**Task 2017-18 Disability assessment – country report**

Country: Greece

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# Part 1 – Main forms of disability assessment

The following forms of disability assessment are currently in use in Greece for a variety of purposes.

**Example 1**

Comprehensive assessment for multiple purposes, including admission to a general register or status of disabled person(s), disability pensions, disability benefits in cash and kind, any other social provisions requiring certification of disability (including access to employment quota schemes and special education/ support in education).

**Example 1: Certification of Disability**

Policy function: Assessment for multiple purposes (access to various disability benefits).

Benefit: Benefits in cash (e.g. pension). Benefits in kind (e.g. services). Beneficial treatment (e.g. eligibility to apply for quota jobs). Discounts or concessions (e.g. tax allowances). Other.

Any social provision related to disability status; example not covered above includes parking permit, access to university under the 5% quota scheme, discount on public electricity and telephone services.

Specificity: The disability assessment is designed for this specific purpose.

Responsible: Centres for Certifying Incapacity (KEPA).

How to apply: https://www.efka.gov.gr/el.

**Type of assessment: Barema method (% disability or scale).**

Qualifying criteria: The same assessment procedure provides access to: - disability pensions: attributed to people assessed with level of impairment 50% or over. - disability benefits in cash or kind: Levels of eligibility vary according to type of benefit with most commonly held thresholds being 67% and 80% - other social provisions (e.g. access to university- 50%; tax exemptions- 67%).

Method: Combination of documentary evidence and personal interaction.

Assessor: Medical doctor.

Supporting evidence: A medical note or letter from a doctor who treats the applicant.

Decision maker: The Special Committee of the Centre for Certifying Incapacity

Further details of the assessment: <https://www.ika.gr/gr/infopages/kepa/FEK_1506_B_4-5-2012.pdf>.

Notification of outcome: A certificate (e.g. proof of disability status).

Appeal possible:

An appeal is possible within ten days of receipt of the outcome and is addressed to the Second level Health Committee of the Certifying Centre (KEPA).

**Example 2: Pilot Assessment for Welfare Disability Benefits in Cash**

Policy function: Assessment for multiple purposes (access to various disability benefits).

Benefit: Benefits in cash.

Responsible: Organisation of Welfare Benefits and Social Solidarity, Ministry of Labour, Social Security and Social Solidarity.

How to apply: <https://opeka.gr/atoma-me-anapiria/plirofories/>.

**Type of assessment: Functional capacity (test of ability to carry out specified tasks or activity**).

Qualifying criteria: assessment of functional capacity in performing daily activities of a person with a disability (WHO DAS 2.0 questionnaire) works in a complementary way to the main assessment procedure described in Example 1. Eligibility for benefits is still expressed as % at the Barema Scale, depending on the benefit, the threshold is normally set at 67% or 80%.

Method: Face to Face Meeting.

Assessor: Medical doctor/ Rehabilitation Therapist.

Supporting evidence: Self-assessment, combination of documentary evidence and personal interaction.

Decision maker: The Special Committee of the Centre for Certifying Incapacity (KEPA Health Committee).

Further details of the assessment: <https://opeka.gr/atoma-me-anapiria/nomothetiko-plaisio/>.

Notification of outcome: a letter explaining the outcome.

Appeal possible.

An appeal is possible within ten days of receipt of the outcome and is addressed to the Secondary KEPA Health Committee.

**Example 3**

Policy function: Additional support at school (primary and secondary education).

Benefit: **Additional support at school.**

Specificity: The disability assessment is designed for this specific purpose.

Responsible: Interdisciplinary Educational Assessment and Support Committee (EDEAY) established within mainstream school units, Centres for Educational and Counselling Support.[[2]](#footnote-3)

How to apply: Guidance is included in the (draft) legislation *Reform of Support Structures in Primary and Secondary Education*

<http://www.opengov.gr/ypepth/wp-content/uploads/downloads/2018/03/ypepth.pdf>.

**Type of assessment: Educational Needs Assessment and Support**

Qualifying criteria: Disabled pupils with special educational needs, who are defined as “showing significant learning difficulties due to sensory, intellectual, cognitive, developmental, and mental disorders which, according to the interdisciplinary assessment, affect the process of school adaptation and learning” (Law 3699/2008, Art. 3.1). The definition of “pupils with special educational needs” also includes pupils with “complex cognitive, emotional and social difficulties, deviant behaviour due to abuse, neglect or domestic violence” (Art. 3.2) as well as pupils with “one or more intellectual competences developed to a degree which exceeds the expected for their age group” (Art.3.3).

Method: Combination of documentary evidence and personal interaction.

Assessor: Interdisciplinary Team consisting of:

Psychologist

Social worker

Other rehabilitation specialist (Special Education Staff)

Bureaucrat / civil servant (Teacher/ School Headmaster)

Supporting evidence: Evidence from someone who knows the applicant’s situation (e.g. a relative, friend, neighbour or colleague).

Evidence from a non-medical professional who knows the applicant (Class Teacher).

Decision maker: The Interdisciplinary Educational Assessment and Support Committee and/or the Centre for Educational and Counselling Support.

Further details of the assessment: No specific link available as yet, other than the draft law.

Notification of outcome: The outcome of the assessment process mainly involves an Individualised Educational Plan and may also include recommendations regarding the appropriate school environment, suitable technical aids and ICT, or substitution of written exams with oral at all levels of primary and secondary education.

Appeals Process: Not applicable. The purpose of the assessment is to provide advice and suitable support without setting any "qualifying levels of disability" as such.

# Part 2 – Analysis and evaluation of specific assessments

This part of the report provides more in-depth analyses of three selected case studies of assessment procedure, their suitability and effectiveness.

*Please use the EU MISSOC tables (similar to DOTCOM) providing country specific information on specific types of benefits as a starting point,* [*http://www.missoc.org/INFORMATIONBASE/COMPARATIVETABLES/MISSOCDATABASE/comparativeTableSearch.jsp*](http://www.missoc.org/INFORMATIONBASE/COMPARATIVETABLES/MISSOCDATABASE/comparativeTableSearch.jsp)*.*

The cases are selected to enable systematic comparison between countries and to focus on areas of policy priority and development.

## Case study 1: Certification of disability

(admission to a general register or status of disabled person(s) or comprehensive assessment for multiple purposes).

An outline of the key features of this assessment process is provided in Part 1 of this report (**see Example 1**).

This case study involves the main procedure and method used for assessing disability for most disability related provisions, such as benefits in cash (e.g. pensions and welfare benefits) and benefits in kind (e.g. services), beneficial treatment (e.g. eligibility to apply for quota jobs, access to university at 5% quota scheme), discounts or concessions (e.g. tax allowances). This process is streamlined across social security bodies and welfare and provides certification of disability for any legal purpose. The assessment method used is the Barema Method % scale.

### Detailed description of the assessment process

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

First established as part of the social security reform Law 3863/2010 (operational in 2011), the Centre for Certification of Disability (KEPA),[[3]](#footnote-4) part of the Social Security Agency (EFKA), working under the auspice of the Ministry of Labour, Social Security and Social Solidarity, aims at streamlining assessment procedures for accessing disability provisions available across social security bodies and the welfare state (i.e. disability pensions, healthcare and benefits), as well as provisions in kind, for instance linked with tax benefits, or supportive measures in education and employment.

The first stage of the assessment process includes submission of an application along with a “disability folder” completed by the specialised physician treating the applicant, including information such as medical history, medical examinations, medical treatment, and so on. If the candidate has not been referred to the Centre by the relevant public services, such as the social security agency or welfare services, they pay a fee of 46 euros. Applications can also be submitted electronically. Candidates are informed of the date of assessment by telephone or email, while an SMS service is planned for 2018.

Assessments are carried out by the KEPA health committee comprised of three specialised insurance physicians, trained in the specific disability assessment process and employed exclusively at the KEPA Special Body of Physicians of Disability Committees (Pavli, 2017). The assessment takes place either at KEPA regional entry points, or at home/ hospital/ rehabilitation centre if it is indicated by the treating physician that the candidate “is unable to move” to the place of assessment. The outcome is communicated in the form of a certificate which includes information about the impairment and degree of disability assessed, expressed as a percentage on the Barema Scale, and the date until which the certificate is valid. Candidates can appeal the decision within ten days of its announcement (fee is charged), to be assessed by the Secondary Health Committees, the decision of which is final. Importantly, it is possible for candidates to apply for an extension of a valid certificate to cover any possible provision gaps until reassessment.

Other than the official assessment protocol used (please see below), there is no further guidance that is publicly available about the actual assessment process, to evidence the extent to which the candidate is actively involved in the process, including for instance self-assessment of support needs. Coupled with the administrative arrangements around the assessment, it rather indicates that the face-to-face procedure is centred around reviewing and confirming the previously submitted medical evidence.

### Sources of official guidance and assessment protocols

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

Disability assessment is carried out according to the Single Table of Disability Percentage Determination, which has been modified twice (2012,[[4]](#footnote-5) 2017)[[5]](#footnote-6) since it was first established in 2011.[[6]](#footnote-7) In 2011 it replaced the Regulation for Disability Assessment[[7]](#footnote-8) used by the social security body for the employed in the private sector since 1993, which similarly used the Barema scale. This method of disability assessment has been maintained up until today, although percentages attributed to impairments have altered periodically. In the updated Single Table of Disability Percentage Determination (2017), the conditions and impairments assessed are grouped under the following (19) chapters:

Chapter 1: Blood Disorders

Chapter 2: Immunodeficiency Disorders

Chapter 3: Infectious diseases[[8]](#footnote-9)

Chapter 4: Endocrine System Disorders

Chapter 5: Respiratory System Disorders

Chapter 6: Blood Circulation System Disorders

Chapter 7: Digestive System Disorders

Chapter 8: Female Genital Disorders and Gender Disorders

Chapter 9: Metabolic Disorders

Chapter 10: Dermatological Disorders

Chapter 11: Mental Health Disorders

Chapter 12: Nervous System Disorders

Chapter 13: Orthopaedic Disorders

Chapter 14: Ears, Nose and Throat Disorders

Chapter 15: Surgical Disorders

Chapter 16: Surgical Disorders of the Urinary System

Chapter 17: Eye Disorders

Chapter 18: Rheumatic Disorders

Chapter 19: Nephrology Disorders

Chapter 21 also outlines the procedure for submitting an application for the assessment of rare conditions.

In general, the scales used in the Barema method reflect the level of severity of a given impairment. Below are some examples of applications of the Barema disability scale. It is useful to note also that the threshold for a disability pension is at 50%, while for additional disability cash benefits the threshold is normally set at 67% or 80%:

Chapter (11) Mental Health Disorders, includes types of impairments such as:

* Dementia (e.g. Alzheimer’s)
* Mild 10%-50%
* Incipient 67%-80%
* Advanced >80%
* “Emotional” disorders:
* Bi-polar disorder 50%-67% (taking also into account the number and duration of “incidents”, period free of incidents, presence of psychotic symptoms, etc.)[[9]](#footnote-10)
* Recurrent depression 35%-50%
* Intellectual impairments (“Child Psychiatric Disorders” Sub-Category)
* Mild 20%-66%
* Medium 67%-79%
* Serious 80%- 84%
* Severe >85%
* Genetic Syndromes (“Child Psychiatric Disorders” Sub-Category)
* Normal, or mild, or medium intellectual impairment 67%-79%
* Serious or Severe intellectual impairment >80%

In Chapter (12) Nervous System Disorders, it is stipulated that the disability assessment process should be based on the clinical impression rather than solely on diagnosis, therefore the scale range is wide and intended only as guidance.[[10]](#footnote-11)

Examples under this category include:

* Cerebral palsy (>=50%)
* Multiple sclerosis (>=35%)
* Myasthenia gravis:
* Stage I: 35-50% (occasional symptoms)
* Stage II: 50-67% (medium level severity)
* Stage II: >80% (Severe muscular weakness)
* Muscular dystrophy (>=35%)
* Paraplegia:
* Medium:67%-80%
* Severe: >80%
	+ Tetraplegia: >80%

Critically viewed, the modifications of 2012 and 2017 seem to have reflected political agendas for managing eligibility for disability provisions (Pavli, A. 2017; the Greek Ombudsman 2013). A current prominent example involves the reduction of the minimum percentage attributed to Autism from 67% to 50%. It is interesting to note that this reduction had first appeared in the Single Table of Disability Percentage Determination in 2011, but was overturned in 2012 after intense lobbying of disability organisations (please see further discussion below).

No further publicly available guidance exists around the assessment process.

### Implementation and outcomes

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times, and the assessment outcomes.*

There has been one independent evaluation of the operation of the Centre for Certification of Disability (KEPA) carried out by the Greek Ombudsman in 2013.[[11]](#footnote-12) According to the report, there had been more than 350 citizens’ complaints since the start of its operation in 2011, about partial or full exclusion from disability provisions, including benefits, pensions and healthcare, which had resulted as much from organizational failures (such as long delays or gaps between reassessments) as from new assessments attributing reduced percentage of disability to people who under the previous system had been assessed as having higher disability percentage and were thus previously eligible for various provisions. In the latter case, the Greek Ombudsman had pointed to insufficiently justified decisions by the committees or objections to (higher) percentages raised by the administration, which resulted in long periods of exclusion from healthcare and disability provisions, “proving futile and hampering as much for the insured as for the security system” (Greek Ombudsman, 2013, p.11) The Ombudsman had raised concerns over exclusive focus on diagnosis rather than full consideration of symptoms, needs, possible side-effects or ineffectiveness of medical treatment followed.[[12]](#footnote-13)

It is worth mentioning that long delays in assessment processes were tackled by Law 4331/2015[[13]](#footnote-14) making it possible to extend provisions until the date of reassessment, while a list of 43 impairments which did not require reassessment had also been put in place (Ministerial Decision 2013),[[14]](#footnote-15) including for instance paraplegia/tetraplegia, amputations, hearing impairment, visual impairment, genetic syndromes, intellectual impairments, or autistic spectrum disorders. Lobbying by the disability movement also played a significant role in making these changes (Pavli, 2017).

The implementation of the streamlined assessment system was described favourably by the chairman of the National Federation of Disabled People in 2016 as going through “a period of tranquility”, while the head of the Directorate of Disability and Occupational Health in charge at the time also emphasized the responsiveness of the body to problems identified (Pavli 2017, p. 262).

More recently, a briefing paper submitted jointly by national associations for the rights of people in the autistic spectrum in view of recent modifications to the assessment process, specifically requested easier access to the application folder and notes on the assessment made by the assessing committee in the case of an appeal, as well as prolongation of the period within which one can raise an appeal from ten to 60 days.[[15]](#footnote-16)

### Evaluation – fitness for purpose

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

It is interesting that, in general, since the early 1990s when the first disability classification system was put in place, the assessment method that has been invariably used (Barema scale) has not been critically evaluated as such. Representative disability organisations have only challenged specific aspects of it, particularly in cases where eligibility to pensions and benefits has been threatened. There are different contextual factors that possibly explain that.

According to the accounts of the actors involved in the development of the disability assessment system, including disability organisations (Pavli 2017), attention had primarily focused on the administrative elements of the system. The high fragmentation of authorities responsible for disability assessments for different purposes was seen as the single most significant challenge the current system had to confront. Indicatively, previously, different disability percentages were being used by the different social security bodies, or there would be a separate assessment processes for welfare benefits, parking permit, tax allowances, or disability pensions for instance, with no communication between the authorities/services, and as a result disabled people would have to be continuously assessed. Building a cost-effective system for both administration and users has in this respect been a positive change as there is now a common approach to applying and assessors using the same standard.

Indeed, the National Federation of Disabled People actively supported the development of a centralised system using a single disability percentage table in order to tackle a further issue, that of stereotyping disability as linked to benefit fraud which was typically communicated in politics and the press at the time, the idea being that the new system would be more reliable and trusted and so fraud would be seen as less likely (Pavli 2017, p.190).

Criticisms of the assessment method were only raised in cases where disability percentages were reduced for certain impairments, back in 2011 (Pavli, 2017), but also with the more recent modification (including reductions is % scores) in December 2017. Indicatively, umbrella organisations for the rights of people in the autistic spectrum aim **to re-establish** higher disability percentages associated with impairment, from 50% to 67% (as was previously the case) up to 100% depending on severity of limitation.[[16]](#footnote-17)

In their briefing paper, the representative organisations for the rights of people in the autistic spectrum further request that combined tools are used for the assessment of autism, such as the *Vineland Adaptive Behaviour Scales* and *Autism Diagnostic Observation Schedule,[[17]](#footnote-18) [[18]](#footnote-19)* along with clinical observation and interview (ADI-R) which are claimed to “ensure a reliable diagnosis, planning for suitable interventions and assessment of autism as distinct from other developmental disorders”.[[19]](#footnote-20)

Still, the assessment method, which focuses exclusively on impairment and individual limitations, and the process which relies heavily on medical judgement, have not been brought into question in the ongoing dialogue over disability assessments. To the extent that this assessment mechanism provides access to the main in country disability provisions, an operational definition of disability more closely aligned with the CRPD should include consideration of barriers that hinder participation (Art.1) in the relevant needs assessment.

### Promising practice

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

None identified.

## Case study 2: Access to various disability benefits

*(eligibility for invalidity pension, as defined by MISSOC).*

This case study involves a complementary assessment method to the procedure described in case study 1, based on WHO DAS 2.0 questionnaire, that was first piloted (January 2018-June 2018) in the region of Attika for accessing disability welfare benefits in cash. The same *electronic* administrative process has been since July 2018 gradually expanding to the rest of the regions in the country.[[20]](#footnote-21)

An outline of the key features of this assessment process is provided in Part 1 of this report (**see Example 2**).

### Detailed description of the assessment process

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

Law 4512/2018[[21]](#footnote-22) (Article 215) enacted a pilot assessment process for the provision of disability welfare benefits[[22]](#footnote-23) (i.e. for uninsured people) by an existing centralized body in a new role which will include, *additionally to the* *existing procedure,* information about functional capacity in performing daily activities of a person with a disability (WHO DAS 2.0 questionnaire). The pilot concerns those who will submit an application for welfare benefits for the first time in the Region of Attica (includes capital city of Athens). The pilot project has started.

This assessment method assesses functional capacity (test of ability to carry out specified tasks or activity).

The newly founded body to administer disability benefits (established by Law 4520/2018),[[23]](#footnote-24) the Organisation of Welfare Benefits and Social Solidarity (OPEKA), works under the auspices of the Ministry of Labour, Social Security and Social Solidarity. OPEKA shares electronic files of applicants (including medical folder submitted) with KEPA, which processes electronic applications, carries out assessments, communicates outcomes and handles appeals as described in the respective section in Example 1 / Case study 1.

Candidates submit applications and supporting documents electronically (only) from a personal computer, or through the municipal community centres or the central offices of OGA. For the purposes of the pilot program, the existing KEPA health committees additionally consist of a rehabilitation physician or occupational doctor, who “in collaboration with the candidate”, complete the 12-item WHO DAS 2.0 questionnaire “regarding limitations faced in daily life activities, his/her current living conditions, the nature and range of the living conditions and obstacles to full social inclusion”.[[24]](#footnote-25) The findings of the questionnaire are annexed to the final decision outcome and are taken into account in the assessment.

### Sources of official guidance and assessment protocols

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

No further assessment guidance other than the WHO DAS 2.0 questionnaire[[25]](#footnote-26) is publicly available at the moment. At the initial stage of the pilot, it had not been clear how the new assessment method (WHO DAS 2.0) would be interpreted and implemented in terms of eligibility to disability benefits. In the new disability welfare benefits guide issued by OPEKA,[[26]](#footnote-27) following the state’s decision for the extension of the pilot,[[27]](#footnote-28) it is explicitly emphasised that “the questionnaire does not affect the judgment and decision of the health committee as to the provision of disability benefits”.

### Implementation and outcomes

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times and the assessment outcomes.*

No evidence is available as yet. The pilot program has now started and is expected to run from February to end of June 2018.

### Evaluation – fitness for purpose

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

The “introduction of the concept of functionality in the disability certification process” has been rather negatively received by the National Federation of Disabled People, representing a number of disability organisations across the country, acting also as Social State Partner in matters of disability, specifying that the pilot implementation “can only be acceptable” under the condition that the new process does not involve changing eligibility criteria, reducing disability benefits or disrupting existing certification processes.[[28]](#footnote-29)

It is interesting that the press release of the National Federation also makes note of a failed attempt in the past to establish ICF assessment methodology (2004-2008), which according to the various stakeholders involved at the time, had owed mainly to lack of coordination among ministries and administrative services, but also to lack of political interest and will to change (Pavli 2017). From a disability perspective, there was further resistance putting forward that the ICF assessment methodology focuses on individual limitations stripped of contextual factors and barriers, which would likely lead to reduced eligibility to benefits (Pavli 2017).

It is interesting to mention the perspective of a policy maker involved in developing ICF based disability assessment at the time (Pavli 2017, p. 178), that this system would in principle require more resources being spent on infrastructure for social inclusion and less spending on benefits, questioning whether this would be acceptable by the state or beneficiaries alike.

This is equally relevant and at stake in the current social dialogue around the new assessment process. For instance, the National Federation for the Rights of People in the Autistic Spectrum (EODAF) has communicated to the parliament and relevant stakeholders that the WHO DAS 2.0 tool is centred around functionality and intelligence, and fails to capture limitations in the case of autism, and threatens to reduce benefits to the detriment of people in the autistic spectrum. It is further emphasized that “the complex structure of assessment criteria, the huge social and cultural deviation,[[29]](#footnote-30) and the high specialization (i.e. of the assessors) required” make the assessment process “impossible to be implemented in the right way in the Greek State”.[[30]](#footnote-31)

### Promising practice

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

No evidence of promising practice at the moment.

## Case study 3: Additional support at school (primary and secondary education)

*(eligibility for long-term care benefits as defined in MISSOC).*

The recently adopted law *Reform of Support Structures in Primary and Secondary Education*[[31]](#footnote-32) frames anew the responsibility for the existing educational needs assessment and support[[32]](#footnote-33) within mainstream settings, shared among interdisciplinary networks across the educational community, on school and regional levels. This case study is identified as promising practice being influenced by the UN CRPD with a clear shift from diagnostic to holistic assessment and support of educational needs of pupils with disabilities. An outline of the key features of this assessment process is provided in Part 1 of this report (**see Example 3**). The assessment method used is an assessment of needs in the context of education, and the assessment aims to identify the support needed by a child with regard to education.

It is worth noting that the assessment method described in the first two sections of the case study below (“Detailed description of the assessment process” and “Sources of official guidance and assessment protocols”) is based on the new legislation as the single official source of relevant information to date. For the purposes of a more in depth understanding of the change initiated, the sections on implementation and evaluation, include information about practice under the previous system (i.e. diagnostic assessment).

### Detailed description of the assessment process

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

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According to the law *Reform of Support Structures in Primary and Secondary Education*[[33]](#footnote-34) the responsibility for conducting the educational needs assessment and support provision is shared equally between the Interdisciplinary Educational Assessment and Support Committee (EDEAY)[[34]](#footnote-35) established in each school unit in mainstream primary and secondary education, and Centres for Educational and Counselling Support (KESY)[[35]](#footnote-36) operating at regional level (Regional Education Directorate, under the auspice of the Ministry of Education, Research and Religious Affairs).

There are multiple routes for accessing the educational needs assessment and related support. Assigned with the role of supporting the school community as a whole, EDEAY is primarily responsible for identifying pupils who seem to encounter difficulties in the learning process. The EDEAY Committee assesses “the type of difficulties and potential educational, psychosocial, and other barriers to learning” (Art.10 par.2) and may refer specific cases to the Centre for Educational and Counselling Support (KESY), if it decides that those cases need further assessment and support, “**despite** support measures being taken by the school” (Art. 11 par.3). Support measures at school level can include differentiated teaching methods, alternative forms of learning as well as linking with psychosocial support services in the community (Art. 11 pr.8)

A parent or guardian is also able to directly refer a pupil to the regional Centre for Educational and Counselling Support (KESY). Additionally, KESY may identify pupils with special educational needs that can benefit from support during regular needs assessment activities (Art. 7 par.2a). These cases will first be referred to the school unit’s support committee, which is responsible for implementing a first assessment and a short-term intervention; if these are deemed to be inadequate, the case will be referred back to KESY (Art.7 par. 3a).

In all cases, for a secondary level assessment to take place, it is required that the parent or guardian submits a written application, and that a recommendation for further assessment is issued by the Teaching Staff Body of the school unit with supporting evidence that “all necessary supportive interventions” have been carried out by the school unit, including the results of the interventions as well as the short-term intervention program implemented by EDEAY (Art.10 par.3).

Each EDEAY must consist of the following structure (Art.10 par.3):

* The Headmaster of the school unit (coordinating role)
* One educational staff member specialized in Special Education
* One Psychologist
* One Social Worker
* The teaching staff members of the specific pupil being assessed

The parents of the pupil assessed can participate in the meetings, while the committee can request further assistance from other educational staff belonging to the school’s wider educational support network.

KESY are staffed with educational staff specialized in special education,[[36]](#footnote-37) including pre-school, primary and secondary levels, psychologists, social workers, speech-therapists, occupational therapists, therapists in mobility and daily living skills of people with visual impairments, staff specialized in the Greek Sign Language, as well as educational staff specialized in career counselling (Art.9).

The outcome of the assessment carried out by KESY will be mainly in the form of an Individualised Educational Plan, which may also include recommendations about the appropriate school environment (i.e. parallel support, integration class, or special education), provision of technical aids and ICT, use of differentiated instruction methods, as well as substitution of written with oral exams at all levels of primary and secondary education.

Since the purpose of the assessment is to provide advice and facilitate suitable supportive interventions according to the educational needs of disabled pupils there are not any "qualifying levels of disability" as such. In this respect, no appeal process is foreseen.

### Sources of official guidance and assessment protocols

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

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It is worth remarking firstly that in the new law regulating the responsibilities of the support structures in primary and secondary education, the element of “diagnosis”, a key element previously, is now entirely dismissed. It is indicative that under previous legislation EDEAY stood for “***Diagnostic*** *Educational Assessment and Support Committee*” while support structures at regional level were instead named *Centres for Differential Diagnosis, Diagnosis and Support of Special Educational Needs (KEDDY).*[[37]](#footnote-38)

The emphasis of the reformed support structures is rather shifted to “ensuring equal access of all pupils to education without exception and safeguarding their psychosocial development and progress” by providing support based on a holistic assessment of needs within education (Draft Law 2018, Art.1).

The assessment method and processes are not detailed in the new draft legislation, presumably as it primarily concerns the restructuring of support services at this stage. It can be expected that updated guidance will be issued once the new network of structures is operational, including the newly established institution of the Regional Centre for Educational Planning (PEKES) (Art. 4) which is responsible for programming, coordinating and monitoring educational activities as a whole, for providing scientific guidance of educational staff, as much as coordinating the activities of KESY.

It should be noted that EDEAY have existed since 2014 with a similar composition and purpose. They are also referred to in the new law, this time with a slightly changed name as noted, and being given more responsibility in making sure support is provided in the school before any case is referred to regional level. Current official guidance provided about the role of EDEAY, which also makes explicit reference to the UNCRPD (Ministerial Decision 2014[[38]](#footnote-39) Art.1),[[39]](#footnote-40) describes the aspects to be considered in the educational assessment process, including:

1. Educational factors (Article 4)
* The ability of the pupil to adapt to the school curriculum and keep pace with the rest of the pupils in class
* The educational and wider knowledge of the pupil
* School, cognitive, communication, and social skills, as well as the ability to perform daily activities without assistance
* Any other educational interventions
* Observation protocols during class
* Homework or informal tests
1. Social, financial, environmental, and family factors that obstruct access to school or create inequalities and discrimination against pupils with disability (Article 5, par.2):

* The case assessment includes review of individual/ family background, as well as interviews with parents, and home visits by the social worker.
1. Psychological aspects, including emotional and cognitive profile (Article 6):
* The school psychologist systematically collects information through “specific psychological diagnostic criteria” and updates the pupil’s file with regards to difficulties and capabilities, behaviour and responses of the family and school environment towards the pupil.

### Implementation and outcomes

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times and the assessment outcomes.*

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The new coordinating structures have become operational in the regions across Greece since October 2018.[[40]](#footnote-41) For the purposes of a more in-depth analysis, contrasting the newly adopted method from what has applied so far, and in order to capture its promising elements, **this section, as much as the section on “evaluation”, provides evidence referring to practice under the previous system for assessment and support**.

At the secondary level of assessment, the regional support structures KEDDY (to be reformed to KESY) have maintained as a key function the issuing of a diagnosis for referrals with learning difficulties by means of “differential diagnosis…aimed at eliminating conditions with similar symptoms arriving at a dominant diagnosis” (Law 3699/2008 Art. 1.5). No specific methodology was included in Law 3699/2008 however (please see further discussion below). It is worth noting that diagnostic certification in the cases of “sensory, mobility or other physical impairments, as well as severe or chronic illness” has always rested with the public health committees assigned with this role (Law 3699/2008 Art.5 par1).

There is unfortunately very limited official data or research findings available to evidence the implementation and outcomes of the educational assessment and support processes as they have operated so far. Eustathiou (2016 p.1)[[41]](#footnote-42) similarly remarks that “despite their long presence, “there is no systematic record” of their operation in practice.

Special education statistics[[42]](#footnote-43) monitor yearly the number of pupils attending special education units, by type of special educational needs, and can provide a sense of the potential volume of educational assessments. A total of 10,037 students with disabilities and/or special educational needs attended special education units in the school year 2015-2016, the educational needs of which related to:

* intellectual impairment (3,727);
* autism (2,900);
* multiple impairments (1,416);
* psychosocial difficulties (569);
* learning difficulties (492);
* mobility impairments (415);
* hearing impairments (320);
* visual impairments (103);
* High-functioning and Attention Deficit Disorder (95).

Attendance at special education units is however one of several possible outcomes of the educational needs assessment and support procedures. A comprehensive mapping of outcomes should also include the number and kind of support interventions in mainstream education (Individualised Education Plans), and it would be interesting to compare outcomes on the basis of impairment across special education and inclusive education.

More insights are of the existing system available through one qualitative study (Papatrecha et al 2013)[[43]](#footnote-44) which outlined the key difficulties in the implementation of diagnostic assessment in the case of Autistic Spectrum Disorders from the perspective of professionals involved in the process, at the former secondary level structure (KEDDY). These concerned namely “the validity and responsiveness of the diagnostic process, the difficulties responding to an increasing number of cases, the effective involvement of parents in the assessment process, the choice of a suitable school environment and the significance of drafting the IEP” (Papatrecha et al. 2013, p. 141).

What particularly becomes evident from the accounts of the professionals, is the “limited availability and adequacy of assessment tools” as well as the lack of specialised training offered by the public service for conducting the assessment (Papatrecha et al. 2013, p. 140). Professional judgement and experience seems in this respect to be a key implementing tool on its own in the assessment process.

Another key element of the assessment process is cooperation with parents (Papatrecha et al. 2013). Despite limited evidence on how this has worked in practice, it is worth noting here that according to relevant regulation that has applied so far "the opinion of the parent is not binding" and no appeal process had been foreseen in the process of diagnostic assessment (Law 3699/2008, Art. 5). In the event that parents wish not to follow the recommendations based on the assessment, for instance enrol a disabled pupil in mainstream school when it has been indicated that a special school would be more suitable, the Ministry of Education has stated that the parent’s choice and preference is final, but it is clarified that in these cases a disabled child is not necessarily entitled to equivalent support (Case No 204969/2015 quoted in the Ombudsman’s Report on Education (2016, p. 86).[[44]](#footnote-45)

### Evaluation – fitness for purpose

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

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Even though the new legislation aims to place the assessment procedures as a whole in a renewed rights based framework, the fact that the method and processes of assessment used to date (i.e. diagnostic assessment, please see section “implementation and outcomes”) have been little addressed as such rather suggests that practice is not likely to change automatically and unless the gaps and weaknesses are identified and improved. So far there have not been regular official evaluations (PESEA 2014).[[45]](#footnote-46) The new draft legislation foresees educational programming as a whole being based on regular monitoring and evaluation on a regional level, to be conducted by the Regional Centres for Educational Planning (PEKES) (please see above).

The scientific community in special education has repeatedly questioned the role of assessment and support structures, as they have operated so far, in promoting inclusive education. It is rather contended that in practice their role “seems to be limited to categorical diagnosis based on the medical model of disability, thus reinforcing segregated education” (Eustathiou 2016 p.1). The following remark is further indicative of the potential ineffectiveness in terms of ensuring equal access to school in certain cases: “Particularly in secondary education…it has been observed that most students who are obliged to change school environment (i.e. switch to special education) are essentially forced to drop out” (PESEA 2014).

What is at stake is indeed the understanding or definition of disability within the assessment process. The main input seems to have rested mainly on individual and family factors, rather than on a community and school level. For instance, from accounts available (Papatrecha et al. 2013), professionals’ views regarding the most suitable school environment for children at the Autistic Spectrum were based on factors such as “social adaptation, IQ, and severity of autism”, as well as whether an autistic child can “tolerate” the school environment (Papatrecha et al. 2013, p.143), rather than to what extent the school environment can be adapted to support individual needs. Additionally, “family and living conditions” and specifically whether the family can support a child in mainstream education” also seem to be deciding factors by the professionals involved in the assessment process (Papatrecha et al. 2013, p.142).

At the same time, the focus on diagnosis which has characterised the assessment process so far, seems practically to have narrowed the role of such structures in supporting the educational community in implementing inclusive education which was also under its jurisdiction (Law 3699/2008 Art. 4 par.1.10). Reportedly, there has been limited interaction and support provided by KEDDY to schools, in terms of building their capacity to respond to the diverse needs of pupils with disabilities and/or learning difficulties, mainly as their role has been perceived as related solely to decisions about special or mainstream education (Panagiotaki and Andrioti (2012).[[46]](#footnote-47)

In these regards, dismissing the function of diagnosis in educational needs assessments has significant potential in promoting inclusive education, thus the case of new legislation is being acknowledged as promising practice.

### Promising practice

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

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The main promising elements of the new legislation concern mainly:

* The shift of responsibility for assessment and support from regional support structures to school level support structures as inextricable part of mainstream education.
* The function of diagnosis is entirely dismissed. Assessment includes consideration of social and environmental barriers to learning.
* Interdisciplinary approach to needs assessment and support provision on individual level as well as on school/ educational community level.
* Explicit reference to a right based approach to disability and the UNCRPD, with prominent emphasis on the goals of ensuring equal access to education and combating early school drop-out.

# Summary and conclusion

*Taking an overview of national approaches to disability assessment and including any recommendations. Considering the range of examples identified in Part 1, and the analysis of selected cases in Part 2, please reflect on the extent to which these various assessment systems are integrated (or not). For instance, to what extent are similar application processes, similar assessment methodology, or similar administrative processes used to determine eligibility for different benefits? How could the system in your country become more integrated, cost-effective, or result in an easier applicant journey through the processes? Please also indicate any explicit references to the CRPD in the assessment procedure or whether the CRPD has been taken into account in determining the assessment procedure to be used.*

In brief, the current streamlined disability assessment system in Greece certifies disability status for any legal purpose and in that respect is cost effective and easy to access for various related provisions. It is however relying heavily on a medical model of disability.

The assessment method (Barema) which has been invariably used since the 1990s is arguably rather arbitrary and prone to “creative” use (Pavli 2017) depending on political agendas, austerity being a prominent pressure in the current economic context.

Despite active disability lobbying during the development and implementation of the current assessment system, the method used has not been critically evaluated in the light of the UNCRPD. The focus on impairment and individual functionality has therefore effectively been maintained by disability organisations in discussing assessment for eligibility to disability pensions and benefits.

The perceived threat of benefit cuts seems in this respect to be limiting the possibility of revisiting the method of assessment itself. Shifting to a disability assessment more compatible with the UN CRPD, would also in the author’s view require revisiting and clarifying its purpose as linked to provisions, for instance, whether it is capacity to work/ support needs for employment, or personal assistance needs/ extra disability costs that are being assessed, which is missed in this streamlined approach.

At the same time, such an assessment approach should coexist with parallel efforts in enabling social participation through accessibility across sectors. At the moment, no disability targets or action plans as foreseen under the UNCRPD implementation framework[[47]](#footnote-48) for instance, are being discussed. Any current assessment of individual “functionality” without reference to existing environmental barriers would indeed have serious consequences for the social inclusion of disabled people.

A more promising practice is emerging with the restructuring of assessment and support procedures in primary and secondary education, which overall shifts the responsibility of needs assessment and support from special to mainstream structures, substitutes diagnostic with a more holistic assessment, and places interventions on the level of the school and of the educational community as a whole.

1. **Acknowledgement**: Special thanks to Antonia Pavli for sharing her recently completed PhD Thesis (2017) Creative Disability Classification Systems: The Case of Greece 1990-2015 Swedish Institute for Disability Research, Orebro University. The thesis constitutes a unique account of the development of disability assessment procedures in Greece from early stages to the current modernized form, shedding light on what has been indeed a “black box” so far. Antonia Pavli’s research importantly includes interviews with the primary agents involved in the development of various administrative processes constructed periodically, showing at the same time the sensitivity of disability assessment systems to political pressures on national and European level. The full text is available at [http://www.diva-portal.org/smash/get/diva2:1098338/FULLTEXT01.pdf](http://www.diva-portal.org/smash/get/diva2%3A1098338/FULLTEXT01.pdf). [↑](#footnote-ref-2)
2. Educational Draft Law “Reform of Support Structures in Primary and Secondary Education” (Public Consultation March 2018) <http://www.opengov.gr/ypepth/wp-content/uploads/downloads/2018/03/ypepth.pdf>. [↑](#footnote-ref-3)
3. https://www.efka.gov.gr/el. [↑](#footnote-ref-4)
4. Journal of Government 1506/B/2012 <https://www.ika.gr/gr/infopages/kepa/FEK_1506_B_4-5-2012.pdf>. [↑](#footnote-ref-5)
5. Journal of Government 4591/B/2017 <http://www.nomotelia.gr/photos/File/4591B-17.pdf>. [↑](#footnote-ref-6)
6. Journal of Government 2611/B/2011 <https://drive.google.com/file/d/0B2q6YQEWX7zLZWE2NzlhYjMtYmM5ZC00YjY5LWE5MTctMTExNDgyZDMzNjQw/view>. [↑](#footnote-ref-7)
7. Journal of Government 819/Β/1993) <https://drive.google.com/file/d/0B2q6YQEWX7zLZDI0MzNhNTMtYzYxYy00MjZmLWFkNjQtZGExZTcyOTJiMjJk/view>. [↑](#footnote-ref-8)
8. Only HIV is listed under this category, assessed depending on degree of severity: up to 40% for cases not receiving treatment, 50% for asymptomatic cases receiving treatment, >50% when showing symptoms, and >80% for cases showing symptoms characteristic of AIDS (Single Table of Disability Percentage Determination 2017 p.31). [↑](#footnote-ref-9)
9. Single Table of Disability Percentage Determination 2017 p.129. [↑](#footnote-ref-10)
10. (Single Table of Disability Percentage Determination 2017 p.31). [↑](#footnote-ref-11)
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12. The Greek Ombudsman (2013 p. 9). [↑](#footnote-ref-13)
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16. <https://www.noesi.gr/sites/default/files/posts/ypomnima_goneon_melon_thesmikon_foreon_gia_ta_atoma_me_diatarahi_aytistikoy_fasmatos_08.02.2018.pdf>. [↑](#footnote-ref-17)
17. <https://www.special-learning.com/article/vineland_adaptive_behavior_scales> <https://research.agre.org/program/aboutados.cfm>. [↑](#footnote-ref-18)
18. <https://research.agre.org/program/aboutadi.cfm>. [↑](#footnote-ref-19)
19. EODAFF/ EDAAF 2018 Briefing Paper for the Rights of People in the Autistic Spectrum, p. 39-40 <https://www.noesi.gr/post/ypomnima-goneon-melon-thesmikon-foreon-gia-ta-atoma-diatarahi-aytistikoy-fasmatos-08022018>. [↑](#footnote-ref-20)
20. Law 4549/2018 (FEK Α 105) Article 17 Welfare Provisions. [↑](#footnote-ref-21)
21. <http://opeka.gr/wp-content/uploads/2018/02/pilotiko-pronomiakon-paroxon-atoma-me-anapiria-215_n4512-2018.pdf>.

See also Ministerial Decision: <http://opeka.gr/wp-content/uploads/2018/02/KYA-atoma-me-anapiria.pdf>. [↑](#footnote-ref-22)
22. See list of benefits provided at <https://opeka.gr/atoma-me-anapiria/plirofories/>. [↑](#footnote-ref-23)
23. Law 4520/2018 Establishment of the Organisation of Welfare Benefits and Social Solidarity <https://opeka.gr/wp-content/uploads/2018/03/%CE%9D-4520-2018.pdf>. [↑](#footnote-ref-24)
24. <https://www.dikaiologitika.gr/eidhseis/asfalish/191122/vima-vima-to-pilotiko-programma-ton-pronoiakon-epidomaton-anapirias>. [↑](#footnote-ref-25)
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27. Law 4549/2018 (FEK Α 105) Article 17 Welfare Provisions. [↑](#footnote-ref-28)
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29. This can be interpreted as deviation from a practice that would consider functionality within the built/social environment and would also strive to remove social obstacles. This seems to be the point of controversy for disability organisations in view of the new assessment method in that the focus on individual functionality stripped of context can potentially be interpreted in a way that effectively reduces eligibility to disability benefits. An example illustrating this point is given by Ms. P. Tsavalia in an interview to Pavli (2017 p.171) saying how a blind person staying at home for instance may be “eligible for an escort”, whereas a blind person holding a job or studying at a university (despite obstacles and possibly own resources used) may be deemed functional and thus assessed with a lesser percentage. [↑](#footnote-ref-30)
30. EODAFF/ EDAAF 2018 Briefing Paper for the Rights of People in the Autistic Spectrum, p.22 <https://www.noesi.gr/post/ypomnima-goneon-melon-thesmikon-foreon-gia-ta-atoma-diatarahi-aytistikoy-fasmatos-08022018>. [↑](#footnote-ref-31)
31. Reform of Support Structures in Primary and Secondary FEK102 A'/12.06.2018 <https://www.hellenicparliament.gr/UserFiles/bcc26661-143b-4f2d-8916-0e0e66ba4c50/e-anadec-pap_apospasma.pdf>. [↑](#footnote-ref-32)
32. Previously regulated by Law 3699/2008 and the Ministerial Decision FEK 315/B/2014. [↑](#footnote-ref-33)
33. Reform of Support Structures in Primary and Secondary FEK102 A'/12.06.2018 <https://www.hellenicparliament.gr/UserFiles/bcc26661-143b-4f2d-8916-0e0e66ba4c50/e-anadec-pap_apospasma.pdf>. [↑](#footnote-ref-34)
34. Law 4115/2013 (Art.39); Ministerial Decision FEK 315/B/2014; latest update Educational Draft Law “Reform of Support Structures in Primary and Secondary Education” (Public Consultation March 2018)

<http://www.opengov.gr/ypepth/wp-content/uploads/downloads/2018/03/ypepth.pdf>. [↑](#footnote-ref-35)
35. Reform of Support Structures in Primary and Secondary FEK102 A'/12.06.2018 <https://www.hellenicparliament.gr/UserFiles/bcc26661-143b-4f2d-8916-0e0e66ba4c50/e-anadec-pap_apospasma.pdf>. [↑](#footnote-ref-36)
36. In the Greek context, this is the term used to describe the scientific and policy field as much as the administration structures around disability and education. Although seemingly a paradox, as a field of knowledge it strongly includes the concept, method and practice of inclusive education. [↑](#footnote-ref-37)
37. Law 3699/2008 Special Education and Education of persons with disability or with special educational needs (Article 4). [↑](#footnote-ref-38)
38. Ministerial Decision FEK 315/B/2014. [↑](#footnote-ref-39)
39. The Ministerial Decision 2014 is not overturned in the draft law. [↑](#footnote-ref-40)
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44. <https://www.synigoros.gr/resources/ee2016-11-ekpaideusi.pdf>. [↑](#footnote-ref-45)
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46. Panagiotaki and Andrioti (2012) Perceptions of educational staff in primary education about the cooperation between KEDDY and schools Special Education Issues 57, 60-71. [↑](#footnote-ref-47)
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