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Evaluating Social Inclusion Programs for People with Disabilities in Cyprus: A Client Perspective from the Department for Social Inclusion of Persons with Disabilities.

Avaluació dels programes d'inclusió social per a persones amb discapacitat a Xipre: Una perspectiva dels clients del Departament per a la Inclusió Social de les Persones amb Discapacitat.

Evaluación de los programas de inclusión social para personas con discapacidad en Chipre: Una perspectiva de los clientes del Departamento para la Inclusión Social de las Personas con Discapacidad.

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Abstract

This article examines how the Republic of Cyprus's welfare state supports and includes people with disabilities through the services provided by the Department for Social Inclusion of Persons with Disabilities (DSID). The aim is to analyze the DSID as a case study to determine whether it has fulfilled its mission to ensure the rights of people with disabilities through its services. A quantitative research methodology was employed, primarily using a closed-ended questionnaire distributed to service users via related organizations. The survey results were processed, analyzed, and compared with the DSID's Annual Reports. The study identifies problems within the DSID and provides solutions for these issues.

Keywords: people with disabilities, social exclusion, social inclusion, social policy.

Resum

Aquest article examina la forma en què l'Estat de benestar de la República de Xipre recolza i inclou a les persones amb discapacitat a través dels serveis prestats pel Departament per a la Inclusió Social de les Persones amb Discapacitat (DSID). L'objectiu és analitzar el DSID com a estudi de cas per a determinar si ha complert la seva missió de garantir els drets de les persones amb discapacitat a través dels seus serveis. Es va emprar una metodologia de recerca quantitativa, principalment mitjançant un qüestionari de preguntes tancades distribuït als usuaris dels serveis a través d'organitzacions afins. Els resultats de l'enquesta es van processar, van analitzar i van comparar amb els Informes Anuals de la DSID. L'estudi identifica problemes en el si de la DSID i aporta solucions a aquests.

Paraules clau: persones amb discapacitat, exclusió social, inclusió social, política social.

Resumen

Este artículo examina el modo en que el Estado de bienestar de la República de Chipre apoya e incluye a las personas con discapacidad a través de los servicios prestados por el Departamento para la Inclusión Social de las Personas con Discapacidad (DSID). El objetivo es analizar el DSID como estudio de caso para determinar si ha cumplido su misión de garantizar los derechos de las personas con discapacidad a través de sus servicios. Se empleó una metodología de investigación cuantitativa, principalmente mediante un cuestionario de preguntas cerradas distribuido a los usuarios de los servicios a través de organizaciones afines. Los resultados de la encuesta se procesaron, analizaron y compararon con los Informes Anuales de la DSID. El estudio identifica problemas en el seno de la DSID y aporta soluciones a los mismos.

Palabras clave: personas con discapacidad, exclusión social, inclusión social, política social.

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1. Introduction.

This study examines how the welfare state of the Republic of Cyprus supports and integrates individuals with disabilities through the provision of social services by the "Department of Social Integration of Persons with Disabilities" (DSIPD). The DSIPD, established by the Budget Law of 2009 and based on the Council of Ministers No. 66.763 decision dated February 6, 2008, is a social service aimed at ensuring and satisfying the rights of individuals with disabilities.

The survey, through 38 primarily closed-ended questions, aims to highlight the problems and dysfunctions of the DSIPD, as well as to formulate conclusions and recommendations for the improvement of its services. Through this study, individuals with disabilities have the opportunity to evaluate the services they receive from the state, specifically from the DSIPD, and express their level of satisfaction with the provided services. The objective of this study is to conclude the functioning, prospects, and effectiveness of the DSIPD through theoretical background and empirical research.

1.1. Welfare State: Social Policy and Contemporary Theoretical Approaches.

Social policy is linked to various concepts, including social justice, social protection, social rights, the welfare state, and social welfare. It encompasses many social actions and is a subject of scientific study aimed at improving and reforming society. Social policy aims at welfare through studying the behaviors of different societies (Stasinopoulou, 2006).

In his work "Social Policy," Spicker defines social policy as "related to social welfare and the institutions that aim to achieve it, mainly social services and the welfare state" (Spicker, 2014). He analyzes the main fields where social policy is applied and refers to specific social situations, such as disability, unemployment, poverty, and old age, which hinder welfare for those affected (Stasinopoulou, 2006). Richard Titmuss (1974), a field founder, thinks that social policy focuses on processes, transactions, and institutions that aim to develop the individual's perception of identity, participation, and community, increasing the freedom to choose in matters of altruism while weakening feelings of alienation (Venieris, 2013). Meanwhile, J. Midgley considers social policy the same as social welfare, achieved by managing social problems and growing social opportunities (Sakellaropoulos, 2011).

Thus, social policy is when the state intervenes intentionally to redistribute resources among its citizens to achieve social welfare. Much of social policy focuses on the welfare state, looking at existing models and how to intervene in society, including the market, the family, and civil society (Stasinopoulou, 2006). The conceptual approach to social policy defines the role of the welfare state as a system of institutions that jointly determine the welfare of citizens, including the family and its social networks, the market, charity, social services, state benefits, and global organizations and agreements, each set by society's regime or welfare model (Baldock, et al, 2012).

The term "welfare state" refers to the urban and national state's historical form, known for its expanded social role based on the principles of social justice, aiming to protect and promote the welfare of citizens (Stasinopoulou, 2006). Social care was organized by many local administrations, fragmented and in many forms, yet it came together before the urban state formed. The church played a key role in policy, helping set up institutions to address poverty by getting the rich to give money. The family and the local community also helped, besides the church. The family had specific duties, including birthing, raising, and keeping children alive, as well as caring for vulnerable family members. In ancient times, Eastern peoples' main welfare source was religion, a sacred institution, as observed (Panoutsopoulos, 1984). The welfare state was born in the late 19th century in Western Europe, following a surge of reforms in social protection and rights from the Second Industrial Revolution and mass migration to cities. It emerged because of the rise of capitalism, big cities, and the modern state (Francois, 2000). The welfare state's growth originated in the 1929 economic downturn, which affected the global economy and lasted until World War II, leading to the rise of the field of Economic Welfare (Keynes, 1936). The crisis's consequences prompted the term's widespread acceptance, "State Intervention" (Papaelias, 2011). The welfare state's birth gave rise to a new type of state in all modern industrial countries, aiming to end poverty, ignorance, squalor, disease, and unemployment (Katrougalos, 2009).

The welfare state's definition varies by country. In England and Spain, it is referred to as the welfare state. In France, it is known as the welfare state (l'état providence). In Germany, it is the social state (sozialstaat). Scientific studies show that many modern scientists support the idea that different countries have different social policies, leading to various welfare systems (Stasinopoulou, 2006). Each definition of the welfare state is different, with each researcher investigating the term in their way, based on the time and location (Psalidopoulos, 2002).

1.2. Social Policy and Welfare State Models.

Social policy aims to achieve social welfare by investigating societal behaviors (Stasinopoulou, 2006). Spicker (2014) defines social policy as being related to social well-being and the institutions that aim to achieve it, primarily social services and the welfare state. Richard Titmuss (1974) focuses on processes and institutions that develop a person's sense of self and participation, increasing freedom and reducing alienation (Venieris, 2013). Midgley sees social policy as social welfare, achieved by managing problems and making opportunities bigger (Sakellaropoulos, 2011).

The welfare state includes institutions that determine citizens' well-being, including family networks, the market, charities, social services, and international organizations (Baldock et al, 2012). The welfare state meets basic human needs, corrects market inequalities, and regulates social reproduction through laws for social security, care, benefits, and unemployment insurance (Zouboulakis, 2002). The state's intervention is presented in two main sections:

· Social policy supports markets, based on Keynesian ideas about the state and the market.

· The Beveridge model of social security and protection aims to counter economic growth effects by promoting social cohesion (Mishra, 1984; Gough, 1989).

The state must protect vulnerable groups through a system of rules that apply to economic, non-economic, and political contexts (Esping-Andersen, 1990). Titmuss (1974) identified three dominant models of the welfare state:

· Residual Model: Based on laissez-faire philosophy, social needs are met through the free market and family. The government intervenes only when needs cannot be met otherwise (Flora, 1987).

· Industrial Achievement-Performance Model: It has a mandatory national insurance scheme, meeting needs based on productivity and work performance.

· Institutional-Redistributive Model: Represented by the Beveridge model, this model stresses universality and guarantees a national minimum social standard. It asserts that society will be destroyed if we attempt to separate the economy from social institutions (Polanyi, 1944).

1.3. Fundamental Theoretical Models of the Welfare State.

After the war, the welfare state faced ideological confrontations about enacting measures and social programs. Esping-Andersen (1990) introduced the "welfare state regime," highlighting different welfare state regimes in European countries: conservative, liberal, and socialist regimes. Thus, the core of social policy is shaped by various political approaches (Esping-Andersen, 1990).

The Neoliberal Approach. The neoliberal approach advocates for the privatization of social services. It was initiated in the 1970s in Britain and the United States, with many capitalist countries receiving piecemeal regulations in the 1980s (Giddens, 1994). Neoliberalism asserts that private action leads to better management and efficiency.

The Social Democratic Approach. The welfare state's approach is socially democratic, emerging in late 19th century England with Fabian supporters. This system's central goal is to ensure equality and solidarity among citizens. Social services should be provided to everyone to avoid stigma. The core idea in social democracy is Fabian socialism (Stasinopoulou, 2006).

The Marxist Approach. Marxism holds the state responsible for regulating the birth of the working class, addressing class inequalities, and lessening the harm from capitalist activities (Gough, 1979).

The Feminist Approach. The feminist approach developed after the 1960s, applying theory to social policy and shifting the focus from producing goods to having children. It examines social policy and the welfare state through five lenses: liberal feminism, welfare feminism, socialist feminism, radical feminism, and black feminism (Wilson, 1977).

Medical and Social Models. Understanding the link between limitation and dysfunction is difficult, leading to two ways of defining disability: the medical and social models (Wasserman, 2017).

The Medical Model. The medical model asserts that disability arises from an individual's "defective" physical condition, viewing physical damage through a medical lens (Oliver, 1990).

The Social Model. The social model distinguishes between impairment and disability, considering impairment not a part of disability but attributing the cause of disability to society itself (Oliver, 1983). The model links disability to the obstacles they must overcome to fully participate (Oliver, 2013). It says that disabled bodies do not suffer the 'damage' that oppresses individuals. Instead, society fails to respond well to their bodies (Thomas, 2007; Barnes et al, 2002).

1.4. Social Exclusion and Social Stigma.

The term "social exclusion" entered common and scientific use in the 1970s in France. It was first used in a community text in 1989 due to new forms of poverty. Social exclusion is a complex concept, with its definition varying according to place and time, framed by the social conditions of each society. It depicts the excluded population from the labor market and social activities (Kavounidis, 2005).

The Centre for Analysis of Social Exclusion in Great Britain identifies two types of exclusion: voluntary and involuntary. Le Grand notes that to be socially excluded, a person must be a resident of an area but, for reasons they cannot control, are unable to participate in normal social activities. They may want to, but they are unable to do so. The social activities mentioned include eating, saving, making, politics, and social action (Giavrimis et al, 2009).

Social stigma arises from two theories: social-cognitive and sociological. The concept's development began with Goffman's classic study, which founded the study of social stigma in the social sciences. Goffman defines social stigma as a reviled personal trait that devalues the bearer, changing them from a full and normal existence to a devalued one. People with disabilities face social stigmatization from societal segregation. Some practices cause social displacement by stigmatizing people, including social segregation, questioning of social status, punishment, and restriction of rights. Stigmatized people see stigma as an insult, leading to social scorn (Zisi, 2019).

1.5. European Union Strategy for the Social Integration of People with Disabilities.

In the European Union (EU), one in six citizens has a disability. This creates barriers. They keep approximately 87 million people from fully taking part in economic and social life. As a result, the EU and its Member States have made laws to ensure independence. They also ensure the inclusion of people with disabilities in community life. These laws are based on the Treaty on the Functioning of the EU and the EU Charter of Fundamental Rights (Department of Social Inclusion, 2022).

At the Lisbon European Council in March 2000, they agreed that the EU Member States and the European Commission would coordinate their efforts. They would do so to combat social exclusion using the "Open Method of Coordination." This method allowed for setting common goals and comparing good practices between Member States. It did so in three areas: social inclusion, pensions and early retirement, and the future of health and long-term care. The "Open Method of Coordination" involves the joint definition of goals. It also involves making national action plans and reports. These reports outline the policies that member states propose to use to achieve the common goals. The method also involves evaluating specific plans and strategies. This is done in other Commission and Council reports (Social Welfare Services, 2014).

1.6. The Cyprus Welfare State.

Social welfare in Cyprus developed in the late 19th century, starting as charity and informal help among community members. Social welfare in any country is tied to its history and politics, evolving with them (Triseliotis, 1977). Due to a history of multiple conquerors, Cyprus was slow to develop its politics and society, leading the Church of Cyprus to play a significant role in providing care to vulnerable groups (Angermann & Sittermann, 2010). The Cypriot welfare model combines both residual and institutional approaches.

The foundations of the Cypriot welfare state were laid during British rule (1878-1959). The British administration implemented laws that improved state responsibility in social welfare, although they were not fully adapted to Cypriot society (Triseliotis, 1977). Key milestones included the first social service in 1943, the establishment of Social Welfare Services in 1952, a financial aid scheme in 1953, and the first Social Security system in 1957. This system was modeled on England's 1948 national scheme, based on Lord Beveridge's principles, and covered wage earners in both the private and public sectors, excluding agricultural laborers and self-employed workers (Neofytou, 2011).

Department for Social Inclusion of Persons with Disabilities (DSID). History and Mission. On December 1, 1989, the Cyprus Council of Ministers established the Disability Care Service within the Labour Department of the Ministry of Labour, Welfare, and Social Insurance. In 2009, it was renamed the Department for Social Inclusion of Persons with Disabilities, taking on all the old Service's duties. Its main goal was to create programs to promote equal opportunities and rights for people with disabilities, ensuring their equal participation in social and economic life (Ministry of Labour and Social Insurance, 1989). The Department works with relevant Ministries and the Cyprus Confederation of Organizations of Persons with Disabilities to develop, coordinate, implement, monitor, and evaluate disability policies (Ministry of Labour and Social Insurance, 2009).

The Department's vision is to improve the lives of people with disabilities by planning and making reforms to open up new prospects for their social integration. The Department also developed further by replacing the New Disability and Functionality Assessment System in Cyprus, which was set up during the 2007-2013 period, with the Disability Assessment System Project as part of the 2021-2027 period. The project, titled "Expansion and Upgrade of the New Disability Assessment System," aims to create a disability database to register information about assessed individuals, complying with Article 31 of the UN Convention on the Rights of Persons with Disabilities. The National Register of the People with Disabilities will assist with audits and data collection, strengthening policies for people with disabilities.

The New Evaluation System defines disability as "the result of an interaction between the person and the limits of the environment," including body impairments, limitations to activity, and participation. The new System adopts a "sociomedical" model, looking at both the person's impairment and their activity in their environment during the assessment process (Department for Social Inclusion of Persons with Disabilities, 2022). The last part of the New Evaluation System involves completing the correct Disability Assessment Protocol, which could be for Home Care Needs, Supported Living, or Abilities for Work (Department for Social Inclusion of Persons with Disabilities, 2021).

2. Methodology. Research Process.

The research aimed to capture the opinions of people receiving services from the Department for Social Inclusion of Persons with Disabilities and evaluate the process for assessing disability entitlements. The primary objective was to assess the usefulness and assistance provided by the Department to its clients. Additionally, the research investigated whether benefits protect the basic human rights of people with disabilities.

2.1. Main Research Questions.

- Does the Cyprus Welfare State integrate or exclude individuals with disabilities?
- Does the Department promote inclusion through its services?
- What does civil society think of the Department?
- Does the Assessment of Disability and Functioning create opportunities for integration?

2.2. Research Design Overview.

This study employed a quantitative research design, utilizing self-completed questionnaires to collect data. Participants responded to standardized questions in an electronic format via "Google Forms." The data were processed and analyzed using SPSS Statistics, with visualizations created using Microsoft Excel. For advanced analysis, JASP was employed, and developed by researchers at the University of Amsterdam.

2.3. Research Tools.

A questionnaire was designed for the employees of TKEAA to meet the thesis objectives. The Likert scale was employed to capture respondents' opinions (Ankur et al., 2015).

2.4. Place and Time of Research.

The survey was conducted over one month, from January 18, 2023, to February 18, 2023. Questionnaires were distributed electronically via email, each accompanied by a statement explaining the research's philosophy, purpose, and objectives.

2.5. Type of Sampling.

Convenience sampling, a "non-probability" method, was used to select the sample (Thompson, 2012). Questionnaires were distributed to people with disabilities through their organizations, including KYSOA, OPAK, Ablebook, Cypriot Stroke Association, and Spinal Cord Injury Center of Nicosia General Hospital. The sample selection was conducted using convenience sampling, according to the "non-probability" method. In this sampling approach, data is collected from individuals who can be reached with the greatest possible ease and who have the highest availability and willingness to participate in the study (Thompson, 2012). Thus, questionnaires were distributed to organizations representing people with disabilities, connecting us with the service users of the department under study. Therefore, it is impossible to know the total number of individuals to whom the questionnaires were sent.

2.6. Sample Research.

The questionnaire targeted individuals who use the services of DSID. The sample consisted of forty-two (42) completed questionnaires of which 25 were males and 17 were females (see list of tables for detailed presentation of demographics).

2.7. Ethical Concerns.

Ethical guidelines were considered key to protecting participants and society. Confidentiality and anonymity were maintained. The Ethics Committee of the University of Nicosia approved the questionnaire.

2.8. Pilot Application.

The questionnaire was tested with five people, comprising executives from relevant organizations. OPAK also evaluated and approved it.

3. Results.

The survey indicated that 76.2% of the respondents receive the Severe Mobility Disability Allowance, 7.1% receive the Caring Allowance for quadriplegics, and 21.4% for paraplegics. Additionally, 26.2% receive the Transport Allowance, 57.1% receive money for a car, 47.6% for a wheelchair, and 50% for other aids. Finally, 7.1% receive wheelchairs on loan, and 2.4% of respondents stated they receive technical means on loan, as well as social companions for adults with very severe disabilities. Furthermore, 59.5% hold the European Disability Card in Cyprus, 19% receive the Holiday Grant for Persons with Disabilities, and 83.3% have been issued a Parking Card.

3.1. Respondents' Comfort Levels During Assessment.

Table 1 presents data on respondents' comfort levels during an assessment process. It categorizes the comfort levels into five distinct groups: "Not comfortable at all," "A little comfortable," "Moderately comfortable," "Very comfortable," and "Completely comfortable." The number of respondents in each category is as follows: 6 respondents reported being "Not comfortable at all," 10 were "A little comfortable," 11 were "Moderately comfortable," 8 were "Very comfortable," and 7 were "Completely comfortable." This distribution provides insight into the varying degrees of comfort experienced by individuals during the assessment.

Table 1. Respondents' comfort levels during the assessment.

Comfort Level	Number of Respondents
Not comfortable at all	6
A little comfortable	10
Moderately comfortable	11
Very comfortable	8
Completely comfortable	7

Table 2 illustrates respondents' levels of understanding regarding the questions posed by the assessment committee. The understanding levels are divided into five categories: "Did not understand at all," "Barely understandable," "Moderately understandable," "Very understandable," and "Completely understandable."

Table 2. Respondents' understanding of the questions asked by the assessment committee.

Understanding level	Number of Respondents
Did not understand at all	1
Barely understandable	7
Moderately understandable	11
Very understandable	11
Completely understandable	12

The distribution of respondents is as follows: 1 respondent reported "Did not understand at all," 7 found the questions "Barely understandable," 11 found them "Moderately understandable," another 11 found them "Very understandable," and 12 found them "Completely understandable." This data highlights the varying degrees of clarity perceived by respondents concerning the assessment questions.

3.2. Medical Board Response Time.

The most frequent response regarding the medical board's response time was "4 to 6 months." In contrast, only 2 respondents indicated that they received a response within "up to 1 month." Out of the 42 individuals who participated in the survey, 11 reported receiving a response within "1 to 3 months," and 5 reported a response time of "7 to 9 months." The options "10 to 12 months" and "more than 12 months" each received 3 responses.

3.3. Medical Board Attitude.

Of the 42 respondents, 33 reported receiving a "Positive" attitude from the medical board members regarding their requests. However, 9 respondents indicated that, despite being classified as entitled to help, the medical board's attitude towards their requests was "Negative".

Table 3 provides an overview of participants' levels of information regarding their rights to receive services. The information levels are categorized into four groups: "Not informed at all," "Poorly informed," "Moderately informed," and "Very informed." The number of participants in each category is as follows: 13 participants reported being "Not informed at all," 5 were "Poorly informed," 18 were "Moderately informed," and 6 were "Very informed." This distribution reflects the varying degrees of awareness among participants about their entitlements to services.

Table 3. Participants' levels of information about their right to receive services.

Information Level	Number of Participants
Not informed at all	13
Poorly informed	5
Moderately informed	18
Very informed	6

Table 4 summarizes respondents' feelings during the evaluation process, categorized into five levels: "Uncomfortable," "Rather uncomfortable," "Neither uncomfortable nor comfortable," "Rather comfortable," and "Comfortable." The distribution of respondents is as follows: 8 respondents felt "Uncomfortable," another 8 felt "Rather uncomfortable," 12 felt "Neither uncomfortable nor comfortable," 7 felt "Rather comfortable," and 7 felt "Comfortable." This data provides insight into the range of emotional responses experienced by individuals during the evaluation.

Table 4. Respondents' feelings during the evaluation.

Feeling	Number of Respondents
Uncomfortable	8
Rather uncomfortable	8
Neither uncomfortable nor comfortable	12
Rather comfortable	7
Comfortable	7

Table 5 presents respondents' perceptions of privacy during the evaluation, categorized into five levels: "No privacy at all," "Little privacy," "Moderate privacy," "A lot of privacy," and "Absolute privacy." The number of respondents in each category is as follows: 3 respondents reported "No privacy at all," 7 experienced "Little privacy," 13 perceived "Moderate privacy," 10 felt "A lot of privacy," and 9 experienced "Absolute privacy." This distribution provides insight into the varying degrees of privacy perceived by respondents during the evaluation process.

Table 5. Respondents' feelings for privacy during the evaluation.

Privacy Level	Number of Respondents
No privacy at all	3
Little privacy	7
Moderate privacy	13
A lot of privacy	10

3.4. Satisfaction with DSID Services.

Most respondents had received services for over five years, confirming the research's validity. The survey showed low satisfaction with DSID services due to trouble integrating into the labor market and social and family life. The results suggest that DSID bases its services on the medical model of disability, offering limited benefits that overlook disability complexities. Respondents expressed a moderate degree of satisfaction, finding the services consistent and discreet, satisfying their needs.

The overall picture is notable, showing that satisfaction with the services is low. DSID's services tend to meet expectations but fall short of excellence. The low satisfaction rates are further justified through qualitative data, with respondents noting:

> "I am a little satisfied as I think there is a lot of room for improvement."
>
> "Not at all when you're waiting for a bed that cannot be provided, for example, and waiting for at least 9 to 10 months. The person who waits can die and be served after death…!!!"
>
> "I am not satisfied. Everything I ask takes a long time to arrive or get dealt with."
>
> "Relatively correct information."
>
> "Not much. They are usually slow to inform us and take a long time to consider our applications."
>
> "I am not happy. When we go there, they make us feel uncomfortable instead of helping us."
>
> "Much work is needed. This includes training staff. It also involves fostering recognition of the rights of people with disabilities."
>
> "Little to nothing. I don't feel like I've been able to join the society like everyone else. I have very little money, which I waste on treatments."

These responses demonstrate the need for significant improvements in DSID's services to better meet the needs and aspirations of individuals with disabilities.

Table 6. Gender.

Measure	t-statistic (df=40)	p-value	Cohen's d	Effect Size Interpretation
Comfort in asking questions during assessment	2.564	.014	0.806	Large
Comfort during assessment	2.132	.039	0.670	Medium
Satisfaction with waiting time	2.044	.048	0.643	Medium
Satisfaction with service consistency	2.139	.039	0.672	Medium
Satisfaction with service discretion	2.466	.018	0.775	Large

3.5. JASP Analysis.

Independent Samples T-Test was used for the analysis. Significant statistical differences were found in the following categories: Gender (*Table* 6), Age (*Table* 7), Area of residence (*Table* 8), Living status (*Table* 9).

Table 7. Age.

Measure	t-statistic (df=40)	p-value	Cohen's d	Effect Size Interpretation
Duration of service provision	-3.261	.002	0.345	Small
Helpfulness of services	-2.283	.028	0.328	Small

Table 8. Area of residence.

Measure	t-statistic (df=40)	p-value	Cohen's d	Effect Size Interpretation
Period of disability assessment	-2.899	.006	0.466	Medium

Table 9. Living status.

Measure	t-statistic (df=40)	p-value	Cohen's d	Effect Size Interpretation
Number of reassessments	-2.308	.027	0.070	Small
Satisfaction with service access	-2.119	.040	-0.877	Large

4. Discussion.

This study's findings confirm the DSID's need and assistance to its users. However, many are dissatisfied with DSID's operations, highlighting flaws in social policies for vulnerable groups. These findings indicate the need for reforms to ensure the full rights of individuals with disabilities.

An analysis of the annual reports from the Department of Social Inclusion of Persons with Disabilities in Cyprus shows that politics and society view disability as unimportant. The reports suggest reliance on the medical model of disability, viewing it as a disease. This contrasts with the disability movement in Cyprus, which advocates a social model, emphasizing equality and participation. The current evaluation system conflicts with the UN Convention on the Rights of Persons with Disabilities, which states that people with disabilities must "have the opportunity to be involved" in decisions about policies and programs that concern them. As a result, people with disabilities are often seen as charity cases, feeling grateful for support rather than being viewed as equals.

A new System for the Assessment of Disability commenced on January 1, 2021, based on the World Health Organization's International Classification of Functioning, Disability, and Health (ICF). The ICF covers functioning and health, providing a framework for describing and organizing information about functioning and disability (World Health Organization, 2013). However, this classification can lead to labeling, stigma, and exclusion, viewing them as individuals with reduced abilities (World Health Organization, 2007). This approach contradicts the ideology of organizations representing people with disabilities, which aim to unite and strengthen their rights under the social model. As some users commented, "It's called an 'Integration' Centre. But it doesn't help us integrate anywhere."

The ICF tool appears to prioritize money over the social interests of service users, not covering the costs or processes to implement the evaluation. As a result, people with disabilities become service-consuming clients in a social policy system that serves others' interests, not their own.

There is also improper use of legislation. People with disabilities report being called for re-evaluation up to five times, with DSID not considering the law stating, "The committee should not invite a person with a permanent disability or a person with a disability from birth to re-evaluate their disability" (Department for Social Inclusion of Persons with Disabilities, 2021). The term "permanent disability" means a condition that does not improve over time and lasts for a lifetime. The study's results reflect the service users' views, stating, "Re-evaluation should only occur in cases of fixable damage, not the opposite." Data show that 31.0% of respondents were called for re-evaluation twice, and 4.8% were re-evaluated five times or more. This paradoxical situation has two sides: it promotes the social integration of people with disabilities, but it also subjects individuals with permanent disabilities to repeat evaluations, forcing them to prove a condition that cannot improve but may worsen.

Additionally, Evaluation Committee members must declare their specialty to the person being evaluated, as per the Department for Social Inclusion of Persons with Disabilities (2021). Survey results show that 40.5% of participants did not know if the doctor had a specialty related to their case. The qualitative data suggests that doctors on the evaluation committee need training. Respecting procedures and protecting the personal data of service users will maximize their satisfaction and boost DSID's role with people with disabilities.

According to a DSID announcement, "Beneficiaries are informed about the benefits they apply for and other benefits and services." However, the survey shows that most people are unaware of their rights as recipients and the services provided by DSID. DSID claims the opposite, stating, "If an applicant does not meet the laws' criteria or if a benefit recipient did not, then they are not entitled." The survey results contradict this, with 21.4% of participants reporting being beneficiaries who stated that the medical board's attitude towards their request was negative. Consequently, the Department does not follow the law objectively, leading to the social exclusion of people with disabilities and degrading their lives.

The literature review and DSID's reports indicate that a permanent disability remains unchanged over time and is therefore defined as permanent. Many individuals have a negative perception of the disability re-evaluation process. The high rate of negative attitudes, as shown in the results, supports this. It contravenes the Convention on the Rights of Persons with Disabilities, as stated in Article 5 "Equality and Non-Discrimination." The violator is the Department for Social Inclusion of Persons with Disabilities. Service users are summoned for an unnecessary re-evaluation, forcing them to justify their disability to receive welfare benefits. This illustrates a lack of integrity in the procedures. This study concludes that the current disability provisions scheme is inadequate and does not ensure the rights of individuals with disabilities. Instead, it deprives them of their autonomy and independence.

5. Conclusions.

This study aimed to investigate the welfare state in Cyprus, focusing on how well the Department of Social Integration serves its beneficiaries with disabilities. The research questions and hypothesis demonstrate this, and both the literature review and the questionnaire responses confirm this. The issue is the state's failure to provide citizens with the necessary services. The data show that proper social policies are lacking. The Department's growth and service to citizens with disabilities appear to be needed. However, the department under study fails to fully adhere to its principles and does not fully meet the needs of its beneficiaries. The beneficiaries' responses indicate low satisfaction and unhappiness with the way the services function.

Gaps and differing opinions are natural in a study. However, a key aspect is the uniformity of results, which validates the services. Most respondents have used the Department's services for a long time frequently. Consequently, the validity of the research is demonstrated, providing the necessary representativeness.

Initially, providing social policy is difficult and complex. However, people with disabilities need it. Unfortunately, they do not receive enough. Both the numbers and the stories from the research demonstrate this, showing that the Department's services are not good. So, the research confirms the hypothesis that the Department does not fully integrate its beneficiaries. Consequently, the provided services must be significantly improved. New foundations must be established to achieve social cohesion and respond to the actual data and needs of the beneficiaries. The legislation should be based on the UN Convention on the Rights of Persons with Disabilities. Additionally, the research presents the beneficiaries' opinion that the staff's behavior is very good. However, the staff needs to better understand people's requests and help them based on qualitative data. Staff must also be present permanently to monitor applicants' progress and know the benefits each case requires. This will give the right level of representation to the service and cover its structures. Improving services and funding would help integrate people with disabilities and strengthen existing structures by holding seminars and support programs for beneficiaries.

The Department follows a model. It is for the social integration of people with disabilities. This is stated in its reports. It should cover, not reject, individuals with a proven impairment. And, if the impairment is permanent and irreversible it should not be re-evaluated. So, the definition is "a person with a disability." Also, the new system focuses on functionality. It should not reject a person because they have found alternative ways to function in daily life. The individual's activity should not be blamed for their disability. A disability does not go away, but it stops the individual from living normally. It makes them work harder to find ways to improve their life. Evaluations should include more people. They should cover not only those labeled as "disabled". Disability should not be a specific thing. Many disabilities are not visible. Disability is also created through interaction with the environment. This happens at different levels for each person. So, categorizing disability into something specific does not include potential obstacles. These obstacles may develop later, both medically and socially. They burden the life of the person with a disability. Thus, evaluations should aim for the equal and fair living of all people with disabilities in society. They should move alongside them, not against them. The Department supports people with disabilities. It should not create fear and insecurity among them. It should not promote their social exclusion. It should protect each person with a disability by supporting them financially. It should also shape society to accept people with disabilities. It should not exclude them with barriers. Therefore, the disability evaluation system is unacceptable. It needs modification to remove the distortion in the current regulation. Disability should not be categorized. Each person with a disability faces barriers to participating in society equally.

The second recommendation is about the Minimum Guaranteed Income (MGI) law. It concerns the reform of the law. When a person with a disability applies for MGI, their family's income, real estate, and money are not counted. The goal is for a person with a disability to have the right to take a job without losing the allowance. Their disability is permanent. The state should support them for life and protect their right to live on their own.

Additionally, the findings introduce a third recommendation. It is best to disseminate the work and services to the broader vulnerable group. Therefore, we propose creating a disability guide. It will employ a comprehensive approach and a unified protocol for all procedures. It will cover the benefits for people with disabilities. This way, the Department functions better. It focuses mainly on safeguarding the rights of each person with a disability. It aims to ensure equal treatment and inclusiveness. Failing to help people with disabilities soon will raise future state costs. So will cutting benefits during re-evaluations. Disability-caused health problems can only be addressed through interventions. However, there are no specialized facilities and services in Cyprus. So, these interventions can only be performed abroad. Also, it would be useful for the beneficiaries' requests to receive quicker responses. This way, they can benefit from the services and reintegrate into society immediately. They can then continue their lives normally and avoid exclusion and deprivation.

In conclusion, a future study should examine staff satisfaction. It should also investigate the satisfaction of administrators. It should do so thoroughly. It should analyze their opinions and attitudes. They are based in the Department of Social Integration of Persons with Disabilities. We will scrutinize every service individually with precision. This is particularly true for the Disability Evaluation System. We must do this to obtain a more comprehensive picture of the outcomes.

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