

Educational Policy and Multiple Disabilities in Greece of the Crisis: A Case Study of Inequalities

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Abstract

Disability is a complex phenomenon and is related to the policies pursued at the socio-economic level of society. The purpose of this paper is, through two cases of multiple disabilities people, to investigate the educational framework of their integration within the context of the economic crisis in Greece. The semi-structured interview was used as a research tool, and the participants were mothers of two multiple disabilities students. The results discussed within the context of the social model revealed that, despite the existing legislation, the respective structures that support them have yet to be developed. In addition, the privatization of services during the period of economic crisis in Greece and the growing social inequalities have resulted in that families of low socio-economic status and uninsured people in experiencing social exclusion and being at disadvantage compared to those who have more financial resources.

Keywords: disability, social model, educational policy.

1. Introduction

Since 2009, Greece has been under economic surveillance due to the widespread economic crisis it has been facing. Austerity measures were implemented in Greece by three international institutions: the International Monetary Fund (IMF), the European Commission (EC) and the European Central Bank (ECB), through three memorandums, which based on the principles of neo-liberalism in deregulating and liberalizing labor markets and privatizations (Rotarou & Sakellariou, 2019).

This period of economic crisis and subsequent supervision by lenders brought about a number of changes in the social life of citizens in Greece (Papageorgiou & Petousi, 2018). During this period, Greece lost 25% of its Gross Domestic Product, while its debt reached such limits that it is virtually unsustainable (IMF, 2015). According to the Hellenic Statistical Authority, the population at risk of poverty or social exclusion from 27.6% increased to 34.8%, while the population living in low-volume households from 6.5% reached 17.6%. Moreover, the poverty risk estimated at the 2008 poverty threshold rose from 18.9 in 2009 to 46.3 in 2017, whereas people materially deprived rose from 23% of the population in 2009 to 36% in 2017. At the same time, the percentage breakdown of social protection expenditure on the basis of the European system of integrated social protection statistics for disability was decreased from 6.1 to 5.9 in 2016, while for people who have a kind of a disease the social protection expenditure dropped from 28.1 in 2009 to 20.5 in 2016.

The crisis also led to changes in pension and insurance arrangements, thus shrinking the public and private sector and imposing cuts on employee earnings and wages (Karamessini, 2015). The neo-liberal and market-based practices imposed upon Greece led to a humanitarian crisis where labor conditions were deregulated and several labor rights were lost, whereas social inequalities have grown even more among families (Karagkounis, 2017). The State was forced, due to the cuts in insurance funds and special education funding, to reduce benefits both to infrastructure in education (Ombudsman, 2014) and to additional services that individuals were receiving for therapeutic purposes from specialists, such as logopedists and speech therapists¹ (PSL or PSA, in Greek, 2016).

- Despite the existing legislation, the respective structures that support them have yet to be developed.
- The privatization of services during the period of economic crisis in Greece and the growing social inequalities have resulted in that families of low socio-economic status and uninsured people in experiencing social exclusion.
- Low socio-economic status and uninsured people being at disadvantage compared to those who have more financial resources.

Within this context, tackling the difficulties of disability has been transferred to the sole responsibility of the families of the disabled people. The aforementioned have differentiated the quality of life of the disabled and have shaped conditions of privileged and non-privileged (people and their families) within the area of special education and training. The services provided and the ability of the disabled person to have a better life are proportional to the professional and financial level of his/her family in Greece of crisis. Here, it is worth noting the following: (a) in Greece, the percentage of the disabled people in 2011 was over 20%; (b) in 2011, 20% of people with severe disabilities live in families with severe material deprivation; (c) over 30 % of people with disabilities drop out early; and (d) about 50% of people with disabilities live at the risk of poverty and social exclusion (Grammenos, 2013).

The present paper attempts to detect, through the discourse of the families of disabled people in Greece of the economic crisis, the accessibility of the disabled people to education.

2. Theoretical framework

Disability is a complex phenomenon whose approach is related to the policies pursued at the social and economic level of society. These policies specify models that address disability, through which both the roles, the social status of disabled people delineated, as well as the value system and social representations are embedded in the concept of disability. In the international and Greek literature there are many models of approach to disability, such as: the *Religious / Moral model* (which considers disability as a result of sin), the *Rehabilitation model* (which considers disability to be as an insufficiency that should be addressed by a rehabilitation professional) (Kaplan, 2000), the *Charity model* (which perceives disability phenomenon as vulnerability that requires special care and attention) (Jackson, 2018), the *Personal tragedy model*, the *Economic model* (which focuses on the impact disability has on the abilities of the disabled person and his/her integration into the labor market), the *Cultural model* (which is concerned with how different concepts of disability and non-disability function within a particular culture, and how “disability areas” are constructed), the *Rights-based model* (which integrates human rights, civil and political, economic, social and cultural rights) (Retief, & Letšosa, 2018), the *Biopsychosocial / Multidimensional model* (which takes into account both the social dimension and the medical dimension of disability).

¹ Panhellenic Association of Logopedists and Speech Therapists.

In the present work we focus on the *Social model* of disability. The *Social model* was introduced by the movement of the disabled and the analyses of the special scientists in the field as a result of the critique of the *Medical model* of disability. In the medical model, disability was correlated with the effectiveness of the disabled person in the social division of labor. The labor power of the disabled person and his/her participation in labor production was the way in which society represented the notion of disability. The productivity of the disabled person also defined his/her social reality (Christakis, 2000), whereas disability was shown as the measure of poor working performance or of a disadvantage that deprives the individual of the possibility of social integration (Zoniou-Sideri, 2008). The approach naturalizes both the conceptualization and the social position of the disabled person, thus making the human body subject to social discipline and social control (Foucault, 2011). In addition, diversity is stigmatized, and society perceives the disabled person as a biological entity (Goffman, 2001), who is himself/herself responsible for the difficulties that s/he has, thus legitimizing social inequalities that come from the social representation of disability.

At the same time, moralization and stigmatization intensify humiliation and demerit that a disabled person receives as a “miasma” due to his/her diversity (Savvakis, 2013). In the *Medical / Biological model*, the polarity of “natural” or “non-natural” is dominant, and the person is perceived through the deficits and weaknesses s/he experiences (Jackson, 2018). “Normality” and disturbances in these people are socially constructed and are a crystallization of the collective social representation of the accepted and non-accepted behaviors and social practices (Oliver, 1990). Whereas equation-homogeneity of behaviors and the discourses of the new social subjects reproduce the established status quo and preserves the acquired positions of authority and prestige. The person is placed in the margins of society and interventions in him/her normalize his/her difficulties with the use of therapeutic means of enforcement and social control (Koutantos, 2000). Moreover, the cultural capital of disabled people is not taken into account, and what is happening is that, through symbolic violence, the normalized models of mainstream social subjects are imposed upon them.

On the contrary, the Social model focuses on de-legalizing the “realization” of the responsibility of the disabled person’s body by highlighting the obligations and adjustments that should be made in the structural elements of the social framework so that disability can be experienced through collective responsibility and solidarity of social actors. The Social model deconstructs the legalized and objectified responsibility of the disabled person, transferring it to those social structures that should support and create the social framework of acceptance and accessibility of social resources for the disabled. The Social model does not refer to a static, individualized deterministic interpretation of disability, but it integrates the individual into the social structure and transforms social interactions that act on the biographies of individuals and dynamically identify their social inclusion.

According to the movement of people with physical disabilities (UPIAS, 1976: 14), disability is considered as “*the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities*”. In contrast with the individual-medical approach, overcoming this problematic issue is achieved by socially integrating the disabled person’s impairment and the individual’s exclusive and “dogmatic introversion”.

The individual’s interaction with the context does not only concern the arrangements of the physical space but also to the symbolic conceptualizations made with regard to the disabled. In the *Social model*, disability is a consequence of the social action of individuals, it is socially constructed and refers to the cognitive interaction and the emotional experience of the disabled (Koutantos, 2000). Education in this context is consolidated in the principles of inclusive education (Zoniou-Sideri, Deropoulou-Derou & Vlachou-Balafouti, 2012), which is a modern

priority that demonstrates both the degree of accessibility of disabled people to morphogenic environments that are formed within the general education context and the result of a didactic-pedagogical process.

Inclusive education has at its core the dilemma of educational policy to give the same status to the disabled, and the emphasis on a unicultural model of social policy or the acceptance of diversity and social acceptance and empowerment. Democracy in pedagogical and teaching reality in the school context finds its actual implementation with the context of inclusive education. Learning involves all students who are part of it as equal members (Sharma, Loreman & Forlin, 2012; Soulis et al., 2016).

At this point, it is necessary to point out that the social model has received a lot of criticism on two axes, as Oliver states (2013: 1025): *“The first of these suggests that there is no place for impairment within the social model of disability. The second alleges that the social model fails to take account of difference and presents disabled people as one unitary group...”* The criticism that is being made does not concern the conceptual approach to disability but the adoption of the model as a “new orthodoxy” in the area of disability (Oliver, 2013). Moreover, Degener (2017) states that the Social model remains at the level of critique and interpretation of disability issues without going beyond them.

3. Educational policy in Greece

In Greece, there are state policies on the disabled people since have been Kapodistrias’ rule (Stasinou, 1991). However, Special Education has been fragmented and disorganized, whereas the Church and private initiative have played a leading role (Syriopoulou 1998). Fragmentation in the treatment of the disabled has been predominant, thus highlighting both social inequalities and class differences of the time as well as the physicalization of the social characteristics of people with disabilities.

Stigmatization and marginalization that are intensified by class differences are evident. In several cases, the Greek State has dealt with cases by passing laws for the establishment of schools for specific disabilities (Chronopoulou-Pantazi 2011; Kouroubilis, 1994). The main interventions began with Law 1143 (Government Gazette A'80 31/3/1981) in the 1980s, which laid down the categories of disabled people and established the educational areas where the special education would be provided. Law 1566/1985 (Government Gazette 167 / 30.07.1985) introduced general education issues for special education for the first time in legislation (Lambropoulou & Panteliadou, 2000). The positive points of Law 1566/85 are identified in the effort to incorporate the international legislation on the disabled (Lambropoulou & Panteliadou, 2000) in the Greek educational legislation.

After Law 2101/1992 had been passed, where the right of disabled people for education was guaranteed (Articles: 2, 28, 29), curricula of special education were introduced (Presidential Decree 301/1996) and the right of the disabled to claim their right for education. Some years later Law 2817/2000 was passed. That Law provided a number of positive elements which redefined the institutional framework of special education in Greece, giving new impetus to the education of the disabled people. However, that Law continued to be characterized by a concentration of guidance on educational policy without changing the policies of segregation and categorization (Zoniou-Sideri, 2000). The last “great” law on special education (Law 3699/2008) covers the shortcomings of Law 2817/2000 and creates a unified framework for national education policy. That Law attempted to prepare society for the necessity to accept disabled people so to be able to integrate into the society smoothly and contribute to it with their active participation.

Nevertheless, classifications and segregation continue to exist shaping response and service frameworks as well as peculiar exclusions from inclusion. Thus, despite legislation, the

provision of low-quality education to disabled people or the impossibility to integrate all disabled people into the education system is more than an objective reality. The accessibility of the disabled is not at the level that is required by an education that would recognize the diversity of the student population and provide equal education to all. Barriers related to inadequate teacher education, logistics, infrastructure and analytical programs are among the most important dimensions of the problems faced by disabled people and their families (Charoupias, 2011). According to the findings of the Ombudsman (2015), “in many cases the YPEPTH (i.e. Ministry of Education): (a) states that it is impossible to implement the parallel support measure, despite the fact that the competent public diagnostic agencies have issued opinions on its necessity, attributing the problem to insufficient funds or teachers; (b) treats as abusive or disregards the opinions of its competent diagnostic centers, the KEDDY², thus degrading in practice their scientific work; and (c) treats the institution of parallel support as equivalent to a student’s attendance of an integration classes without taking into account the different needs that each institution has created to meet or the nature of the specific educational needs of each student. in some cases there is a risk of transferring responsibility for providing parallel support from the State to the family”.

In the KANEP-GSEE survey (2014) it was noted that the already low expenditures on Greek education had been decreasing over the longer term during the crisis. It is worth noting that the change in the cost of purchasing education services by households has more than doubled since 1974 (KANEP-GSEE, 2017). OLME (2013) reports that there has been a government cut in public education, ranging from 33% to 47% in the years of crisis, while public spending declined during the last year reaching 2.15%.

The objective of this paper is to investigate and approach, with the aid of the social model, the educational framework and context within which people with multiple disabilities are integrated and the difficulties that their parents have been facing during the economic crisis in Greece.

4. Methods

4.1 *Participants*

The present work was based on two cases of disabled people and was carried out using the semi-structured interview method, and the participants were the mothers of the disabled students.

Interview-case 1 (PA) concerns a teenager (16 years old) with Autistic Spectrum Disorder with Autism, which is accompanied by Heavy Mental Disability, who attends a special school. He cannot speak, he is not self-sustaining and has no control of clamps. He has been abandoned by his father since he was 3 years old. The parents’ educational level is high school.

Interview-case 2 (KB), concerns a teenager with an Autistic Spectrum Disorder with High Functional Autism; he is 15 years old and goes to a regular school (Gymnasium or Junior High school). He can speak, is self-sustaining, and his intelligence is at a normal level. His parents have been separated for a long time, and his mother has taken on his exclusive care. The parents’ educational level is high school. The mother works as a civil servant in a public hospital.

During the conduct of the interview, the semi-structured interview method was used, and the participants were the mothers of two people with disabilities. The mother PA was long-term unemployed, surviving with only the welfare benefit. Given the low income of the mother that comes exclusively from the child’s disability allowance and the child’s health insurance in welfare, the teenager has no access to specialized centers that provide rehabilitation programs.

² Diagnostic and Support Differentiation Centers or KEDDY, in Greek.

These programs belong to the private sector, where the cost of treatment is covered part of the insurance funds. Here, it is worth note taking that the mother is not able to find a job, not only due to the economic crisis but also due to the fact that she has the exclusive care of a child who needs continuous preoccupation and supervision.

Mother KB had a permanent job with stable income, and was helped financially by the father (although they are separated); she has been able to cover the child's needs (therapeutic, educational, etc.), thus ensuring as much as possible the best course and outcome for that. It should be noted that the family's financial situation and the medical and health insurance (OIPI)³ of the child have contributed so that the child get specialized and intensive intervention from his early age.

4.2 Research tool

The research was conducted using the semi-structured interview method and the participants were the mothers of people with disabilities. The interview guide had topics related to: (a) the concept of disability. In this section of the guide we analyze the meaning of disability and its particular form and characteristics; (b) the parent's role. In this section, mothers describe both their role and procedures they follow while supporting people with disabilities in their day-to-day work as well as their functionality, and the difficulties parents face during the educational process either in public or in private agencies; and (c) the governmental role and educational policy. This section describes government policies related to both the welfare state and benefits to families and people with disabilities and to the educational policy and pedagogical and didactic practices implemented in the period of crisis in Greek education.

5. Findings

5.1 Conceptualization of disability

Mothers define disability in a different way, which is related both to the form of disability and to their social class. On the one hand, PA approaches disability through her experience and the difficulties that it has generated. She characteristically mentions: *“Too heavy, very difficult and tiring, terribly tiring. I myself have been fighting for so many years, We are talking about a very serious situation.”* On the other hand, KB defines disability by distinguishing the constraints it creates for the child: *“Any spiritual, mental, emotional dysfunction that does not allow a person to live a normal life is understood as a disability”*.

5.2 Educational integration

As far as the education system is concerned, it seems integration into an appropriate framework is difficult for several cases of disability before the age of early childhood, even though there are serious economic problems. Many depend on the private initiative.

PA states:

“We started since he was 3 years old to have done logotherapies and ergotherapies in a private center; when he was 4 years went to all-day private school for children with these problems, then for two years he went to a public special school in Zefyri because I could not pay. The expenses were too many, and I could not afford to pay them, and now he has been in Macedonia and Thrace to a full-day special school since 2014, where I take him back home at 2 pm, and he has logotherapies and

³ OIPI: Organization of Insurance for Public Insured or OPAD, in Greek.

occupations cone, and he spends his time. Moreover, every August he goes to a special camp since he was 4 years old.”

5.3 Exploration of disability by the private sector

An important issue that becomes conspicuous is the existing exploitation in the response structures. The more severe the disability or the lower the socio-economic level, the greater the exploitation is.

PA states:

“There is no education, there is exploitation. I have experienced them very well. When he made the therapies I always informed the experts that he had the problem of the toilet and whether they could help me solve it, but no one has helped me. Everyone tells me that due to the fact that his disability is heavy, the clamp does not communicate with the brain, and at school, even now no one has helped me; I’m still cleaning him. I believe everything is exploitation. For me, personally, there is nothing real in this State. I have been desperate with Greece and its people. Abroad it is different.”

Here, it should be noted that the private sector, from a “profit” point of view, does not support the individual if he or she is not insured or cannot contribute financially.

PA states:

“..... The private sector does not take on cases when the people are uninsured”. “In the private sector you have to pay 1,500 euros a month. Which parent can give so much money so his/her child have good time? Let the parent rest for a year, no more. I cannot give so much money; I get 500 euros as allowance and 500 euros as my pension. If I give more money, we will get hungry; we will be without electricity etc. ... because this State wants to happen like this!”

On the contrary, KB does not refer to the exploitation that exists in the field of special education but only to the satisfactory results: *“The education that took my child helped him in his further development very much; without this development the skills he currently has may not have been able to acquire them”*.

5.4 Social inequalities and disability

The family financial capacity plays an important role in tackling disability, whereas, at the same time, it is the measure of social inequality.

PA states:

“I’ve seen the life’s bad side with the issue of my child. These children should have been paid more attention because they need the State. Unless you are rich, and you do not have to knock at doors. I do not have any money and bank accounts, I’m not rich, and I have paid a lot up to now, emotionally and materially.”

KB’s discourse, compared to the previous mother, shows even more the specific social inequalities inherent in and related to the course and development of the child:

“From the age of three years that he started a behavioral treatment program in a special training center – which lasted eight years, the parents were learning at the same time from the therapists some behavioral techniques that helped greatly in everyday difficulties. His training course was very good, he learned quickly and was from the “good case” as the center officials mentioned.”

5.5 State policies

The state appears to be unable to effectively support the treatment of people with severe disabilities and to only have a deficient benefit, which relies more on “temporary” European grants through programs, which are most often delayed due to bureaucratic problems. Shortcomings in services and infrastructure are significant and cause difficulties in the families’ day-to-day lives.

According to PA:

“This state does nothing; it has thrown them (i.e. the people with disabilities) into the hell!”

“From the State NOTHING! Only an allowance of around 500 euros a month, which he gets due to his illness but due to the fact that the little one is not insured, we have big issues and the private sector does not take on cases when the individual is uninsured. He entered the special school through an NSRF program because of low income, but the school has yet to receive the money from the NSRF of the previous year, and there is a problem. I am now being asked to sign a responsible statement, What money can they get from me?”

“Where is the social justice of this state (when so much money has been wasted) to help these children and parents and not to chase after them asking for papers every now and then, as if my child could suddenly become well?”

“There are not enough infrastructures in the public; they are only prioritized if the mother is, for example, a cancer patient or she has reached zero in order to accept the child; otherwise, (you are in a) two-year waiting list for there are no posts.”

KB points out the same difficulties, although her therapeutic orientation towards treatment was the appropriate:

“I have not encountered any difficulties in medical orientation, the issues of diagnosis and direction of education have been settled immediately. I faced difficulties with financial issues of state provision (OIPI or OPAD, in Greek); the specific fund had been delaying payment of the treatment for several months so we had to pay the money to the training center and collect it later. That was a very aggravating factor for a salaried family.”

5.6 Parents’ suggestion for the education of the disabled

Parents demand equality and respect for diversity, which can be reflected in state policy practices

KB:

“The state must accept that disabled people have equal rights and obligations with normal people. It should enable them to have a decent life by facilitating their access to health, education, and generally to maintain as much as possible their autonomy.”

They stress by specifying the aforementioned; that is, there should be the appropriate logistical and school infrastructure, which are considered much subordinate to those of other countries.

PA:

“What should the State do? To bend more over the parent’s problem; to develop infrastructure for these children; to be able to help them; to protect them because it has abandoned them completely. There should be specialized schools only for

Autism or just Down syndrome, so the children are not stack together in one classroom. So you cannot put them all together in one cup because every kid, every illness has its own peculiarity, and that happens in both the public and the private sector.”

Finally, they point out to the need for appropriate training of the teaching staff: [PA: *“They have not the proper training for this disability, which is a very difficult part of psychomotorism”*] and the solution of bureaucratic impediments [PA: *“I am indignant with Greece because I am fighting to help the child and find bureaucratic impediments. They chase after me. There is nothing; even special schools do not have specialized teachers in auticism”*].

6. Discussion

The social model is not only an ideological approach to disability but also a methodological tool for upgrading the quality of life for all society (Levitt, 2017). This person does not bear the responsibility of the “weakness” of his/her individuality, but causes are identified in the de-legalization of his/her rights and needs by/from the society (Bailey, Harris & Simpson, 2015), but also the inability or unwillingness of society to removes socio-economic and physical barriers (Waldschmidt, Berressem & Ingwersen, 2017).

Through the narratives of the two mothers, it appears that - despite the legal regulations that exist for the education of people with multiple disabilities - the respective structures that support them have yet to be developed. Thus, the needs of children with “severe” disabilities and even with “mild” disabilities are not satisfactorily covered by the existing public educational framework and network of medical and social services, with the result that parents are forced to turn to the private sector. The social policy on the approach to disability also conceptualizes and give a meaning to the two mothers’ understanding of disability itself. On the one hand, PA, the mother of a low socio-economic level approaches her child’s disability through her experiences. On the other hand, KB has a medical biology approach to the concept of “normal” as a measure of analysis. The cuts of the welfare state on disabled people in the period of the economic crisis (Rotarou & Sakellariou, 2019), despite the fact that these are a social reality (ESAMEA, 2017), transfers the responsibility of dealing with people with multiple disabilities to their families and shapes concepts of disability. The medical model continues to be dominant in social practices.

At the same time, the institutional classifications of disability legitimize not only a scientific assessment of the individual’s limitations but also the socially constructed model of social perception and treatment of the disabled person and his/her family. Thus, educational policy – which is a general action plan of the state with a specific philosophy to achieve defined educational goals (Saitis, 2008) – transfers the responsibility for coping with the difficulties that arise to the family and the (financial) capacities it has, as it is conspicuous in the case of PA, where a single-parent family, whose teenager is characterized as a “heavy case” and who is insured in welfare, tries (*“fights”* – his mother’s expression) with poor public social and rehabilitative-type services, to ensure any quality of life for the child. The welfare state, which aims to meet the needs of citizens in critical social sectors and to reduce social inequalities (Stasinopoulou, 2003), in the case of disabled people in Greece shows a deficit, failing to limit or eliminate the physical and social barriers of these people.

The social reality that emerges is inspired by the principles of neoliberalism and utterly individual competition, as the state regulations and the obstacles that precede them direct the disabled to private-for-profit agencies in order to deal more effectively with their difficulties. The experienced exploitation of the “outcasts” turns disability into a “lasting enterprise”, as Apple (2001) says about the failing of the welfare state. The private sector in the capitalist era has “colonized” the public sector in areas that are not at the core of its interests or cannot support

them. Privatization of education concerns neo-liberalization processes in a globalized environment and includes self-regulation, decentralization and commercialization practices in the publicly proclaimed right of the individual to education (Brehm & Silova, 2014). In Greece, the crisis has affected state benefits and allowances to the disabled, with an increasing commercialization of welfare services (Karagkounis, 2017; Ombudsman, 2014). The aforementioned points show an inherent contradiction in the public discourse between the rhetoric of democratic education and integration and the social and school reality of people with disabilities.

Here, the concept of inclusive education cannot be implemented, as the dominant/mainstream ideology of the medical model is being strengthened, while state and educational stigmatization of disability continues, thus legitimizing individuals' differences. The phenomena of partial or total marginalization, stigmatization and social exclusion (e.g., services, decisions, etc.), are usually present in the experience of the disabled person and his/her parents (Jaeger & Bowman, 2005). According to Goffman (1963), stigmatization that is a consequence of disability and unrealized social patterns constrain the individual's social prospects. Social inequalities are intensified and reinforce the individual's rejection or marginalization on several occasions. Social inequalities result in families of low socio-economic status and uninsured to experience social exclusion and to be at a disadvantage compared to those with more financial resources. Social stratification is reflected in preferences between the private and public sectors, generating social and economic segregation, stigmatizing the public system (Ball, 2003).

The better financial capacity of the KB family to cover the expenses to support their child since he was a toddler, provides the prospect of a better outcome, but also demonstrates emphatically social inequalities in a market economy. According to Ajzen's (1985) designed behavior theory, money is one of the factors that influence the degree of individuals' ability to fulfill their intentions, while the social class is linked to better education (Blacklege & Hunt, 2004. Giavrimis, 2015; Peters, 2008) and the acquisition of better health services (Iezzoni, 2009; Drainoni et al., 2006).

Finally, it is necessary to point out that the country's economic situation, combined with the long-term lack of proper planning for the application and implementation of those provided by innovative legislation for Greece make, although there has been improvement from the past, the school and social integration of disabled people difficult and, in some cases, still unfeasible (ESAmE, 2008; ESAmE, 2009). In addition to producing legislative work for the disabled, the State must ensure its implementation by developing the necessary educational and social structures and practices (logistics and infrastructure, teacher training, bureaucratic facilities, etc.), according to the two mothers' views, which will live up to their needs and ensure their functionality in the social context.

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