**ANED 2018-19 Task 1.2**

**Living independently and being included in the community**

Country: Greece

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# PART A – Factual information and statistical data

# Current situation and direction of travel

## Numbers and proportions of disabled children and adults residing in institutional care or community-based settings

### Current figures

Public sector residential and community-based care units are monitored every two years by the National Statistical Service. In 2017, 44 institutions were recorded providing services to persons with impairments and chronic illness, children, elderly people, refuges and homeless population, with almost half of them (47.7 %) providing services for persons with disabilities.[[1]](#footnote-1) 1,642 disabled people lived in institutions and another 460 received rehabilitation services in residential units that year.[[2]](#footnote-2)

There is reportedly an equally high number of private institutions (charity/ church led), however data is not systematically collected and/or reported in those settings.[[3]](#footnote-3) Indicatively, the Greek Child Ombudsman (2015) noted that 2,000 children were hosted in private institutions, in addition to 1,000 children hosted in public sector institutions.[[4]](#footnote-4) A study by the Roots Research Centre in 2015 similarly mapped in total 82 institutions hosting 2,825 children.[[5]](#footnote-5) The Greek NGO’s Network for Convention on the Rights of the Child in 2011, had pointed out that *in total 3,000 persons with disabilities* were estimated to live in long-stay institutions at the time, of whom 30 % were children, adolescents and youth, many of whom would spend their whole life there.[[6]](#footnote-6)

Finally, data is available on the number of persons with intellectual disability residing in Supported Living Shelters, the single community-based alternative to institutional residential care in the country currently (Please see section 4.2.1 for further information). In 2017, 267 individuals were hosted in 42 units across Greece,[[7]](#footnote-7) of which 18 were run by civil society actors.[[8]](#footnote-8) Based on current capacity, it is estimated that three places are available for every 200 individuals with intellectual disability in Greece.[[9]](#footnote-9)

### Trend since 2013

The number of public sector residential care units has remained stable since 2015, following a slight increase from 2013 (41) to 2015 (44).[[10]](#footnote-10)

At a first glance, comparative data shows a 6 % decrease in the total number of people provided with services in residential care units from 2015 to 2017, following a 3 % decrease between 2013 and 2015.[[11]](#footnote-11) However, where persons with disabilities are concerned, the reduction has been just over 2 %, with 1,642 disabled people residing in public institutions in 2017, as opposed to 1,678 in 2015 and 1,690 in 2013.[[12]](#footnote-12) The overall number of children in institutional care slightly increased, while people in residential rehabilitation units, which may also include short-stay, increased by 8 %.[[13]](#footnote-13) The greatest decrease (- 46 %) is rather noted in the category of “Other Public Entities”, which mainly includes shelters running under the National Centre for Social Solidarity (EKKA) for the homeless population and unaccompanied refugee minors.

The number of persons with disabilities accessing *inpatient rehabilitation* services, namely physiotherapy, speech therapy, occupational therapy and psychotherapy/ counselling in health units[[14]](#footnote-14) increased by 19 % since 2015, reaching 405 in 2017, whereas fewer people accessed *outpatient rehabilitation* services in health units that year (99) noting a 13 % decrease from 2015.[[15]](#footnote-15)

Please note there is no historical data on the number of beneficiaries in community-based Supported Living Shelters, which were funded under the EUSIF 2007-2013.[[16]](#footnote-16)

## Overall spending on institutional care versus services for support for living independently and being included in the community, including information about proportion/amount of funding provided from EU funds

### Current figures

Reviewing national statistical data on Systems of Health Accounts (2016) it is important to note first that no data is reported under Long-term care (social) (HCR.1), which according to OECD guidance consists of “*Assistance services that enable a person to live independently. They relate to help with instrumental activities of daily living (IADL) such as shopping, laundry, cooking, performing housework, managing finances and using the telephone.”[[17]](#footnote-17)* Similarly, under code HC3 - Total long-term care (health) null (0.00) is reported under outpatient long term care and day long-term care categories. Rather, data is reported under inpatient versus home based health care, where spending is calculated at EUR 102.71 million and EUR 59.88 million respectively.

Please also note null data is reported for the categories of accommodation and support with daily activities under disability provisions in the framework of the European System of Integrated Social Protection Statistics-Core System Survey.[[18]](#footnote-18) This gap in reporting is potentially indicative of the limited systematic monitoring and/or consolidation of data at a central level related to spending on institutional care, as much as the very limited alternatives for community-based shelter (please see also sections 3.4 and 7).

Nevertheless, a recent cost analysis of Supported Living Shelters was recently contracted out by the Special Service for the Coordination and Monitoring of ESF funded actions (EYSEKT), which overall suggests that for 31 units sampled (out of 42) the mean annual cost in 2016 amounted to EUR 157,058 regardless of capacity (average capacity was equal to 6.38 residents).[[19]](#footnote-19) The researchers further note that the year the data was collected expenses were reportedly reduced to minimum due to the discontinuation of ESIF and delay in payments by the National Organisation of Health Provision (EOPPY). 68 % of expenses involved staff costs, running costs were estimated at 9.96 % and catering at 6 %.[[20]](#footnote-20) The average daily cost per resident was calculated at EUR 68.75.[[21]](#footnote-21)

### Trend since 2013

The table below shows data on Systems of Health Accounts for Greece, since 2013. It is worth noting the increase of spending in inpatient long-term health care since 2015, in comparison with two discernible trends: (i) an overall decrease in home based long term care from 2013 to 2016, and (ii) a significant reduction in disability community based rehabilitation services (by 61.79 %) over 2014/2015,[[22]](#footnote-22) which triangulates with the 13 % decrease of use of those services since 2015 as noted in section 1.1.2.

*Source: National Statistical Service (2016) SHA 2011[[23]](#footnote-23)*

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Total government expenditure | Inpatient long-term care (health) | Home-based long-term care (health) |
| 2013 | 124.51 | 42.15 | 82.36 |
| 2014 | 83.45 | 33.24 | 50.21 |
| 2015 | 177.46 | 114.56 | 62.90 |
| 2016 | 162.59 | 102.71 | 59.88 |

# Government commitments on living independently and being included in the community including the transition from institutional care to community-based living

## In which document(s) are government commitments and plans concerning support for independent living in the community set out?

Direct or indirect reference to de-institutionalisation measures are framed under actions for promoting social inclusion and combating discrimination and/or risk of poverty. These are found in the following official documents:

* National Strategic Policy Framework for Social Integration (NSFPR) 2014 – 2020.[[24]](#footnote-24)

In particular,[[25]](#footnote-25) people with disabilities are acknowledged to be among social groups at increased risk of poverty and social exclusion, while further distinctions are made concerning chronic illness, people in need of assistance for daily tasks and people living in institutions.[[26]](#footnote-26) Disability targeted actions include widening provision of community based services, promoting de-institutionalisation e.g. widening implementation of supported living shelters schemes for adults and children with disabilities,[[27]](#footnote-27) ensuring access to special education, including nursing tasks in home help service provision, as well as promoting participation of people with disabilities in specifically designed Vocational Education and Training schemes, active labour programs, and social entrepreneurship schemes.

* Partnership Agreement with the European Commission 2014- 2020

Objective (2) under Thematic Priority (9) *Promoting social inclusion and combating poverty and discrimination* of the Operational Program Human Resources Development, includes the following policy priority, which aims to improve access to high quality services in the community:

Improve access to affordable, sustainable and high-quality services, including health and social care services. Additionally, interventions will be promoted for the development of new models and methods of adequate health service provision, patient empowerment and adoption of a patient-centred service model, according to international trends in health (which include supporting the possibility of patients to actively manage their health problems, to participate in the evaluation of the services received, to shape new primary services and relevant legislation, as well as in the development of new models of health service provision, e.g. home assistance, social clinics, etc)...[[28]](#footnote-28)

The ESF funded Human Resources Development Operational Plan 2014-2020 focuses rather on Investment Priority 9.1 – active social inclusion for promoting equal opportunities and improving employability and 9.5 - promoting social entrepreneurship and social economy for facilitating access to employment, as well as on the development of a mechanism for the coordination, monitoring and evaluation of social inclusion and social protection policies.[[29]](#footnote-29)

It should be noted furthermore that the Thematic Priority (9) *Promoting social inclusion and combating poverty and discrimination* forms only a marginal part of the specific Operational Plan funded by ESF (3 %) since such actions are to be covered more extensively by the 13 Regional operational programmes,[[30]](#footnote-30) where each administrative region selects specific actions to fund under the agreed priorities and objectives. In practice, this results in varying levels of adoption of any de-institutionalisation and/or social inclusion measures and respectively variations in progress and implementation across regional authorities.

According to the Community Living for Europe Structural Funds Watch, the Ex ante conditionality 9.1 was assessed as applicable to the 13 Regional multi-fund (ERDF/ESF) Operational Programmes,[[31]](#footnote-31) with only one region (Region of Attika) fulfilling it at the time. The first ESIF progress report (2017) states that all 13 regions have now a Regional Strategy for Combating Poverty,[[32]](#footnote-32) however no specific measures for de-institutionalisation have been announced on regional level with the exception of the Region of Attika.

Indeed, the Regional Strategy for Social Inclusion and Fight against Poverty of Attika explicitly addresses de-institutionalisation as a distinct policy measure to address the NSFPR priority with regards to *access to affordable and high-quality services.*[[33]](#footnote-33) (please see below sections 2.2 to 2.4 for further details on the project description and progress of implementation).

## What are the aims and objectives of relevant strategies, including relevant targets and milestones? Are they linked to ESIF?

The documents referenced under 2.1 do not include any specific objectives, relevant targets and milestones, or timeframe for completion, for de-institutionalisation measures.

As also pointed out by the Community Living for Europe Structural Funds Watch (2017): “*In (Poland, Estonia and) Greece relevant measures included in the NSPFs are not currently framed within any specific strategies or plans concerning the transition to community-based care.”[[34]](#footnote-34)* Similarly, the Fundamental Rights Agency (2017) points out that: “*Partnership agreements with Greece (and Spain) refer to deinstitutionalisation but remain vague about specific activities in support of the transition process”.[[35]](#footnote-35)*

## Please summarise the planned approach and the actions to be taken in relevant strategies

The Strategy of the Region of Attika is the only document available that addresses de-institutionalisation as a distinct policy measure, simultaneously linked with the use of ESIF, nevertheless there is little, if any, elaboration with regards to transition from institutional care to community-based services for children and mental health inpatients, as specifically noted.[[36]](#footnote-36)

At the same time, **enhancing the infrastructure and programs of institutions is outlined as a co-existing measure**. That effectively means channelling EU structural funds investment to institutions, which is contrary to the relevant ESIF ex-ante conditionality.

There are additionally plans for expanding Supported Living Shelters for Persons with Disabilities, and other shelter types which are not however specified, while the Strategy foresees the continuation of community-based service provision in day care centres for children and adults with disabilities.

Finally, promoting personal assistance schemes is an additional measure outlined, however no further details are included as to necessary actions for implementation. Practice to date has rather shown very limited steps towards more innovative models of community-based service provision, including unjustified delay in implementing de-institutionalisation actions already approved (please see section 3 for further details on implementation).

## What budgetary commitments are made to support these strategies, both for domestic and EU funds?

EUR 235 million is reportedly available in Greece for the 2014-2020 ESIF period to support the transition from institutional care to community-based living. Civil society organisations have advised that few calls for proposals have been launched and no substantive projects have started as of September 2017.[[37]](#footnote-37)

Civil society organisations have expressed concern that, given the lack of a specific deinstitutionalisation strategy or plan, this funding will not be spent on deinstitutionalisation and may be redirected toward other priorities or misused to support institutional care.[[38]](#footnote-38)

Particularly linked to the strategic plan for poverty reduction of the Region of Attika, a EUR 15 million budget has been approved (2018-2010) for the transfer of residents of the welfare institution of Lechaina as well as of institutions in the Region of Attica, into smaller residential care units, family-type residence or assisted return to family with parallel support provision.[[39]](#footnote-39) The project is funded by the state budget and it is managed and implemented by the Centre for Social Welfare (Region of Western Greece and Region of Attica) reporting to the Secretariat of Social Solidarity, Ministry of Labour, Social Security and Social Solidarity.

## What is the (official) involvement of persons with disabilities and/or their representative organisations in the development of the strategies and plans

The Partnership Agreement (2014-2020) explicitly states under section 1.5 Implementation of Conditionalities that.[[40]](#footnote-40)

“[The programmatic framework] foresees the active involvement of the National Co-federation of Persons with disabilities in the training of the staff of the authorities who have the responsibility of managing funds (…), especially in the sectors of applied EU and international legislation and policy for disability and the accessibility of persons with disability, and their practical implementation in the interventions of the programmatic framework, concerning obligations with regards to the respective conditionality. In parallel, the NCDP is foreseen to participate in the Monitoring Committees of the O.P., in the formulation of specialised eligibility criteria of actions which link to accessibility and non-discrimination.”

Similarly, there are consultation processes in place for the development of regional operational programs with the National Co-federation of Disabled People in Greece. In the case of the Region of Attika, this involved the adoption of the recommendation for the use EU funds to promote independent living schemes and targeted support services.[[41]](#footnote-41)

# Implementation and monitoring

## Summary of relevant calls for proposals

The following information concerns currently open calls under ESF/ERDF 2014-2010. These can be considered as additional types of projects to those listed in the next section (3.2).

1. Day Care (Community based) Services

The call is intended to build the capacity of structures which support vulnerable social groups and their families, such as Day Care Centres for Persons with disabilities[[42]](#footnote-42), for three years.

The specific call is open under three different Regional Operational Programs, namely Central Macedonia with a total budget of EUR 1,421,053; Crete EUR 1,285,000; and Attika EUR 11,266,000.

1. Community based mental health services[[43]](#footnote-43)

Selected activities include establishment of comprehensive community-based therapy and home assistance services, mobile units for specialized child psycho-social support as well as a specialized day centre for persons with Alzheimer.

This call is open by the Regional Operational Program in Thessaly (EUR 1,320,000) and in Epirus (EUR 2,668,850).

## Summary of relevant projects funded

The following information is retrieved from the ESF and ERDF (approved) program list (2014-2020).[[44]](#footnote-44) No projects were identified with respect to the closure or resettlement from institutional care to community-based services. Three projects concerned the construction and operation of Supported Living Shelters[[45]](#footnote-45) while the majority of projects concern the funding of Day Care Centresfor persons with Disabilities (54 structures funded across regions) and respectively Day care Centre for children and youth (another 54 structures funded across the country) in the community.

1. Supported Living Shelters for Persons with Intellectual Impairment

The project concerns community-based shelter and support services to prevent institutionalisation of this target group. Three one-year projects are being funded in the regions of Attika, Central Macedonia and Western Macedonia by the respective regional operational programs (ERDF 80 %), to be completed by April 2019. The implementing bodies are the municipality or regional authority.

Shelter capacity ranges from four to 12 individuals, with 24 places in total. In total, the projects have a budget of EUR 5,153,239 and include costs for purchase of building, construction and renovation costs and operational costs. Worth noting that the project in Western Macedonia includes in its plan the operation of a Day Care centre in parallel.

1. Harmonisation of Family and Work life

Projects (54) funded under this heading are primarily addressed to female parents or caregivers below the threshold of poverty. Support is provided in the form of “vouchers” for the placement of children with disabilities in pre-school age in relevant structures (KDAP).

The Hellenic Agency for Local Development and local government is the implementing body across regions. The project is co-funded by ESF at 50 % or 80 % with a total budget of EUR 135,519,640.

1. Day Care Centres for Persons with Disabilities (Adults)

The specific objectives of those projects are, to improve the quality of life of persons with disability who need support services and prevent institutionalisation and/ or social exclusion; combat discrimination and promote equality of opportunity.

54 projects were identified in the approved program list across the country, implemented by civil society actors, with a total budget EUR 40,180,857 (80 % co-funded by ESF).

## Overview of other relevant measures since 2013

Please note the following information is retrieved from DOTCOM, Greece.[[46]](#footnote-46)

Home help programmes for disabled people have operated on a local level since 2006 providing assistance strictly according to available resources. In 2011, home help programs were funded under the NSRF 2007-2013 priority for 'Harmonising family and professional life', rendering unemployed people (with family members who require assistance) as direct beneficiaries. In practice, disabled people living alone or whose family members were working were excluded from these services.

In 2012, home help programs were substituted with the Support at Home for Pensioners program implemented by IKA[[47]](#footnote-47) (main social security body of the Ministry of Employment). People eligible for this service are exclusively pensioners (covering most social security bodies of the public, private and agricultural sector), with 67 % disability or more, who live alone or have a spouse who has 67 % disability, and their individual annual income does not exceed EUR 7,715.65 or double that amount for married couples. They should not, additionally, receive any disability support cash benefit (usually given to people with paraplegia/ tetraplegia or similar impairment with 67 % disability). It is evident that the program excludes a significant part of people with support needs, including those with severe physical impairments, those who are working as much as the unemployed/ uninsured, as well as people who do not live alone.

Indeed, “the extent to which home help assistance has adequately and effectively supported persons with disabilities remains unknown.”[[48]](#footnote-48)

## Monitoring mechanisms and approaches

### Monitoring mechanism(s)

The monitoring body for the use of ESF/ ERDF funds channelled through the four Sector Operational Programs and 13 Regional Operational Programs is the Special Service for the Coordination and Monitoring of ESF funded actions (EYSEKT).[[49]](#footnote-49) Monitoring processes are established according to EC standards established in Greek law.[[50]](#footnote-50)

With regards to the de-institutionalisation project approved in the Region of Attika (state funded), the relevant ministerial decision foresees a monitoring committee comprised of two members of staff from each implementing Regional Authority and one member from the General Secretariat of Social Solidarity (Ministry of Labour and Social Solidarity).[[51]](#footnote-51) The Committee is responsible for the systematic monitoring of the program, submission of performance and financial progress reports (every six months), and ensuring compliance with the project action plan.

### Measurement and data collection

A Unified Indicators Monitoring System (2017) was established nationally **for the first time**, under the programmatic period 2014-2020.[[52]](#footnote-52) Overall, these include 19 output indicators for individuals directly benefiting from funded actions, which should be collected upon participants entering a program. This microdata can be stored on local or central databases depending on the call and must be reported annually. Additionally, five common results indicators are adopted, to be measured at the point of exit, in order to capture change before and after participation in selected actions.

Linking to predominant models of disability service provision, i.e. day care services, output indicators involve for instance the number of units established and the number of beneficiaries supported, while the results indicator is “number of units established with improved services”.[[53]](#footnote-53) However, there is lack of guidance on what constitutes “service improvement”, lack of established quality standards in disability services as well as lack of harmonised methodology for measuring such outcomes. Additionally, the way the results indicator is worded does not seem to include the perspective of beneficiaries; indicatively the unit of measurement in that case is the day care centre, rather than, for instance, the number/ proportion of beneficiaries who are satisfied with services, or report improved sense of well-being.

# Impact and outcomes

## Progress against explicit targets and milestones

No progress or evaluation reports have been published on the projects outlined above,[[54]](#footnote-54) although it should be noted that most of them are still ongoing. It is interesting moreover to note that the National Statistical Service will be assisting the sampling and research design for measuring impact indicators on OP level.[[55]](#footnote-55)

With regards to the de-institutionalisation project approved in the Region of Attika (state budget) it seems that no aspect of the project has been implemented yet, based on the author’s communication with the Institute of the Child Health for the purposes of this report,[[56]](#footnote-56) as well as testimonies by an activist group reporting directly from the Institution of Lechaina in December 2018 (please see section 6.2).

## What is replacing institutional care?

### At the point that persons with disabilities are being moved out of institutional care facilities, what types of accommodation and support are they being moved into?

No specific information is available with regards to what is being planned in the de-institutionalisation project in the Region of Attika, i.e. in which structures residents will move to.

It should be noted that the only available community-based alternative for residential care is the Supported Living Shelters, specifically for persons with intellectual disability. However, these are not intended or do not currently have the capacity to replace institutional care as such. According to the research study contracted by EYSEKT (2017) only 5 % of residents in the Supported Living Shelter were found to come from a segregated type institution (12 out of 197 in the sample). This seemed to be based on a case by case assessment of specific units (usually with larger capacity), who had known the cases through other activities (internally referred). It is interesting to note the researchers’ analysis on that point:

“It is noted that the current operational framework of the Supported Living Shelters and the relevant state policies are significantly deterring for the inclusion of those two groups [ uninsured and people in institutional care] in these structures. For the uninsured, their inclusion is not covered by EOPPY [the national organisation of health service providers] nor have relevant welfare budget resources been activated. Regarding the inclusion of residents who come from closed type institutions, further to the fact that often they are uninsured, the level of service provision and the current operational framework of Supported Living Shelters cannot cover the requirements ofa long-term and individualised de-institutionalisation process, especially under current economic pressure but also with the current low daily cost coverage.”[[57]](#footnote-57)

Furthermore*,* the research study provides a unique account of services offered in the Supported Living Shelters, with some of the main features briefly referenced below:

* 11 involve accommodation in apartments, 20 in residential buildings, hosting in parallel other day care services.[[58]](#footnote-58) Worth noting here that the study does not see any direct correlation between those types and inclusion in the community, suggesting that access to the community was not necessarily attained for those residing in small apartments in the urban area with close proximity to services, while in the cases of larger capacity shelters, close relationships with the neighbourhood were noted. Overall, from the monitoring visits conducted it is suggested that the Supported Living Shelters are far from being considered as a segregated institution.
* 31 % were situated outside the urban area, but not further than two km away from a transport station and/or key services; all shelters included means of transportation.
* 42 % of the residents share a room with one more person, which in many instances seems to be a personal choice.[[59]](#footnote-59)
* 73 % of the residents are actively involved in shopping/ purchases and cleaning of premises (those with severe impairment do not participate).[[60]](#footnote-60)
* 40 % of residents participate in the daily meal preparation, an additional 22 % at least once a week.
* Access to information and services: 82 % access the internet; access to medical services is included in the daily cost; most commonly accessed service is Day Care Centres (77 %) followed by occupational therapy (39 %) and speech therapy/ music therapy (22 %).[[61]](#footnote-61)
* Regular outings: 97 % of residents participate at least once a week, 42 % of whom at least 4 times a week, based on individual preferences.[[62]](#footnote-62)
* Ratio staff to residents is 1.19 for those with higher support needs and 1.30 for those with lower support needs.[[63]](#footnote-63)
* 27 out of 31 units sampled expressed that their staff needs further training.[[64]](#footnote-64)

### What services, supports and measures are being developed and instituted to build long term support for the right to live independently and to be included in the community?

There are no concrete measures being developed further to what has been outlined above. Indeed, the recently renewed framework of disability rights[[65]](#footnote-65) aimed to align national policies with the UN CRPD, fails at this stage to address the right to living independently in the community (Article 19).

Rather, the current legal framework addresses the social protection of disabled people, foreseeing the development of non-discrimination policy on the grounds of disability (although not yet available), for sectors such as “social security and health provision, social and tax provisions, education and access to common goods and services, including housing” (Law 4487/2017 Article 76, par 4).

It is worth noting however that ESF funding has been channelled to build the capacity of the disability movement through the establishment of the National Disability Observatory, including improved research capacity and information management systems on disability related matters, with a total budget of EUR 1,500,000.[[66]](#footnote-66)

## Satisfaction levels among persons with disabilities

No information identified/ publicly available. Please see also section 3.4 noting that monitoring/ data collection systems have just been established across operational programs under ESIF 2014-2020. The extent to which these will include participation of people with disabilities directly benefiting from funded actions is questionable given the lack of such data and/or practice to date.

# PART B – Critique and evaluation

# Observations and recommendations of official bodies

## Observations by the UN Committee on the Rights of Persons with Disabilities on Article 19

Please note The UN CRPD Concluding Observations to the State Party’s Report (2015)[[67]](#footnote-67) have not been published to date.[[68]](#footnote-68)

## Recent observations by other official European and international bodies

The need for de-institutionalisation in Greece has been highlighted repeatedly in recommendations by UN and EU bodies pointing to serious violations of rights.

The UN Human Rights Committee (2015)[[69]](#footnote-69) “notes with concern the discrimination faced by persons with disabilities, in particular with regard to access to education, employment and health services...”, and makes reference to “...reports indicating the continuing widespread use of such measures (physical restraint), including the use of enclosed restraint beds (cages/net beds) and systematic sedation as a means to restrain patients with intellectual disabilities, including children, in institutions. (arts. 2, 7, 9, 10 and 24)”. To this end, the UN Human Rights Committee (2015) makes a specific recommendation that:

“The State party should take immediate measures to abolish the use of enclosed restraint beds and systematic sedation in psychiatric and related institutions. Furthermore, the State party should establish an independent monitoring and reporting system and ensure that abuses are effectively investigated and prosecuted, and that redress is provided to the victims and their families.”[[70]](#footnote-70)

In 2016, the Commissioner of Human Rights, Council of Europe expressed the following concerns to the competent Ministries at the time:

“The persisting, grave deficiencies in the state mental health care system require more proactivity and coordination by the state, more rigorous planning and a stronger and more effective monitoring system…the Commissioner also encourages the Greek government to eliminate involuntary placements, forced treatment and the use of physical restraints in psychiatry, and to redouble efforts to achieve the de-institutionalisation objectives set in the successive psychiatric reforms.”[[71]](#footnote-71)

More recently, following a monitoring visit in April 2018, the Commissioner of Human Rights observed “the seriously inadequate staffing of mental health institutions which results in overreliance on the use of physical restraint. It was emphasised that budget constraints should not result in the violation of human rights or marginalisation and encouraged the Greek authorities to use available resources for deinstitutionalisation and social inclusion of people with mental and intellectual disabilities.[[72]](#footnote-72)

## Observations and recommendations by national human rights bodies

The Greek Ombudsman for Child Rights Report (2015)[[73]](#footnote-73) further highlights the lack of a legislative and minimum quality standards framework in service provision for children, which it notes must be aligned with the UN Convention for the Rights of Child. The report refers inter alia to the significant shortcomings in residential care for children with disabilities, the lack of policies for alternative care settings, the lack of suitable care for children and teenagers with mental health and behavioural problems, and the lack of ensuring the right of children to adequate information and participation in matters that concern them.[[74]](#footnote-74)

The special report by the Greek Ombudsman for Children investigating the living conditions in the institution of Lechaina (2011)[[75]](#footnote-75) was among the first efforts to document the violations of children’s rights in institutional care, including institutions for disabled children. The UN CRC Shadow prepared by the Greek Ombudsman for Children’s Rights (2012),[[76]](#footnote-76) had pointed out that:

“Many institutions for children with disabilities and chronic illnesses continue to essentially operate as asylums, isolated from the social fabric, with outdated care systems and inadequate coverage of the medical, therapeutic and educational needs of their guests, and sometimes use unacceptable methods for the children's constraint and confinement for prevention purposes”.

The report had also pointed out the state’s failure to comply with the UN Guidelines for alternative care, or the content of Recommendation 2005 (5) of the Council of Europe on the rights of children living in institutions, or the Recommendation CM/Rec (2010) 2 for de-institutionalization and community living of children with disabilities.[[77]](#footnote-77)

## Observations and recommendations by national or regional/devolved Parliaments and assemblies

No information identified. This can be considered in conjunction with the overall lack of any specific strategies or plans concerning the transition to community-based care in governmental planning (please see section 2.2).

# Views and perspectives of civil society including DPOs

## UNCRPD civil society shadow and alternative reports

No UN CRPD shadow report has been conducted to date on national level.

## ‘Grey literature’ at the national level

The disability activist group Zero Tolerance Movement has been calling the government and regional authorities to take actions for progressive de-institutionalisation, ensuring the parallel development of community-based services and permanent closure of institutionalised settings, since 2015.[[78]](#footnote-78)

In a live video report from the Institution of Lechaina on 3 December 2018,[[79]](#footnote-79) members of the Zero Tolerance Movement reported that 46 disabled people (children and adults) still reside there, despite government decision to start resettling residents from that specific infamous institution approximately a year before.

The activists report partial improvement of conditions, such as the limited use of restraint to beds, as opposed to this being common practice in the past. Importantly, **three blind residents remain restrained because the institution cannot offer adapted services;** as it is reported by the activists, from the perspective of the institution she is “protected” against injuries. Additionally, it is reported that two minors (under 18) attend school but are obliged to return earlier to have a meal at the designated schedule, illustrating the rigid routine of institutional life. Finally, residents have been overall restricted to staying indoors for more than 20 years, as a high voltage electrical station is located next to the Institution.

The direct messages from the activist group Zero Tolerance are that “Institutions first need to shut down as a mindset and then as infrastructure. The opportunity for de-institutionalization (EUR 15 million) must not be lost. We oppose any effort aiming to depict institutions as a good enough option, and to any discourse which prioritises the needs of the employees in those structures”.

## Pan-European and international civil society organisations

An important in country development has been the involvement of the international non-profit organisation Lumos through provision of technical expertise on de-institutionalisation. Lumos has worked since 2015 in partnership with the Greek Institute of Child Health, local agencies and the government, to support the transition from institutions towards community-based services.[[80]](#footnote-80) To date, a strategic review of child residential care in Greece has been conducted to provide the research base for planning the necessary reform.[[81]](#footnote-81)

The research included secondary data analysis in the region of Attika and Western Greece. The main findings in relation to admission of children with disabilities to institutions are outlined:[[82]](#footnote-82)

* 32 % of admissions reviewed in Attika (N=866) concerned children with disabilities, with the respective figure for Western Greece being 86.1 % (N=151).
* Among the cited reasons for admission to institutions, 33 % of the cases concerned parents with disabilities in Attika, and 19 % in Western Greece. Also, 18 % concerned the disability of the child (Attika), and 56 % in Western Greece, being the top reason for admission to an institution in that area.

The review advocates for more effective use of available resources to provide support to children living with their families, as no support was provided before placement in 37 % of cases in Attika, while in another 29 % of cases it is not known whether support was provided; the respective figures in Western Greece were 9 % and 81 %.

Additional systemic gaps and/or weaknesses in the child protection system were identified:[[83]](#footnote-83)

* There is a lack of national standards, inspection and accreditation for institutions and other services.
* There appears to be very little official data collected on children in institutions by relevant authorities, including basic data.
* There is a need for data concerning vulnerable children referred to the care system and/or social services that would allow the government to monitor the current services and plan for change where necessary.

The European Network of Ombudspersons for Children (2011)[[84]](#footnote-84) had similarly noted the limited state capacity in those respects, even prior to the economic crisis and stagnation due to limited resources since:

In Greece, due to lack of available resources, as a consequence of the current economic crisis, but also because, for many years, there has not been enough progress towards legislation improvement, introduction of quality standards, establishment of monitoring mechanisms, and other issues so that the rights of children in residential care are ensured, child protection is nowadays in a very critical situation (European Network of Ombudspersons for Children [ENO], 2011).

# Academic research

It is finally worth citing a recent study by the Institute of Child Health (2017)[[85]](#footnote-85) researching institutional child abuse, for which official or academic knowledge has been very poor in the country.[[86]](#footnote-86) The main findings from the desk review that touch upon institutional care as a whole, confirm the shortcomings identified by multiple sources stated in the above sections, namely inadequate staffing and lack of clarity of roles and responsibilities; lack of professionals’ training and supervision; no monitoring systems for child abuse and neglect (CAN) cases; no surveillance centre or registry for CAN cases; no regulations regarding monitoring and evaluation of institutions and professionals who are involved in child protection.[[87]](#footnote-87)

# PART C – Key points

# Positive developments, including promising practice examples

It is particularly positive that there is now some evidence available on the cost-effectiveness and quality of service provision in Supported Living Shelters, which is effectively the only community-based accommodation and support scheme available for persons with high support needs. The scheme is shown to offer individualised assistance in daily life activities, a high level of involvement of beneficiaries in daily tasks, and high level of participation in activities in the community.

6 out of 13 administrative regions in Greece however lack entirely such structures, and more can be done to promote the expansion of this model on a strategic level, for instance disseminate internally and externally the cost analysis findings, promote exchange of good practice and lessons learned, promote further research, and/or develop official guidance. It would be particularly important to mobilize resources into participatory research, which would look into the level of choice and control in the particular setting in line with the spirit of independent living.

Moreover, the approved budget for the resettlement of residents away from institutional care in the regions of Attika and Western Greece is by all means a positive, unprecedented development. In parallel, technical expertise and research capacity on de-institutionalization has been available by the International NGO Lumos in partnership with the Institute of Child Health. However, there seems to be unjustified delay in implementation, which is possibly indicative of obstacles in bureaucratic or regulatory processes, and fundamentally indicative of a rather limited perception of the urgency of the matter among official authorities.

Finally, it is positive that common reporting processes are now in place for monitoring community-based disability service provision which has been typically funded by ESF/ERDF. It is important to establish additional and/ or more detailed indicators for capturing the range of services provided, the level of reach of the target population, and improvement of services according to EU and UN CRPD quality framework.

# Negative developments including examples of poor practice

There is a clear lack of systematic data collection on institutional care spending and community-based services. This would allow cost comparative analysis as well as monitoring progress of deinstitutionalisation on a national level.

Multiple actors including UN and EU human rights committees, European and national independent monitoring bodies and civil society, have consistently pointed to violations of fundamental rights in institutional care settings, and compounding systemic gaps such as lack of quality standards and inspection mechanisms in residential units, limited training of staff in those settings, lack of monitoring systems for recording and responding to incidents of institutional abuse as well as very limited capacity of social services to provide support in the community which could prevent admission to institutional care.

To date, no governmental or regional/local authority demonstrates a plan to respond to these gaps and challenges.

# Recommendations

1. **Systematic data collection on institutional care versus community-based schemes** 
   1. Compile and report data relevant to long-term social care (HCR1) and the categories of outpatient long term care and day long-term care under (HC3) in SHA 2011; similarly, systematically collect and report data under disability provisions for accommodation and support with daily life in the ESSPROS survey.
   2. Perform cost effectiveness assessment for institutional care vs support in the community, especially shelter and personalised support service/ personal assistance schemes, to inform strategic action planning on de-institutionalisation.
2. **Strategic Action Planning and Investment for replacing institutional care**
   1. Invest in and establish alternative diversified community-based support services: emergency, specialist, respite and long-term foster care, kinship care, small group homes, mother and baby foster care.[[88]](#footnote-88)
   2. Continue to invest in improving the accessibility of universal services, such as health and education services to ensure children (and adults) with disabilities and other children and families at risk can access them.[[89]](#footnote-89)
   3. Invest in building the capacity of social services on local (municipality) level, including recruitment, ongoing professional training, early intervention services and improved information management systems.[[90]](#footnote-90)
   4. Consolidate state commitment to de-institutionalisation through a dedicated strategy and action plan, which will elaborate approach, actions and measures needed to materialise the closure of long-stay institutions and the expansion of community-based services, such as the current model of Supported Living Shelters. This should be developed as a practical tool/ guidance to promote and facilitate the design and implementation of relevant calls for proposals under the 13 Regional Operational Programs.
3. **Implementation, monitoring and evaluation of transition from institutions to community-based support (including ESF/ERDF projects)**
   1. Overcome any issues which potentially relate to the unjustified delay of the implementation of the (only) project approved currently for the closure of long-stay residential institutions and resettlement of disabled residents to community-based residential support services in the regions of Attika and Western Greece.

* 1. Map the kind of services and number of beneficiaries supported by the current day care disability services across regions and assess any gaps in reaching disabled children/adults on local level.
  2. Develop standards and harmonised methodology for measuring outcome indicators related to high quality, individualised services in the community, aligned with UN CRPD standards and the European Expert Group on the Transition from Institutional to Community-based Care.[[91]](#footnote-91)
  3. Channel funding resources, including resources available by the National Disability Observatory, for participatory evaluations/ research to build evidence on access to community-based services, quality of service provision and level of involvement, as perceived by disabled adults, children and youth and in line with the UN CRPD principles.

1. National Statistical Service (2017) (Press Release) *Monitoring of Units for Social Care and Protection* (p.1) <http://www.statistics.gr/el/statistics/-/publication/SHE27/2017>. [↑](#footnote-ref-1)
2. National Statistical Service (2017) (Press Release) *Monitoring of Units for Social Care and Protection* Table 3 (p.4). [↑](#footnote-ref-2)
3. Institute of Child Health (2017) The child institutional abuse: current knowledge and practices Greece Report SASCA Research Project. [↑](#footnote-ref-3)
4. Greek Ombudsman (March 2015). Special Report - The rights of children who reside in institutions: Findings and recommendations of the Independent Authority “the Greek Ombudsman” on the function of the child protection institutions: <http://www.synigoros.gr/resources/docs/575568.pdf>. [↑](#footnote-ref-4)
5. Nanou, Ι. (2015). Mapping institutional and residential care for children in Greece. Athens: Roots Research Centre cited in Lumos (2016) Strategic Review of the situation of vulnerable children in Greece Executive Summary. [↑](#footnote-ref-5)
6. Greek NGO’s Network for Children Rights Convention, (2011) Non-Governmental organisation’s report in application of the United Nations Convention on the rights of the child p. 12. [↑](#footnote-ref-6)
7. Six out of the 13 administrative regions in the country lack such options entirely EYSEKT (2017). [↑](#footnote-ref-7)
8. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p. 18 <http://www.esfhellas.gr/el/Pages/eLibraryFS.aspx?item=2087>. [↑](#footnote-ref-8)
9. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p. 19 based on data from the Ministry of Health, Disability Department in 2011 where the number of persons with intellectual disabilities was just over 18,000 (Table 9). [↑](#footnote-ref-9)
10. National Statistical Service (2017) (Press Release) *Monitoring of Units for Social Care and Protection* (p.1). [↑](#footnote-ref-10)
11. National Statistical Service (2017) (Press Release) *Monitoring of Units for Social Care and Protection* (p.1) (reference to Table 3, Graph 4). [↑](#footnote-ref-11)
12. National Statistical Service (2017) (Press Release) *Monitoring of Units for Social Care and Protection* Table 3 (p.4). [↑](#footnote-ref-12)
13. National Statistical Service (2017) (Press Release) *Monitoring of Units for Social Care and Protection* Table 3 (p.4) Please note the major reduction noted since 2015 (-46 %) is rather in the category of “other public entities” which are not however identified. [↑](#footnote-ref-13)
14. Health Provision Regulations 2012 Government Gazette 3054/B/2012 Art. 14. [↑](#footnote-ref-14)
15. National Statistical Service (2017) (Press Release) *Monitoring of Units for Social Care and Protection* Table 4 (p.5). [↑](#footnote-ref-15)
16. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p.16. [↑](#footnote-ref-16)
17. OECD 2018 Accounting and mapping of long-term care expenditure under SHA 2011 p.2 <https://www.oecd.org/els/health-systems/AccountingMappingofLTC.pdf>. [↑](#footnote-ref-17)
18. National Statistical Service Press Release (2018) [Net Social Protection Provisions 2015](http://www.statistics.gr/el/statistics?p_p_id=documents_WAR_publicationsportlet_INSTANCE_qDQ8fBKKo4lN&p_p_lifecycle=2&p_p_state=normal&p_p_mode=view&p_p_cacheability=cacheLevelPage&p_p_col_id=column-2&p_p_col_count=4&p_p_col_pos=1&_documents_WAR_publicationsportlet_INSTANCE_qDQ8fBKKo4lN_javax.faces.resource=document&_documents_WAR_publicationsportlet_INSTANCE_qDQ8fBKKo4lN_ln=downloadResources&_documents_WAR_publicationsportlet_INSTANCE_qDQ8fBKKo4lN_documentID=308726&_documents_WAR_publicationsportlet_INSTANCE_qDQ8fBKKo4lN_locale=el) p.5. [↑](#footnote-ref-18)
19. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p.52. [↑](#footnote-ref-19)
20. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p. 132. [↑](#footnote-ref-20)
21. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p.132. [↑](#footnote-ref-21)
22. National Statistical Service Press Release (2018) [Net Social Protection Provisions 2015](http://www.statistics.gr/el/statistics?p_p_id=documents_WAR_publicationsportlet_INSTANCE_qDQ8fBKKo4lN&p_p_lifecycle=2&p_p_state=normal&p_p_mode=view&p_p_cacheability=cacheLevelPage&p_p_col_id=column-2&p_p_col_count=4&p_p_col_pos=1&_documents_WAR_publicationsportlet_INSTANCE_qDQ8fBKKo4lN_javax.faces.resource=document&_documents_WAR_publicationsportlet_INSTANCE_qDQ8fBKKo4lN_ln=downloadResources&_documents_WAR_publicationsportlet_INSTANCE_qDQ8fBKKo4lN_documentID=308726&_documents_WAR_publicationsportlet_INSTANCE_qDQ8fBKKo4lN_locale=el). [↑](#footnote-ref-22)
23. <http://www.statistics.gr/el/statistics/-/publication/SHE35/->. [↑](#footnote-ref-23)
24. National Strategic Policy Framework for Poverty Reduction 2015-2020 in EL only, <http://www.e-forosimv.gr/docs/2014_12_15_ypakp_diavouleysi.pdf>. [↑](#footnote-ref-24)
25. Quoting from ANED 2015 EU2020 Greece Country Report p.26. [↑](#footnote-ref-25)
26. National Strategic Policy Framework for Social Integration 2014 – 2020 (p. 39). [↑](#footnote-ref-26)
27. National Strategic Policy Framework for Social Integration 2014 – 2020 (p.91). [↑](#footnote-ref-27)
28. Greek Partnership Agreement (May 2014) p. 104 available in EL only (here translated by the author of the report): <https://ec.europa.eu/info/sites/info/files/partnership-agreement-greece-may2014_el.pdf>. [↑](#footnote-ref-28)
29. Strategy for the Contribution of the Operational Plan to the EU 2020 (2014) p.12, p. 100-101<https://www.espa.gr/elibrary/Anthr._Dynamiko_Ekpaideusi_2014GR05M9OP001_1_4_el.pdf>; See also Fundamental Rights Agency (2017) p. 22. [↑](#footnote-ref-29)
30. Community Living for Europe Structural Funds Watch *Greece Country Summary* <https://communitylivingforeurope.org/country-specifics/>. [↑](#footnote-ref-30)
31. Greek Partnership Agreement (May 2014) p. 149 available in EL only: <https://ec.europa.eu/info/sites/info/files/partnership-agreement-greece-may2014_el.pdf>. [↑](#footnote-ref-31)
32. EYSEKT (2018) First Progress Report ESIF 2014-2020 p.30 <http://www.esfhellas.gr/elibrary/1h_Ekthesi_Proodou_ESPA_2014-2020_July2018.pdf>. [↑](#footnote-ref-32)
33. Regional Strategy for Social Inclusion and fight against poverty’ p. 48 Available in EL only at <http://www.pepattikis.gr/ftwxeia/>. [↑](#footnote-ref-33)
34. Opening up communities, closing down institutions, report by Community Living for Europe: Structural Funds Watch (2017) p. 18 <https://eustructuralfundswatchdotcom.files.wordpress.com/2017/11/cle-sfw_opening-up-communities-november-2017_final.pdf>. [↑](#footnote-ref-34)
35. Fundamental Rights Agency (2017) From institutions to community living - Part I: commitments and structures (p. 12). [↑](#footnote-ref-35)
36. Regional Strategy for Social Inclusion and fight against poverty <http://www.pepattikis.gr/ftwxeia/> (see p. 244-245, p. 249). [↑](#footnote-ref-36)
37. Structural Funds Watch Community Living for Europe *Greece Country Summary* <https://communitylivingforeurope.org/country-specifics/>. [↑](#footnote-ref-37)
38. Opening up communities, closing down institutions, report by Community Living for Europe: Structural Funds Watch (2017) p. 29. [↑](#footnote-ref-38)
39. Common Ministerial Decision 15/12/2018 <https://www.esamea.gr/legal-framework/ministerial-decisions/3698-23-01-2017-kya-gia-apoidrymatopoiisi-amea-se-dytiki-ellada-kai-attiki>. [↑](#footnote-ref-39)
40. Greek Partnership Agreement (May 2014) p. 130. [↑](#footnote-ref-40)
41. Press Release 4212/22-10-2014 The recommendations of the disability movement to the regional operational programs in Attica, Western Greece, Eastern Macedonia and Thrace <http://www.esamea.gr/pressoffice/press-releases/1180-oi-protaseis-toy-anapirikoy-kinimatos-sta-perifereiaka-epixeirisiaka-programmata-attiki-d-ellada-an-makedonia-thraki>. [↑](#footnote-ref-41)
42. <http://www.esfhellas.gr/el/Pages/ProclamationsFS.aspx?item=4487>. [↑](#footnote-ref-42)
43. <http://www.esfhellas.gr/el/Pages/ProclamationsFS.aspx?item=4467>. [↑](#footnote-ref-43)
44. Last update 04/07/2018 <https://www.espa.gr/el/Pages/ProgramsList.aspx>. [↑](#footnote-ref-44)
45. Worth noting these structures were first established in the 2007-2013 programmatic period. Quoting from the UNCRPD Initial State Party Report (2015, p. 29)— Joint Ministerial Decision, Government Gazette 74, Series B/27.01.2007. 26.5 million euro have been allocated to support the operation of forty-one (41) Supported Living Houses for a period of up to thirty-six (36) months, subject to ensuring the continuation of their operation by using their own or national resources. [↑](#footnote-ref-45)
46. Please see Item D.5 Greece at <https://www.disability-europe.net/dotcom>. [↑](#footnote-ref-46)
47. Circular number 63/4.10.2012: IKA Support at Home for Pensioners. [↑](#footnote-ref-47)
48. EYSEKT (2018) First Progress Report ESIF 2014-2020 p.116 <http://www.esfhellas.gr/elibrary/1h_Ekthesi_Proodou_ESPA_2014-2020_July2018.pdf>. [↑](#footnote-ref-48)
49. <http://www.esfhellas.gr/el/Pages/EYSEKT.aspx>. [↑](#footnote-ref-49)
50. L.4314/ 2014 Management, Audit and Implementation of interventions in the programmatic period 2014-2020 <http://www.esfhellas.gr/elibrary/N4314_2014_FEKA265.pdf>. [↑](#footnote-ref-50)
51. According to the Institute of Child Health) “The ministerial decision has not been implemented in any way” (see footnote 56). [↑](#footnote-ref-51)
52. Ministry of Finance and Development, General Secretariat of Public Investments and EUSIF, National Coordination Authority *Unified Indicators Monitoring System* <http://www.esfhellas.gr/elibrary/Eniaio_Systima_Parakolouthisis_Deiktwn_2014-2020_July2017.pdf>. [↑](#footnote-ref-52)
53. See for instance indicators for the program Day Care Services p.4 <http://www.esfhellas.gr/Lists/Proclamations/Attachments/4487/PR_145.9iii_1-0.pdf>. [↑](#footnote-ref-53)
54. None identified in the EYSEKT e-library. [↑](#footnote-ref-54)
55. http://www.esfhellas.gr/el/Pages/eLibrary.aspx. [↑](#footnote-ref-55)
56. Special thanks for the warm interest and information shared by Dr. George Nicholaidis, Head of the Department for Mental Health and Social Welfare of the Institute of Child’s Health; please note the Institute of Child’s Health was the implementing partner of Lumos International in conducting a *Strategic Review of the Situation of Vulnerable Children in Greece* in 2016 specifically aimed to “provide the research base for promoting and planning reform of the child care system, away from institutions and towards community based services” (Executive Summary p.1). [↑](#footnote-ref-56)
57. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p.37 <http://www.esfhellas.gr/el/Pages/eLibraryFS.aspx?item=2087>. [↑](#footnote-ref-57)
58. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p.26. [↑](#footnote-ref-58)
59. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p.42. [↑](#footnote-ref-59)
60. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p.42. [↑](#footnote-ref-60)
61. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p.48. [↑](#footnote-ref-61)
62. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p.48. [↑](#footnote-ref-62)
63. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p.32 (table 8). [↑](#footnote-ref-63)
64. EYSEKT (2017) Study for the Support Living Shelters in ESIF 2014-2020 p.35. [↑](#footnote-ref-64)
65. Law 4487/2017 Public Sector Pension Regulations, enhancing protection of employees, rights of persons with disabilities and other regulations <http://www.parliament.gr/Nomothetiko-Ergo/Anazitisi-Nomothetikou-Ergou?law_id=b8e96a13-bde1-47bc-a835-a7de0147c297>. [↑](#footnote-ref-65)
66. <http://www.esfhellas.gr/el/Pages/ProclamationsFS.aspx?item=4056>. [↑](#footnote-ref-66)
67. Greece UN CRPD State Party’s Report 23 November 2015 <https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fGRC%2f1&Lang=en>. [↑](#footnote-ref-67)
68. <https://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=4&DocTypeID=5>. [↑](#footnote-ref-68)
69. Human Rights Committee (2015) Concluding observations on the second periodic report of Greece Observations 9 and 10 p.2,3 <https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CCPR%2fC%2fGRC%2fCO%2f2&Lang=en>. [↑](#footnote-ref-69)
70. Cited from ANED 2015 EU2020 Report Greece. [↑](#footnote-ref-70)
71. Council of Europe, Commissioner of Human Rights (2016) <https://www.coe.int/en/web/commissioner/-/greece-urged-to-protect-the-human-rights-of-persons-with-intellectual-and-psychosocial-disabilities-and-de-institutionalise-them>. [↑](#footnote-ref-71)
72. Council of Europe, Commissioner of Human Rights (2018) Impact of Economic Crisis on Disabled people in Greece p. 34-35 <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016809024f7>. [↑](#footnote-ref-72)
73. Greek Ombudsman (March 2015). Special Report - The rights of children who reside in institutions: Findings and recommendations of the Independent Authority “the Greek Ombudsman” on the function of the child protection institutions (p.1,2): <http://www.synigoros.gr/resources/docs/575568.pdf>. [↑](#footnote-ref-73)
74. Cited from ANED 2015 EU2020 Report Greece. [↑](#footnote-ref-74)
75. The Greek Ombudsman Independent Authority, (2011). Functioning Conditions of the Social Care Centre for children with disabilities “Children’s Care Centre of Lechaina”. <https://www.synigoros.gr/resources/docs/kepeplechaina2011.pdf> you may note this is one of the institutions where resettlement of residents is planned (please see section 2.1). [↑](#footnote-ref-75)
76. The Greek Ombudsman (2012) *Parallel Report of the Greek Ombudsman to the UN CRC* p. 12 available at <http://www.synigoros.gr/resources/parallel-report-un--3.pdf>. Also cited in ANED 2015 EU2020 Greece Country Report p. 27. [↑](#footnote-ref-76)
77. The Greek Ombudsman (2012) *Parallel Report of the Greek Ombudsman to the UN CRC* p. 12; Also cited in ANED 2015 EU2020 Greece Country Report p. 27. [↑](#footnote-ref-77)
78. A set of specific actions are put forward by the disability activist group “Zero Tolerance” (<https://www.facebook.com/mideniki.anoxi/>) which led mobilization on the issue of deinstitutionalisation on 4th November 2015 initially by a 4 - day symbolic occupation at the institution of Lechaina, demanding immediate government intervention for improving the living conditions of disabled children and adults living there and abolishment of institutionalized care. [↑](#footnote-ref-78)
79. <https://m.youtube.com/watch?v=sJJ__PhQMU0>. [↑](#footnote-ref-79)
80. <https://www.wearelumos.org/where-we-work/greece/>. [↑](#footnote-ref-80)
81. Lumos (2016) Strategic Review of the situation of vulnerable children in Greece Executive Summary (please note the full report is considered an internal document and cannot be shared/ published). [↑](#footnote-ref-81)
82. Lumos (2016) Strategic Review of the situation of vulnerable children in Greece Executive Summary. [↑](#footnote-ref-82)
83. Lumos (2016) Strategic Review of the situation of vulnerable children in Greece Executive Summary (p.4). [↑](#footnote-ref-83)
84. The European Network of Ombudspersons for Children (2011) The rights of children living in institutions. Greece cited in Institute of Child Health (2017) The child institutional abuse: current knowledge and practices Greece Report SASCA Research Project (p. 9) <http://www.sasca.eu/archives/project-documents/>. [↑](#footnote-ref-84)
85. Institute of Child Health (2017) The child institutional abuse: current knowledge and practices Greece Report SASCA Research Project p.12. [↑](#footnote-ref-85)
86. Institute of Child Health (2017) The child institutional abuse: current knowledge and practices Greece Report SASCA Research Project p. 14. [↑](#footnote-ref-86)
87. Institute of Child Health (2017) The child institutional abuse: current knowledge and practices Greece Report SASCA Research Project. [↑](#footnote-ref-87)
88. Lumos (2016) Strategic Review of the situation of vulnerable children in Greece Executive Summary (p.4). [↑](#footnote-ref-88)
89. Lumos (2016) Strategic Review of the situation of vulnerable children in Greece Executive Summary (p.4). [↑](#footnote-ref-89)
90. Lumos (2016) Strategic Review of the situation of vulnerable children in Greece Executive Summary (p.4). [↑](#footnote-ref-90)
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