



Greek National Commission for Human Rights (GNCHR)

**GNCHR contribution
to the OHCHR Call for input “Autonomy, dignity and human rights in
situations of dependency in older age”**

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The Greek National Commission for Human Rights (GNCHR) is the independent advisory body to the Greek State on matters pertaining to human rights protection and the National Human Rights Institution (NHRI). It was established in accordance with the UN Paris Principles and is governed by Law 4780/2021. Its members are persons appointed by twenty institutions (independent Authorities, third level trade unions, NGOs, universities and research institutions)

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GNCHR contribution to the OHCHR Call for input “Autonomy, dignity and human rights in situations of dependency in older age”

I. Introduction

The Greek National Commission for Human Rights (GNCHR) responds to the [call for input](#) by the Independent Expert on the enjoyment of all human rights by older persons.

II. The GNCHR and its work on older persons

The Greek National Commission for Human Rights (GNCHR) was established by Law 2667/1998 as the independent advisory body to the Greek State in accordance with Paris Principles (General Assembly Resolution A/RES/48/134, 20.12.1993) and is the NHRI in Greece. The founding legislation of the GNCHR was amended by Law 4780/2021, the provisions of which now govern the operation of the Greek National Commission. Under these provisions, the GNCHR has acquired legal personality, functional, administrative and financial independence. Since 2001, the GNCHR, was accredited as an A' status NHRI by the competent GANHRI Sub – Committee on Accreditation, in recognition of its substantial independence and effective fulfillment of its role. The last re-accreditation took place in November 2024. The GNCHR's work on older persons can be found on its [website](#).

III. The GNCHR input on “Autonomy, dignity and human rights in situations of dependency in older age”

1. How do laws, policies or institutional practices in Greece address situations of dependency in older age?

In Greece, situations of dependency in older age are addressed through a fragmented legal and policy framework, rather than through a comprehensive human-rights-based law on the rights of older persons. The [Greek Constitution](#)

Article 2 protects human dignity, while Article 21 requires the State to protect health, old age, disability and persons in need, and to promote the autonomy and social participation of persons with disabilities.

The framework is complemented by Greece’s obligations under the Convention on the Rights of Persons with Disabilities, ratified by Law 4074/2012. This is particularly relevant for older persons with disabilities, dementia, cognitive impairment or long-term support needs, because it requires a shift from substitute decision-making and protectionist approaches towards equality, accessibility, autonomy and supported decision-making.

According to written information provided by the Ministry of Social Cohesion and Family to the GNCHR, social care services for older persons in Greece are provided through both open and residential care structures. These may be established and operated by public law legal entities, profit-making or non-profit private law legal entities, or first-level local authorities. Community-based services include Day Care Centres for Older Persons, which aim to improve quality of life, support persons who cannot fully care for themselves, and enable them to remain in their family and natural environment. Residential care is provided through Elderly Care Units, licensed by the competent Region under Law 2345/1995 and the relevant ministerial decisions; their number currently exceeds 320. Additional services may be provided by twelve non-profit Chronic Disease Treatment Facilities and by branches of the twelve Social Welfare Centres established under Law 4109/2013, although older persons are not necessarily their exclusive target group.

The framework also includes funding mechanisms. Certain closed-care providers, including Elderly Care Units, non-profit Chronic Disease Treatment Facilities and public entities providing similar services, may contract with the National Organisation for Healthcare Services Provision (EOPYY) for the payment of a daily care allowance. The daily amount is currently set at €34.63. For 2023, the total paid funding amounted to €48,253,771.31 to 64 contracted providers, while for 2024 payments of €42,826,767.38 had been made. Non-profit private social care

providers may also receive grants, provided they hold the required special certification under Law 2646/1998.

However, the existing framework remains mainly service-oriented and care-oriented. It does not fully articulate dependency in older age as a comprehensive human rights issue concerning autonomy and meaningful participation. Although, Greece is engaged in [reform discussions on long-term care, with EU technical support](#) aiming to introduce a more person-centred approach and improve access to quality long-term care at home and at community level.

In particular, a [National Strategic Framework for Long-Term Care](#) was presented in December 2024, followed by the preparation of a [National Action Plan](#), in 2025. Its stated purpose is to strengthen the accessibility, availability and quality of long-term care services and to promote, to the greatest extent possible, protection, respect and fulfilment of older persons’ right to health and social welfare. Also, Greece is the first EU country to have adopted a [National Action Plan on Demography](#), with active ageing constituting one of its key pillars.

Since April 2024, a 24-month Technical Support Instrument project entitled “[Reform of long-term care in Greece](#)” was under way by the OECD. The objective of the project is to support the Greek Ministry of Social Cohesion and Family Affairs in reforming its long-term care sector, with the purpose of adequately introducing a new person-centred approach in relation to quality long-term care services and to improve access to quality long-term care services at home and at community level.

2. What are the main risks to dignity, autonomy, participation and other human rights?

In Greece, crucial risk arises from the heavy reliance on informal family care. The [European Commission](#) has noted that the main burden of care in Greece continues to fall on family carers, disproportionately women, and that there are gaps in coordination and regulation of quality in long-term care. This reliance on the family is also reflected in the design of Day Care Centres for Older Persons, which are

intended for older persons who cannot fully care for themselves and whose family environment works, faces serious social, economic or health problems, or is unable to respond to the care it has undertaken. While such services are valuable, the formulation also shows that the system continues to be built around the family as the primary site of care.

According to the [latest research \(2026\)](#) of the Greek Foundation for Economic & Industrial Research The growing number of older persons, the increase in single-person households, the declining number of children per family and the greater geographical mobility of younger generations are expected to reduce the availability of informal family care, on which the Greek care model has traditionally relied. Economic insecurity is another risk. The existence of an allowance for uninsured older persons and a housing assistance benefit for uninsured and economically vulnerable older persons shows that poverty and lack of adequate income or housing remain important issues for older persons in Greece, particularly for those without pension rights or adequate social protection.

Inspections carried out by the [Greek Ombudsman – Annual Report 2025](#) in welfare and residential care facilities have revealed chronic and structural shortcomings amounting to systemic violations of residents’ rights. These include serious understaffing, practices leading to the effective restriction and isolation .imilar adverse conditions have also been identified in other care settings for persons with disabilities, older persons and persons with mental health conditions. In Greece, available data on violence, abuse and neglect of older persons remain fragmented and underdeveloped. Existing data nevertheless indicate that the issue is significant. According to the [Greek Gerontological and Geriatric Society](#), 695 complaints of elder abuse were reportedly made to the national SOS helpline for older persons, “Life Line” 1065, in 2022. Of these, 523 concerned women victims and 172 men victims. Reported perpetrators were most often the victims’ children, followed by persons from the wider familiar environment, partners and persons outside the victim’s familiar environment.

Older women appear to face particular risks. [Civil society sources report](#) that in Greece almost one in three women aged 65 and over has experienced some form of violence, and one in three has experienced psychological violence by a spouse or partner. Available analyses of police data further indicate that 38% of femicides recorded in Greece between 2021 and 2023 concerned women aged 65 and over. In addition, digital exclusion is recognised as a policy concern in the context of the increasing digitalisation of many aspects of Greek society, including communication with public authorities, banking and other essential services.

3. How are the preferences, wishes and decision-making capacities of older persons supported?

The national framework on patients’ rights includes Law 2071/1992, the Oviedo Convention ratified by Law 2619/1998, the Code of Medical Ethics, and Article 59 of Law 4368/2016. Nevertheless, these rights are not always translated into a comprehensive supported decision-making framework for older persons in situations of dependency. In private law, the main protective mechanism for vulnerable adults remains judicial assistance introduced by Law 2447/1996 and regulated by the Civil Code as the principal institution for the protection of vulnerable adults in Greek private law. Although, the current long-term care reform process may provide an opportunity to address this gap. The National Action Plan refers to strengthening open-care structures, maintaining the autonomy of older persons, encouraging care at home, supporting independent living and supporting informal caregivers. However, these policy objectives should be translated into enforceable safeguards ensuring that older persons’ will and preferences are heard and respected at every stage of assessment, care planning, service delivery, institutional placement, medical treatment and review.

4. Are there practices that unintentionally undermine autonomy, dignity or participation?

In the field of closed residential care, the [Greek Ombudsman](#) (OPCAT 2022-23) identified serious concerns in an Elderly Care Unit in Attica regarding living conditions, health protection and respect for dignity. Residents were found to be poorly cared for, inadequately dressed and socially isolated, while the removal and random redistribution of their personal clothing and belongings was considered a serious violation of their personality and dignity. The premises had extremely poor hygiene, and residents faced severe restrictions on movement, outdoor access, family visits and contact with the outside world, reportedly justified by COVID-19 measures applied for three years. The inspection also found inadequate food provision, with no special dietary plan, only 35 portions for 56 residents, and serious indications of malnutrition. Also, The OECD 2026 report on [adequacy of social protection for long-term care in Greece](#) states that public social protection for home care in Greece is below the EU average, and that 63% of older persons with care needs state that they do not use, or no longer use, formal care because of its cost.

5. What barriers do older persons in dependency face in remaining included in family, community, cultural and public life?

Community services such as KIFI, KAPI and Help at Home are important, but the [European Commission](#) has observed that the three most prominent publicly funded community-level long-term care programmes do not provide high-quality care equitably and sustainably for all those in need. The Ministry of Social Cohesion and Family confirms the existence and importance of these services but also illustrates the fragmentation of responsibilities: KIFI fall within the social care framework and are licensed by the Regions; KAPI and Help at Home are operated by first-level local authorities, with Help at Home falling within the competence of the Ministry of Interior. This institutional fragmentation can create difficulties in coordination, access, quality assurance and rights-based monitoring. Also, older persons living in rural areas, older women, older migrants, older persons with disabilities, older LGBTQI+ persons, persons living alone and persons with low income may face

additional barriers. Digital exclusion is a particularly important barrier to participation, given the increasing digitalisation of public services.

Poverty and housing insecurity also limit participation. The allowance for uninsured older persons is €418.95 per month, subject to eligibility criteria. Their adequacy should be assessed considering the right to independent living and community inclusion.

6. What safeguards exist to prevent neglect, coercion, abuse, abandonment or excessive restriction of autonomy?

Law 5090/2024 strengthened the domestic violence framework established by Law 3500/2006 and is particularly relevant to the protection of older persons. Domestic violence encompasses criminal acts, including bodily harm, unlawful coercion and threats, committed against a family member or against a person receiving services from a social welfare provider in which the alleged perpetrator is employed. Older persons therefore fall within the protective scope of the legislation where the alleged perpetrator is a family member covered by the statutory definition. This includes spouses, civil partners, parents and relatives by blood or marriage up to the second degree, irrespective of cohabitation, as well as relatives by blood or marriage up to the fourth degree where they live in the same household. Protection also extends to older persons receiving services from social welfare providers where the alleged abuse is committed by a member of staff. This extension is particularly important for older persons living in residential care facilities or otherwise receiving organised social care services, as it recognises that violence and abuse may also arise within relationships of care, dependency and institutional power, and not only within the traditional family setting. Domestic violence offences are prosecuted ex officio.

Also, The Ministry of Social Cohesion and Family Note states that, under Article 1 of Law 2345/1995, natural and legal persons may not operate a structure providing organised social care services before receiving the relevant licence from the

competent Region. The conditions for granting licences are set by joint ministerial decisions according to the category of structure. A key monitoring mechanism is the institution of the Social Advisor. The Social Advisor is responsible, within the supervision exercised by the competent Regions, for monitoring and controlling the services provided by care providers. Further inspections may be conducted by the National Transparency Authority under Article 100(2) of Law 4622/2019.

7. How are informal caregivers and family members supported while respecting the rights of older persons?

Informal caregivers [are central to the Greek care system](#), but support remains insufficient and uneven. Families often provide daily care with limited respite, training, psychosocial support or financial recognition. This can place pressure both on caregivers and on older persons receiving care. The [reliance on family-based care](#) is also linked to the particularly limited formal long-term care workforce: in 2025, Greece had only 0.2 long-term care workers per 100 persons aged 65 and over, compared with an OECD average of 5.0. With regard to migrant care workers, the [WHO](#) notes that a significant proportion of long-term care in Greece is provided by domestic or live-in workers, many of whom are women of migrant origin. However, reliable and up-to-date data on their exact number is not available. [Available data](#) indicate that Greece has no official estimate of the number of informal caregivers and no legal definition of informal caregiving. Informal caregivers are not entitled to specific social protection, pension credits or cash benefits, although employed caregivers may benefit from care leave. Certain limited statutory provisions for employed caregivers under Law 4808/2021 on Labour Protection, which transposed Directive (EU) 2019/1158 on work–life balance for parents and carers into Greek law. These include carers’ leave, leave for urgent family reasons and the right to request flexible working arrangements.

8. What good practices or approaches are effective?

The National Accessibility Authority, established by Law 4780/2021, is relevant for older persons with disabilities, as it monitors accessibility frameworks and formulates policy proposals on access to physical, built, digital, communication, transport, products and services environments.

Alongside this institutional framework, positive elements identified in the current framework include the existence of more than 70 Day Care Centres for Older Persons, and the continuation of KAPI as local spaces for social protection and participation of older persons. In addition, the National Strategic Framework for Long-Term Care and the recently completed National Action Plan can become vehicles for embedding autonomy, independent living, community-based support and quality standards into national policy. Their effective implementation, however, presupposes adequate and sustainable funding and the continuity of the relevant policies and institutional arrangements over time.

9. What recommendations would strengthen a human-rights-based approach?

1. Recognise older persons in situations of dependency as rights holders, not merely as beneficiaries of care.
2. Replace the medical and protectionist model of ageing with a social model of age, focusing on the removal of legal, institutional, social and environmental barriers.
3. Reform decision-making frameworks in line with supported decision-making, ensuring that the will and preferences of older persons are respected at every stage.
4. Guarantee access to affordable, quality, community-based long-term care, including home care, day care, personal assistance, respite care and supported living arrangements.
5. Strengthen monitoring of residential and community-based care services through human rights indicators, including autonomy, dignity, privacy, participation, contact with family and community, and freedom from restraint or coercion.
6. Ensure accessible and independent complaints, monitoring and inspection mechanisms for older persons in care settings, including those with cognitive impairments or communication difficulties.



7. Develop disaggregated/intersectional data on older persons in situations of dependency, including gender, disability, migration status, poverty, rural residence, family situation. Data should also cover complaints, inspections, restrictive practices, abuse, neglect and outcomes of monitoring.
8. Support informal caregivers through training, respite and psychosocial support, while ensuring that caregiver support does not silence the older person’s own voice.
9. Ensure the active participation of older persons and their representative organisations in the design, implementation and evaluation of laws, policies and services.
10. Support the development of the new UN legally binding instrument on the human rights of older persons. The OHCHR notes that the Intergovernmental Working Group has been mandated to elaborate and submit a legally binding draft on the human rights of older persons, with the objective of promoting, protecting and ensuring their full enjoyment of human rights.

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