

THE GREEK OMBUDSMAN
Independent Authority

Summary of Findings

(Article 4§6 L.3094/2003 “The Greek Ombudsman and other provisions”)

Functioning Conditions of the Social Care Center

for children with disabilities

“Children’s Care Center of Lechaina”

Deputy Ombudsman: George Moschos

Senior Investigator: Ioanna Kouvaritaki

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Unofficial translation: Alexandra Koutra (December 2011)

A. INTRODUCTION

Competencies and trigger for the investigation

Within the framework of its competencies under Article 103 par. 9 of the Hellenic Constitution and Law No. 3094/2003, the Independent Authority “Ombudsman” has carried out an investigation into issues regarding the functioning of the Children’s Care Center of Lechaina (CH.CA.C.), a Social Care Center (S.C.C.) for children with chronic diseases and/or serious disabilities and the care provided to these children.

B. ACTIONS DURING THE INVESTIGATION

✚ A written announcement to the CH.CA.C. (08.09.2009)

✚ A visit by the Greek Deputy Ombudsman for the Rights of the Child, Mr. G. Moschos, the Greek Deputy Ombudsman for Health and Social Welfare, Mr. G. Sakellis, two expert scientists and Mrs. M. Papoulias, psychologist, wife of the President of the Hellenic Republic. Discussions with the Director, Mr. S. Thanasoulas, members of the Board, the personnel, visit to residents and an autopsy in the facilities (09/09/2009).

✚ Press Release (10.09.2009). Public disclosure of the dire living and care conditions, degrading practices, professional burn-out of the staff and the difficult situation of children.

✚ A memo addressed to the General Inspector of the Inspection Body for Health and Welfare Services requesting the investigation reports (21.09.09).

✚ A memo addressed to the Director of the CH.CA.C. requesting information (22.09.09).

✚ A visit by the Greek Deputy Ombudsman for the Rights of the Child (01.11.09).

✚ Reports submitted to the Authority (22.12.09 and 30.12.09) on issues relating to the functioning of the Care Center and the provision of services. It was mentioned that residents live in inhumane and degrading conditions, which cause them to suffer, without adequate care and psychological support, without adequate programs and without respect for their human rights.

✚ Announcement to the Committee of Equality, Youth and Human Rights of the Hellenic Parliament by the Deputy Ombudsman for the Rights of the Child (18/2/2010).

✚ A memo addressed to the Director of the CH.CA.C., repeating the same request (01.03.10).

✚ A memo addressed to the Deputy Minister for Health and Social Solidarity, Mrs. F. Gennimata, concerning the degrading living conditions for children with disabilities, the insufficient number of nursing and scientific personnel, the deprivation of care and support provided, the use of sedating medication, children being strapped to their beds, the use of wooden cage-beds for children with intellectual disabilities, the electronic surveillance, as well as the fact that such practices constitute violations of human rights. It was also stressed that recently children have died from swallowing objects, due to lack of supervision. The memo urged the Deputy Minister to undertake the necessary steps and to proceed with taking adequate administrative measures for the alleviation of the mentioned practices (22.03.10).

✚ The issue was noted in the Yearly Report to the President of the Hellenic Parliament (26.03.10).

✚ A memo addressed to the new Director of the CH.CA.C., Mrs. A. Mazaraki (08.05.10).

✚ Visit and discussion with the new Director (12.07.10).

✚ A memo addressed to the Director of the CH.CA.C. (15.09.10).

✚ A visit to the special Junior School of Lechaina and the CH.CA.C. (09.11.10).

C. REPORTS: INSPECTION BODY FOR HEALTH AND WELFARE SERVICES

The reports issued by the I.B.H.W.S. regarding the CH.CA.C. have repeatedly identified:

- Lack of specialized doctors (psychiatrist, neurologist), scientific staff (psychologists, occupational therapists, etc.) and especially lack of nurses and assistant nurses and other auxiliary staff (87 vacant posts).
- Increase in the number of vacant posts due to retirement and secondment of staff.
- Professional exhaustion of staff.
- Deprivation of care, psychological support and physiotherapy.
- Inadequate dealing with psychiatric problems: 8 residents were restrained with straps without a relevant recommendation by a psychiatrist, based on reasons of them being agitated and violent. The staff was requested to ask for psychiatric intervention immediately.
- Death of children with mental disability: a 16-year old (19.03.07), because of stomach / small bowel obstruction from swallowing objects, a 15-year old (09.05.06), because of asphyxiation from throat obstruction after having swallowed a sponge.
- Large number of residents in the wards (6-7 children).
- Housing of adults in excess of the age limit provided for by law.
- Delay in the proceedings for taking minors into custody.
- Problems in the premises, in sanitation, lack of recreational facilities...

D. RESPONSE FROM THE ADMINISTRATION

✚ A written response by the CH.CA.C. (24.03.10, 15.04.10).

✚ A memo issued by the Welfare Secretary General, Mr. G. Katrivanos, vaguely announcing to the Authority that new posts for staff will be announced on one hand, and on the other that the Administration of all Care Centers were asked to implement the guidelines issued by the Authority (19.04.10). However, no staff was recruited for the CH.CA.C., and the implementation of the guidelines issued by the Authority was

impossible, because it could only follow the implementation of actions which fall within the Ministry's competencies.

✚ A memo issued by the Director addressed to the psychiatrist, Mr. D. Tsagos. It was a request for his assistance in finding solutions for stopping practices of restraining residents with straps and keeping them in wooden cage-beds and for a new medical diagnosis about keeping them strapped, and a medical diagnosis which would result in a decision on which ones of the residents should be moved to other specialized centers (10.05.10).

✚ A memo issued by the Director addressed to the Ministry of Health requesting for a specialized center for the housing of adults. This process had failed in the past due to lack of vacant places “*in all institutions*” (27.05.10).

✚ A memo issued by the Director addressed to the Ministry of Health requesting to find the framework for residential care provided for two small children who suffer from “*retardation... pervasive development disorder...*”. Their diagnosis calls for the “*combination of specialized staff and an individualized education program ... adequate support at social and psycho-emotional level. Rehabilitation intervention which should include specialized education, individual speech therapy, occupational therapy and behavior therapy*”. It has not been possible for such a residential care framework to be found for these children (27.05.10).

✚ Response to the Director by the psychiatrist, Mr. D. Tsagos: “*I clearly recognize that restraining a resident with straps is to a large degree a violation of individual human rights, but the priority above all is the right of living itself. Given the severe mental retardation of the residents, it is absolutely necessary to keep them tied with straps to avoid self-destructive actions, which they are not able to be aware of because of their disease. The straps will continue to exist as long as these incidents, at such severe and dangerous levels, take place. On the issue of the wooden cages, as of April 2008, there is a recommendation by the scientific group and there will also be a memo issued by the child psychiatrist, Mrs. Lolou. Clearly, it is possible to achieve an improvement for the residents' stay in more suitable beds, and in this way to achieve the goal of development alongside the goal of safety. Regarding the possible transfer of residents ... some residents, exclusively of the first floor (able to walk), under certain conditions and after evaluation, could be transferred to psychiatric homes. About the*

bedridden children of the second and the third floor, I am currently not aware of any institution for chronic diseases that has vacant beds and their ability to house them”. (17.06.10).

This response is neither a medical diagnosis for specific cases of patients nor a scientific argument for the need of keeping them tied. The Authority emphasized that the Recommendations of the European Committee for the Prevention of Torture¹ of the Convention for the Prevention of Torture and Inhumane or Degrading Treatment or Punishment² do not seem to justify restraining patients, with the exception of **adult patients in psychiatric centers under specific conditions**. Particularly keeping residents in cage-beds is deemed an unacceptable psychiatric practice and is a degrading treatment. Resort to “instruments of physical restraint”, such as straps, can only be justified very rarely, on occasion, *mutatis mutandis*, and must always be either expressly ordered by a doctor or immediately brought to the attention of a doctor with a view to seeking his approval. If, exceptionally and as a last resort, there is any recourse to instruments of physical restraint, they should be removed at the earliest opportunity; their prolonged use is totally unsuitable from a therapeutic point of view and is considered as a bad practice. This cannot be used based on the justification of lack of staff, because it requires more - not fewer - medical staff, as each case of restraint necessitates a member of staff to provide direct, personal and continuous supervision and help, which cannot be replaced by electronic means. Each such case should be recorded in a specific register as well as the patient’s personal medical file, should include specific information such as the time at which the measure began and ended, the name of the doctor who ordered or approved it, etc. The staff should receive continuous training on mild methods to deal with behavioral problems and be informed about the effects of such practices on patients (par. 37-54).

The practices chosen are clearly illegal and are in direct contradiction with the obligation for respect and protection of the human rights of the residents, and furthermore do not ensure in any way that children: “*live a full and decent life, in conditions which ensure dignity, promote their self-reliance and facilitate their active participation in community life*” (CRC art.23)

¹ CPT/ Inf/E Rev 2009 “The CPT Standards”

² Law No. 1949/1991 Gov. Gazette A 83

✚ 6th Memo issued by the Regional Health Authority, on cooperation between hospitals and Care Centers, because a certain lack was observed (21.10.2010). The Regional Health Authority did not conduct any investigation into the CH.CA.C.

✚ Actions undertaken by the Director of the Care Center.

- Procedures for entering into contracts with auxiliary staff, which, however, is not able to substitute permanent staff.

- Actions to promote cooperation with health centers.

- Medical examination of residents.

- Cooperation with a volunteer child-psychiatrist and a psychologist from the Center for Mental Health.

- Two children with pervasive development disorder were admitted to a special school.

- Purchase of two special beds for children with movement disability.

- Painting of the wooden beds/cages.

- Preparation to transfer two adult residents to centers nearer to their families (Preveza – Crete).

- Scheduling dental care with the Health Center of the area.

- Regular meetings between the Director and the staff.

- Upgrading the infrastructure of the areas used for preparing food.

- Procedure for creating a facility to be used for sensory integration.

The efforts of each Director to improve the conditions are not sufficient to overcome the obstacles caused by various issues that need to be decided by the Regional Health Authority and the Ministry of Health.

The issue was taken to the Hellenic Parliament as a question (21.10.2010). There are articles in the Media mentioning that currently court proceedings are running against

previous Directors, members of the Board and staff ...The findings of the I.B.H.W.S. are still valid and trigger many questions about the management of the lives of children with disabilities.

E. LEGAL FRAMEWORK

1. Rights of the child with disabilities

Health and childhood are protected by the Constitution. Those who suffer from an incurable physical or mental disease have the right to receive special care from the State, which provides for the health of its citizens and takes special measures (Article 5, par. 5, and 21, par.1,2,3,6)... The UN Convention on the Rights of the Child³ (CRC) has been ratified and transposed into our national law with an increased formal power, superseding any other opposing provision of the domestic law. The CRC establishes each child as a subject of law and ensures, inter alia, the right to life, survival and development (Art. 6), to health and rehabilitation for disabled children (Art. 24), to education (Art. 28, 29), to rest and leisure (Art.31), to participation (Art. 12), to a standard of living adequate to the overall development of the child (Art. 27), without discrimination of any kind, including disability (Art. 2). No child shall be subjected to torture or cruel, inhuman or degrading treatment (Art. 37) or to unlawful attacks on his or her honour and reputation (Art. 16).

A child temporarily or permanently deprived of his or her family environment shall be entitled to special protection and assistance provided by the State; appropriate alternative care to provide care, protection and treatment as well as a the right to a periodic review of the treatment provided and all other circumstances relevant to the placement (care or treatment) of the child must be ensured (Articles 20, 25). The CRC also recognizes that a disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community life, and also ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual

³ Law No. 2101/1992 Gov. Gazette A'192, Ratification of the International Convention on the Rights of the Child. / Constitution Article 28, par. 1.

development, including his or her cultural and spiritual development (Article 23).

The State should take all appropriate **legislative, administrative and other measures** for the implementation of the rights enshrined in the CRC. The State needs to ensure that domestic laws are consistent with the CRC and that the CRC provisions are given direct legal effect within the national legal order. With regard to economic, social and cultural rights, the State should undertake such measures to the maximum extent of their available resources (Article 4). However, the State should not just invoke the lack of available resources to justify any failure to meet at least its minimum core obligations concerning the implementation of the rights, neither, neglect the obligation to progressively implement all rights up to their full realization within a reasonable period of time after the ratification of the Convention⁴. The right to non-discrimination imposes an obligation that calls for immediate and not progressive implementation. These rights should be implemented through appropriate policies, services, programs and resources and also an effective procedure for remedies of the violations⁵ should be in place.

The Recommendations of the Council of Europe clearly point to the appropriate practices for the care of children with disabilities, but they are not being implemented: Rec (2010) 2, Rec (2006) 5, (2005)5, Rec (2009)9.

2. Legal framework for the running of the CH.CA.C. of Lechaina

CH.CA.C.: A Legal Entity of Public Law with a Director and an Administrative Board. The Director, inter alia, is responsible for the organizing, coordination, control and proper functioning of all services. The authority competent for control and supervision is the Director of the 6th Health Region (Pr. Decree 332/1987).

Staff posts 163: 5 Administration, 1 Doctor, 1 Health Visitor, 3 Social Workers, 5 Physiotherapists, 6 Occupational therapists, 1 speech therapist, 1 psychologist, 5 nurses, 36 assistant nurses, 7 technicians, 2 cooks, 48 members of auxiliary staff, 15 members of cleaning staff, 23 workers, 3 guards.

⁴ CRC Committee, General Comment no 5 (2003), General measures of implementation of the Convention on the Rights of the Child (arts. 4, 42 and 44, para. 6) CRC/GC/2003/5. ICESCR Committee, General Comment no 3/14.12.1990, The nature of States parties obligations (art.2 par.1).

⁵ Ibid.

Services: “**Administration Department**, **Care Department**, c) **Creative Occupation Department**: responsible for the education, training, practicing self-help, occupation, recreation and speech therapy..., d) **Physiotherapy Office**: issues of rehabilitation of mobility ... physiotherapy methods acceptable at international level. e) **Social Work Office**: social rehabilitation for the patients... cooperation with their family environment...”.

Aim: “to care for children between 6 and 18 years old who suffer from severe mental retardation and also relevant social problems...” “Children between 0 and 18 years old with psychomotor development problems can receive external care within specific programs... In special cases... internal care... up to (30) days per year...” Its capacity is “100 beds”.

F. FINDINGS

...Several problems have been identified and an absence of institutional and substantive presuppositions for the implementation of the rights of children with disabilities.

I. Shortcomings in the legal framework

The Convention on the Rights of the Child is not implemented. Since its ratification (1992), no legislation or regulatory framework was issued which would ensure the holistic realization of all rights of children with disabilities who are in alternative care/residential care. Some of their basic human rights are not taken into account, both in the law and in practice. The nature of Social Care Centers does not, on the one hand, take into account the rights of children with disabilities as subjects of rights, and on the other hand the fact that they need a particular, sensitive and consistent approach and also a multidimensional care⁶ instead of just being treated as patients.

Specifically, there are no provisions that set out specific measures and standards about how the care should be provided to children with disabilities in a

⁶http://www.synigoros.gr/pdfs/_deltio_tupou_paidia_anapiria.pdf
http://www.synigoros.gr/pdfs/_statement_disabilities_barcelona.pdf

⁶ Annual Report 2007 Greek Ombudsman, Rights of the Child, page 195.

manner that realizes all their rights. The current operational legislative framework establishes “*care*” as the sole purpose of these centers. This framework does not ensure the institutional guarantees necessary to provide children who live in special conditions the possibility to enjoy all their rights in the same manner as their peers, according to the principle of equality.

II. Current Situation

1. The care provided

Entry to the care center takes effect upon an application of the parent or after the prosecutor’s order... Under the pressure of lack of structures, it can also happen that the Center will accept a child, even when scientific expert opinion is that he or she will not receive adequate care. During the first visit, there were 79 residents, aged between 6 and 38 years (15 minors) with severe disabilities and multi-disabilities...

Due to disability and age, the absolutely essential personal needs that should be covered relate with personal care, feeding, dressing, personal hygiene, teeth hygiene, personal contact, training in self-care, recreational and psychomotor activities, creative occupation, outings, psychological support, etc.; these however were not covered, because of lack of staff, adequately structured facilities, equipment and relevant programs. The resident children do not receive adequate personal care.

The children were alone in their beds, looking at the room’s white ceiling. According to unofficial information, they were on sedatives. Some smaller children were laying in beds with blankets all around them, for protection, and some others, although of a very young age, were strapped to their beds with a piece of cloth with the justification of avoiding self-injury. Children with intellectual disabilities but without motor disabilities were spending their days in wooden beds/cages with a door and a lock, with the justification that this was necessary to prevent them from self-injury if they moved within the premises, given the lack of supervision⁷ because of lack of staff. Some of the children expressed the need for physical contact and the wish to come out of their beds, and some others remained indifferent or made

⁷ <http://www.0-18.gr/downloads/episkepseis-synigoroy-se-skaramagka-kai-lechaina-10-9-09> , Annual Report 2009 Greek Ombudsman, Rights of the Child, pages 120-123.
http://www.synigoros.gr/annual09/dikaiwmata_paidiou.pdf

stereotypical movements. There were no toys or personal items, as these were considered dangerous to cause self-injury, for the same reasoning.

The older residents with motor abilities were moving aimlessly in the general use hall on the ground floor, without stimulation... they wore identical, grey uniforms... they were fed in a hurry, alone or in pairs... they stayed in rooms split in two by a wooden railing and a door with a lock, which reminds one of detention premises, they were sitting alone on a bed... their hands were strapped to the bed and some of them made stereotypical movements.

There was an intense smell in the premises caused by the chronic delay in satisfying the needs for personal hygiene of the residents, even though the windows were open. The residents with severe physical disability were in bed permanently. The bedridden children lived together with bedridden adults in rooms with 2 to 7 beds. There was no place for stimulation, relaxation, neither was there any adequately arranged internal space for recreation, nor were there any recreational items above the children's beds (i.e. visual stimuli). TV screens were not working properly. Once a week some of the residents were allowed to go out with the help of volunteers.

The electronic surveillance of the residents' bedrooms was considered necessary because of the lack of adequate nursing staff.

It was not possible to evaluate the psychological condition of the children. Problems of health and behavior, which were considered individual problems of each child, could have been caused by institutionalized care... lack of creative activities and environmental stimulation⁸. Psychological deterioration due to lack of appropriate personal care, deterioration of physical rigidities and fitness of the residents due to lack of necessary therapeutic treatment, and deterioration of the condition of their teeth are also possible...

2. Care/ Special treatments/ Services

Children with disabilities and chronic diseases are entitled to receive regular follow-up treatment of their health problems, regarding their disability and chronic disease on one hand and their general health and dental care on the other. They are

⁸ Program "Dafni" of the European Commission
http://diktuo.files.wordpress.com/2008/10/paidi-sto-idryma_1.pdf

also entitled to special treatments, such as physiotherapy, occupational therapy, etc. aiming to their rehabilitation, prevention of deterioration of their health, and their training to self-care.

The lack of a pediatrician and a pathologist hampers the daily or regular follow-up treatment of their health and at the same time hampers the prescription of appropriate medication. In fact, hospitals are not able to care for the residents either immediately or regularly and on the basis of a program. Dental care, prevention and treatment, was not provided. The lack of a psychiatrist also causes significant difficulties. The two recent deaths of minors with intellectual disabilities because of swallowing objects are related with the lack of scientific supervision and staff: “*due to the prolonged stay of residents in the CH.CA.C., their age and also the heavy medication they receive, it is inevitable that some of them will die if the relevant specialized staff is not being employed (general doctor, psychiatrist, neurologist, etc.)...*” (I.B.H.W.S 05.03.09). Another serious problem is the inappropriate use of psychiatric methods for adults on children with severe intellectual disabilities, with the justification of lack of sufficient staff, without any legal grounds and without a continuous scientific supervision provided by a child psychiatrist.

The lack of nursing staff leads to omissions in individual care and treatment, but leads also to several duties being exercised without adequate training, for example auxiliary staff, instead of nurses, administering medication... During the 1st visit not a single nurse was present... The ratio per shift was 1 assistant nurse for 25-27 children... There was 1 ward assistant per floor and 2 auxiliary staff members... whereas it is necessary to have 3 staff shifts on a daily basis; and this number should also take into account the regular leaves, irregular leaves, the need for services provided during the evenings, the holidays and the weekends, specializations provided for only 1 post. During the hospitalization of children, the hospital does not provide staff for their individual care.

The needs for specialized therapies were not met... due to lack of scientific staff, adequately adjusted facilities, equipment, programs, scientific supervision and scientific treatment protocols... one occupational therapist was present... Physiotherapy is provided to those who can improve (with a lesser degree of disability) and it is not provided to all; although physiotherapy should be provided to all not only to those who can improve but also to those who cannot improve their

state, at least to prevent it from deteriorating⁹. No room was adequately equipped (with mattresses, educational material, etc.), neither were there any wheel chairs, adapted depending on the individual needs of the residents, to transport them to their treatment or when going out.

The lack of training in self-care and autonomy and the low degree of expectations concerning the potential of each child inside the Care Center hamper the right to development of these children. For example, two of the children with intellectual disability and pervasive development disorder started a program to learn chewing and eating solid food at the age of 7, after their introduction to the special junior school...

Many of the residents are insured under the public social welfare and some are indirectly insured under the insurance agency of their parents, who do not always receive the relevant legal insurance benefits (i.e. an adapted wheel chair)...

3. Education/ Socialization

Most of the children miss compulsory education and also the legal option of taking lessons “at home” which is provided for pupils with severe diseases. They do not receive any supportive special education, neither is provided any post for a special education teacher and nor any adequate equipment. Two of the children (7 years old) with intellectual disabilities / pervasive development disorder were introduced to the special junior school (2010-2011) after intervention of the Authority, for two and a half hours in the mornings... they are moving on and progressing according to the opinion of special teachers... However, after school they are put back in their beds/cages...

There is no a regular program for outings for all residents relating to their socialization.

⁹ ICESCR Committee General Comment no 5/09.12.1994, Persons with disabilities.
The Chartered Society of Physiotherapy “Curriculum Framework for qualifying programs in physiotherapy 2002”, Definition of physiotherapy , page19.
<http://www.csp.org.uk/uploads/documents/CFforQPP.pdf>

4. Relation with families/ Custody issues

The children lack regular contact with their families. Only a few parents visit the Care Center regularly, although many of them maintain parental responsibility (from legal aspect). Often, the lack of parental participation in the Center's decisions regarding the minors cause problems, especially, because the Center does not have custody of all children. The proceedings for claiming child custody are being considerably delayed. The necessary social research takes time to reach a conclusion... In cases where it is obvious that parents do not exercise their parental responsibility properly, for instance when they do not visit the child at all, the *ex officio* legal proceedings for taking away parental responsibility on the ground of proven inadequate exercising and for the appointment of a custodian under the provisions of the Civil Code do not evolve. The institution of foster care is not adequately functioning.

III. CH.CA.C. of Lehaina staff

There is not sufficient staff to provide multidimensional care to all residents or special care to children. Out of a total number of 163 posts, about 80 are vacant. The staff is assisted by volunteers, personnel with fixed term contracts and young people under the provisions of the "Stage" program, The findings include: a very serious lack of human resources in numbers, specializations and medical specialties (pediatrician, child psychiatrist, orthopedics doctor, neurologist, psychiatrist, dentist, physiatrist, etc.), in scientific staff, such as psychologists, special education teachers, speech therapists, occupational therapists, physiotherapists, etc. and especially nurses, assistant nurses and auxiliary staff; all this leads to very serious omissions in the care provided to the children... This problem gets bigger because of the institutional shortcomings regarding support within the community ...

In terms of human resources, the problems identified include: a standard practice for non-recruitment of staff, operation rules without sufficient staff posts both in numbers and specializations, secondment of staff in other agencies without replacement of those missing for long periods, no motivation for new staff, an increased need of the employees to take long periods of sick leave due to health problems (caused by the nature of their work, the lack of staff and modern

technological equipment), lack of regular training, absence of supervision by scientific staff ...

On a daily basis the staff has to deal with a job that requires both physical and mental vigor. Unfavorable working conditions, the inevitable physical and psychological load caused by the lack of scientific and auxiliary staff, the lack of scientific supervision, of motives, regular training, clearly defined duties, and the actual isolation of the Center have led to a professional burnout. This situation has led to a state where the low level of care provided to the residents is being tolerated. The staff's constant concern about being blamed for a possible death lead to unacceptable practices: restraint, beds/cages, sedation, isolation from the outer world...

IV. Accessibility

Some of the serious problems facing the residents in their day-to-day life are also caused by lack of accessibility and adaptation of the premises. The Center is located in an old building outside the main settlement, with a non-accessible entry. The exterior premises are not upgraded in a manner that takes into account the special needs of the children residents for activities, recreation and therapeutic activities. No specific area is prepared for the operation of the Day Center which also enforces the exclusion from the community. There are maintenance problems. The living wards are located on three floors without a sufficient number of elevators, which would allow the movement of wheel chairs for the disabled to access activities and therapeutic sessions. In case of emergency (i.e. a fire) it is not possible to evacuate immediately. The bathroom is situated at the end of the floors and is not adequately adjusted and equipped.

A possible planning for the improvement of facilities for the residential care of children with disabilities should include: a) the aspect of the children's special needs, based on their age and their state of disability, and b) the aspect of de-institutionalization through the development of new small family-type structures with humane living conditions and support provided within the community.

V. Leaving the institution

The children are not supported to leave the care center after they attain adulthood. The report written by I.B.H.W.S includes a mention of the fact that the

“*mortuary*” is missing, which accurately describes the expectations of the State. Residents remain in the Center without reevaluation of their conditions until their death, because there are no residential care structures for adults with intellectual disabilities and the process of de-institutionalization providing living structures within the community has not evolved; this leads to an absolute violation of their personal freedom and rights until the end of their life¹⁰, even without the legal guarantees which are applied in the cases of involuntary placement and treatment.

CONCLUSIONS AND RECOMMENDATIONS

According to the data collected (2009-2010), there is a significant shortage of services provided to the residents resulting from the lack of staff as well as from the nature of the institution. The residents are deprived of basic human rights and undergo discrimination and isolation. The above mentioned practices result in deficient care and systemic neglect of residents.¹¹¹ Particularly, the following institutional and actual problems were ascertained:

- Insufficiency of the current legal framework and lack of institutional standards; the obligation to implement all children’s rights by providing holistic and adequate care is not taken into account.
- Non implementation of the regulation as regards the provision of services by the specified departments, the number of staff, the coexistence of adults.
- Deprivation of proper care according to age, type of disability and personal needs of the residents.
- Significant lack of education, activities, recreation and socialization.
- Improper practices of restraint and confinement.
- Lack of scientific supervision and scientific protocols of treatment.

¹⁰ The procedures for the appointment of a court attendant through an *ex officio* procedure of the court, under Articles 1666 & seq. of the Civil Code, are not applied neither for adults with disabilities who live in an institution.

¹¹¹ Council of Europe Publishing “Safeguarding adults and children with disabilities against abuse”, chapter 2.2.4, 3.5.

-Lack of sufficient and adequate scientific, nursing, auxiliary staff and medical doctors.

-Unfavorable working conditions, professional exhaustion of the staff, need for education, training, improvement of motivation, sufficient remuneration.

-Lack of accessible facilities, non adjustment and lack of sufficient pedagogical, recreational, technological equipment etc.

-Insufficient activation of social research procedures with regard to taking minors into custody and promoting the institution of foster care (and adoption).

-Insufficient contribution of other public institutions, mainly in the sector of health

-Insufficient cooperation, supervision and control by the 6th Regional Health Authority.

-Lack of other specialized social care structures for children and adults with intellectual disabilities and pervasive developmental disorders.

The current institutional framework governing the operation of Social Care Centers has to be revised. It is recommended to take institutional and actual measures in three directions:

A) Immediate covering of treatment and care needs of minors and adults throughout the period of their stay in the institution, by employing sufficient and adequate staff and by taking special measures for the best possible care of theirs. Particularly, it is recommended:

-To employ sufficient adequate staff and to cover posts.

-Not to approve any secondment of staff, if this is not allowed under current conditions.

-To improve the **working conditions** and to participate in regular **training**.

-To separate children from adult residents, by adjusting the living spaces and environment of theirs according to specific age-related needs.

-To provide **proper, holistic and special care** according to specific age-related, developmental, therapeutic and personal needs, under scientific supervision and by keeping scientific protocols.

-**To eliminate practices of restraining and keeping** residents in beds / cages.

-That the staff members should have continuous **physical presence** for the purpose of supervising instead of using electronic device.

-To supply **recreational and educational material** as well as **technological equipment** adjusted to different types of disability.

-**To improve spaces** and equipment by creating an environment adjusted to childhood and disabilities, spaces of personal hygiene, pedagogical activities, physiotherapy, occupational therapy, recreation etc.

-To promote **social research** procedures as regards custody matters...

-To promote the institution of **foster care** by empowering the social service...

-That the competent authorities should make regular **controls and supervise** the center.

-To activate other public organizations: hospitals, mental health centers...

-To activate judicial authorities for ex officio intervention in cases of bad exercise of parental care, for deprivation of custody and appointment of a guardian of minors (or of a judicial assistant of adults).

B) Approval of new regulations of operation by the Ministry of Health and re-design of the care and the services provided with the purpose of providing multidimensional, adequate and individualized care to children for holistic development, response to age-related needs, needs of the specific disability as well as personal needs. The new regulations should take into account the statutory rights of the children.

C) Quitting of the current model of residential care by adopting legal and substantive measures for de-institutionalization and prevention of institutionalization in accordance with the Recommendations of the Council of

Europe, in order to promote care within the family of children with disabilities and of adults, mainly those with intellectual disabilities, along with the support provided by services within the community.

Particularly, it is recommended:

-To establish specific **requirements with regard to alternative care** of children with disabilities in residential public or private structures (international standards).

-To interdisciplinary design and to institutionally promote the operation of **small care and housing structures for** children with disabilities (up to 12), in a steady familiar environment and under conditions similar to those of a family, with sufficient care staff, individual observation, steady reference persons, provision of services by the community and connection with the social life.

-To operate **day centers and daily structures** (for creative occupation, lifelong learning in self-care and acquisition of skills etc.) as open care centers of the persons living in a family.

-To operate **short-term regular housing** structures as a respiratory care for the parents, for prevention of crises and in case of a crisis...

-To provide health services, mental health services and support within the community.

-To prepare a national action plan containing design, planning, financing and specific goals with regard to children with disabilities...

-To take legislative, administrative and effective measures in order to implement the human rights of children with disabilities (L.2101/92, art.4)

The Greek Ombudsman acting in the capacity of Children's Ombudsman, having the institutional mission to protect and promote the children's rights, considers absolutely necessary that the Ministry of Health and Social Solidarity and its services should take significant, immediate and consistent action with an interdisciplinary approach and in the light of international and national principles of law.