



**Mapping institutional care for children
and children with disabilities in Greece
during 2014**

MAPPING INSTITUTIONAL CARE FOR CHILDREN AND CHILDREN WITH DISABILITIES IN GREECE 2014

The mapping of institutional care for children and children with disabilities in Greece 2014 was carried out by the non-profit ngo Roots Research Center, thanks to private funding from the program “World of Difference” by the telecommunications company Vodafone and the support of Eurochild network, and the International Organisation Hope and Homes for Children.

Roots Research Center is the national coordinator of the Campaign “Opening Doors for Europe’s Children” www.openingdoors.eu, whose aim is to promote children deinstitutionalization and the gradual transition from institutional care to community and family-based care.

The research seeks to counter the void of government statistical data, as regards both the number of child care institutions operating in Greece and their situation and needs. It also seeks to fill the gap as regards the population of children in institutional care, as well children with disabilities who grow up in institutional care.

The purpose of this study is that its results will stimulate discussion on policies in child protection system in our country and the inadequate practices for the gradual transition of children from institutional to community and family-based care.

The research was carried out between by Katerina Nanou, Researcher-Social Worker.

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Vocabulary

Foster care:

Foster care is the alternative solution of placing children in a family environment, different from that of their family, which has been selected by either a State body or the family of origin, in cooperation with the Social Services, and has been approved, certified and is subject to the supervision by the Central competent authority (UN Guidelines 2009)

Deinstitutionalisation:

Deinstitutionalisation is the strategic reform of the alternative care system, whose primary objective is to reduce the number of inmates in closed residential care by replacing it with family-based care and services based on the local community; to prevent removal of children from their biological family by providing support services for children, their families and participation in society; to prepare youths for a smooth integration from the institution into the community and the peaceful transition towards independent living (Eurochild, 2014)

Institutional care:

Care taking place in often large residential settings that are not built around the needs of the child and display the characteristics typical of institutional culture (depersonalization, rigidity of routine, social distance, dependence, lack of accountability) (Eurochild, 2014)

Family-based care:

A form of alternative care in which the child is placed with a family other than his/her family of origin (e.g. kinship care, foster care).

Child:

A child means every human being below the age of 18 years, unless majority is attained earlier under the law applicable to the child. (UNCRC, 1989)

Prevention:

Intervention in the family or community that enables children to stay in their families, if this is in their best interest. Support can be provided in several areas such as living conditions, family and social relationships, education, physical and mental health, household economy, etc

Small group homes:

Alternative family-based care in the community, a home hosting 6-8 children with foster parents or permanent carers which is not separated from the other houses in the community (Save the Children, 2009)

Kinship care:

Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature, but always subject to the supervision by the Central competent or associated authority.

Community-based care services:

Services directly accessible at the community level, such as: family strengthening services; parenting courses and sessions, promotion of positive parent-child relationships, conflict resolution skills, opportunities for employment and income generation and, where required, social assistance, etc.; supportive social services, such as daycare, mediation and conciliation services, substance abuse treatment, financial assistance, and services for parents and children with disabilities.

Executive summary

Key findings and main conclusions:

The mapping of residential care institutions for children and children with disabilities examined data from 76 institutions in the year 2014. From the sample of 76 institutions, 62 responded to a self-administered questionnaire consisted of 19 questions with sub-questions. However, the data used come from all 76 institutions, since some professionals answered only a certain number of questions. For those who did not wish to participate, the data collected came from secondary sources (Social Welfare Centre, Attica Region, institution websites).

During the year 2014, approximately 2,825 children were accommodated in 85 child protection institutions¹, and institutions for children with disabilities. Of the 2,825 children, approximately 883 children were experiencing a disability. Among the five age groups studied in the survey, the age group of 18+ children had the highest number of children in institutions (N = 760) and the fewest of them belonged to the age group between 0-3 years (N = 182). The main nationality of children accommodated in child protection institutions was Greek; however, it appears that there were children of many other nationalities. The main reason for the entry of children in institutional care was some kind of disability, while the main reason for their exit from institutional care was to return to their biological family. During the year 2014, 32 children

¹SOS Children's Villages (which operate 7 villages, homes and youth houses around Greece) and the Ark of the World (which operates 4 child protection settings around Greece) replied to the questionnaire with total numbers for all their settings/units, rather than for each one separately, which reduced the sample of the study to 76 respondents.

were placed in foster families, both through public and private institutions, and 309 children in total were in foster families throughout Greece.

In 2014, 84 children were adopted from a total of 11 institutions that offered adoption programs. As for the main source of financing, institutions stated that the most important economic source was donations and sponsorships from private initiatives and secondarily public financing from the relevant ministries. On average, 22 salaried professionals worked in 2014 per institution, while the vast majority of institutions ran volunteers programs (26 volunteers peron average).

The greatest need of institutions was the financial support to cover the costs of their building facilities and the government grant.

In conclusion, child care institutions, and institutions for children with disabilities are mainly private initiatives, managed by private organizations (39.5%) and non-governmental organizations (13.2%) and to a lesser extent public initiative (36.8%), while the average number of beds per institution is 44, in contrast with international literature, which reports that the number of children in the family or community-type care should remain low (6-8) in small capacity homes (small group homes) that should not be different from the other houses in the neighborhood (Tolfree, 2007). It was also found that only a few institutions followed some of the certified educational standards (eg Quality4Children), which means that institutions do not receive any specific training or do not follow any specific standards.

Child care institutions, and institutions for children with disabilities seem to need financial support from the State for the building facilities and the daily needs of children, despite the high percentage of grants and donations received, which means that the funding is not sufficient for the needs of children and the way the funding is used should probably be reviewed.

On average, in 2014, approximately 37 children were hosted per institution, while approximately 182 of the 2,825 children in residential care were under the age of 3. This practice is against children's rights and, according to international literature and recommendations, the admission of children in institutional care, especially before the age of three, can seriously affect their development (OHCHR 2011, the United Nations Guidelines in 2009, Browne 2009, Johnson et al, 2006, Vorria, 2004). Most of the 2,825 children, who were hosted in institutions, belonged to the age group of over 18, which shows that children find it difficult to become independent after their adulthood. This is also shown by the low number of children who have left institutional care in 2014 and became independent (n = 69). Moreover, the high percentage of young people over the age of 18 shows that children have

already spent a long time in institutional care (as the sample consisted of children over 18 who already lived in residential care before adulthood).

The 32 children placed in foster care in 2014 by the 19 child care institutions and institutions for children with disabilities are extremely few compared with the population of children hosted in institutions and under their custody of (N = 953). Accordingly, the number of adoptions (public and private) carried out in 2014 by the 11 institutions that offered adoption programs is very small. These significantly low rates show that the alternative child protection system in Greece needs to be reviewed in order to develop family and community-type care and to avoid further institutionalisation.

Finally, it appears that the three main reasons for the entry of children in child protection institutions for the year 2014 were: some kind of disability they faced, child abuse, and neglect they had experienced in their family environment. This conclusion leads to the need to improve services in the community to support and strengthen mainly families of children with disabilities, as well as all families in difficulties, through parent strengthening and support programs, so as to help them cope with their children's needs.

Recommendations:

→ Based on the findings and conclusions of the mapping of institutional care for children and children with disabilities, first of all, it is recommended that the entry of children in institutional care should be limited, particularly under the age of three.

→ For this reason, it is recommended that families be supported in their communities with the development of services to prevent the separation of families and limit new entries to residential care. These services may include counseling to parents who find it difficult to cope with their parenting roles, support services in finding employment, along with economic and material support services to families experiencing serious difficulties.

→ For children already living in institutional care, the gradual transition from institutional to quality family and community-type care with the development of the foster care is recommended, since, according to the survey results, the number of foster care cases is disproportionate to children growing up in institutional care.

◆ An important element of this change is to raise awareness and train professionals about the benefits of foster care for the healthy growth of children.

◆ An equally important element of the development of foster care is to change the law so that children placement procedures in foster care lasts less and children can be placed in foster care, according to the lists of pre-evaluated foster families with no prior institutional care.

→ Creating small group homes is also a constant quality care at community level. This alternative provides children with a stable environment in the community, giving them the opportunity to live in a house with a small number of children and with stable care providers.

→ Even if adoption is a last resort to alternative care, it is recommended that institutions operate adoption programs in order to facilitate the approval procedures always considering the best interests of the child.

→ An important recommendation is to support children in their transition to independent living, with the creation of independent housing with support and appropriate supervision of teenage children through educational programs, psychological and financial support, that will allow their easy transition and integration in the community, giving them confidence to move dynamically in life leaving the institutional care experiences behind.

→ In addition, the development of community services is suggested to support children with disabilities and their families, so as to be able to live with their families, regardless of the severity of their disability and to prevent their entry into residential care. The gradual transition of children with disabilities living in institutions, in the family and community-type care, where they can receive the personal attention they need in relation to their specific and complex needs, is also recommended.

→ Taking into account the results of the survey, such as the large number of children per institution, the low placement figures in foster care and adoptions for the year 2014 and the great need of institutions for financial support, a plan for financial planning is recommended, that will promote short and long term benefits not only for children, who, according to international literature, seem to have better development in a caring family environment, but also for the country's financial system.

Introduction, Incentive and Research Objective

Introduction:

The mapping of institutional care for children and children with disabilities was realized due to the lack of public data (statistics) in relation to the population of children living such and their needs.

According to research data from the Roots Research Center, in 2005 the number of children in institutional care was about 3,200, including children with disabilities (Eurochild, 2010).

The incentive for this survey was the significant lack of an updated list of the institutional care settings by region, as, according to the latest sources of the Ministries, Metropolises and the National Centre for Social Solidarity, some institutions have changed, others have been closed and others have changed names due to mergers of Social Welfare Centres of the Regions. Annex 2 shows the updated list of institutions that host children with disabilities per region. **If asked**

The objective of the survey:

The mapping of institutional care for children and children with disabilities merely examines the available data of institutions for the year 2014. The survey was conducted from January to July 2015 and the completion of this report took place in September 2015.

The mapping through a self-administered questionnaire examined:

- a) The state of child care institutions, their legal status, ways of financing, capacity in beds, salaried and volunteer staff available and the pedagogical rules (standards) followed.
- b) The staffing needs of the institutions, the need for training of already existing staff, the financial needs of the institution and the fulfilment of children's daily needs.
- c) The population of children in these institutions. More specifically, the population of children residing in closed child care institutions in 2014, their ages, disabilities, nationalities. The main reason for entry into and grounds for exit from.

d) Finally, the number of children placed in foster care or adoption was examined.

The purpose of this study was to gather data on institutional care of children in Greece so that:

- it can be used to promote the rights of children living in institutional care,
- to inform public and private entities and civil society about the needs of children and child protection institutions and institutions that accommodate children with disabilities.
- to create an updated list of all child care institutions and institutions that accommodate children with disabilities nationwide, by region and area of action, so as to improve the organization and networking of institutions.
- to discuss the lack of family Reconnection programs (family therapy) Foster Care – Adoption in the best interest of the child.

The ultimate goal of the research is to create an action plan on the population of children living in institutional care and their gradual transition to community / home care.

Dissemination of research:

The results of this research will be published and distributed to child care institutions and institutions that accommodate children with disabilities, Social Welfare Centers of the Regions, government agencies, ministries, especially the Ministries of Health, Social Security and Welfare, and the Ministry of Justice, Transparency and Human Rights. They will be sent to the National Centre for Social Solidarity, Ombudsperson for Children's Office, the Holy Metropolises of the regions and any other interested parties of the public and private sectors.

The report will be made available to private companies that are interested in supporting children, offering through corporate social responsibility programs, opportunities for transition from institutional care to community type care. Finally, the survey results will be published in cooperating with the organization international bodies that promote the rights of the child and the transition from institutional care to community type care with an emphasis on

family-based care within the 'Opening Doors for Europe's Children' campaign Eurochild - Hope and Homes, United Nations and any other interested body.

Survey Methodology and tools

The mapping of institutional care for children and children with disabilities was implemented through a quantitative sample survey. The tool used, was a self-administered questionnaire of nineteen questions and eight sub-questions.

The questionnaire was sent throughout the country to all institutes caring for children and children with disabilities and housing children under or over 18 years of age (for further information see survey sample), without the care or the custody of the parents.

The self-administered questionnaire was chosen for the following reasons:

The sample: the questionnaire was sent to 76 institutions caring for children and children with disabilities throughout Greece. Questionnaires from 12 districts have already been collected.

The time frame: the questionnaires were sent in April and the last of them were collected in July. It would be impossible for the organization to visit all the child care institutions of the country in such a short period of time.

The cost: the survey was implemented on a low budget; the questionnaires were sent via e-mail, fax, or by post, since that was the most inexpensive way of distribution.

No on-line means were used for the survey, since many institutions chose to receive the questionnaire via fax or regular mail, while others had the obligation to have the questionnaire approved by their Executive Board, and hence required a hard copy form of it. Also, certain institutions did not have internet connection.

Questionnaire design:

The design of the questionnaire was based on a previous survey, which was implemented in 2005 by the same organization, the Roots Research Center. The questions were formed according to the goals of the survey. Questions concerning mostly needs of the units were formed according to the answers given in the previous 2005 record. The questionnaire was also based on European and universal surveys: more specifically, the questionnaire was based on the 2013 mapping of child care units for children under 3 years of age from Nottingham University and Unicef International, as well as on the respective 2002 European survey (Browne et al, 2005), and on national surveys of EU state members, which were implemented by Eurochild in 2010 (Eurochild 2010).

Survey Questions:

The questions of the survey were the following:

- what is the condition of the institutions caring for children and children with disabilities in Greece?
- what are the needs of the institutional care for children and children with disabilities in Greece?
- what is the number of the children in institutional care in Greece?
- how many institutions operated in Greece in 2014?

The questionnaire examined the year 2014 exclusively, in order to specify the survey to the maximum. In that way, the professionals from the units housing children, were asked to answer questions regarding exclusively the children and the state and needs of the institutions for the year 2014.

The questionnaire also focused on cases of children housed through a “residential” program of child protect units, since many units implement open and closed programs. This particular differentiation was expressed clearly in the introduction of the questionnaire, in order for the professionals to fully comprehend that they had to fill in data concerning children housed in the units in 2014.

Questionnaire Validation

The questionnaire was qualitatively tested in public and private child protect organizations with professional social workers; it was afterwards sent to seven organizations, in order to test its efficiency. Hence, the questionnaire was reviewed twice. In particular, there was an addition of questions regarding the composition of the units, as well as issues deemed important by the social workers, such as: personnel specialties, certified pedagogical standards, and the United Nations recommendations regarding alternative care in 2012.

The form of the questionnaire was also modified, in order to facilitate its use by the professionals

Apart from adding variables, certain questions were removed or specified; mainly the ones in which the answers varied the most, due to their vague meaning.

All the essay questions were changed into closed questions, with the use of multiple choices, based on the answers given during the pilot search. The only parts left open for filling, were the ones regarding the category "Other / Comments".

The questions became more specific and clear, in order to facilitate the completion of the questionnaire, while the introduction became more analytical and specific about the goals of the survey.

Questions that fell under the same category were also reviewed in order to be distributed in more categories than one. Finally, certain variables became more lucid and detailed, mostly when it came to personnel, i.e. the auxiliary personnel included cleaning and kitchen staff, guards e.t.c., while more children nationalities were added.

Final questionnaire form

The questionnaire was divided in two parts, so as to facilitate the review of the main survey questions.

Through the introduction, people who were asked to fill the questionnaire were informed about the goals of the survey, the ways in which the data would be used, as well as the confidentiality of their answers. It was also asked to fill separate questionnaires for the organizations with more than one "homes" or care structures, such as the SOS Children's Villages in Greece, The smile of the child or the Ark of the World.

It was then asked by the responsible people in the Institutions to state their data (official name, address, city, postal code, telephone number, fax number,

e-mail address, web site), as well as the personal data of the person filling the questionnaire (name, occupation) and the date of the completion of the questionnaire.

The first part referred to the state and the needs of the institutions, regarding, more specifically, the following:

- the legal status
- the dynamic of the unit
- the organization under which the institution fell
- the main funding source
- the accredited pedagogical standards
- the United Nations recommendations
- the paid staff and personnel specialties
- the volunteer program
- the needs of the institution

The second part referred to the population of the children accommodated in institutes caring for children and children with disabilities, regarding, more specifically, the following:

- the gender and total number of the children
- the custody of the children
- the age of the children
- possible disabilities
- minorities, in which children may belong
- the nationalities of the children
- the foster program and the population of the children placed under foster care in 2014, as well as the total number of children under foster care during previous years
- the adoption program of the institute and the number of children adopted in 2014
- the main reasons leading to children admitted in child protection institutions
- the reasons leading to children's departure from the institutions, as well as the total number of children leaving the institutions in 2014.

Data update on institutions:

The list of all institutional structures offering institutional care to children less than 18 years of age is incomplete. The existing lists include institutions,

which are either active any longer, or have changed operating function and purpose (ex. as aforementioned, many church-run/denominational institutions, now function as student halls, day-care centers, guesthouses for women suffering abuse), while new institutions located through networking are not present on the list. This gap has delayed the mapping course, as many institutions could not be found on the list or had changed contact information, making it very difficult to locate them.

Insufficient collaboration with the competent public body to ensure survey approval:

This survey was conducted after an oral approval from the Ministry of Labor and Social Solidarity. The ministry requested the cooperation of the National Social Security Centre for data coverage of the institutions accepting to participate; However, EKKA/NSSS survey had not yet begun when the data of this survey was being collected.

Statistical analysis

Mean/average values and standard deviation were used to describe quantitative variables. To describe qualitative variables, absolute (N) and relative (%) frequencies were used. The statistics programme SPSS 19.0 was used for data analysis.

Results

The sample comes from the following 76 institutions of closed child protection and protection for children with disabilities.

1. «Hug» for children in need or danger belongs to the Association for children's protection «Benjamin»
2. «White Butterflies» Institution for children-adults with special needs District Magnisia
3. Santa Triad Girls Orphanage
4. Institution Pendeli
5. Municipality Baby Center Thessaloniki Saint Stylianos
6. Religious Institution of Children's Protection « Santa Maria»
7. Religious Orphanage at Bouliagmeni
8. Greek Children's village Fyliro

9. Girls Home «Filothea the Athenian»
10. Children's protection Agency of Pereaus- Children's Home « The good Shepard»
11. Institutions of George and Aikaterina Chatzikostas Educational Protection of Young people
12. Institution for the child « Holly Mary-Pamakaristos»
13. Holly Monastery of Gortina and Arkadia Heraklion Crete «Saint Mary-Kaliviani» Support center of young people (only girls) « Holly Shelter»
14. Baby center «The Mother»
15. Center for people with special need «The joy»
16. Center of Social Protection of Children and Young people Chania-Crete
17. Center of Social Protection East Macedonia-Thrace-Child protection Drama city
18. Center of Social Protection West Greece of people with special need LECHENA
19. Center of Social Protection of West Macedonai
20. Center of Social Protection of Epiros-Children's protection of Ioannina city
21. Center of Social Protection of Epiros – Konitsa city
22. Center of Social Protection of Epiros –Pogoniani city
23. Center of Social Protection of Crete- Children's protection of Heraklion city
24. Center of Social Protection South Aegean-Children's protection of Rodos
25. Children's Support Center of Thesprotia
26. World's Ark (4 institutions under one director)
27. Krikeion Girls Orphanage of Larisa
28. Lyreion Childrens Institution (girls only)
29. Temporary Residential home of children and young people in danger «The house of ARSIS»
30. Residential Home «The flower» Monastery of Dourahani city
31. Residential Home for Anadaptable Children «The Hope»
32. Orphanage of Volos city
33. Orphanage for girls «The bee» Thessaloniki
34. Orphanage for girls by Ioannis and Marigo Kyriakou.
35. Orphanage for girls Lamia city.
36. Orphanage of Corfu
37. Orphanage of Kefallonia city «The Savior»
38. SOS villages Greece (total of 7 institutions)
39. Children's Home
40. Children's village Santa Barbara (girls)
41. Children's village Saint Andrew
42. Papafeion Support Center for boys, Thessaloniki
43. Social Protection for Disable «Saint Andrew» North Aegean
44. Center for children with disabilities of Voula city and Skaramanga area (1)
45. Center for children and people with disabilities Serres city)
46. Center for disable children Pompia-Heraklion Crete
47. Center for disable children Thessaloniki

48. Center for disable children Karditsa city
49. Center for disable children Komotini city
50. Social Protection support center Achaia (Girls Center)
51. Social Protection support center Achaia Skagiopouleion (Boys Center)
52. Social Protection center of Children Ftiotis district
53. Social Protection center for children Lasithi –Crete (Neapolis city)
54. Social Protection center for boys- Protection Agency of Athens.
55. National baby Center of Kallithea city-Athens
56. Home for children at Heraklion -Crete
57. Home for girls «Saint Alexandros» Faliron city-Athens
58. Girls Home «Saint Nektarios»
59. Parents Association of children with disabilities «The good Samaritan»
60. Social Association of Veria city «Initiatives for children» - «The house of Vergina»
61. Smile of the child (Kareas Home)
62. Smile of the child (Marousi Home)
63. Smile of the child (Corfu Home) Peloponise
64. Smile of the child (Corinthos Home)
65. Smile of the child (Kilini Home) Peloponise
66. Smile of the child (Melisia Home)
67. Smile of the child (Moschato Home)
68. Smile of the child (Peristeri Home)
69. Smile of the child (Finikas Home)
70. Phylanthropic Institution «Santa Tabitha»
71. Phylanthropic Association of disable children «Ark of Love»
72. Phylanthropic Association «Jesus»
73. Christian girls home «Santa Anna»
74. Christodouleion girls Orphanage

The following table presents the number of institutions per district.

		N	%
District	East Macedonia and Thrace	4	5,3
	Attica	30	39,5
	West Macedonia	1	1,3
	West Hellas	6	7,9
	Epirus	5	6,6
	Thessalia	4	5,3
	Ionian Islands	3	3,9
	Central Macedonia	10	13,2

	Crete	7	9,2
	South Aegean	2	2,6
	Peloponnese	1	1,3
	Central Hellas	3	3,9

The percentage of 39,5% comes from Attica and 13,2% from central Macedonia.

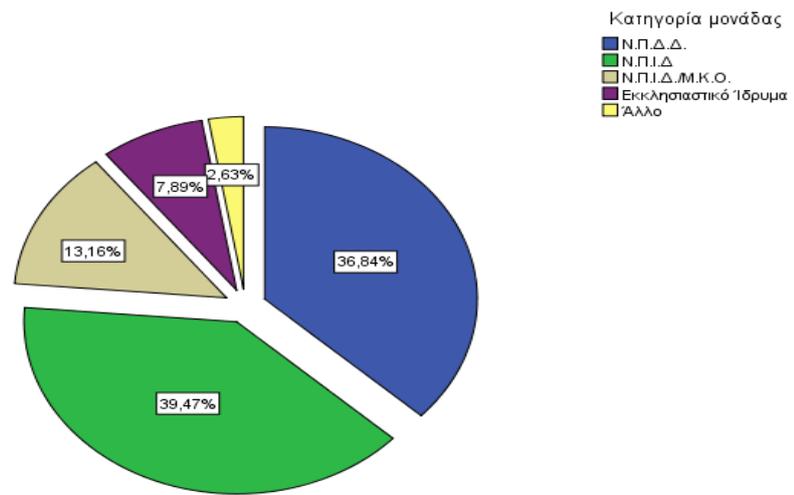
The following table presents data regarding institution classification and capacity.

		N	%
Institution Classification	Public sector	28	36,8
	Private sector	30	39,5
	Private sector/ Ngo	10	13,2
	Religious Institution	6	7,9
	Other	2	2,6
What is the capacity of your unit, expressed in number of children on average? (SD)		43,9(30,8)	
To which competent body does your unit belong?	Ministry of Health and Social Security	4	5,9
	Ministry of Labor and Social Solidarity	47	69,1
	Ministry of Justice, Transparency and Human Rights	4	5,9
	Ministry of Finance	1	1,5
	Church	6	8,8
	Other	6	8,8
If other, please specify			
	City of Kifissia	1	
	Ministry of Inner Affairs	1	
	District	1	
	District of Attica	1	
	District of Central Macedonia department of Health and Social Welfare	1	
	Ministry of Inner Affairs	1	

In 36, 8% of the cases the institution belonged to Public Sector and in 39,5% to Private Sector.

Institution capacity was on average 44 children, and the highest percentage (69,1%) of institutions belonged to the Ministry of Labor and Social Solidarity.

The following graph represents institution classification:

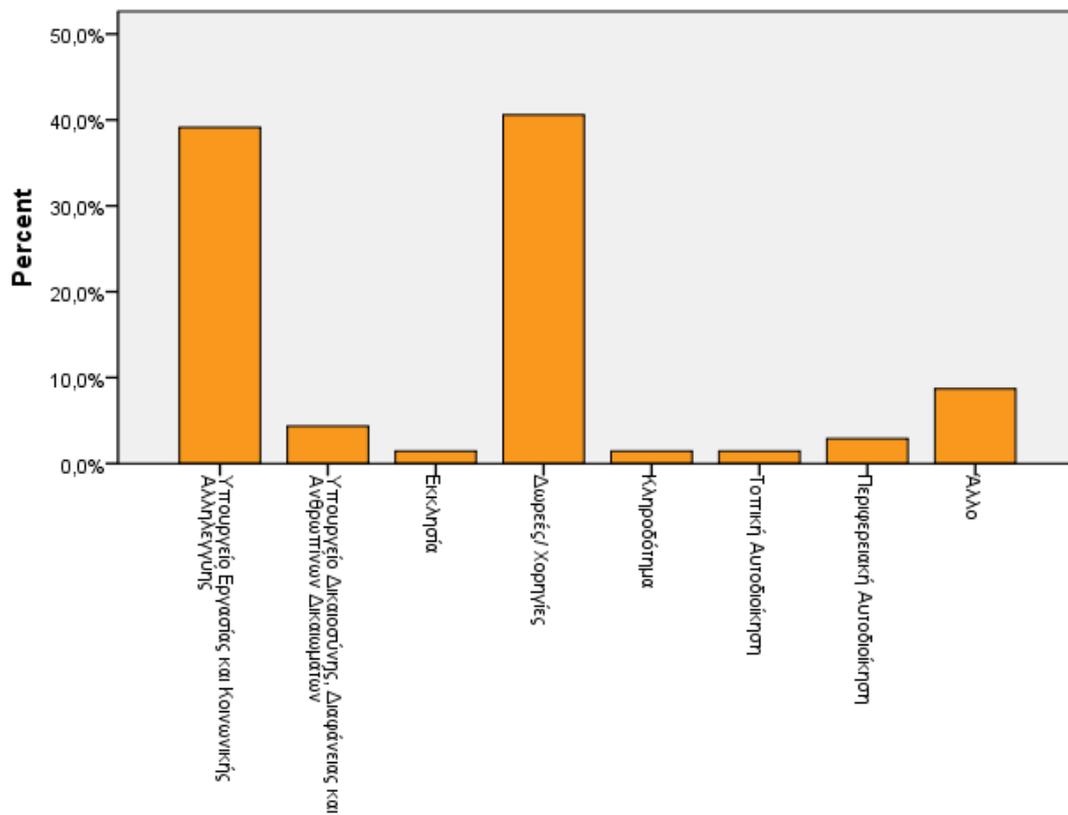


The following table exhibits data regarding an institution's main funding source.

		N	%
Which was your main funding source during the year 2014?	Ministry of Health and Social Security	0	0
	Ministry of Labor and Social Solidarity	27	39,1
	Ministry of Justice and Human Rights	3	4,3
	Ministry of Finance	0	0
	Church	1	1,4
	Donations/Sponsorships	28	40,6
	Legacy	1	1,4
	Local governance	1	1,4
	District governance	2	2,9
	Other	6	8,7
If other, please specify			
	Social security of the children	1	
	Self financing	2	
	Self financing	1	
	Income from property	1	
	Income from services	1	

The highest percentage (40,6%) of an institution's main funding source came from Donations/Sponsorships, while a high percent (39,1%) came also from the Ministry of Labor and Social Solidarity.

The following graph exhibits the institution's main source of funding:



Ποια ήταν η κύρια πηγή χρηματοδότησης της μονάδας σας το έτος 2014;

The following graph presents data referring to institutions certified standards.

		N	%
The unit you were working for,was it following specified and certified pedagogic standards during 2014?	No	47	74,6
	Yes	16	25,4
If you answered YES please specify which were the certified standards followed in your institution	ISO 9001:2008 ΣΔΠ 5057/14 «Institution-Residential care of people with severe mental health disabilities»	1	
	Quality4Children	3	
	EKEPIS	1	
The unit you are working for, does it follow the 2012 United Nations recommended instructions for alternative care?	No	45	70,3
	Yes	19	29,7

Certified standards were found in 25,4% of cases, whereas 29,7% of institutions followed 2012 United Nations recommended guidelines for alternative care.

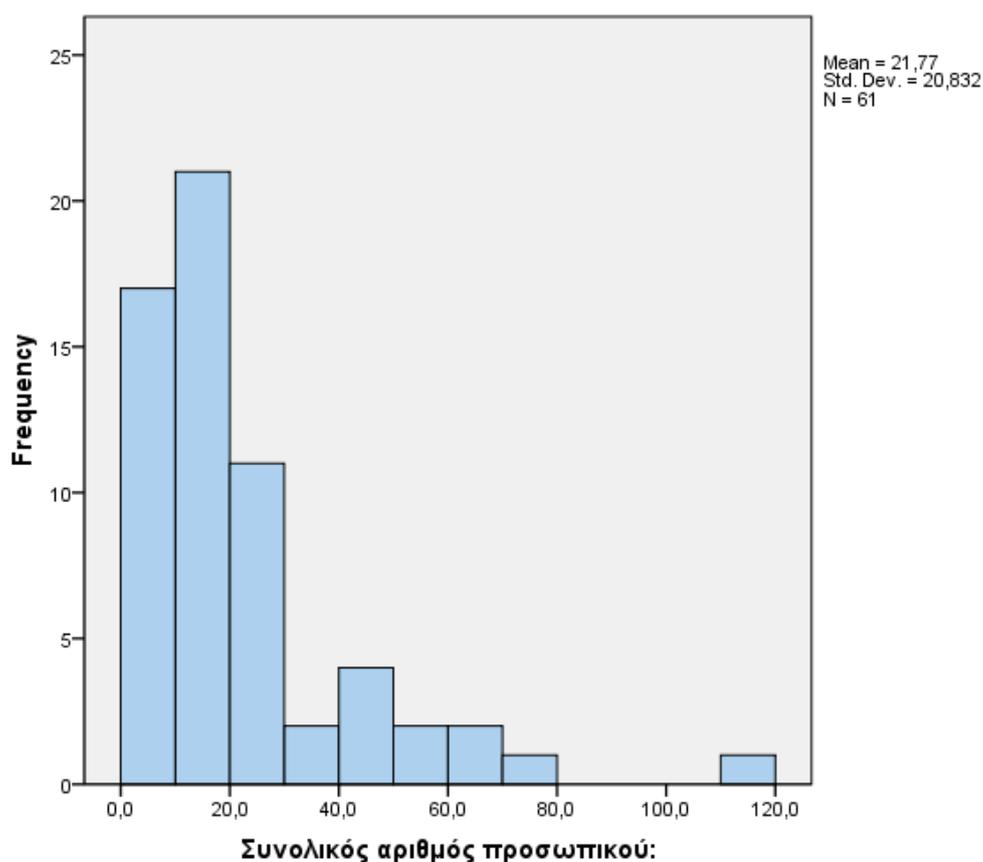
The following table presents data regarding salaried institution personnel for the year 2014:

Number of employees	Overa ge	SD	Unit total
Director, Secretary etc.:	3,1	3	136
Social worker:	1,6	1,2	79
Psychologist:	1,2	0,7	38
Doctor:	1,6	1,1	18
Ergotherapist:	1,3	0,9	18
Physiotherapist:	1,5	0,9	17
Logotherapist:	1,4	0,8	10
Nurse-carer:	3,7	7,2	131
Baby carer:	4,2	10,4	50
Child carer:	5,4	4,5	129
Teacher:	4,9	5,3	152
Cleaning personnel:	2,4	2,6	122

Kitchen personnel:	1,8	1,1	86
Security personnel:	3,9	6,1	94
Other:	6,7	10,4	275
Total number of personnel:	21,8	20,8	1328

Every institution employs on average approximately 22 people, while the total amount of institution employees is 1328 people.

The total number of personnel is presented in the graph below:



Total number of personnel.

The following table displays data regarding institutions volunteers for the year 2014:

		N	%
During 2014, was there a volunteer program in the institution you work for?	No	3	4,8
	Yes	59	95,2
If you answered YES, please specify the number of volunteers in 2014 (irrespective of the hours contributed) on average (SD)		26,3 (19,4)	

During last year, there was a volunteer program in operation for 95,2% of the cases. The employed volunteers amounted on average to 26 volunteers per institution, while the total number of volunteers for all institutions amounted to 1471 volunteers for the year 2014.

The following table presents data regarding institution needs:

	Rate 1-7	N	%	Too Much - enough %
Need of continues education of the personnel	7	18	31,6	57,9
	6	15	26,3	
	5	13	22,8	
	4	5	8,8	
	3	1	1,8	
	2	3	5,3	
	1	2	3,5	
Need to hire helping personnel	7	18	31,6	43,9
	6	7	12,3	
	5	3	5,3	
	4	5	8,8	
	3	3	5,3	
	2	9	15,8	
	1	12	21,1	
Need to hire supportive personnel (nurses or carers)	7	23	40,4	50,9
	6	6	10,5	
	5	3	5,3	
	4	3	5,3	
	3	6	10,5	
	2	10	17,5	
	1	6	10,5	
Need to hire professionals	7	22	39,3	55,4
	6	9	16,1	
	5	2	3,6	
	4	3	5,4	
	3	2	3,6	
	2	3	5,4	
	1	15	26,8	
Need of Public funding.	7	29	53,7	70,4
	6	9	16,7	
	5	5	9,3	
	4	6	11,1	
	3	1	1,9	

	2	0	0	
	1	4	7,4	
Need of funding for structural expenses (building and equipment).	7	33	60	74,5
	6	8	14,5	
	5	8	14,5	
	4	5	9,1	
	3	0	0	
	2	1	1,8	
	1	0	0	
Need of funding for everyday children's needs.	7	25	45,5	61,9
	6	9	16,4	
	5	11	20	
	4	5	9,1	
	3	0	0	
	2	4	7,3	
	1	1	1,8	
Need to cover payments to personnel.	7	10	19,6	23,5
	6	2	3,9	
	5	2	3,9	
	4	3	5,9	
	3	3	5,9	
	2	3	5,9	
	1	28	54,9	
Other	7	6	100	100

The structure's representatives stated that the most significant needs were

- financial support to cover maintenance of buildings infrastructure and equipment, as well as
- public subsidies, where the percentages expressing great to greater need were 74,5% and 70,4% respectively.

Also high, was the percentage for financial support to cover the everyday needs of the children (considerable to great need: 61,9%).

Successively presented here are other needs recorded by the institutions.

	N
Sensory Room	1
Need to reduce tax	2

Need to hire Directorial personnel	1
Not to pay tax for donations and donated property.	1
Need of funding to pay tax	1
Personnel empowerment	1

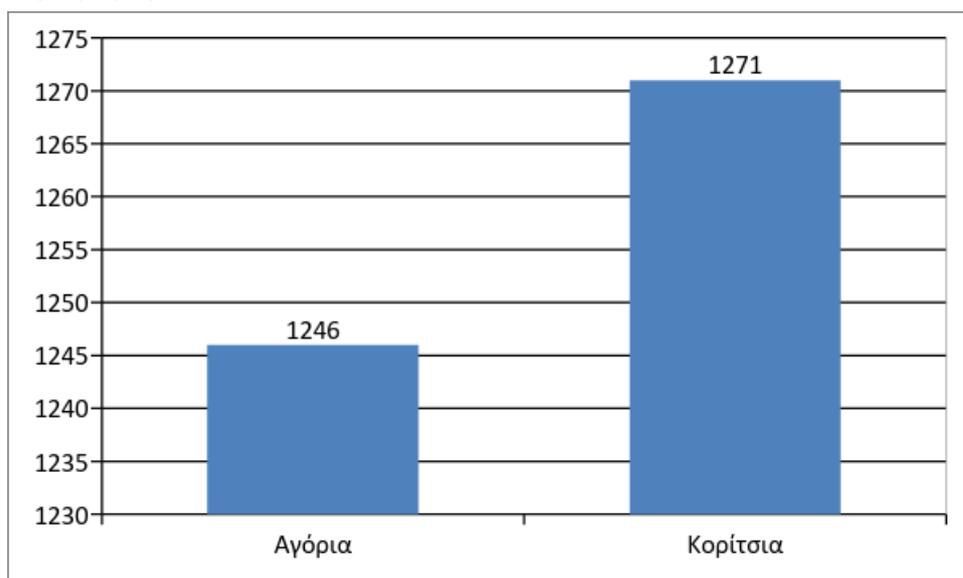
The following table presents the number of children housed in the institutions:

<i>How many children were hosted in the institution you work for during 2014;</i>	Average	SD	Total N
Boys	21,5	16,4	1246
Girls	20,2	15,4	1271
Total	37,2	26,7	2825
For how many children had the institution the custody during 2014	16,4	21,9	953
<i>Which were the ages of the hosted children during 2014</i>			
0-3 years old	8,7	12,5	182
4-6	6,4	7,9	269
7-11	8,1	7,6	492
12-14	6,9	6,9	428
15-18	8,6	7	544
18 and over	14,6	20,7	760
<i>Answer please as for the number of children with disabilities and those without during the year 2014</i>			
Children with disabilities	13,8	28,1	883
Children without disabilities	24,6	25,1	1577

The table's sums may not correspond due to various incomplete values per question (ex. Some noted only the number of people housed and did not specify between boys or girls).

The average number of children housed in the institution was 37 children per institution, while the total number of children, in all institutions studied, was 2825. The institutions studied, had custody for 953 children. Many of those children (N=760) were over 18 years old. Still, institutions housed on average 15 children over 18 years of age. Much fewer (N=182), were the children below 3 years of age. Housed in the institutions were, on average, 14 children with disabilities and 25 without.

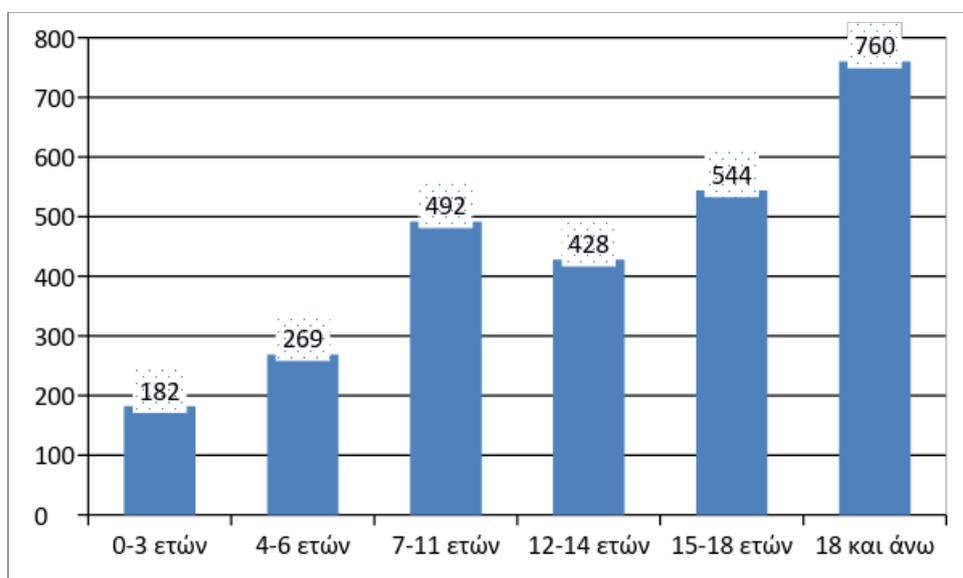
The following graph shows the total number of boys and girls housed in the institutions:



Boys

Girls

The graph below shows the total number of children housed in institutions according to age:

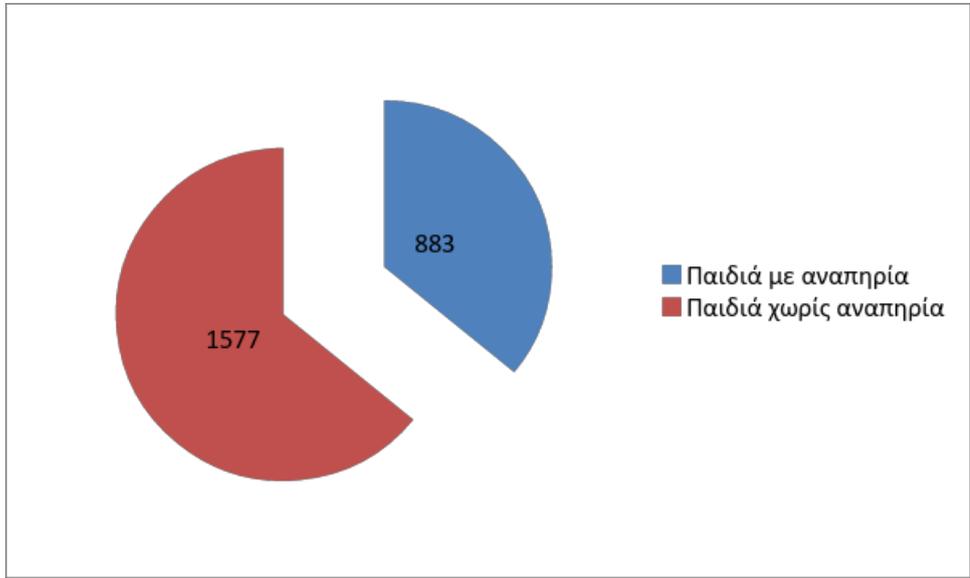


The following graph shows approximately the number of children housed in institutions per district:

District	Boys	Girls	Total
East Macedonia and Thrace	95,0	62,0	157,0
Attica	478,0	509,0	1295,

			0
West Macedonia	14,0	14,0	28,0
West Hellas	113,0	124,0	247,0
Epirus	104,0	40,0	144,0
Thessalia	81,0	98,0	179,0
Ionian Islands	28,0	29,0	57,0
Central Macedonia	183,0	176,0	359,0
Crete	83,0	116,0	189,0
South Aegean	23,0	30,0	53,0
Peloponnese	22,0	23,0	45,0
Central Hellas	22,0	50,0	72,0

The following graph shows the total number of children housed in the institutions on the basis of disability:



In red children without disabilities

In blue with disabilities

In 2014, the number of children with disabilities in residential care were 50 while the total number of children without disabilities was 1577.

Children's disabilities are described in the following graph.

<i>Children's disabilities</i>		N	%
Moving disabilities	No	2	16,7
	Yes	10	83,3
Sensitive disabilities	No	2	18,2
	Yes	9	81,8
Mental disability	No	0	0
	Yes	24	100
Multiple disabilities	No	1	6,7
	Yes	14	93,3
Other	No	0	0
	Yes	10	100
If other, what kind		63	
	Autism	1	
	Διαταραχή συμπεριφοράς, διαταραχή προσωπικότητας	1	
	Διάχυτη αναπτυξιακή διαταραχή, Syndroms	2	
	Slight mental disability	1	
	Smallhead	1	
	Mental disorder	1	
	All residence have sever mental health- moving disabilities-syndrom's- multiple disabilities.	1	
	Syndrom Asperger, - Mental health	1	
	Phychopath	3	
	Phychosis	1	

Mental disability, as well as multiple disabilities, are encountered in high percentages.

A 66,7% (42/63) stated that during 2014, housed in the institutions they worked, were children of ethnic minorities (Muslim minority of Thrace, Pomaks, Roma). The following table displays the number of children coming from ethnic minorities.

	Average	SD	Total
Muslims of Thrace:	3,5	2	35
Pomaks:	1,6	0,9	8
Roma:	3,4	1,8	104

The largest number of children coming from an ethnic minority in child protection institutions and institutions housing children with disabilities, are Roma.

The following table presents the nationality of children housed in child protection institutions and institutions housing children with disabilities for the year 2014.

Greek	No	0	0
	Yes	61	100
Albanian	No	24	39,3
	Yes	37	60,7
Bulgarian	No	46	75,4
	Yes	15	24,6
Rumanian	No	45	73,8
	Yes	16	26,2
Pakistan	No	56	91,8
	Yes	5	8,2
Nigerian	No	51	83,6
	Yes	10	16,4
Afgan	No	54	88,5
	Yes	7	11,5
Rusian	No	53	86,9
	Yes	8	13,1
Other	No	42	68,9
	Yes	19	31,1
If other, what			
	English	1	
	Egyptian- Georgian	1	
	Ethiopian, Sri Lanka, Bagladesh, Kenya, Uganda	1	
	German	1	
	Iraq, Polish, Syrian, Uganda	1	
	Kenya, Libanon	1	
	Kenya, Maroko	1	
	Mali, Erethrai, Iran, Syria, Irak, Palaistine	1	
	N. Gouinea, Kenya	1	
	Uganda	1	
	Ucrane, Kongo	1	

	Polish		
	Polish, Chinese, Ouzbekistan	1	
	Roma, Maroko, Ethiopia, Soudan, Polish	1	
	Soudan, Libanon, Turkish, Ucrane, Georgian	1	
	Swedesh, Egupt, Siera Leone	1	
	Sri Lanka, Brasil, Philipine, Bugladesh	1	
	Syrian	1	
	Philipines	1	
	Without Nationality	1	

As it appears there are quite a few children of other nationalities.

As the following table shows, in 2014, there was a foster care program operating for 27,9% of cases:

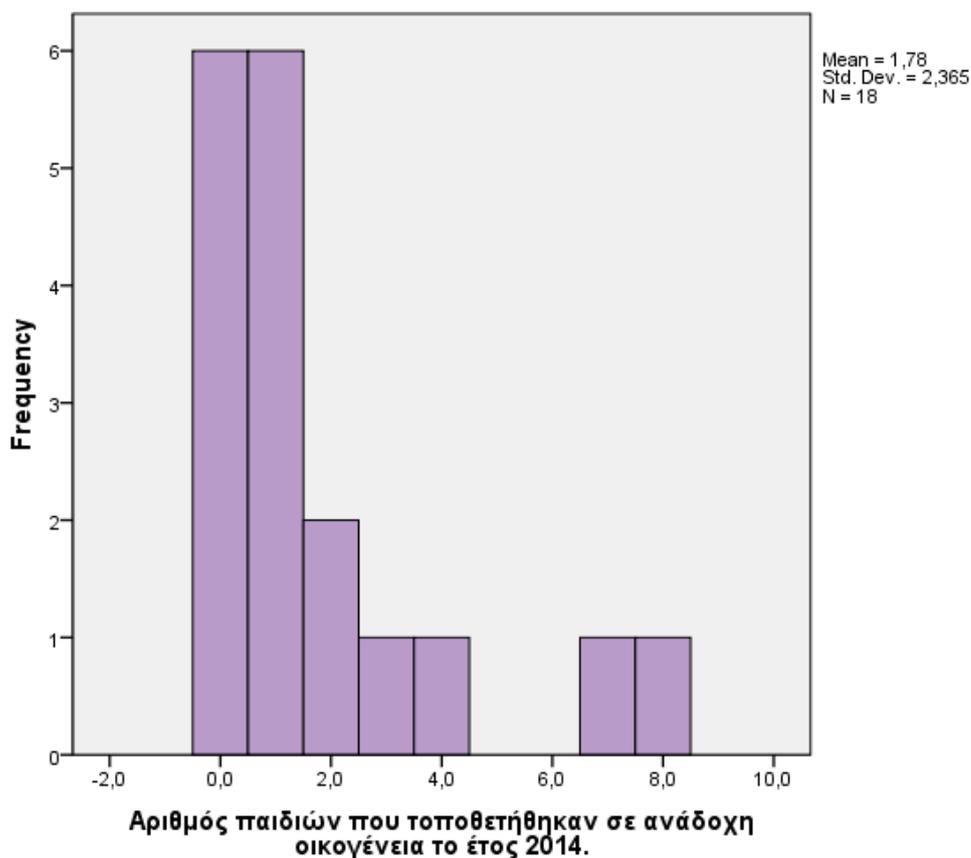
		N	%
Did you have foster care program during 2014 in your institution?	No	49	72,1
	Yes	19	27,9

The average number of children placed in foster care in 2014 was 1,8 children, while the total number of children from all institutions, placed in a foster family were 32 children. Also, the number of children in 2014, that had already been in foster care some years back was 309, as the following table reflects:

	Average	SD	Total
If you answered YES please report the number of children placed in foster care during 2014.	1,8	2,4	32
Please report the total number of children in foster care during 2014	18,2	30,5	309

Moreover, in 2014 the adoption program was operated 16,2% of the cases (11/68). The total number of children adopted during 2014 were 84, while the average number of children adopted per institution was 7,6.

The number of children placed in a foster care for the year 2014 is presented in the following graph:



Number of children in foster care during 2014

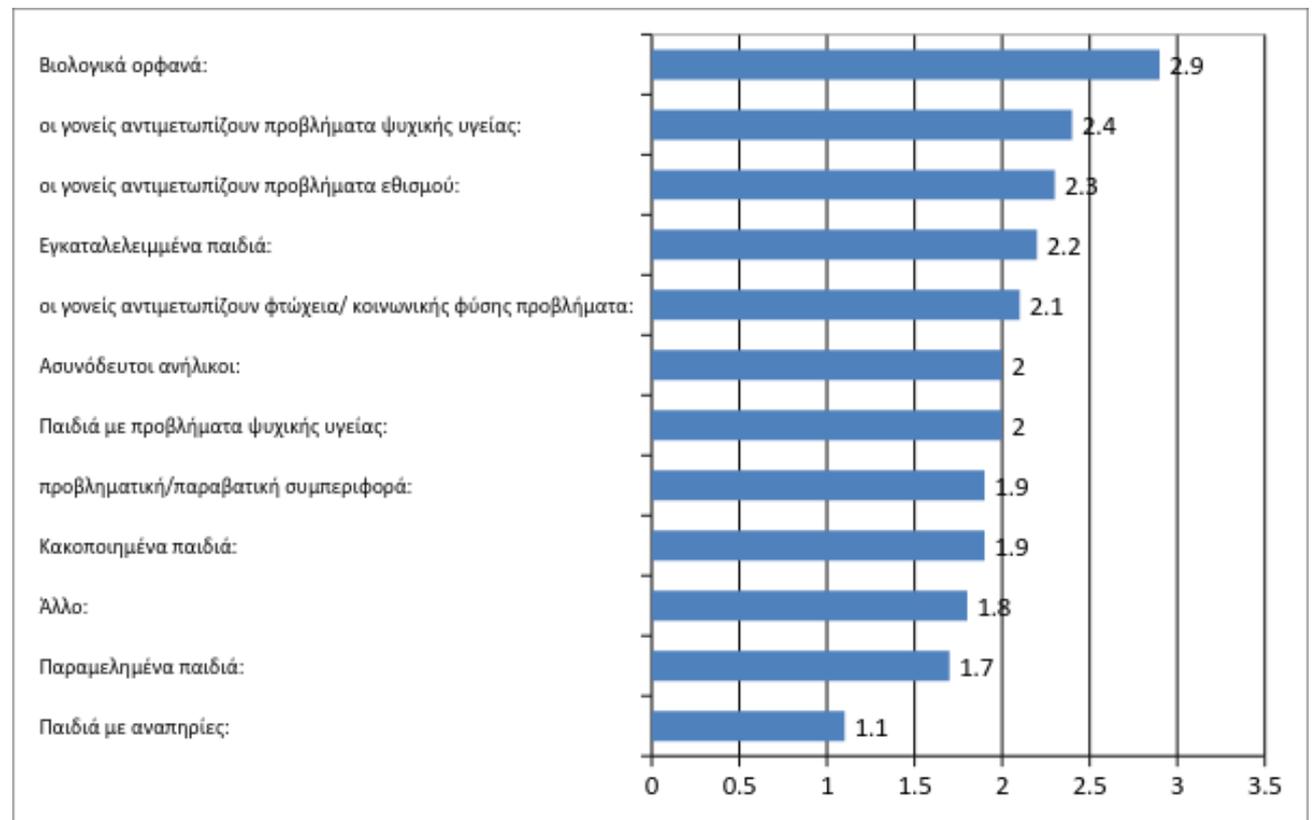
The reasons for accommodating the children, are presented in the following table in a descending order:

	Average	SD
Children with disabilities:	1,1	0,3
Neglected children:	1,7	0,8
Other:	1,8	0,8
Abused children:	1,9	0,6
Children with behavior problems:	1,9	0,6
Children with psychological problems:	2	0
Unaccompanied minors:	2	1,4
Children placed due to poverty/social problems:	2,1	0,9
Abandoned children:	2,2	0,9
Children of addicted parents:	2,3	1
Children of parents with psychological problems:	2,4	0,9
Orphans from both parents:	2,9	0,4

As the most significant reason is noted with 1 and the third significant reason with 3, it appears from the general average that the most significant reason

are disabilities, followed by children who have suffered negligence and abuse, as well as children with problematic/delinquent behavior.

The reasons for accommodating the children are also presented in the following graph:



The number of children departing for various reasons is presented below:

<i>Reasons of exit from residential care</i>	Average	SD	Total
Children in reunification with family :	3,5	3,5	124
Children hosted by relatives:	1	0	2
Children in Foster care:	2,9	2,5	32
Children adopted:	7,9	11,4	87
Children transferred in other residential homes:	2,6	1,7	44
Children which became adults and left residential home:	2,7	1,9	69
Children who past away:	2,2	2	13
Other:	2,3	0,5	9
If other what			
Transferred in other	1		

	residential home in order to live with siblings			
	Family reunification 3	1		
	Children went to Army 2	1		
Total number which left residential care during 2014:		5,6	8,6	361

The average of the total number of children departing the institution in 2014 was 5,6 children, while 361 children left in total. The most common reasons for departure were, to return to the biological family (124 children departed in total), adoption (87 children departed in total) and coming of age (69 children departed in total). The least common reason was kinship care.

Conclusions

This survey has examined the situation/conditions, the needs and the population of the closed child protection institutions and protection institutions of children with disabilities under 18 years of age in 2014. The 62 institutions of closed child protection institutions and protection institutions of children with disabilities took part in the mapping by completing a self-completion questionnaire. The real number of these 62 institutions comes up to 71 as two institutions of many and different structures submitted combined data for all their structures.

There are 14 closed child protection institutions and protection institutions of children with disabilities that refused to participate in the mapping. Nonetheless, as mentioned in the survey's methodology, in order to collect sufficient data for the mapping and acquire an actual number on housed children in the institutions in question, they were asked to give some basic data, like to which classification does the unit belong (Public Sector, Private Sector etc.), the number of children, the gender, ages etc. For the institutions refusing to cooperate, the data was collected through public records or through their websites.

In order for the survey to reach conclusions reflecting reality, it was decided that those 14 institutions would also be included in the survey's

sample. So, at certain points in the statistical analysis it is mentioned, that if the numbers deviate from the real numbers it is due to insufficient data. According to the aforementioned statistical analysis it seems that the highest percentage (39,47%) of institutions belong to the private sector, while the public sector comes second with a small difference (36,84%). The institutions bed capacity on average amounts to 44 beds per institution, while the main source of funding comes from private initiatives, such as donations and sponsorships, and to a lesser degree from the competent Ministries. It also apparant that in most institutions certified pedagogical standards are not followed. A 29,7% of the institutions followed the recommendations of the 2012 United Nations guidelines on alternative care. From the institutions that answered the question regarding salaried employees, it derives that there are 22 people working per institution. However, it appears that volunteers offer great support to all institutions and on general average, in larger numbers than the salaried employees. Institutions of closed child protection and protection institutions of children with disabilities appear to have needs and deficits regarding mainly financial support to maintain building infrastructures as well covering the children's everyday needs. The percentage for public subsidy is explicitly high, and finally, high percentages express the need for continuous training of personnel and hiring expert personnel.

Regarding institution population, it seems there are more boys than girls, although the percentage separating them is low, where as the total number of children housed in closed child protection and protection institutions for children with disabilities for 2014 amounts approximately to 2.825 children, while institutions have custody for 953 of them. There are, on average, 37 children per institution, while the highest percentage is comprised of children above 18 years of age and the smallest of children below 3 years old. Children's highest percentages of officially diagnosed disabilities, in closed child protection institutions as well as in institutions housing children with disabilities, were mental disabilities and multiple disabilities. A 66,7% of institutions stated housing children belonging to a certain ethnic minority, the Roma children occupied the highest percentage. The number of children placed in a foster family during 2014 is small, 32 children in total from all institutions stating an operating foster program was in place for 2014. The

total number of children already in foster families by 2014 was 309. Referring to adoptions through institutions, the number of children adopted amounts to 84, meaning that the average child adoption per institution was 7,6 children. Among the main reasons of entry to a child protection institution, was disability, marked with the highest percentage, followed by children coming from an environment of negligence and mistreatment. The less frequent reason of entry was orphaned children. The highest percentage of children leaving institutional care seems to have either returned to their biological family or have been adopted. In 2014, a total of 361 children left institutional care.

Recommendations:

Covering the needs of closedchild protection institutions

It appears that child protection institutions face several and critical deficits and have crucial needs which are not covered by the state, as emphasized by the answers to the question regarding main source of funding and the need for public subsidies. The employees of child protection institutions are often professionals working in many different posts and shifts, trying to manage the needs of the housed children. The state needs to actively participate in covering the needs of the institutions by supporting the working professionals, offering continuous training which as shown from the survey's findings comes fourth on the list on the professionals needs. A way must be found for closedchild protection institutions to operate more efficiently. The institutions should be relieved from pressure for many and pivotal reasons, explained in detail below. This will give the opportunity, first and foremost, to the children, as it is indicated, that for their development it is better to grow up in family-type or community-type care than closed child protection institutions, and to the institutions as well, enabling them to operate more flexibly. The state needs to address the needs of closed child protection institutions and protection institutions for children with disabilities, but at the same time implement the guidelines of International and European organizations (UN, UNCRC, UNCRPD, WHO, EC, COE, EEG).

Children's gradual transition from institutional care to family and community-based care.

De-institutionalization, as a gradual transition from institutional to family and community-based care, chiefly mitigates to decrease dependency from institutional care and increase community prevention services for the family, in order to prevent the separation of a child from its family and offer sufficient support to children, families and social groups. It also mitigates the preparation process, for young adults leaving institutional care, in order to enter the community smoothly, to become independent and assimilate successfully. In consequence, de-institutionalization, aims at the gradual transition of children who are already in closed child institutional care to family and community-type care, as well as to prevent new placements in institutions by developing services at community level. In any case, the children cared by the state should be examined separately and their needs should be dealt with based on an individual care plan, having always in mind the best interest of the child (Eurochild, 2014, UN Guidelines 2009). In 2013, the European Commission approved the formation of "Investing in Children: Breaking the cycle of disadvantage", a historical turning point in the history of the EU solidifying a strong commitment towards de-institutionalization of children, urging member states to stop the development of new institutions and turn towards quality family-type care within the community. In respect to the aforesaid information and bearing in mind the survey's findings, it is recommended that there should be an assessment of a complete care plan, which will aim to develop services, firstly on a community level, in order to avoid more incidents of family breakup and children entering institutionalised care. An essential part of the process is informing the public, as well as educating professionals and the local community on the important benefits accompanying community life and family-type care (like foster care) and development of these types of sectors. An also important part of the process is supporting the children entering adulthood, who leave institutional care in order to pursue living independently.

Supporting families on a prevention level.

According to the findings of this survey, the least important reason for children entering institutions is being an orphan, which corresponds with international data, indicating that four out of five children housed in institutions today have at least one living parent. **The reasons that children are housed in institutions are ultimately reasons associated with disability, negligence, abuse, as well as socio-economic reasons** (based on survey results). According to the aforementioned data, the state and more specifically the local community (Districts-Municipalities) need to work proactively in order to support the family and avoid child-biological family separation. On a prevention level and according to UN Convention on Children's rights, the responsibility for upbringing a child lies predominantly with the parents and it is the responsibility of the state to support the parents, so they in return can act on this responsibility, by guaranteeing the creation of organizations and services empowered to cater to the wellbeing of the children, regarding nutrition, housing, clothing and material goods (UNCRC, article 18, 27). UN Guidelines on Alternative Care accentuate that the removal of children from their families must be an action of last resort and if it so happens, to be temporary and short (UN Guidelines, 2009).

For this reason it is advised that specialists should work preventively to avoid separating the children from their parents, either through family planning, so as to avoid undesired pregnancies or prenatal care, for example, visits and advice on topics related to pregnancy so the parents prepare for the child adequately. In addition, of special importance is the support offered to the mothers in obstetrics/maternity wards to reinforce the bond shared by a mother and her child, the support of a vulnerable mother and health matters concerning both mother and child. Attention should be also given to guest houses for vulnerable mothers and children and the development of new ones, so there is always available accommodation for their housing, as well as appropriate counselling and therapy, to avoid a mother-child breakup. For example, as in other countries, the accommodation of mother-child in a foster family until the important problems are overcome, and by doing so, avoiding parent-child breakup (European Guidelines). At

community level, it is suggested to create services aimed at strengthening parental skills, crisis services, where parents may receive counselling or emergency foster care services for children who have to be moved directly from their home. It is suggested to create special centers with the possibility to support children with special or complex needs financially as well as community employment support centers for young people, who are in the process of becoming independent from their life in institutions, or for parents and other community members (Eurochild, 2014).

Limiting child institutionalisation

Stop closed institutionalisation for children under the age of 3 years

Studies carried out internationally have shown that the institutionalization affected severely children's development at a very serious level(OHCHR, 2011, p.6).

Institutionalization affects the level of children's physical growth, the development of their emotional ties, their brain, their intelligence and language, due to lack of stimuli, as well as their behaviour.

Children who live in institutions for more than six months may encounter the following problems: autistic traits, hyperactivity, attention deficit, cognitive and behavioural problems and insecure attachment.

In studies conducted in children who grow up in institutions in Romania, children showed significant reduction in the development of their skull.(Browne et al. 2006, Beckett, 2010).

Children who grow up in institutions display a significantly lower level of intelligence quotient (IQ on average 84) compared to children of the same age who have grown up in foster families (average IQ 104) (Van Ijzendoorn et al, 2008).

The United Nations World Report on violence against children found that children in institutions were at much greater risk of any kind of violence compared to children of the same age who grow up in families, while, according to the survey of Vorrias, the

effects of institutionalization follow children to their adulthood (Pinheiro, PS 2006, Vorria et al, 2004).

According to research, children under the age of 3 should not be placed in child protection institutions since this affects their brain development and their nerve function, while the development of a child who spends 2.6 months in institutional care under the age of 3 brings the child's development one month back (Browne, 2009, Bucharest Early Intervention Project, 2009). During the first three years of their life, children need to have stimuli from their caregivers in order to properly develop both their brain and nerve function, which is not accomplished if they are hosted in an institution with many children (Bowne et al 2003, Johnson et al, 2006).

According to the UN *Guidelines for the Alternative Care of Children* «alternative care for young children, especially those under the age of 3, should be provided within family-based settings. Exceptions to this principle may be warranted in order to prevent the separation of siblings and in cases where the placement is of an emergency nature or is for a predetermined and very limited duration, with planned family reintegration or other appropriate long-term care solution as its outcome » (UN, 2009, par. 22).

Special caution is recommended in the age group 0-3 years, which, according to the survey results, is the smallest group of children in institutional care in our country, in order for them to be placed directly in family-type care givers (foster care, kinship foster care, adoption) instead of being admitted to institutional care. Compared to older children a gradual shift is suggested to family and community-type care following always the individual needs of each child as they are shaped by the environment where the child has lived and grown up, by personal needs related and health status.

Development of foster care institutions, low capacity homes (small group homes), independent living and adoption.

According to the Common European Guidelines on the Transition from Institutional to Community-based Care, it is suggested children who are removed for various reasons from their family:

a) are transferred to foster care, starting from emergency foster care, temporary and short or long-term foster care. If there is a choice, kinship foster care is preferable.

b) are transferred to (small group homes) specially when it comes to siblings

c) are transferred to supervised independent living arrangements when they are close to adulthood

and

d) When possibilities to reunite the child to the biological family have been exhausted, then the child is given for adoption, which is the last but permanent solution.

The European Union is developing policies that lead to a gradual transition from institutional care to family and community-type care. The European Commission urged Member States to “invest in and support forms of alternative care that can ensure security, continuity of care and affection, and the opportunity for young children to form long-term attachments based on mutual trust and respect, for example through fostering, adoption and support for members of extended families.”(Common European Guidelines on the Transition from Institutional to Community-based Care, 2012, p.48)

However, the State political will and the closed institutions for child protection and for children with disabilities do not appear, according to the results of the research, to follow the recommendations of the United Nations or those of the European Commission.

As it looks from the above results the closed child protection institutions do not promote the transition of children to the community and family care as approximately only 119 (32 in foster care + 87 on adoption) out of the 2825 children who were hosted in 76 institutions in 2014 were able to obtain a stable family environment. As shown by the survey results, for 953 children out of 2.825, the custody has passed to institutions. This means that the institutions are able to facilitate the transition of children from institutional to family and community-type care.

Here we should mention the main obstacle for the promotion of the institution of Foster Care i.e. the deficient legislation, that would set rules and limits as listed in the recommendations for quality care of children in foster care «Quality for Children» and would oblige the structures to comply instead of finding excuses for not performing practices in the interest of the child.

According to European guidelines explained above as well as the UN Convention on the Rights of the Child and the Alternative Care, children primarily should grow up with their parents and the society which protects them.

When this is not possible, it is important for the children which are under state care to have the opportunity to grow up in a family or community-type care (UN Guidelines, 2009) which means either in a foster family or in a community supervised small capacity structure with few children and with permanent care givers. According to the results of this study, it seems that in the closed child protection institutions live on average and approximately 37 children per institution something which contradicts the above recommendations.

Therefore, the development of the institution of foster care, small-capacity houses (small group homes), independent living and adoption of always high quality standards and surveillance, targeting the interests of the child is recommended.

Support for independence and smooth transition of children to the community

The closed child protection institutions and institutions for children with disabilities in Greece hosted in 2014 two thousand eight hundred twenty five (2.825) children of which approximately 182 children belong to the age group 0-3, while the amount of children seems to grow together with the age groups with the largest number of children belonging to groups 15-18 and 18 plus (544 and 760 children respectively).

This shows that children spend, many years in institutional care and when institutionalised it is difficult to become independent once they reach adulthood.

The impact of institutionalization is likely to affect the lives of children even after their adulthood, making them unable to adapt to an non-institutionalised life, and this happens especially to children with disabilities.

Surveys have shown that their difficulty lies equally in the after school education and in their social and personal interactions so that these children show higher failure rates in education, higher percentages of unemployment and they seem to find it difficult to fulfil their parental role (Hope and Homes for Children, 2009, Munro & Stein, 2008).

The difficulty they face in independence often comes as a result of the institutionalization of children who do not feel part of a family or a community, as opposed to children who have grown with their families and can "lean" on them when they face a problem. The independence of children needs to start as soon as possible, and certainly a long before the child leaves the institutional care (UN Guidelines, 2009 para. 34). The preparation should include both psychological and financial support of children, enabling them to develop self-esteem and the ability to build interpersonal relationships (Save the Children, 2014).

Some thing that often seems to be ignored is the long-term effects of institutionalization both for children and their families as well as for the society as a whole. When leaving institutional care, young adults often lack a supportive framework and they are forced to rely on their own strengths which are not always the best or on their local community even for basic care.

It is this lack that makes these children easy victims. It is likely that they start drinking, taking drugs, engage themselves in crime or prostitution

We should also add into the equation the economic value of the wider societal effects of a deinstitutionalised system. This means that we need to take account of the benefits for society as a whole, including social welfare, education, health and public spending-security, etc.(Eurochild, HHC, SOS, 2014).

It is recommended to support the children in their independence through the creation of independent living accommodations, educational, financial and supportive programs that will allow them to smooth their transition and integration in the community, giving them confidence to move forward in life, leaving the experiences of institutional care back.

Special support to children with disabilities.

The European Commission urged Member States to draft deinstitutionalization programs,for children with disabilities, which will phase out the placement of children in institutions and will replace these forms of care with a comprehensive service network at the local community level (Joint European Guidelines, p. 48).

Disability seems to score high among the main reasons for children's admission into institutions, exhibited by the high number of children with disabilities under

institutionalised care (in 2014, 883 children in institutionalised care had some kind of disability).

The UN Convention on the Rights of Persons with Disabilities sets specific and clear rules (international standards) regarding the support of children with disabilities and their families in the local community. Children with disabilities, including those with the most severe disabilities need to have the ability to live with their families and receive support, treatment and education services in the context of a non institutionalised environment.

Children and young persons with disabilities must have the opportunity to choose their

place of residence and where and with whom they live and their voices shall be heard as outlined in the relevant articles of the UN Convention (UNCRC, Articles 19, 23) and not to spend most of their lives in institutional care. Similarly, the World Health Organization has stated the right of children to grow up in a family environment (WHO, 2010). The institutionalization of children with disabilities is usually performed because of lack of education, medical services and day care locally (Eurochild 2014)

Against this background, it is recommended to develop community services to allow for child and family support in order for the child to be able to grow within his/her family regardless of the severity of their disability. It is highly recommended the gradual transition of children with disabilities, already living in closed child protection institutions and institutions that accommodate exclusively children with disabilities, to family and community type small structures, where they can receive the personalized care they need based on their individual special and complex needs.

The UN Committee recommends that the European Union takes the necessary measures, including international and Community resources for the improvement of support services in local communities for boys and girls with disabilities and their families, foster families of people with disabilities and all forms of institutional care and promote social inclusion and access to specialized quality education for boys and girls with disabilities (UNCRC, 2015)

Financial Planning in the interests of the child and the State

Article 3 of the Convention of the Rights of the Child (UNCRC) states that the best interests of children must be the main concern of the State for the decisions that concern them. When the adults make decisions, they must think of how their decisions will affect children and this is of great importance in the budget, policy and law. So, why billions of taxpayers' money, donations and charities are drained into a system which violates children's rights? (Eurochild, HHC, SOS, 2014).

According to the results of this mapping, the closed child protection institutions and protection institutions of children with disabilities are sponsored mainly by private sponsorships and donations, and then, with little difference, by the Ministry of Labour and Social Solidarity. According to the results related to the needs institutions are facing it seems that institutions are in great need of coverage and maintenance of their building infrastructures and in large need of public subsidy. According to the Guidelines for the Alternative Care, institutions which are hosting children in closed protection must be changed and reduced.

Specifically, "We need to pay particular attention to developing funding models for alternative forms of care that promote, rather than obstruct the efforts to keep the placement of children at a minimum, and to encourage a shift in attitudes away from the institutional type care".(Cantwell, Netal, 2012p. 105).

The European Commission Recommendation explicitly calls for Member States to use the Structural Funds to stop the expansion of institutional care in Europe and to promote quality family-type care (EC, 2013)

The institutional care apart from the serious consequences to the health and development of children seems to be **very expensive** for the state. There is a misconception that institutional care costs less. Such a comparison is of course flawed because the 'poor quality' institutional care might be cheaper, but will probably be more expensive in the long run to public authorities because of the cost for social welfare, health and public safety. The high level of household and community-type care can be expensive, especially for children with complex and special needs, however, in all assessments, quality of life and the child's interests should be recognized as a core component for comparing costs among different services and their effectiveness (ie results based on the child's interest) (Eurochild, HHC, SOS, 2014). More specifically, according to a UK study in 2008, the weekly cost for a child

in an institution is 4.5 times greater than in a placement in independent living, 8 times larger than a placement in a foster family, 9.5 times higher than in kinship or friends foster care, 12.5 times higher than living with their own parents (Eurochild, 2012). It is substantially more economical to support families in order to prevent them from splitting and at the same times it benefits across a larger number of children.

When it comes to Greek data, based on the presentation of the Baby Centre "Mother" during the Seminar of the European Group of Experts on the transition from institutional care to community, in July 2015, it was reported that a child in a foster family costs 5,500euros annually while staying in the institution 22,000euros.

Against this background and with regard to the mapping results showing high numbers of children per institution and low numbers of foster care and adoptions for the year 2014, the design of a project, which will promote short and long term benefits both for children who grow up away from the care of their biological parents as, and according to surveys in a family and community-type environment enjoying better living conditions and smother process to independence, as well as the state's "wallet".

Conclusion

The mapping of closed children protection institutions and closed institutions for children with disabilities has brought to light data both on the state and institutions needs and the needs of the children living there.

According to the findings of the research and the recommendations presented, seems to be necessary to apply National Planning and direct Legislative Reforms on the development of a quality, family and community based, care, while the closed child protection institutions and the professionals who work in them need to receive appropriate support in order to cope effectively with their difficult task.

Public opinions needs to be informed about alternative child protection solutions and the important role of a foster parent.

Greece needs to move towards reducing and relieving the closed child protection institutions, in line with the international guidelines, make immediate reforms and create efficient services in the community aimed at supporting families at risk.

Specifically, the Council of Europe" recommends that the governments of Member States take all appropriate legislative, administrative and other measures(...) in order

to replace community based institutional care services within a reasonable period and through integrated approach» (CoE, 2010).

The de-institutionalization of children needs to be done in gradual steps as it is very important to change attitudes and perceptions and the creation of local services in order support families.

The abrupt shutting down of structures without the necessary support services will only cause erroneous results. For this reason, the state needs to start promoting and supporting those prevention services mentioned in the report in order to avoid further institutionalization of children. Local

governments need to obtain an active role and the municipal social services should be vigilant with home visits and counselling to families at risk for splitting, and educational programs for parents. Communities must be oriented and focused on vulnerable social groups and especially children at risk. At the same time, public opinion needs to be informed and sensitized and experts must educate the population about the serious consequences of institutionalization and the therapeutic nature of the foster parenting. It is necessary to develop and integrate all closed child protection institutions as well as the institutions hosting children with disabilities into foster care programs in order to begin the gradual transition to family-based care. However it needs special attention needs to be paid to the quality of such programs as the goal is the child's interest and not deinstitutionalisation itself. The goal is the gradual qualitative transition of children in the community care with supervision and applications which work therapeutically for the child and their needs. Part of this responsibility belongs to the media who are obliged to respect the rights of children lacking parental care, to align with International practices and guide private sponsors and people with economic prosperity to support programs that aim to the best interests of children, rather than supporting building structures and a perpetuate institutional culture for the sake of publicity and charity!

The children who are moved to state protection and are under the age of 3 years should be transferred directly to foster families without entering a closed child protection institution. Finally, existing closed child protection structures need to be responsive to European guidelines, hosting thus a small number of children with stable staff and some of those structures is proposed to be converted into supervised independent living structures for children above the age of 16 years.

Our country has a long way to go in the field of de-institutionalization, but the change is necessary. With stable and gradual steps, direct and substantial legislative reforms in social care and child protection system, change can be achieved.

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Eurochild Network

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