

Technical support on the deinstitutionalisation process in Greece  
Grant Agreement: SRSS/S2019/02

## **Communication Strategy on the DI process in Greece**

**Deliverable 23 (as per the Workplan) under Component 4, Output  
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## 1. Introduction

In the context of the program “Technical support on the Deinstitutionalisation process in Greece” (Grant Agreement: SRSS/S2019/02), the European Association of Service providers for Persons with Disabilities (EASPD) is supporting the Greek Government in preparing a strategic framework for the implementation of the DI process in Greece. A significant component of this action is developing a communication frame of reference to raise awareness about DI and connect with local communities.

Despite the significant progress that has been made in Greece in recent years, a large part of the population continues to have a positive attitude towards institutional care. This is due to a lack of awareness about the harms of institutionalisation, and the right of persons with support needs to be treated as equal citizens.

In this context, the adoption of a Communication Strategy that puts people first, promotes a positive model of inclusion and guides those who want to implement successful models of life and care in the community is of great importance. The Communication Strategy on the deinstitutionalisation (DI) process in Greece is vital to highlight the mutual benefits that deinstitutionalisation can have for both individuals currently living in institutions and the communities that will receive them.

This document suggests a guide to specific communication steps that aim to provide a general framework of reference for stakeholders and partners to consult when developing their individual Communication Plans, which aim to promote deinstitutionalisation. Each of the steps in this guide is described in detail in order to achieve a common approach and targeting.

This Communication Strategy is developed together with an Outreach Plan for receiving communities aimed at informing and supporting local communities welcoming persons with support needs, and audio-visual material to raise awareness and collect the views of all stakeholders of the project.

## 2. The context of the DI Communication Strategy

The context of the Communication Strategy on the DI process is provided by the National Deinstitutionalisation Strategy, the strategic framework through which the DI process will be implemented. In the DI strategy, which has been developed with the support of the current project, deinstitutionalisation is described as a complex and multipurpose process that entails fundamental reshaping of how society can provide the necessary tools to individuals to participate on an equal basis. DI should not be associated with the simple closure of institutional settings but embodies the transition from isolating and segregating institutional settings towards the creation a community-based care system including a range of support and other services in the community which enable inclusion, such as prevention, early childhood intervention (ECI), family support, health, education, employment and housing.

The deinstitutionalisation Strategy is based on the principles of participation, non-discrimination, equality, choice, and control over life, and on the right to receive support tailored to individual needs. Other key points emphasised in the Deinstitutionalisation Strategy, which inevitably also provide basic guidelines for the DI Communication Strategy, are the following:

- **Co-production**

Co-production recognises that individuals with support needs are experts on their own lives. They should be fully, structurally, meaningfully, and in an ongoing manner involved in all stages in the design, development, and delivery of all relevant policies, services, or activities.

- **Cooperation and involvement of all relevant actors generating co-ownership in civil society**

Deinstitutionalisation requires the participation of civil society and a strong coalition of stakeholders supporting DI. A comprehensive consultation that engages civil society, in particular children with or without disabilities, adults with disabilities, elderly persons and their representative organisations, but also staff from institutions, policymakers and community stakeholders is an essential component of the DI process that creates a sense of shared ownership and improves its sustainability.

- **Synergies between different policy areas**

The legislative context for deinstitutionalisation largely falls within the provisions of social protection. However, the perception that the sole ownership of deinstitutionalisation lies with the social protection sector contributes to fractured relations with other policy areas such as

financial policies, health care, education, housing, accessibility and others. Successful implementation of the Strategy depends mainly on the coordination of the goals of public policies in various sectors and levels.

### 3. What is a Communication Strategy

*“Remember, we may live in a new world, but the old rules still apply. Powerful communication has always been about getting people to pay attention and take action.” Fard Johnmar*

A Communication Strategy is the scheme of planning how to share information to achieve communication objectives. It is the critical piece bridging the analysis of the current situation and implementing a sustainable social and behaviour change intervention.

A Communication Strategy is more than campaigns and communication materials. It is a guide that takes us from where we are now to where we want to be. It raises the probability that we will reach our destination, and it does so primarily by creating the conditions that favour success. It aims to lead the entire process by setting the tone and direction so that all Communication Plans, activities, products, and materials work in harmony to achieve the desired change. It frames every piece of interaction into a cohesive whole, sending a clear and creative message. A Communication Strategy is not necessarily a lengthy document, but it does have to be a dynamic, flexible document.

### 4. What is a Communication Strategy on the DI process in Greece, why do we need it, and who will use it?

The Communication Strategy on the DI process in Greece is a handbook that details how different plans related to deinstitutionalisation will reach their vision, given the current situation, by adopting a systematic approach, identifying appropriate communication activities, messages and channels to disrupt existing bias and drive positive social change.

Given the vast and heterogeneous field of actions related to deinstitutionalisation, the DI Communication Strategy presented in this document has been designed as a model to support all stakeholders and partners who wish to communicate DI related actions in a targeted way. It aims to provide a map which they can refer to.

It is recommended that all stakeholders who want to communicate such actions read this Strategy and then work together in their teams to understand better which communication goals are most applicable under the context of their role. Each stakeholder is encouraged to create their own Communication Plan, using the suggested Communication Matrix and the

directions set out in this Strategy. Then, they are expected to work through audiences, messaging, and activities that align with their objectives to an engagement plan tailored to their needs.

Potential partners who could benefit from this Communication Strategy to share and promote their sub-projects may be the following:

- The State, the relevant Ministries, and the Social Welfare Centres across the country in their effort to communicate some of the individual actions that make up the puzzle of deinstitutionalisation, such as the promotion of foster care, inclusive education, the development of housing services in the community for people who are about to leave institutional settings, the integration into the labour market of people with disabilities etc.
- Municipalities, civil society organisation, public or private service providers willing to develop and promote community-based programs and services such as early childhood intervention services, support at home programs for senior citizens, supported living accommodation services, advocacy services, personal assistance services etc.

## 5. Draft a Shared Vision

To create the change, we need a guiding vision that provides a picture of what the situation will look like when our intervention will be successfully implemented. It is a statement that gives direction, communicates enthusiasm and fosters commitment and dedication. A common vision creates a sense of purpose, sparks our energy and sets a shared pathway.

We need our vision:

- To be ambitious, to go beyond what is thought possible soon.
- To inspire and motivate, conjuring up a positive image that creates excitement, generates enthusiasm, and presents a challenge.
- To bring the big picture in mind keeping everyone focused on a larger goal.

### 5.1 A vision for DI, a new vision for social care

The dominant attitudes toward social care frame it as a system, often poorly organised, for the vulnerable, those who need to be looked after and are unable to make a positive contribution to society. Especially for some children, adults and elderly persons experiencing challenging circumstances and social alienation, incarceration in an institution was seen as the only way to provide adequate support and care to their multiple needs. Whilst this view may

elicit sympathy and compassion, at the same time it creates distance and disconnection. Many people view social care as something remote that concerns other people and not themselves. Consequently, they are unable to recognise and appreciate the benefits a cohesive, universal social care system can bring for them, their communities and their families.

However, at the same time, a new narrative seems to be emerging, accelerated by the Covid pandemic. The recent spotlight on care homes and the 'vulnerable elderly' has created a focus that suggests that social care is essential and should be a priority. The pandemic has also highlighted the significance of community, relationships and connections to people in their everyday lives. The public has experienced the value of communities around them and the pain of being separated from the bonds of family, friends and colleagues.

There is a potential to act now and tap into a new story that communicates a positive approach to social care based on well-being and individual needs, a story of inclusion and belonging where people are supported according to their needs and wishes and are treated with dignity in a place called home.

As Hilary Cottam writes, "to create change we need a guiding vision, and the vision we must aim for is good lives well lived". Our vision should be just that, a concise, values-based articulation of the fundamentals of a good life invoking value such as:

- Security and belonging
- Community and interdependence
- Individual freedom and control over one's life.

Our vision for DI should be framed in the context of a new narrative for social care. It should serve as a commitment to a cultural shift away from the deficit-based, care management approach towards a strengths-based way of working alongside the individuals and communities. From assessments for services to keep 'service users' satisfied to conversations with people about the life they choose to live. From 'placing' people in 'settings' to supporting people to remain in, find or return to the place they call home. From focusing on needs and risk and abuse to concentrating on gifts, contributions and love. From transactions and institutions to relationships and communities. From assuming and doing to, to listening and working together.

Overall, we need to develop a broader, more inclusive narrative and vision that embraces all our many identities, especially those deliberately denied respect and freedom to thrive such as the identities of children, adults and elderly persons who have been forced to live in segregating institutional settings.

A positive values-based vision for DI could be phrased as the following statement:

**We all want a good life**

We all want to live in a place we call home, with people and things we love, in communities where we look out for one another, doing what matters to us.

This a vision that doesn't separate "us" and "them", it is a vision that we can all relate to, and all aspire to. It represents a significant shift from our current focus on care – not on living, and on services in 'settings' that no one calls home.

## 6. Communication Matrix

After framing an inspiring vision for DI, it is crucial to provide some practical guidelines for those who will develop and implement individual Communication Plans for actions related to the general context of the DI process. This section offers a step-by-step guide to putting together a Communication Plan. Every Communication Plan is different, but these steps can be used as a blueprint to outline the key issues and address them to develop individual approaches. It ensures that audiences, objectives, messages and communication channels are clearly defined, and an evaluation process is foreseen.

The Communication Matrix involves the following categories:

- Identifying, involving stakeholders – consultation and co-production
- Situation analysis – where are we now
- Audiences – who should we target
- Objectives – what exactly do we want to achieve
- Messages – which messages should we convey
- Channels, Activities – which communication channels and activities are we going to use
- Evaluation – how are we going to evaluate the impact of our intervention.

### 6.1 Identifying, involving stakeholders. Consultation and Co-production

Communication is never a one-way process. It is not just the flow of information to someone. It starts with understanding people, their beliefs and values that shape their lives. It involves engaging communities and listening to adults and children as they identify problems and propose solutions. A Communication Plan should be seen as a mutual, dynamic process for sharing ideas and knowledge using a range of communication tools and approaches that empower individuals and communities. It is about how we actively involve our partners and audience in meaningful ways to inspire them, share our collective achievements, and emancipate people to take responsibility and action to improve their lives.

In these terms, experts by experience, the persons who are directly involved in the issue at stake, should always stay at the centre of the attention and be actively engaged throughout the development of any Communication Plan.

Furthermore, all other relevant stakeholders such as decision-makers, audience members, technical experts, those who control access to people or resources should be included. A suggested initiative towards this direction is to identify potential stakeholders and organise a stakeholder workshop to engage those affected by, have a direct interest in, or somehow influence the process. This initial consultation workshop can provide helpful feedback on developing a communication plan, identifying key issues, indicating solutions, spreading ownership, and encouraging sustainability.

In the case of DI, important stakeholders that should be considered when designing a Communication Plan include the following:

- Experts by experience, children with or without disabilities, adults with disabilities and elderly persons
- The State, the relevant Ministries
- Families of persons with support needs
- Representative organisations
- The Social Welfare centres across the country
- Local Authorities
- Social care staff and relevant trade unions
- Networks of service providers
- The Church
- Donors
- Local businesses
- Civil society organisations
- Communication experts
- Media representatives.

### 6.2 Situation analysis – Problem statement

Every Communication Plan begins with the analysis of the current reality and the identification of the issue we want to address. It involves a systematic collection and study of data and other contextual information in order to identify and understand the specific issue to be addressed. It examines the current status of the case to be targeted and the social, economic and political context in which it exists. A complete situation analysis gathers information on three areas:

- the issue to be addressed, its severity and its causes;
- the people who are affected by the problem;

- the broad context in which the issue exists.

Often, to better identify the issue at stake, a review of existing health and demographic data, survey results, study findings and any other available data will be required, taking into account the geographical dimension and specific local characteristics.

Successful Communication Plans focus on one specific issue at a time. Addressing too many problems or too general a subject, such as the social exclusion of persons with support needs, can be confusing. To help concentrate the situation analysis, a focused problem statement should be developed.

In the case of DI, an example of such a statement related to foster care, which is an important aspect associated with the transition process from institutional to community-based care, could be the following:

There is a highly unmet need to increase the number of candidate foster parents in the Region of Attica in order to support the transition of children now living in institutions to family-based care

This problem statement names the issue (not a sufficient number of candidate foster parents), indicates who is affected (children now living in institutions), where (Attica Region), the extent of the problem (a high amount) and the context in which the problem exists (the transition process from institutional to family-based care).

### 6.3 Audiences, the recipients of the messages

When someone is developing a Communication Plan, it is vital to know who the potential audiences are, the people most impacted by the issue at stake and those who play a decisive role in implementing the reform envisaged. In the case of DI, these audiences may include:

- Children and adults with support needs either currently living in institutions or at risk of entering institutions who will be informed about their right to live in the community and about their choices to do so;
- general public;
- receiving communities who will accept and accommodate persons transitioning from institutions to community;
- the media;
- the families of persons with support needs;
- policymakers;
- donors;
- social care managers and staff;
- public authorities (local, regional and national).

**Step 1: Identify Potential Audience(s)**

To address the problem statement and achieve the shared vision decided during the previous steps of the process, it is recommended to list all potential audiences that are affected by or have control over the problem identified.

**Step 2: Segment identified potential audiences into groups with similar needs, preferences, and characteristics.**

Segmenting audiences enables a Communication Plan to focus on those audience members who are most critical to reach and to design the most effective and efficient approaches for each audience.

**Step 3: Determine the priority audience.**

From the previous segments, we should determine the priority audience. To select the priority audience, it is helpful to ask the questions in the table below. The group with the highest rank in this questionnaire is the best choice for a primary audience.

<b>How many people are in this audience?</b>				
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Fewer people)			(more people)	
<b>Is addressing this audience essential for the success of the Communication Plan?</b>				
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Least essential)			(most essential)	
<b>Is the audience most affected or at risk?</b>				
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(least affected/at risk)			(most affected/at risk)	
<b>How likely will this audience be to change within the timeframe of the Communication Plan?</b>				
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(least likely)			(most likely)	
<b>Does the Communication Plan have the resources to focus on this audience?</b>				
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Insufficient resources)			(sufficient resources)	

**Step 4: identify the influencing audiences.**

To select influencing audiences, ask which audiences strongly influence the priority audience, both directly and indirectly.

Once the Communication Plan team has decided on a priority audience and its influencing audiences, audience profiles should be developed for each audience, including information

on the audience’s behaviours, motivations, emotions, values, attitudes and demographic data.

## 6.4 Objectives

Communication objectives clearly and concisely state the intended impact of communication efforts. They are one of the keys to the success of any Communications Plan. Any communications activity should serve and be aligned with specific organisational objectives. These objectives should address issues such as information, awareness, knowledge, attitudes, skills, practice, policies, behaviour and participation. Our objectives should answer the question, “What do we want our audience to know/feel/do in response to our intervention?”. Different objectives should be defined following a SMART approach for each audience segment identified through the process described in the previous chapter (priority audience and influencing audiences). That is, objectives should be Specific, Measurable, Attainable, Relevant and Time-bound. Having SMART objectives makes it easier to clearly define what we are supposed to achieve through the implementation of the objective, hence facilitating the monitoring and evaluation process.

An example of a SMART objective to be addressed to a specific audience under the scope of a Communication Plan concerning the right of persons with disabilities to be included in the labour market could be the following:

“To distribute outreach material promoting the right of persons with disabilities to employment to 70% of business owners in the neighbourhood of Agia Paraskevi by the end of the next year.”

### Communication Objectives Template

Objective component	Explanation	Response
<b>Audience segment</b>	Who needs to make the change?	Business owners in the neighbourhood of Agia Paraskevi.
<b>Key constraint</b>	What is the biggest thing stopping the audience from making the change?	Negative preconceptions around the possibility of persons with disabilities being included in the labour market.
<b>Desired change</b>	What does the audience need to change/do?	Attitudes towards employment of persons with disabilities.
<b>How much change</b>	How much change does the program expect to see?	At least 50% of the targeted business owners are expected to develop positive attitudes towards the employment of persons with disabilities.

<b>Time</b>	What is the time frame for the change?	By the end of next year.
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## 6.5 What to communicate: Messages

Once we have identified our audiences and objectives, the next task is to break down our objectives into relevant messages for each audience segment, starting with the highest priority audience. Our messages should be relevant and appropriate to the audience identified according to its profile developed in previous stages of this Communication Matrix. For example, when we speak to supporters and donors, we might choose a much more explicit language than when approaching state or local authorities. And when we address persons with a limited understanding of the written language, we should adopt an easy-to-read approach. It is vital to have continuity across messages to similar audiences, and our messaging needs to always link back to our critical organisational objectives and values.

When drafting our key messages, we should avoid overly complex statements and prefer messages that attract the audience and keep them listening to what we are saying. Therefore, the message must be clear, short, and easy to remember. We should keep in mind that critical audiences such as journalists and policymakers are often overloaded with information and may ignore our messages if they are over-complicated.

### 6.5.1 Who is the protagonist?

Our language reflects our values and feelings and, in turn, the way we think and behave. Given that DI is all about people, it is notable how few people who live or have lived in institutions lead the story of DI, which tends instead to focus either on living conditions or enlightened policymakers or professional experts. When we communicate DI, we should make sure that people who are experts by experience are the protagonists. Communication is all about storytelling. Using engaging, human stories of people on a mission to live their lives as they choose to, just like everyone else, can be a powerful catalyst for change.

### 6.5.2 Focus on the results; not on the process

As the communications expert, Anat Shenker-Ostorio reminds us, “We sell the brownie, not the recipe.” We should not preface our stories with the problems of “the sector” or “the providers” or talking about the policy, model or approach we are delivering or advocating. We should separate means and ends in our headlines and always start by painting a picture of the lives people live or could be living thanks to a successful Di process. For example, we should not begin our messages by talking about “providing personalised needs assessment and support.” We should talk about people being able to live in a place they call home, with the people and things they love, in communities where we look out for each other and do what is

important to them - the life people should expect when personalised needs assessment and support has been delivered.

### 6.5.3 It is not about the “others” or the “vulnerable ones”. It is about all of us

As mentioned in chapter 5.1 “A vision for DI, a new vision for social care”, our Communication efforts should not replicate messages of segregation. It should not be all the time about “service users”, “patients”, “customers”, “clients”, “cases”, “the elderly”, “the disabled”, “our most vulnerable”. These are labels our audiences don’t apply to themselves or anyone they love. Using these labels makes it more acceptable to ‘place’ people in segregating ‘care settings’.

We have many lessons to learn from other successful social movements. For example, in the past, campaigns for ‘civil rights to same-sex partnerships’ failed to change social attitudes because the language they used differentiated LGBT+ people and conveyed messages that few people commonly associate with getting married. These campaigns were later actively reframed for ‘Equal Marriage’ and focused their messages on commitment, family, and love. Those campaigns included not only people from the LGBT+ community but also their mums, dads, siblings and grandparents and managed to create a broader sense of “us” with which more people could associate. A similar shift can also happen concerning social care and DI. Two successful examples pointing in this direction is the campaign held in Australia to include persons with disabilities with the title [‘Every Australian Counts’](https://everyaustraliancounts.com.au)<sup>1</sup> and the campaign [“We belong”](https://www.webelong.org.uk/),<sup>2</sup> targeting children and young people growing up in the UK without any formal immigration status.

### 6.5.4 Images acknowledging and affirming identity

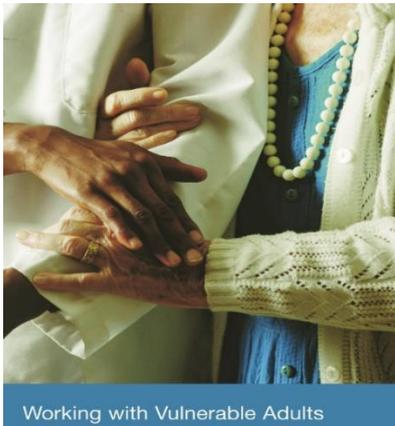
*“We tend to think of institutions and institutionalisation as about being in a place. But institutionalisation is really about the dismantling of the self.” Neil Crowther*

The dehumanising language, often used for persons residing in institutions or generally receiving social care, often goes alongside equally dehumanising stock images of disembodied body parts. Hands, legs, backs, bodies without heads, anonymous and invisible. This lack of identity matters because it conveys that people are barely visible, not valued, their personal histories are denied and ignored. It matters because it means people are expected to be passive recipients of services, losing choice and control as solutions are prescribed for them based on labels and classifications rather than individual personalities, preferences and aspirations.

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<sup>1</sup> <https://everyaustraliancounts.com.au>

<sup>2</sup> <https://www.webelong.org.uk/>



Instead, we need images like the following, acknowledging and affirming identity. These images convey the message that people are heard and valued and loved for who they are and who they can become; That we are here to learn together what matters to the people to maintain, reclaim, or renew their identity.





### 6.5.5 Accessibility of information

Our message needs to be accessible to everyone, including users with disabilities, so that as many users as possible can benefit from the contents. Accessibility of information is understood as described in Article 9 of the United Nations Convention on the Rights of Persons with Disabilities as:

*... appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including **information and communications technologies** and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas (United Nations, 2006, p. 8).*

Accessible information is information that:

- allows users to orientate themselves within the content quickly; and
- can be effectively perceived and understood by different perception channels, such as using eyes and/or ears and/or fingers.

When designing a Communication Plan, it is important to develop an easy-to-read version of it to broaden the audience that will engage with it.

## 6.6 Communication channels and activities

When drafting a Communication Plan it is also important to identify the most appropriate communication channels and activities to reach each audience group and achieve the most significant impact.

It is usually practical to use a wide range of different channels and activities, as there are pros and cons to each. There are four broad categories of channels and activities:

- **Interpersonal communication** interventions are those that involve person-to-person or small group interaction and exchange. Examples include counselling, peer support, training programs, and support groups, etc.
- **Digital or social media** such as video, text, images and audio - which can be transmitted via the internet, computers or mobile networks. Examples include websites, blogs, social networking sites, etc.
- **Community-based interventions** are those designed for/with and delivered in communities. These may include concerts, community events, community dialogues, etc.
- **Mass media**, any means of communication that reaches large numbers of people. Examples include television, radio, newspapers, films, magazines and the internet.

### 6.6.1 Examples of Communication channels and activities for the purposes of DI

The following is a shortlist of indicative examples of channels and activities that can promote the deinstitutionalisation process in Greece:

- An online one-week festival with films and discussions on institutional care and its alternatives, in collaboration with established film festivals and communities of abled and disabled artists that will reach at least 1000 viewers.
- A conference organised by the Department of social studies of the University of Athens (with at least 300 hundred participants) targeting the academic community, in order to explore the role Universities can play in the deinstitutionalisation process.
- An illustrated guide to the DI reform addressed to journalists and published by the Ministry of Labour and Social Affairs in collaboration with service users and communication experts.

## 6.7 Evaluation and amendment

Every communication plan should conclude with an evaluation section. What does success look like, and how will we know we have achieved our goals?

Here we should indicate the tools we will use to evaluate the various sections of our Communication Plan and the milestones we will set to measure progress toward the final goals. These could be simple measures such as the number of responses to e-bulletins, hits to our website, or the increase in donations after a mailing. We could focus on policy changes, such as whether the critical demands of our campaign have been achieved. We could also include measures of media coverage, not just in terms of volume but also breadth and depth. How often were our critical messages mentioned, and has there been a change in public attitudes to issues we campaigned on?

## 7. Useful communication resources

During the project "Technical Assistance to the deinstitutionalisation process in Greece", in addition to this Communication Strategy, several other deliverables have been produced which can be used in the effort to communicate the deinstitutionalisation process. These include:

1. An Outreach Plan for receiving communities
2. Three raising-awareness videos to be shared with local communities addressing the needs and preferences of the target groups (children with or without disability, adults with disabilities and elderly persons)
3. One video collecting the stakeholders' views to be addressed to policymakers combined with a series of stand-alone visuals/cards with key messages on DI and a leaflet with general information about the project and the main messages of the stakeholders.

The Outreach Plan for receiving communities addresses common issues of concern identified in the DI process and is developed in the form of guidelines aiming to prepare local communities to accept change and welcome new residents transitioning from institutional settings. The Outreach Plan highlights the key barriers to the transition process, ways to address them and the mutual benefits the DI process can have for both local communities and persons with support needs. The Outreach Plan is a useful tool that can be used by National or Local Authorities and by service providers initiating new community-based services.

The raising awareness videos refer separately to the project's three target groups, children with and without disabilities, adults with disabilities and the elderly. They capture their views,

the differences between life in the institution and life in the community, the benefits of social inclusion and urge citizens to adopt an inclusive, welcoming approach. Different stakeholders can use these videos on a variety of different contexts and occasions. They can be used by national or local authorities, service providers, educators at various levels of education, trainers, activists and advocates for the rights of people with support needs. They can be addressed either to the general public or to individual audiences such as residents of a receiving community, pupils, students or other trainees. They can be viewed on media, websites and social media.

The video collecting the views of the stakeholders and the accompanying cards and leaflet are mainly targeting policymakers to make them aware of the various perspectives of the main stakeholders of the project. This communication material serves as a reminder for decision-makers of the central role of experts by experience and the importance of consultation and co-production throughout the development and the implementation of all DI related actions in Greece. It can be used in various training contexts addressing the needs of civil servants working in competent Ministries, staff working in local authorities, managers and social workers in Social Welfare Centres or Private Law Service Providers.

In addition to the above deliverables, which are directly related to the Communication Strategy, the following deliverables of the project also contains useful resources which can be used to promote and communicate the case of DI:

- The National DI Strategy
- The Roadmap for the implementation of the DI strategy
- The Guidelines on standard procedures on DI, including recommendations tailored to the Greek context
- The Guidelines on support procedures in community-based care settings, including recommendations tailored to the Greek context
- The Training material developed for managers and social care staff working in the transition from institutional to community-based services
- The Factsheets on best practices on community-based living
- The Roadmap on how to deinstitutionalise a setting.

All the above resources convey a consistent message of inclusion based on shared values of dignity, equality and non-discrimination. They envisage a social care reform that will lead to a more comprehensive, inclusive social protection system, which will benefit all persons who may have support needs throughout their lives.

## 8. Conclusions

This document aims to serve as a frame of reference for the communication of the deinstitutionalisation process in Greece. It describes a vision for deinstitutionalisation synonymous with a broader, value-based new narrative for social care invoking principles of belonging, community, citizenship and choice. This document proposes a Communication Matrix, a step-by-step formula for different stakeholders willing to develop individual communication plans to promote various DI aspects. The Communication Matrix's role is to ensure that audiences, objectives, messages and communication channels are clearly outlined, and an evaluation process is in place.

Close to the strategy, a series of communication resources were developed in the context of the project "Technical assistance to the DI process in Greece" and presented with guidelines on how to use them to maximise positive social and behavioural change. These include three raising awareness videos (one per each of the project target groups), a video with policy recommendations addressing policy-makers, cards with key messages, and a leaflet presenting the key contents of the DI Strategy.

## 9. References

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