Impact of austerity on disabled children in Europe

National Co-ordinators’ Report
Article on plight of children

• Article on Greek children in a state run institution (Lechaina, Greece)
• ‘The disabled children locked up in cages’
• Looked after children/ Direct access: living in ‘cages’, no time for love
• Children who have access to family: no money to run semi-independent/semi-supported living
Jenny’s story

Nine-year-old Jenny stands and rocks backwards and forwards, staring through the bars of a wooden cage. When the door is unlocked she jumps down on to the stone floor and wraps her arms tightly around the nurse. But a few minutes later she allows herself to be locked back in again without a fuss.

She is used to her cage. It's been her home since she was two years old.

Jenny, who has been diagnosed with autism, lives in a state-run institution for disabled children in Lechaina, a small town in the south of Greece, along with more than 60 others, many of whom are locked in cells or cages.
Child being fed through the bars
Together for Children Association (of which ICPS is a part) wrote to the Ministry and offered assistance and advice but did not receive any response.

However, it is not a problem exclusive to Greece!

EACD National Co-ordinators requested to investigate the state of disabled children, especially those in the care of the state, in their own countries.
National Co-ordinator Reports

• Survey data from Spain
• Reports from Turkey, Norway, Austria, Ireland, Serbia, Georgia and the Netherlands
• Different systems of care
• Impact on professionals and care providers
• Three distinct groups of children:
  – children in family care
  – children under care by the state
  – asylum seeking children
Systems

A number of countries have tried to move to a 'family based care' system

Institutionalised care for disabled children has come down dramatically especially in the Eastern European countries. Those that remain have variable quality.

Generally the children in them are either without families or are asylum seekers. Provision from the state is poor, little access to education and often there are major issues of abuse (all forms) and neglect.
Impact on professionals/services

• Reduced government funding; freeze on recruitment; no replacement after retirement; less staff to attend disabled children.
• There aren’t enough workers to substitute ill or off work professionals.
• Worse working conditions; work more hours and have lower salaries and less vacation. Amount of time available to attend to each child has decreased.
• New appointments are normally given short term contracts and most of these professionals don’t have enough experience.
• Facilities don’t have the same facilities they had before the recession because the government has reduced the budget dedicated to the attention of disabled children.
• At this moment there is a long waiting list for most services, and families must wait for a long time to get attended.
• Funds for equipment have been cut
Impact on families/children(1)

• Reduced subsidy and support from the governments. A much harder life; increasing poverty.

• The amount of money invested by the government on supplies like: wheelchairs, orthopedic devices, technology, etc., has been reduced, therefore families have must pay for these devices themselves. Some families are forced to ask for loans in order to cover these expenses. Limited access to therapy and equipment

• Reduced amount of home care assistance. Families have to either hire private care assistants or stop working themselves. As we all know is very difficult to support a disabled child with just one income.
Impact on families/children(2)

• Very affected children who need to stay in special disabled center must wait for a long time for a vacancy.
• Poor access to special education or inclusive education
• Poor access to safe secure care provision from the state. Sometimes left to die if thought to have poor quality of life. Increased institutional abuse/neglect.
• ‘Difficult’ behaviour managed by restraint, ‘caging’, abuse, inappropriate medication
• Loss of income and poverty/moving back to g'parents. Move towards 'family based care' systems
• Those who are marginalised e.g. immigrants, are disowned by state and by communities/individuals
How should the EACD respond?