Report on the social inclusion and social protection of disabled people in European countries

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Background:

The Academic Network of European Disability experts (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people.*

The purpose of the report (Terms of Reference) is to review national implementation of the open method of coordination in Social inclusion and social protection, and is particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.

PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

1.1Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

Disability runs throughout the main priorities of the National Strategy Report on Social Protection and Social Inclusion 2006-2008, which correspond to: a) employment, b) education, vocational training and lifelong learning, c) support for families and the elderly, while d) inclusion of disabled people and immigrants forms on its own the fourth priority of the national strategy. In this sense, disability is both "mainstreamed" as well as dealt with as an issue that requires enhanced measures in all main strategic intervention axes for social inclusion, which are: a) better, modernised governance, b) combating unemployment and promoting employment through enhancement of skills and competencies, and c) securing decent living conditions and high quality social services for all, particularly with regards to education, health, social security and social protection.

With regards to the first priority of "boosting employment particularly for women, young people, long term unemployed and vulnerable population groups" (p. 11) it is acknowledged that although employment rates in the general population have decreased over the last few years through an array of policies, the impact for "vulnerable groups" is not "up to standards". "The main objective is thus to improve active policies effectiveness for 'vulnerable' population groups employment". (p.14) Promotion of employment is pursued through the modernisation of Manpower Employment Organisation (OAED), with increased one-stop access points, information systems for electronic access and governance, individualised approach, and guidance offered by counsellors. In order to effectively promote Employment Special Programs, 6 special job placement offices of OAED are in operation. A Disabled People Accessibility Bureau was furthermore established in 2006 falling under OAED Special Groups' Unit.

"Mainstream" employment activation policies involve the Young Freelance Professionals' Grant program (NEE), the in-service training program for acquisition of working experience (STAGE) and the New Job Vacancies program, while these are also activated separately targeting women, young people, long term unemployed, disabled people, new-comers in the labour market and individuals of advanced age.

Furthermore, in order to meet the needs of people with disability, emphasis is given on enabling part-time employment, or flexible working hours. Finally, strengthening social economy, in particular with regards to Social Cooperatives of Limited Liability, is considered as key in complementing employment growth along with social policy and welfare.

Nevertheless, discussion in this section is missing altogether about equal treatment in employment as according to the European COUNCIL DIRECTIVE 2000/78/EC which has been transposed in Greek legislation (although this is mentioned-although only briefly- in the fourth priority regarding disabled people alone). There is no discussion of measures for enhancing accessibility of built environment and within the workplace which despite relevant legislative duty for public sector (article 28 of Law 2831/2000) and periodical funding of private businesses for adjustments by OAED, accessibility remains so low that it prevents even special employment measures to be fulfilled, such as compulsory employment of vulnerable groups at 8% of the total staff for private enterprises[1], 10% for public sector and 5% of the total job vacancies for public services, public entities and Local Administration Organizations[2].

[1] VPRC http://www.v-prc.gr/ (Survey of private businesses with regards to employment of disabled people. Out of 360 private companies surveyed, only 14.6% complied with law. Total percentage of disabled employees of total staff in sample was 0.2%)

[2] General Secretariat of Administration of the Ministry of Internal, Public Administration and Decentralization: Report 2007 "Reassurance of the Accessibility of public buildings for people with disabilities. (Despite legislative regulation (article 28 of Law 2831/2000) that requires measures to secure accessibility, public buildings were found not suitably adjusted, lack accessibility particularly within the building. Moreover, the public services assessed did not operate a distinct unit to oversee implementation of accessibility standards as required by law

Funding personal assistance in the workplace is not foreseen by law to date (personal assistance is not funded even within the framework of social security/ welfare).

The national strategy on social inclusion therefore overwhelmingly refers to special measures for the employment of "vulnerable groups" at the expense of employment on equal terms. As a consequence, the potential of employment for independent living and in turn for change of societal attitudes and responses to disability is limited, as it contains employment of disabled people merely in terms of "social protection" rather than being based on and encouraging belief in their skills, knowledge and productivity.

The second priority "dealing with individuals' and groups' disadvantaged position in education and training" is underlined by the view to "an education and training system which would equip individuals to actively participate in the society and be integrated in the labour market and which would combat school drop out, particularly for vulnerable social groups". (p.19)

The main concern with regards to disabled students is their integration to mainstream schools, although special education structures exist at all levels of education (except universities). The report outlines available support by Diagnosis, Evaluation and Support Centres, by Inclusion Departments of General Education schools and by Model School Units for Special education. These structures have been established in consultation with Disabled Individuals' Parents' Association or by Disabled People's Association.

With regards to vocational training the objective is "to put in place an integrated system to simultaneously cover education, training and career guidance needs" (p.19). There are currently 24 special training centres (KEKYKAMEA).

However, the impact of supportive services with regards to education, particularly mainstream, is not monitored, evidenced or evaluated. The reality is that the majority of disabled children do not receive adequate, or indeed any, education, be it mainstream or special education. It is estimated that there are around 200,000 disabled, out of which only 9% follow special education, 90% of which stops at primary education[3]. There is moreover no official record of the number of disabled students in mainstream education. According to the University of Athens, in a seminar in 2006, it was estimated that disabled students in higher education do not exceed 400.

Therefore the issue is not so much "school drop out" but entrance to and equal education. However, the strategy report fails to engage discussion with regards to measures for promoting mainstream education, for example making necessary accessibility adjustments in the built environment, putting in place learning assistants in mainstream classes or using accessible and individualised learning methods. There are huge shortcomings in accessibility of schools, provision of assistive technology, e-accessibility, accessibility of information (e.g. Braille or tapes), and adjusted curriculum.

Education is not covered by anti-discrimination legislation, while current legislation for education of disabled people does not make primary and secondary education compulsory for disabled students as with the general population, justified where mainstream schools or special schools cannot accommodate students, a severe discriminatory shortcoming by public legislation itself (law 2817/2000).

The priority regarding "support to families and the elderly", takes equally into account disabled people where child care facilities are concerned. Income support for families with disabled people is planned, while this exists so far for families with more than three children or families with low income for school allowance.

[3] http://www.enet.gr/online/online_text/c=112,dt=03.12.2005,id=85659240

There are furthermore programs offering practical help at home to families with at least one child below the age of 5 facing problems. With regards to care for the elderly, the 'Home Help Service' program served in 2006 9.500 individuals in 91 Local Administration Organizations, while there are day-centres and rehabilitation centres for the elderly in operation across Greece.

Families with disabled parents or children would benefit greatly from personal assistance/ care however this is not foreseen in current legislation, nor does it constitute a political question for the future. As it will be discussed later with view to long-term care systems, there are neither other family tailored support alternatives available which would enable the family to cope better with care, and thus enable its members (disabled people and carers) to pursue economic independence. The main strands of the fourth priority "social inclusion of disabled individuals, immigrants and individuals/groups with cultural/religious particularities" (p.29) run along the lines of combating discrimination, promoting access to employment, equal access to infrastructures, goods and services, and monitoring and evaluation.

Anti-discrimination legislation relates to equal treatment at work (Law.3304/2005) as well as employers' duty to ensure accessibility in the workplace (L.3304/2005). There is lack, however, of anti-discrimination enforcement in other aspects of life, such as education, public structures and services, and accessibility in the built environment.

Employment is promoted further by law through compulsory employment of disabled people at 8% of the total staff for private enterprises, 10% for public sector and 5% of the total job vacancies for public services, public entities and Local Administration Organizations.

With regards to enhancing education, skills and lifelong learning, the national strategy is again very limited to special Education, Social Care and Training Centres for People with Disabilities (KEKYKAMEA). It is a characteristic shortcoming that further to this, the report adds the provision of Care Centres for people with disabilities in areas where there are no such special vocational centres and the pilot program Open Living Structures, in the framework of de-institutionalization. It is far from clear how such "care centres" assist with training and employment. Although support systems can indirectly facilitate pursuit of training and employment, there is a thin line between such centres facilitating and substituting training and employment.

With regards to accessibility, accessibility standards in the built environment exist mainly as Guidelines for the private sector, although special provisions for accessibility are also included in the updated General Construction Regulation (Law.2831/2000). All Public buildings and services and all employers are required to make reasonable adjustments for accessibility. Furthermore, the Operational Program 'Information Society- Public Services' forms a main objective in enhancing disabled people's access to governmental services.

With regards to healthcare, there is acknowledgement that public rehabilitation services are not sufficient, while expansion of Social Inclusion and Rehabilitation Units and Supported Living Houses is planned alongside as part of de-institutionalised practice. There is severe lack of political discussion around individualised home support systems and the creation of centres for independent living that can facilitate this process.

Finally, the goal of monitoring and evaluation, which constitutes a key to progress and is so far missing very evidently in practice, starts and ends with "fully activating and upgrading the National Observatory for People with Disabilities" (p. 33). Worth remarking that the observatory has yet to be realised since established by law in 2003! (article 10, L. 3106/2003). The centre is planned to carry out research with regards to disabled people in all aspects, such employment, education, equal access to services, and so on, as well as "for coordination of all actions addressing the Disabled people", and "horizontal networking of policies" (p. 33).

The questions inevitably raised are with regards to the powers and real impact of the observatory in legislation enforcement and decisions for actions, while the responsibility of centralised government and local administrations for monitoring and evaluation which takes account of disability in mainstream issues is also thus rendered in question.

1.2 In reality, what major actions has your country taken and what are the positive or negative effects on disabled people? (policy or practical examples)

A major inadequacy with regards to the implementation of national action plans for social inclusion is the lack of recording, monitoring, and evaluation of needs and situations, actions and progress. Without action reports, statistical data, or evaluation reports, on a national or local level, it is hardly possible to make any precise estimations of the extent of actions taken and the impact of policies on disabled people in reality. It is rather indicative of shortcomings in implementation and real positive impact.

The follow up report on social inclusion in 2007, admits that "*the limited number of actions taken for the improvement of governance and motivation of all parties involved has not yet yielded satisfactory outcomes. Weaknesses with regards to coordination, monitoring and evaluation of social policy interventions, have limited their efficiency and effectiveness.*" (our translation, report available in Greek p. 11)

On the front of employment, which is considered the key to social integration, it is reported that new jobs through activation policies are being maintained by a rate of 40%. (National Strategy Report 2006-2008). Despite monitoring of the impact of such programs by OAED according to region, sex and age, statistical data do not count in disability. The expansion of Social Supportive Services Network at a local level is reported to have assisted vulnerable groups, of which 4% are people with disabilities- in comparison with 10% immigrants, 3% are gipsies and 20% repatriated (p. 30)

The last available national statistics of employment and unemployment with regards to disabled people (2002) showed that 8.9% of disabled people are unemployed, while an overwhelming 84% is economically inactive. Despite the National plans for recording, monitoring and evaluation, there has not been any new research, while mainstream statistical and evaluation reports exclude measurement on disability.

With regards to education, there have not been any action or measures introduced for recording disabled students in mainstream education, while the impact of support services, special education and special vocational training centres lacks evidence or evaluation. As mentioned above, the reality is that out of 200,000 disabled students, only 9% follow special education, and only 10% follow up to secondary level, while the number of disabled students in universities does not exceed 400.

With regards to social protection expenditure, the national strategy (2006-2008) reported a significant rise to 26.3% of GDP in 2003, approaching European average which stands at 28%. Almost 51% of this expenditure is geared towards pensions. However, figures in 2006 and 2007 show that social expenditure (inc. pensions, health and social care) equates to **22.64%** of GDP in 2007, and **22.28%** in 2006, showing therefore a decrease in social expenditure.

It is planned that expenditure for pensions will be doubled to 24.8% of GDP until 2050. Despite the fact that social expenditure in Greece- as a GDP rate- is close to the European average, expenditure on social allowances and other similar benefits in EU-15 curb poverty by 9 percentage units, whereas in Greece an equivalent expenditure (in GDP terms) brings down poverty by only 3 percentage points.

Information regarding benefits is outlined later in the report. Since last strategy report (2006) income support to disabled families has not been realised so far, as planned. One new benefit concerns mobility, announced 30/6/2008.

The Assessment of implementation of the Greek NAP 2001-2003 by the Group of non-governmental experts in the fight against poverty and social exclusion, reports that under the Objective 1.2 "Facilitating access to resources, rights, goods and services", "particular emphasis is placed on the so-called Cash Benefit Policy that entails a wide variety of categorical cash benefits to a large number of beneficiaries, which nevertheless have never been evaluated". It continues:

> *"Yet, given that in Greece there is not in force any minimun guaranteed income scheme, these cash benefit measures appear not to constitute a coherent safety net for the individuals and families living under conditions of extreme hardship. Apart from the fact that there is no general scheme for long-term unemployment compensation in Greece, benefits on the whole appear to be low, while there is no evidence that they cover all groups experiencing poverty. Besides, lack of information on the part of beneficiaries and existing bureaucratic procedures hinder access to existing benefits by eligible persons." p. 12*

As far as social services are concerned, which aim at social inclusion, there are well recognized problems regarding discrepancies in the number and quality of basic services among regions in Greece while disabled people face difficulties finding out and accessing such services. (National Action Plan for Welfare Development 2007-2013). Local administrations play a limited role in providing care services, while there is lack of coordination of social services where they exist with aspects such as employment, or education. The orientation of available services tend to be operating on a medical model of disability and be restricted to care/ rehabilitation, overriding actions for social integration. There is a general failure to evaluate and use current social services effectively to the end of social participation of disabled people (National Action Plan for Welfare Development 2007-2013).

With regards to accessibility to infrastructures and public services, all public services are required by law to operate Accessibility Units that oversee accessibility issues, while each service is required to submit plans for necessary adjustments within a specific framework. The report from the ministry of Ministry of Internal, Public Administration and Decentralization 2007 states that response to the law has not been as expected, and sought to provide a reminder and warning regarding enforcement measures. Plans were asked to be submitted until the 30-6-2008, before any sanctions are followed up. Public services are characterised by partial accessibility, often limited to a ramp, while accessibility measures for the built environment exist only as guidance, rather than in anti-discrimination legislation.

The operational program for information society is underway to secure e-accessibility to public information and communication services. Currently, the percentage of accessible websites of centralised and local government is extremely low, while the general availability of e-government services has reached 45%. Research from the Greek Observatory for the Information Society (2006) showed that out of 69 centralized services surveyed, only 8 conformed to web accessibility standards. Only 14.06% of websites of local administrations and 6.29% of local public agents conformed to basic standards of e-accessibility. Efforts are also being carried out in the accessibility of mainstream public channels the last few years through EU and national funding, while the operation of the digital public channel Prisma +, ensures accessibility for people with sensory disabilities.

With regards to involvement of disabled people in policies, the law on "Social Dialogue for the promotion of Employment and Social Protection' (Law no.3144 of 2003) was created to promote dialogue with civil society on social policy issues but also "to establish a proper administrative mechanism that would ensure the overall coordination, monitoring and assessment of the measures of the NAPincl, which is still missing".

The National Committee for Social Protection was thus created with the participation of Social Partners and non-governmental organisations. (Group of non-governmental experts in the fight against poverty and social exclusion Assessment of implementation of the Greek NAP 2001-2003, p. 19)

Furthermore, the variety of national initiatives and projects co-funded by the EU, designed for social inclusion, such as under EQUAL, and Information Society, are implemented by consortiums involving disabled people's associations and organisations.

1.3 What is the most recent research about disabled people's equality and social inclusion in your country?

Since 1999 until 2005 (latest available) disability is not counted in national statistical surveys for social inclusion (monetary terms) and social exclusion (non-monetary indicators such as fulfilling basic needs, social deprivation, quality of life). Data is analysed according to age, sex, work, level of education and type of household.

The rate of individuals below poverty line was **19.6%** in 2005 (set threshold: 5649.78 euros per year for individuals and 11864.54 euros for a couple with two dependent children) against **20.7%** in 2003. There remains a considerable difference with the EU-25 average at **16%**, while the difference for people over 65 is much larger at 28% compared to 18% in EU-25.

68% of the individuals below poverty line are jobless, a fact demonstrating the importance of employment, out of which 27% are pensioners and 33% are inactive. Considering the fact that 83% of disabled people are economically inactive, while 8.9% are unemployed (national statistical survey 2002), it can be inferred that a considerable percentage of jobless people under the poverty line is constituted by disabled people.

Through self-identification, the 2002 survey confirms that 40% of the economically inactive disabled people believe that they face social exclusion as a result, given insufficient benefits, unemployment and inadequacy of social services.

With regards to social deprivation, it was estimated in 2005 that 41,2% of the population could not meet urgent but necessary expenses, and 33,2% face difficulties in meeting regular needs with their salary.

PART TWO: INCOMES, PENSIONS AND BENEFITS

2.1 Research publications (key points)
2.2 Type and level of benefits
2.3 Policy and practice (summary)

Types of benefits/ Pensions
Disability- related pensions are based on the following definition of "disability":
"A person is considered to be suffering from severe invalidity when, as a result of illness or physical or mental disability which appeared or worsened after affiliation, he or she cannot earn more than a fifth of the normal earnings of a worker in the same category or training during at least 1 year. However, those who can no longer earn more than 1/3 of the normal earnings obtain 75% of the benefit and those who can no longer earn more than 1/2 obtain 50% of the pension" MISSOC 2007.p.42
With regards to state contribution to pensions, there is a minimum amount of pension guaranteed to people (general population) with 15 years of insured employment which stands at € 445.37 per month for persons insured before 1993, and €453.71 per month for persons insured since 1993. Maximum pension is set at €2,172.25 per month and € 2,538.28 per month accordingly.
Pensions are payable from the date when disability is deemed to exist. Periodically (after 1 or 2 years depending on circumstances) the insured persons are assessed by the health committees.

For disabled people, the minimum number of working days required varies with age as follows:

21 years: 300 days
22 years: 420 days
23 years: 540 days
24 years: 660 days
53 years: 4,140 days
54 years: 4,200 days

If none of these apply, 1,500 working days are required, 600 of those must be in the 5 years preceding disability.

For people insured before 1993, the amount of the pension is calculated on the basis of the wage assumed for each of 28 insurance categories corresponding to average gross earnings in the 5 years before retirement. From 1 January 2005, the insured person may choose as calculation basis the five best years during the last ten years before retirement. The pension varies according to the degree of disability (severe disability receives full pension, the pension is reduced by 25% for 67% incapacity, the pension is reduced by 50% in cases of 50% incapacity.)

For people insured after 1993, along with the amount of wage of last five years and degree of disability, the number of years insured are also taken into account. Each year corresponds to 2% of pensionable income. .

Totally blind persons and insured persons with certain conditions, having accomplished 4,050 days of contribution, receive a pension corresponding to 35 years (eligibility for full pension for non-disabled people) regardless of their age. Moreover, in case of total disability, a pension supplement is paid for care provided by a third person. The supplement cannot exceed € 543.60 per month.
There are furthermore supplements for family/ dependents.

Insured before 1993:
Partner: € 40.77 per month.
Children:

- 1st child: 20% of the pension
- 2nd child: 15% of the pension
- 3rd child: 10% of the pension

Persons insured since 1.1.1993:
Partner: No supplements.
Children:

- 1st child: 8% of the pension
- 2nd child: 10% of the pension
- 3rd and any further child: 12% of the pension

Pensioners from the private sector, after at least 28 years of employment, also receive an one-off amount at the point of retirement which equals 9.6 times their final income.

Accumulation with other pensions is possible up to a total sum of all pensions of € 3,368.50 per month. This limit corresponds to 50 amounts of the fictitious reference wage of the 22nd insurance class, i.e. 50 x € 67.37.

Accumulation with earnings from a professional activity is possible if this activity has been declared towards the responsible administration; in case of non-declaration, the pensioner is prosecuted and asked to reimburse the already paid pension. The payment of the disability pension is interrupted when the earnings from the activity exceed the upper admissible limit, i.e. the earnings that a non-disabled worker can get as assumed/ referenced in each of the 28 insured categories.

Pensions are subject to taxation. There are exemptions regarding income tax which allow for income tax relief or tax reduction for paraplegics, blind, and victims of war.

Further to pensions, there is a benefit- non-taxable- awarded for financial empowerment for disabled people with specific conditions, such as paraplegia, blindness, deafness, cerebral palsy and learning difficulties and other people with disability above 67%. The conditions for entitlement are:

"350 days of contribution in the 4 calendar years preceding the disability of which 50 days in the last 12 or 15 months, or 1,000 days of total contribution."

The amount of allowance equals to 20 times the minimum daily wage of an unskilled manual worker, i.e. € 543.60 per month. The amount of the disability benefit is increased by 50% in the case of total disability.

There also complementary benefits such as heating allowance, and fuel allowance (for people with over 80% disability). Family support is only limited to parents of disabled children over 50% disabled who work in the Public Telephone Organisation (OTE), which amounts to 350,16 euros (2007). A new mobility benefit has just been announced (30/6/2008) for people with more than 80% disability on lower limbs of 165 euros per month, in order to cover additional mobility expenses related to disability.

For uninsured people, welfare benefits vary according to type of impairment. For instance, paraplegics and quadriplegics receive 528 Euros, blind and deaf people 266 Euros, people with learning disability 360 Euros, other disability over 67% 230 E, and Aids patients 530. The priorities of the Open Method of Co-ordination include *fighting poverty* and *providing adequate and sustainable incomes*.

Research, Policy and Practice
The issue of inequality of income support among the insured and uninsured, and also among groups of disabled people is a recognized problem in research geared towards national reform of welfare and social security (Institute of Social Innovation, 2000-2006). The definition of disability used as well as lack of targeted and individualized evaluating/ support systems are the main underlying problems.

At the same time as creating inequalities among groups of disabled people, the narrow view of disability based on impairment per se perpetuates boundaries between disabled people and non-disabled people as well. Lack of understanding of the social dimension of disability and its implications with regards to resources, barrier- free and enabling environment inhibits holistic interventions for economic and social inclusion.

Indicative problems are:
Firstly, financial support policies are based on the notion of impairment per se, and define disability as incapacity to work and social participation in advance. Although financial support is necessary to deal with added disability-related expenses (which in reality can be much more than what benefits provide for), the problematic nature of this policy lies in that it justifies lack of comprehensive quality measures for the social and economic independence of disabled people, and therefore maintains the notion of disabled people as socially excluded by definition.

Secondly, there is an apparent paradox with the definition of disability as incapacity to work, where employment activation measures are concerned. Eligibility for applying under employment programs for disabled people is based on the percentage of disability as assessed by social security or welfare health commissions. There is lack of assessment of accessibility requirements or other support needs that would direct to suitable support and adjustments at the workplace, and thus establish coordination between social security and employment measures.

Finally, social security and welfare benefits lack an individualized evaluation system taking into account the specific needs and resources of each individual, in order to have a more rationalized and effective system that can adequately cover different levels of needs. The security of a decent living is thus endangered for people who do not possess other means of living, such as employment or means of support.

Despite measures taken for the national reform and modernization of public services in the field of social inclusion and protection under European Funding from 1989-2006 (3 European Community Frameworks) the lack of a comprehensive national strategic plan so far, on the one hand reduced the number of eligible issues that could be funded, on the other was a significant barrier to the promotion of comprehensive reform (National Action Plan for the development of Welfare Sector under 4th Community Framework Programme 2007-2013). In essence, despite the great need for modernization, this has only lately received focused attention, while previous measures/ actions fulfilled in previous years had a limited impact in improving effectiveness of public policies for social inclusion.

The latest action plan for the development of the welfare sector 2007-2013 aims to tackle key current deficiencies such as:

- great bureaucracy at the level of managing and implementing policies, with a great fragmentation of roles, responsibilities, and services
- the lack of internal organization mechanisms, such as job descriptions and duties of public servants in centralized and local administration
- the lack of benchmarking, monitoring and evaluation of the efficiency and effectiveness of services, particularly in Units for Social Care
- Reduced flexibility in adapting to changes and new demands in public services
- Lack of modernized financial and project management with regards to social services
- Absence of evaluation processes for the efficiency and quality of services
- The dominance of benefit/welfare support at the expense of effective social and economic inclusion measures
- The unequal distribution of resources among and within target groups
- Limited development of open support services
- Inadequate utilization of European funding resources

The financial and social inclusion of disabled people is at the forefront of national strategies and action plans for social inclusion, however this can only be judged by the actions to follow. Within the framework of modernizing welfare policy, key is the connection of welfare with activation policies in social inclusion through employment and promotion of independent living.

Firstly, measures look to the enhancement of welfare policies through active encouragement for work and entrepreneurship, support to enter training and the labour market. The related indicator is the security of "specialized supportive services that corresponds to 2-3% of the total population of vulnerable groups for promotion of equal opportunities and employment" (National Action Plan for the development of Welfare Sector under 4th Community Framework Programme 2007-2013, p.79)

The second indicator related to supporting independent living corresponds to "de-institutionalization of at least 6% of the total of people who are currently in institutionalized support" (ibid. p. 79)

SECTION THREE: CARE AND SUPPORT

3.1 Recent research publications (key points)

The latest available research (National Centre for Social Research, 2004) examining social inequality, reveals low use of social/ long-term care services, where main reasons are lack of or difficulties in access, affordability and low quality of services.

The number of all households that used support services for disabled people amounted to **1.32%** (please note disabled people represent **10%** of population), where 0.50% said they could not afford it but would like to, while 0,64% said they had no access to. Please note however that the Supportive Social Services Network and the National Network for the Social Support and Training of people with disabilities, were not in operation in 2004.

The main reasons outlined (by general population) with regards to "being discouraged to seek assistance" from general public services were:

- Lack of information regarding the services provided: **16.39%,** where 15.78% were non-poor households and 18.62% poor households
- Excessive bureaucracy **25.29%** (slight differences among poor and non-poor households)
- Quality of Customer service **3.72%** (slight differences among poor and non-poor households)
- Low quality of the services **5.30%** (slight differences among poor and non-poor households)
- Lack of services in my region **4.14%** , of which 3.12% were non-poor households and 7.90% were poor households.
- Long waiting time **4.72%** (slight differences among poor and non-poor households)

There has not been any other or recent research into the use of support services (inc. new ones). There has also been complete lack of any qualitative research in the field of social inclusion that can bring into light the reasons why disabled people may or may not seek assistance from services, and importantly what are their expectations from services and what is the perceived impact.

Coupled with lack of internal monitoring and evaluation, there is serious and urgent need for systematic quantitative and qualitative research, in both users' and providers' front, in order to target disabled people's needs and develop effective services in a way that is most suitable by the people who use them.

Greek strategies for promoting equal access, affordability and quality health and social services (Greek Strategy on Social Inclusion 2006-2008 and 2005- 2006) rest exclusively so far on internal restructuring, rationalizing and modernizing of existing structures.

A legislative framework for the quality of health and social services has not been promoted. Instead, this gap is attempted to be bridged by legislation that seeks to reinforce the National Health System in responding to current demands and to render it financially viable. The law **3329/2005** promoted decentralization of health and social care and increased autonomy of local administrations, as part of efforts to modernize structures, improve quality of services as well as equality of access. The expansion of health and long-term care units (as described above) was also key to improving access to healthcare. The Public Health Inspection Body is responsible for monitoring and certifying improvement in both structure and operation of health and social services.

3.2 Types of care and support (key points and examples)

The total of primary health needs of the general (insured) population is covered by the National System for Health (ESY). Increasing expenditure of the population to the private sector is indicative of inequalities in access to healthcare. Access is restricted by geographical disparities of infrastructure and personnel and difference in quality of health services (Joint Report on Social Protection and Social Inclusion 2007).

The system of long-term care is mixed, including direct provision of social services, social security benefits in cash and in kind, and indirect assistance with tax relief and reductions. It is worth mentioning here, that despite social security contributions for technical aids and hospitalized care, personal assistance is precluded from financial assistance from social security. The only possibility for disabled people to have personal assistance is through private funding.

Direct services have been recently complemented however with support and assistance at home, which has reached almost 1200 specific programs all over the country. It is worth noting that an overwhelming proportion of beneficiaries are elderly people.

Other direct services include:

- The "Supportive Social Services Network" which is being implemented in 93 municipalities all over Greece, aimed at social inclusion
- The National Network for the Social Support and Training of people with disabilities (KEKYKAMEA). (24 in Greece)
- After-Care Centres for Physical and Social Rehabilitation (KAFKA). 15 in operation while another 4 have not yet staffed
- The National Centre for Emergency Social Assistance (renamed National Center for Social Solidarity) which has put in place 15 structures in Attica and 3 structures in Thessaloniki.
- 21 centres of child care
- 6 National Institute of Hearing impaired and Centers of Professional Re-establishment Of Blind people
- 71 Health and Social Centres
- The National Foundation on Rehabilitation of People with Disabilities
- The Hellenic Society for the Protection and Rehabilitation of people with disabilities
- One Autistic Individuals Support Centre
- One Spastic Children's Unit
- One Rehabilitation Centre for Children with disabilities in Athens
- One Physical and Social Rehabilitation Centre for people with disabilities in Crete
- Therapeutic Centres on Chronic Conditions
- Hospitality Centres for the Elderly (KHFH)
- Enterprises, Non- profit Private Law Entities. (838) and 71 associations
- 320 Centres for the Protection of the Elderly (KAPI)

Source: Ministry of Internal Affairs and Decentralisation (2006) National Strategy Report 2006-2008 ANNEX 4.1.2 Long-term care

In terms of direct care support, the support systems described above, offer only short stay or short-term rehabilitation. There is serious lack of care support at home for the majority of disabled people. Personal assistance is not foreseen in the long-term care agenda, and is only deemed to be indirectly funded through benefits.
For people with higher support needs benefits do not suffice to cover this, and the only option left is informal care or private funding. In this sense, for people without adequate family support or income, institution is the only viable option.

PART FOUR: SUMMARY INFORMATION

4.1 Conclusions and recommendations (summary)

It is evident from policy, action and experience in the field of social inclusion over the last decade until most recent developments that policy implementation has remained slow and unmonitored while the quality and impact of actions unevaluated, factors which undoubtedly inhibit progress. By way of vicious circle, action plans and strategies can be argued to lack in-depth, informed measures as well as orientation that adhere to the needs and wants of disabled people.

The most dynamic action has been in the field of employment, which unquestionably constitutes a major key for social integration. Nevertheless, this has focused more on special activation policies, rather than employment on equal terms by way of enhancing accessibility, awareness raising, and education of disabled people. Policy and action on education and training, and access to goods and services has similarly lacked a mainstream approach. On the one hand, there are no measures to promote accessibility in learning environments, on the other the benefits approach seems to substitute measures in accessibility, education, employment and support/independent living for the social and economic independence of disabled people.

There are three main strands needed for improvement. Firstly, there is urgent need for internal recording, monitoring, and evaluation of actions at all levels of public services, paralleled with systematic quantitative research on progress and impact in social inclusion that **includes analysis on the basis of disability** as well as qualitative research into the experience, expectations, needs and preferences of disabled people. Secondly, policy needs to focus on mainstreaming disability, as a matter of equal civil rights, rather than as vulnerable groups by nature/ ad hoc. Thirdly, dialogue with civil society (associations and citizens/users) must be enhanced in levels of planning, monitoring and evaluation at all levels of government/ services in order for policies and actions to be more effective towards the people they purport to support.

4.2 One example of best practice (brief details)

An important move to de-institutionalisation has been within the field of mental health. The Operational Program "Psihargos" since 2000 promoted change in the model of service provision for mental health, from closed structures to open structures within the community. Between 2003 and 2005, 130 community units were created in the form of hostels, protected flats, day centres and mobile units to support people with mental health or also in the autistic spectrum.

Furthermore, the law 2716/99 enabled the creation of social enterprises with limited liability for people with mental health, in order to promote their social and economic inclusion. The social enterprises run like productive and commercial units at the same time as being Mental Health units for the support, therapy and inclusion of people with mental health problems. Within the period 2000-2006, 12 such social enterprises have been set up, active for instance in selling small craft, gardening, or running a restaurant.

It is estimated that the above measures benefited 1150 people with mental health problems on long-term stay and 1400 people within the community, while the quality of service provision was greatly improved.

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