NOTE VERBALE

The Permanent Mission of Greece to the United Nations Office at Geneva and other International Organizations in Switzerland presents its compliments to the Office of the High Commissioner for Human Rights and with reference to the letter of the Independent Expert on the enjoyment of all human rights by older persons, dated 10 November 2015, has the honour to attach herewith the responses of the Ministry of Labour, Social Security and Solidarity to the questionnaire on best practices in the implementation of existing law related to the promotion and protection of the rights of older persons.

The Permanent Mission of Greece to the United Nations Office at Geneva and other International Organizations in Switzerland would kindly like to request that the attached replies are taken into consideration even though they are transmitted after the expiry of the deadline for the submission of contributions.

The Permanent Mission of Greece to the United Nations Office at Geneva and other International Organizations in Switzerland avails itself of this opportunity to renew to the Office of the High Commissioner for Human Rights the assurances of its highest consideration.

Geneva, 28 January 2016

To: The Office of the High Commissioner for Human Rights
Independent Expert on the enjoyment of all human rights by older persons
olderpersons@ohchr.org
khassine@ohchr.org

Att.: 6 pages
CONTACT DETAILS:

NAME: ANASTASIOS KOFINAS
STATE/ORGANISATION:
HEAD OF DIRECTORATE FOR FAMILY PROTECTION
DIRECTORATE GENERAL FOR WELFARE
SECRETARIAT GENERAL FOR WELFARE
MINISTRY OF LABOUR, SOCIAL SECURITY AND SOLIDARITY

EMAIL: family3@yeka.gr

TELEPHONE: 00302105281197-8

WEBPAGE: www.ypakp.gr
Questionnaire

of the Independent Expert on the enjoyment of the human rights by older persons on best practices in the implementation of existing law related to the promotion and protection of the rights of older persons.

1. Name of the practice:
The Programme "Aid at Domicile" which consists of the Programme "Social Care at Domicile" and the Programme "Aid at Domicile of Pensioners".

2. Area concerned:
Care at home.

3. Type of practice:
Programme.

4. Level of implementation:
Community.

5. Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope:
The Programme "Aid at Domicile" is a part of the primary social care services, providing nursing care, social care services and domestic assistance to elder people who live alone continuously or at certain times of the day and cannot sufficiently take care of themselves, and also disabled people who face situations of isolation, exclusion or family crisis. Its aim is to support and care for the elderly in their home and to enhance the quality of their life. More specifically, the Programme "Social Care at Domicile" addresses the needs of the uninsured elderly and disabled people facing socio-economic problems. Whereas the Programme "Aid at Domicile of Pensioners" is aimed at insuring the necessary conditions for independent living of elderly and disabled pensioners in their home and in their natural environment, at avoiding referral structures of institutional care and at preventing conditions of social exclusion.
The Programme is implemented since 1996, at a pilot phase first, by the Open Protection Centres of the municipality of Peristeri, Athens and gradually it became a nationwide Programme.

6. Which actors are involved in the development and implementation of such practice? For instance national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others.
The Programme is implemented by local authorities, legal entities of public law and natural persons or legal entities of public or private law acting in the field of social care.

7. Which rights of older persons does this practice promote and protect?
The Programme provides the elderly the basic right of care (nursing, social) and domestic assistance at their natural environment.

8. How does this practice promote or protect rights?
The Programme prevents dependency, isolation and social exclusion.

9. What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons
belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), if any, particularly benefit from the practice?
The beneficiaries of the Programme have to meet criteria related to age, income, marital status, the state of health and the temporary or permanent state of dependency.

10. How has this practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any;
In 2014 the total sum of beneficiaries was 73,580 and the total cost was 70,511,247.19 €.

11. What lessons do you believe could be learnt from this practice? How could it be improved?

12. How could this practice be a model for other countries?
1. Name of the practice:
Day Care Centres for the Elderly.

2. Area concerned:
Care (semi-residential care).

3. Type of practice:
Institutional.

4. Level of implementation:
National.

5. Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope:
Day Care Centres for the Elderly accommodate elder people, during the day that cannot care for themselves (due to physical difficulties, dementia, etc.) and whose family members are not able to take care of them due to their work or serious social, economic or health problems. The institution was first established in 2001 by some local authorities, both in urban and suburban areas, who took the initiative to operate a Day Care Centre in their region.

6. Which actors are involved in the development and implementation of such practice?
For instance national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others.
Day Care Centres for the Elderly are established and operated by municipal enterprises, joint municipal enterprises, municipal business associations of local authorities and also, by private profitable entities.

7. Which rights of older persons does this practice promote and protect?
Day Care Centres promote and protect the basic right of the elderly, the right of care.

8. How does this practice promote or protect rights?
The Day Care Centres provide care to the elderly, by avoiding institutional care and preventing dependency and social exclusion.

9. What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), if any, particularly benefit from the practice?
The beneficiaries have to meet health and socio-economic criteria.

10. How has this practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any;
What lessons do you believe could be learnt from this practice? How could it be improved?
In 2014 the total sum of beneficiaries was 1,581 and the total cost was 8,789,000 €.

11. What lessons do you believe could be learnt from this practice? How could it be improved?

12. How could this practice be a model for other countries?
1. Name of the practice:
Housing Allowance for uninsured and financially weak elderly people.

2. Area concerned:
Adequate standard of living.

3. Type of practice:
Programme.

4. Level of implementation:
National.

5. Please describe the practice, including (a) its purpose; (b) when and how it was adopted; (c) how long it has been used/implemented; and (d) its geographic scope:
Housing Allowance is a benefit in the form of rental fee, paid to uninsured and financially weak elderly over the age of 65 who live alone or in a couple and do not own a house. It started in 1985 and is implemented nationwide.

6. Which actors are involved in the development and implementation of such practice? For instance national and local authorities; private and public sector, academia; civil society organizations; international or regional organizations; older persons themselves, among others.
The Programme is implemented by the Directorate of Social Welfare of the municipalities of the country.

7. Which rights of older persons does this practice promote and protect?
The Programme promotes and protects the basic right of housing.

8. How does this practice promote or protect rights?
By providing housing for the uninsured and financially weak elderly, who do not own a house and cannot afford rent.

9. What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), if any, particularly benefit from the practice?
The beneficiaries of the Programme are older people, over the age of 65, uninsured, financially weak who live alone or in a couple.

10. How has this practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any;
What lessons do you believe could be learnt from this practice? How could it be improved?
In 2014 the total sum of beneficiaries was 2,421 and the total cost was 7,476,348,67 €.

11. What lessons do you believe could be learnt from this practice? How could it be improved?

12. How could this practice be a model for other countries?
1. **Name of the practice:**
Provision of some beds in Elderly Care Units to uninsured and financially weak.

2. **Area concerned:**
Care (institutional care).

3. **Type of practice:**
Programme.

4. **Level of implementation:**
National.

5. **Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope:**
The Ministry of Labour, Social Security and Solidarity signs contracts, every year with private non-profitable Elderly Care Units (charitable institutions) for the provision of some beds in order to care for indigent elderly who cannot be served by state institutions due to lack of sufficiency of beds. The Programme is implemented nationwide since 1957.

6. **Which actors are involved in the development and implementation of such practice?**
For instance national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others.

7. **The Programme is implemented by the Ministry of Labour, Social Security and Solidarity with the cooperation of local authorities (Regions) and non-profitable Elderly Care Units (charitable institutions).**

8. **Which rights of older persons does this practice promote and protect?**
The Programme promotes and protects the right of long-term care.

9. **How does this practice promote or protect rights?**
By providing long-term care to the indigent elderly.

10. **What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), if any, particularly benefit from the practice?**
The indigent elderly.

11. **How has this practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any:**
In 2014 the total sum of beneficiaries was 145 and the total cost was 260.583 €.

12. **What lessons do you believe could be learnt from this practice? How could it be improved?**

13. **How could this practice be a model for other countries?**