

Technical support on the deinstitutionalisation process in Greece
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Page | 1

**Mapping exercise and analysis/review of support services and procedures
implemented in the community in Greece**

**Deliverable 8 (as per the Workplan) under Component 2, Output 2.1 Activity 2.1.2
"Development of methodologies and procedures for DI"**



Original title according to project Workplan

Mapping exercise and analysis/review of support services and procedures implemented in the community in Greece. Deliverable 8 under Component 2, Output 2.1 Activity 2.1.2 "Development of methodologies and procedures for DI".

Page | 2

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Table of Contents

Introduction	4
Mapping of existing services and support procedures, including missing elements	5
Services and support procedures for children	6
Health Care.....	6
Family Benefits	7
Social Services and Structures.....	8
Education and Creative Activities.....	10
Housing and Care Structures.....	12
Foster Care and Adoption	13
Services for vulnerable groups	14
Children’s Rights Protection.....	15
Support.....	16
Education and Creative Activities.....	18
Housing.....	21
Services and support procedures for persons with disabilities	22
Health Care - Insurance	22
Allowances.....	22
Education and Creative Activities.....	23
Living Support.....	25
Housing.....	25
Employment	26
Advocacy	26
Services and support procedures for elderly persons	27
Benefits.....	27
Living Support.....	28
Housing.....	29
Recommendations	30
Conclusions	32

Introduction

This document maps the existing services and procedures addressed to the four target groups of the project: children with and without disabilities, persons with disabilities, and elderly persons. This was done through desktop research of pertinent literature and with the support of relevant stakeholders, looking at the existing services and procedures, highlighting missing services and providing recommendations.

Page | 4

Greece's health system has undergone a significant transformation, towards a more modern, efficient, and sustainable approach. The country is working on a functioning primary care system, and it has allocated comprehensive health insurance coverage for all residents. Nevertheless, Greece's 2019 health profile has demonstrated that the country lacks mechanisms to allow adequate planning and optimal allocation of physical and human resources. Services are very heavily concentrated in large cities, while rural areas lack both specialist staff and facilities.¹

In the social welfare reform front, certain initiatives facilitate access and improve management and delivery, strengthening the welfare system by improving targeting and efficiency while tackling fragmentation. Greece's social welfare system is characterized by a lack of adequate planning, administrative and functional deficiencies, and fragmented implementation of social benefits and programs. However, several public initiatives taken over the last few years started to address these inadequacies by improving targeting and efficiency.²

Additionally, it is generally accepted that existing services lack continuous funding, adequate number of staff, and fall short in addressing the overall needs of the population, mostly in rural and insular areas. The deinstitutionalisation (DI) Strategy, developed under Activity 1.1.1 of the ongoing technical support project, proposes the development and strengthening of existing services in parallel with the development of a range of person-centred support systems and services in the community, at home and in the form of personal assistance where needed. These developments need to meet human rights standards and individual needs and adhere to the DI process criteria.

Community-based care and services refer to the spectrum of services that enable individuals to live in the community and, in the case of children, grow up in a family, or in a family-like environment, instead of an institution. It encompasses mainstream services, such as housing, healthcare, education, employment, culture and leisure, which should be accessible to everyone regardless of the nature of their impairment or the required level of support. It also refers to specialised services, including personal assistance for persons with disabilities and respite care. In addition, the term includes family-based and family-like care for children, including substitute family care and preventative measures for early intervention and family support.

¹ https://ec.europa.eu/health/sites/health/files/state/docs/2019_chp_gr_english.pdf

² Reforming the social welfare system in Greece, ESPN Flash Report 2018/59

Mapping of existing services and support procedures, including missing elements

This section contains a detailed record of existing social services, programmes, financial benefits, and support procedures currently existing in Greece. The breakdown is done thematically by target group: children, disabled children, disabled adults, and elderly people. These are support services for the above target groups in the community and/or services to support their transition from institutional-type structures to the community.

At the same time, the processes and services recorded in each chapter are grouped into the main areas of daily collective life (housing, work, education, health, etc.) so that the reader has, each time, a more coherent picture of the respective framework of care. Comparatively, for each target group and in each area, together with the recording of the existing social services and procedures, we also note the shortcomings we have identified.

From our research, we find that the first step for any process of receiving social services and/or social benefits is for all four target groups to address the social services of their municipality, especially the community centres. Municipalities currently operate in Greece as reference points, interconnecting and referring potential beneficiaries to the public and private sector's social services.

Especially in the case of disabled children and adults, any request for support is based on the certification of their disability or chronic condition, which they receive from the disability certification centres and which they must submit, together with their application, to any service.

Nevertheless, bureaucracy, division of responsibilities between social services, fragmentation of legislation and the absence of automated and digital procedures are obstacles that hinder both the work of social service staff, and the effective integration and support of beneficiaries into the social services and benefits to which they are entitled. The lack of accessibility to the structured area often, unfortunately, prohibits access for disabled children and adults as well as the elderly to social care areas.

Finally, in the present document and before the epilogue, which summarises the conclusions of this recording, we present proposals aimed both at improving the functioning of existing services and procedures and establishing more efficient, more direct but also individualised interconnections of potential beneficiaries in all four target groups with the existing social care framework.

Services and support procedures for children

Health Care	
Existing	Missing
<p>Health Care: public and private hospitals, diagnostic centres and independent practices</p> <p>Free access of uninsured to the Public Health System: Beneficiaries are entitled to hospitalization, medical care to public hospitals, access to pharmaceutical products.</p> <p>Immunization programs mandatory for all children.</p> <p>Outpatient solidarity clinics and pharmacies (Κοινωνικά Ιατρεία Φαρμακεία Αλληλεγγύης) under public or private legal frameworks.³</p>	<p>Primary care services covering all basic health services</p> <p>Pre- and post-natal care services in rural and insular areas organised and delivered by public entities</p> <p>State, specialized mental health, and psychosocial care services for migrant/refugee children in their accommodation structures. By July 2019 the refugees had an AMKA number. Today it is envisaged that all applicants for international protection will be given a Temporary Insurance and Health Care Number (PAYP) to all applicants for international protection, but this number does not amount to universal access to all health services.</p> <p>Insufficient number of community nurses and midwives to visit new-borns and families at home, to ensure early identification of social vulnerability or disability. Community midwives and nurses should be trained to identify social vulnerability and refer families to relevant health and social services.</p> <p>Adequately safe and supported home birth services</p> <p>Early intervention.</p> <ul style="list-style-type: none"> • Early screening • As soon as a disability is diagnosed, the family should be referred to a special community-based support team to ensure early intervention services.

³ <https://www.sciencedirect.com/science/article/pii/S021391111830013X>

Family Benefits ⁴	
Existing	Missing
<ol style="list-style-type: none"> 1. Child/ Childbirth benefit/ Single parent benefit/ Allowances for children deprived of paternal protection 2. Housing allowance/ Social Solidarity Income (SSI)⁵ 3. Unemployment aid for parents from OAED/ Maternity and paternity leave for working parents 4. Fund for European Aid to the Most Deprived (FEAD), which supports food and commodities distribution⁶, there are also Church-based organizations providing food. 5. National Network of Immediate Social Intervention which aims at tackling poverty (ex: social markets, homeless shelters, and distribution of foods, social pharmacy, local vegetable gardens, and offices of intermediation) 6. Voucher for a grant position in nurseries, Children's Creative Employment Centres (ΚΔΑΠ), and Creative Employment Centres for the Disabled children. 	<p>Home-based care benefit for children with complex needs (e.g., children with disabilities that require 24/7 care) so that parents can maintain their work status and /or be available for other members of their family</p>

⁴ <https://opeka.gr/>

⁵ <https://ec.europa.eu/social/main.jsp?catId=1112&langId=en&intPagId=4569>

⁶ <https://ec.europa.eu/social/main.jsp?catId=1248&intPagId=3643&langId=en>



Social Services and Structures	
Existing	Missing
<p>National Centre for Social Solidarity (EKKA) coordination of the network that provides social support services, care and solidarity to individuals, families, groups, and communities experiencing crisis situations or need emergency social aid.</p>	
<p>Community Centres: set up in municipalities and part of their Social Welfare Services, they offer information about social protection and social welfare services and programs at local, regional, and national level and helping individuals access them. These centres correspond to all four target groups.</p> <p>Migrants Integration Centres, a department of Community Centers, being in charge of interconnecting migrants with the local community</p> <p>Roma Department, a department of Community Centers, being in charge of interconnecting Roma people with the local community</p>	<p>Community centres are not perceived as information and support centres for those who belong to vulnerable social groups, but are seen as an extension of municipalities' social services. Most of the potential beneficiaries do not address them because they don't know how these centres work and also they think they should meet specific economic and social criteria.</p> <p>Moreover, social scientists that work in community centers don't have an expanded knowledge regarding state care in human rights but also social benefits.</p> <p>Accessibility issues often arise in the built-up area and the disabled beneficiary cannot come autonomously to be served, as most of the community centres have been housed in the area of social services often in old buildings.</p> <p>Psychosocial support services for the four target groups with multiple discriminatory identities (e.g., LGBT people with disabilities, Roma with disabilities, etc.)</p> <p>The social scientists who staff community centres do not receive targeted training on the management of specific categories of vulnerable social groups, and lack methodological tools and specific scientific protocols to better guide them.</p>

Existing	Missing
<p>NGO-run Support Centres for children who have suffered sexual abuse</p>	<p>Public Support Centres with professionals specially trained to support young survivors</p> <p>Specially trained police officers who work in close cooperation with social workers and other professionals</p>
<p>NGO-run Family Strengthening and Prevention Centres</p>	<p>Public Family Strengthening and Prevention Centres where mobile units of interdisciplinary teams will be offering practical, therapeutical, and psychosocial support for families at risk and families who are struggling. Without family support and strengthening centres, it is impossible to prevent institutionalisation and implement alternative care forms such as foster care.</p>

Education and Creative Activities	
Existing	Missing
<ul style="list-style-type: none"> • Early Childhood Education and Care (ECEC) <ul style="list-style-type: none"> ▪ Municipal Infant Care (Βρεφικός σταθμός) <i>as from 2 months old up to 2,5 years</i> ▪ Municipal Infant /Child Care (Βρεφονηπιακοί σταθμοί) <i>as from 2 months old up to 4 years</i> ▪ Childcare Centres (Παιδικοί σταθμοί) <i>as from 2.5 years up to the age of 4</i> ▪ Kindergarten (Νηπιαγωγείο) <i>as from 4 or 5 years' old</i> • Primary Education (Δημοτικό) <i>as from 6 years old, duration: 6 years</i> • Secondary Education <i>as from 12 years old, total length: 6 years</i> <ul style="list-style-type: none"> ▪ Lower Secondary (<i>Gymnasium</i>): 3 years and ▪ Upper Secondary (<i>Lyceum</i>): 3 years - General or Vocational, morning or evening classes <p>School meals program: distribution of food in schools in areas with a large percentage of the population living under poverty. It started in Primary Education schools and in 2018 expanded in Secondary Education evening schools.</p> <p>Free transportation to and from school when it is possible students use public transportation and in rural or insular areas, other means of transport are provided.</p> <p>Remedial teaching (ενισχυτική διδασκαλία) additional teaching support to gymnasium and lyceum students during or after school hours.⁷</p>	<p>Establishment of systematic, psychosocial, and preventive intervention in schools and integration of educational methods of human rights consolidation at all the levels of general and specific Education.</p> <p>Public Early Childhood Education for children (0-3 years old) preferably at the child's and family's natural environment.</p> <p>Lack of legislative framework for supporting children with special educational needs, fragmentation/duplication of services/work, underdeveloped support services, poor early detection and intervention systems in the health sector, lack of clear scientific protocols.</p> <p>ECEC programmes that operate uniformly, with standard guidelines, trained professionals to identify and address each family's individual needs.</p> <p>Minimum quality standards for private and public settings.</p> <p>ECEC programs inclusive of children coming from disadvantaged family environments due to poverty/ethnicity/crisis, children who have suffered abuse or neglect, etc. Although they are not considered disabled per se, these young children may have developed delays compared to their peers due to their living conditions and would (and do in other countries) hugely benefit from large-scale ECEC projects.</p>

⁷ https://eacea.ec.europa.eu/national-policies/eurydice/content/support-measures-learners-early-childhood-and-school-education-27_en

Existing	Missing
<p>Free of charge lessons for secondary school pupils in municipalities by volunteer teachers.</p> <p>Private centres and private language schools providing additional teaching support.</p>	<p>Afterschool programs for children by public schools including creative activities and sport.</p> <p>Teaching support services and after school hours for students with high support needs.</p> <p>Foreign language and computers courses inclusive of or economically weak students.</p>
<p>Creative Activities Centres (ΚΔΑΠ) for children aged 5-12 with no disabilities or with mild motor or sensory impairments, run by the municipalities or the private sector, addressed to low-income families, single-parent families, families with parents with disabilities, and large families (3+ children).</p>	
<p>Summer Camps for 15 days for children (6-16 years old) run by public and private entities and supervised by the local government.</p>	

Housing and Care Structures	
Existing	Missing
<p>Child Protection Units supervised by the Social Welfare Centres and other private and church-run entities and CSOs⁸</p> <p>NGO-run short-stay hostels for children and adolescents (mainly refugees). In small amount.</p> <p>NGO-run Semi-autonomous supported living programs for adolescents (mainly refugees). In small amount.</p> <p>Paediatric hospitals support infants, toddlers, children who have been neglected by their parents or removed from their families.</p>	<p>Social service system in 3 levels:</p> <ul style="list-style-type: none"> • community (primary) care, • specialist care, • very high need care (strengthening the support services for families and children with high support needs) <p>Small group homes in the community for a minority of children for whom foster care cannot fully meet their needs – usually children with complex disabilities or challenging behaviours.</p> <p>Family-based care in their home-setting.</p> <p>Community-based care with quality standards aligned to the UN Convention on the Rights of the Child (UN CRC) and the UN Convention on the Rights of Persons with Disabilities (UN CRPD).</p> <p>Leaving care measures and support to children in their transition from institutional care to community-based care with a person-centred approach.</p> <p>Respite care for children with high support needs and their families.</p>

⁸ <https://www.openingdoors.eu/where-the-campaign-operates/greece/>



Foster Care and Adoption	
Existing	Missing
<ul style="list-style-type: none"> • A reform in the law is currently implementing the following mechanisms: National Council for Adoption and Fostering, National Registries for Children living on closed care, National Registries for prospective adoptive parents and foster carers. • Private adoptions are legal, but there is no supervision and control of any authoritative body. 	<p>A range of foster care such as:</p> <ul style="list-style-type: none"> • Kinship care, • Professional foster care, • emergency foster care and • respite foster care. <p>Although the above-mentioned types of care have been legislated, they lack budget and activation.</p> <p>Capacity-building in social services and active recruitment of social workers. Review of the current system of over-stretched statutory social services. Insufficiently trained social workers with high caseloads who lack basic resources cannot deliver alternative forms of care for children, nor can they support families and monitor foster placements.</p> <p>Family support and strengthening Services for the support of biological families/foster careers/ adoptive families: (i.e., training and support to biological families to prevent separation and facilitate reunifications, emotional, financial and peer support to foster care parents and foster families).</p>
<p>IT platform anynet.gr. This platform was created in 2018 to ensure transparency in foster placements and adoptions. In anynet.gr there are National Registries of children living in institutions and perspective foster carers and adoptive parents. Children's individual care plans (ASOA) are also uploaded on this platform and updated every six months. Before creating anynet.gr, the MoLSA has created another IT platform (e-pronoia.gr) providing digital services for the submission of requests related to the child's electronic file. E-pronoia remains mainly inactive today.</p>	



Services for vulnerable groups	
Existing	Missing
<ul style="list-style-type: none"> ● Services for the Social Inclusion of Roma: <ul style="list-style-type: none"> ○ Programs for housing, social support, Education, health; ○ A network of agencies supporting the Roma population created by the Greek Ombudsman's office⁹; ○ Community Centres with specialized departments. ● Services for the support of minor refugees: <ul style="list-style-type: none"> ○ Education¹⁰ <ul style="list-style-type: none"> ▪ Reception School Facilities (ΔΥΕΠ) ▪ Reception Classes (ΤΥ) ▪ Educational Priority Zones in the Primary and Secondary Education ○ Services for unaccompanied and separated minor refugees, such as the foster care program, temporary accommodations and shelters in various location in Greece (EU and Humanitarian Aid Funds)¹¹; ○ ESTIA (Emergency Support to Integration and Accommodation) provide urban accommodation and cash assistance to refugees and asylum-seekers in Greece¹²; ○ "Guardianship Commissioner for Unaccompanied Minors"; ○ Creation and functioning of three distinct registers: <ul style="list-style-type: none"> ▪ the unaccompanied minors' register ▪ the guardianship commissioners' register ▪ the register of accommodation centres for unaccompanied minors.¹³ ● Minority schools (Μειονοτικά σχολεία) schools for the resident Muslim minority. 	<p>State actions and incentives for Roma families to combat early school leaving.</p> <p>Establishment of autonomous and semi-autonomous supported living frameworks for unaccompanied adolescents and young adults leaving the care system</p>

⁹ <https://www.synigoros.gr/?i=maps.el.lista>

¹⁰ <https://actions.minedu.gov.gr/actions/immigrants>

¹¹ <https://www.openingdoors.eu/where-the-campaign-operates/greece/>

¹² <http://estia.unhcr.gr/en/home/>

¹³ Strengthening social protection for children in Greece, ESPN Flash Report 2019/08

Children's Rights Protection	
Existing	Missing
<p>Child Ombudsman's Office An independent advisory body that monitors, intervenes and submits legislative proposals to the state for the protection of children's rights in the country.</p> <p>Juvenile Prosecutor's Office Judicial Officer in charge of investigating complaints in matters of childcare and child protection.</p> <p>Child Protection Service of the Hellenic Police Specialized police department dealing with juvenile protection issues.</p>	<p>The Child Ombudsman's Office has only an advisory role and its proposals do not have to be adopted by the state.</p> <p>Juvenile prosecutors exist only in Athens, Piraeus, and Thessaloniki, while they should be in every prefecture in the country.</p> <p>The Child Protection Service of the Hellenic Police operates organized only in large urban centres.</p>



Services and support procedures for children with disabilities

Support	
Existing	Missing
<p>Family Support:</p> <ul style="list-style-type: none"> Financial assistance as above-mentioned under the "Family Benefits category" Allowances for children with disabilities Special parental leave for parents with children with disabilities or other severe diseases 	
<p>Medical – Pedagogical Centres (Ιατροπαιδαγωγικά Κέντρα)¹⁴ / Mental Health Centres (Κέντρα Ψυχικής Υγείας): services for children, adolescents, and their families (early diagnosis, treatment, counselling and psychotherapeutic interventions and psychosocial support).</p> <p>Disability Certification Centres¹⁵ (ΚΕΠΑ) responsible for ensuring uniform health assessments determining the degree of disability.</p>	<p>Diagnostic services with adequate staff in rural and insular areas available and accessible to all.</p> <p>Continuous and not fragmented family support services supporting the families before and after diagnosis, providing educational programs for families, peer support and advocacy groups, family empowerment programs.</p> <p>Telecare / telehealth services for long-distance support, in rural and insular areas.</p>
<p>Early Intervention Services¹⁶ (non-profit organizations, non-governmental organizations, associations of parents of children with disabilities).</p> <p>Parents pay initially for services in private therapy centres (such as, physiotherapy, speech or occupational therapy), and then they are reimbursed by their insurance fund.</p>	<p>Early intervention services from public institutions for children up to three years old.</p> <p>Absence of a holistic framework for early childhood intervention services from public institutions.</p> <p>Standard guidelines and protocols</p> <p>Home-based care and support</p> <p>Peer-support and family-to-family workshops in the community</p>

¹⁴ <https://www.psychargos.gov.gr/Default.aspx?ID=26772&nt=18&lang=1>

¹⁵ <https://ec.europa.eu/social/main.jsp?catId=1112&intPagelD=4565&langId=en&>

¹⁶ https://www.easpd.eu/sites/default/files/sites/default/files/easpd-greece_fact_sheet_v2.pdf

Existing	Missing
	<p>Preventive support services with a holistic approach aiming at preventing institutionalisation later in life.</p> <p>Continuous intervention and support services for children with disabilities throughout their lives.</p>
<p>Centres for Educational and Counselling Support (ΚΕΣΥ-public services) offer educational and psychosocial needs assessment, planning and implementing educational and psychosocial interventions as well as vocational goals, support for the overall work of schools, carrying out trainings and awareness-raising actions in the community.¹⁷ Long waiting lists to access their support.</p>	<p>Inter-agency work.</p> <p>There isn't a legal body responsible for connecting children with special educational needs and their families with schools, specialists and other services needed, depending on the diagnosis throughout their education.</p>
<p>Centres for physical and medical rehabilitation (ΚΕΦΙΑΠ): provide services to support individuals with disabilities and their families.</p>	<p>They are integrated into hospitals, while they should be integrated into the Social Welfare Centres.</p>

¹⁷ https://www.minedu.gov.gr/publications/docs2018/EPAL_N_4547_FEK_102A_12-06-2018.pdf



Education and Creative Activities	
Existing	Missing
<p>Special Education:</p> <ul style="list-style-type: none"> • Early Childhood Education and Care <ul style="list-style-type: none"> ▪ Comprehensive care creches for infants with disabilities (Βρεφονηπιακοί σταθμοί ολοκληρωμένης φροντίδας)¹⁸ ▪ Special Kindergarten (Ειδικό νηπιαγωγείο) ▪ Special Primary Education (Ειδικό Δημοτικό σχολείο) • Special Secondary Education: <ul style="list-style-type: none"> ▪ Lower Secondary: Special Gymnasium ▪ Upper Secondary: Special Lyceum or ▪ Special Vocational Education and Training Schools (ΕΕΕΕΚ) ▪ Vocational training Centres (ΚΕΚ) of the National Employment Agency (ΟΑΕΔ) • Free transportation to and from school • Support structures for children with disabilities also exist in the mainstream schools¹⁹: <ul style="list-style-type: none"> ▪ Integration Class is a structure of Special Education within the general school. It aims at the educational intervention with individualized programs for the students with special educational needs. It operates within the general school as a separate department and accepts children from all grades. 	<p>Small number of comprehensive care nurseries covering the needs of infants with disabilities</p> <p>Revision of the purposes and aims Special Vocational Education and Training Schools (ΕΕΕΕΚ) and Vocational Training Centres (ΚΕΚ) serve according to the current conditions. Upgrade the training programs of this centres enhancing the students with new skills based on current job market needs.</p> <p>The Special Vocational Education and Training Workshops (ΕΕΕΕΚ), i.e., vocational schools for the disabled persons) are not sufficient in terms of coverage, since for example, the largest Municipality in the country, the Municipality of Athens, has no such structure. The special schools that exist do not cover rural and island areas throughout the country.</p> <p>Services for the support and inclusion of children with support needs to mainstream education i.e., educational materials adapted to students' different needs, training programs for school professionals on how to better address the needs of students with disabilities, raise awareness strategies in schools for students with disabilities.</p>

¹⁸ https://www.eetaa.gr/enarmonisi/paidikoi_stathmoi_2020/17072020_4_prosklisis_enarmonisi_ada.pdf

¹⁹ https://www.easpd.eu/sites/default/files/sites/default/files/easpd-greece_fact_sheet_v2.pdf

Existing	Missing
<ul style="list-style-type: none"> ▪ Parallel educational support for students with disabilities and special Education needs²⁰ through accessibility initiatives of each University. ▪ School units or departments that function in hospitals, rehabilitation centres, juvenile-care institutions. ▪ Homeschooling provided in exceptional cases, e.g. children undergoing chemotherapy in order not to get sicker. 	<p>Inclusion of children with support needs in mainstream schools remains very limited due to lack of staff (for instance, in secondary Education in 2014, there were in total just 263 specialists for 1794 school units). Many children with care and medical needs face a violation of their right to inclusive education due to the lack of school nurses and special support staff. As far as the physical accessibility of school buildings is concerned, according to the Minister of Education (as cited in Lampridi,2018)²¹, a large proportion of school buildings do not even meet the minimum standards of physical accessibility, with lack of ramps and elevators. The educational material, services and equipment, the electronic environment, and the information provided to students remain at a great extent inaccessible. Students with visual impairments face several problems concerning the accessibility of educational material. Many schoolbooks either have not been printed in Braille yet or have been wrongly printed without using the available contemporary technologies. Deaf students who use sign language do not have the interpretation needed to attend classes.</p> <p>Development of an accessible and inclusive system of vocational education, training, and lifelong learning, without discrimination and exclusion to the detriment of people with disabilities.</p> <p>Regarding the provision of parallel support, due to the lack of financial resources, some students are given priority over others (only the 7% of the students with disabilities or SEN in the school year 2017-2018 received parallel support), while the majority of students who finally are supported enjoy support only on a partial basis. At the same time, there are students who have been qualified with parallel support but either they do not receive it, or they receive it with a delay.</p>

²⁰ <https://www.epiteliki.minedu.gov.gr/?p=962&lang=en>

²¹ Λαμπρίδη Φωτεινή (2018). Σχολεία «ανοιχτά» σε ΑμεΑ: Το νομοσχέδιο και ποιοι αντιδρούν. [Weblog post]. Ανακτήθηκε 8 Φεβρουαρίου 2019 από: <https://tvxs.gr/news/ellada/sxoleia-anoixta-se-amea-nomosxedio-kai-poi-antidroy-n>

Existing	Missing
<p>Creative Activity Centres for children with disabilities (ΚΔΑΠμΕΑ) which are operated by the municipalities or the private sector. The program provides care services to infants, toddlers, and children with disabilities.²²</p> <p>Summer Camps for children with disabilities from 10 years old for 10 days.²³</p>	<p>Short care services running all year long, such as camps (for the temporary relief of families with high caring duties).</p> <p>Existing Creative Activity Centres (KDAP) should develop an inclusive approach to also include children with disabilities</p> <p>Only 75 of the country's 330 municipalities operate KDAP MEA.</p>
<p>Support services for children and adults with visual impairments provided by the Centre for Education and Rehabilitation for the Blind (KEAT), including Nursery Education and Support for children up to 5 years old, tutorial support for junior High and High-school students, training on Mobility and Daily Living Skills, Physical Education and Sport Activities, training courses on Computer Science a Certified Examination Centre (ECDL) and teaching of Braille.</p> <p>Programme for the provision of interpretation in sign language for deaf persons during their transactions with the public, judicial and other authorities provided by the Hellenic Federation of the Deaf and remote interpretation by the relay service from the National Deaf Foundation.</p>	<p>KEAT services are only available in Athens and Thessaloniki.</p> <p>Lack of orientation mobility trainers and daily living skills trainers for people with visual impairment.</p> <p>Lack of state funding for the training and provision of guide dogs for the visually impaired.</p>
<p>Day Care Centres provide care and psychosocial support services for children with disabilities enhancing their rehabilitation and independence. They are public, private, and non-profit, and many are initiatives of the Associations of Parents of persons with disabilities.</p>	<p>Alternative family and community-based care</p> <p>In-home care services with a family-centred approach</p>

²² https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-and-school-education-funding-33_en

²³ <http://www.posgamea.gr/>



Housing	
Existing	Missing
<p>Social Welfare Centres:</p> <ul style="list-style-type: none"> ▪ Centres for recovery and rehabilitation of children with disabilities ▪ Child protection units for children with disabilities, providing social care and protection. <p>Units by private and church entities.</p>	<p>Family assistance services for families with children with high support needs</p> <p>Personal assistance services for children with high support needs</p>



Services and support procedures for persons with disabilities

Health Care - Insurance	
Existing	Missing
<p>Medical – Pedagogical Centres²⁴ / Mental Health Centres (Κέντρα Ψυχικής Υγείας): services for children, adolescents, and their families (early diagnosis, treatment, counselling and psychotherapeutic interventions and psychosocial support).</p> <p>Disability Certification Centres²⁵ (ΚΕΠΑ) responsible for ensuring uniform health assessments determining the degree of disability</p>	
<p>Centres for physical and medical rehabilitation (ΚΕΦΙΑΠ): provide services to support individuals with disabilities, and their families.</p>	<p>They are integrated into hospitals, while they should be integrated into the Social Welfare Centres.</p>

Allowances	
Existing	Missing
<p>Disability and welfare allowances provided by ΟΡΕΚΑ, includes different allowances based on the percentage of invalidity. Examples: Non-institutional care benefit (Εξωϊδρυματικό Επίδομα-Παραπληγίας τετραπληγίας), Total invalidity benefit (Επίδομα Απολύτου Αναπηρίας).</p>	<p>Adjustment of disability benefits based on the reassessment of additional cost of living in the current era.</p>

²⁴ <https://www.psychargos.gov.gr/Default.aspx?ID=26772&nt=18&lang=1>

²⁵ <https://ec.europa.eu/social/main.jsp?catId=1112&intPagelId=4565&langId=en&>

Education and Creative Activities	
Existing	Missing
<ul style="list-style-type: none"> • Special Education. • Special Vocational Education and Training Schools (ΕΕΕΕΚ): students can stay up to the age of 22 years' old. • Tertiary Education: Only a few provisions to support students with disabilities. 	<p>Services connecting Vocational education and / training schools with future employment opportunities.</p>
<p>Creative Activities Centres (ΚΔΑΠμεΑ) which are run by the municipalities or the private sector. The program provides care services to adults with disabilities.²⁶</p>	<p>Community Integration Services for the inclusion of persons with disabilities in the community (i.e., social clubs, self-advocacy programs/ initiatives).</p>
<p>Day Care Centres (Κέντρα Ημέρας) for adults with psychiatric disorders funded by the Ministry of Health.</p> <p>Day Care Centres (ΚΔΗΦ) (public, private and non-profit) funded by the Ministry of Labour and Social Affairs that provide care and psychosocial support services for individuals with disabilities enhancing their rehabilitation and independence.²⁷</p>	<p>Community-based support services for persons with disabilities by the local authorities.</p> <p>Crisis intervention and emergency support services.²⁸</p> <p>Peer support services and counselling.²⁹</p> <p>Long-term services and support, community-based, individualised and offered in their home settings.</p>
<p>Summer Camps for individuals with disabilities up to the age of 50 years old for 10 days.³⁰</p> <p>Bath therapy and Air therapy for officers and soldiers who became disabled during peace time while on duty.</p>	

²⁶ https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-and-school-education-funding-33_en

²⁷ <https://www.espa.gr/el/Pages/ProclamationsFS.aspx?item=4979>

²⁸ https://fra.europa.eu/sites/default/files/fra_uploads/2017-10-independent-living-mapping-paper_en.pdf

²⁹ https://fra.europa.eu/sites/default/files/fra_uploads/2017-10-independent-living-mapping-paper_en.pdf

³⁰ <http://www.posgamea.gr/>

Existing	Missing
<p>Social tourism³¹:</p> <ul style="list-style-type: none"> • coupons by the Hellenic Tourism Organization: seven-day subsidized holidays provided for people with at least 67% disability. • Social tourism by the Workers' Organization: eight-day holidays for people with at least 67% disability, who are required to pay a very little amount. 	

³¹ https://www.easpd.eu/sites/default/files/sites/default/files/easpd-greece_fact_sheet_v2.pdf



Living Support	
Existing	Missing
<p>By the National Organization for Healthcare Provision-EOPPY, local municipalities, public university hospitals, and mental health units, i.e., private, or non-profit mental health centres.</p> <ul style="list-style-type: none"> • "Help at Home" program for persons with disabilities by local municipalities. <p>Transportation services by the municipalities from their home to support services and vice versa</p> <ul style="list-style-type: none"> • Services of hospitalisation and special mental health care at home by public university psychiatric hospitals and mental health units.³² 	<p>Domestic Assistance services:</p> <ul style="list-style-type: none"> • Development and implementation of Personal Assistance Services, Respite Services, Emergency help Services • Expansion of the "Help at home" service to include more beneficiaries and cover the needs of people with severe disabilities and chronic diseases <p>Telecare / telehealth services for long-distance support, in rural and insular areas.</p>
Housing	
Existing	Missing
<p>Long-term institutional and residential care facilities (by the state, private non-profit organizations, and private for-profit organizations)³³:</p> <ul style="list-style-type: none"> ▪ Boarding Houses, ▪ Group homes, ▪ Private Care Homes, ▪ Psychiatric Hospitals, <p>some of those are part of the Social Welfare Centres.</p> <p>Community based Supported living houses (SYD) accommodating 1-9 adults with disabilities.</p>	<p>Expansion of Supported living Houses to cover the needs of more persons with disabilities to live in community-based accommodation settings across the country.</p> <p>Home modification programmes for physical adjustments to the place of residence in the case of acquired disability.</p> <p>Alternative community-based forms of accommodations:</p> <ul style="list-style-type: none"> • cohousing communities, • specially designed homes for persons with disabilities with higher support needs, • home sharing programs (minimize the cost of living and stay longer at their homes). <p>Services for the transitioning from institutions to independent living</p>

³² https://www.easpd.eu/sites/default/files/sites/default/files/easpd-greece_fact_sheet_v2.pdf

³³ https://www.easpd.eu/sites/default/files/sites/default/files/easpd-greece_fact_sheet_v2.pdf

Employment	
Existing	Missing
<p>Sheltered Workshops (non-profit organizations with state and EU funds and donations/ day centres with public funds)</p> <p>Social Enterprises – Κοι.ΣΠΕ. & ΚοινΣΕπ (facilitating the socioeconomic inclusion and occupational integration of persons with disabilities)</p> <p>Programs through the Hellenic Manpower Employment Organisation (ΟΑΕΔ)</p> <p>Employment offices for Special Social Groups (which aim at the integration into the labour market of population groups at risk of social exclusion, including people with disabilities).</p> <p>Modifications in the proportion of the recruitments of PwD have only promoted the employment of persons with disabilities in the public sector.³⁴</p>	<p>Development of an accessible and inclusive system of vocational education, training and lifelong learning, without discrimination and exclusion to the detriment of people with disabilities.</p> <p>Services for the connection of persons with disabilities with mainstream employment opportunities.</p> <p>Supported Employment Services.</p> <p>Job coaching services for employees with high support needs.</p> <p>Provision of incentives to employers to hire people with disabilities.</p> <p>Interconnection of students with disabilities and students with the labour market under the responsibility of Universities.</p>
Advocacy	
Existing	Missing
<p>Legal guardianship for individuals with disabilities</p>	<p>Services relevant for the legal capacity of persons with disabilities and their access to Justice. Replacement of existing substitute decision-making system with a supported decision-making system).</p>

³⁴ Laws: 4440/2016, article 25, 4590/2019, art. 62, 4488/2017 art. 23, 4369/2016 art. 11, 4331/2015 art.13

Services and support procedures for elderly persons³⁵

Benefits	
Existing	Missing
<p>Housing allowance (Στεγαστική Συνοδότηση): a rent benefit paid to uninsured and financially weak elderly people over 65 years of age, who live alone or with their spouses</p> <p>Social solidarity allowance for uninsured elderly: an allowance granted to persons aged 67 and over with low income who do not receive any pension or social security or welfare benefit.</p> <p>Free access of uninsured to the Public Health System.³⁶</p> <p>Old-age pension, when reached a certain age and accumulated a certain number of insurance days.</p>	<p>Community-based and home-based services</p> <p>Formal Home Care Services by home care takers adequately trained and certified</p> <p>Home modification program for physical adjustments to the place of residence of elderly</p>

³⁵ <https://aplo.yeka.gr/Pages/Pronoia/ProstasiaOikogeneias/ProstasiAllikiomenwn.aspx>

³⁶ <https://ec.europa.eu/social/main.jsp?catId=1112&langId=en&intPageId=4569>

Living Support	
Existing	Missing
<p>Help at Home³⁷: Domestic assistance to elderly people living alone. It includes three programs:</p> <ol style="list-style-type: none"> 1. the "Domestic Social Care" for uninsured elderly persons and persons with disabilities 2. the "Home Nursing" post-hospital care and recuperation of patients in their own home 3. the Aid at Home of pensioners 	<p>Does not operate on weekends and with extended hours during the week</p> <p>Telecare / telehealth services for long distance support, for the elderly in urban, rural, and insular areas.</p> <p>Implement innovative monitoring programs through wearables, telecare, GPS locators to lengthen safe self-living.</p> <p>Training programmes and also certification of nationals and foreigners for the remuneration of caregivers of the elderly and especially those with a significant degree of disability.</p> <p>Help programs at home for chronically ill elderly people</p> <p>Recreational programs at home, for example Theatre at home by professional actors who visit lonely elderly and entertain them performing.</p>
<p>Day Care Centres for the Elderly (K.H.Φ.H.) Public day-care facilities for elderly individuals who cannot fully care for themselves and whose families are unable to care for because they work or because they face severe social and economic or health problems. Run by the municipalities.</p>	<p>Mobile rehabilitation units and mobile diagnostic units with an interdisciplinary team.</p> <p>Home nursing programs</p>

³⁷ <https://ec.europa.eu/social/main.jsp?catId=1112&langId=en&intPageId=4570>

Housing	
Existing	Missing
<p>Elderly Care Units (ΜΦΗ)</p> <ul style="list-style-type: none"> ▪ non-profit (Μ.Φ.Η. Μ.Κ.), some units are part of the Social Welfare Centres, ▪ private care homes,³⁸ <p>Psychiatric hospitals</p> <p>Church entities</p> <p>Short stay supported living facilities for elderly with Alzheimer’s Disease.³⁹</p>	<p>Special housing - community living solutions:</p> <ul style="list-style-type: none"> • multi-unit apartments, • supported community living within an ordinary neighbourhood, • group homes, • cohousing communities, • specially designed homes for the elderly individuals with high support needs, • home-sharing programs for the 2elderly persons to minimize the cost of living and stay longer at their homes, • Hospice Care Units.

³⁸ <http://www.pemfi.gr/>

³⁹ <https://www.nstr.gr/>



Recommendations

The fragmentation of social services and responsibilities forces all four target groups to reach out to many actors, through complex procedures, to finally receive all the social benefits and support services to which they are entitled. Nor is there any provision for any coordination, which would facilitate simultaneous and multidimensional conciliation of potential beneficiaries with existing social care services.

On that basis, the above mentioned challenges could be addressed by the following measures:

- **Development of printed material and easy-to-use information platforms**, which, in a simplified way- will provide, to each target group, all the information about the social benefits and support services they are entitled to wherever they come from. This information should also include a simplified step-by-step description of the whole process of integrating the potential beneficiary into each service, programme and provision of the social care framework.
- **Provision of specific procedures and support per each target group**. Employ social scientists, in the basic social services for each target group, with the task of working with beneficiaries of their specific target group. These social scientists should be educated and specialised, knowing all social benefits and services related to the target group for which they work, and should be allowed, institutionally, to make referrals and connections of beneficiaries with flexible and fast procedures, when it comes to support services provided by different bodies.
- **Establishment a Citizen's E-card for all four target groups**. Thus, each beneficiary, using only a registration number, could electronically keep a file with all his/her necessary personal documents, available each time to the authorized representative of any social care service they need. The transition of social services to the digital age could soon lead to the automatic matching of each beneficiary's electronic registration number with as many social benefits and services as he is entitled to, wherever they come from, thus informing them of their rights directly, effectively, and accessible.
- **Employment of permanent staff in key positions** that know the needs of the beneficiaries. The permanent staff of social structures and services should at the same time be provided with scientific supervision, to ensure quality performance, and avoid burnout. Repeated and often non-renewable contracts for staff working in social welfare services, special schools, health centres, etc. make it impossible to establish a relationship of trust between the caregiver and the beneficiary, thus discouraging the beneficiary from resorting to them and seeking systematic assistance and supervision to solve his problems.
- **Ensuring stable funding to social services**. The financing of the operation of structures and personnel over the years through the NSRF constantly brings insecurity to workers and beneficiaries in structures such as KDAP, KDAP, KDAP, KIFI, KDIF, etc.
- **Training of civil servants in hospitals and police on child protection issues**. There is also a need for social workers in the public sector to be able to specialise in the field of child protection.
- **Development of accessible newsletters with key information about services and support**. Until now, there has been no organised accessible information campaign on existing health and social care services and existing benefits. For example, there is no display of social information messages with audio description, sign language and subtitles in squares, on television, at points of public interest for the public's service, e.g., JEP, etc. Thus, beneficiaries who are entitled to social benefits

may not be aware of it and may not enjoy them unless they are informed by chance - and certainly in deficit - of their rights. For example, someone receives the billing notice for municipal fees but has never received an update on who is exempt from them so that they can see if they are subject to this exemption. An immediate solution at no cost could be to send a mail with accessible information material together with the accounts of the TENs on various key issues.

- **Rendering the websites of municipalities, health, and social welfare services accessible to persons with disabilities.** Most websites of municipalities and health and social welfare services are not accessible to people with disabilities (W3CAA technical specifications) and thus, the potential beneficiary cannot obtain the relevant information, even if he/she is familiar with the new technologies. The same problem exists with the new electronic conciliation services with the public e.g., intangible prescribing, genuine signature, etc. Persons with disabilities, while benefiting from online services, do not have the necessary training to use them. Thus, they are still forced into a physical presence in the services to be served and find an escort to help them deal with the public. At the same time, there is no corresponding provision for our technologically illiterate fellow citizens.
- **Organisation of public information and raise awareness campaigns:** there is need to take the initiative for an organised public information campaign on vulnerable social groups, thus fostering public acceptance in social inclusion or reintegration efforts.
- **Setting objective and nationally agreed indicators for assessing the provision of services** for all the social services and structures – closed and open –, as well as uniform criteria and a safe way of qualitative evaluation of staff and services should be established by the service providers themselves.
- **Clarification of roles and responsibilities between public and private actors and between public and private social services.**
- **Adoption of national quality standards,** mandatory for public and private bodies, with common accountability mechanisms for the public and private social services sectors.
- **Improvement of the national organisation and regulation in the use of volunteers in social and health services.** A large part of the provision of services involves volunteers, but there are no clear pathways for training, criteria for their evaluation, and introduction of remuneration incentives to improve the sustainability of these services. For example, in the mindset of a pandemic, the telephone lines of psychosocial support for citizens with volunteers have been strengthened, but once the volunteers stop at the end of the lock down to help, each beneficiary will feel lonely, perhaps even abandoned.

Conclusions

For the deinstitutionalisation process to be complete, citizens should have the possibility to receive care and support closer to home, with various local services – public, voluntary, and private designed around the needs of the local population and tailored to the local context and priorities. Communities are the places where preventive programs can thrive. Having a broad offer of community services supports people's self-care and wellbeing, social participation, and independence.

Page | 32

This document shows that the objectives are partly achieved as a spectrum of services is present in the community. Nevertheless, gaps do exist and must be addressed in the variety of services available and in their quality. Innovation is needed to align the quality standards to the UN CRC and the UN CRPD.

We can see that the services **for children** are fairly developed, nonetheless it is important to ensure that primary care does cover all basic health services, and to fill in the gaps in the availability of pre- and post-natal care services between urban and rural / insular areas.

Another gap with consequences on parents' participation in the labour market is the lack of early childhood education for children up until the age of two. Also, it is important to ensure a good quality of activities in afterschool programs, including creative and athletic activities, ensuring additional support during the regular and after school hours for children with high support needs.

An organization of social services is suggested, applying 3 levels: community (primary) care, specialist care, and very high need care (strengthening the support services for families and children with high support needs). Another missing but crucial element is family-based care in their home setting, and high-quality community-based care.

For children in placement, a fundamental area for investment, due to its consequences on the success of the DI, is the support to the moment of the transition from institutional care to community-based care.

A key alternative to residential placement is foster care options. Investment is needed in policies for emergency foster care and specialized foster care for children with complex needs. This should be combined with services for the support of foster care/ adoption families, including training and support based on emotional and financial aspects to foster care parents and foster families peer support.

When coming to the available services for **children with disabilities**, again, territorial disparities emerge. Rural and insular areas lack diagnostic services with adequate staff, family support services (i.e., continuous services supporting the family before and after diagnosis, providing educational programs for families, families peer support and advocacy groups, family empowerment programs), and telecare / telehealth services for long-distance support.

In general, an affordable and publicly financed spectrum of early intervention services should be developed to prevent institutionalisation. It is well known that in lack of a holistic framework of early childhood intervention services, valuable years are lost in the early stages of the development of the disabled child. Thus, the child is not able to integrate effectively into the educational process and consequently is not properly included in the community. Early intervention will also ensure equal opportunities especially for more impoverished families with disabled members.

Investment is needed in preventative support services with a holistic approach for preventing institutionalisation later in life, with continuity of support services for children with disabilities throughout their lives.

Inclusive Education should also be fostered by creating adapted educational materials, training on inclusion for school professionals, awareness raising, and services to facilitate children's inclusion with support needs in mainstream education.

Another area for development is the one of respite services (e.g., short-term camps) for the temporary relief of families with high caring duties, key to support parents and prevent institutionalisation and abuse.

The offer of family and community-based care should include in-home care services with a family-centred approach and family assistance services for families with children with high support needs, and personal assistance services for children with high support needs.

In the area of services for **persons with disabilities**, a spectrum of services is in place. Still, there is a strong need for innovation towards implementing the UNCRPD and the social model of disability.

Support should be available at home by developing long-term services and support community-based, individualised settings; personal assistance services, respite services, and emergency help services; telecare / telehealth services for long-distance support, in rural and insular areas; crisis intervention and emergency support services; peer support services, and counselling.

In the area of housing, a spectrum of options must be put in place, including supported living facilities resembling family dwellings with the number of people typically forming a family, supported community living within an ordinary neighbourhood, multi-unit apartments, group homes, cohousing communities, especially designed homes for persons with disabilities with higher support needs, home-sharing programs (minimize the cost of living and stay longer at their homes). This should be accompanied by services for the transition from institutions to independent living.

In the area of employment, there is a lack of services connecting vocational education and training schools with future employment opportunities, or services for the connection of persons with disabilities with mainstream employment opportunities, and of job coaching services for employees with high support needs.

The right of persons with disabilities to choose for their life also depends on their legal capacity. Services must be developed to ensure legal capacity and access to justice, removing guardianship mechanisms and granting full recognition in front of the law for persons with disabilities. Finally, independent living should be accompanied by inclusion in the community through community Integration Services like social clubs, self-advocacy programs/ initiatives.

For what concerns **elderly persons**, a system including benefits, day-care availability, help at home and participation in social activities, and housing solutions are in place. Nevertheless, some services are missing, and others would need innovation to increase their possibility for choice, community living and participation in society.

In particular, there is a lack of community-based and home-based services, and of formal home care services by home care takers properly trained and certified. Moreover, investment would be needed to allow home modifications for physical adjustments to the place of residence of elderly persons.

To increase inclusion, programmes should be developed for the creative engagement of elderly with younger populations, like intergenerational activities, preventing institutionalization and combating the sense of loneliness and isolation.

Transportation services for the elderly to and from services could be improved with the use of public vehicles in cooperation with local administrations. Mobile rehabilitation units and mobile diagnostic units with an interdisciplinary team and home nursing programs should be available. Telecare and telehealth services for long-distance support are needed in rural and insular areas.

Page | 34

Special housing - community living solutions should include a spectrum of options, such as multi-unit apartments, supported community living within an ordinary neighbourhood, group homes, cohousing communities, especially designed homes for elderly with higher support needs, and home sharing programmes for elderly to minimize the cost of living and stay longer at their homes.