities and include a training module for the authorities to conduct the evaluation of the implementation of quality assurance standards by the services Note in the timeframe: It can be implemented in distinct steps (e.g. 2023: finalization of quality assurance standards and 2024: final toolkit for supervising authorities' training)	
Adoption of legislative framework	2021				Means of verification: official approval/ release of relevant legislative framework	
Number of persons receiving personal assistance	2021-2023				# of pilot programs to be conducted # persons received personal assistance Assessment of satisfaction of beneficiaries from the program of personal assistants Program evaluation	
Issue of new ministerial decision	2021				Release of a Ministerial Decision	
Adoption of legislative framework.	2022				Means of verification: official approval/ release of relevant legislative framework	
Study delivered.	2025-2026				e.g. # of initiatives and methodologies planned and piloted regarding personalised funding options for services and modalities in support of independent living	



					Technical Report presenting the results of piloted initiatives and recommendations for scale up	
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**Comments/Clarifications/Notifications:** If you have any comments related to the indicators above, please indicate in the following table

Date / Period / Strategic objective	Comments/ Clarifications/ Notifications	To WHOM the comments addressed
Insert date/period here / Strategic Objective ID number	Insert comment here	Insert details here
Add lines, if needed		



## Priority 4.3 - MONITORING & EVALUATION

### 1. What does this DI priority want to change and how?

**Priority 4.3** aims to prevent institutionalisation, namely new admissions of adults with disabilities to residential care institutions.

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### 2. What are the specific objectives to achieve this change?

To proceed with the prevention of institutionalisation of adults with disabilities, 3 distinct strategic objectives were defined under priority 4.3, the following:

**Strategic Objective 4.3.1** Development of support services to address the needs of persons with disabilities living at their home with relatives or informal carers. Such assistance should be freely chosen and reflect the shifting needs of the person and his support circle.

**Strategic Objective 4.3.2** Moratorium on new admissions in every institution within a specific timeframe, assuring alternative options based in the community are made available.

**Strategic Objective 4.3.3** Improving access to information via reinforcing the role and responsibilities of Community Centres.

### 3. What is the input/output/outcome being measured?

**Inputs:** human & financial resources and time allocated for the activities under priority 4.3; development of training curricula for people with visual impairments on mobility, orientation and daily living skills and for people with reduced mobility on daily living skills; contributing in drafting the legal framework towards DI including the avoidance of new admissions in residential care institutions and ensuring at the same time alternative options available in the community.

**Outputs:** Digital Registry of People with Disabilities; National Portal for Disability; releasing the Disability Card; submitting proposals for funding of actions targeting to improvement of infrastructure/ accessibility in various settings for people with disabilities; Training curricula for people with disabilities; Ensure access of Community Centres to digital services (National Portal for Disability Benefits and Single Digital Access Portal for Social Protection); Community Services and Resources Interconnection protocol; Training Programs for Community Centres staff.

**Outcomes:** # of persons received the disability card; # of submitted proposals for improvement of infrastructures; Law enactment (for the incorporation of the European Accessibility Act EAA into Greek legislation); # of people with disabilities (visual impairment and/or reduced mobility) participated in trainings; interoperability of digital services (National Portal for Disability Benefits and Single Digital





Access Portal for Social Protection); # staff participated in the training programs (as part of the evaluation reports of trainings); # persons participated in the interconnection program with community services and resources.

**The proposed indicators are appropriate;** however, some additional input information would be necessary especially for input and process indicators related to human effort and financial recourses to be allocated by MoLSA and other competent Ministries (e.g. Ministry of Transport/Ministry of Civilization and Athletics, Ministry of Digital Governance /Ministry of State) for the implementation of the activities (especially those under 4.3.1 and 4.3.2)



INPUT INDICATORS	Strategic Objective 4.3.1	Strategic Objective 4.3.2	Strategic Objective 4.3.3
Responsible for M&E and Reporting:	TBD	TBD	TBD
Responsible for implementing-data source:	MoLSA (Act.1,2,4,6,7); in cooperation with Ministry of Transport/Ministry of Civilization and Athletics, Ministry of Digital Governance /Ministry of State (Act.3); with all competent Ministries (Act.5); with Community Centres and Social Services of the Municipalities (Act.8) Names/contact details-Roles & Responsibilities: to be added	MoLSA Names/contact details-Roles & Responsibilities: to be added	MoLSA in cooperation with OPEKA & Names/contact details-Roles & Responsibilities: to be added
Implementation in terms of timeframe:	2021-2026 Act.1: 2021; Act.2: 2022-2023; Act.3: 2021; Act.4: 2021-2026; Act.5: 2022; Act.6: 2020-2022; Act.7: 2023-2024; Act.8: 2021-2023	2025-2026	2022-2026 Act.1: 2022-2026; Act.2: 2022-2026
Implementation in terms of budget:	RRF (Act.1,2,3,4,8); N/A for Act.5,6,7 Qualitative information is available (funding mechanism); however quantitative information on financial and other resources should also added to be used as baseline (input indicator) for the monitoring and evaluation process (e.g. human effort/working time of MoLSA and competed Ministries' staff that will work for the activities under Objective 4.3.1)	N/A	RRF Qualitative information is available (funding mechanism); however quantitative information on financial and other resources should also added to be used as baseline (input indicator) for the monitoring and evaluation process (e.g. human effort/working time of MoLSA and OPEKA's staff that will work for the activities under Objective 4.3.3)
Baseline	Currently (no digital) services for disability benefits to be replaced by digital Registry for Disability Benefits Current documents/certifications for disabilities to be replaced by Disability Card Identification of infrastructures that need improvement in regards to accessibility by people with disability European Accessibility Act EAA Community Centres		



Lifetime target:	To develop adequate support services to address the needs of people with disabilities living with relatives or informal carers. Assistance should be freely chosen and reflect the shifting needs of people with disabilities at an individual level.	Moratorium on new admissions in residential care institutions within a specific timeframe (to be defined), assuring that community-based alternative options are available.	To improve access to information via reinforcing the role and responsibilities of Community Centres.
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M&E Indicators		Process Indicators			Output Indicators	Outcome Indicators
Indicator for the period	Period	Progress since previous M&E measure	Progress in terms of timeline	In terms of budget / resources	Qualitative evaluation	% of lifetime target of the Act. 4.3.1-3 achieved
potential values	Timeframe	Yes / No / Partially / NA	on time / delayed / advanced	as expected / over-spent / under-spent	on the basis of evaluation/ analysis/ technical reports/ pilot testing etc. - TBD	Yes / No / Partially / NA
Digital Registry for Disability Benefits.	2021				Means of verification: operable and accessible Digital Registry for Disability	
National Portal for Disability (Single Digital Access Portal for Social Protection).	2022-2023				Means of verification: operable and accessible National Portal for Disability	
Issue of "Disability Card" - Number of persons received the disability card.	2021				# of persons received Disability Card % of persons received Disability Card out of the total number of potential beneficiaries	
Funding program developed.	2021-2026 (this can be monitored per year or according to publication of relevant calls)				# of proposals submitted for improvement of accessibility and infrastructures at various settings (public/ private places/buildings, workplaces and public services) # of proposals approved for funding (total budget approved and per program) # of beneficiaries benefit from the improvements of accessibility/	



					infrastructures (total and per program)	
Law enactment.	2022				Means of verification: Official incorporation of the European Accessibility Act EAA into Greek legislation	
Training curriculum developed (for persons with visual impairments on mobility, orientation and daily living skills).	2020-2022				e.g. Training curriculum appropriately adapted to the needs of beneficiaries # of people with disabilities trained on the basis of this curriculum % of trained people out of the total number of potential beneficiaries Training evaluation results (effectiveness)	
Training curriculum developed (for persons with reduced mobility on daily living skills).	2023-2024				e.g. Training curriculum appropriately adapted to the needs of beneficiaries # of people with disabilities trained on the basis of this curriculum % of trained people out of the total number of potential beneficiaries Training evaluation results (effectiveness)	
Digital training programs available.	2021-2023				# of available digital training programs at the end of 2023	
Legal framework regarding the enforcement of the DI process at National level developed	2025-2026				Means of verification: official approval/ release of relevant legislative framework (See also Strategic Objectives 4.1.1 and 4.1.3)	



Portals Accessible to Community Centres. (Interoperability available between digital services, i.e. National Portal for Disability Benefits and Single Digital Access Portal for Social Protection).	2022-2026				Means of verification: online access of Community Centres to digital services (National Portal for Disability Benefits and Single Digital Access Portal for Social Protection)	
Report on training programs for staff and on interconnection with community-based social care services and resources.	2022-2026				It could be monitored in distinct phases e.g. development of training programs and interconnection protocol up to 2023; training of staff up to 2026 # of staff participated in trainings # of trainings conducted (also training implementation and evaluation reports)	

**Comments/Clarifications/Notifications:** If you have any comments related to the indicators above, please indicate in the following table

Date / Period / Strategic objective	Comments/ Clarifications/ Notifications	To WHOM the comments addressed
Insert date/period here / Strategic Objective ID number	Insert comment here	Insert details here
Add lines, if needed		



## Priority 4.4 - MONITORING & EVALUATION

### 1. What does this DI priority want to change and how?

**Priority 4.4** aims to develop the legal framework that will unlock participation of people with disabilities in the community such as to employment and mainstream education.

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### 2. What are the specific objectives to achieve this change?

To reach this aim, 3 distinct strategic objectives were defined under priority 4.4, the following:

**Strategic Objective 4.4.1** Promoting access to employment for persons with disabilities via development of a legislative framework for supported employment and a facilitating framework for the employment of persons with disabilities in social economy enterprises.

**Strategic Objective 4.4.2** Facilitating access to mainstream education systems to persons with disabilities by providing trainings to educational staff and raising awareness among students-peers; equipping educational institutions with adequate resources.

**Strategic Objective 4.4.3** Enhancing legal capacity as an important prerequisite of independent living and the need to abolish all forms of substituted decision-making regimes and replace them with supported decision-making.

### 3. What is the input/output/outcome being measured?

**Inputs:** human & financial resources and time allocated for the activities under priority 4.4; contributing in drafting the legal framework to encourage persons with disability to participate in the open labour market via individually adapted supported employment; set up of a working group to identify existing legislation that create barriers to persons with disabilities to enjoy full recognition before the law on equal basis with other people and develop supported decision mechanisms to gradually replace substitute decision-making regimes

**Outputs:** Implementation of pilot programs for supported employment; Drafting recommendations to support the sustainability of Social Enterprises for persons with disabilities by developing support mechanisms and providing financial incentives; drafting of proposals to advance equal recognition before the law for all persons with disabilities and a roadmap for the transition from the substitute decision-making system to a supported decision-making system; preparing material for training school staff in higher education and vocational training programs about all inclusive education in regards to people with disabilities; preparing awareness raising campaign and material for students about access of persons with disabilities in mainstream education system and for employers about the benefits of hiring persons with disabilities; equipping schools with appropriate resources to become accessible to people with disabilities.

**Outcomes:** # of persons participated in pilot program for supported employment; # of school staff participated in trainings for all inclusive education; # of campaigns launched; # of employers



approached via awareness raising campaign about benefits of hiring persons with disabilities; # of schools equipped appropriately in order to be accessible by persons with disabilities; # of students-peers approached by awareness raising campaign about participation of people with disabilities in mainstream education system; Legislation to remove disincentives discouraging persons with disabilities from participating in the open labour market and for supported employment following an individualised approach.

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**The proposed indicators are appropriate;** however, some additional input information would be necessary especially for input and process indicators related to human effort and financial recourses to be allocated by MoLSA and Ministry of Education for the implementation of the activities (especially those under 4.4.2 and 4.4.3)





INPUT INDICATORS	Strategic Objective 4.4.1	Strategic Objective 4.4.2	Strategic Objective 4.4.3
Responsible for M&E and Reporting:	TBD	TBD	TBD
Responsible for implementing-data source:	MoLSA Names/contact details-Roles & Responsibilities: to be added	Ministry of Education Names/contact details-Roles & Responsibilities: to be added	MoLSA and Ministry of Justice Names/contact details-Roles & Responsibilities: to be added
Implementation in terms of timeframe:	2021-2025 Act.1: 2025; Act.2: 2021-2025; Act.3: 2022; Act.4: 2024; Act.5: 2022-2025	2021-2026	2023-2025
Implementation in terms of budget:	State budget (Act.1,4) and RRF (Act.2,5); NA for Act.3 Qualitative information is available (funding mechanism); however quantitative information on financial and other resources should also added to be used as baseline (input indicator) for the monitoring and evaluation process	There is no information about financial resources; however, at least human resources should be added (human effort/working time of Ministry of Education staff that will work for the activities under Objective 4.4.2)	N/A At least human resources should be added (human effort/working time of MoLSA and Ministry of Justice staff that will work for the activities under Objective 4.4.3, namely to prepare the proposals for a supported decision-making system)
Baseline	Currently existing legal provisions that create barriers to people with disabilities to enjoy full recognition before the law on equal basis with others		
Lifetime target:	To promote access to employment for persons with disabilities via a legislative framework for supported employment and facilitate their employment in social economy enterprises.	To facilitating access to mainstream education system for persons with disabilities by training and sensitise school staff and students-peers & equip appropriately schools	To enhance legal capacity as an important prerequisite of independent living; also to abolish all forms of substituted decision-making regimes & promote supported decision-making.



M&E Indicators		Process Indicators			Output Indicators	Outcome Indicators
Indicator for the period	Period	Progress since previous M&E measure	Progress in terms of timeline	In terms of budget / resources	Qualitative evaluation	% of lifetime target of the Act. 4.4.1-3 achieved
potential values	Timeframe	Yes / No / Partially / NA	on time / delayed / advanced	as expected / over-spent / under-spent	on the basis of evaluation/ analysis/ technical reports/ pilot testing etc. - TBD	Yes / No / Partially / NA
Relevant legislation adopted.	2025				Means of verification: Legislation to remove disincentives discouraging persons with disabilities from participating in the open labour market officially adopted	
Pilot supported employment program implemented.	2021-2025				# of pilot programs for supported employment implemented # of beneficiaries # of open labour market stakeholders participating Effectiveness evaluation of programs	
Relevant framework adopted (see objective 4.2.3 Update the legislative framework for Day Care Centres).	2022				Means of verification: Legislation for supported employment following an individualised approach officially adopted	
Report with recommendations.	2024				Report with recommendations to support the sustainability of Social Enterprises for persons with disabilities by developing support	



					mechanisms and providing financial incentives # of recipients of recommendations	
Campaigns launched.	2022-2025				Campaigns launched for employers about the benefits of hiring persons with disabilities. Awareness raising material # and type of printed or electronic material # of recipients (target group: employers)	
Referral to the Ministry of Education.	2021-2026				Initiatives to be undertaken by the Ministry of Education (training of school staff of high education and vocational training) on participation of people with disabilities in mainstream educational system. e.g. Training curriculum for school (higher education and vocational training) staff # of trainings conducted # of persons participated Evaluation report of trainings Awareness raising material # and type of printed or electronic material # of recipients (target group: students-peers)	
Report with set of proposals aiming to advance equal recognition before the law for all PWD and a roadmap for the	2023-2025				Report including a roadmap for the transition from the substitute decision-making to a supported decision-making system	



transition from the substitute decision-making system to a supported decision-making system.					# of recipients of proposals Adoption of relevant legislation	
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**Comments/Clarifications/Notifications:** If you have any comments related to the indicators above, please indicate in the following table

Date / Period / Strategic objective	Comments/ Clarifications/ Notifications	To WHOM the comments addressed
Insert date/period here / Strategic Objective ID number	Insert comment here	Insert details here
Add lines, if needed		

## 9.4 DI Actions for ELDERLY PERSONS

### Priority 5.1 - MONITORING & EVALUATION

#### 1. What does this DI priority want to change and how?

**Priority 5.1** aims to develop a framework programme to address the needs of elderly and related services.

#### 2. What are the specific objectives to achieve this change?

To address the needs of elderly and related services through a framework programme 2 distinct strategic objectives were set, the following:

**Strategic Objective 5.1.1** Develop a centralised contact point to identify the needs of elderly persons such as nursing, personal assistance, support at home, logistic support, administrative support, transport.

**Strategic Objective 5.1.2** Make ICT support available to enhance independent living at home.

#### 3. What is the input/output/outcome being measured?



**Input:** human & financial resources allocated; time allocated; conduction of mapping and situational analysis of current long-term services for elderly; participation of staff working with elderly; development and evaluation of digital training programs for elderly

**Output:** Mapping of current long-term Care Services for Elderly people in Greece; development, piloting and evaluation of a digital training program for elderly

**Outcome:** Technical Report including the analysis of the demand for long term care services for elderly in Greece; policy note including the key elements for the preparation of National Strategy to Reform Long-Term Care Services for Elderly and DI perspectives

**The proposed indicators are appropriate;** however, some additional input information would be useful especially for process and output indicators. Moreover, some further information should be added on the Strategy to Reform Long-Term Services for Elderly including potential for DI



INPUT INDICATORS	Strategic Objective 5.1.1	Strategic Objective 5.1.2
Responsible for M&E and Reporting:	TBD	TBD
Responsible for implementing-data source:	MoLSA; Names/contact details-Roles & Responsibilities: to be added	MoLSA in cooperation with Community Centres and Social Services of the Municipalities Names/contact details-Roles & Responsibilities: to be added
Implementation in terms of timeframe:	2021; More detailed work-plan of activity 5.1.1 to be added	2021-2023; More detailed work-plan of activity 5.1.2 to be added
Implementation in terms of budget:	No budget or other resources are included in the DI; however, at least human resources should be added (working time of persons that will support MoLSA in developing a strategy to improve the accessibility, quality and effectiveness of Long-Term Care for the Elderly and prepare the relevant technical report and policy recommendations)	Financial resources will be allocated by RRF Quantitative information is necessary in order the financial resources to be used as an input indicator for the monitoring and the evaluation of the implementation of activities under Strategic Objective 5.1.2
Baseline:	Current Social Care Services for the Elderly (after mapping)	Currently applied (not digital) practices for submitting applications to services and relevant actions Community Centres Municipal Social Services
Lifetime target:	Deliver a Technical Report and a Policy Note including key elements for developing a strategy to reform social care services for elderly	Deliver a digital training programme addressing elderly people



M&E Indicators		Process Indicators			Output Indicators	Outcome Indicators
Indicator for the period	Period	Progress since previous M&E measure	Progress in terms of timeline	In terms of budget / resources	Qualitative evaluation	% of lifetime target of the Act. 5.1.1 & 2 achieved
potential values	Timeframe	Yes / No / Partially / NA	on time / delayed / advanced	as expected / over-spent / under-spent	on the basis of evaluation/ analysis/ technical reports/ pilot testing etc. - TBD	Yes / No / Partially / NA
(i) Technical report with the mapping of the current situation of the Long-Term Care Services for the Elderly in Greece, with special emphasis on the provision of publicly funded programs and the analysis of the demand for Long-Term Care Services for the Elderly in Greece.	2021				e.g. Mapping methodology & Progress Report	
	2021				e.g. Final Report	
(ii) Policy note outlining the proposed key elements for formulating the proposed strategy for the implementation of the reform of the Long-Term Care Services for the Elderly in Greece and possibilities for deinstitutionalisation.	2021				e.g. Final Policy Note reviewed and approved by a group of # Experts	
Digital training programs available to the elderly	2021-2023				e.g. # of signed memoranda of cooperation (Creation of synergies with Community Centres and Municipal Social Services)	

					# and type of programs developed # of older people to be involved	
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**Comments/Clarifications/Notifications:** If you have any comments related to the indicators above, please indicate in the following table

Date / Period / Strategic objective	Comments/ Clarifications/ Notifications	To WHOM the comments addressed
Insert date/period here / Strategic Objective ID number	Insert comment here	Insert details here
Add lines, if needed		





## Priority 5.2 – MONITORING & EVALUATION

### 1. What does this DI priority want to change and how?

**Priority 5.2** aims to develop training programmes for the workforce to better address the changing needs of elderly.

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### 2. What are the specific objectives to achieve this change?

To achieve capacity building of workforce of Services providing support to senior citizens, the following strategic objective was set:

**Strategic Objective 5.2.1** Identifying training gaps and deliver appropriate training programmes for staff working with elderly.

### 3. What is the input/output/outcome being measured?

**Input:** human & financial resources allocated; time allocated; participation of staff working with elderly

**Output:** Results of SWOT analysis of training gaps of workforce of Services for elderly people

**Outcome:** Development of a plan on how to address support needs of elderly including appropriate training programs for staff working with elderly

**The proposed indicator is appropriate;** however, some additional input information would be useful especially for process and output indicators



Strategic Objective 5.2.1	INPUT INDICATORS
Responsible for M&E and Reporting:	TBD
Responsible for implementing-data source:	MoLSA; Names/contact details-Roles & Responsibilities: to be added
Implementation in terms of timeframe:	2021-2024; More detailed work-plan of activity 5.2.1 to be added
Implementation in terms of budget:	N/A; however, human resources may be added (working time of persons that will run the SWOT Analysis and report of analysis results; preparation of training programme for staff working with elderly)
Baseline:	Currently used training programmes (if any)
Lifetime target:	Deliver appropriate training programmes for staff working with elderly (potentially including a Training module, a Guide for Trainers and the necessary training material such as presentations and informational material)



M&E Indicators		Process Indicators			Output Indicators	Outcome Indicators
SUGGESTED Indicators for the period	Period	Progress since previous M&E measure	Progress in terms of timeline	In terms of budget / resources	Qualitative evaluation	% of lifetime target of the Act. 5.3.1 achieved
potential values	Timeframe	Yes / No / Partially / NA	on time / delayed / advanced	as expected / over-spent / under-spent	on the basis of evaluation/ analysis/ technical reports/ pilot testing etc. - TBD	Yes / No / Partially / NA
Conduction of SWOT Analysis	2021	NA				NA
Reporting Results of SWOT Analysis	2022					
Development of one at least Training Programme for staff working with elderly	2023				Note: piloting and evaluation of the Training Programme can be included	
Final Training Programme for staff working with elderly	2024					

**Comments/Clarifications/Notifications:** If you have any comments related to the indicators above, please indicate in the following table

Date / Period	Comments/ Clarifications/ Notifications	To WHOM the comments addressed
Insert date/period here	Insert comment here	Insert details here
Add lines, if needed		



## 10. Conclusions

The success of the DI process in Greece will depend on political will, proper financial allocations, and cooperation between different stakeholders. Having said that, setting up an independent and transparent monitoring and evaluation framework is equally important results in better transparency and accountability, improved data collection, ensure early detection of problems, good use of resources, and improved decision making. Page | 92

This comprehensive guide gives all needed elements to set up an efficient system of monitoring and evaluation, which will be essential to ensure that the DI process in Greece will trigger concrete change in the national and local systems, and in the life of persons with support needs.

