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Greece

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ESPN Thematic Report on Social protection for people with disabilities

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Summary

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. people aged 18 or above). There are other important provisions available to them in other areas not covered in this report. In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities (CRPD), “people with disabilities” should be understood as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

In Greece, state-financed (non-contributory) disability welfare cash benefits are provided to people with disabilities depending on the type and level of disability. Insured people and pensioners, as well as members of their families who have certain diseases, are entitled to the *Εξωδρυματικό επίδομα* (non-institutional care benefit) which is provided by the digital National Agency for Social Insurance (e-EFKA). *Σύνταξη αναπηρίας* (disability pensions) and *Επίδομα απολύτου αναπηρίας* (total invalidity benefit) are also provided by the e-EFKA to those fulfilling specific qualifying criteria, though there are no uniform rules for benefits and contributions to all insured people.

Disability assessments are based on medical assessment procedures by the centres for certifying disability, which are responsible for assessing disability for all cash and in-kind social protection provisions available, though there are differences among the qualifying criteria for each provision. The assessment procedure involves the use of a fixed scale set out in the “single table for the disability percentage determination”; this has been modified multiple times, involving changes to the percentages attributed to specific impairments, thus affecting eligibility for disability provisions.

There are no cash benefits aimed at covering disability-related healthcare and housing expenses in Greece, and there is a profound lack of personal assistance schemes. As to the direct provision of assistive devices, specific assistive devices are provided on a cost-sharing basis, thus creating an increased burden of out-of-pocket payments for people with disabilities. People with disabilities can receive unemployment benefits as long as they fulfil the eligibility criteria set for the general population; there are no different eligibility criteria that apply to people with disabilities. However, in practice, the insurance-based nature of unemployment benefits in Greece, along with the fact that the duration of the benefit differs according to the individual’s contributory history, creates obstacles to access for people with disabilities. As to the *Ελάχιστο Εγγυημένο Εισόδημα* (guaranteed minimum income) scheme, people with disabilities face the same eligibility conditions as those applied to the general population, and no additional amount is provided to them. A positive element is the fact that the means-testing does not take into account the amounts of *Προνοιακές αναπηρικές παροχές* (disability welfare benefits).

During the period of the economic and financial crisis, the main disability-related issues in policy debates concerned the adverse impact of the crisis and of austerity measures on people with disabilities. However, since 2017 there has been some discussion of issues related to disability, though the issue of access to social protection for people with disabilities in Greece is mostly debated within the framework of the country’s commitments under the UN CRPD. A number of reforms affecting access to social protection schemes for people with disabilities have taken place since 2017 in Greece, but no examples can be identified of good practice that help people with disabilities to access social protection benefits and services.

To enhance access for people with disabilities, policy measures and initiatives are mainly needed in relation to simplifying the application procedure for claiming benefits, and establishing mechanisms that would ensure linkages between the competent authorities involved in the disability assessment procedure and the awarding of disability benefits. Rationalising the complex rules that apply to the various provisions, and the complex interaction between the relevant provisions, should also be given priority for action. Emphasis should also be placed on facilitating access to information concerning the rights of people with disabilities. Finally, the establishment of a national database of people with disabilities is crucial to ensure the formulation of informed policy initiatives based on hard evidence.

1 Access to disability-specific income support

1.1 Disability-specific benefits/pensions available to working-age people

1.1.1 Προνοιακές αναπηρικές παροχές (Disability welfare benefits)

State-financed (non-contributory) disability welfare cash benefits in Greece are provided by the Organisation for Welfare Benefits and Social Solidarity (OPEKA). There are 10 categories of disability benefits: i) mobility allowance; ii) nutritional allowance for kidney patients, patients with heart/liver transplant, etc.; iii) allowance for people with severe disability; iv) allowance for people with severe intellectual disability; v) allowance for quadriplegics, paraplegics and amputees;¹ vi) allowance for those with haematological diseases (including HIV/AIDS); vii) allowance for deafness/hearing loss; viii) allowance for blindness/visual impairment; ix) allowance for those diagnosed with cerebral palsy; and x) allowance for Hansen's disease patients.²

a) Eligibility conditions

Disability-related qualifying criteria: Each of the 10 categories of disability benefits has different qualifying criteria, depending on the severity of the disability. For instance, the mobility allowance is granted to those certified with 80% or more disability, while the allowance for those having HIV/AIDS is provided to those with 50% disability. It should also be noted that patients who apply for the nutritional allowance for kidney patients, patients with heart/liver transplant etc., do not have to be assessed by the centres for certifying disability (KEPAs).

Age: Age is not a criterion for most of the *Προνοιακές αναπηρικές παροχές* (disability welfare benefits). However, the disability allowance for deafness/hearing loss is only available to: a) those with a hearing disability of 67% or more, up to age 18 and over 65; b) those aged 19-65 who have a hearing disability of 67% or more and have another chronic medical, mental, or intellectual disability in addition to deafness/hearing loss; and c) those with a hearing disability of 67% or more, aged 19-25, who are enrolled in schools, universities, colleges or vocational training institutes. It should also be noted that the allowance for those diagnosed with cerebral palsy is provided only to children up to age 18 as well as adults enrolled in schools, universities, and other training organisations.

Nationality and/or residency: Beneficiaries, regardless of nationality, must be legal and permanent residents of the country. However, it should be noted that third-country nationals who are long-term residents are not eligible to receive a disability welfare benefit (except if they are married to a Greek or EU citizen), while the allowance for Hansen's disease patients is only available to those holding Greek citizenship. In addition, beneficiaries are not permitted to spend more than six months abroad (except in the case of mobility allowance beneficiaries, who cannot be abroad for more than four months).

Waiting period: No waiting period is required for the disability welfare benefits (i.e. they are granted from the moment the disability is certified). However, if an application for welfare disability benefits is rejected, submitting a new application is not allowed unless one year has passed since OPEKA's rejection decision, except if the new application concerns a new disease or a severe deterioration of the same disease.

¹ This is provided only to quadriplegics, paraplegics and amputees who are uninsured or work in the public sector.

² See also: <https://opeka.gr/atoma-me-anapiria/atoma-me-anapiria-paroches/> (in Greek).

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefits are not means-tested).

Other: A condition for receiving most of the disability welfare benefits is that beneficiaries do not receive any cash benefit for the same disease from any other source.

Gaps and obstacles: Based on the description of the eligibility conditions, no particular gap or obstacle can be identified faced by people with disabilities in accessing the disability welfare benefits – other than third-country nationals who are long-term residents, who do not have access to the disability welfare benefits. However, it should be pointed out that a major obstacle to access for people with disabilities to these benefits relates to a lack of awareness about the benefits they are entitled to, as well as to obstacles to access (Greek Ombudsman, 2019; ESAMEA, 2019), though no data are available regarding coverage and take-up.

b) Disability assessment framework

Type of assessment: The disability assessment relies mainly on medical assessment procedures. The assessment procedure involves the use of a fixed scale set out in the “single table for the disability percentage determination” (EPPPA) according to which a certain percentage of disability is attached to specific impairments (Barema classification system).³ According to the EPPPA, the disability levels are set at 50%, 67% and 80%. It should be noted, however, that a pilot project has been underway (in the regions of Attica, Thessaloniki and Achaia) to explore new administrative procedures and appropriate criteria, based on the functional ability along with medical criteria, for disability assessment (see also Section 4.2). In the context of this pilot project, functional capacity is assessed through the completion of the World Health Organization (WHO) disability assessment schedule 2.0 questionnaire concerning the person’s functional capacity in performing daily activities. However, the questionnaire does not affect the health committee’s outcome (Strati, 2019).

Responsible authorities: The KEPAs are responsible for implementing the disability assessment. Individuals who have not been referred by the relevant public services are obliged to pay a fee of €46.14 in order to be assessed, with the exception of uninsured people who are exempt from pharmaceutical co-payment and those who participate in the pilot project. In addition, the Supreme Army Health Committee (ASYE) may carry out disability assessments for civil servants.

Method: Personal interaction through face-to-face meetings. The assessment normally takes place at a KEPA unit. For those who are not mobile, the assessment takes place where they reside.

Supporting evidence: A “disability folder” completed by the doctor treating the applicant must be submitted along with the application. This folder includes essential medical information proving the disability (e.g. medical notes, medical examinations, medical treatment). In addition, a number of other administrative documents are required, such as identity documents and a social security number (AMKA) certificate.

Assessor: Assessments are carried out by KEPA primary health committees, which consist of qualified medical doctors who are specifically trained to conduct the disability assessment procedure.

Decision-maker: The KEPAs or ASYE (for civil servants) take the final decision. Individuals have the right to make an appeal within 14 days of receipt of the outcome,

³ For more information about the development of the disability assessment framework in Greece, see Pavli (2017).

provided that they pay a fee (€46.14). The case is then reassessed by the KEPA secondary health committee.

Critical analysis: As already mentioned, the current disability assessment framework used in Greece relies on medical assessment procedures that determine a disability level (50%, 67% or 80%),⁴ depending on the disease as classified in the EPPPA. The EPPPA has been modified multiple times, involving changes to the percentages attributed to specific impairments. According to Pavli (2017), Strati (2019), the National Confederation of Disabled People of Greece (ESAMEA, 2019) and the Greek Ombudsman (2013), these modifications mostly reflect political agendas for restricting eligibility for disability provisions. Indeed, as a result of these modifications, people who had been receiving a *Σύνταξη αναπηρίας* (disability pension) or a disability welfare benefit for many years either lost entitlement to these benefits or received a lower pension (Greek Ombudsman, 2019).

In addition, there are some administrative burdens involved in the application process, as a number of documents must be submitted that have to be collected from various sources (doctors, authorities, etc.). Then, with the outcome of KEPAs' decision, people with disabilities have to apply either to OPEKA or the digital National Agency for Social Insurance (e-EFKA) to claim specific benefits. This whole process is time-consuming and places an administrative burden on people with disabilities, but is congruent with the fact that there is a complete lack of links between the relevant authorities involved in awarding the various disability benefits (ESAMEA, 2019).

c) Benefit entitlements

Level of benefit: Depending on the disability level and the kind of chronic illness, recipients are entitled to different levels of service provision. The level of the disability welfare benefit is positively related to the level of disability. The amount of the disability welfare benefit ranges between €165 and €771 per month.

Duration: Benefits are paid for as long as the disability decision of the KEPAs determines. This can be for a specific period of time depending on the disease, whereas for certain diseases that are considered irreversible, as specified by a ministerial decision, entitlement is granted indefinitely and, thus, no reassessment is required.

Interactions with other income or income-related benefits: According to a ministerial decision issued in December 2018, disability welfare benefits are exempt from any tax and are not subject to any deduction or seizure by the state or a third party. Furthermore, the ministerial decision stipulates that the amounts paid for disability welfare benefits do not count towards total household income, and hence do not affect eligibility for other welfare benefits.⁵ It should also be noted that receiving a disability or old-age pension is not an obstacle to receiving some disability welfare benefits.⁶ In contrast, employed people are generally not eligible for disability welfare benefits, with the following exceptions: a) beneficiaries with a disability of 50% or more that relates to mental or intellectual disability, provided that their employment is deemed necessary for their psycho-social rehabilitation and social reintegration⁷ (Law 4488/2017); b) beneficiaries who work in social economy entities or participate in training or employment-support programmes; and c) blind people with a university degree

⁴ The fact that the disability assessment mechanism still relies only on medical disability elements has been an issue of concern highlighted by the UN Committee on the Rights of Persons with Disabilities (2019).

⁵ It should be noted that, according to the Greek Ombudsman (2019:32), because the provision of this ministerial decision was not included in the income tax code, disability welfare benefits were treated as income in income tax declarations. As a result, many beneficiaries were not eligible to receive other means-tested social protection benefits. This was eventually resolved and, since July 2020, disability welfare benefits have not been treated as income.

⁶ The following allowances are only provided to those who do not receive a pension: allowance for people with severe disability; allowance for people with severe intellectual disability; allowance for quadriplegics, paraplegics and amputees; and allowance for those diagnosed with cerebral palsy.

⁷ This must be certified by an authorised mental health unit.

practising their profession receive the full monthly allowance (€697), though pensioners and other categories of employees are entitled to receive half of the allowance (€362 per month).

Challenges: Although hard evidence is not available, it may be argued that the amounts provided are rather inadequate, especially for specific categories of people with disabilities or in cases where disability welfare benefits are the only source of income. Disability welfare benefits are typically provided to people with disabilities who are not in employment or do not receive a disability pension (Strati, 2017). As such, in practice, the welfare system does not supplement the social insurance system with the aim of ensuring an adequate standard of living for people with disabilities, but rather welfare coverage exists when there is no insurance coverage (Greek Ombudsman, 2019). However, it must be pointed out that the welfare system works rather effectively for those receiving both a disability welfare benefit and the *Ελάχιστο Εγγυημένο Εισόδημα* (GMI – guaranteed minimum income) or the rent subsidy. Despite the fact that the amounts they receive are not necessarily high, it may be argued that they are sufficient to protect people from falling below the at-risk-of-poverty (AROP) threshold (as defined at EU level).⁸ For instance, a person with a disability receiving the allowance for people with severe disability (€313 per month or €3,756 per year) as well as the GMI for a single person (€2,400 per year) receives a total of €6,156 per year from welfare benefits, which was higher than the AROP threshold for a single person in 2020 (€5,269).

1.1.2 Σύνταξη αναπηρίας (Disability pension)

Social insurance coverage entails the provision of old-age, survivors' and disability pensions.⁹ The benefits under the statutory pension scheme are provided by one social insurance institution, which has been in operation since March 2020, namely the e-EFKA. E-EFKA is the result of the integration of the Unified Agency for Auxiliary Social Insurance and Lump-sum Benefits into the Unified Social Security Fund (EFKA). Prior to this, in the context of the 2016 pension reform, most statutory main (contributory) social insurance funds were integrated into the EFKA, which has been in operation since January 2017. Despite the fact that almost all the provisions of the 2016 pension reform have now been implemented,¹⁰ there are two important ones that have not. These concern: (a) e-EFKA's social insurance regulation; and (b) e-EFKA's disability pension regulation. These were expected to be completed and implemented by the end of 2018, but they are still pending.¹¹ Therefore, as far as disability pensions are concerned, it must be underlined that there are no uniform rules for benefits and contributions in relation to all insured people. Instead, different rules apply for each beneficiary, depending on the specific regulations of the social insurance fund under they were insured.

a) Eligibility conditions

Disability-related qualifying criteria: To receive a disability pension, private sector employees must have at least 50% disability, as assessed by the KEPAs. Civil servants are eligible as long as the responsible authorities decide that they are not able to work. It should be noted that old-age pensions (instead of disability pensions) are granted to

⁸ That is: 60% of the national median equivalised disposable income (after social transfers).

⁹ For more information concerning the pension system in Greece, see European Commission (2021), pp. 103-116.

¹⁰ A detailed analysis can be found in European Commission (2018), pp. 75-84.

¹¹ Law 4670/2020 envisaged that the unified regulation of e-EFKA would be developed and put into force within two years (February 2022), but no further information on this issue is currently available.

people who are totally blind, or have certain illnesses with at least 67% disability, provided they have accumulated 15 years of insurance or 4,500 days of contributions.¹²

Age: There are no age requirements for accessing this benefit. Despite the fact that the statutory pensionable age is 67, or 62 for those with a contributory period of 40 years,¹³ this does not apply to disability pensions.

Nationality and/or residency: None (i.e. there are no nationality or residency requirements for accessing this benefit).¹⁴

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: As already mentioned, different rules apply depending on the specific regulations of the various social insurance funds.¹⁵ In order to be eligible, private sector employees must have 4,500 days of contributions¹⁶ during their whole working life or at least 1,500 days of contributions, 600 of which must have been accumulated in the five years preceding the disability. For those aged up to 21, 300 days of contributions (or one year of insurance) in the five years preceding the disability are required. This period increases progressively by 120 days of contributions per year up to 4,200 days until the age of 54. Self-employed people, freelancers and farmers must have at least five years of contributions, two of them during the five years preceding the disability, or 15 years of continuous insurance. Finally, civil servants must have at least four and a half years of service.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

Gaps and/or obstacles: The insurance-based nature of disability pensions, along with the fact that the amount of the benefit differs according to the individual's contributory history, creates obstacles in access for people with disabilities. People with disabilities face significant challenges in meeting the qualifying conditions, mostly relating to the short duration of their contribution periods. As a result, some people fail to meet these eligibility criteria, which, in turn, impedes their access to a disability pension or qualifies them for significantly reduced monthly amounts.

Moreover, the main barrier is the complexity of the applicable rules. The absence of harmonised rules makes the system rather complex, as there are variations between social insurance funds with regard to the rules and the benefits provided, especially as regards eligibility for other complementary benefits, namely the disability welfare benefits (Section 1.1.1), the *Εξωιδρυματικό επίδομα* (non-institutional care benefit) (Section 1.1.2) and the total invalidity benefit (Section 2.1.1). Eligibility is subject to the provisions of each social insurance fund (depending on the beneficiary's profession) and in many cases beneficiaries are not aware of their entitlements.

b) Disability assessment framework

Type of assessment: The disability assessment relies mainly on medical assessment procedures. The assessment procedure involves the use of a fixed scale set out in the EPPPA according to which a certain percentage of disability is attached to specific impairments (Barema classification system). According to the EPPPA, the disability

¹² It is worth noting that these people are entitled to an old-age pension calculated as if the individual had 35 years of contributions.

¹³ There are a few early-retirement exceptions, which concern, in particular, mothers of children with disabilities – for whom the statutory pensionable age is set at 55 (subject to at least 25 years of contributions), and people engaged in arduous work – for whom the statutory pensionable age is set at 62 (subject to at least 15 years of contributions, 12 of which should be in arduous work).

¹⁴ These conditions apply to EU and non-EU nationals as well as to people with refugee status.

¹⁵ It should be noted that different rules apply to disability resulting from occupational diseases and disabilities caused by a work accident. In both cases, no minimum contributory record is required, and the total pension amount (national and contributory parts) cannot be less than €768 per month.

¹⁶ One day of work corresponds to one insurance day.

levels are set at 50%, 67% and 80%. It should be noted, however, that a pilot project has been underway (in the regions of Attica, Thessaloniki and Achaia) to explore new administrative procedures and appropriate criteria, based on the functional ability along with medical criteria, for disability assessment (see also Section 4.2). In the context of this pilot project, functional capacity is assessed through the completion of the WHO disability assessment schedule 2.0 questionnaire concerning the person's functional capacity in performing daily activities. However, the questionnaire does not affect the health committee's outcome (Strati, 2019).

Responsible authorities: The KEPAs are responsible for implementing the disability assessment. Individuals who have not been referred by the relevant public services are obliged to pay a fee of €46.14 in order to be assessed, with the exception of uninsured people who are exempt from pharmaceutical co-payment and those who participate in the pilot project. The ASYE is responsible for implementing the disability assessment for disability pension entitlement for civil servants.

Method: Personal interaction through face-to-face meetings. The assessment normally takes place at a KEPA unit. For those who are not mobile, the assessment takes place where they reside.

Supporting evidence: A disability folder completed by the doctor treating the applicant must be submitted along with the application. This folder includes essential medical information proving the disability (e.g. medical notes, medical examinations, medical treatment). In addition, a number of other administrative documents are required, such as identity documents and an AMKA certificate.

Assessor: Assessments are carried out by the KEPA primary health committees, which consist of qualified medical doctors who are specifically trained to conduct the disability assessment procedure.

Decision-maker: The KEPAs take the final decision. Individuals have the right to make an appeal within 14 days of receipt of the outcome, provided that they pay a fee (€46.14). The case is then reassessed by the KEPAs' secondary health committee.

Critical analysis: As already mentioned, the current disability assessment framework used in Greece relies on medical assessment procedures which determine a disability level (50%, 67% or 80%), depending on the disease as classified in the EPPPA. The EPPPA has been modified multiple times, involving changes to the percentages attributed to specific impairments. According to Pavli (2017), Strati (2019), ESAMEA (2019) and the Greek Ombudsman (2013), these modifications mostly reflect political agendas for restricting eligibility for disability provisions. Indeed, as a result of these modifications, people who had been receiving a disability pension or a disability welfare benefit for many years either lost entitlement to these benefits or received a lower pension (Greek Ombudsman, 2019).

In addition, there are some administrative burdens involved in the application process, as a number of documents must be submitted that have to be collected from various sources (doctors, authorities, etc.). Then, with the outcome of KEPAs' decision, people with disabilities have to apply either to OPEKA or e-EFKA to claim specific benefits. This whole process is time-consuming and places an administrative burden on people with disabilities, but is congruent with the fact that there is a complete lack of links between the relevant authorities involved in awarding the various disability benefits (ESAMEA, 2019).

c) Benefit entitlements

Level of benefit: The benefit consists of two parts: a) the national pension; and b) the contributory part. The amount of the national pension depends on the years of

insurance¹⁷ and on the disability level.¹⁸ The method of calculating the contributory part is the same as for old-age pensions (i.e. it is the product of multiplying the pensionable salary by the sum of the annual replacement rates) (European Commission, 2021). It should be noted that 6% of the monthly pension benefit is paid as a contribution for healthcare coverage.

Duration: Disability pensions are paid for as long as the disability decision of the KEPAs determines. This can be for a specific period of time depending on the disease, whereas for certain diseases that are considered irreversible, as specified by a ministerial decision, entitlement is granted indefinitely, and thus no reassessment is required. Disability pensioners may convert their disability pensions into old-age pensions provided they meet specific insurance and age criteria.

Interactions with other income or income-related benefits: Pensioners receiving disability pensions from the e-EFKA are not eligible for some of the state-financed (non-contributory) disability welfare benefits provided by the OPEKA (Section 1.1.1). In addition, different rules apply to disability pensioners who combine income from pensions with income from work, depending on the relevant provisions of their social insurance fund.

Challenges: Overall, as already mentioned, the insurance-based nature of disability pensions, along with the fact that the amount of the benefit differs according to the individual's contributory history, creates obstacles to access for people with disabilities. People with disabilities face significant challenges in meeting the qualifying conditions, mostly relating to the short duration of their contribution periods. As a result, some people fail to meet these eligibility criteria, which in turn impedes their access to a disability pension or qualifies them for significantly reduced monthly amounts. Furthermore, although disability pensions require less insurance time than old-age pensions, the total pension amounts are determined using the same formula, which is based on the total contributory period. This results in lower pensions for people with disabilities, who usually have shorter contributory periods. Additionally, their pension amounts are also affected by the fact that the amount of the national pension depends on the years of insurance and on the disability level. This is reflected in the latest available data (IDIKA, 2022), which reveal that the average monthly gross income from the main disability pensions in Greece was €559 in January 2022, which was far lower than the effective minimum salary/wage (€773.50).¹⁹

Moreover, the fact that the amounts paid are included in total taxable household income affects eligibility for other supporting measures (e.g. tax discounts) or other means-tested welfare benefits, such as the GMI scheme and the rent subsidy. Those receiving a disability pension are usually not eligible for the GMI scheme because the latter is subject to very strict income criteria, which in practice makes it inaccessible for disability pensioners. Conversely, those who receive disability welfare benefits (Section 1.1.1) are eligible for the GMI scheme because the amounts paid as disability welfare benefits are not included in the income for determining eligibility for the GMI scheme, even if the amounts paid are higher than the disability pension amounts. As the Greek Ombudsman (2019) highlights, "*in these cases, the true disability needs are not recognised and unequal treatment is observed between essentially similar cases*" (p. 30).

¹⁷ The national pension is equal to the AROP threshold for a single person for 2014 (fixed at €384 per month) for 20 years of contributions, reduced by two percentage points for every year less than that.

¹⁸ The whole amount of the national pension is granted to pensioners with more than 80% disability; 75% of it to pensioners with disability of 67-79.9%; and 50% of it to pensioners with disability of 50-66.9%.

¹⁹ The effective minimum salary/wage amounts to €773.50 per month, since private sector employees are entitled to an additional two months of bonus payments per year (i.e. a full month's bonus payment at Christmas, along with an Easter bonus payment and a summer holiday bonus payment – each of the latter equivalent to 50% of an employee's monthly salary).

1.1.3 Εξωδρυματικό επίδομα (Non-institutional care benefit)

a) Eligibility conditions

Disability-related qualifying criteria: The non-institutional care benefit is provided to those diagnosed with at least 67% disability due to paraplegia, quadriplegia, amputation, or any other disease that causes a similar disability. It is also provided to those diagnosed with 80% or more disability due to bone diseases.

Age: None (i.e. there are no age requirements for accessing this benefit).

Nationality and/or residency: None (i.e. there are no nationality or residency requirements for accessing this benefit).²⁰

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: The non-institutional care benefit is provided by the e-EFKA to insured people and pensioners, and to the members of their families who have specific diseases. To receive the non-institutional care benefit, insured people and pensioners must have at least 350 days of contributions²¹ during the four years preceding the disability, 50 of which must have been accumulated in the previous 15 months, or 1,000 days of contributions in total.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: The payment of the benefit is suspended if the beneficiary is hospitalised in a residential care institution for more than 30 days.

Gaps and/or obstacles: Although it may be argued that the insurance-based nature of the non-institutional care benefit creates obstacles to access for people with disabilities, this is not the case, as those who fail to fulfil these eligibility criteria are entitled to a relevant disability welfare benefit provided by OPEKA (Section 1.1.1). Given this, no major gap or obstacle can be identified.

b) Disability assessment framework

Type of assessment: The disability assessment relies mainly on medical assessment procedures. The assessment procedure involves the use of a fixed scale set out in the EPPPA, according to which a certain percentage of disability is attached to specific impairments (Barema classification system). According to the EPPPA, the disability levels are set at 50%, 67% and 80%. It should be noted, however, that a pilot project has been underway (in the regions of Attica, Thessaloniki and Achaia) to explore new administrative procedures and appropriate criteria, based on functional ability along with medical criteria, for disability assessment (see also Section 4.2). In the context of this pilot project, functional capacity is assessed through the completion of the WHO disability assessment schedule 2.0 questionnaire concerning the person's functional capacity in performing daily activities. However, the questionnaire does not affect the health committee's outcome (Strati, 2019).

Responsible authorities: The KEPAs are responsible for implementing the disability assessment. Individuals who have not been referred by the relevant public services are obliged to pay a fee of €46.14 in order to be assessed, with the exception of uninsured people who are exempt from pharmaceutical co-payment and those who participate in the pilot project. In addition, the ASYE may carry out disability assessments for civil servants.

Method: Personal interaction through face-to-face meetings. The assessment normally takes place at a KEPA unit. For those who are not mobile, the assessment takes place where they reside.

²⁰ These conditions apply to EU and non-EU nationals as well as to people with refugee status.

²¹ One day of work corresponds to one insurance day.

Supporting evidence: A disability folder completed by the doctor treating the applicant must be submitted along with the application. This folder includes essential medical information proving the disability (e.g. medical notes, medical examinations, medical treatment). In addition, a number of other administrative documents are required, such as identity documents and an AMKA certificate.

Assessor: Assessments are carried out by the KEPAs primary health committees, which consist of qualified medical doctors who are specifically trained to conduct the disability assessment procedure.

Decision-maker: The KEPAs or ASYE (for civil servants) take the final decision. Individuals have the right to make an appeal within 14 days of receipt of the outcome, provided that they pay a fee (€46.14). The case is then reassessed by the KEPAs' secondary health committee.

Critical analysis: As already mentioned, the disability assessment framework currently used in Greece relies on medical assessment procedures which result in a disability level (50%, 67% or 80%), depending on the disease as classified in the EPPPA. The EPPPA has been modified multiple times, involving changes to the percentages attributed to specific impairments. According to Pavli (2017), Strati (2019), ESAMEA (2019) and the Greek Ombudsman (2013), these modifications mostly reflect political agendas for restricting eligibility for disability provisions. Indeed, as a result of these modifications, people who had been receiving a disability pension or a disability welfare benefit for many years either lost entitlement to these benefits or received a lower pension (Greek Ombudsman, 2019).

In addition, there are some administrative burdens involved in the application process, as a number of documents must be submitted that have to be collected from various sources (doctors, authorities, etc.). Then, with the outcome of KEPAs' decision, people with disabilities have to apply either to OPEKA or e-EFKA to claim specific benefits. This whole process is time-consuming and places an administrative burden on people with disabilities, but is congruent with the fact that there is a complete lack of links between the relevant authorities involved in awarding the various disability benefits (ESAMEA, 2019).

c) Benefit entitlements

Level of benefit: The monthly amount of the non-institutional care benefit is equal to 20 times the daily minimum wage of the unskilled worker for 2011, which totals €671.40 per month (20 x €33.57 daily wage, or 10 x €33.57 for single amputees). Beneficiaries of the non-institutional care benefit are entitled to an additional two months of bonus payments per year (i.e. a full month's bonus payment at Christmas, along with an Easter bonus payment and a summer holiday bonus payment – each of the latter equivalent to 50% of the monthly amount). Therefore, the total amount is €783.30 per month or €391.65 per month for single amputees. If a beneficiary receives only the non-institutional care benefit (and not a pension), 6% of their monthly benefit amount is paid as a contribution for healthcare. Therefore, the total monthly amount paid is €736.30, or €368.15 for single amputees.²²

Duration: Benefits are paid for as long as the disability decision of the KEPAs determines. This can be for a specific period of time depending on the disease, whereas for certain diseases that are considered irreversible, as specified by a ministerial decision, entitlement is granted indefinitely, and thus no reassessment is required.

Interactions with other income or income-related benefits: The non-institutional care benefit is exempt from any tax, though the amounts paid are included in total taxable household income, hence affecting eligibility for tax discounts or other means-tested

²² Single amputees are considered to be those who have had the amputation of an arm or leg.

welfare benefits, such as the rent subsidy.²³ Income from work has no bearing on receipt of the non-institutional care benefit, and receipt of the non-institutional care benefit does not affect the amount of disability pension (see Section 1.2.1). However, the benefit is provided on the condition that beneficiaries do not receive the total invalidity benefit (see Section 2.1.1) or any other financial support for the same disease from any other source.

Challenges: The main challenge linked to the adequacy of this benefit relates to the fact that it counts towards the total income when eligibility is determined for other supporting measures (e.g. tax discounts) or other means-tested welfare benefits, such as the GMI scheme and the rent subsidy. In general, social welfare benefits in Greece are subject to very strict income criteria, which in practice makes them inaccessible even to people on the minimum wage.

1.2 Disability-specific old-age pension schemes

There are no disability-specific old-age pension schemes available in Greece. Old-age people with disabilities are covered by disability pensions (see Section 1.1.2).

1.3 Income support aimed at covering disability-related healthcare and housing expenses

1.3.1 Healthcare

It should be stated right at the outset that there are no cash (contributory or non-contributory) benefits aimed at covering disability-related healthcare expenses in Greece. Given that, the focus here is on the provisions of the national healthcare system for the compensation for such expenses.

Before embarking on a description of those provisions, it is worth noting that the Greek healthcare system is characterised by the co-existence of a national health system, compulsory work-related social insurance and a fairly strong private for-profit healthcare sector. Insured people are entitled to access (free of charge) all public primary (medical care, dental care and diagnostic examinations) and secondary (hospital treatment) healthcare services; they also have access, though on a cost-sharing basis, to healthcare services delivered by certain private providers. Since 2016, uninsured citizens have also been granted access (free of charge) to public healthcare services, though, unlike the insured, uninsured people are not entitled to access private providers on a cost-sharing basis (Ziomas, Konstantinidou and Capella, 2018).²⁴

As regards the provisions and benefits provided by the National Organisation for the Provision of Health Services (EOPYY), which is a public corporate body that acts as a single purchaser of healthcare services, the compensation for disability-related expenditure incurred by people with disabilities is explicitly defined in the EOPYY's "unified regulation for healthcare services" (EKPY).²⁵ According to the EKPY, these include the following.

- Partial reimbursement of travel costs to all patients (regardless of disability) when they have to travel for medical reasons outside their area of permanent residence (the actual amount depends on the distance and the type of disability). For kidney patients specifically, a monthly reimbursement is provided of €115-230 for those

²³ For more details, see: <https://www.taxheaven.gr/news/51034/a-mpardakhs-anafora-pros-ton-stp-me-oema-thn-parabiash-ths-arxhs-ths-forologikhs-isothtas-sto-exwidrymatiko-epidoma-paraphgias-tetraphgias> (in Greek).

²⁴ It is worth noting that two of the main barriers to access to healthcare services for the whole population – let alone for people with disabilities – are the uneven geographical distribution of services, and staff shortages (Ziomas, Konstantinidou and Capella, 2018).

²⁵ Joint Ministerial Decision ΕΑΛΕ/Γ.Π. 80157, Official Journal of Government, Issue No 4898, Vol. Β', 1 November 2018 (in Greek).

residing in urban areas, and €400-800 (depending on the distance) for those residing in suburban and rural areas. In addition, for those diagnosed with haematological diseases in need of blood transfusions, a monthly reimbursement is provided of €20-38 for those residing in urban areas and €100-150 for those residing in suburban and rural areas.

- Partial reimbursement to all patients (regardless of disability), fixed at €30 per night during the week and €45 per night on weekends, for the use of exclusive nursing services overnight for a specific number of days during hospitalisation in public hospitals. People with severe disabilities are eligible to receive this reimbursement for the whole period of their hospitalisation in a public hospital.
- Partial compensation for bath therapy and aero therapy (set amounts for a specific number of visits per year).
- Partial compensation for physiotherapy, speech therapy, occupational therapy and psychotherapy (€15 per session for a specific number of visits, which is determined on the basis of the type of disability).

These provisions, although they do not constitute cash benefits aimed at covering the disability-related healthcare expenses of people with disabilities, provide limited support for covering these costs, with a few exceptions as described above. However, not only do they take the form of reimbursement, but in most cases they only cover a specific number of days per year, thus accounting for a very limited part of the overall expenditure. Worse still, these provisions are addressed only at specific categories of people with disabilities. As a result, most people with disabilities have to pay the whole cost by themselves (out-of-pocket payments). It should be pointed out, however, that the various income-support measures provided to people with disabilities (Section 1.1 and 1.2) might be used for covering disability-related healthcare expenses, given that “there is no restriction on how the money can be used” (Rotarou, 2021, p. 5).

1.3.2 Housing

There are no cash benefits currently available in Greece aimed at covering disability-related housing expenses or home adaptations. It should be noted, however, that programmes for promoting independent living are mentioned in the national action plan for the rights of persons with disabilities (under objective 11 on independent living). In line with this, interventions to enhance access to private housing for people with disabilities are expected to be funded by the Recovery and Resilience Facility (European Commission 2021a). However, no information is available thus far as to the actual content and details of these interventions, nor the period of their implementation.

2 Access to some key general social protection cash benefits

2.1 Old-age benefits

2.1.1 *Επίδομα απολύτου αναπηρίας* (Total invalidity benefit)

a) Eligibility conditions

The *Επίδομα απολύτου αναπηρίας* (total invalidity benefit) is granted by the e-EFKA to old-age pensioners who are totally blind, and to disability pensioners whose condition requires constant supervision and support from a third person (total invalidity). In order to be eligible for this kind of benefit, pensioners must have a medical assessment by the KEPAs or the ASYE (for civil servants) certifying that they need continuous assistance from another person, irrespective of the disability level.

b) Additional amount/compensation included and adequacy issues

The additional amount granted to beneficiaries varies depending on the specific regulations of the various social insurance funds.²⁶ For instance, private sector employees and self-employed people are entitled to an amount equal to 50% of the disability pension paid, whereas farmers and those working in the public sector are not entitled to receive this benefit. In any case, the same rules apply to eligible pensioners, irrespective of the severity or type of disability, and no evidence is available as regards the adequacy of the benefit in meeting the extra costs related to disability.

It should also be noted that the total invalidity benefit is tax-exempt, though the amounts paid are included in total taxable household income. In addition, receipt of the total invalidity benefit does not affect the receipt of disability welfare benefits (see Section 1.1).

c) Gaps/obstacles

The main issue with regard to the total invalidity benefit is the absence of harmonised rules that apply to people with disabilities. Currently, the system is rather complex; there are variations between social insurance funds as regards the rules and the benefits provided. As a result, eligibility is subject to the provisions of each social insurance fund (depending on the beneficiary's profession). In addition, only specific categories of pensioners are entitled to this benefit (old-age pensioners who are totally blind and disability pensioners). This, in turn, implies that other old-age pensioners with disabilities are not entitled to this benefit.

Furthermore, the fact that the amounts paid are included in total taxable household income affects eligibility for other supporting measures (e.g. tax discounts) or other means-tested welfare benefits, such as the GMI scheme and the rent subsidy. Despite the fact that disability welfare benefits are not treated as income for the purposes of the GMI scheme, amounts paid as disability pensions (including the total invalidity benefit) are counted as income, and thus many people with disabilities are not eligible for the GMI scheme.

2.2 Unemployment benefits

The unemployment benefit system in Greece is structured on the basis of previous work and contributions, and thus it does not constitute a typical unemployment assistance scheme; rather it is an unemployment insurance system, which is of limited coverage. The Greek Manpower Employment Organisation (OAED) is in charge of the provision of unemployment benefits – that is, the *Τακτικό Επίδομα Ανεργίας* (regular unemployment benefit), the *Επίδομα Μακροχρονίως Ανέργων* (long-term unemployment benefit), and the *Βοήθημα ανεργίας αυτοτελώς και ανεξαρτήτως απασχολουμένων* (unemployment benefit provided to self-employed people and freelancers).

2.2.1 Τακτικό Επίδομα Ανεργίας (Regular unemployment benefit)

a) Eligibility conditions

There are no different eligibility criteria that apply to people with disabilities for the regular unemployment benefit. People with disabilities can receive a regular unemployment benefit as long as they fulfil the eligibility criteria set for the general population. As to the contributory history required for receiving the regular unemployment benefit, the following rules apply to all: a) at least 125 days of work during the 14 months preceding job loss (the two last months preceding job loss are not taken into account); and b) the total number of days of paid unemployment for which unemployment benefit has been received cannot exceed 400 days within the four

²⁶ Although since January 2017 all social insurance funds have been integrated into one single agency, namely the e-EFKA, the disability pension regulation of e-EFKA is still pending.

years preceding job loss. Moreover, for first-time claimants, there are specific requirements. These are: a) at least 80 days of work per year in the two years preceding their application; and b) at least 125 days of work during the 14 months preceding job loss (excluding the last two months) or, alternatively, at least 200 days of work during the two years preceding job loss. The waiting period required for the regular unemployment benefit, applicable only for the first application, is six days (i.e. beneficiaries are subsidised from the seventh day). As to the duration of the regular unemployment benefit, this is determined by the insured person's contribution record and varies between five and 12 months.

b) Additional amount/compensation included and adequacy issues

The unemployment benefit is a general benefit with no additional amount/compensation for people with disabilities. The amount of the subsidy is based on the average gross monthly earnings in the six months before dismissal. It amounts to €203.75-407.25 per month (increased by 10% for every dependent member of the family). The lowest amount of the regular unemployment benefit (€203.75) is considered very low for covering the needs of the unemployed, let alone for the unemployed with disabilities.

c) Gaps/obstacles

The insurance-based nature of unemployment benefits in Greece, along with the fact that the duration of the benefit differs according to the individual's contributory history, creates obstacles to access for people with disabilities. Although there are no readily available data as to the actual number and characteristics of people with disabilities who receive the regular unemployment benefit,²⁷ it may be argued that there are serious difficulties for people with disabilities concerning the fulfilment of the qualifying conditions, which relate mainly to the low employment rates. According to EU-SILC²⁸ data for 2020, the employment rate for people with disabilities in Greece was 27.7 percentage points lower than for people without disabilities. In any case, it must be pointed out that people with disabilities in Greece face problems not only in accessing the unemployment benefit, but also – prior to that – in entering the labour market, as they are faced with additional obstacles compared with people without disabilities (Strati, 2021). In addition, in some cases, there is a cessation of disability benefits when people enter employment, which acts as a disincentive to employment for some people with disabilities (Observatory on Disability Issues, 2021).

2.2.2 Επίδομα Μακροχρονίως Ανέργων (Long-term unemployment benefit)

a) Eligibility conditions

In Greece, people with disabilities are not treated differently from the general population with regard to the means-tested long-term unemployment benefit. It should be noted that, although unemployment benefits, sickness and maternity benefits are excluded from the annual family income, disability welfare benefits are not mentioned in the exclusion rules.

b) Additional amount/compensation included and adequacy issues

No additional amount/compensation for people with disabilities is provided. The benefit is set at €200 per month for a period of 12 months under the condition that the beneficiary remains unemployed during this period. The amount of the benefit is considered very low, which can be further supported by the fact that it is below the

²⁷ Available data (Observatory on Disability Issues, 2021, p. 95 and OAED, 2020) reveal that, in May 2020, out of the total number of people on the OAED's unemployment registry (approximately 1.1 million people), there were 26,884 people with disabilities (or 2.44% of the registered unemployed).

²⁸ European Union statistics on income and living conditions.

AROP threshold for a single household.²⁹ It is thus inadequate to fulfil its role as an income-support benefit for the long-term unemployed, and the same applies to long-term unemployed people with disabilities.

c) Gaps/obstacles

The long-term unemployment benefit is means-tested and provides very low income support with very strict eligibility criteria, which leaves a very large number of unemployed people, let alone people with disabilities, ineligible to receive it. As a result, the number of beneficiaries is generally very limited, though relevant data are not publicly available. Nevertheless, an additional obstacle for people with disabilities is the fact that disability welfare benefits are not excluded from the calculation of the annual income, which should be less than €10,000.

2.2.3 Βοήθημα ανεργίας αυτοτελώς και ανεξαρτήτως απασχολουμένων (Unemployment benefit for self-employed people and freelancers)

a) Eligibility conditions

No specific eligibility conditions are applied to people with disabilities, nor are there any other rules favourable to them compared with people without disabilities.

b) Additional amount/compensation included and adequacy issues

No additional amount/compensation for people with disabilities is provided. The amount of the benefit is set at €407.25 per month, and there is no additional amount for other family members. It is granted for a period of three to nine months, depending on the years of contributions (at least three years of contributions are required for a three-month receipt of benefit).

c) Gaps/obstacles

The main obstacle in access for people with disabilities that can be identified for this benefit is the fact that those receiving any kind of pension are excluded. In general, self-employed people and freelancers, regardless of disability, are partially covered, given that eligibility criteria for the unemployment benefit provided to self-employed people and freelancers are stricter than those that apply to employees. In other words, although hard evidence is not available to support this, it might be argued that a large number of self-employed people and freelancers, including those with disabilities, fail to fulfil these eligibility criteria, which in turn impedes their access to the unemployment scheme.

2.3 Guaranteed minimum income schemes and other social assistance benefits (GMIs)

2.3.1 Ελάχιστο Εγγυημένο Εισόδημα (Guaranteed minimum income)

a) Eligibility conditions

The GMI scheme is addressed at households living in extreme poverty and is based on three pillars: i) income support; ii) complementary social services and goods;³⁰ and iii) labour market activation services. It is means-tested and requires the beneficiaries to be legal and permanent residents of the country and to fulfil specific – very strict –

²⁹ According to the latest available EU-SILC data, the AROP threshold for a single household in Greece was €5,269 in 2020.

³⁰ Beneficiaries of the GMI scheme, including people with disabilities, are also eligible for certain social services under this pillar. For instance, they can claim the social residential tariff, which provides a discount on the electricity costs of the beneficiaries' primary residence up to a certain consumption limit, depending on the size and composition of the household and if specific eligibility criteria are met. The social residential tariff can also be claimed by people with disabilities who are not beneficiaries of the GMI. In fact, the income eligibility criteria are higher for people with disabilities than for other potential beneficiaries.

income and property criteria depending on the size and composition of the household (Ziomas, Capella and Konstantinidou, 2017). People with disabilities face the same eligibility conditions as those applied to the general population. However, people with disabilities hosted in closed care units and supported living houses, as well as people in sheltered mental health accommodation (hostels, boarding houses, apartments, etc.) are not eligible for the GMI benefit. It must be pointed out, however, that, for people with disabilities, income from disability welfare benefits (Section 1.1.1) is not included in the calculation of the total income of the household, though disability pensions as well as the non-institutional care benefit and total invalidity benefit are included. In addition, although all adult members of a beneficiary household are obliged to register with the OAED unemployment registry within a month after the approval of their application, people with disabilities who are not able to work³¹ are exempt from this obligation.

b) Additional amount/compensation included and adequacy issues

No additional amount is provided to people with disabilities. The total monthly amount of the income support that a person/household can claim depends on the size and composition of the household and on the household's gross income. The financial benefit is set at €200 per month basic support per household unit, plus a proportional amount set at €100 for every adult and €50 for every dependent child in the household (with the exception of single-parent households, where the amount for the first child is set at €100). The maximum monthly amount of the benefit cannot exceed €900, irrespective of the household's composition. The calculation of the financial benefit is based on the same rules for all eligible households without taking into account the disability level.

Nevertheless, the level of income support is grossly inadequate for all beneficiaries (Ziomas, Capella and Konstantinidou, 2017), let alone for people with disabilities who bear extra living costs, which, according to the ESAMEA, is estimated, on average, at €256-321 per month, depending on the level of disability (ESAMEA, 2021). However, according to an evaluation study of the first two years of implementation of the scheme (Marini *et al.*, 2019), beneficiaries of the GMI consider this benefit a very substantial contribution to their budget, with 88.7% of them reporting that it is very significant or significant.

c) Gaps/obstacles

The main gap in access for people with disabilities to the GMI scheme is the fact that certain categories (as described above) are not eligible to receive the GMI benefit. Additionally, the main general obstacle in accessing the GMI scheme relates to a lack of knowledge about the GMI on the part of potential beneficiaries living in extreme poverty. This can be further supported by the findings of the abovementioned evaluation study, according to which 60% of households in the first decile that are likely to fulfil the eligibility criteria did not apply to the GMI scheme – either because they had never heard about it, or they had heard about it but did not know the relevant details (Marini *et al.*, 2019). Although this evaluation study does not focus solely on people with disabilities, it provides useful insights highlighting significant issues of non-take-up that are also relevant for people with disabilities.

In addition, the recent – significant – increase (January 2022) in the property tax zonal values creates a new obstacle for people with disabilities in accessing the GMI scheme. As described above, eligibility for the GMI benefit is determined, *inter alia*, on the basis of property criteria, for which the property tax zonal values are used. The increase in the property tax value rates may therefore affect the eligibility of many people, including people with disabilities. This issue has already been highlighted in ESAMEA

³¹ Reduced working capacity can be either certified by the KEPAs or declared by an individual and justified by the relevant disability assessment decision of KEPAs.

(2022), and special arrangements have been requested so that vulnerable groups, including people with disabilities, will not be excluded from the GMI due to the increase in the property tax values.

3 Provision of assistive technology and personal assistance

This section concerns the general rules and procedures related to access by adults with disabilities in Greece to assistive technology³² (including devices) and to personal assistance.³³ In Greece, the EOPYY acts as the sole purchaser of publicly funded healthcare services, providing a uniform package of health services to insured people and their dependent family members³⁴ and, since 2016, to uninsured people and those belonging to vulnerable groups, although with some differences in arrangements. All healthcare-related provisions and benefits are explicitly defined in the EOPYY's EKPY,³⁵ which is designed to ensure equal access to the same reimbursable services for all beneficiaries, including people with disabilities. According to the EKPY, specialised healthcare-related provisions for people with disabilities covered by the EOPYY include, among other things, rehabilitation programmes and therapies, medical supplies and provision of assistive devices.

3.1 Access to assistive devices

As regards, in particular, the direct provision of assistive devices, people with disabilities (including the uninsured) are entitled on a cost-sharing basis to the following categories of assistive devices delivered by private providers contracted with the EOPYY:

- therapeutics aids/devices and prostheses, such as orthoses, artificial limbs, splints, and braces, as well as ocular prosthesis;
- mobility aids, such as wheelchairs and walking frames;
- hearing aids and cochlear implants (including cochlear sound and speech processors); and
- eyeglasses and contact lenses.

More specifically, the EOPYY defines the potential beneficiaries of the abovementioned assistive devices in relation to: the type of disability; the specialty of the doctor who makes the referral; how often a replacement is covered; the compensation price and the cost ceilings; and the percentage of the insured's participation.³⁶ According to the general co-payment rule, regulated and specified in the EKPY, a 25% participation fee paid by the insured person has been set in the compensation value of these assistive devices, though certain categories of people with disabilities are exempt from any co-payment. These are those who are entitled to the non-institutional care benefit (Section 1.1.2), and those who have a disability caused by a working accident (only for assistive devices associated with

³² According to the Assistive Technology Industry Association, "assistive technology should be understood as any item, piece of equipment, software programme, or product system that enhance learning, working and daily living of people with disabilities". See: <https://www.atia.org/home/at-resources/what-is-at/>.

³³ In line with the definition used by the European Network on Independent Living, "personal assistance is a tool which allows for independent living [...]. Personal assistance should be provided on the basis of an individual needs assessment and depending on the life situation of each individual". Thus, personal assistance should be understood as person-to-person services to assist people with disabilities with activities of daily living at home – not in residential care. See: <https://enil.eu/independent-living/definitions/>.

³⁴ According to the relevant legislation, insured people's children who have a certified level of disability of more than 67%, irrespective of their age, are also considered dependent family members.

³⁵ Joint Ministerial Decision ΕΑΛΕ/Γ.Π. 80157, Official Journal of Government, Issue No 4898, Vol. Β', 1 November 2018 (in Greek).

³⁶ An indicative example in this respect is the provision of hearing aids, referred only by an otolaryngologist, which are compensated up to the amount of €600, every four years for adults and every year for children up to age 16, with a 25% co-payment (10% for children).

their accident). No participation fee is required for the supply of Baha sound processors and cochlear implant speech processors.

As regards the procedure for the supply of assistive devices, people with disabilities fulfilling the qualifying conditions submit the relevant medical e-prescription, written by their treating doctor, to a private provider contracted with the EOPYY, pay their statutory rate co-payment (up to the predefined compensation price of the device) and receive the assistive device. If the selected product has a retail price that coincides with the compensation price, the beneficiary pays only their statutory participation percentage. If a product with a retail price higher than the compensation price is selected, the patient has to cover, in addition to the statutory participation fee, the entire difference between the compensation price and the retail price of the product. The EOPYY reimburses the contracted private providers, which also undertake the relevant administrative procedure – with the exception of the predefined amount for a pair of glasses and for contact lenses (€100 and €25 respectively), which is reimbursed directly to the beneficiaries.

Following from above, it may be argued that the main issue faced by people with disabilities in accessing assistive technology is the fact that the EOPYY, in most cases, covers only a part of the cost of the assistive devices. This, in turn, implies that the amount provided is not enough to cover the real cost of the assistive device (ESAMEA, 2019), thus creating an increased burden of out-of-pocket payments for people with disabilities, who must cover not only their statutory participation fee but also the difference between the compensation price and the retail price of the product. Worse still, the devices provided relate only to absolutely necessary rehabilitation aids, and there is no provision for newer technology devices that could improve their living standards; this creates a “technological divide” (Kritikos, 2018) between those who can afford the purchase of such devices and those who rely on financial assistance from the national healthcare system.

Another obstacle identified in the access of people with disabilities to assistive technology, is the fact that eligibility is based on the type of medical disability and not on the person’s functional capacity. Therefore, the provision of assistive technology devices does not take account of the actual ability or needs of the person. Moreover, it should also be noted that the ever increasing use of electronic services from the EOPYY generally facilitates access to the services provided for people with disabilities. However, not all available information is accessible in various formats and means of communication, with the result that people with specific disabilities do not have effective access. Particular emphasis should therefore be placed on ensuring access for all people with disabilities, taking into consideration the possible barriers for those who may not be familiar with the use of new forms of technology.

3.2 Access to personal assistance

In Greece there is a profound lack of personal assistance schemes for people with disabilities, based on individual support needs, that enhance independent living (i.e. person-to-person services to assist them with the activities of daily living at home) (Rotarou, 2021; Strati, 2017). The provision of a personal assistance scheme for people with disabilities has been a top priority demand of the national disability movement for years (ESAMEA, 2019a; 2021), as it is considered “*one of the most important services that an organised state can provide in order to enable people with disabilities to exercise their right to personal choice*” (ESAMEA, 2021, p. 1).

However, in October 2021, the Ministry of Labour and Social Affairs announced a pilot programme/service called “personal assistant for people with disabilities” (Law 4837/2021). In particular, the aim of this pilot programme is to introduce a personal assistant service as a form of public support for people with disabilities, linked to their right to independent living and social inclusion. The personal assistant service will be provided “*on the basis of individual needs and living conditions of people with disabilities in accordance with their individual choices and interests*” (Article 34 of Law 4837/2021). People with disabilities may receive the service either directly or through a third-party provider, while the remuneration of the personal assistant will be provided by the OPEKA.

It should be noted that participation in this pilot programme does not affect receipt of any other income support related to disability. Available information reveals that the potential beneficiaries of the pilot programme will be people aged 16-65 with a certified disability (mobility, intellectual, developmental or sensory) who require personal assistance.³⁷ The pilot programme will be implemented in two phases³⁸ within selected geographical areas of the country, while its funding has been secured from the National Recovery and Resilience Plan, with a total budget of €42 million (Ministry of Labour and Social Affairs, 2021). However, although the programme was expected to start in early 2022, ministerial decisions concerning all the detailed terms and conditions of this procedure are still pending.

Another important initiative offering personal assistance services to older people and people with disabilities is the “help at home” programme operated by local municipal authorities.³⁹ In particular, the programme envisages home visits for some hours a day, providing nursing care, social care services and domestic assistance to older people (aged 78 and over) and people with disabilities (irrespective of age) who live alone and face severe limitations (mobility, etc.) in their everyday lives, and who fulfil specific – rather strict – income criteria.⁴⁰ During 2021, there were 841 help at home schemes in operation, run by 280 agencies (municipalities, municipal enterprises, non-profit organisations, etc.) and providing services to about 68,000 beneficiaries, among them 8,150 people with disabilities (Minister of State, 2021). About 2,950 people (social workers, nurses, physiotherapists and home helps) are employed in these schemes, most of them on a fixed term-contract basis.⁴¹

Overall, and although official statistical data concerning both demand for and supply of personal assistance schemes are not available, there are indications that personal assistance services are only available to a small number of beneficiaries, mainly through the help at home programme. However, there exist significant gaps between the services provided and the unmet needs of the people with disabilities. This is congruent with the fact that, despite some similarities to a personal assistance scheme, this programme is not exclusively addressed at people with disabilities; hence it is not adapted to their specific support needs (Observatory on Disability Issues, 2021). In addition, the fact that the operation of the programme is limited to specific hours during the day constitutes another issue for people with disabilities in accessing personal assistance, let alone the fact that they do not have the right to choose the person who will provide the service, which constitutes a basic element of a personal assistance scheme. As to the new pilot programme (personal assistant for people with disabilities), it remains to be seen whether (or to what extent) it will manage to bridge the gaps identified in the provision of personal assistance services in Greece.

³⁷ The final specification of the eligibility criteria will be based on the evaluation by special multidisciplinary committees, which will take into account certain predetermined criteria, such as the living conditions, income, type of disability, age, gender, and composition of the household. According to announcements by the Ministry of Labour and Social Affairs (2021a), approximately 1,000 individuals with disabilities are expected to benefit from this pilot programme in its first phase of implementation.

³⁸ The first phase is expected to start in 2022 and to last two years, with the second phase beginning in 2023 and lasting one year.

³⁹ It should be noted that until 2015 the financing of the help at home programme was heavily supported by the European Social Fund. Since then, the programme has been financed by national resources alone.

⁴⁰ The income criteria vary among the help at home schemes. In most cases the beneficiary's annual income cannot exceed €7,500-8,000.

⁴¹ In May 2020, the government announced the recruitment of 2,909 permanent staff (out of the 3,000 people employed in these schemes) for all schemes in operation, but its completion is still pending.

4 National debates, reforms and recommendations

4.1 National debates

As repeatedly underlined in previous ESPN reports for Greece, over the last decade, as a result of the prolonged economic and financial crisis in the country, policy debates focused mainly on mitigating the consequences of the crisis by increasing employment, reducing unemployment and alleviating extreme poverty and social exclusion. As such, it would be hard to maintain that the issue of access to social protection for people with disabilities has been a specific priority for action during this period. Instead, the focus was on the adverse impact of the crisis and of austerity measures on people with disabilities, though this issue was mainly discussed as a by-product of broader policy objectives, mainly within the goal of addressing extreme poverty and social exclusion. Organisations for people with disabilities advocated disability-inclusive social protection responses (ESAMEA, 2015; 2017; 2019b), and particular emphasis was placed on retaining the amounts of the disability welfare benefits provided to eligible people with disabilities (ESAMEA, 2013; 2018). It is worth noting that the disability welfare benefits were largely protected from the fiscal consolidation measures.

Moreover, a major issue of concern raised by experts and civil society organisations during the economic crisis was linked to the changes made in the disability assessment framework. As mentioned earlier, the EPPPA, which establishes the level of disability attributed to specific impairments, was amended several times to accommodate political objectives for limiting eligibility for disability benefits, aimed at containing public social protection expenditure (Pavli, 2017; Strati, 2019; ESAMEA, 2019; Greek Ombudsman, 2013).

The ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD)⁴² brought onto the political agenda the issue of protecting and promoting the human rights of people with disabilities in Greece. However, it was only with the change of government in July 2019 that the debate revived, given that one of its main policy priorities was the development of an action plan for people with disabilities. In this context, and in order to ensure implementation of the UN CRPD provisions and to comply with its obligations, the government, after public consultation, adopted the national action plan for the rights of people with disabilities (December 2020).⁴³ As mentioned in the action plan, the aim is to constitute “a road map that provides a clear, coherent and systematic framework for action, mainly for the period 2020-2023” (p. 3), and it defines the objectives, priorities and actions of competent ministries and public bodies for the full social and economic inclusion of people with disabilities, in accordance with UN guidelines. Some of the actions included in the action plan concern measures specifically targeted at facilitating access to social protection for people with disabilities.

Following from above, it may be argued that, since 2017, whenever the issue of access to social protection for people with disabilities is discussed, it is in relation to fulfilling the country’s commitments under the UN CRPD, especially as regards the right to a decent standard of living for people with disabilities. In any case, it appears that the issue is steadily becoming more prominent in policy discourse. In this context, it is primarily the relevant stakeholders (the Greek Ombudsman, ESAMEA, Greek Helsinki Monitor, Greek National Commission for Human Rights, etc.) that advocate for more action to improve the overall adequacy of benefits provided to people with disabilities. In particular, two main issues are constantly raised; the first one concerns the fact that the amounts of the

⁴² Greece ratified the UN CRPD in 2012 (Law 4074/2012), while the specific details on the implementation of this convention were introduced a few years later in 2017 (Law 4488/2017).

⁴³ The national action plan for the rights of people with disabilities can be found here: https://amea.gov.gr/api/uploads/ETHNIKO_SXEDIO_DRASIS_GIA_TA_DIKAIOMATA_TON_ATOMON_ME_ANAPIRIA_7e859fcc7d.pdf (in Greek).

disability welfare benefits have not increased since the outbreak of the economic crisis, and the second concerns the effective combination of income from employment with income support for all.⁴⁴ It should also be noted that the provision of a personal assistance scheme for people with disabilities has been a top priority demand of the national disability movement for years (ESAMEA, 2019a; 2021).

Another issue that has been debated for many years concerns de-institutionalisation. Although Greece has repeatedly been identified by the European Commission as being among the Member States with a specific need for de-institutionalisation reforms, it was only in July 2021 that a de-institutionalisation strategy was developed and adopted.⁴⁵ It should be noted that the National Recovery and Resilience Plan includes a series of measures aiming at de-institutionalising services for children and adolescents. These measures fulfil a series of relevant provisions of the UN CRPD and are linked to the priorities and policies of the national action plan for people with disabilities and the national de-institutionalisation strategy.

Overall, the preceding analysis reveals that, during the period of the economic and financial crisis, the main disability-related issues in policy debates concerned the adverse impact of the crisis and of austerity measures on people with disabilities. However, over recent years there has been some discussion on issues related to disability, though it may be argued that the issue of access to social protection for people with disabilities in Greece is rarely debated independently of the country's commitments under the UN CRPD, especially as regards the right to a decent standard of living for people with disabilities.

4.2 Recent reforms and reforms currently in the pipeline

As the preceding section shows, disability issues have been at the forefront of the political agenda over recent years. In this context, a number of reforms and policy developments have taken place since 2017 that have affected access to social protection schemes for people with disabilities.⁴⁶

To begin with, as mentioned earlier in this report, the introduction of a **disability pension regulation** that would include unified harmonised benefit rules on disability pensions was planned as part of the 2016 pension reform. However, this is still pending, and as a result, different rules continue to apply for each beneficiary, depending on the specific regulations of the social insurance fund under which they were insured; no further information on this issue is currently available.

Moreover, in December 2018, a ministerial decision was issued providing for **disability welfare benefits to be exempt from any tax** and from any deduction or seizure by the state or a third party. Furthermore, according to the ministerial decision, the amounts paid for disability welfare benefits do not count towards total household income; hence they do not affect eligibility for other welfare benefits. Although there were some issues with its actual implementation, these were eventually resolved with the adoption of Law 4611/2019, and since July 2020 disability welfare benefits have not been treated as income. It may be argued that this reform improved access by people with disabilities to other means-tested welfare benefits, given that the amounts paid for disability welfare benefits are not an obstacle to accessing other social protection provisions.

⁴⁴ As discussed earlier in this report, in most cases employed people are not eligible for disability welfare benefits, while different rules apply for disability pensioners who combine income from pensions with income from work, depending on the relevant provisions of their social insurance fund.

⁴⁵ For more information, see European Association of Service Providers for Persons with Disabilities (EASPD), 2021.

⁴⁶ No significant permanent change as regards access to social protection for people with disabilities has been introduced as a consequence of the COVID-19 crisis in Greece.

Another reform that had a significant impact on the access of people with disabilities to social protection was the **reform of the assessment system of disability**, which is currently underway in Greece. In particular, Greek authorities, under the post-programme surveillance framework, have committed to “*apply to all disability benefits the new approach for disability determination based on both medical and functional assessment by mid-2019*” (Eurogroup, 2018, p. 2). In this context, a pilot project has been underway since 2018⁴⁷ to explore new administrative procedures and appropriate criteria, based on functional ability along with medical criteria, for disability assessment. Although the findings of this pilot project were expected to lead to the design of a new disability assessment system to be applied to all contributory disability and (non-contributory) welfare benefits, the evaluation of the project gave rise to concerns about weaknesses in the methodology adopted. Given this, a new pilot project was designed, originally expected to start its implementation in January 2021 (European Commission, 2020). However, its implementation was postponed, and the authorities are planning to use, from the first quarter of 2022, a new model of disability assessment based on both medical and functional ability, only for the provision of in-kind benefits and personal assistance services (European Commission, 2022).

In addition, in February 2021, the **National Accessibility Authority** was established to act as a state advisory body aimed at facilitating access by people with disabilities to all aspects of life (Law 4780/2021). It comprises representatives from the Greek Ombudsman, the National Commission of Human Rights, local and regional authorities, the ESAMEA and scientific experts. Its main purpose is to monitor the implementation of the international, EU and national accessibility frameworks in all aspects of human activity, as well as to formulate policy proposals and regulatory interventions on issues related to accessibility. However, it remains to be seen whether and to what extent the National Accessibility Authority will prioritise issues related to the social protection system for people with disabilities.

Moreover, in November 2021, a **regulatory and operational framework for the KEPAs**⁴⁸ was introduced for the first time in the country. In particular, this framework codifies all the procedures and administrative actions required for the assessment and certification of disability, and defines the distinct methodology used for calculating the disability level. It is also worth noting that, according to the relevant provisions, uninsured people who are exempt from pharmaceutical co-payments are not obliged to pay the necessary fee of €46.14 for disability assessment. In addition, this framework provides for those with certified disability of at least 67% related to an irreversible disease to be eligible for an indefinite disability certificate, avoiding the need to be reassessed. At the same time, the modification of the EPPPA in December 2021 that altered the disability levels attributed to certain impairments broadened the beneficiaries of disability welfare benefits and disability pensions. All these are positive developments towards facilitating the disability assessment procedure and enhancing the access of people with disabilities to social protection schemes.

Furthermore, the government plans to adopt the “**electronic disability card**”, which will be issued to all people with a disability of more than 67%. Although its actual purpose is not clear yet, there are indications that this card will be linked to some of the services and benefits provided to people with disabilities, with the aim of facilitating people with disabilities in their daily lives. However, no information is currently available about the actual features of this initiative. In this context, it is worth mentioning that a “national digital portal for people with disabilities”, which is currently under development, is designed to facilitate access by all citizens to information concerning the rights of people with disabilities, including information concerning the relevant social protection provisions.

⁴⁷ Ministerial Decision Δ12/Γ.Π.οικ.2738/36, Official Journal of Government, Issue No 57, Vol. B', 18 January 2018 (in Greek).

⁴⁸ The KEPAs were established in 2011 and, together with the subsequent adoption of the EPPPA, formed, for the first time in Greece, a unified system for disability assessment and certification.

However, important changes are expected to be introduced in March 2022 on the **healthcare coverage package** provided to uninsured citizens, including people with disabilities. Since 2016, the uninsured and those belonging to vulnerable social groups have the right to free access to public healthcare facilities and are entitled to nursing and medical care; they may be referred either by doctors of the public healthcare system or by private doctors contracted with the EOPYY. However, according to Law 4865/2021 (Article 38), as of March 2022 only doctors of the public healthcare system can refer uninsured people and those belonging to vulnerable groups for diagnostic and medical examinations and for the issuing of medicine prescriptions. This creates a significant obstacle for uninsured people with disabilities, given the challenges that the public healthcare system faces,⁴⁹ which causes equity and accessibility problems for the whole system, particularly for rural areas (Ziomas, Konstantinidou and Capella, 2018).

Finally, it is worth noting that the **reform of the unemployment benefit system** has been included in the National Recovery and Resilience Plan. The reform entails the implementation of two pilot programmes designed to rationalise and redesign current passive labour market policies. These pilot programmes will assess “*the labour market effects of a) an increase of the level and coverage of the long-term unemployment benefit and b) an indexation of the standard unemployment benefit to the latest net wage level*” (European Commission, 2021a, p. 90). However, no further information is available as to the actual content of these programmes, and thus it is too early to make an assessment of their impact on the access of people with disabilities to unemployment benefits.

4.3 Good practice and recommendations on how to tackle gaps and obstacles

No examples can be identified in Greece of good practice that specifically helps people with disabilities to access effectively the relevant social protection benefits and services. However, a positive element in this respect is the fact that the amounts paid for disability welfare benefits do not count towards total household income, and hence do not affect eligibility for other welfare benefits, such as the GMI or the rent subsidy. Therefore, this provision protects the most vulnerable people with disabilities from falling below the poverty line.

To enhance access to social protection benefits and services for people with disabilities, specific policy measures and initiatives are needed. Firstly, there is a need to simplify the application procedure for claiming benefits. As described earlier in this report, a number of documents must be submitted that have to be collected from various sources, while potential beneficiaries with a certified disability have to apply to OPEKA or e-EFKA in order to claim a benefit. This process is time-consuming and places an administrative burden on people with disabilities. Efforts should thus be concentrated on establishing appropriate mechanisms that would ensure linkages between the competent authorities that are involved in the disability assessment procedure and the awarding of disability benefits, thus facilitating access by people with disabilities to social protection schemes.

Moreover, one of the main barriers hindering access by people with disabilities to the various benefits is the complexity of the applicable rules. This concerns not only social insurance provisions but also the provisions of the social welfare and healthcare systems. Worse still, there are different rules that apply to certain categories of people with disabilities, and the interaction between the provisions is extremely complex. Given this, there is a need to rationalise applicable rules, especially for people with similar disabilities. In this context, it is imperative to complete and implement the e-EFKA disability pension

⁴⁹ Despite the reforms taken over the last decade to improve the capacity of the public healthcare system in Greece, significant challenges remain. Public underfunding on health, limited affordability of out-of-pocket payments due to decreases in households' income, staff shortages and uneven geographical distribution of doctors and healthcare facilities as well as poor quality provision in the public healthcare sector are among the main challenges that need to be addressed.

regulation to ensure the application of uniform rules for disability benefits. Particular emphasis should also be placed on facilitating access to clear and accurate information related with the rights of people with disabilities.

What is also needed is the establishment of a national database with comprehensive and disaggregated data on people with disabilities. Although the UN CRPD clearly states that all state parties undertake the responsibility to collect appropriate information, including statistical and research data (Article 31), Greece has not yet developed a national database of people with disabilities. This implies that there is a profound lack of reliable statistical data at national level concerning the relative size and social situation of people with disabilities in Greece. This, in turn, impedes the formulation of informed policy initiatives based on hard evidence.

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