

Situation Overview: Perception of Access to Basic Services by Refugee and Migrant Children outside Accommodation Sites

Athens and Thessaloniki, Greece, March 2017

CONTEXT

More than 20,000 (or over one third) of Greece's recent refugee and migrant population are children.¹ The majority of them live outside accommodation sites (camps)² and are accommodated in various places provided by the Greek government, UNHCR and (I)NGOs, including hotels, shelters and apartments. Whilst access to basic services for this widely spread out population has been a major point of discussion among humanitarian actors for some time, little is known about the appropriateness of the services on offer and children's perceptions of the services available to them.

By national/Greek law, children are entitled to education and healthcare irrespective of their legal status.³ Yet, challenges in accessing these services remain. This is of particular concern, as basic services must respond to the needs of a highly heterogeneous group. Whether children are alone or with their families, their particular situations with regards to safety, health and livelihoods, and their different aspirations for the future, are all key elements to be considered when providing services.

REACH conducted this situation overview in the framework of a partnership with UNICEF, with the aim of assessing children's awareness and

use of services available to them, and whether they find these relevant. This situation overview presents children's concerns and perceptions of the available services outside accommodation sites (camps), focusing on education, healthcare, protection and food. It finds that whilst children are aware of the basic services available to them, they reported that these services are insufficiently tailored to their needs and only covered the bare minimum.

Findings are presented in accordance with children's priorities, reflecting how often they discussed a given service and concerns associated therewith. The most reported concerns were: education; health; food; and protection. For each of these, testimonies of children are added at the end of each section.

ACCESS TO EDUCATION

In all locations assessed, education was the most reported concern for children. All of them, whether accompanied or not, and irrespective of legal status or nationality, reported wanting to go to school.

All children who had been able to access some form of education (non-formal or formal) reported that they felt better in Greece since they started going to school. Still, the perception among children of the

Map 1: Locations assessed in Athens and Thessaloniki, Greece.



METHODOLOGY & LIMITATIONS

This situation overview presents findings from an assessment on the perception of access to services by accompanied, unaccompanied and separated children (UASC) living outside accommodation sites (camps) in the cities of Athens and Thessaloniki, Greece, conducted in February and March 2017. A mixed method approach was used, combining key informant interviews (KII) with service providers and focus group discussions (FGDs) with children. In total, ten locations were assessed. The types of locations were as follows: six shelters for unaccompanied children, two shelters for vulnerable asylum seekers, one apartment building and one hotel. Six were in Thessaloniki and four in Athens. In total, 35 key informant interviews and 15 FGDs with 81 children (21 accompanied and 60 unaccompanied) were conducted.

All children participating were 15 to 17 years old, and mainly boys. Only 16 girls could be found in the age category considered at the time of the assessment; hence, their views may be underrepresented. There were four Afghan, three Syrian and two Pakistani FGDs, as well as six mixed ones for shelters too small to include children from the same nationality only. Legal guardians and children provided written consent and assent prior to interviews. The latter were conducted by multi-lingual teams who had appropriate training in data collection, ethics and child protection. Interviews were conducted in the respective respondent's mother tongue, incl. Arabic, Dari, Pashto, Urdu, English and Greek. As findings are based on self-reported information, they should be considered as indicative only.

1. Sources include: MoMP, MoD, RIS, EKKA, ARSIS, ASB, DRC, IOM, NRC, UNHCR, UNICEF, as of 25 March 2017.

2. This includes shelters for unaccompanied and separated

children (UASC), apartments and hotels based on the UN accommodation scheme and private rented apartments.

3. [Law 220/2007, Article 14 PD.](#)

appropriateness and accessibility of education available differed widely. The most reported challenges in relation to education were (1) the quality of education received and (2) children's perception that classes were not suited to their needs due to language, school level and access barriers. Children's perceptions were also influenced by whether or not they planned to remain in Greece in the longer term.

Key informants confirmed that where children did not attend school, this was mostly due to language barriers, or because classes were not tailored to children's learning needs and abilities.

QUALITY OF EDUCATION

Whilst the majority of children accessed some form of education (formal or non-formal), their perception of the education received differed by type of education provided. Children who received non-formal education (often delivered by NGOs or volunteer groups in the location or in places nearby) were generally satisfied with the quality of the service provided, although they wished to go to formal schools, as they felt that non-formal education could not replace formal education. In contrast, children's expectations with regard to formal education were often not met.

Formal Education⁴

In one third of the locations assessed, children indicated that the education received was not satisfactory to them. They reported that classes were not structured or that little actual teaching was taking place. In one site, unaccompanied children mentioned that teachers told them to play card games; thus, they used applications on their phones to learn. Some children also perceived that teachers did not care whether they attended school at all. As a result, many children were disappointed by the long awaited formal education services. One child, who waited for four months to attend formal education, reported dropping out due to the poor quality of teaching.

Non-formal Education

Overall, children who received non-formal education positively assessed these classes, which were taught in a mix of languages, including Greek, English, Arabic and Farsi. They enjoyed the varied content of the classes and the routine that the set activities provided to their daily life. Children said that these classes gave them a reason to wake up in the morning and allowed them to spend the day doing something 'meaningful' to them. Still, most of them reported that non-formal classes could not replace formal ones, adding that they would like to access formal education.

LANGUAGE OF FORMAL EDUCATION

Many children perceived that formal education classes were not suited to their needs. Some children, mostly Syrian, did not see any reason to learn Greek or have lessons only in Greek, as they did not intend to stay in Greece. On the other side of the spectrum, most Pakistani children said that they did want to learn Greek, but that the teaching technique, whereby all classes were delivered in Greek irrespective of the children's knowledge of the language, did not allow them to do so. Afghan children tended to fall in either category.

Indeed, the most reported reason for dropping out or not attending school by both key informants and children was the language barrier. In four such cases, children said they did want to learn Greek, however, they had never been to school in their country of origin and felt the classes were too advanced for them; this prevented them from continuing.

ACCESS TO HEALTHCARE

In nine out of ten locations assessed, children reported that available healthcare services were insufficiently or inappropriately responding to their needs. This stood in stark contrast with information provided by key informants (service providers working in the location) who reported that healthcare was easily accessible to children in their respective

CHILDREN'S VOICES ON ACCESSING EDUCATION

“ Sometimes I feel I don't have a reason to wake up. It's not that I don't like to wake up, but there is not something to make me leave the bed. It's better since we started having classes, this is a reason. ”

F16, Syria, accompanied

“ I want to learn, because if you don't learn Greek you cannot study, you cannot improve yourself. ”

M16, Pakistan, unaccompanied

“ I like in general to go to school and I want to have an education. But I don't go because I don't know the alphabet, and the lessons were a high level so I left. When I started I told them that I can't read and write. Since then nobody showed me how to write. The teachers were speaking only in Greek to me. ”

M17, Afghanistan, unaccompanied

“ I came here to continue studying but it's not good, because it is all in Greek and most of it we don't understand. For three months I used to go – they registered me – but nothing changed in those three months and I quit, because I went to school, I woke up at seven a.m. and I just came back. I learnt nothing there. ”

M16, Iraq, unaccompanied

4. This section only refers to morning classes which children attended once living outside accommodation sites (camps).

location. The most common challenges to accessing healthcare reported by children included: (1) insufficient provision of healthcare on site; (2) communication problems and long waiting times to access public hospitals and (3) inaccessibility of medicine.

INSUFFICIENT PROVISION OF HEALTHCARE ON SITE

Whilst half of the locations assessed had a nurse present on site, children reported that in three of them the health services provided by nurses were not sufficient. They added that, whenever they had experienced health issues, nurses only distributed pain killers and did not address the raised issues more specifically. In some cases, children felt that their health concerns were not taken seriously.

COMMUNICATION PROBLEMS AND LONG WAITING TIMES

When treated in public hospitals, children faced both communication problems and long waiting times. In four out of ten locations assessed, children reported they were unable to communicate with doctors and did not have translators at their disposal. Additionally, in three locations children reported long waiting times in both getting the appointment (usually scheduled by the entity running the location) and the actual date of the appointment, reportedly waiting between one week and two months to be treated.

INACCESSIBILITY OF MEDICINE

In three out of ten locations assessed, children reported that when they were in need of medication, this was sometimes not available at their location or in the hospital. As a result, some children reported they had to pay for the medicine, which was expensive to them. In one instance, a girl even reported returning to an accommodation site (camp) where she previously stayed with her family in order to collect medicine for her mother which was not available at the public hospital.

ACCESS TO FOOD

Whilst key informants in all locations assessed reported that food was sufficient and provided three times a day by the entity running the location, in five of the ten locations, children said they were not satisfied with the food received. Most reported reasons included: (1) low quality or repetitive food; and (2) set hours for food distribution.

For many, the perceived low quality of food made children feel that the staff did not care about them. Reporting only access to perceived 'basic' food, such as rice or pasta, children felt their diet was imbalanced and repetitive. Set hours made children reportedly miss meals, as they sometimes clashed with school or other engagements and food was not available outside these hours.

When children were asked about what they would spend money on, the first response was consistently food.

PROTECTION

Overall, children reported feeling physically safe inside assessed locations, and most children who had previously stayed in an accommodation site (camp) reported that they now felt much safer. However, challenges remained, particularly in terms of (1) access to international protection; (2) lack of psychosocial support; (3) protection risks inside locations, notably theft, and protection risks outside locations.

ACCESS TO INTERNATIONAL PROTECTION

In eight out of ten assessed locations, children reported that they felt worried and frustrated about the length of legal procedures to apply for asylum in Greece or to access to family reunification or relocation to other EU countries. Children were concerned about both the time the procedures took, but also about the perceived lack of communication about the progress of their case; most children who took part in the group discussions had been in the country for almost, or more than, one year and were not sure at what stage their claim for asylum, family reunification or relocation respectively was.

CHILDREN'S VOICES ON HEALTHCARE AND FOOD

“ We have been in Syria but never felt the war – we started feeling the war since we left Syria, [everyone comes in the discussion and agrees] now we feel what the war is and it's not easy. ”

F16, Syria, accompanied

“ Since the war started I have this problem with memory loss. I spoke with an NGO and said I want a doctor, and they said they cannot pay for this. ”

M17, Syria, accompanied

“ We have a nurse here- she can't do much apart from giving tablets and pills. ”

F17, Afghanistan, accompanied

“ We never have anything sweet here and the food is every day the same. ”

M15, Syria, accompanied

“ Medicine is expensive. Once I even went back to the camp I was before to get free medicine. ”

M16, Iraq, unaccompanied

LACK OF PSYCHO-SOCIAL SUPPORT

In four out of ten locations assessed, children reported that they felt in need of psycho-social support,⁵ which, as far as they knew, was not available to them. Three of these locations were shelters for unaccompanied children. Children reported they needed someone to help them cope with what they had experienced before coming to Greece.

Whilst many children reported that they needed someone to take care of them, particularly unaccompanied children, most of them added a need to talk to someone and felt the staff at their location did not provide for that.

PROTECTION RISKS

In nine out of ten locations, children reported to feel physically safe. Reasons for this included security guards and reception staff at the entrance, the banning of alcohol and drugs (mentioned as a cause for concern for children when they were in accommodation sites), and the good relations between children and service providers. The one location where children reported not feeling safe was due to the lack of regular supervision of the entrance, which made particularly girls feel unsafe.

In all four shelters for unaccompanied children assessed, children reported that theft occurred regularly. In each location, there was at least

one child who reported to have had his/her possessions stolen from his/her room or within the premises of the shelter. In some cases, children said that when they reported the theft to the responsible persons in the location, the latter did not believe them nor supported the children in finding their possessions.

In half of the locations assessed, children reported not feeling safe when outside, in urban areas nearby. Reasons for this varied but included fear of racism, drug use and dealing close to the site, and fear of theft. In two cases, boys reported to have been approached several times by older men for transactional sex outside their shelter. Some children further reported that they did not feel safe because they did not trust the police and were afraid of reporting if something happened to them. Two children reported that police had not responded to their problems in the past in accommodation sites (camps), and indicated that they did not trust them anymore.

CONCLUSION

This situation overview found that whilst most basic services are in place, these services are perceived by many children as failing to address their individualised needs, in relation to protection, education, healthcare, or food.

In terms of protection, the majority of children were very worried about the progress of their claim for asylum, family reunification or

relocation; most were not clear about the stage their claim was at. Many, irrespective of their nationality or gender, also reportedly needed someone to talk to, such as a social worker, to help them cope with their experiences prior to arriving in Greece and the incertitude experienced once in the country.

With regards to education, children's perception often differed according to their personal plans for their future: children who did not plan to stay in Greece found classes or schools taught in Greek inappropriate for their needs. For children who wanted to stay in Greece, the education system did not provide enough classes adapted to their knowledge in terms of language or level.

In terms of healthcare, children reported facing access barriers, such as insufficient medical services, long waiting times at the hospital and expensive medicine.

Food was a concern for most children and often linked to their perception of not being taken care of by service providers.

Overall, due to the lack of targeted support, many children shared a general feeling of neglect and an overall perception that they were not cared for as they thought children should be.

CHILDREN'S VOICES ON PROTECTION

“ We don't know about the procedure- we have no information- what more papers we need to make – how long to wait – at what stage the procedure is now and at any time. It's very hard to spend the time here after waiting for one year - if we don't take the permit we will have a problem, what will happen with us? ”

M16, Pakistan, unaccompanied

“ People are nice here [at this location], but for us it's a waste of time; we are just waiting for family reunification. ”

F17, Syria, accompanied

“ It's not good here because there is a lot of stealing- if you put your phone on the washing machine and go to hang your clothes, your phone is vanished in one second. ”

M16, Afghanistan, unaccompanied

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our global office: geneva@reach-initiative.org.

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5. Psycho-social support was defined to children as 'someone to talk to about how the child feels and the problems they may have.'