Social Policy and the Development of Dementia Care Services in Greece

Foukaki, E.M.
Social worker, MSc, PhD (c), Physical and Medical Rehabilitation Center of Rethymnon, Academic Scholar, Member of the Laboratory of Interdisciplinary Approaches for the Enhancement of Quality of Life (QoL lab), Department of Social Work
Hellenic Mediterranean University (HMU)
foukakimix@yahoo.gr

Koukouli, S.
Associate Professor of Social Policy, Department of Social Work, Laboratory of Interdisciplinary Approaches for the Enhancement of Quality of Life (QoL lab), Institute of Agri-Food and Life Sciences, Hellenic Mediterranean University (HMU)
koukouli@hmu.gr

Keywords: Social Policy, Care Services, Dementia, Greece

JEL Classification Codes: I18, I38

Abstract
As people age, the need of daily care due to illness may become their primary concern. In these cases, the usual solution is to provide care within the family unit. Aside from the difficulties of caring for the elderly who have dementia, most families are unable to handle the situation owing to family structure. It is commonly acknowledged that assistance is essential, even when the family is the primary caretaker for the elderly.
Despite the fact that the number of dementia patients is predicted to rise significantly by 2030, the public health sector in our nation has not given enough attention to the problem, as evidenced by the current network of resources and services available to patients and their families.
Developing a comprehensive strategy to address dementia should include all aspects of the problem: prevention, information and awareness, early diagnosis and treatment, patient care, caregiver support, and ongoing research.
In this context, the present study attempts to map the existing health and social care services for individuals with dementia in Greece.

Keywords: Social Policy, dementia, social services, adequacy

Introduction

As people age, the prospect of needing daily care because of a disease may be their biggest concern. Dementia is a primary cause of incapacity and disability among the elderly. The prevalence of dementia, including Alzheimer's disease, has risen in recent years, making it one of the most serious age-related illnesses. In our country, it is estimated that there are more than 200,000 patients with dementia (Alzheimer Europe, 2019. As the average life expectancy rises, this number is predicted to rise even further in the upcoming years, adding even more complexity to the issue.
In Mediterranean countries, family care is the typical approach in these situations, but in Northern Europe, nursing home admittance is

the traditional solution. However in our country, institutional care is expensive, and fiscal pressures on social spending have led to efforts to limit it.

Furthermore, in our country, patients are primarily cared for by their families due to a dearth of state-provided long-term care facilities and cultural factors. As a result, public health policy should prioritize community assistance for dementia patients and caregivers.

On the other hand, the functioning of kinship networks has changed in recent years. Traditionally, the care of the elderly belonged to the family; however, today more and more families are unable to provide it: the increase in women's employment (or their expectations for employment) has affected their availability as caregivers, and generally, the role of informal care networks has diminished. The nuclear family can no longer care for the elderly continuously or provide them with housing. Separate living arrangements for the elderly are now the norm even in Southern Europe, whereas just a few years ago they were an exception. Moreover, even in cases where the family is the primary caregiver for the elderly, it is now recognized that support is necessary (Fotopoulos, 2005), the increasing health problems of the elderly do not always allow their relatives to support them adequately. For this reason, it is deemed necessary to seek more organized assistance, as provided by the state's social structures (Stathopoulos, 2005).

Thus, the need for the operation of social protection and care programs for elderly individuals becomes imperative. The social care of the elderly is closely linked to the provision of community care in the sense of moving away from institutional care. The involvement of local government in service provision, and the strengthening of local social and informal networks, as the responsibilities of local government organizations, are gradually expanding, as confirmed by the regulatory framework referred to in the Kallikratis Law (L. 3852/2010), which also regulates the operation of units in Greece today (Skamnakis & Chardas, 2017).

Modern Western societies are called upon, under the pressure of demographic developments, the weakness of informal support networks, and the advancement of medical knowledge, to manage an increasingly larger number of elderly individuals (Alexias & Flamos, 2007), given that the contemporary definition of health by WHO highlights the social and emotional dimension of an individual's health, surpassing the traditional limitations and one-sidedness of the biomedical model (Alexias, 2000; Alexias & Flamos, 2007).

Currently, the EU is placing the issue of "Healthy Aging" high on its agenda, and a multitude of countries are promoting strategies aimed at enhancing the participation of elderly individuals in social activities, expanding their autonomy, and increasing their overall satisfaction (Freggidou, Nikolidzos, Galanis & Papadopoulou, 2019).

In this context, the current study intends to define the network of public-sector social services for open or closed aged care, with a focus on dementia patients and caregivers.

Methodology

This study is based on a qualitative, descriptive approach aiming to map the existing public sector social care services for individuals with dementia in Greece. The research was conducted through a review and synthesis of national reports, legal frameworks, statistical data from ministries and public agencies (e.g., Ministry of Social Cohesion and Family Affairs, EETAA), as well as scientific literature related to dementia care policies and services.
Sources included academic publications, government policy documents, institutional websites, and European-level strategic reports. Emphasis was placed on identifying both open and closed care structures, their operational framework, geographical distribution, and degree of specialization in dementia.

Social Policy in Greece and elderly care
The services for the care of elderly individuals (with or without dementia) are primarily developed by the public sector, the private sector, non-profit organizations, and ecclesiastical bodies and institutions.

The care system that characterizes Greece is the residual model, according to which the state does not cover all the needs of the elderly through a network of public agencies, but distributes care services between the public and private sectors and the family (Stasinopoulou, 2006; Douka & Papadopoulos, 2014). It differs from other social welfare models, as the family is presented as the main caregiver for the elderly.

Three primary pillars form the foundation of the Greek social protection system: health protection, social welfare, and social insurance (Manglara, 2019). Regarding health protection, it includes hospitalization, home care services, the provision of medications, prevention and vaccination, and diagnostic tests. Health services for the elderly primarily focus on treatment and care rather than prevention. Finally, these services are not specialized, in the sense that elderly individuals are cared for alongside other age groups and not in specialized facilities by specialized personnel (Douka & Papadopoulos, 2014).

The policy in the field of social welfare for elderly individuals aims at their staying in the community, communicating with their families, and maintaining their autonomy and social participation, with the ultimate goal of reducing their psychological distancing and marginalization (Stathopoulos, 2005).

The main policy axes for elderly people have remained stable in recent years and are:

- The maintenance of an adequate standard of living
- The upgrading and enrichment of the provided care services
- The strengthening of family policies
- The promotion of active participation of elderly individuals, as well as the provision of opportunities for them to develop their skills
- The interconnection of individual welfare policies and programs

- The encouragement of local, decentralized, and small-scale operations (Minakouli & Tsikantoura, 2005).

The public sector provides social welfare services mainly through the Ministries of "Health" and "Ministry of Social Cohesion and Family Affairs." Specifically, the Ministry of Social Cohesion and Family Affairs implements the policy for the protection of elderly individuals through the General Directorate of Social Solidarity, the Directorate for the Protection of Children and Families, and the Department for Chronically Ill and Elderly Persons.

The Ministry provides social welfare services, directly and indirectly through agencies it funds and supervises (Kavounidis, 2005; Katsoulis, Karantinos, Maratou-Alipranti & Fronimos, 2005). The activities of the public sector concerning elderly individuals include income support and closed and open care.

Open Care

In Greece, the three main social care services for elderly people are the Open Protection Centers for the Elderly (K.A.P.I.), the Day Care Centers for the Elderly (K.I.F.I.), and the Home Care Assistance Program. In addition, Special Memory and Cognitive Function Clinics are the public sector service that specializes in treating older individuals with dementia.
The operation of Open Protection Centers for the Elderly in our country began in 1979. These Centers gradually evolved through local government organizations, developed and expanded throughout the country. Nowadays, according to the Ministry of Social Cohesion and Family Affairs 781 structures operate in 200 out of the 332 municipalities in the country, employing 1,115 workers and serving approximately 278,000 elderly people.
The fundamental philosophy of KAPI is the protection of the social rights of the elderly. The services are aimed at men and women over 60 years old who reside in their reference area, regardless of their economic and social status. Keeping the elderly in their familiar surroundings—their friends, family, and neighborhood—and preventing institutionalization and other types of closed care are key components of the open protection concept.
The goal of the Open Protection Centers for the Elderly is to maintain the aged person's independence, equality, and involvement in society. This is achieved through the prevention and treatment of medical, psychological, and social difficulties, as well as by activating the individual through the various health and social care professionals that operate in the centers.
Services offered at the centers include:

- Counseling, psycho-emotional support, social care for the elderly and their families
- Care and guidance for medical and hospital care
- Physiotherapy
- Occupational therapy
- Organized recreation
- Participation in hydrotherapy programs and summer camps
- Education, lectures, study of topics, visits to museums and archaeological sites, recreational and sports activities, participation in volunteer groups, etc.

On the other hand, Day Care Centers for the Elderly are day care units for elderly individuals who have lost the capacity of self-care and

whose family environment that cares for them is unable to do so due to work or serious social, family, economic problems, or health issues. Day Centers for the Elderly fill this gap by providing organized social care from specialized staff in collaboration with other community agencies in specially designed facilities. The purpose of these services is to improve the quality of life for the elderly, to keep them in a familiar physical environment, and to maintain a normal social and work life for the family members who are responsible for their care.

A minimum of one nurse, two social caregivers, one auxiliary staff member, and one driver are employed by the day care centers. Additionally, other specialized personnel may be hired in the facility depending on the needs of the beneficiaries (e.g., social workers, occupational therapists, etc.).

The Day Care Centers started operating in 2001, and today there are 74 structures in 53 municipalities in Greece, where approximately 350 employees are engaged and around 1600 beneficiaries are served.

The Home Help Program started its operation in 2000. The purpose of the program is to meet the basic social care needs for the dignified and independent living of the elderly, with priority given to those who are not fully self-sufficient, require special care, live alone, and do not have sufficient resources.

Moreover, the aim of the program is to improve the quality of life of the beneficiaries who require supportive, medical, and nursing services or home assistance, with the goal of keeping them in their familiar physical, social, and family environment, maintaining family cohesion, avoiding institutional care and situations of social exclusion, and ensuring decent living conditions. (E.E.T.A.A., 2020). The structures mainly employ a social worker, a nurse, and two auxiliary staff members.

It essentially involves the provision of health and social care services in the homes of those served, which include medical care, nursing services, physiotherapy, and social work with individuals, families, groups, and the community. Practical services such as bill payment, shopping, cooking, and basic house cleaning are also considered important (Poulopoulou-Emke, 1999).

Today, there are 854 structures operating in 275 municipalities in the country, employing approximately 3,200 workers and serving 73,000 beneficiaries.

Special Memory and Cognitive Function Clinics (approximately 20) operate within the Neurology and Psychiatry departments of General Hospitals. These clinics are departments of local hospitals and aim to provide diagnosis, treatment, and monitoring of patients with all forms of dementia.

The usual staff of the Memory Clinic consists of a Neurologist, a Psychiatrist, a Psychologist, and a Social Worker. The services provided are:

1 Medical Monitoring

2 Prevention

3 Support

4 Counseling

5 Therapeutic intervention

Closed Elderly Care

In our country, closed elderly care services are provided by voluntary and religious bodies, by public entities and private law legal entities, as well as by private profit-making enterprises.
The public sector provides long-term residential care for elderly individuals through Chronic Disease Treatment Centers and Physical and Social Rehabilitation Centers.
The Chronic Disease Treatment Centers and the Rehabilitation Centers, have undergone a series of significant institutional changes. According to Law 4109/2013 (G.G. 16/23-1-2013/Volume A), the Social Care Units were integrated as decentralized services (branches) into 12 new public legal entities (P.L.E.) named "Social Welfare Centers" (S.W.C.), under the supervision of the Minister of Labor, Social Security, and Welfare (now the Ministry of Labor and Social Affairs), with headquarters in the corresponding headquarters of each Region. The merging P.L.E. includes the Chronic Disease Treatment Centers, which now operate as "Chronic Disease Branches" and "Disability Branches," as well as the Rehabilitation and Recovery Centers for Persons with Disabilities, which operate under the name "Rehabilitation and Recovery Branches for Persons with Disabilities," corresponding to the counties of the Region of the new P.L.E. Thus, the Social Welfare Centers have now been formed in 12 Regions of Greece, except for the Peloponnese Region, with the following services for elderly individuals:
The Chronic Diseases and Impairments branches are primarily concerned with providing close care to adults of both genders suffering from chronic diseases, mobility concerns, intellectual impairments, and those over the age of 65 who are having difficulty with self-care. While recipients might be from anywhere in the nation, priority is given to residents of the district where the service is offered. Services offered include psychosocial support for beneficiaries and their families, nursing care and treatment, support, and preparation for social reintegration and rehabilitation programs, physical, social, and vocational rehabilitation for people with disabilities, occupational therapy, speech therapy, physiotherapy, and social and recreational programs.
These structures are staffed by social workers, psychologists, educators, nurses, occupational therapists, physiotherapists, administrative staff, and auxiliary personnel (cooks, custodians, and guards), and they can be filled through volunteer labor and student internships.

Discussion

Elderly persons, especially those over 65, have distinct needs because of their delicate physical condition as well as elements of their social and economic status.
When conditions are favorable, Greek families place a high value on retaining their elderly relatives in their homes. Due to cultural reasons they believe that geriatric care should be provided by family members. Furthermore, residential care is not financially possible due to low pensions and the high cost of nursing homes. Concerns about social backlash in the event that a patient is institutionalized are also contributing factors, as is the absence of specialized state structures (nursing homes, independent living facilities, long-term care units, or specialized dementia care facilities) for the accommodation of dementia patients.

Nevertheless, both patients with dementia and their caregivers need specialized services, starting with early diagnosis and subsequently treatment.

In the Greek setting, adequate data is lacking, and there is no systematic mapping of the restricted network of public resources for dementia patient care. Until recently, the topic of dementia was not prioritized by the public health sector. The service recording reveals significant deficiencies in the provided services, exacerbated by an aging population and a rising incidence of dementia.

The above section of the study described both open and closed care services for the elderly. The Open Protection Centers for the Elderly, Day Care Centers for the Elderly, Home Care Program, and Memory Clinics exemplify public sector initiatives that serve this demographic. However, as the description of the services indicates, only one service is specifically designed for senior people with dementia. Furthermore, based on the numerical data, we can see that, in addition to the limitations in the type of services, there is a considerable number of limitation, indicating that there is no developed network of social services in all cities.

This regional disparity demonstrates that the services were developed randomly, underscoring the lack of planning and coordination for an issue that has severe consequences for the person as well as the family and social context.

In comparison, countries like **Sweden** and **the Netherlands** have implemented integrated national dementia strategies since the early 2010s, ensuring coordinated services across regions and higher availability of community-based dementia care (WHO, 2021). For example, **Sweden** offers one of the highest ratios of specialized dementia units per 100,000 population in Europe, while **Greece** still lacks such systematic service distribution.

Conclusions

The mapping of Greece's dementia-related social services reveals significant structural weaknesses and regional disparities. While open care services such as KAPI and the Home Help Program are well-established, only a few are dementia-specific, and closed care options remain limited and fragmented. The Greek welfare model continues to rely heavily on informal care by families, which is increasingly unsustainable. To address the rising prevalence of dementia, it is imperative that Greece develops a coherent national dementia strategy focused on decentralization, better service integration, and increased specialization. Moreover, incorporating lessons from best practices in other EU countries could enhance the quality and accessibility of care. In conclusion, the need for interdisciplinary policy interventions is imperative, as addressing emotional and social issues is directly related to successful aging (Kalaitzaki, Pattakou-Parasiri & Foukaki, 2020).

Conflict of Interest and originality of work

The authors declare the current work is free from plagiarism and there is no conflict of interest to it

References

Alexias, G. & Flamos, A., (2007), Evaluation of social and psycho-emotional support for the elderly with health problems, social isolation, and exclusion, The case of the "Home Help" program, Archives of Hellenic Medicine, 24:1, 37-42

Alzheimer Europe (2019), Dementia in Europe Yearbook 2019: Estimating the prevalence of dementia in Europe (p. 78). Luxembourg: Alzheimer Europe. Retrieved from https://www.alzheimer-europe.org/publications/dementia-europe-yearbooks/yearbook-2019

Douka, M. & Papadopoulos, I. (2014), Demographic Aging and Health Care, Social Work, 115

E.E.T.A.A. (2020), The Local Authorities in Numbers, Athens, E.E.T.A.A.

Fotopoulos, G. (2005), 1st Panhellenic Conference "Home Care in the First Line of Social Services", 27-29 May 2005, Karditsa

Freggidou, E., Nikolidzos, A., Galanis, P. & Papadopoulou, A. (2019), Investigation of the satisfaction level of elderly individuals with the services provided by the "Home Help" program and assessment of their self-rated health level: The case of the "Home Help" program of the Municipality of Kilkis, To Vima tou Asklipiou, 18:4, 257-377

Kalaitzaki, A. E., Pattakou-Parasiri, V., & Foukaki, E.-M. (2020). Depression, negative relating with the oldest child, and the mediating role of resilience in community elders' psychological well-being: A pilot study in Greece. Psychogeriatrics, 20(1), 70–78. https://doi.org/10.1111/psyg.12461

Katsoulis, H., Karantinos, D., Maratou-Alipranti & Fronimos, E. (2005), Dimensions of social exclusion in Greece: Main issues and identification of policy priorities, Athens: EKKE

Law 3852/2010, "New Architecture of Local Government and Decentralized Administration – Kallikratis Program," Government Gazette 87/07-07-2010/Issue A

Law 4109/2012, "Abolition and Merger of Legal Entities of the Public and Broader Public Sector – Establishment of a General Secretariat for the Coordination of Government Work and Other Provisions," Government Gazette 16/23-1-2013/Issue A

Manglara, V. (2019), The Social Policy of Local Government: The Case Study of the "Home Care" Program of the Municipality of Ioannina, MSc, Athens: NKUA.

Minakouli Th. & Tsikantoura Ch. (2005). Annual Report on Health, Healthcare, and Care for the Elderly. Ministry of Health and Social Solidarity

Poulopoulou – Emke, H. (1999), Greek Elderly Citizens, Past, Present & Future, Athens: Ellin

Skamnakis, Ch. & Chardas, A. (2017), Social Policy at the Local Level, the De-escalation of Social Protection during the Years of Crisis, Scientific Society of Social Policy, 7, 25-43

Stathopoulos, P. (2005), Social Welfare, Athens: Papazisis

WHO (2021). Global status report on the public health response to dementia. World Health Organization