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Outreach Plan for receiving communities

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Introduction

Deinstitutionalisation aims to promote the full integration and equal participation of persons with support needs from institutions in the dynamic social field of life of the local community.

In this context, the concept of community, dimensions, structure, functions and dynamics of the relationships it comprises have an essential value and play an important role in the efforts of deinstitutionalisation.

This "Outreach Plan for Receiving Communities" is developed in the context of the program "Technical support on the Deinstitutionalisation process in Greece", together with audio-visual material and as a part of a broader Communication Strategy designed to raise awareness about DI and connect with local communities.

The objective of this document is, on the one hand, to highlight the fundamental link between deinstitutionalisation and the local community and on the other hand, to propose recommendations and best practices for the formulation of an appropriate and effective action plan on the approach, preparation and involvement of the community in deinstitutionalisation processes.

The drafting of this document is based on the essential role played by local and wider communities in any reform intended to implement modern concepts of social inclusion and equal participation of sensitive and vulnerable groups of the population in community life.

The key position that orients the "Outreach Plan for Receiving Communities" is that an informed community can effectively and much better support a process of change and implement new policies. The community "gives" and "takes" in such a dynamic reform process. According to this, one of the main objectives of deinstitutionalisation is the creation of welcoming and inclusive communities for persons with support needs through systematic work with appropriate actions.

In particular, the "Outreach Plan for Receiving Communities" aims to use both institutional capabilities that are provided by the local community and human resources in regards to:

- the practical implementation of the declarations of egalitarianism and the rights of all groups of the population,
- the need for short-term and long-term planning during the development of deinstitutionalisation, without retractions,
- the creation of a climate of safety and trust between all stakeholders (persons with support needs, families and carers, workers in the area, local community) and commitment to its objectives.

The action plan for the community's approach, preparation and involvement in deinstitutionalisation processes, which is presented and analysed below, provides for and includes issues of planning actions relating to:

- community assessment,
- information and development of cooperation with community networks,
- community awareness to combat prejudice and negative attitudes,
- the development of strategic communication policy,

- mobilising the social capital of the local community by developing a network of volunteers.

1. Deinstitutionalisation and Community

Deinstitutionalisation is an important policy implementation strategy to promote the rights of children, people with disabilities and elderly with support needs living in institutions. It aims to abolish institutions and establish services within the community in order to support their social integration, equal participation in community life and the prevention of institutionalisation.

The process of deinstitutionalisation is not about simply redirecting those living in institutions to services in the community. It is a multi-level, dynamic and complex process of transition from the medical to the social and legal model for persons with support needs, and the implementation of the respective proclamations on alternative childcare, International Conventions on the Rights of the Child and People with Disabilities and the Madrid International Plan of Action on Ageing.

In particular, concerning people with disabilities, deinstitutionalisation is based on the social right model of disability and the United Nations Convention on the Rights of People with Disabilities, which Greece ratified with Law 4074/2012. Now in our country, institutionalisation is considered a bad policy, as it violates the human rights of people with disabilities (European Expert Group on the Transition from Institutional to Community-based Care, 2012).

According to the social model, problems faced by people with disabilities are not due to the functional limitations created by disability. They are due to the shortcomings of society in addressing the needs of people with disabilities with reasonable adjustments, accessibility, universal planning and rights. According to the rightful approach, which is an extension of the social model, disability is not a welfare issue but a question of safeguarding fundamental human rights and freedoms. Furthermore, managing the problems faced by people with disabilities requires the adoption of anti-discrimination legislation and the implementation of measures (institutional and other) in all areas of social life (Greek National Confederation of Disabled People, 2012).

Article 19 of the Convention recognises the equal rights of people with disabilities to live independently in the community, including two directly related dimensions: the right to independent living and the right to inclusion in the community. The practices of separateness and isolation of people with disabilities, **as in institutions**, are absolutely incompatible with Article 19 and are now considered a serious violation of their rights.

The policy of deinstitutionalisation has contributed to the widespread recognition that institutional care has a serious impact on all areas of the lives of persons with support needs living in institutions. In particular, decades have shown that it is related to passivity, impairment of functionality, stigma, withdrawal from social roles, limitation of social expectations, rupture of family ties and social support networks, and in some cases also related to the phenomena of neglect and abuse of people (Asimopoulos et al, 2009, Greek Ombudsman – Circle of Rights of the Child, 2011).

Deinstitutionalisation programmes have already been developed in many countries, as well as in Greece, for people with mental disabilities with the psychiatric reform programme. Compared to institutional care, deinstitutionalisation and support from services in the community have brought positive outcomes in all areas of life for persons with support needs.

A significant investigating body has assessed the impact of deinstitutionalisation on quality of life, behavioural outcomes, life satisfaction, ability to engage in daily life activities and support networks. Studies – regardless of the analytical technique or country of origin – find that living in the community has positive effects on the lives of persons with support needs who previously lived in institutions (Kozma et al, 2009- Walsh et al, 2010). In particular, they show that with support in the community they have better quality of care, better objective quality of life, more choice opportunities, greater autonomy and initiative, wider social networks of support and more friends, opportunities to participate in community life, are more likely to acquire new skills and develop existing ones, and they are more satisfied with their living conditions.

However, as recorded from international experience, but also from the experience of deinstitutionalisation of people with mental disabilities in Greece, this process, despite the positive effects it has on the lives of persons with support needs, faces significant challenges and resistance.

Wherewith deinstitutionalisation attempted efforts to change and improve the quality of life and social inclusion of persons with support needs are observed to manifest reactions from all stakeholders: residents, families, institution staff and local communities. These reactions are directly related to the phenomenon of resistance to change (Chenoweth, 1998). In some cases, they may hamper the work of deinstitutionalisation, with implications for the creation and operation of new support services in the community and for persons with support needs after their transition to the community at risk of remaining marginalised and excluded from community life.

Resistance to the development of deinstitutionalisation is mainly related to:

- prejudice and negative attitudes, in particular towards disability, and
- issues relating to the multidimensional and dynamic framework of local communities.

These factors indicate the fundamental relationship and the necessary link between community and deinstitutionalisation processes to ensure sustainable and appropriate outcomes. The main condition for the success of this is the local community being informed by appropriate methods and being aware of the objectives of deinstitutionalisation and the rights of persons with support needs, and preparing to receive and include them on an equal footing in community life.

1.1 Social attitudes towards persons with support needs

Social attitudes and perceptions towards persons with support needs and especially people with disabilities, play an important role in the possibility of their equal participation in society. They can be either a supporting factor or a hindering factor in their social integration (Greek National Confederation of Disabled People, 2017).

This is particularly noted in the Convention on the Rights of People with Disabilities, where it is recognised that the limitations in their participation in social life also arise from behavioural and ideological barriers and that stereotypical perceptions and prejudices about people with disabilities lead to discrimination and social exclusion. For this reason, by Article 8 of the Convention on the "awakening of society", States undertake to adopt measures to inform society as a whole about people with disabilities, to encourage respect for their rights and dignity, to combat stereotypes, prejudices and harmful practices against them in all areas of life, and to promote awareness of their abilities and contribution to society (Greek National Confederation of Disabled People, 2019).

The attitudes of a person represent their perception of social phenomena and direct behaviour to their interaction with other individuals. An attitude is an idea (cognitive component) charged with

emotion (emotional component) that predisposes a class of actions (behavioural component) to a certain class of social situations (Triandis et al, 1984).

The formation of attitudes is an evolutionary process and an integral part of the process of socialisation based on learning from the indirect and direct environment. Attitudes are characterised by the element of stability since they do not easily change or resist change.

Prejudices, respectively, are opinions formed in advance, without study and consideration of things, and are usually erroneous and biased. They mark the negative predisposition towards members of a particular group and include arbitrary generalisations and stereotyped beliefs (Olson and Zannam, 1993).

Despite the fact that social attitudes towards persons with support needs and especially towards people with disabilities appear to be improving, the survey data show that these are often paternalistic and continue to be predominantly negative (Deal, 2006). Stereotypes about disability continue to create pre-established prejudices towards people with disabilities, which are reflected in negative attitudes and behaviours. These act as obstacles both to their social inclusion and participation in social, educational and professional contexts, as well as to the implementation and success of policies promoting their relevant rights, such as deinstitutionalisation.

In the social field, negative attitudes are connected with behaviours of social rejection and maintaining high levels of social distance from people with disabilities in community life, resulting in their social smarginalisation and isolation (White et al, 2006).

In education, negative attitudes of both teachers and students are an obstacle to inclusive education, as some teachers are reluctant to include students with disabilities in the classroom, while others who are in favour of including students with disabilities need education and support in this matter.

With regard to employment, it is noted that the negative attitudes of employers are proving to be a major obstacle to access and integration into the labour market.

In the health sector, it has been found that negative attitudes can create problems for people with disabilities in accessing health services, treatment and preventive control, as some health professionals lack appropriate training and awareness regarding disability.

With regard to housing, attitudes of supported living services staff and neighbours have been shown to be likely to influence the degree of integration and participation of persons with support needs in community life. In particular, the attitude of staff members varies in the case of the creation of social networks that play an important role in the social integration of residents and require active support for the establishment and maintenance of connections (Thompson et al, 2012, Hannon, 2007).

The attitudes to people with disabilities have been investigated in relation to socio-demographic factors, aspects of people's personality and the degree of familiarity and contact with people with disabilities and the different types of disability.

The research results show that women, young people and people with higher education levels are likely to have more positive attitudes towards people with disabilities. In contrast, men, the elderly and people with lower education levels have more negative attitudes (Randle and Reis, 2017). In relation to personality features, negative attitudes have shown that they are directly related to authoritarianism, aggression, negative identification with the weak one and positive identification with the strong one and stereotypical way of thinking. Personal interaction and increased contact with people with disabilities have shown to enhance positive attitudes and behaviours towards them. However, it should be noted that when considering the impact of contact on attitudes and perceptions of people with disabilities, a distinction needs to be made between the quantity of

contact and the quality of contact. Qualitative contact, relating to interactions with social and emotional commitment, is a predictor of positive outcomes in relation to the full respect and social inclusion of people with disabilities and the recognition of their rights.

The survey results also show that attitudes vary across different groups of people with disabilities. People with mental disabilities are treated with higher levels of stigma and negative attitudes compared to other types of disabilities. These attitudes are based on the prevailing stereotypical perceptions and prejudices that people are unpredictable and dangerous. People with intellectual and developmental disabilities, despite having comparatively fewer negative attitudes and behaviours, are perceived as people with underestimated real potential and as people who have no ability to learn or change and are often treated as "children". Attitudes towards people with physical disabilities tend to be more positive than for other types of disability, as they are linked to more positive examples of active participation in the commons and decision-making centres, both in Greece and abroad (Randle and Reis, 2017).

In Greece, research on perceptions and attitudes of the general population towards disability is limited.

The survey of public opinion for people with disabilities took place nationwide in 2013 on behalf of the Greek National Confederation of Disabled People from the KAPPA RESEARCH, in a representative sample, showed that 35% felt that people with disabilities living on the margins of society, 51% that people with disabilities are often recipients of social discrimination, 80% that discrimination against people with disabilities in the country is fair to very widespread, 58% believe that people with disabilities are treated by the Greek society with pity, 52% with bias, 23% with charity, 20% with rejection, while only 10% believe that people with disabilities are treated by the Greek society on an equal footing (KAPA RESEARCH, 2013). According to Eurobarometer data on attitudes and perceptions of citizens in the European Union (E.E) for 2019 in terms of discrimination and groups at risk of discrimination, Greece records the third-largest national percentage (53%) among EU citizens who believe that disability discrimination is prevalent in their country (EU mean: 44%), one of the lowest rates (46%) among EU citizens who report having social connections with people with disabilities (EU mean: 63%) and a significantly high percentage (46%) among citizens in the EU who are not comfortable with the idea that one of their children is having an affair with a person with a disability (European Commission, 2019).

The data show that despite the country's acceptance of the principles of equality, justice and tolerance by the majority of citizens, a significant part of the population continues to adopt phobic and conservative attitudes towards persons with support needs-based in particular on negative stereotypes and prejudices about disability (Greek National Confederation of Disabled People, 2019).

Studies on social attitudes towards older people also show that they are treated with prejudice and discrimination. Stereotypes prevail that elderly people are unproductive, sick, depressed and with cognitive impairment. The result of these is often multiple discrimination, isolation from the community, problems of inadequate housing and low income, institutionalisation and mental and physical health problems that are not addressed (Ragan and Bowen, 2001). A transnational survey of 27 European countries on the severity of age discrimination showed that 35% of respondents had experienced unfair treatment in the last year because of their age, compared to 25% because of their gender and 17% because of their race (Abrams et al, 2011), while 44% of respondents reported that age discrimination is a serious problem. Due to these, the World Health Organization calls on the fight against age discrimination with actions to address individual and social stereotypes and behaviours towards people based on their age, as well as the policies and institutions that perpetuate this discrimination, such as institutionalism (Officer and de la Fuente-Núñez, 2018).

Finally, the prevalence of institutional care for children with support needs is based on socially incorrect notions and myths about child protection and institutions for children. These misconceptions include the following views: The children in the institutions are orphans - The institution is a forced solution for children with disabilities - The institutions are the appropriate place of care for children without a family - Foster care is not safe for children - The workers in the institutions are at risk of deinstitutionalisation. Therefore, deinstitutionalisation cannot only be about the closure of children's institutions but primarily requires a paradigm shift and a change of mindset in the protection of children with support needs, with an emphasis on children's rights and quality of care. The process involves a comprehensive transformation of the child protection system based mainly on the strengthening of all kinds of family and parental support services to ensure that separating a child from their family is truly the last solution (Opening Doors, 2017, Eurochild, 2012).

1.2 The phenomenon of resistance to deinstitutionalisation processes

Deinstitutionalisation is a process of transforming the care system for persons with support needs from institutions to support services in the community. Deinstitutionalisation is a broad process of change that requires perseverance and commitment. Evolving as one continuous, complex and dynamic process determined by interactions with those involved, as well as with the local community context. It shakes existing balances and requires all stakeholders, staff, residents of institutions, families, local communities, new attitudes, behaviours, relationships and functions.

Change is the transition from one situation to another which constitutes a process of adaptation and repositioning individuals and groups into a new environment where they can function more effectively (Adair, 1990).

At an individual level, the acceptance of change follows the below successive stages:

- regret for loss,
- attempt to discover the lost object,
- assessment of the new,
- conversion,
- identification, and
- adjustment.

Similar processes that occur in individuals in order to accept and adapt to the change of an existing situation are experienced by both groups, organisations, and communities.

When the change is met with a lack of intrapsychic security, it becomes threatening with the consequence of causing resistance to its acceptance. Resistance to change usually stems from fear of the unknown, desire to secure and maintain the status quo, lack of knowledge and information, lack of trust, prejudices, incompatibility of values and loss of the familiar psychosocial field.

The phenomenon of resistance to change is also observed in the case of changes promoted by deinstitutionalisation (European Expert Group on the Transition from Institutional to Community-based Care, 2012, European Union Agency for Fundamental Rights, 2018)). It is manifested both by the staff of the institutions and by the persons with support needs themselves and their families, but also by the local communities (Tsiantis et al, 1995). In some cases, these may lead to attitudes and behaviours aimed at preventing deinstitutionalisation.

Staff members of the institutions may react considering that the prospect of the closure of the institution affects their prestige, self-esteem and financial situation. Their daily routine is disrupted as they feel that they are losing their traditional roles and the symbiotic relationships they have developed with the residents are weakened. Because of these, negative emotions such as insecurity, anxiety and dissatisfaction are circulating in them and they are showing resistance to reform of the system. This may arise in the form of absences from work, obstructing the activities of the deinstitutionalisation programme and calling on external assistance to maintain institutional status.

Specific information, training, and supportive supervision may positively address these attitudes, fears, and resistance of staff members. Such interventions may include reinforcing positive emotions and supporting staff members' investment in a better future, changing the meaning of the needs of persons with support needs, clarifying the future vision of DI efforts, educating in new values, creating incentives to work with new methods and using examples that demonstrate that change is possible and realistic. Their involvement in the whole process from the first stages, the ability to express their own needs, desires in connection with the evolution of deinstitutionalisation can make them participants in it and not passive receivers, "executors" of orders/instructions, thus giving them a meaningful and productive role.

Persons with support needs in institutions can resist switching to services in the community. Their reactions are related to separation and are accompanied by concern and regret for the loss of the familiar environment, anger and tendencies to idealise the institution they leave and fear of the new, unfamiliar environment.

Special programmes to prepare for the transition to the new environment in the community facilitate the residents of institutions both in reducing stress and reactions and in accepting new community accommodation and support services.

Families of persons with support needs in institutions find it difficult to accept the prospect of their relatives moving to the community. This prospect threatens them with stigma, causes anxiety and stigmatises feelings of guilt. In some cases, they perceive it as a threat to the lifelong support of their relatives. They worry that compared to institutions, they will not be safe in the community, as well as for the quality and sustainability of community support services.

With appropriate and adequate information and counselling, when they begin to perceive the benefits of supporting their relatives in the community, the vast majority changes their initial uncertainty and concern into support, accepting the change very positively. It should be noted that younger parents, compared to older ones, are more receptive to the prospect of deinstitutionalisation of their children. They tend to understand more the rightful model for persons with support needs which makes them more ready and willing to develop innovative solutions to promote their children's social integration. The basic requirement is for them to be involved in the process of deinstitutionalisation so that they feel that their needs, concerns, anxieties and desires are taken into account and contribute to the formation of individualised plans of transition to the intended new reality within the community departing from the usual bureaucratic and monolithic view of these processes.

In general, it should be noted that the participation of recipients of services and staff of institutions from the first steps in the process of deinstitutionalisation may include their concern and resistance. Indicatively, their involvement and cooperation in the preparation of "The Needs Assessment Protocol" strengthens the understanding that individual support is at the core of deinstitutionalisation. It is the concretisation of the fact that everyone in this reform process, both residents, families, and staff members, should have support to help them understand their new situation, allow them to express their worries and ask questions alongside providing the tools and

methodologies to develop ongoing and periodically reviewed individual care plans and effective interventions together (E.A.S.P.D., 2021).

Finally, phenomena of resistance to the efforts of deinstitutionalisation are also observed in local communities.

The resistance of local communities to deinstitutionalisation efforts is a phenomenon that has been observed in all countries that have carried out specific deinstitutionalisation programmes for people with mental disabilities. In this respect, reactions ranging from reticence to hostility are recorded, both at the start-up and establishment of new support services in the community, as well as in subsequent efforts to integrate and involve people with mental disabilities in community life.

These reactions are associated with stigma, prejudice and negative attitudes towards people with mental disabilities and with collective anxieties and fears. In particular, they are related to fears of residents that moral values will fall, a sense of danger of personal security, fears of increased delinquency, anxiety from paradoxical behaviours, and concern that the real estate value will be adversely affected. Under this pressure, local communities can react in various ways, trying to suspend the installation of new services or to limit the presence of their residents in the community.

In addition, the reactions of local communities have been shown to be differentiated and related according to their specific characteristics, such as socioeconomic stratification, the characteristics of the composition of the local population, the characterisation of land use, the degree of mobility of residents, the values of residents. Related studies (Wenocur and Belcher, 1990) show that efforts to run community services created as part of deinstitutionalisation processes face a higher degree of resistance in communities that adopt conservative values, are organised based on strong actors with dynamic leaders, have high rates of homeownership and have low rates of population movement. Reactions are reduced when it comes to the establishment in the local area of services of a small number of residents, like houses, instead of services of a large number of residents, such as boarding schools, and when saturation in the same area of a large number of related services is not observed.

In the case of the deinstitutionalisation of people with mental disabilities in Greece, various forms of relevant reactions of local communities were recorded. These included pressure on local government and political actors to take action, disinformation about deinstitutionalisation through local media, recourse to injunctions and lawsuits to suspend the operation of the new support services, informal alliances with various local and public services for not serving or blocking the operation of the new support services and in some cases dynamic forms of reactions, such as rallies and exclusion of the new support services (Asimopoulos, 2006).

Therefore, addressing the potential resistance of local communities to the implementation of the deinstitutionalisation programme requires an appropriate, relevant strategy that considers the specific characteristics of local communities as a structured human-environment system. Initially, a carefully planned process of informing representative bodies and relevant services of the local community about the objectives of deinstitutionalisation and cooperation development is required. Information needs to focus on the right of persons with support needs in institutions to participate, integrate, non-discrimination, parity, choice, control of life and support within the community.

This strategy is based on the view that only a sufficiently informed local community can consent to and subsequently effectively support the integration and equal participation of persons with support needs from the institution in their social life. It is expected that fear and prejudices where they exist will be reduced over time through direct contact and interaction of local community residents with persons with support needs.

1.3 The importance of the community in the process of deinstitutionalisation

The aim of deinstitutionalisation is to promote full integration and equal participation of persons with support needs from institutions to the dynamic social sphere of the life of the local community.

The transition of persons with support needs from institutions to the community and support for integration in the community is evolving in a multi-level process that requires:

- study and assessment of community organisation,
- informing the community of the objectives of deinstitutionalisation,
- community awareness of the rights of persons with support needs,
- design local community action plans to bring about the desired change in the community framework.

In this context, the concept of community, the dimensions, structure, functions and dynamics of the relations it includes have an essential value and play an important role in the efforts of deinstitutionalisation.

The community includes a certain population, structures, functions, values and interactions of its members with institutions. It is a model of social relations, organised around interactions and ties, formed on the basis of common characteristics, such as proximity, origin, cultural identity and interests. Members of the community are connected by bonds based on the feeling that they share something in common. Key determinations of the community are its geographical, emotional and symbolic dimension. Its members share the same living space, share the same interests, concerns, rules of conduct, etc.. They form meanings and shapes of understanding their own reality which they share in the common frame of reference of their everyday life experiences (Garvin and Tropman, 1992, Zaimakis, 2002).

As a social system, the community is distinguished for its autonomy, the special functions it performs, its participation in wider systems and its formation of particular subsystems. The functions it performs in the local field include (Warren, 1978):

- economic activities related to production, distribution and consumption,
- the socialisation that concerns the process of reproduction of values, knowledge and patterns of behaviour,
- social control in a formal-typical and informal-atypical way that concerns the process of controlling social behaviour,
- social participation relating to the dynamics of the organisation of community members for the common and social benefit, and
- social solidarity relating to the mutual support of community members in dealing with problems.

These functions are performed by the various subsystems of the community located in the region and which are also connected to systems outside it. These include production, distribution and consumption bodies, public services, educational structures, associations, local media, cultural groups, religious bodies, people of prestige of the local community, social support and health care services and informal social protection institutions.

Key features of the community are community bond, social capital and community participation:

- ***Community bond***

The community bond binds the members of the community together. It is recognised by the sense of identity that connects the members of the community, the participation of its members in the community framework, the shared values and ways of behaviour that its members have as reference points to each other and to non-members, the common language that they use in the context of their community interaction, the clear boundaries by which the community is defined and the socialisation processes that take place in the community.

- ***Social capital***

The social capital of the community includes both typical and atypical social networks and shared values, reciprocity and trust, which facilitate action and cooperation for public benefit. A social network is defined as the sum of personal contacts through which the individual retains his social identity, receives emotional support, material support and participation in services, has access to information and creates new social connections. The source of social capital is solidarity, which appears as resistance and confrontation in situations of poverty and coercion. It develops on a micro-level between neighbours or in more complex relationships and is often transferred with the tradition, manners and customs of the community.

- ***Community contribution***

Community participation is the process by which specific groups with common needs living in the community with a strong element of interaction between them, actively participate in the identification of their needs and in the decision-making process for their satisfaction.

As demonstrated, the community is not just one location but something much more. It refers to the relationships of people. It is a field where human social relations collaborate and interact, that dynamically influence the development, impact and treatment of people's problems and the degree of their inclusion and participation in community life.

Therefore, the community and the dimensions of the local community field are crucial factors in the process of deinstitutionalisation. In particular, the interaction of the parameters of the formal support framework and the informal sector relating to the network of informal support relations of the community, is the desired objective of the policy of deinstitutionalisation because it has a decisive influence on the effectiveness of support for the integration of people with disabilities in the community. In this respect, the concepts of community support need to be distinguished within the objectives of deinstitutionalisation.

Community support refers to the local determination of the operation of services within the boundaries of the geographical area of the community. Community support refers to the dimension of network engagement of community relationships and functions in the process of support.

With the development of the deinstitutionalisation processes, community support sets new standards in relation to traditional institutional care practices. It requires, from those implementing the policy and from the staff groups of the new services, a paradigm shift and new methods of supporting persons with related needs for the following reasons:

- ***The community is a natural field and not an artificial one like the institution***

Unlike the institution established to perform a specific function and characterised by hierarchical, bureaucratic and centralised structure, authoritarian relations and social isolation for residents, the

community is a natural social system and an open field of human relations where functions of socialisation, social participation, social solidarity and mutual support are performed.

- ***The relationship between staff and residents is expanding in the context of community support***

The binary relationship between *staff members and residents* in the context of support in the community, which characterises institutional processes. In order to promote the social inclusion of people with disabilities, this relationship also involves the relationships, networks and functions of the local community.

- ***Support in the community presupposes decentralisation of services and therefore decentralisation of staff members***

The division and decentralisation of the institution's functions into services in the community changes the structure and form of the services, resulting in changes in its functions. Services in the community have autonomy, open relationship and interaction with the community, and their responsibility is assigned to relatively small groups of staff members.

- ***Community support presupposes the introduction of community networks into the service model***

The prospect of successful social inclusion and participation of persons with support needs in the community life requires cooperation with community networks of individuals and collectives in the context of social support actions. Individuals and groups from the community are trained, supported and supervised appropriately for the effective provision of volunteer support work.

- ***Community support requires staff members new roles***

We need to shift staff from the role of providing care to that of providing active support. For successful social inclusion and equal participation of persons with support needs in community life, staff members take on new roles such as ombudsman with community relations networks, advocate for the recognition and protection of their rights, trainer on social inclusion and participation skills.

2. The preparation and involvement of the local community in deinstitutionalisation processes

The need to reform the service system for persons with support needs (children, people with disabilities and the elderly), from the model of institutional care to the model of personalised services integrated into the community, requires the formation of a plan of approach, preparation and engagement of the community which needs to take into account:

- The key role that local and wider communities are called upon to play in any reform that aims to implement modern perceptions of the social integration of vulnerable population groups in their natural space. An informed community can effectively and much better support a process of change and implement new policies. The community "gives" and "takes" in such a dynamic process.
- The exploitation of the institutional potentials provided by a community (local authority, local bodies, etc.), but also human resources and the dimensions of its identity (neighbourhood, historical route, etc.) which reflect the special characteristics of the local in the process of practical implementation of the proclamations on egalitarianism and the rights of all groups of the population.
- The need for long-term planning and commitment of all during the development of deinstitutionalisation without retractions, which contributes to the creation of a climate of security and trust among all stakeholders (persons with support needs, service recipients, families and carers, workers in the field, local community).

The appropriate strategy and action plan for the implementation of the deinstitutionalisation programme in the local community need to be based on data relating to the characteristics of the local community, the possibilities and limitations of the environment of the local area concerned, the needs of persons with support needs and in the network of local services and bodies that need to work this effort enhancing and supporting.

In particular, a plan to prepare and involve the local community in deinstitutionalisation processes should provide for and include actions in relation to the following:

1. Community assessment
2. Information and cooperation with community networks
3. Community awareness
4. Communication policy strategy
5. Development of a volunteer network as a means of smobilising the human resources of the community

2.1 Community assessment

The necessary assessment and knowledge of the dimensions of the local environment to which persons with support needs from the institution are to go and integrate are carried out through a community study process at the design stage of deinstitutionalisation. In this context, it is advisable to carry out an in-depth systematic collection and analysis of data on the organisation, structure, functions, values, social networking and social support system of the community.

Getting to know and assess the community is a comprehensive study of the local community environment and its subsystems identified by the objective of social inclusion and equal participation of persons with support needs in community life. The local environment shall be studied and analysed to identify the potentials or challenges that may support or hinder the relevant deinstitutionalisation efforts.

The community assessment process has a holistic approach and data on all dimensions of the local field are collected in this respect. According to Zaimakis (2002), the dimensions of interest for a comprehensive and holistic assessment of the community concern, in particular, the historical, geographical, economic, social and cultural dimensions.

- The historical dimension of the community includes the evolution and transformation of the community into the formation of a collective identity.
- The geographical dimension of the community encompasses the location and space it extends, land uses and people's relationship to the ecosystem.
- The economic dimension of the community concerns the functions carried out in the community and contributing to its preservation and reproduction (production - work - entertainment - residence).
- The social dimension of the community concerns the system of the social organisation of the community, including services covering social function needs (education, health, social, welfare, security, justice), social organisations, collectives, non-governmental organisations, social relations and interactions in the internal and external environment.
- The cultural dimension of the community refers to a set of representations, values and symbols that give meaning to the community life and act as means of identifying people with their community.

The community assessment develops schematically in a sequence of the following phases:

- Identifying targets
- Definition of the study population
- Determination of the data to be collected
- Selection of sampling units
- Selection of the method of research and communication
- Data collection
- Data processing and analysis
- Recording of results

The collection of data of interest for the study and assessment of the community is carried out following the stages below (Zaimakis, 2002):

1st stage: Archival material, demographic and historical data of the community are collected and classified. The demographic study gives interesting information about the population and anthropogeography of the community, families, ages, professions, etc. Such data can also be gathered from statistical bulletins, but also on-site demographic research.

2nd stage: The community organisation and collective expression of the locals are investigated. Social services and organisations are recorded and assessed. In particular, services of the public and non-state sectors, such as health centres, educational units, insurance organisations, local authorities' services. The forms of collective action observed in the community on social and cultural issues, such as associations, interest groups, collective initiatives, voluntary organisations and the activities organised and implemented by them, are also studied. This impression can be particularly helpful in the co-shaping of individual plans of transition in the community of recipients of these services, but also in the substantial participation of the staff who will implement it in any case.

3rd stage: It focuses on the study of the economy and the distribution of resources and goods of the community. The economic functions, a system of production, distribution and consumption, household incomes and expenses, economic cooperative activities, etc are studied. This data explores

phenomena such as poverty, economic inequalities, opportunities to promote the work of vulnerable groups of the local population.

4th stage: The needs and problems of vulnerable groups in the community, as well as the existing efforts to address them, are recorded.

5th stage: Ways to address the problems and needs of the local community in local conditions are being studied. The aim is to collect data on attitudes, perceptions, expectations, networks of collaborations, engagement in collective actions, degree of satisfaction with services, leisure and social activities. This analysis leads to conclusions about the local social capital and the dynamics of local development.

6th stage: The cultural background of the community is studied. In particular, the value system, lifestyle and patterns of behaviour. The understanding of these dimensions is investigated by qualitative research methods because they focus on the interpretation of meanings and symbols.

The data collection methods used in community assessment are both quantitative research methods, such as questionnaires, and qualitative research methods, such as semi-structured interview, focus group and observation.

The qualitative interview is a process in which the researcher engages in an interactive relationship with the people of the community, asks them questions, listens to them and gives them the opportunity to speak freely and in-depth about their perceptions and thoughts and to express their opinions and narrate their experiences. It enables researchers to understand the complexity that characterises human experience and behaviour in the local field.

A focus group is a qualitative data collection process in which a small number of people meet with the researcher to discuss questions of a particular topic. Sometimes this is done with a written, predetermined agenda or a set of questions. The point is not to reach consensus but to convey and register different ideas. Members of the group discuss their views on the questions posed by the researcher, who coordinates the conversation as it progresses. The focus group is recorded for the subsequent analysis.

Observation of individual behaviours or social processes is a particularly useful method of collecting and generating data in the community study. It concerns participation in the field of local social life and the systematic observation of specific dimensions of this field of interest (behaviours, relationships, interactions, etc.). This process requires the researcher to devote time, observe, listen, ask questions and generally participate in the everyday life of people and the local social context.

The quantitative and qualitative data collected from the study of records and statistics, interviews and observations are analysed and the stronger trends and problems are identified and possible actions of the deinstitutionalisation programme are investigated.

For the best analysis, the key findings from the community evaluation process should be summarised accordingly in terms of the:

- i. opportunities and threats arising from the wider external environment of the community, and
- ii. strengths and weaknesses displayed in the local community environment.

Basic targeting is by utilising the opportunities and advantages in the formulation of personalised transition plans in the community, to achieve the connection of the general central objectives of the deinstitutionalisation process, with the needs and desires of each participant in it. Combining the specific characteristics of each community with the needs of persons with support needs who will live

there is very important and radically different from what was generally the case in institutional structures.

2.2 Information and cooperation with community networks

The role and involvement of the local community in deinstitutionalisation and promotion of social integration of persons with support needs is particularly critical and decisive. Social integration takes place as part of everyday life at a local level, while successful integration presupposes, among other things, a community environment of equal and full participation opportunities for all.

Therefore, informing the local community about the deinstitutionalisation programme and developing strategic partnerships in the local field is vital for the success of the objectives of integrating people with needs of support from the institution into the community and their equal participation in community life.

These objectives can be achieved only through collaborative processes with local organisations, community bodies and services, as well as with its residents and collectives, who will act as allies in the relevant efforts.

Informing and engaging the local community and mobilising local capabilities and forces to support the objectives of deinstitutionalisation will strengthen the relevant efforts, increase their effectiveness, reduce any resistance, address stereotypes and create the conditions for achieving a stable change regarding respect for the rights of persons in need of support.

It presupposes a specific community approach strategy and an action plan with objectives:

- informing the community about deinstitutionalisation,
- improving the community's knowledge of the rights of persons with support needs,
- the coordinated approach of community agencies, services and networks,
- the development of alliances to support the change intended by deinstitutionalisation and
- maintaining partnerships in a mutually beneficial way for all.

At an initial stage, an organised and systematic process of informing about the objectives of the deinstitutionalisation programme is being developed in the local field. In this context, it is not only formal information that is provided but also the philosophy and objectives of deinstitutionalisation and the type of services to be developed to ensure the rights of persons with support needs for equal participation in community life are clearly explained.

Along with this process, the initial interconnection with community networks is attempted, which can then develop into social support and solidarity networks of deinstitutionalisation in the community.

Information actions are possible to target suggestively to the:

- local authority's bodies and services,
- organisations of people with disabilities,
- social welfare and health services,
- education bodies,
- employers' and workers' associations,
- church,
- police,
- in interprofessional and interdisciplinary groups,
- local leaders and actors of community life,

- online communities, and
- neighbourhood and neighbours.

In this context, it is vital to approach, inform and try to engage in the objectives of deinstitutionalisation as many people, services and bodies of the community as possible. This way, a large part of the community is expected to become part of the local deinstitutionalisation programme and the programme may gain wider community support.

The contacts and connections that will be made can generate new ideas and beneficial initiatives for the community, which might never have existed in the local field otherwise.

In particular, the process of informing and engaging the local community needs to give an important focus to local authority and its bodies in order to achieve their active participation in the implementation of actions and targeted policies to support deinstitutionalisation and social integration of persons with support needs in their territorial jurisdiction. It is noted that local authorities have knowledge of the needs and conditions of the local community and residents, as well as relevant experience of developing programmes of a social nature, independently or in cooperation with other public and non-governmental organisations.

In addition, it is advisable to inform the relevant public sector services in the local community. Their role for the promotion of social integration of persons with support needs is directly related to the right of equal access to essential goods and services, such as access to health services, work and insurance, welfare services and education.

Information actions aim at networking in the local community and creating local partnerships. Cooperation with the community in order to be effective, two-way and successful for the objectives of deinstitutionalisation at the local level should reflect and develop based on principles of:

- commitment,
- inclusion,
- the development of the community's capabilities, and
- the fair approach.

The community's commitment to the objectives of deinstitutionalisation presupposes the development of relationships in the local field with a view to the social integration of persons with support needs. It includes meetings, acquaintance and discussions with people and bodies to establish positive relationships. Commitment implies a two-way process based on trust and reciprocity to find common ground for cooperation for better life outcomes beneficial to all.

Inclusion is about informing all stakeholders within the community about the design and actions of deinstitutionalisation. Participatory inclusive approaches are indicative of respect for all people and appreciation of their contribution to community life, ensure maximum cooperation and the advantages of the human and social capital of the local community and offer opportunities to achieve optimal results.

The development of the community's capabilities involves identifying, using and developing community benefits and resources to find solutions to the issues that concern it and to achieve desired objectives. Recognising the strengths and advantages of the community can achieve more sustainable results for the objectives of deinstitutionalisation. Deinstitutionalisation bodies seek to participate in community capacity development processes leading to sustainable solutions to wider social issues at a local level.

Finally, a fair approach ensures that opportunities and resources available to the local community are distributed in a fair way according to the needs of people and access to services is equal for all without discrimination.

2.3 Community awareness

The critical factor in the success of deinstitutionalisation goals for the inclusion and equal participation of persons with support needs of the institutions in the life of the local community is the awareness of the community's rights and combating disability prejudice in particular, and changing related negative attitudes. Community awareness of these is a critical element in creating welcoming and inclusive communities.

Awareness of the local community to create changes concerning prejudices, attitudes and behaviours based mainly on four strategies:

- Information campaigns
- Educational programmes
- Promoting the contact and interaction of people with and without a disability
- Protest

A. Information campaigns

Information campaigns are aimed at the general public of the local community. They systematically provide information more generally on the rights of persons with support needs and in particular for the right to independent living of people with disabilities, as well as for the care of children in alternative family-type contexts with selected messages, utilising a range of communication media (local television and radio media, newspapers, websites, brochures, posters, etc.).

The aim is to positively identify the skills, needs and rights of persons with support needs and reduce stigma, prejudice and discrimination (Institute on Independent Living, 1996). Their main theme focuses on changing the wrong views and perceptions in order to change the negative attitudes.

They are based on the principles of social marketing to effectively identify the characteristics of the target group of the local community and develop appropriate methods for their approach.

B. Educational programmes

The educational programs relate to focused, structured and systematic educational activities. They cut into more positive attitudes by providing appropriate knowledge and information about persons with support needs. They are based on the assumption that people with appropriate, relevant expertise and better understanding are less likely to adopt stigmatisation and negative attitudes.

The educational programmes are aimed at specific groups of the local community based on their degree of influence on the objectives of deinstitutionalisation and with the aim of multiplying results. In particular, they may concern groups from the field of education, health, labour, local authority, etc.

Studies show that teachers' training is proven to effectively improve their attitude towards inclusion of children with disabilities in the classroom and improve their interaction with children with disabilities (Gilmore et al, 2003). Also, employers' training can modify their misconceptions about

the potential of people with disabilities to work and improve their attitudes about their recruitment (Brostrand, 2006).

C. Promoting the contact and interaction of people with and without a disability

Contact support programmes and interaction of people with and without disabilities provide opportunities for positive interpersonal interactions to contribute to familiarity with a disability, reduce stigma and prejudice and strengthen interpersonal relationships (Kleeman and Wilson, 2007). Contact strengthens the belief that people with disabilities should play a role in the decisions that affect them and have desires, aspirations and life goals similar to all other people.

These programmes are based on the hypothesis that direct contact with people with disabilities and familiarity with disability play an important role in freeing people from negative ideas and perceptions and reducing the associated prejudices. It is argued that systematic interaction is more likely to lead to full respect and inclusion in accordance with the principles of the right approach to disability.

Interactions within the relevant programmes need to be promoted in an organised, supportive environment and aimed at positive experiences. It is useful to seek to be accompanied by appropriate information because otherwise, it has been shown that familiarity without the necessary information can increase anxiety and strengthen negative beliefs. In order to maximise change, frequent repetitive interactions are sought rather than individual or random contacts. The aim of the above is the promotion of positive behavioural models, which showcase respect and promote the right for personalised support without discrimination.

D. Protest

The public denouncement of negative attitudes and behaviours towards persons with support needs aim to discredit these incidents in the social field.

These efforts aim to act in two directions.

- in the media, seeking to stop the reproduction of incorrect and inaccurate representations about persons with support needs and disability, and
- to the general public, seeking to discredit negative attitudes and behaviours not to adopt them and stop reproducing them in everyday interaction in community life.

The evaluation of awareness-raising programmes to change the undesirable attitudes towards persons with support needs and prejudices towards people with disabilities has shown that the most effective programmes are those that in their design include the following features (Randle and Reis, 2017):

- ***Planning of interventions in collaboration with persons with support needs***

The design of awareness-raising interventions in collaboration with persons with support needs, and in particular with people with disabilities and elderly people, provides appropriate feedback with relevant suggestions and advice, creating credible representations of diversity and the problems and discrimination they face in the community.

- ***Combined strategies for the development of interventions***

The combination of different strategic awareness-raising interventions, which include both awareness-raising and education actions by providing information and appropriate knowledge and promoting the interaction of people and groups of the community with persons with support needs with carefully designed opportunities for contact, is holistic and prove to be more effective.

- ***Strategic selection of the target groups of intervention***

The selection of target groups in the community to which assistance is addressed is most appropriate when it is carried out on the basis of pre-defined criteria. Target groups need to be selected strategically, taking into account the objectives of the intervention and the characteristics of the groups targeted, such as groups with particularly negative attitudes, groups of people with increased influence in the community as factors of change, groups of people with an increased institutional role in the community, groups of professionals from welfare, health, education, local government, neighbours, etc. It should be noted that the appropriate target groups of the interventions will not be immediately obvious and that initial community study is necessary for this respect. Accordingly, tailored interventions are planned in relation to the characteristics of the target group and the purpose of the awareness-raising action.

- ***Promotion of positive messages***

In the context of awareness actions, it has been shown that messages aimed at causing negative emotions, such as guilt, are less effective than messages aimed at driving positive emotions. The configuration and display of positive messages for persons with support needs is possible to relate to focusing on their abilities, the use of their personal success stories in various fields, the challenge of identifying the biases of the individuals to whom the interventions are directed, as well as identifying what individuals can do to address the biases and promote the inclusion of persons with support needs in the community.

- ***Projection of interaction between people with and without disabilities***

It has been shown that the support of the belief that people with disabilities are just like all other people is reinforced by images showing people with disabilities interacting in everyday situations with people without disabilities, such as with friends at home, with partners in work contexts, with others in public places.

- ***Strategic selection of intervention representatives***

Representatives of awareness-raising intervention play an essential role in the breadth of the visibility of relevant messages in the community and in the development and effectiveness of the action. Representatives of interventions aimed at changing the attitudes of the community towards persons with support needs and promoting their community integration may include both ordinary everyday people of the community with a view to identification and people of influence of the community with a view to supporting the validity of the intervention.

- ***Intervention assessment***

The results of interventions in relation to the purpose and identified objectives need to be evaluated using specific methods in the database. The aim is to assess the short-term and long-term effects on specific variables, such as attitudes and behaviours towards persons with support needs, attitudes in relation to issues of their social integration and participation in the life of the community, the problem of social distance etc. This process enables redesign to increase the effectiveness of interventions.

2.4 Communication policy

The programme and objectives of deinstitutionalisation, as well as the community's role in them, are not sufficiently known to the local community and ways and methods of reducing the gap observed in the relevant information need to be provided.

In this context, it is advisable to draw up a communication policy plan with the objectives of the local community to become a participant in the deinstitutionalisation programme to curb any resistance with appropriate information and to exploit the community's potential in the integration and participation of persons with support needs in the life of the community.

The main objective of the communication policy plan is the formation of an identity local deinstitutionalisation programme, so that it becomes distinct and recognisable by the local community, as a set of interventions aimed at promoting the rights of persons with support needs in the community, but also to upgrade the services provided to vulnerable and not only population groups. The project needs to identify the communication objectives, the means of information and a set of activities related to the information and promotion of the objectives of the local deinstitutionalisation programme.

The framework on which the communication policy strategy will be based concerns the salience and promotion of the social inclusion rights of children and the elderly by institutions in the community and the right approach to disability, as well as the objectives of the deinstitutionalisation programme.

In particular, the communication strategy needs to be systematically based and highlighted:

- on the one hand, the vision of the deinstitutionalisation programme is to create the right conditions for all persons regardless of their support needs, to participate in society, allowing them to enjoy their fundamental rights, empowering them and promoting their active participation as full citizens with equal rights, and
- on the other hand, the rights of persons with support needs in accordance with the International Conventions on the Rights of the Child and People with Disabilities and the Madrid Plan of Action on Ageing.

Briefing and information of the local community may include the use of three different categories of media and methods of promotion. In the first method, all media, such as newspapers, magazines, radio, television and the internet, are included. In the second method, promotional activities are included, such as the production of printed materials, posters, brochures, press releases, articles, etc. In the third method, direct communication activities are included, such as participation in local social and cultural events, workshops, conferences, where activities and interventions related to the deinstitutionalisation programme are presented.

In this direction and in order to maximise the communication effect, other options for viewing the deinstitutionalisation programme may be used. Such options are the activation of the persons with support needs and organisations of people with disabilities active in the local community, the activation of the network of collaborating entities that support the promotion of the objectives of the program, the promotion of positive examples and successes of persons with support needs, the choice of a single visual identity of the programme to be recognisable by the general public of the local community.

Target groups of the communication policy of the deinstitutionalisation programme in the local community, depending on general and specific purposes that arise, are both the general public of the community and special groups. Indicatively, these include:

- the general public,
- the neighbourhood team,
- local authority,
- public services,
- social bodies and non-governmental organisations,
- organisations of people with disabilities,

- local associations (cultural, environmental, etc.),
- economic bodies and partners,
- health and mental health services and bodies,
- education and educational community (teachers, students, parents) services and bodies,
- opinion makers-media (local, nationwide),
- special groups of the local population (young people, women, etc.)).

In order to secure information and briefing, it is appropriate to use a variety of communication tools, depending on the needs of visibility, the objective of briefing and the public, with particular emphasis on the use and exploitation of new technologies.

In particular, communication tools include:

- ***Printed and electronic material***

The design of leaflets is a necessary component of any contact, regardless of the purpose it pursues.

- ***Information meetings, educational seminars, workshops***

Information meetings ensure personal contact with the public and generate publicity, as the public itself becomes a multiplier of the communication message. The training seminars are aimed at special groups for the training and education on rights issues of people with needs to support and combat prejudice and discrimination.

- ***Television - Radio***

Local and national radio and television channels ensure broad information at a local or national level and with an appropriate strategy to be followed, this promotion can bring significant results.

- ***Type***

The local press provides local communities with daily readability and is an effective means of informing and promoting activities in the local community. It can be exploited through entries or tributes, interviews and related articles.

- ***Website***

The creation of a website, which combines scientific views in a way that is understandable to the general population, is an effective mean. Through the website, it is possible to offer users information about the identity of the institution and the service, information about the deinstitutionalisation programme, information about the rights of persons with support needs, information about existing services and social benefits, information about relevant events, information about the possibilities of volunteering, but also the ability to address requests.

- **Social media**

Online social media (Facebook, Twitter) aims to create online communities with an interest in promoting the rights of persons with support needs. Registered members will be able to exchange relevant information by creating support networks. These media need to be managed by staff members who accordingly intervene, direct, support.

2.5 Local social solidarity and volunteering

The social capital of the local community, based on social solidarity and the vision for civil society, proves to be an important source of support for the objectives of deinstitutionalisation. Individuals or groups from the community can prove to be valuable partners in the effort to integrate and involve persons with support needs in their social life, as supporters of their respective efforts, as advocates and as mediators with the community.

Volunteering is an activity characterised by the spontaneous and non-compulsory contribution of the individual and the allocation of personal time in areas of humanitarian solidarity, social support and defence of human rights.

It is a life attitude of solidarity based on free will and selflessness and a role that is identified with that of the active citizen in a society of solidarity, equality and non-discrimination. People are guided by involuntary service by their system of beliefs and values, such as altruism, social justice, solidarity, reciprocity, equality and other personal and religious values.

In the context of deinstitutionalisation, volunteers can form the link between the support service for people with disabilities and the local community, acting as a highly effective social support system for persons with support needs.

The interest of volunteering in the field of deinstitutionalisation with a periodic or even permanent frequency covers a wide range of support in relation to the needs of persons with support needs for social participation and the operation of services in the local field, such as support in:

- mediation with local social networks,
- participation in activities in the community life,
- promoting relationships and developing a personal support network,
- education and creative pastimes,
- interface with work frames,
- escort to the community, and
- providing material and financial support for specialised activities.

In line with the important role they can play, the recruitment of volunteers needs to be integrated, consistently and appropriately designed into the work carried out in the context of deinstitutionalisation. Cooperation with volunteers needs to be developed in an organised, systematic and supervised manner.

In particular, it is a process that evolves gradually by attracting volunteers, assessment of the candidate volunteers, their training and the developing of cooperation with them and provide supportive supervision in their work.

i. Search and attract volunteers

The process of attracting volunteers is carried out both in informal ways and in formal ones. Staff members need in any contact with residents or community bodies to invite them to know the activities of the service and encourage them to provide their active support. Also, the communication policy of the service needs to indicate the interest in developing cooperation with volunteers, highlighting the values of social solidarity and the benefits of participation in social action. In this process, the volunteers themselves can act as multipliers and become an effective means of promoting volunteering in the local community.

ii. Assessment

Volunteers from the role and work they provide are considered informal partners. Within the framework of this cooperation, they assume special roles, perform specific tasks and deal with staff members and persons with support needs, as well as with the local community. Therefore, they need to be assessed on their capabilities in relation to the requirements of this role. Criteria for the assessment of volunteers are motivation, availability and traits of their personality, their way of communication and interaction with others, their attitudes towards persons with support needs, respect for the rights of others and their ability to maintain confidentiality.

iii. Training

The purpose of training volunteers is to properly prepare them to respond effectively to their role and work in accordance with the principles of deinstitutionalisation, the rights of persons with support needs and the context of the support service. The training program needs to be flexible, according to the capabilities of the volunteers, experiential and combine both individual partnerships and organised group educational activities. The topics to be included in the volunteer training programme concern the principles of deinstitutionalisation, the rights of persons with support needs, relevant social attitudes and prejudices, knowledge related to specific support needs, the principles and rules of operation of the support office.

iv. Development of cooperation and supervision

The development of cooperation with volunteers needs to be systematic and organised, integrated within the framework of the operation of the service. Staff members should design and create an appropriate system of cooperation and support for volunteers in their work. In particular, staff members undertake individual cooperation with volunteers, at regular intervals volunteers have the opportunity to cooperate with the service manager, periodically volunteers are invited to participate in staff group meetings and are encouraged to create a volunteer group with the support of the staff and to act according to its objectives.

Conclusions

Deinstitutionalisation is an important policy implementation strategy to promote the rights of children, people with disabilities and elderly with support needs living in institutions. It aims to abolish institutions and create services within the community to support the promotion of full integration and equal participation of persons with support needs from institutions in the dynamic social sphere of local community life.

In this context, the concept of community, the dimensions, structure, functions and dynamics of the relations it comprises, have an important value and play an important role in the efforts of deinstitutionalisation.

The basic condition of success is the local community to be informed with appropriate methods and made aware of the objectives of deinstitutionalisation and the rights of persons with support needs and prepare to receive and include them on an equal footing in community life.

Best practices for approaching, preparing and engaging the community in deinstitutionalisation processes are:

1. The assessment and knowledge of the local environment in which persons with support needs are to go from the institution and integrate through a community study process carried out at the design stage of the deinstitutionalisation programme. In this context, the in-depth collection and analysis of data on the organisation, structure, functions, values, social networking and social support system of the community is appropriate.
2. To inform the local community about the deinstitutionalisation programme and develop strategic partnerships in the local field.
3. Community awareness of rights of persons with support needs, fighting prejudice and changing related negative attitudes with information campaigns, educational programmes and activities to promote the interaction of persons with and without support needs for the creation of welcoming and inclusive communities.
4. The establishment of an appropriate and effective communication policy plan in order for the local community to become a participant in the deinstitutionalisation programme, to overcome any resistance with information and to exploit the potential of the community in the integration and equal participation of persons with support needs in the community life.
5. The mobilisation of social capital and social solidarity of the local community in support of the objectives of deinstitutionalisation, through cooperation with volunteers from the community, as a highly effective social support system for persons with support needs.

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