Fact Sheet

Greece

FINANCING OF CARE SERVICES FOR PERSONS WITH DISABILITIES

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Executive Summary

Social care provision in Greece is a combination of formal and informal care. The provision, financing, and delivery of social care services are largely influenced by the State's reliance on family-based care, whereby responsibility for such services lies with individual actors, with a central role being played by kinship networks. There are no financial benefits for family members who act as personal assistants.

There is no single organisation in charge of developing, introducing, and overseeing policies regarding care for persons with disabilities. Instead, three ministries – the Ministry of Health, the Ministry of the Interior, and the Ministry of Labour and Social Affairs – are responsible for the provision of social care services for persons with disabilities, in many cases together with regional government authorities (municipalities and prefectures). Cross-ministerial committees on disability offer consultation but have no decision-making powers. Funding for social care services for persons with disabilities is provided mainly by the State, the European Structural and Investment Funds / European Social Fund, individual contributions, and donations. The main funding mechanisms include public procurement (most common), reserved markets, and private investment (limited); there are currently no personalised budgets.

Services for persons with disabilities in Greece are provided by the state and by private providers, often in the form of not-for-profit private law entities. There are twelve regional Social Welfare Centres – under the Ministry of Labour and Social Affairs – which, through 44 Social Care and Protection Units (SCPUs), provide welfare services throughout the country. About half of these SCPUs provide services for persons with disabilities, including long-term and residential care, day care services, and physical rehabilitation. Due to very long waiting lists and/or the low quality of services offered at these units, day care and supported/independent living services are offered by an increasing number of not-for-profit private law entities. Concerning institutional care, deinstitutionalisation efforts are very limited; the Ministry of Labour is currently preparing the National Strategy for Deinstitutionalisation, but no details are known at the time of writing. There are limited supported and independent living services, mostly for people with mental health-related disability. Respite care services in Greece are very few or non-existent.

The decrease in social benefits for persons with disabilities, as well as the reduction in services and personnel, are due to the fourteen austerity packages passed by the Greek government during the period 2010-2017, as a result of the Greek government-debt crisis, that severely affected health and social care delivery in Greece.

Main findings

Due to a general lack of information and transparency, with few published reports fom ministries and other official bodies, a heterogeneous body of evidence was used, including laws, interviews with key informants, and statistical information, among others. The main findings include the following:

- The main funding mechanisms include public procurement (most common), reserved markets, and private investment (limited); there are currently no personalised budgets. Non-profit entities are primarily financed through reserved markets and public procurement mechanisms, while for-profit entities primarily through private investment and public procurement mechanisms.
- A decade of austerity measures has resulted in budget cuts for welfare services, including for persons with disabilities, contributing to a deterioration of the services offered, while the need for such services has increased;
- Successive austerity packages have led to increased costs of access to healthcare and medication, with Greece currently being among the OECD countries with a very high out-of-pocket health spending as a percentage of the GDP, a fact that has directly impacted persons with disabilities, who already experienced structural disadvantage;
- Social care services in Greece are outdated, deficient, lacking funding and personnel, and are not able to address the needs of persons with disabilities;
- Social care is fragmented, with responsibilities for planning, financing, and implementing being divided across three different ministries, and local / regional authorities;
- There is a general lack of information on social care structures, including day care, supported living, and institutional care, as highlighted in the concluding remarks of the Committee on the Rights of Persons with Disabilities on Greece's progress towards meeting the requirements of the Convention on the Rights of Persons with Disabilities;

- ★ There is a lack of personal assistance schemes and personalised budgets, negatively affecting the independence of persons with disabilities and contravening article 19 of the Convention on the Rights of Persons with Disability that makes explicit reference to the right of persons with disabilities to have access to personal assistance;
- ★ Geographical differences in service provision and financial inequalities with regards to access to services create a large imbalance in the provision of care services in the country;
- ★ In certain cases, long-term institutional care can be a site of abuse, maltreatment, and social exclusion, whereby the rights of persons with disabilities are not met. Limited monitoring mechanisms contribute to this; and
- ★ The main responsibility for the care of persons with disabilities resides with family members, since the number and quality of services is inadequate.

Introduction

Social care provision in Greece is a hybrid between formal and informal structures (Karagianni, 2017). Formal care is typically provided by public, non-profit, and for-profit organisations, while informal care is provided by family members, who receive no carer benefits or allowance, and plays a crucial role in social care provision for persons with disabilities in Greece (Ziomas et al., 2016).[1] There are no pension and insurance rights or benefits for carers; usually, family carers use disability pensions and benefits provided for the persons with disabilities in order to help them in their caring activities (Economou et al., 2017).

Responsibility for the design and implementation of social care policy is divided across different state bodies and regional government. The Ministry of Health, Ministry of Interior, and Ministry of Labour and Social Affairs are the state authorities responsible for the design, implementation, and financing of welfare policy for persons with disabilities in Greece, including all policies regarding deinstitutionalisation and independent living. Funding is also provided via the European Union, usually through the European Structural and Investment Funds/ European Social Fund; for example, day care centres and supported living shelters (SYDs) are often co-funded by the national government and the EU. The State often collaborates with regional governments (prefectures and municipalities), or delegates responsibility to them. The existence of multiple ministries involved in social care policy has led to a series of problems, such as fragmentation and low quality of services, as well as to a lack of coordination and duplication of activities among the different departments.[2] There is also a lack of a clear national policy on care services; there are no clearly-defined timeframes, objectives, and overseeing mechanisms (Committee on the Rights of Persons with Disabilities, 2019).

The Ministry of the Interior is responsible for certain day care and supported living programmes for people with disabilities (excluding people with disability associated with mental health conditions), including Day Care Centres (KDIF), Vocational Rehabilitation Centres (KEA), Creative Activities Day Centres (KDAPmeA), Supported Living for persons with disabilities (SYD), and the Help at Home home-care programme. Services falling under the responsibility of the Ministry of the Interior are implemented by the local governments and, apart from the Help at Home Programme which is fully financed by the Ministry of the Interior since 2020, services are typically co-financed by the Greek State (20%), and the European Structural and Investment Funds/European Social Fund (80%), via the Partnership Agreement for the Development Framework (ESPA, for the acronym in Greek). Local governments wishing to implement programmes need to respond to an open tender by ESPA and submit an application (ESPA, 2020a).[3]

In cases where services receive no EU funding, the National Organisation for the Provision of Health Services – EOPYY (a public health service procurement

1 This has led to many people – particularly women – becoming unofficial carers for relatives with disabilities, thus having to reduce working hours or stop working altogether (Ziomas et al., 2016).

2 For example, there is a Directorate of Policies for Persons with Disabilities at the Ministry of Labour, and a Directorate for the Protection of Persons with Disabilities at the Ministry of Health.

3 The current ESPA will finish in 2020; a new ESPA covering the period 2021-2027 has already been agreed, but the financing mechanisms are not clear yet (ESPA, 2020b).

agency overseen by the Ministry of Health) covers the costs for persons with disabilities that make use of day care centres (KDIF, KEA, KDAPmea). For persons with disabilities that reside in residential care units (SYDs), EOPYY covers the daily boarding cost.

The Ministry of Labour and Social Welfare oversees the delivery of disability and welfare benefits, long-term care and institutional care, and a range of community-based services, which are provided through twelve regional Social Welfare Centres. The services offered include long-term and residential care, and limited day care services, including physical rehabilitation. These services are provided through the currently 44 Social Care and Protection Units (SCPUs) around the country, about half of which provide services for persons with disabilities (National Statistical Service, 2017). Adequate number of staff on long-term or permanent contracts at the Social Welfare Centres and units has been an issue of great concern; currently, due to the extra strain that Covid-19 has put on the system, the fixed-term employment contracts for temporary and auxiliary staff have been extended until 31st March 2021 (ESAMEA, 2020b).

The Ministry of Health oversees the delivery of day and residential care services for people with mental disability. Such services are provided via Mental Health Centres (KPSY), Supported Living, and Residential Care. The Ministry of Health is also responsible for short-term residential and day rehabilitation services (previously provided by Centres of Physical and Social Rehabilitation-KAFKAs) via the Hellenic National Health Service (ESY). All the services falling under the Ministry of Health are funded by EOPYY.

Non-state providers of care services for PwD

The level of service provision by the State is very limited, and almost non-existent in matters of accommodation, assistance in daily activities, and rehabilitation (ESAMEA, 2020).[4] To fill the gaps, services for persons with disabilities are also provided by non-profit organisations, for-profit providers, and religious organisations, but there is a recognised lack of information on these providers (Economou et al., 2017). The services provided by NGOs are organised and supervised by the organisations themselves, with financing coming from general government revenue through direct assignment (i.e., reserved markets) or public tendering procedures, and other avenues, primarily individual contributions and donations. Services provided by Orthodox Christian religious organisations are organised and supervised by the Holy Synod of the Orthodox Church of Greece and their regional churches. Its network of welfare services is financed exclusively by donations and income derived from the Church's assets (Economou et al., 2017).

Private law entities offer day care, physical rehabilitation, and independent living care (Ziomas et al., 2018). These providers enter into direct contract with EOPYY to provide services. They are partially funded by the State, with most funding stemming from individual contributions. Since the early 2000, the number of private, for-profit organisations that provide services for persons with disabilities and their families have increased, as a result of both gaps in the Hellenic Health System (ESY) and the poor operation of public facilities, due to staff and equipment shortages.

Benefits for PwD

The 4387/2016 Law on the development of a Unified System of Social Security paved the way for the formation of the Organisation of Welfare Benefits and Social Solidarity (OPEKA), belonging to the Ministry of Labour and Social Welfare, giving it sole responsibility for all state-provided disability-related benefits (Law 4387/2016).[5] Persons with disabilities in Greece receive disability benefits, limited care coverage through public social insurance, and indirect support via tax reduction. The Unified Agency for Social Insurance (EFKA) – introduced in January 2017, to become the main public social insurance agency – provides social insurance coverage, such as disability pensions, total invalidity benefits, and

4 The limited social assistance benefits in kind (primarily accommodation) are funded through the state budget (ELSTAT, 2019).

5 The modification of the Disability Assessment System (DAS), which includes a review of disability benefits, was launched in January 2018. DAS examines the diseases for which disability is taken to be indefinite and the degree of disability for a number of diseases (Ziomas et al., 2018). Due to various issues, including the current pandemic, there are no news regarding any changes in disability benefits.

non-institutional care benefits (Ziomas et al., 2019). There are no personal assistance schemes available to people with disabilities in Greece offering choice and control over the support they receive, such as in the form of direct payments (Strati, 2017). Nevertheless, people with specific types of disabilities receive cash payments from OPEKA (OPEKA, 2020). While these payments are not specifically for the payment of personal care, there is no restriction on how the money can be used.

In order to apply for these benefits, persons with disabilities need to submit the necessary forms to the Community Centre of the Municipality where they live, to OPEKA's Central Services in Athens, or to one of the nine Regional Directorates. OPEKA is currently providing ten types of benefits and financial assistance to about 163,000 beneficiaries. Table 1 shows the benefits and financial assistance provided by OPEKA; this financial assistance can be spent as beneficiaries and their families see fit, including for the provision of services or purchase of medicine.

TABLE 1 | OPEKA's provision of benefits and financial assistance

Type of benefits	Amount in EUR
Movement allowance	165
Nutritional allowance for kidney patients, heart transplants, liver transplants	362
Financial support for people with severe disabilities	313
Financial assistance to persons with severe mental disabilities	527
Financial support for uninsured and insured paraplegics -quadriplegics and amputees of the State * if they are treated in closed-care settings or if they receive financial support from their institution less than the foreseen ** in case of a single amputation	771 * 385.50 ** 330.40
Support of persons with congenital hemolytic anemia (Mediterranean - sickle cell - small sickle cell, etc.)	362
Support of persons with congenital hemorrhagic mood (hemophilia, etc.)	697
Support of persons with Acquired Immune Deficiency Syndrome (HIV)	697
Financial support for deaf and hard-of-hearing persons	362
Financial assistance for visually-impaired people * employees, retirees, working students, graduates ** unemployed, uninsured, directly or indirectly insured unemployed, non-working students	* 362 ** 697
Financial support for people with cerebral palsy, from 0 to 18 years old	697
Financial support of persons suffering from Hansen's * if they are hospitalised or are family members	697 * 362

Source: Ministry of Labour and Social Affairs (nd)

OPEKA's funding sources are the following:

a) subsidy from the State Budget to cover the benefits of the Welfare Benefits and Social Services Account;

b) grant from the State Budget for the promotion and management of welfare policies of the General Secretariat for Social Solidarity;

c) subsidy from the State Budget to cover all types of operating expenses, such as salaries, other staff remuneration and compensation, commissions, of the Account of Welfare Benefits and Social Services;

d) property income, return on capital and reserves; and

e) income from the financial participation of people that fall within the scope of law 3050/2002 application (Official Gazette of the Hellenic Republic, 2018).

OPEKA's 2020 budget expenditures for all social benefits were reduced in comparison to 2019, including the benefits for persons with disabilities.[6]

Amounts

During the period 2009-2017, as a result of the economic crisis that Greece was facing, the country cut down 25% of social spending.[7] This led to a 16% increase in the rate of poverty risk and social exclusion for people with severe disability, from 43.3% in 2010 to 59.4% in 2017 (ESAMEA, 2020). Continuing the trend of reduction in social spending, social benefits for persons with disabilities were reduced by 173 million euros, from 913 million euros in 2019 to 740 million euros in 2020 (AMEA-CARE, 2020).

Table 2 provides information on social spending on disability in Greece during the 2010-2018 period.

TABLE 2 | Social spending on disability in Greece, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Expenditure (millions euros)	3.674	3.615	3.361	2.979	2.937	2.921	2.691	2.658	1.827p
Percentage annual change		-1,6%	-7,0%	-11,4%	-1,4%	-0,6%	-7,9%	-1,2%	
A. Without income criteria	3.485	3.472	3.229	2.846	2.936	2.820	2.601	2.610	
Benefits in cash	3.469	3.456	3.200	2.846	2.838	2.815	2.601	2.610	
Benefits in kind	16	16	29	13	14	5	0	0	
B. On the basis of income criteria	188	143	132	133	98	101	90	48	
Benefits in cash	160	123	111	102	71	80	68	28	
Benefits in kind	28	20	21	31	27	21	22	20	
Per capita expenditure (euros)	346	343	331	309	322	223	219p	212p	209p

Source: 2010-2017 figures are from the Hellenic Statistical Authority (2019), based on the European System of Integrated Social Protection Statistics Core System. There is a discrepancy between Eurostat provisional figures for the period 2015-2017 (1.951 million euros in 2015, 1.937 million euros in 2016, and 1.885 million euros in 2017) and the Hellenic Statistical Authority (2019). 2018 provisional figure is from Eurostat (2020), as well as per capita expenditure for the period 2015-2018.

6 According to sources, there are currently 160,000 people with severe disability that receive 315 euros/month from OPEKA. In 2017, there were 122,178 beneficiaries of disability pensions provided by the pension system, a 15% reduction since 2010; these beneficiaries are not entitled to OPEKA benefits (ESAMEA, 2017).

7 As a result of the Greek government-debt crisis, fourteen austerity packages were passed during the period 2010-2017; these substantial budget cuts severely affected health and social care delivery in Greece (Sakellariou and Rotarou, 2017).

The largest decrease in social expenditure for disability was for the category of disability pensions (-28%); during the 2010-2017 period, there were 21.742 fewer disability pension beneficiaries (ESAMEA, 2020). Disability social protection expenditure includes almost exclusively periodic cash benefits, in particular disability pensions (73% of expenditure) and disability benefits (25% of expenditure). Already, during the period 2010-2017, expenditure for the social protection of persons with disabilities was reduced by 28% (see Table 2). In 2017, expenditure on disability as a percentage of total expenditure on social protection was 5.9%, while the EU-28 average was 7.6%; in this index and in a total of 35 countries, Greece is ranked 29th.[8]

As it can be seen in Table 3, expenditure on disability benefits in Greece are slightly below EU average; however, there are differences between contributory and non-contributory benefits (World Bank, 2016).

TABLE 3 | Disability benefits in Greece, expenditure as a percentage of GDP, 2015

		Greece	EU-27
Disability pensions		1.09	1.20
Disability assistance (non-contributory)	Cash	0.58	0.28
	In-kind expenditures	0.01	0.47
Other disability benefit expenditure		0.04	
Total		**1.72**	**1.95**

Source: World Bank, 2016

Although, as it can be observed, Greece spends slightly below EU-average on disability benefits, the country's in-kind expenditures (i.e., disability social care and services) is very low, only 0.01% of GDP, much less than the EU-27 average of 0.47%.

According to interviews, years of austerity measures and serious inefficiencies in the welfare system (including budget constraints, limited services, insufficient personnel, geographical differences in service availability, and increased care needs) coupled with the consequences of Covid-19 have turned an 'economic crisis' into a 'care crisis'. It should be added that Greece has now one of the highest out-of-pocket health expenditures among OECD countries, with a 36.4% out of total health spending (OECD, 2021). This has been the result of an increase in the costs of access to health care and medication, primarily increases in co-payments for certain medicines, increases in user fees for outpatient visits, and the introduction of prescriptions fees (Council of Europe, 2018). Due to the limited state support, out-of-pocket expenditure for social care is also likely to be high, but no relevant data are available.

Policies for service provision to PwD

Greece is a signatory to the Convention on the Rights of Persons with Disabilities (CRPD) (United Nations, 2016), which includes articles offering access to persons with disabilities to independent living (Article 19), and social protection (Article 28). However, and despite the fact that Greece operates a monist legal framework, whereby international legislations are legal binding at the domestic level, several of the provisions of the CRPD have not been fully met. Law 2646/1998 set up the framework for the development of a National System of Social Care; however, this was never realised (Law 2646/1998). The 2014 – 2020 National Strategic Policy Framework for Social Integration set a framework for the provision of community-based services, with the aim to promote deinstitutionalisation (Ministry of Labour and Social Affairs, 2014). ESPA 2014-2020, which is the main funding mechanism for European Social Fund monies, also highlighted the need for social inclusion, especially under thematic priority 9, without, however, explicit

8 During the period 2009-2017, as a result of the economic crisis that Greece was facing, the country cut down 25% of social spending. This led to a 16% increase in the rate of poverty danger and social exclusion for people with severe disability, from 43.3% in 2010 to 59.4% in 2017 (ESAMEA, 2020).

reference to persons with disabilities.[9] In December 2020, the government announced a National Action Plan for the Rights of Persons with Disabilities. While this appears to be a positive step, the action plan fails to mention concrete steps towards achieving the plan objectives, implementation monitoring mechanisms are not clearly stated, while partnership with organisations of persons with disabilities in developing the plan has been limited (Government of Greece, 2020).

An important step towards the deinstitutionalisation in the area of mental health and the development of community-based services were the Psychargos I (1997–2001), Psychargos II (2001–2010), and Psychargos III (2011-2020) programmes, with social inclusion, social cohesion, and destigmatisation as main goals. These programmes were co-financed by the Greek State and the European Structural and Investment Funds/European Social Fund (80%), via the Partnership Agreement for the Development Framework. While Psychargos I and II resulted in many positive developments (such as the closure of five mental hospital, the large increase in the number of sheltered apartments, and positive changes in public attitudes towards mental illness), ex-post evaluation of the programmes also evidenced a series of negative aspects (for example, limited capacity of NGOs providing mostly residential and day care, significant shortages of staff and services in several parts of the country, and lack of information regarding locally-available services) (Economou et al., 2017). There is still no evaluation of Psychargos III programme; however, taking into account the economic crisis and economic adjustment programmes, it is highly unlikely that its goals could have been achieved.

Table 4 provides key reforms in Greece since 2010 that directly or indirectly affect persons with disabilities.

TABLE 4 | Key reforms in Greece since 2010

Administration
★ 2010: Change in administrative structure, creating 13 regions to replace 76 prefectures, and reducing the number of municipalities to 325 from 1,034 [N]
Financing
★ 2010: Ceiling on public expenditure on health set at 6% of GDP, which translated into extensive cuts in pharmaceutical expenditure, as well as health care services, staff salaries, etc. [EAP]
Health insurance
★ 2011: Establishment of EOPYY (single-payer health insurance system) and standardised benefits package [EAP]
★ 2016: Legislation to provide comprehensive health insurance coverage to the unemployed and vulnerable groups, irrespective of their insurance status [N]
★ 2017: Establishment of the Unified Agency for Social Insurance - EFKA [EAP]
Health services management and delivery
★ 2011– now: Hospital restructuring [N and EAP]
★ 2014: Establishment of PEDYs (National Primary Healthcare Network) and transfer of responsibility for primary care provision to YPEs (Regional Health Authorities [EAP]

Notes: N: Nationally-initiated reform; EAP: Reforms required under the economic adjustment programme

Source: Modified from Economou et al. (2017)

9 As Strati (2019) observed, these documents “do not include any specific objectives, relevant targets and milestones, or timeframe for completion, for de-institutionalisation measures”.

Regarding future policies and plans, a policy paper for the review of disability benefits is currently being finalised, and a pilot project was expected to be launched in March 2021 in three regions of the country (European Commission, 2020); however, due to the pandemic, the project has been postponed to November 2021.

Funding mechanisms for care services for PwD

The main funding mechanisms for services for persons with disabilities in Greece are through public procurement (most common type of funding mechanism), reserved markets, and private investment.

Concerning public procurement, both central and local public authorities through calls for proposals and applications can assign the provision of social care and support services (for example, day care services for persons with disabilities) to non-profit and for-profit organisations. Organisations that apply for funding need to have the required relevant establishment and operation licenses, and to provide the services required by current legislation to beneficiaries according to a set period of time, for instance, day care centres need to provide services for a minimum of eight hours a day. Contracting authorities intending to award a contract notify their intention by means of a contract notice, or a preliminary notice, which remains published on an ongoing basis, and specifies the types of services that are the subject of the contracts to be awarded. Contracting authorities may take into account the need to ensure quality, accessibility, affordability, availability and completeness of services, participation, and user empowerment and innovation. They may also stipulate that the service provider be selected on the basis of the best value for money offer, taking into account the quality and sustainability criteria for social services (Law 4412/2016).

Regarding reserved markets, authorities reserve access to certain social care services to particular organisations. For example, invitations to tender may be addressed only to not-for-profit private organisations that want to establish day care centres for persons with disabilities (KDIF). In this case, organisations are asked to submit all the necessary documents, such as action plan, management and operational ability, and appropriate operational licenses, to the relevant authority (the submission is online through an ESPA link or by post). Proposals are assessed according to their completeness and eligibility, and then per group of criteria; results are usually published within sixty days after the closing date for submission of proposals (ESPA, 2020c).

Another example of reserved markets is the reserved contracts that allow only sheltered workshops and organisations that have as their principal purpose, under their statutes, the professional and social inclusion of persons with disabilities to participate in public procurement procedures; such contracts need to be performed in the context of sheltered employment programmes, provided that at least 30% of the employees of those workshops or organisations are persons with disabilities. Furthermore, such contracts stipulate that the workshop or organisation has not been awarded a contract for the services in question by the specific contracting authority during the last three years, and that the maximum duration of the contract cannot exceed three years (Law 4412/2016). The selection of contractors is made on the basis of a relevant invitation to tender addressed to all these entities.

There is limited private investment for the provision of services for persons with disabilities in Greece. Such investment is primarily limited to homes for the long-term care of incapacitated elderly; the majority of such homes – approximately 240 care homes in 2017 – are run by private for-profit organisations, and are paid privately by the persons in care and their families (Ziomas et al., 2018).[10] There are also a few private mental health clinics that have contractual agreements with EOPYY.

Currently, funding mechanisms in Greece do not include personalised budgets.

10 Care homes are mainly located in urban areas, with almost half of them situated in the Greater Athens Area. Besides private for-profit organisations, care homes can also be managed by the Church, charitable organisations, and local authorities. The non-profit care homes are partly subsidised by the state and partly funded by donations, and per diem fees paid by EOPYY (Ziomas et al. 2018).

There is limited information regarding the impact of funding models on providers and services. According to interviews with experts and employees, the main conclusions regarding the impact of funding mechanisms on care services for persons with disabilities in Greece are the following:

- **In many cases, there is a serious cash flow problem,** particularly affecting services like day care (for example, KDIFs). This is due to the funding organisation, whereby beneficiaries receive the required service costs from the EOPYY and they then need to transfer the service charge to the provider.[11] Delays in any of the stages of this process creates cash flow problems, which can result in temporary cessation of salary payments, delayed salary payments, and hire freezes;
- **There are concerns regarding continuity or amount of funding.** Many providers of care services for persons with disabilities cannot make any long-term plans regarding services or staffing, as they are faced with insecurity regarding future funding. For example, newly-established supported living shelters (SYDs) receive resources from the EU for the first three years of operation, without being allowed to receive EOPYY funds.[12] Although it is expected that the State will fund services at the end of this term, it is not certain that that will be the case, a fact that creates a high degree of uncertainty to institutions, especially where ESPA is involved;
- **In the case of both public procurement and reserved markets mechanisms, low payments by EOPYY cause reduced monetary resources, which in turn leads to the hiring of lower grade staff**, with overrepresentation of carers and under-hiring of professionals, such as occupational therapists, psychologists, and physiotherapists. The combined effect of inadequate staffing levels and hiring lower grade staff, often means that services cannot meet their nominal purpose which is to enhance independence, teach new skills, and promote social integration, and instead act as sitting services away from home; and
- **There are significant geographical differences in service provision**, with the majority of care services provided in large urban areas; in many rural areas, care services for persons with disabilities are extremely limited and often of lower quality. High service demand has led to long waiting lists, particularly in the case of independent living structures. Beneficiaries and their families that can afford private services often opt for that solution.

Day Care

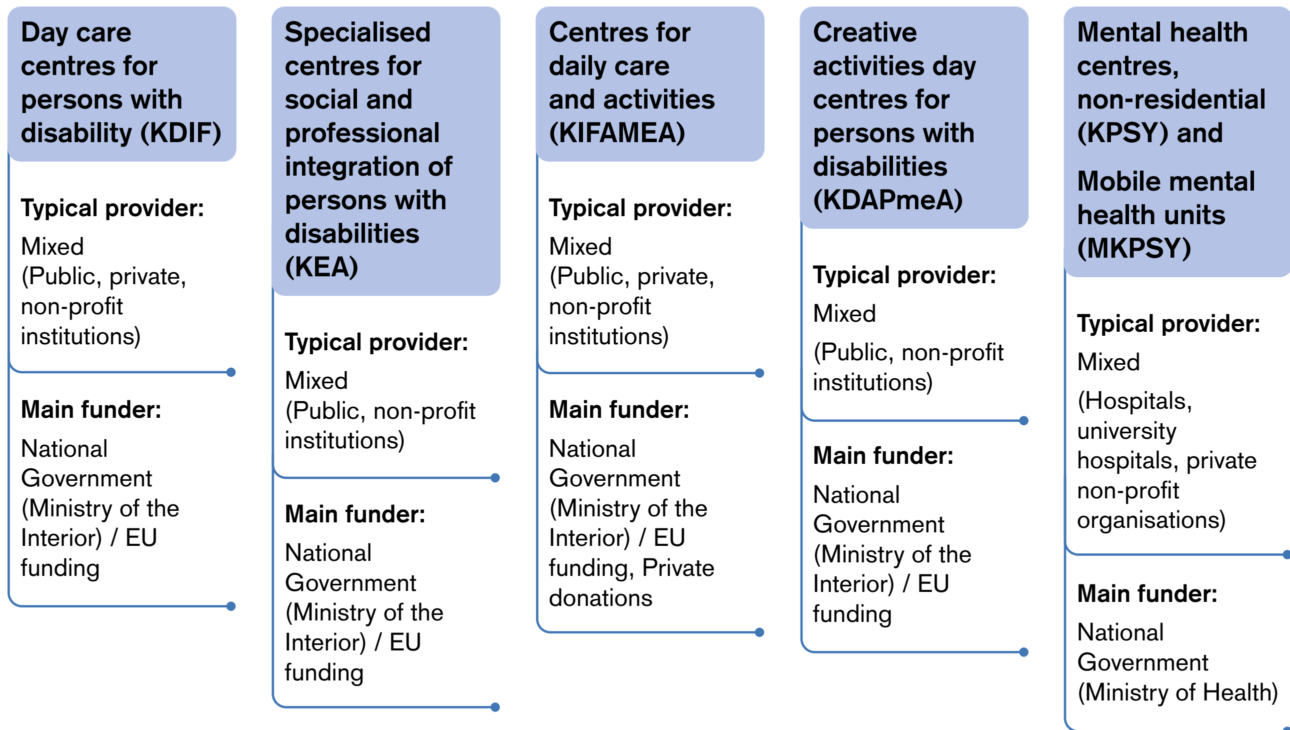
Day care centres for persons with disabilities in Greece provide a range of services during set periods of the day, such as speech therapy, physiotherapy, recreational activities, and skills training. Their aim is to provide beneficiaries with skills that will offer them a better quality of life, a higher level of autonomy, as well as social integration. The providers of day care centres for people with disabilities in Greece are public institutions (for example, public day care centres, public hospitals, or university hospitals), as well as private institutions (either for- or non-profit) (Rotarou, 2019). Day care centres are funded primarily by the Ministry of Interior through the regional government (municipalities and prefectures), and by the European Union, via ESPA. Day care centres can also be contracted with EOPYY; in this case, they receive about EUR 800 per month per beneficiary (ESPA, 2020c).

Figure 1 presents the types of day care centres for persons with disabilities, the typical service providers, and main funders. The main funding mechanisms for day care centres are public procurement and reserved markets.

11 This is not personalised budget, as it is not a separate form of financing but merely a payment method. People are assessed as neededing a service, EOPYY decides the costs, and people recieve the corresponding cash. They then need to pay it to the provider, that in turn needs to be registered with EOPYY.

12 The period of funding depends on the number of beneficiaries and the monthly cost per beneficiary.

FIGURE 1 | Day care centres for persons with disabilities in Greece



Source: Own elaboration with data from Rotarou (2019) and NOESI (2020)

Due to austerity measures, day care centres for persons with disabilities have suffered from lack of funding since 2008, with a direct impact on service provision and available personnel (Karagianni, 2017). According to interviews, there is a waiting list for day care centres, but not as long as for supported living structures.

Since 2020, this situation has become worse due to the COVID-19 pandemic: at the time of writing, KDIF were allowed to continue with their operations, on the condition of weekly COVID-19 testing for employees and beneficiaries; the same applies to KDAP, but only employees are tested (Ministry of Employment and Social Affairs, 2020).

According to interviews with experts and employees, the main concerns regarding day care centres are the following:

- ★ **There are geographical differences in the availability of day care services:** most day care centres are situated in urban areas, and especially in larger cities. In many cases, this means that persons with disabilities living in rural areas may not have access to day care services or only to certain services;
- ★ **There is a shortage of day care centres:** while currently the number of day care centres is not enough to cover the needs of persons with disabilities, creating long waiting lists, it is expected that due to population ageing, there will an even greater need of such centres. The main problem lies with lack of or insufficient funding for the creation and operation of day care centres;
- ★ **Many day care centres have operation problems:** due to funding issues, day care centres have experienced operation problems. In many cases, lack of personnel and/or skilled personnel, together with inadequate funding, has led to the reduction of services provided or the number of beneficiaries that centres can accept;

Independent/Supported Living

Supported and independent living services in Greece are provided by local municipalities, public university hospitals, and mental health units (i.e., private or non-profit mental health centres). They are typically financed by the Ministry of Health via EOPYY, the Ministry of Labour and Social Affairs, EFKA, or by a combination of State / EU funding, through public procurement and reserved markets mechanisms (Ziomas et al., 2018).

There is no personal assistance scheme in Greece, which either prevents many persons with disabilities from living at home or requires them to seek assistance from family and/or unregulated paid care, paid out-of-pocket. In the absence of a personal assistance scheme, a combination of services seeks to address some of the needs of persons with disabilities living independently.

The programme 'Services of hospitalisation and special mental healthcare at home' is provided throughout Greece by university psychiatric hospitals (public), and mental health units, which include private or non-profit health centres, that are funded by the Ministry of Health. It offers in-home mental health services for children, adolescents and adults with mental disorders and serious psychosocial problems, behavioural disorders, and autistic spectrum disorders. The same providers can also offer 'Mobile Mental Health Units'. These community mental health services are offered to persons with disabilities who have difficulty in accessing mental health services and/or neighbouring mental health sectors do not have sufficient mental health services (Rotarou, 2019).

Another programme concerning the provision of domestic assistance is the 'Help at Home' home-care programme.[13] It is funded by the Ministry of the Interior and implemented by local municipal authorities. This programme provides domestic services across the country to the elderly and people with disabilities who face situations of isolation, family crisis or exclusion (European Commission, 2018). Regarding disability, people need to be certified as having at least 67% disability (any type of disability), independent of age, and receiving an individual income of less than 7.715,65 euros per year or a family income of less than 15.431,30 euros (2018). People with disabilities fulfilling these prerequisites file an application at municipal authorities that implement this programme. The services offered are medical care with home visits, counselling and emotional support, nursing and physiotherapy, house chores, bill payments, and accompanying for various services. Service users do not make payments to service providers, as municipalities pay providers directly. The 'Help at Home' programme, while very different from personal assistance schemes, provides care to the elderly and people with disabilities with the aim of supporting independent living and staying in the family and social environment (ESAMEA, 2020c).

The 'Help at Home' programme currently provides services to about 75,000 citizens on a daily basis,. It is run by a total of 273 municipalities with 3,047 employees; the programme has been staffed with an extra 1,200 employees from municipal infrastructures that were shut down due to confinement measures in spring 2020, such as centers for elderly people and nurseries (Spiliopoulou and Anagnostopoulou, 2020).

In 2020, the delivery of the programme moved fully from the Ministry of the Interior to local governments and permanent positions for 2,909 employees were advertised; there were 79,900 applications for these positions. The appointment process was still pending at the time of writing this report in January 2021 (FEK, 2020; Hristika, 2020). The programme faces serious problems in meeting the real needs of the served population, due to a severe lack of funding, as a result of the austerity measures, and an increase in the number of applicants, primarily due to demographic changes.

Supported living in the community is offered by public or non-profit entities via hostels, boarding houses, shelters, and apartments for people with mental health disability, and via private for-profit providers for people with other types of disabilities. Supported living shelters (SYD) for persons with disabilities, although aimed at adults with various types of disabilities, predominantly admit people with learning disabilities (Strati, 2019). After the appropriate documents are submitted, the evaluation criteria include: the personality of applicant, the possibility of his/her participation in the activities of the residence and the community, the ability to adapt

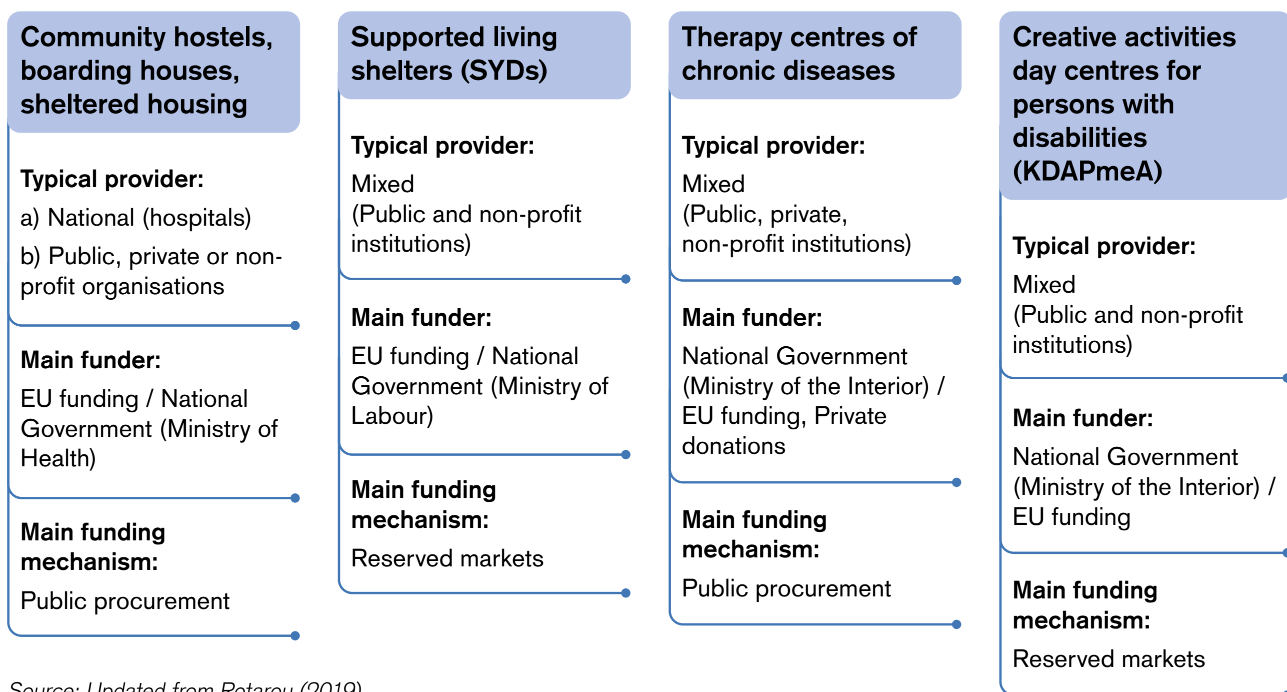
13 This programme was launched in 1998 in just a few municipalities, but since 2001 it has expanded to the entire country. Until 2015 it received support from the European Social Fund; after that, it has been financed by national resources alone with the funding being renewed at regular intervals (Ziomas et al., 2019).

to new living conditions and coexist with other tenants, and the acceptance of the new living environment by the individual himself/herself and family (FEK, 2019). There is a severe lack of places, with an estimated three places available for every 200 individuals with learning disability (EYSEKT, 2017). For each SYD resident, EOPYY pays a special per diem fee to the services provider, amounting from 40 to 70 euros, depending on the severity of the disability of the person (Newsbeast, 2020). A 2016 cost analysis of SYDs revealed that the mean annual cost of a SYD amounted to EUR 157,058 regardless of capacity (average capacity was equal to 6.38 residents), and that the average daily cost per resident was EUR 68.75 (Strati, 2019).

The funding sources for the establishment and operation of SYDs (public, and private law entities) include subsidies from the State through decentralised administrations (municipalities and prefectures) or the Church, benefits from the beneficiaries or their parents' Social Security and Social Solidarity Funds, resources from the European Union Structural Funds, donations or contributions of the beneficiaries, their parents, their beneficiaries' legal representatives or third parties,[14] extraordinary programme resources of international organisations (UN, World Bank, Council of Europe, etc.), programmes and actions in the field of Social Economy (for instance, financial incentives for the hiring of people with disabilities), and corporate social responsibility programmes and actions.

Figure 2 provides information on the type of independent / supported living structures available for persons with disabilities in Greece, the typical service providers, main funders, and funding mechanisms.

FIGURE 2 | Independent / supported living care for adults



Source: Updated from Rotarou (2019)

In 2018, the total number of Institutions that operated SYDs nationwide were 28, with a total number of 65 SYDs, all of which are private law entities. The capacity of these SYDs is for 408 people; in 2018, the beneficiaries reached 389 people (NOESI, 2020b). These SYDs are mostly located in Athens, Thessaloniki, and other large cities, indicating the imbalance in the provision of long-term care services in the country (Ziomas et al., 2019). Besides geographical inequalities, there are also financial ones, with better-off families being able to pay for private services provided by for-profit entities. According to interviews, there is a very long waiting line for SYDs, and

14 Up to 80% of the welfare allowance, as well as any kind of aids and benefits, may be assigned to the Institution, after a special authorisation by the tenant or his parents or his/her legal assistant, for the participation in the living expenses that each tenant is entitled to, for as long as he/she resides in the SYD supported by that Institution. In this case, the assigned part of the above allowances and in general aids and benefits are paid directly to the Institution (FEK, 2019).

many of them experience operational problems due to funding issues, largely caused by payment delays from EOPYY. In 2019, 52 million euro-funding was ensured from ESPA for the establishment of 160 SYDs around the country (Meallamatia, 2019).

There are also 485 community residential structures for persons with mental disabilities in Greece, providing accommodation, care, and protection services to about 3,800 beneficiaries. These structures are operated by public and private non-profit organisations, and are financed by the state and EOPYY (through per diem fees). The main funding mechanism here is reserved markets. There are currently about 2,000 beds in supported living structures in the community, such as sheltered houses or hostels for older people with mental health problems (Ziomas et al., 2019).

While a positive development has been the operation of an increasing number of independent / supported living structures for persons with disabilities, interviews with experts and service providers have underlined the following:

- ★ **There are issues regarding the financing and operation of structures:** serious problems related to the ESPA programme has led to significant disruptions in the smooth operation and financing of many such structures;
- ★ **There are no common regulations for the design and functioning of structures:** the number and type of structures, the way they are organised and operate, and their financing are not governed by common rules and uniform design. This is reflected in Figure 2, where it can be observed that while the main funding mechanisms are public procurement and reserved markets, there are three different ministries that provide independent / supported living care services;
- ★ **There is an insufficient number of structures:** current structures are not sufficient to meet the needs of persons with disabilities. This is reflected in the concentration of most structures in urban areas, particularly in Athens, which has also led to inequalities between beneficiaries that can afford private services and those that cannot; and
- ★ **It is estimated that the need for such structures will increase:** due to population ageing and efforts to close down long-term institutional structures, it is expected that there will be an increase in the need for independent living accommodation. The old-age dependency ratio, which is projected to grow from 33.4% in 2016 to 67.2% in 2060, confirms this demographic pressure on the long- term care system (Ziomas et al., 2018). This will have a direct impact on demand, on public spending on long-term care, and on the quality of service provision.

Long Term Institutional Care

Public long-term institutional care services are financed by the Ministry of Health (via EOPYY), the Ministry of Labour and Social Affairs, and by EFKA[15] (Ziomas et al., 2019). The main funding mechanisms include public procurement and reserved markets. Private investment is limited to homes for the long-term care of incapacitated elderly (Ziomas et al., 2018), as well as to a few private health clinics that have contractual agreements with EOPYY, and provide long-term healthcare, mostly to terminally-ill people.

The Ministry of Health is in charge for the provision of care services for persons with mental health problems, while the Ministry of Labour and Social Affairs for the provision of care to persons facing other types of disabilities; according to interviews, this separation of services – coupled with the existence of many providers – has led to inconsistencies in policies. There are well-publicised cases of failings in institutional care, whereby the rights of persons with disabilities are not respected, and persons with disabilities are abused, maltreated, and denied most of their rights (To Vima, 2019).

There are currently twelve regional Social Welfare Centres, supervised by the Ministry of Labour and Social Affairs, which – through their Social Care and Protection Units (SCPUs) – provide long-term institutional care services for persons with disabilities. All these institutional care centres are financed by the state budget and by per diem fees paid by EOPYY. Long-term institutional care for persons with disabilities is also provided by private (for-

15 EFKA provides disability pensions and benefits, as well as funding for health care services for insured persons with disabilities.

profit) organisations, with the remainder by the Church, charitable organisations, and local authorities. Non-profit care homes are partly subsidised by the state, and partly funded by donations (Ziomas et al., 2018). For-profit residential homes are privately paid by the persons with disabilities and their family.[16] Very limited information is available regarding the quality of the services provided by these organisations.

In 2017, there were 2.319 beneficiaries of long-term institutional care at the SCPUs, down from 4.191 people in 2007 (ELSTAT, 2018). Concerning the number of employees at these units, in 2017 there were 2.632 people, a reduction from 3.757 employees a decade earlier. This decrease in personnel is due to the austerity measures implemented by the Greek government since 2010. In 2018, only 2,3% (i.e., 325 million euros) of total health care budget was allocated to residential long-term care facilities; about 97% of this amount was financed through governmental schemes and compulsory contributory health financing schemes, and only about 3% through voluntary healthcare payment schemes (ELSTAT, 2018b).

The care services provided in SCPUs are free of charge. However, there are few available places in comparison to the high demand, and there are long waiting lists (Ziomas et al., 2019). According to Eurostat data, in 2015 for every 100,000 inhabitants, there were only 17 long-term care beds in nursing and residencial care facilities in Greece, the lowest ratio among EU Member States (Ziomas et al., 2018). According to interviewees, although there are no official reports, many such units operate inefficiently and experience serious deficiencies to the detriment of the patients, due to staffing problems (both number and qualifications), and the inexistence of a quality framework that could evaluate service quality. Beginning in 2019, a general – albeit slow – trend in deinstitutionalisation and the closure of these units can be observed, with the promotion of supported / independent living structures. Concrete measures, however, have not been taken.

According to interviews, there is no Covid-protocol for long-term care structures, directly impacting their operation and budget. As the exigency for hospital admission due to Covid-19 is high, in many cases long-term care structures have been turned into small clinics. This fact has put an extra strain on their limited budget and overworked personnel, as they are often forced to buy equipment and devices to address beneficiaries' health concerns. This is a general indication of the saturation of the healthcare services due to Covid-19, especially in northern Greece.

According to experts and various reports, the main issues regarding long-term institutional care are the following:

- ★ **Long-term care institutions are faced with a series of problems:** the majority of long-term care institutions are characterised by the absence of operating standards, issues with licensing, certification, control and supervision, staffing issues, shortcomings in care, social life and entertainment, participation and expression of opinion, and protection of privacy of persons with disabilities (ESAMEA, 2020c). Among other reasons, the lack of monitoring and evaluation of service quality are linked with serious cases of abuse at some of these institutions, for example, the Lechaina centre; and
- ★ **Deinstitutionalisation efforts have been very slow:** in 2017, a three-year programme called 'Deinstitutionalisation of persons with disabilities' was announced, involving the deinstitutionalisation of people hosted at the Lechaina AMEA branch of the Social Welfare Centre of Western Greece and the AMEA branches of the Social Welfare Centre of Attica Region. This process – which is implemented by the Social Welfare Centre of Western Greece and the Social Welfare Centre of the Attica Region – includes the relocation of all beneficiaries to safe and supportive community care structures. It received a funding of EUR 15 million for the 2018-2020 period. Furthermore, the Ministry of Labour and Social Affairs is currently preparing a National Strategy for Deinstitutionalisation; however, no details are known at the time of writing.[17]

16 Some for-profit residential homes "have concentrated more on dementia care or rehabilitation, as opposed to non-profit providers who provide only basic nursing care" (Eurofound, 2017, p. 27).

17 The amount of EUR 235 million is reportedly available in Greece for the 2014-2020 European Structural and Investment Funds-ESIF period to support the deinstitutionalisation of persons with disabilities. Nevertheless, according to NGOs, few calls for proposals have been launched and no significant projects have started; civil society organisations have expressed concern that this funding may be redirected toward other priorities or used to support institutional care (Strati, 2019).

Respite care

In Greece, respite care and family support services, such as information and counselling, weekend breaks, and formal and standardised assessment of carers' needs, are very few or non-existent (Ziomas et al., 2016). The only support services for carers are provided by a small number of NGOs, mainly in Athens and other large cities, in the form of information, psychological support, and group training (Ziomas et al., 2016).

There are no official data about the number of informal carers in Greece; however, according to the 2016 European Quality of Life Survey, the number of informal carers is estimated at approximately 3,600,000 people, or 34% of the Greek population, the highest rate across Europe (Zigante, 2018).

The lack of formal structures has led to the introduction of self-help groups and volunteer organisations for the support of family carers and the provision of counselling and training on disease and pharmaceutical management, and respite care services (Courtin et al., 2014); most of these services target families whose dependants suffer from specific diseases, such as dementia or Alzheimer's, and to a lesser extent, from blindness or cancer (Ziomas et al., 2019).

Family carers sometimes use private residential homes for short-term respite care; such homes are often of low quality, primarily due to lack of funding and inadequate personnel training. There has also been an increase in the number of privately employed, lived-in migrant care workers (mostly women). Due to low educational levels, and limited access to training programmes, the quality of care and safety these informal carers provide is unsatisfactory. There is no data available on the number of these informal carers (Ziomas et al., 2016).

The interviews with experts and service providers have revealed the following with regards to respite care:

- ★ **Respite care is almost non-existent in Greece:** family members providing care to persons with disabilities are perceived as an asset by the state, without the consideration that they have their own needs. This leads to a serious imbalance between working and leisure time, and carers' – primarily, women – participation in the labour market. The existence of the very few services available – mostly provided by a small number of NGOs – cannot meet the needs of carers across the country; and
- ★ **Caregivers and relatives' movement of persons with disabilities has become more vocal:** due to the inadequacy of long-term care services for persons with disability in Greece, the movement of carers of persons with disabilities has become more politically active. As a result, according to a 2018 law, 5% of the public sector openings are now reserved for relatives of persons with severe disability, while mothers with a disabled child can retire at the age of 55 and with twenty years of insurance. There is also the possibility that in the future, the time for the caring of disabled children might be added towards pension time.

Glossary of Greek acronyms

EFKA	Ενιαίος Φορέας Κοινωνικής Ασφάλισης (Unified Agency for Social Insurance)
EOPYY	Εθνικός Οργανισμός Παροχής Υπηρεσιών Υγείας (National Organisation for the Provision of Health Services)
ESY	Εθνικό Σύστημα Υγείας (National Health System)
KAFKA	Κέντρα Αποθεραπείας Φυσικής και Κοινωνικής Αποκατάστασης (Centres of Physical and Social Rehabilitation)
KDAPmea	Κέντρα Δημιουργικής Απασχόλησης Παιδιών και Ατόμων με Αναπηρία (Creative Activities Day Centres for Children and People with Disabilities)
KDIF	Κέντρα Διημέρευσης και Ημερήσιας Φροντίδας Ατόμων με Αναπηρία (Day Care Centres for People with Disabilities)
KEA	Κέντρα Επαγγελματικής Αποκατάστασης (Vocational Rehabilitation Centres)
KPSY	Κέντρα Ψυχικής Υγείας (Mental Health Centres)
OPEKA	Οργανισμός Προνοιακών Επιδομάτων και Κοινωνικής Αλληλεγγύης (Organisation of Welfare Benefits and Social Solidarity)
SYD	Στέγες Υποστηριζόμενης Διαβίωσης (Supported Living Shelters)

Interviews

- ★ Mr. Menelaos Theodoroulakis, PhD in Social Policy, Service Provider and Expert, President of the Board of Directors at the Federation of Mental Health NGOs "ARGO" and at the Panhellenic Association for Psychosocial Rehabilitation and Work Integration – PEPSAEE, External Research Fellow of the National Centre for Social Research – EKKE, Interview on 25th of November, 2020
- ★ Eleni Lazaki, Service Provider and Employee, Social Worker in Attika Psychiatric Hospital, formerly Scientific Director of Supported Living Unit, Interview on 10th of December, 2020
- ★ Giota Karagianni, Expert, Associate Professor at Aristotelian University of Thessaloniki, Interview on 16th of December, 2020
- ★ Antoinetta Capella, Expert, National Centre for Social Research (EKKE), National Coordinator for Greece, European Social Policy Network (ESPN), Interview on 16th of December, 2020
- ★ Danai Konstantinidou, Expert, External Research Fellow, National Centre for Social Research (EKKE), Interview on 16th of December, 2020
- ★ Antonis Rellas, Expert, Disabled Activist, Member of the Emancipation Movement for the Disabled ΄Zero Tolerance', Interview on 22nd of December, 2020
- ★ Axilleas Kourmpetis, Employee, Occupational Therapist in a KDIF, Interview on 13th of January, 2021
- ★ Zina Diakoumi, Employee at a KDAPamea, Interview on 14th of January, 2020

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EASPD is the European Association of Service providers for Persons with Disabilities. We are a European not-for-profit organisation representing over 17,000 social services and disability organisations across Europe. The main objective of EASPD is to promote equal opportunities for people with disabilities through effective and high-quality service systems.

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