A Historical Review of Educational Policy in Greece for Children with Pervasive Developmental Disorders, Behavioral Difficulties and Other Special Educational Needs

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Abstract

This review aims to present the development of special education in Greece with regard to people with delinquent behaviour, pervasive developmental and/or other psychological disorders. It examines the establishment of the public education and health system and all subsequent major developments. It includes legislative framework, social ideology, institutions and all the social, economic and other developments that played an important role.

The study of educational and social policy for people with delinquent behaviour and pervasive developmental and/or other psychological disorders constitutes a sociological model for a presentation of the impact of social change upon institutions and society. Individuals with psychological difficulties and pervasive developmental disorders first attracted the attention of the Greek state and the private sector in the late 1950s. Until this point, these people remained under the protection of their families or in institutions and asylums. Before the 1950s the state considered psychological disorders, behavioral problems and delinquency a threat to societal security, the measures in place at this time were of a suppresive nature and were not the responsibility of the Ministry of National Education and Religious Affairs. A shift in the education of people with behavioural problems and pervasive developmental disorders occurred after the institution of Law 2817/2000 (Greek Official Governmental Gazette. Law 2817 14/3/2000 78). This law introduced the abolition of discriminating terminology, and also the promotion of respect to individual differences and its purpose was the educational and social integration of people characterized as 'special'. Law 3699/2008 (Greek Official Governmental Gazette. Law 3699 2/10/2008 199) expands on this and encourages a policy of education and integration of those with special educational needs.

Keywords: State, Private sector, Delinquency, Institutions, Psychological disorders, Mentally deficient, Industrialization, Education, Pervasive developmental disorders, Post-modern society, Integration

1. Introduction

The periodicity of educational policy for individuals with behavioural difficulties, psychological and pervasive developmental disorders in Greece is subject to the rate of development regarding state and private social welfare measures.

The approach towards behaviour difficulties has varied in form and pace over the different periods of Greek society. Initially, the state considered juvenile delinquents, as those with behavioral or psychological disorders. Later (during the 1930s) 'mentally deficient' people were categorized as psychologically disturbed. During the 1940s autism was considered a psychogenic syndrome. In the 1960s it was considered to be a behavioural problem, and nowadays neurological or genetic factors are not excluded. However, the exact causes of the disorder have yet to be identified (Karandanos 1987). In the early years, the Greek education system considered individuals characterized as 'socially diverting from normal' or delinquent and those with behavioral disorders or psychologically disturbed, as patients dangerous to the security, cohesion and peace of society. It was perceived appropriate that these people be kept away from society. Indeed the treatment of such people different in western countries, from the 15th century onwards, aimed for strict social separation, and that, according to Foucault (1964), provided mental restoration to the remainder, 'the healthy ones' (44). State care for people with psychological illnesses began after World War II, when social conditions and production process in Greece had drastically changed. Initially, State care did not initially aim towards educational and vocational training and

integration. However, during the 1980s the whole perception of special education in Greece changed, the education system was influenced by the technological and economic changes imposed by information technology. Thus, an educational approach for people with special needs prevailed, the charity model was abolished, and the state defined a legal framework regarding special education, which concerned people with pervasive developmental disorders amongst others. During the 1980s and the 1990s, special education was provided, mainly in special schools, while from 2000 a policy of educational integration and the model of 'one school for all' has been advocated imitating policy of other member countries of the European union and the USA. Changes in educational policy reflect the scientific and social beliefs of each era.

2. 1828-1945 A period of slow change

Over this period people with special needs (of any category) remained predominantly in the care of their families and consequently a strong prejudice against them was created. Agricultural production dominated the Greek economy during this period and resulted in: a) the institution of a one-dimensional school system through out secondary and then to higher education which created a middle and upper social class regarding vocational occupation in the tertiary economic sector. An alternative network of education that would facilitat the access of people with special needs into the educational system was not established; b) an education system that was mainly theoretical, with an orientation towards the humanities based subjects (Bouzakis 1987); c) the first welfare measures being taken for people with sensory and physical disabilities; d) the fragmentation of special education based on the initiatives of the private sector through the form of charity and donation; e) the initial stages of the introduction of a Department of School Health; f) the Ministry of Health being responsible for people with psychological disorders and the Ministry of Justice being responsible for juvenile delinquents.

At this time the Ministry of National Education and Religious Affairs was not responsible for children with psychological disturbances, behavioral disorders or delinquent behavior (it did not take measures for special education measures, at least as they are in their contemporary form). The period soon after the national disaster in Asia Minor is characterized by the gradual transition from pre-industrial, agricultural methods of production to industrial capitalism (Tsoukalas 1977). This transition to capitalistic methods of production contributed to the creation of a working force in Greece, which then gradually changed the political scene.

The term 'abnormal' was used for people with special needs. According to Vlavianos (1906), the term 'abnormal' referred to a broad diversity of pathological cases such as children who were "mentally poor, imbecile, neurotic, epileptic, deaf, those who were undisciplined or morally disturbed and those who had speech disorders or bad habits" (Ploumbidis 1989: 204-205).

The Greek state placed emphasis on combating of juvenile delinquency by implementing a suppressive (punitive) policy rather than a preventative one. Measures taken by the state included the imprisonment of delinquents in institutions. The state placed particular importance on the naming of institutions for young delinquent juveniles. Thus, officials used the term 'school' as opposed to prison and young imprisoned juveniles were called 'students' in order to enhance their social image. The state regarded those imprisoned as 'students' who were taught and worked.

Until the mid 1850, the Greek state made intensive efforts to try and organize a health and welfare system in Greece, by following European scientific developments in this field. Some of the measures introduced were: a legal framework governing the medical profession, the role of rural doctors, control of infectious diseases, free vaccination of citizens, free health care for the poor, provision of care to the 'mad' and free maternity and birth care for the poor (Law 22 /3/1862). Thus, at the beginning of the 20th century, school health was established in Greece, along with a legal framework for the protection of maternity and childhood. Health legislation prevented the spread of disease and was the basis for the development of medical and social care for mother and child. During the second half of the 19th century change was slow and the state delayed on issues regarding school health, in fact there were only a few institutions for the psychologically disturbed and "Greek society was not ready to send severely disturbed and mentally retarded children to psychiatric institutions" (Ploumbidis 1989: 193). Most of them remained in the care of their families.

Although in the sector of school health the measures taken were neither satisfactory nor sufficient to resolve the situation, the state did establish the Bureau of School Health within the Ministry of National Education and Religious Affairs (Law 18/9/1908) (Lefas 1942: 508).

The first efforts regarding the organization of special institutions for the 'psychologically disturbed' in Greece were realized over the period 1855-1860. These efforts eventually led to creation of institutions after 1880. During this period, the bourgeois realized the "pressures and initiatives of a medical elite." (Ploumbidis, 1989).

Apart from a well-established institution on the island of Corfu and the Dromokaition institution in Athens, a number of small asylums were functioning in several areas of the country such as: a) The Vegio Psychopathic Asylum on the island of Kefalonia (1840); b) The Skilitseio Community Asylum of Chios (1866-1958); c) an asylum for psychopaths in Ermoupoli on the island of Syros (1908); d) a community asylum called the Hirsch in Thessaloniki (1907); e) an asylum on the island of Lesvos and a number of others (Ploumbidis, 1989: 205-208).

The Aiginitio University Hospital in Athens had an important role in Greek public psychiatry. At the beginning of the 20th century the first private hospitals were established for 'neurological illnesses'. The first such clinic was instituted in Athens (1904-1918) by Vlavianos, who also edited the first psychiatric journal called *Psychiatric and Neurological Review* (1902-1911). Vlavianos also showed particular interest in the therapeutic and educational difficulties of 'abnormal' children. He formed a department in the clinic of neurological illnesses and he considered this department an intermediary between his hospital, school and the family that provided therapy, upbringing and education to children. (Ploumbidis, 1989).

During this period the Juvenile Court could take three kinds of measures in the treatment of delinquent juveniles: a) reformatory measures; b) therapeutic measures; c) punitive measures. Therapeutic measures to control the criminality of juveniles were taken if the juvenile who committed the illegal act "suffers from a psychological illness or any mental disorder or is blind, deaf, epileptic, alcoholic or appears to have an abnormal delay of his mental and moral development. The court commands the sending to a therapeutic or other appropriate institution in such cases." (Troianou – Loula, 1977: 72).

Indicatively Empirikion Reformatory (1918), Athens Reformatory (1918), Syros Reformatory (1918), Koridallos Reformatory (1928), Kassavetia Reformatory (1929) are mentioned (Stasinos 1991). A decision of a therapeutic nature could be implemented in public psychiatric institutions like the state Therapeutic Institution of Psychological Illnesses in Dafni - Athens, the Psychiatric Hospital of Thessaloniki, and the Public Children-Psychiatric Hospital in Athens (1970s). In the case that youths had mild difficulties, they were afterwards be admitted to institutions such as Theotokos and Stoupathio in Athens.

In relation to changing social perceptions and attitudes towards unsociable behavior, delinquency, and behavioral difficulties Corbett (1998) mentions that: "the language that we use to describe behaviours that provoke has changed through the century, from 'delinquent' to 'maladjusted', to 'emotional and behavioral disruptive', to 'provocative'. Such a change in meaning might reflect more professional sensitivity towards the use of certain terminologies rather than reflect recognition of fundamental changes on definition. There have always been contradictory opinions as to whether those having provocative behavior, should be characterized as 'mad' or 'bad' (Goudiras 2004: 47).

3. 1945-1970 Development of state interest

The educability of people with special needs was the main principle that dominated the first phase of development of special education in western countries (1900-1950). This was an important step because until then the dominant perception was the 'irreversibility' of 'invalidity'. The 'principle of educability' maintains that 'invalid' people are able to attend courses of basic education and vocational training that would help their social integration (CERI 1981).

Some of the measures proposed for the protection of juvenile psychological health in Greece were as follows: a) the institution of special schools for 'psychologically abnormal' and 'mentally retarded' children; b) the foundation of medical institutions in urban centers; c) the appointment of school psychologists.

Children with 'mental deficiency' in Greece were considered 'inferior' to others regarding 'mental or moral aspect' according to educational legislation (1913) (Dimaras 1986: 94). The first reference to the terms 'mentally retarded' or 'abnormal' was made, on November 1913, in the legislative plans on educational reformation of the then Minister of National Education and Religious Affairs, who attempted a radical reform of education in Greece by instituting these laws. However, military adventure and war along with the consequences of World War I and the inflexible policy of conservative political forces were the main factors which led to the postponement of this educational program of the liberal party until 1929, this was when a liberal government returned to power and proposed a six-year, unified, common, obligatory primary education for every child: a primary education with humanitarian content. The legal plans referred to "students delayed in their development" and they established new structures of education and methods of teaching for such people.

In 1937 Law 453 was voted in and the first special school for 'mentally retarded children' was established in Athens, known as the Model Special School for the Abnormal. Its purpose was "the physical, mental and moral care of abnormal and retarded children…" The blind, deaf and epileptic those suffering from transmitted

diseases as well as those who were 'stupid' and 'delinquent' did not have access to this school. The majority of children were 'psychologically abnormal and retarded'. Their psychological abnormalities included "simple disturbances and abnormalities of character as well as neurological crisis and unsuccessful management of instincts" (Stasinos, 1991).

Law 453/30/1/1937 reflected the perception that the 'mentally abnormal', 'psychologically unstable' or 'mentally weak' were people unable to respond "normally to the stimulus of the mainstream educational environment". State officials maintained that 'mental delay' also existed in children with 'psychological instability' and that their separation from the mainstream student population was necessary as well as attendance at special educational units. For those characterized as 'educable' special schools and special classes integrated into mainstream schools were proposed. The state recommended (through official documents) that the 'severely mentally retarded', or people called 'stupid' be registered to institutions or asylums.

Special education for 'mentally retarded' children was designed, according to official documents, in order to benefit both society and the education system: 1) a large percentage of these children were able to return and usefully integrate into society; 2) mainstream schools were unburdened and their normal function facilitated; 3) the study of the character of such children indicated the best approach to 'normal' children.

During this period the dominant ideology of Greek society with regards to what the mentally retarded offered society was that these children were "ancillary, helping" members of society "who can work only under certain instructions and supervision…they will never be people who will face life with security and stability…they are individuals who move and take the color of their environment. Everyone has great responsibility for those people" (Imvrioti, 1939: 143).

For more than 30 years (1937-1972) no measures were taken by the state for the education, vocational training and social rehabilitation of 'mentally retarded' people.

During this period the state considered the 'criminal behavior' of delinquents equivalent to the term 'unsociable behavior'. The private sector focused on 'psychological health'. State officials considered that the problem of the 'psychologically disturbed' could be overcome through the practice of organized intervention either through therapy or through counseling. (Kalantzis & Vakarelli-Kalantzi 1973).

The consequences of World War II, fear, hunger and poverty increased the percentage of people who were psychotic, obsessed, frightened and neurotically disturbed. During this period: a) World War II caused damage to infrastructure and the human work force. The Greek state could barely organize an education system. During the 1960s and 1970s the first education reforms took place (1964, 1976) which led to the creation of a network of technical vocational education and training institutes. The Cold War period, namely the period of economic competition between the powerful economic and political blocks played an important role in educational reform in Greece. This period led to the creation of subsidiary companies in Greece and the need for the development of a skilled labour force in the country; b) an inflow of foreign capital was realized and consequently industrial production developed; c) the dominant ideology was that no child should be uneducable. The education system was broadened and a large number of students participated. Mass education became established and it was organized according to models of industrial production; d) the rise of industrial production meant that routine manual work was developed, and human participation (knowledge and abilities) was no longer necessary in all stages of the production process; e) scientific research developed in the fields of neurology, psychiatry and pediatrics.

In Greece, the influences of World War II, and the subsequent periods of occupation and civil war, impacted on the physical and mental health of children and juveniles. Soon after the end of the civil war these issues became of concern and research interest to medical and educational professionals across Greece. Officially the state did not take any organized measures for the protection of the psychological health of youths, however, efforts were made by the private sector, up until the mid 1950s.

Neuropsychiatry hospitals for 'psychologically disturbed' individuals of school age were established in Athens during this period by the private sector, such as The Center of Psychological Health (1957). This institution provided systematic intervention for psychologically disturbed people. The private sector instituted some special schools which offered education to such people, mainly for the 'mentally retarded' and those with 'disturbed or difficult behavior'. The private sector gave particular emphasis to informing the wider public about issues concerning psychological health. It was thought that there was a crisis in family networks due to the period of occupation and the civil war. Measures taken by state concerned the diagnosis and therapy of the 'psychologically disturbed' as well as sensitization of the public towards such issues.

Juvenile delinquency in Greece continued to attract the attention and concern of the State during the first post-civil war period. Experiences of war preceding, World War II and the civil war as well as the period of occupation and the period of resistance, cultivated feelings of insecurity and fear. State intervention focused on the confrontation of the criminal or unsociable behavior of youths. Reformatories functioned for this purpose. The state took suppressive and punitive measures, rather than preventative ones. The state considered delinquent juvenile behavior a 'social illness' that was the cause for serious concern regarding the future new generations. Institutions for delinquent youths were in operation, such as the Reformatory for Women's Basic Education in the area of Ano Pefki in Athens (at the end of the 1960s).

Medical centers started to operate in Athens almost from the beginning of the 1950s and provided medical and counselling services to public. The first Medical-Pedagogical centre was established in Greece in 1954 by the Athinaion Association. Similar centers were instituted by the Greek Light Association of the Neurological Department of Athens Multi-Clinic (1955), the Pediatric Neuropsychiatry Hospital Daou Pentelis (1960), the P.I.K.P.A. in Michalinio in Piraeus (1961), the Agia Sofia Children's Hospital, the institution for 'maladjusted children' called Theotokos (1963), the state-run Children's Psychiatric Clinic in Athens (1964) and the University Psychiatric and Neurological Clinic at the University of Thessaloniki (1956). Psycho-Pedagogic Research Services functioned under the framework of Royal Welfare and the Greek Association for the Protection of Handicapped People in Athens. Children and youths in these Medical-Pedagogical Centers were usually 'mentally retarded', 'psychologically disturbed', epileptic or they had speech disorders, learning difficulties and so on. Psychiatric teams included child-psychiatrist-neurologists, psychologists and social workers, usually with support of psychotherapists, specialist teachers, speech therapists and pediatricians. It provided the psychotherapy, speech therapy and medical treatments necessary in each particular case.

Psychologically disturbed people of school age attended either child-psychiatric clinics, such as Doctor Paleologo's Child-Psychiatric Clinic (1960), which accepted children with 'neuropsychiatric disturbances' and 'behavioral disorders'. Or children were provided with psychotherapy and education simultaneously in (special) schools which functioned mainly for the 'mentally retarded' inside clinics and hospitals, such as the Department of Special Education at the Children's Neuropsychiatry Hospital in Daou Pendelis – Athens.

There were a variety of institutions and schools, for example: the Institution for the Protection of Maladjusted Children – Theotokos, the Model Special School – Agia Philothei, the Psychological Centre of North Greece, the Therapeutic Centre for Psychologically Disturbed Children (1960 – 1961) in Maroussi and St. Alexander Primary School in Palaio Faliro among others. Independent public special schools in Greece were not established during this period. Counselling and therapeutic intervention was provided to people, usually through the medical-pedagogical centers of these institutions and schools. The Center of Psychological Health contributed systematically to Greek society, although it addressed a confined number of cases (Stasinos 1991).

4. 1970-1980 State interest heightens

At the end of the 1960s, the private sector and parent associations with 'mentally insufficient' children were demanded by the state to introduce measures for the organization of special education in Greece. During this period the private sector, as far as social care for the 'mentally insufficient' or 'abnormal' was concerned, had as an aim at the cultivation of psychological health for affected individuals and their families. Prevention of psychological problems of the 'mentally insufficient' was the first priority. The principles of implementation were 'therapeutic pedagogy and socially organized work'. The 'mentally deficient' were socially stigmatized and marginalized. Programs implemented in several institutions for the protection of children's psychological health aimed to promote the education of 'mentally retarded' children as a matter of both 'national' and 'social' interest that demanded an immediate solution (Kalantzis & Vakarelli-Kalantzi 1973). The implementation of similar programs included special pedagogical support for a child and its family. The perception that prevailed in teaching programs of several relevant institutions established during this period in the private sector was that, 'mentally retarded' children in the category of 'developed' were able to systematically practice practical and social skills. Furthermore, they were considered capable of integrating into a program of vocational training, according to their potential, in order to be able to integrate into society.

During this period, the social ideology was that these young people would not necessarily become a burden on society. On the contrary, a percentage of these people could become productive members of society. Institutions provided education and pre-vocational and vocational training in laboratories. (Kalantzis & Vakarelli- Kalantzi 1973). In spite of the orientation of the private sector towards educational and vocational training of the 'mentally insufficient', the state did not show much interest in or take particular measures as regard their vocational rehabilitation and their smooth social integration.

During this period, the state founded the Bureau of Special Education in the Ministry of National Education and Religious Affairs (Ministerial Decision No101491/1.8.1969) as well as a number of special schools in certain towns in Greece (Ministerial Decision No 12883/2/10/1972). Education and therapeutic support usually provided to 'mentally retarded children' in state and private institutions and schools.

However, during this period, institutions and special schools that confronted the remaining categories of children with special needs, such as children with behavior difficulties, did not function in most of the geographical regions of the country. Members of the Ministry proposed the initial registration of children with such difficulties in newly established special schools for 'mentally retarded' children. Such a policy resulted in the heterogeneity of the student population that attended these schools.

The state recognized the need for provision of pre-school special education, thus, the identification of children with 'diversities' should begin at nursery school along with the implementation of preventive and therapeutic programs. The state estimated that students' psychological problems should be dealt with by school teachers under the guidance of specialists. For this purpose it was decided that the following be introduced: a) the institution of Medical-Pedagogical Centers, integrated into the Ministry of National Education and Religious Affairs; b) the institution of school psychologists into the education system; c) the institution and function of psychological centers (Ministry of National Education and Religious Affairs, *Decisions of the Committee of Education 24/6-10/1/1958*).

The state recognized its responsibility in undertaking measures for the facilitation of these children so that their needs be met as far as education and social integration were concerned. The aim of such a policy was the promotion of integration or re-integration of the 'suffering' in society (Center of Planning and Economic Research 1972, *Model Plan for Long Term Development of Greece 1973-1987*).

In February 1972, a committee was formed, which included the entire personnel of the Special Education Bureau of the Ministry of National Education and Religious Affairs, and it conducted a study concerning the provision of special education in Greece, which aimed to inform on the appropriate services and necessary measures for the effective confrontation of the matter (Ministry of National Education and Religious Affairs 1972: 2). According to this Ministerial study, forty special schools and institutions were operating in Greece at that time. Special schools provided therapeutic, medical and psychotherapeutic services on a case specific basis. Special schools functioned for the following categories: a) 'mentally retarded' b) 'psychologically and emotionally disturbed'; c) deaf and hearing impaired; d) blind; e) physically disabled. Schools in reformatories and orphanages were classified as special schools caring for the first two categories of children (Ministry of National Education and Religious Affairs 1975: 5).

According to the decision of the Committee of Education (1971-1973) the following categories were to be included in educational policy: a) infants 'diverting from normal'; b) 'mentally retarded' children; c) 'socially maladjusted' and physically disabled; d) 'charismatic', genius children. The introduction of school psychologists was decided so that infants considered 'above normal' could receive special care and special pedagogical support (Ministry of National Education and Religious Affairs 1979).

As far as 'mentally retarded', 'socially maladjusted' and 'physically disabled' children were concerned, the committee proposed the following legal, administrative and pedagogical measures: a) legal arrangement of the issue; b) specialization of staff; c) institution of Medical-Pedagogical Centers belonging to the Ministry of National Education and Religious Affairs; d) financial and moral support of (private) institutions already functioning; e) institution of special schools or special classes in some mainstream schools; f) awareness of the public and particularly families to the institution and role of special education in Greece.

The committee of social welfare created the *Plan of Model Long Term Development of Greece 1973-1987*. Some directions of the committee's report concerned special education, "students matters" "social welfare for the handicapped" as well as "problems of social pathology" *(Plan of Model Long Term Development of Greece 1973-1987*: 19-67*)*. According to committee conclusions for "psychological patients who are able to be restored" confined programs of medical, social and vocational rehabilitation were in operation at a few Centers of Psychological Health (in Athens, Piraeus and Thessaloniki). There were special institutions for about 600 'mentally retarded' children. According to the committee estimations, these institutions covered a small and insufficient percentage of the real needs. Also, it was recognized that the issue of vocational rehabilitation was not satisfactorily confronted. In evaluating the services generally provided in dealing with the problem of the 'handicapped', the committee made the following assumptions: a) there was an unequal distribution of social-educational services in each geographical department; b) the relatively confined school education of the 'handicapped' was taking place in special institutions, while according to the committee, wherever possible,

school education should be provided in the framework of mainstream education; c) there was inappropriate connectivity across the programs in the vocational rehabilitation of the 'handicapped' with the existence of institutions of vocational orientation, fast vocational training as well as institutions for the employment of the work force. The result was ineffective integration into a production process which is essential for their independence; d) there was insufficient awareness of the public and employees regarding the nature and potential of 'disabled' people in the work force. Consequently, they maintained an inappropriate attitude towards such people.

An increase in the percentage of the physically disabled as well as of the 'psychologically disturbed" of school and post-school age was anticipated. According to the committee two measures should be taken to overcome this problem: a) policy of prevention; b) implementation of a system of medical-social and vocational rehabilitation targeting this group of people (medical treatment, education, vocational occupation).

The education of the 'handicapped' within the framework of mainstream primary and secondary education as well as the development of a network of laboratories and other forms of protected work were proposed.

The committee proposed the development and expansion of a network of Centers for Psychological Health around the country. According to committee estimations the "problem of social pathology" was expected to become more serious due to a series of social factors. Thus, any future planning should include preventative measures and confinement of the unsociable behavior of youths as well as possibilities for their rehabilitation.

The private sector was quite active in the field of special education during this period and was concerned with categories such 'physically disabled', 'psychological health' and especially 'mentally retarded' with or without 'psychological disorders'. Factors which led to development of action were: a) the development of sciences which deal with children, like child-psychiatry and psychopathology; b) the development of school health; c) the expansion of different specializations and development of specialist staff like educationists, speech therapists, clinical psychologists; d) the role of medical-pedagogical centers.

Initiatives for the integration of children with special needs, especially for the 'mentally retarded' were undertaken through the operation of private medical-pedagogical centers, with the aim of supporting and protecting their psychological health. The idea of 'normalization' and the de-institutionalization of people with special needs prevailed in western countries. In Greece, the policy of de-institutionalization had not yet been implemented by the state. Although the state planned the establishment of the first public special schools for 'mentally retarded' children, it did not simultaneously plan the integration of 'invalid' children into mainstream education.

5. 1980-2009 Organized and systematic special education with state care

With the restoration of democracy in 1974, the new government, considering the consequences of the future integration of Greece into Common Market, focused on the formation of an education system that would respond to the new social and economic needs deriving from this economic integration. There was an increase in the number of people identified as 'special' during the same period (Ministry of National Education and Religious Affairs, *Bulletin of Information on Special Education*, 1994).

The state intervention in the education of the 'mentally retarded' during this period included efforts for the institution of their legal rights regarding education and occupation. This was realized with the constitutional reference of these rights in the mid-1970s (Greek Constitution 1975), as well as with voting on the first legal framework of special education at the beginning of the 1980s (Law 1143/31/3/1981 & Law 1566/30/9/1985). The state gradually instituted special schools in different areas of Greece for the education of the 'mentally retarded'. From the beginning of the 1980s the Ministry of National Education and Religious Affairs changed its policy towards school integration policy. Special schools for children with special needs were gradually reduced and special classes in mainstream schools were established.

From 1983 Ministry of National Education and Religious Affairs studied and promoted the institution and function of special vocational training units for graduates of special schools, the majority were 'mentally retarded'. A school for the vocational training of mentally retarded children in Kallithea was founded in Athens, in April 1983, and later Pamakaristos in Nea Makri, in Attica.

Until the early 1980s the state maintained that special education was an independent part of the education system, with its own legal framework and planning. The aims of special education were the provision of 'special education' and 'special vocational education' to 'people diverting from normal', the undertaking of social measures as well as the integration of people with special needs into society and their vocational rehabilitation. These aims could be realized through the implementation of special educational programs in combination with

some medical and social measures. The private sector policy promoted the separation of 'disabled' children from the rest of the student population and also their independent care. From the beginning of the 1980s, there were changes on the political scene and the perception of special education also began to change. This change was reflected in Law 309 and the political decision of the government to incorporate the relevant articles on special education into the legal framework of the education system for primary and secondary education (Law 1566/30/9/1985). Thus the term 'people diverting from normal' was replaced by the term 'people with special needs'. The aim of special education (which was similar for primary and secondary education) remained the same, namely the provision of special education and special vocational education. According to the law (Law1566/30/9/1985), special education aimed at: "a) effective development of people's abilities and strengths; 2) their integration into production process; 3) their mutual acceptance into society. Realization of these targets can be succeeded with implementation of special educational programs in combination with other scientific and social measures." (art 32, para.1).

During this period aim of the state was for the integration of special education into the whole education system of the country, and its relation to the production process. The Ministry of National Education and Religious Affairs promoted school (and social) integration of children with special needs. The state maintained that social and educational policy "should not be based on the mentality of charity towards people with special needs but on the thought that all people have same rights and responsibilities" (Ministry of National Education and Religious Affairs, *Bulletin of Information on Special Education,* 1994: 12-13). Thus, the "provision of equal opportunities" in education was a state "national responsibility". Essential prerequisites for the realization of policy were according to Ministry of National Education and Religious Affairs: systematic planning, staffing of special education with specialist staff, cooperation of relevant services, change of society's attitudes towards people with special needs, renewal of equipment and infrastructure in teaching premises (Ministry of National Education and Religious Affairs, 1998).

Gradually, the private sector began to adopt principles similar to those of the state, thus, although it continued to provide special education in institutions, it sought the development of the potential of children with special needs, so as their integration into production process and their economic independence would be successful. Simultaneously, the private sector focused on preventative policies, through early intervention, for the development of cognitive abilities and social skills of these people. Such an approach could lead to the "ending of children's stay in an institution" and their preparation for integration in mainstream education system (Report on Theotokos, 1989).

With the institution of special education (Laws 1143/31/3/1981 and 1566/30/9/1985) young children with pervasive developmental disorders had access to an education system. During the 1980s and 1990s children with pervasive developmental disorders integrated into the education system and attended mainly special schools for 'mentally retarded' children. This was not the best environment to deal with their special educational needs but it was an important step towards them gaining an education.

Over the last decade studies and statistical research have revealed the rapid worldwide increase in the population identified as having with pervasive developmental disorders. (Fombonne, 2003). Many factors may have played a role (such as environmental pollution, early intervention, creation of criteria for assessment during infancy, the involvement of many specialists in the field of autism); however, the exact cause is not known. The reconsideration of an education policy for people with autism or other pervasive developmental disorder was imposed, so that the needs of this increasing population are met with long-life programs.

Post-modern society in Greece is characterized by: a) a digitalized information as well as easy and quick access to information; b) the globalization of economy and communication of people in a web-village; c) an education which has lost its traditional place and time of implementation. It can be provided outside school buildings and classrooms, at flexible hours; d) technology in education and the work force which means the possibility of distance learning and employment; e) a main source of wealth which is non-material capital (knowledge). This is exactly why there should be respect for the special characteristics of each individual, and the opportunity and possibility for the development of special skills should be provided; f) an education system which has lost its humanitarian character and has adapted to the rules of market in order to be competitive; g) a state which aims to minimize the role of the welfare state, while at the same time the policy of educational integration takes center stage in the politics of the member countries of European Union, the USA and elsewhere; h) parents' associations that play a dynamic role in demanding their children's rights to education, employment and social integration as well as in the promotion of research in the field of education; i) the development of sciences like medicine and psychology; j) the abandonment of exclusively behavioral therapies and the expansion of cognitive psychology, which has contributed to development of flexible curriculums for children with autism; k) the

participation of other specialists in special education (such as speech therapists, and other technical specialists); l) European social, economic and educational policy. Greece is a member of the European Union and it cooperates on common social targets among members-states.

Gradually since the 1980s the Greek state has created an institutional framework to facilitate the special education of people with pervasive developmental disorders, behavioral problems and psychological pathology. The following measures have been taken: a) the state upgraded the role of the Bureau of Special Education to Directory of Special Education; b) a legal framework for the function of special education was introduced (Laws 1143/31/3/1981 & 1566/30/9/1985) as well as policy on educational and social integration (Law 2817/14/3/2000 and Law 3699/2/10/2008*)* which anticipated the function of 'one school for all'; c) programs of investment were realized through European funds on services and institutions related to special education; d) the Pedagogical Institute (2004) implemented a curriculum for people with special needs including people with autism and other pervasive developmental disorders; e) the exchange of educational information as well as scientific exchange programs, cooperation with other states has been accelerated under the framework of the European Union but also at an international level; f) research programs have been established; g) the Greek Ministry of National Education and Religious Affairs cooperated with other Ministries like the Ministry of Health, the Ministry of Employment, Welfare and Social Security for the promotion of vocational and social integration of people with special needs.

Since the 1980s, the Department of Special Education in the Ministry of National Education and Religious Affairs has cooperated with the services of the Commission. HELIOS I & II as well as ARION offer opportunities for the exchange of information and experience on special education issues (Ministry of National Education and Religious Affairs, *Bulletin of Information on Special Education* 1994). In addition, cooperation has developed with UNESCO and OECD/CERI. Since 1992 the organization of Autism-Europe in cooperation with the European Union organizes parent and scientist visits. The PRINCE program provides information to handicapped people and their families. Efforts regarding the harmonization of the Greek education policy on special education with the corresponding policy of other members of European Union have been realized through investments of second and third European Community Support Fund.

Autism is a serious pervasive developmental disorder and many of its aspects remain unknown. Initially with the work of Kanner (1943), autism was defined as being a result of parental pathology and the cause of autism as a psychogenic phenomenon. Bleuler (1919, 1950) had already used the term autism in order to describe the self-centered withdrawal to a fantasy life which was tending towards schizophrenic. Some decades earlier the symptoms of autism were confused with those of schizophrenia or other psychotic disturbances. Later, it was considered as a sort of emotional disturbance, while afterwards it was classified as 'the rest of health problems' (Law 1143/31/3/1981). In the late 1990s, it was recognized as an independent diagnostic category. Today, researchers are still trying to shed light on important aspects of the syndrome (Karandanos 1987).

Law 2817 was voted for by the Ministry of National Education and Religious Affairs in spring 2000. The right of difference was legally instituted by this law. The terminology changed, the term 'people with special needs' was replaced by 'people with special educational needs'.

According to this law "people with special educational needs are considered people with severe learning and adaptation difficulties due to physical, mental, psychological, emotional and social needs. These people include the mentally insufficient or immature, people with serious visual or hearing problems, people with severe neurological, motor or health problems, people with speech problems, special learning difficulties, like dyslexia, difficulties in mathematics and reading and people with complex cognitive, emotional and social difficulties as well as people with autism and other developmental disorders." (article1).

The parent association played an important role in a systematic state policy for people with special needs, as well as to the development of research programs.

A new law was voted on Special Education by the Ministry of National Education and Religious Affairs, in autumn 2008 (law 3699/2/10/2008). According to the said law: a) handicapped students and students with special educational needs were considered, "people with severe learning difficulties due to sensory, mental, cognitive, developmental problems, psychological and neuropsychological problems during their school life or a period of it. These difficulties, according the assessment, influence the process of school of adaptation to school and learning. The handicapped and people with special educational needs are individuals with mental and sensor disabilities (visual or hearing), motor handicapps, people with long lasting uncured illnesses, speech disorders, special learning difficulties like dyslexia ADHD, pervasive developmental disorders (autism spectrum), psychological disorders and multi-handicapped. Students with low achievements due to linguistic or cultural

differences are not considered handicapped students; b) students with complex learning, emotional or social difficulties, delinquent behavior, parental indifference and abandonment or in-family violence; c) students with special educational needs are also students with one or more mental abilities and skills developed to a level beyond their r age. The Ministry of National Education and Religious Affairs is responsible for the assessment and development of teaching programs for these students." (arcticle 3)

The aim of a special education system – according to Law 2817/2000 – "is development of a child's personality, improvement of abilities and skills, in order that their integration and reintegration into mainstream education system and life in society be a possibility, their vocational training and their participation in productivity, their mutual acceptance in society and their equal development." (article 1). Law 2817/2000 introduced the idea of integration and proposed the function of 'one school for all' aiming at the social and vocational integration of people with special needs. Within the framework of the second European Community Support Funds (1994-1999) the first public school for autistic children was instituted (2000), however there were difficulties in staffing it with appropriately trained personnel.

According to Law 3699/2008: "1) Special education, as well as mainstream education, is compulsory and functions as part of the public and free education system. The state is obliged to provide special education and education to children of preschool primary and secondary education; 2) assessment and diagnosis and systematic education with individual programs are provided by local Centers of Diagnosis and Support of Special Educational needs and by public medical services. Special education includes: special schools, appropriate buildings, programs of educational integration, programs for home tuition, as well as necessary diagnostic and assessment services; 3) special education is provided in special schools, in mainstream schools. Special educational programs are implemented according to student disabilities and special educational needs as long as this is necessary or during their school life. Programs of systematic intervention such as speech-therapy, physiotherapy and any other service which supports the students' equal treatment, assessment and pedagogical and psychological support are provided mainly in special schools and by centres of diagnosis and support." (article 2)

Special education is provided to handicapped students and to students with special educational needs, which within the framework of nursery, primary, secondary and higher education, mainstream, non-mainstream or life-long education, aims to develop their personality and to enable them to participate independently in family, vocational, social and cultural life.

Special education aims specifically at the: "a) development of a handicapped students' personality; b) improvement of their potential and capability for their effective integration or re-integration in mainstream schooling or anywhere else and any time; c) their integration in the education system, social life and vocational activity according to their potential; d) their mutual acceptance, in society and their social development and access of handicapped students and students with special educational needs as well as handicapped teachers, and parents to buildings and services that are available. Implementation of the principles of 'design for all' for the access of handicapped people is obligatory during design of educational programs and the educational material, equipment, buildings as well as during the design of policies by special schools and Centers of Diagnosis and Support." (Law 3699/2008, art.2)

Targets can be achieved by: a) early medical diagnosis; b) diagnosis and assessment of their special educational needs in centers of diagnosis and support and public medical centers; c) systematic intervention that is realized from nursery age at special schools, with the creation of classes of early intervention; d) application of special educational programs and rehabilitation programs, adaptation of educational and teaching material, application of special equipment, electronic equipment and provision of any kind of facilitation in special schools and centers of diagnosis and support.

The Ministry of National Education and Religious Affairs decides on the formation of two consulting and expertise committees: one for the supervision of physical accessibility of handicapped people to the educational and administrative infrastructure of the Ministry of National Education and Religious Affairs and the other for supervision of electronic accessibility to educational material and the Internet. Representatives of the National Association of Handicapped People participate in these committees.

According to Law 3699/2008 handicapped students' special educational needs are identified by Centres of Diagnosis and Support, the Special Committee for Diagnosis and Assessment and Medical-Pedagogical Centers of other Ministries that cooperate with Ministry of National Education and Religious Affairs (art. 4).

The Centres of Diagnosis and Support are responsible, amongst other things, to care for the provision of continuous counselling support and information to teaching staff and to anyone who participates in the

educational process, vocational training and the creation of information and training programs for parents in the area of their responsibility, in the form of informative conferences.

The Special Diagnostic Committee of Assessment operates in special schools with regard to the supervision and assessment of student progress. It includes a psychologist, a teacher of special education and a social worker. The committee cooperates with the teaching staff, the special teaching staff and the ancillary special staff in the schools.

The Medical-Pedagogical Centres of other Ministries can also undertake or participate in the assessment of children with the cooperation of a teacher of special education. Centres of Diagnosis and Support create individual program for students.

According to article 6 of the aforementioned law (3699/2008) handicapped students or students with special educational needs can attend: a) a school classroom in mainstream school if they have mild learning difficulties, and will be supported by a classroom teacher (who cooperates with the Centres of Diagnosis and Support) a school counselor of mainstream and special education and special staff; b) a mainstream classroom, with the additional support of teachers of special education. Additional support is provided to students who can manage the curriculum of a classroom if they receive appropriate individual support and to students with severe educational needs if there is not any other provision in their area. In some cases special teacher support might be provided on a permanent basis; c) specially organized and appropriately staffed integration classes that function inside the mainstream schools and vocational schools.

Students, who are not self-supported, attend either special schools or mainstream schools with the support of special staff and auxilliary staff according to their special educational needs. In the case that the attendance of handicapped students and students with special educational needs is particularly difficult in mainstream schools or in integration classes, due to their specific educational needs, then education for these students is provided: a) in special schools; b) in schools or classes that function as part of schools, hospitals, centers of rehabilitation, institutions of youth discipline, institutions for long term illnesses, or as services of education and rehabilitation units of Psychological Health. These are under the supervision of the Ministry of National Education and Religious Affairs. Other private institutions can offer special education, as well as training and counselling to people over 15 years of age with severe mental retardation and other disabilities; c) at home, when this is necessary for severe long-term health problems, which inhibit mobility and school attendance.

Law 2716/1999, *Development and the modernization of Psychological Health services*, defines that the state has the responsibility for provision of services of psychological health aiming at "prevention, diagnosis, therapy, treatment as well as psycho-social rehabilitation and social reintegration of adults, children and youths with psychological disorders and disorders of the autistic spectrum as well as with learning problems." (article 1, para.1). Units of psychological health include: centres of psychological health, medical-pedagogical centres, multi-staffed medical-pedagogical centres, special centres for special treatment, mobile units, psychiatric departments for adults or children and youths, the general hospital of the prefectures, University psychiatric hospitals, units of psychosocial rehabilitation and special centres of social rehabilitation amongst others. (art. 4, para. 2)

Special centers for special treatment (Day Centers) provide individual preparation programs for integration or reintegration into nursery or school. For this reason the attendance at a program in the day centre includes close cooperation between the scientific team and the school teacher of the school where the child will be integrated or reintegrated.

The Ministry of Health and Welfare undertakes the integration of autistic people into society as well as their vocational occupation, the provision of place to live, their attendance as well as the support of their families (Law 2716/1999, art.10). Such services are: a) special centres of social integration and units of rehabilitation; b) centres of pre-vocational education; c) centres of vocational training; d) protective laboratories; e) cooperative associations.

In addition support is provided to family. According to article 9 of Law 2716/1999, the function of psychosocial rehabilitation units is designed for cases such as people who live without family or those who have rejected a child or abandon it or are unable to care for child or when an adult needs an independent lifestyle. Units of psycho-social rehabilitation of children and youths are: a) places of care; b) boarding schools; c) homes; b) families.

On the international scene Decision 46/119 of the General Conference of United Nations for the protection of people with psychological illnesses and the development of care for psychological health that was adopted in 1991 is also respected by Greek state policy.

Briefly, the factors that influenced the development of state policy particularly for children with autism and other pervasive developmental disorders have been: a) the rapid growth of those on the autistic spectrum (Fombonne 2003); b) the definition and acceptance among specialists of some of the basic characteristics of autism (Schreibman 2005); c) the role of parent associations, which demand a child's right to education (Cohen, 2006); d) the development of special staff (special teachers, child-psychologists, doctors for a child's development); e) a change in the perception of education. The widening of educational systems that show respect to individual particularities and special needs; f) the introduction of technology in education which has contributed to the creation of alternative forms of education; g) the creation of individual programs of assessment and education as well as the creation of programs starting at pre-school age and continuing through to the vocational rehabilitation of people.

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