

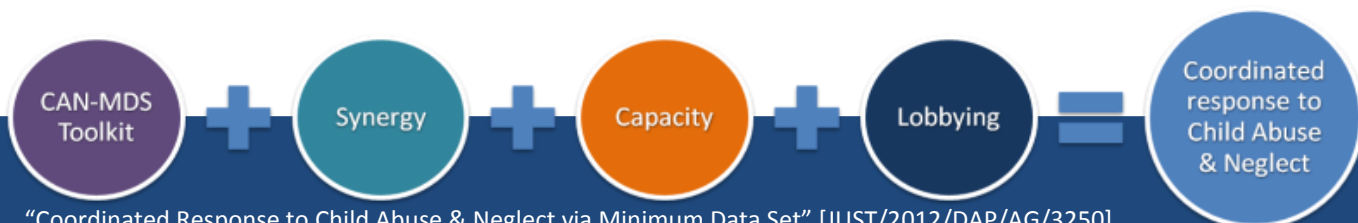


Institute of Child Health, Department of Mental Health & Social Welfare

CAN surveillance in Greece: current policies and practices

Country Profile

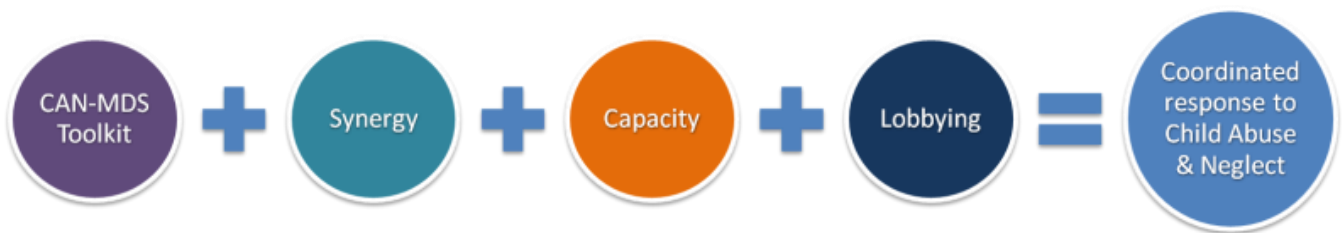
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“Coordinated Response to Child Abuse & Neglect via Minimum Data Set” [JUST/2012/DAP/AG/3250]

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Coordinated Response to Child Abuse & Neglect (CAN) via Minimum Data Set (MDS)

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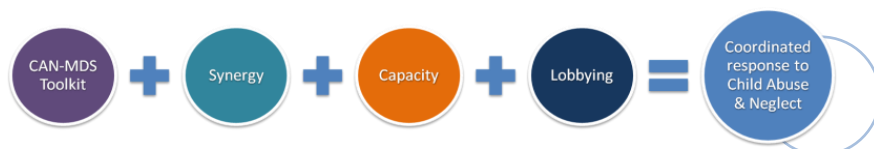
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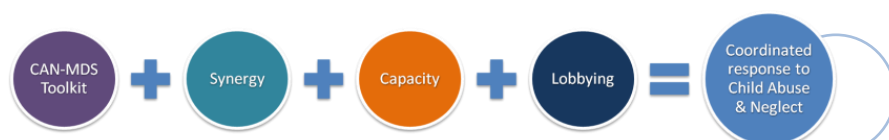
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1 – The rationale for a CAN-MDS in Greece

The Institute of Child Health, Department of Mental Health and Social Welfare undertook the initiative to prepare and submit the project entitled “Coordinating response to child abuse and neglect via minimum data set” under the Daphne III Programme because in fact, there is no indication of the extent of the problem of child maltreatment in the country and, therefore, no possibility to calculate any further costs or other considerations, and certainly no documented scientific basis for proper planning and evaluation of practices used to confront the problem or of prevention policies.

Thirteen years after the recognition of abuse and neglect of children as a major public health problem worldwide by the World Health Organization (1999), and although there are recent data on the burden of child abuse and neglect on children themselves, as well as on Public Health overall, the first recommendation which concerned development of systems for the epidemiological surveillance of the phenomenon and its impact on public health in Greece is still pending: up to the first half of 2013 there has not been any type of epidemiological surveillance system on incidents of child abuse and neglect, no common database, nor any central structure for reporting incidents. A study conducted by the Institute of Child Health in 2008 showed that the collection of any CAN data is fragmented, conducted by many and diverse agencies and services on their own initiative, and methodologies and recording tools differ per case (Nikolaidis et al., 2008).

During the case-based surveillance study conducted in the context of the Balkan Epidemiological Study on Child Abuse and Neglect (October 2009-January 2013)¹ the identification of all agencies that are involved in the administration of CAN cases was attempted to be collected in a single inventory for the whole country on the basis of specific pre-defined criteria. A total of almost 1300 agencies were listed, working mainly in five professional fields: health and mental health, social welfare, justice, education and public order. In the context of the same study, incidence data for the year 2010 were collected in the prefectures of Attica and Crete from the archives of 141 agencies (almost half of the organizations identified in specific geographic areas) using standard methodology and extraction tools. It is noteworthy that almost half of the total number of cases were available in the archives of less than 10% of the agencies, while the other half of the cases were identified in the archives of the remaining 90% of the organizations (Ntinapogias et al., 2013). Therefore, in order to have as much information as possible on CAN issues, it would be preferable to have information not only from the few main agencies working with maltreated children (where the vast majority of cases are addressed), but also from the vast majority of the agencies (where half of the cases are addressed).

The perspective of development of a minimum data set that it is expected to require considerably less resources but would be methodologically sound will be probably the more convenient to involve as many as possible related agencies and stakeholders for establishing a national CAN surveillance mechanism, given the difficulty to align all the involved agencies in a long protocol for CAN surveillance (in terms of human, time and financial resources, especially in the current conditions of the restricted resources due to the financial crisis). Moreover, if such a system with identical methodology and tools would be established in other countries (such as Italy, France, Romania, Bulgaria, Germany and Belgium), then the mainstreaming will be feasible

1.1 - Aims & Objectives of developing a CAN-MDS at national level

The Daphne III programme, part of the General Programme “Fundamental Rights and Justice” aims to contribute to the protection of children, young people and women against all forms of violence and to attain a high level of health protection, well-being and social cohesion.

The Project “*Coordinated Response to Child Abuse and Neglect via Minimum Data Sets*”, co-funded by the EC under the Daphne III Programme, aims to contribute to the protection of maltreated children and children at risk and to improve child protection services by creating the scientific basis, necessary tools and synergies for establishing national child abuse and neglect (CAN) monitoring systems using minimum data sets (MDS). Such systems are expected to provide comprehensive, reliable and comparable case-based information at national level for children who have used child protection services. The data that will comprise the CAN-MDS could be used in multiple ways: for development of

¹ Balkan Epidemiological Study on Child Abuse and Neglect (BECAN Project) co-funded by EC, FP7, Grant agreement no.: 223478, Collaborative Project [more information available at: www.becan.eu].

annual country profiles indicating current needs for services in the field, exploration of the relationship between specific factors and types of child maltreatment and as a point of reference indicating the priorities arising at local, national and international levels (benchmarking). Moreover, it could support the development of CAN National Surveillance Mechanism. Lastly, CAN-MDS data could be used as a baseline for services and interventions' effectiveness evaluation, identification of good practices and for planning future policies and legislation.

The need for working towards the development of such national systems derives from the current situation in the EU countries where CAN case-based data are derived from a variety of intersectoral sources and follow up of victims at local and national levels are not sufficiently coordinated among the involved services. Specifically, the main barriers for effective CAN monitoring concern a. the lack of common operational definitions, b. the lack of common registering practices and c. the use of a variety of methods and tools for data collection and sharing among stakeholders.

The establishment of a CAN registration mechanism via MDS at national level could be part of the routine administrative process in all child protection services and the MDS could be uploaded in a single database operating via a restricted-access on-line network. National child protection services that would initially join these MDS collection/sharing of information would also be expanded to include more services, with an ultimate aim being to capture the entire EU area. Insofar efforts for unifying European CAN related information resources have focused mainly on judicial cases or cases involving authorities' involvement; this project targets at providing a common ground for CAN cases that do not involve legal or public order authorities as well and will be handled and managed by services in the health, welfare and educational sectors as evidence suggests that the vast majority of CAN cases fall into this particular category.

To this end, a Toolkit will be developed consisting of the necessary protocols, tools, a short-training module and a Guide for potential operators of a CAN-MDS system, namely professionals who will be in charge of collecting and registering data. Partners serve as national "focal points" who have undertaken the initiative to create and train their national "core" groups of operators (social/health/other professionals working in the field of child protection or with child victims) as well as to promote the Policy Manual for the establishment of national CAN-MDS systems.

Specific objectives of the project are:

- Development of the methodology for defining a minimum data set on child abuse and neglect (CAN-MDS)
- Mapping of national child protection related services, case-based follow up and CAN monitoring mechanisms
- Development of a CAN-MDS Toolkit and evaluation of its quality
- Formation of national core groups of professionals-potential operators of CAN-MDS
- Building the capacity of professionals working in child protection and CAN prevention related services for collecting and sharing CAN-MDS via a short-training course conducted by trained facilitators and Evaluation of the trainings' effectiveness
- Creation of a Policy and Procedures Manual addressing policy makers and other related stakeholders towards the establishment of national CAN-MDS and adaptation of the Manual according to country specifics
- Conduction of a variety of dissemination and lobbying activities for the adoption of CAN-MDS in participating countries

For lobbying towards a uniform systematic registry and monitoring of abused children at local and national levels (also facilitating international comparisons), a *Policy & Procedures Manual* including ready-to-use tools is going to be created addressing policy makers and other related stakeholders.

1.2 – Ethical Considerations

The term, "surveillance," as used in the public health field, refers to the ongoing and systematic collection, analysis, interpretation and dissemination of health information (ICD-10, 1994; CDC, 2012). It involves the keeping of records on individual cases, gathering information from those records, analyzing and interpreting this information, and reporting it to others, such as health, mental health and welfare professionals, government officials, international agencies, the general public and anyone else with an interest in public health. The provided data allow identification of trends, tracking of information on the determinants of specific health issues and various risk and protective factors,

establishing national research priorities, and guiding the development and evaluation of policies and programs. Surveillance data also highlight emerging issues and allows researchers and policy analysts to monitor progress in the prevention and treatment of public health issues (Health Canada, 2004).

A comprehensive child maltreatment surveillance system must collect and eventually link data from the professionals and agencies involved in the administration of cases of child maltreatment, including child welfare, police, justice, health services as well as coroners, which can provide valuable information on the circumstances of deaths related to child abuse and neglect (Bernstein & Haring Sweeney, 2012). The data of such a surveillance system would be readily available and easily accessed by the maximum number of users as possible, but in a manner that also protects confidentiality and privacy of the data's subjects. This particular point begins the discussion on the ethical aspects related to child maltreatment surveillance systems.

Specifically, the purpose of surveillance is probably the most fundamental ethical question that can be asked; further questions concern the authority carrying out the surveillance, the cause of that surveillance that is closely related to the necessity which is often considered as the most important condition for justified surveillance, the means of surveillance, namely how it is carried out and whether there is balance in regards to its aim, and the consent of the subject of the data.

In the case of CAN-MDS, the purpose can be clearly defined as the combating of child maltreatment, which is a major public health problem, through policies and interventions formulated and evaluated on the basis of reliable data derived from the monitoring of the magnitude of the phenomenon, its specific characteristics and the changes during the time of monitoring at a national and international level. A surveillance system such as the CAN-MDS would be operated in each country by a dedicated national authority working towards the promotion of welfare and the protection of the rights of children; in Greece, the Centre for the Study and Prevention of Child Abuse and Neglect, Department of Mental Health and Social Welfare, Institute of Child Health could undertake this responsibility. The necessity for the development and maintenance of a CAN-MDS surveillance system can be documented by describing the current situation related to CAN data collection in each participating country; in Greece, there is no available system for systematically collecting data on child maltreatment; on the other hand, recent field research (Petroulaki et al., 2013) revealed that the magnitude of the problem is much greater than was measured in the archives of the agencies working in the field (Ntinapogias et al., 2013). Therefore, the necessity for systematic collection of reliable data is imperative. Concerning whether the means for data collection is in balance with the purpose of the data collection constitutes the scope of the Project "Coordinated Response to Child Abuse and Neglect via Minimum Data Set": to develop a Toolkit providing the necessary protocols, tools, a short-training module and a Guide for Operators, namely professionals working in the field, for a CAN-MDS system. It is noted that particular statistical and ethical concerns may be related to the use of a minimum data set; to this end the methodology for interpreting the results must be especially cautious, and should ensure the limiting of false negative or false positive selections; an additional issue to be considered is that in such a system, collected information (minimum data set items) on a CAN case may tend to become a criteria of abuse for professionals. As for the subjects' consent concerning the data, all necessary legislative provisions should be taken into account, including the provisions for administration of sensitive personal data. As was also discussed during the project's kick-off meeting, provisions should be provided concerning responsibilities towards subjects of data such as the right to confidentiality and anonymity (Dench, Iphofen & Huws, 2004); providing that *primum non nocere*, in the case of a CAN-MDS system all necessary measures should be taken for avoiding harm of the subjects of data or related persons.

Apart from the crucial issue of privacy, given that a surveillance system could pose a threat to privacy, an additional ethical issue concerns the potential harm of surveillance in the form of social sorting (Macnish, 2011). Provided that the purpose of any surveillance mechanism is to sort people into categories on the basis of a methodology, there is a danger that social stereotypes could be carried over into these categories and may even be enshrined and institutionalized in them. In the case of a CAN surveillance system, such an issue may arise concerning specific characteristics of families of maltreated children or for maltreated children themselves and therefore should be dealt with thoroughly. The risk of giving a bad image to a community is also stressed in the *EU Code of Ethics for Socio-Economic Research* where it is mentioned that "researchers should endeavour to ensure that research is commissioned

and conducted with respect for under-represented social groups and that attempts are made to avoid their marginalisation or exclusion” (Dench, Iphofen & Huws, 2004, p. ix).

In a wider context concerning public health ethics (Petrini, 2012), according to Childress (Childress et al., 2002) the relevant moral considerations in public health include producing benefits; avoiding, preventing and removing harm; producing the maximal balance of benefits over harm and other costs (often called utility); distributing benefits and burdens fairly (distributive justice) and ensuring public participation, including that of affected parties (procedural justice); respecting autonomous choices and actions, including liberty of action; protecting privacy and confidentiality; keeping promises and commitments; disclosing information as well as speaking honestly and truthfully; and building and maintaining trust. Effectiveness, proportionality, necessity, least infringement and public justification are also suggested as the conditions on the basis of which it can be determined whether promoting public health warrants overriding values such as individual liberty or justice in particular cases.

In social sciences ethical issues are often strongly connected to using computerised data, and therefore, the acceptance of personal data bases varies substantially from one country to another.² Once the surveillance is carried out via computer technologies, further discussions on ethical issues are in place related to the principles of fair information practice, including accountability; identifying purposes; openness; limiting collection; limiting use, disclosure and retention; accuracy; safeguards; individual access and challenging compliance (Bennett, 1992). There is much discussion in the related published and gray literature concerning the ethics of a surveillance activity and methodologies on how this can be assessed. Marx (1998) suggests that a computer-based surveillance mechanism must be judged according to the means, the context and conditions of data collection and the uses/goals. Specifically, a set of 29 questions is suggested and the more these questions can be answered in a way that affirms the underlying principle, the more ethical the use of a tactic is likely to be. The suggested questions for helping to determine the ethics of surveillance target the examination of three main subjects: the means (questions about the potential harm of the surveillance for the subjects of data, inappropriate treatment of personal data and validity of results), the context of data collection (questions about issues such as awareness of the subject of data and consent, principle of minimization, public decision making for using the surveillance, provisions for adequate data protection and creation of unwanted precedents) and the uses (questions about the beneficiaries, the principle of proportionality between benefit and cost, the cost of alternative means, the legitimacy of the aim of data collection, the clearness of the link between the data collected and the aim of the surveillance, whether the information is used for the original vs. other unrelated purposes and the failure to share secondary gains from the information). Such type of methodology for assessing a potential CAN-MDS system will be considered.

On the other hand, public health surveillance, such as regarding the issue of child maltreatment, by necessity occurs without explicit consent on behalf of the subject of the data (here maltreated children, children at risk and their caregivers), while data elements collected without consent must represent the minimal necessary interference, lead to effective public health action, and be maintained securely. For infectious diseases, for example, there is strong legal and scientific support for maintaining name-based reporting; the same is also valid for other types of public health surveillance. However, overriding individual autonomy must be justified in terms of the obligation of public health to improve population health, reduce inequities, attend to the health of vulnerable and systematically disadvantaged persons, and prevent harm (Lee et al., 2012). In the case of CAN, recommendations to countries by WHO, the UN Committee and other authorities stress the necessity for data collection. In the report “Public health: Ethical Issues” published by the Nuffield Council of Bioethics, UK (2007) it is mentioned that public health agencies collect and analyze significant identifiable health data from multiple sources to perform an array of public health activities including surveillance, epidemiological investigations, and evaluation and monitoring. Concerning collection and use of surveillance data and consent, it is mentioned in paragraph 4.40 that “in some circumstances it may be necessary to collect surveillance data in a non-anonymised way, but provided adequate systems are in place to ensure confidentiality of the collected data, it may be justifiable to collect such data without consent. We are aware of several examples of surveillance policies in which consent requirements have had, or could have had, serious negative consequences for the surveillance in question”. Although this notion is mainly related to surveillance of infectious

² As discussed by P. Durning during the Kick-off meeting. May 2013, Athens.

diseases, it should be considered whether it could also be valid for the surveillance in question in this project, namely the CAN-MDS (Nuffield Council on Bioethics, 2007).

Facing such questions, the scope and the benefits of the suggested CAN-MDS system should be clearly defined in the context of the wider legal framework for child welfare and child protection, while any potential harm of its implementation should be provisioned for, as, for example, in regards to the safety of the electronic application, and solutions should be found in advance (Macnish, 2011). The subject matter of the CAN-MDS, child abuse and neglect, is in itself extremely sensitive. Thus, the safety and well-being of children in the design of such a monitoring system is vital and a first order priority during the project's implementation, from defining objectives, preparing tools and choosing procedures including professionals' training. In this context, provisions included in ethical codes of professions and professionals who are involved in the administration of child abuse and neglect cases (such as health, mental health and welfare professionals and professionals from the fields of justice, education and public order), should also be taken into account during the preparation of the protocols, tools and the training material. To this end it is crucial for the suggested methodology for establishing national child abuse and neglect monitoring systems using minimum data sets to be in accordance with the legal provisions –national and European- concerning children's rights in general and the legal provisions for administration of sensitive personal data in particular.

Moreover, given that the implementation of the suggested CAN-MDS concerns several countries (and aims to recruit more countries) guidelines such as the ones suggested by OECD on the protection of privacy and transborder flows of personal data³ are to be taken into account during the preparation of the CAN-MDS tools and training material. The basic principles for national application of surveillance include the following. Firstly, it would be suggested to collect limited personal data (minimum data set) and to be obtained by lawful and fair means and, where appropriate, with the knowledge or consent of the data subject (Collection Limitation Principle). These personal data will be relevant to the purposes for which they are to be used, namely CAN monitoring, and, to the extent necessary for those purposes, should be accurate, complete and kept up-to-date (Data Quality Principle). The purposes for which personal data are collected should be specified no later than at the time of data collection and the subsequent use limited to the fulfillment of those purposes or such others as are not incompatible with those purposes and as are specified on each occasion of change of purpose (Purpose Specification Principle). Personal data should not be disclosed, made available or otherwise used for purposes other than those specified in accordance with Paragraph 9 unless with the consent of the data subject; or by the authority of law (Use Limitation Principle). Personal data should be protected by reasonable security safeguards against risks such as loss or unauthorized access, destruction, use, modification or disclosure of data (Security Safeguards Principle). There should be a general policy of openness regarding developments, practices and policies with respect to personal data. Means should be readily available for establishing the existence and nature of personal data, and the main purposes of their use, as well as the identity and usual residence of the data controller (Openness Principle). An individual should have the right: a) to obtain from a data controller, or otherwise, confirmation of whether or not the data controller has data relating to him/her; b) to have communicated to him/her, data relating to him/her within a reasonable amount of time; at a charge, if any, that is not excessive; in a reasonable manner; and in a form that is readily / easily intelligible to him/her; c) to be given reasons if a request made under subparagraphs(a) and (b) is denied, and to be able to challenge such denial; and d) to challenge data relating to him/her and, if the challenge is successful to have the data erased, rectified, completed or amended (Individual Participation Principle) and a data controller should be accountable for complying with measures which give effect to the principles stated above (Accountability Principle).

In Greece, as already mentioned, up to today there are no comprehensive, national data on children and families who have been investigated because of (suspected) child abuse and neglect. This consists of a barrier for any efforts to develop and evaluate policies, programs and interventions. The main objectives of the CAN-MDS are to: provide comprehensive reliable records of the frequency and characteristics of reported maltreatment among children 0-18 years; assist in targeting resources for children at risk of abuse and neglect; and guide the development of policies and programs.

³ The Organization for Economic Co-Operation and Development, 1980 Guidelines on the Protection of Privacy and Transborder Flows of Personal Data, available at http://www.oecd.org/document/18/0,2340,en_2649_34255_1815186_1_1_1_1,00.html

2 - Country Profile

Need assessment deriving from the analysis of the current situation of CAN in Greece (based on differences indicated from the comparative consideration between the results of the BECAN epidemiological survey & case-based surveillance study) advocated for the development of a permanent CAN monitoring system at national level aiming to follow up on the rates and characteristics of CAN and to create a basis for assessment of the effectiveness and efficacy of present and future CAN-related interventions and policies. In the following sections, detailed information is provided concerning *how well known the CAN problem is in Greece*.

2.1 - *How well known is the CAN problem in Greece?*

A review of available information on the situation regarding Child Abuse and Neglect (CAN) in Greece concerning the magnitude of the problem, the national legal framework related to CAN and the child protection system in Greece indicated (1) the inaccurate estimation of the magnitude of the problem in Greece due to a great lack of primary data from epidemiological field studies and a lack of systematically collected data from organizations, (2) the insufficient legal framework concerning CAN, the lack of a law solely dedicated to CAN as well as the limited enforcement of the existing provisions, and (3) the non-existence of a structured Child Protection System in Greece, resulting in confusion regarding child care and child protection procedures in cases of CAN as well as focusing mainly on harm reduction and tertiary prevention practices instead of primary or secondary prevention practices. Apart from the achievements insofar, it is evident that the children's rights protection movements and International Conventions such as the CRC as well as the current structure of child protection systems at international level have not yet influenced the Greek decision-making centers as much as needed (Tsirigoti et al., 2010). There are no child protection services and no central agency designated to supervise the various state provided services. On the contrary, several government agencies are responsible for providing social services to families and children and there are, in general, several child protection organizations and institutions, of various legal status types, character and orientation. There is neither coordination nor cooperation among the institutions that are involved in child protection and, thus, the Judicial authorities, health services, police and social services, due to their inability to coordinate their interventions, often results in re-victimization of the already victimized children and their families who are also sent from organization to organization without receiving the necessary help. It is a fact that there is no discrete Child Protection System in Greece with specifically defined regulations and services for both the beneficiaries and the staff; there are very few shelters for abused children, as well as few specialized therapeutic and support services for children victims and their families. Regarding the professionals that are in contact with children, as the current legal framework is obscure, professionals do not know which cases they should report to the authorities, which authorities they should report to and under which conditions they are obliged to report. Furthermore, as there are no guidelines or a common protocol to follow, professionals are very reluctant to report cases and they are also not mandated to report cases of CAN. Furthermore, due to this gap, professionals often have to try to find ad hoc resources (e.g. personal contacts) in order to "do their job", namely to protect children and offer them the necessary assistance. On the other hand, it should be stressed that professionals in all sectors are not specially trained on CAN issues.

In other words, the problems of either policy making or policy implementation and the current situation regarding child protection in Greece is rather complex, contradictory, and the problems are, often, difficult to solve. The major problems in dealing with cases of CAN in Greece can be summarized as follows: The magnitude of the problem of CAN in Greece is yet unknown due to the lack of primary data, epidemiological studies and systematic collection of data regarding detected/reported CAN cases, lack of staff in the relevant institutions, as well as the unclear duties among the professionals and/or institutions

- ▶ Lack of professionals' training and supervision
- ▶ No monitoring systems for CAN cases; no surveillance center or registry for CAN cases
- ▶ There are no regulations regarding monitoring and evaluation of institutions and professionals who are involved in child protection
- ▶ Lack of uniform criteria for screening, diagnostic and classification criteria, and criteria regarding handling of cases; lack of a common protocol and guidelines; each institution or professional uses their own criteria

- ▶ Lack of legal immunity for professionals (professionals can be subjected to law suits by offenders, and thus discouraged to report any alleged cases) which often leads to developing a defensive stance in their work and results in low morale, as they feel helpless when faced with the complicated bureaucratic “state system”
- ▶ Existence of very few shelters for abused children
- ▶ The insufficient legal framework; the lack of family courts and the underdeveloped institution of foster care
- ▶ Up to now, and despite the fact that the existing legal framework allows it, non-introduction of the “child friendly justice” principles in the procedures of examining the child-victim and certifying CAN cases.

Any effort towards dealing with the current inadequacy in the field of child abuse and neglect should place emphasis on: a) the establishment of mandatory reporting of child abuse and neglect by all related professionals and organizations but also accompanied by penalties in case of failure to report a CAN case, b) the need for evidence-based social policy and practices, existence of guidelines and a common protocol for screening, diagnosis and handling of CAN cases to be followed by professionals, as the “common sense” or “good will” of professionals is no longer sufficient and most times may be harmful, c) the need for inter-disciplinary and inter-professional coordination and cooperation and d) the need to specifically define the role of various organizations that are currently involved in child protection (leading to the development of Child Protection Services and subsequently to a confidential Child Protection System) followed by the establishment of a National central agency (Surveillance System) that will undertake the coordination and monitoring of the System and, more specifically, to be able to provide support and supervision, assess the quality of services, continuing education to professionals as well as to collect all reported/detected data regarding cases of CAN that will have been reported to these organizations to only one central database. Last but not least, the Greek legal framework must be harmonized according to the Directives and Guidelines of the U.N., W.H.O, the European Commission and the Council of Europe, as soon as possible.

Summarizing, currently in Greece neither central authorities where CAN cases can be reported nor unified databases of CAN cases exist; instead, cases are reported to a range of different agencies. A study conducted in Greece in 2008, showed that many organizations and services collect CAN-related data such as social services of municipalities, the National Center of Social Solidarity, the Child Ombudsman, child health and mental health services, Justice and Public Order sectors' services and NGOs using different tools and methodologies (Ntinapogias, Tsirigoti & Nikolaidis, 2013).

2.2 – Critical review of the available data

In regards to the available data on child abuse and neglect in Greece, as reported in a related review conducted by Tsirigoti, Petroulaki, & Nikolaidis (2010) in the context of the BECAN Project, the first attempt to explore the problem of child abuse and neglect took place in 1976. Since then, no mandatory reporting or recording of CAN cases has been officially established. Moreover, no epidemiological studies had been implemented until 2009, when the Balkan Epidemiological Study on Child Abuse and Neglect began; for the time period in between, the prevalence of CAN was calculated on the basis of other countries' estimations at 1-2% in the general population and -according to the annual birth rates- the incidence was calculated at 1.000 - 2.000 new cases per year for all ages, while an indirect measure of CAN incidence via estimations of parental contribution to children's health problems in a paediatric hospital showed that in 5% of the children the medical problems were merely due to actions or omissions of their parents and in 11% of the children the problem was caused or the problem's magnitude was multiplied by their parents.

The fact that there is a lack of a mandatory recording system and of institutions for immediate protection and therapeutic intervention for maltreated children, were probably among the reasons of the very low estimation of CAN prevalence in inpatient children at a Paediatric Hospital for the period 1984-1992, namely 0.62% (Agathonos, 1995). This percentage probably concerned only very severe cases which were actually recorded as “abuse”. Other studies showed that 0.6% of children who were inpatients in another paediatric hospital had been identified as physically abused and/or neglected (Diareme, Tsiantis & Tsitoura, 1997; Tsiantis & Diareme, 2004). In other studies, only corporal punishment was measured. In one of these studies conducted by Bakoula, Kavadias & Matsaniotis (1993) on a national sample of 8.158 children it was revealed that ~33% of the children were beaten at least once a week, while 1 in 6 children were beaten every day. In another study, the use of corporal punishment in modern Greek families as a method of discipline was studied. Child sexual abuse within the family is also not researched adequately. In a related

study conducted by the Institute of Child Health, 25 cases were involved deriving from the Public Prosecutor's Office for Juveniles in Athens. According to the results it seemed that more than 80% of the victims of this specific type of abuse were females. In 15 out of the 25 cases the perpetrator was the father of the victim, while in 5 cases the perpetrator was a person who had a close relationship with the child (Agathonos, Tsibouka & Zolota, 1999).

The first epidemiological field research in Greece on violence against children in the home and school was conducted in 2007-8 by the Institute of Child Health and the Laboratory of Sociology of Youth, Leisure and Sport, Department of Sociology, University of Aegean in the Prefecture of the Northern Aegean Region and the Dodekanissa Prefecture of the Southern Aegean. The study's sample concerned 486 first year high school pupils and their parents. The data were collected through structured interviews with children using the compiled ICAST-CH and ICAST-CI questionnaires originally developed by ISPCAN and UNICEF- and through self-completed questionnaire or structured interviews with their parents/caregivers using the respective ICAST-P questionnaire. The results showed that a high percentage of children were victims mainly of verbal and physical abuse in both contexts, home and school. Specifically, in the context of their family, 33.1% of the pupils mentioned that they had suffered, at least once, loud and aggressive screams, 29,4% pulling their hair, 29,4% pinching them and twisting their ear, 16,8% making them feel ashamed/ embarrassed in front of other people, 26,7% hitting by hand or with an object such as a belt, 4,5% paddle or stick, and 5,9% locking them out of the home. In the context of school, 57,2% of children mentioned that they had suffered, at least one time, swearing, 38,9% being called rude or harmful names, 33,1% deliberate insults, 27,9% hurting or causing pain, 21,3% slapping their face or head, and 4,7% sexual touching. As for the parents/caregivers, 98,3% of them agreed that corporal punishment should not or most probably not be used as a method of discipline; when, however, they were asked about the methods of discipline that they actually use, 33,3% of them responded that they had twisted their child's ear, 24,6% had pulled their child's hair, 12,5% had pinched their child, 57,3% had spanked their child on the bottom with bare hand and 13,3% with an object, 18,5% had slapped their child's face or back of the head, and 28,8% had shaken their child.

During 2010-2012 the first epidemiological survey on child abuse and neglect as well as a case-based surveillance study were conducted in Greece in the context of the BECAN project. The aim of the survey was to investigate the prevalence and incidence of CAN in a representative randomized sample of the general population of pupils attending a) the last grade of Primary school (11-year olds), b) the first grade of Junior High School (13-year olds) c) the first grade of the General Senior High School (16-General grade group) and d) the first grade of the Vocational Senior High School (16-Vocational grade group) in all prefectures of the Peripheries of Attica and Crete and in the prefecture of Thessaloniki. Data collected by two sources matched pairs of children with their parents. Data collection from children was conducted at schools via self-completed questionnaires (apart from children who were not able to complete the questionnaire by themselves where structured interviews or guided self-completion was conducted). Completion of parents' questionnaires was conducted via self-completion at their home. Data collection from children and their parents was conducted by using two of the four ICAST Questionnaires (ISPCAN Child Abuse Screening Tools) and specifically the ICAST-CH and ICAST-P respectively (translated and culturally adapted in Greek), which were also modified for the purposes of the BECAN project. The sample size of pupils was 15.320 pupils, attending 747 classes in 307 schools in total for all grade groups. Multi-stage stratified cluster sampling was used for the selection of the sample. Out of the 15.320 pupils of the sample size, a total of 14.542 pupils were present in the classroom the day of the questionnaires' administration. Out of them, a total of 10.674 pupils participated in the survey (response rate: 73.40%), while 223 questionnaires were excluded from the analysis a posteriori [N =10.451 (52.44% girls, 47.56% boys)]. The parents' sample size was 10.567 parents. A total of 6.681 ICAST-P completed questionnaires were collected (response rate: 63.23%) out of which 127 questionnaires were excluded from the analysis (N =6.554).

The survey revealed high prevalence and incidence rates showing that almost 8 in 10 and more than 8 in 10 children reported having experienced at least one abusive behaviour (physical and psychological violence respectively), during their entire life. The incidence rates also showed that almost 5 and 7 children in 10 has been exposed to physical and psychological violence during the past year. Almost 2 in 10 children report having an experience of sexual violence in their life time and for 1 in 10 this experience occurred during the last year. Interesting is also that almost 3 out of 10 children reported having feelings of being neglected, while this number increased to 4 when it is referred to their life time. Specifically, 83,16% and 76,37% of pupils reported that had experienced at least one behaviour of psychological

and physical violence respectively, during their entire life. Incidence rates showed that 70,02% and 47,38% of pupils have been exposed to psychological and physical violence respectively during the past year, while 15,86% of pupils reported having an experience of sexual violence in their life time and for the 9,54% of them this experience occurred during the last year. Moreover, 26,41% of pupils reported that had feelings of being neglected, while this percentage increased to 37,20% when it was referred to their life time. The percentages of girls who reported that they had experienced psychological, physical and sexual violence (83,8%, 77,4% and 6,6% respectively) as well as feeling of neglect (42,8%) during their lifetime were higher than the percentages of boys (82,5%, 75,3%, 15% and 31% respectively), while the percentage of girls who reported that they had felt neglected during the past year (30,9%) was higher than the percentage of boys (21,5%) while the percentage of girls who reported that they had experienced sexual violence –with contact or not- (8,9% and 3,5% respectively) were lower than the percentages of boys (10,3% and 5,5% respectively). The percentage of children who reported that they had experienced at least one violent experience increased as the grade group increased, for both the prevalence and incidence rates (Petroulaki et al., 2013).

On the other hand, the aim of case-based surveillance study was to identify CAN incidence rates in the prefectures of Attica and Crete for the year 2010 via extracting existing data from recorded cases in the archives of related agencies. CBSS implementation made in 4 distinct phases: 1. Identification of eligible Agencies and Services and invitation to participate in the study by providing access to their archives, 2. preparation of the Greek version of the CBSS Protocol, extraction forms and Operations' Manual for the Researchers, 3. Identification and training of national field researchers' group, and 4. extraction of data from the archives of eligible agencies who accepted the invitation during site visits, coding and analysis of data and reporting of the results. Two extraction forms were used for extracting data related to the identity of each individual agency provided data in the context of CBSS (Form I) and for extracting data related to the characteristics of each individual CAN case that identified (Form II). Both forms developed for the needs of the CBSS according to what was provisioned by the study protocol and accompanied by a detailed operations' manual addressed to field researcher.

In total, data on 758 abuse and neglect cases of children aged 11, 13 and 16 for the year 2010 were collected from the records of 141 agencies in the prefectures of Attica (127 agencies) and Crete (14 agencies). CAN incidence for all types of maltreatment for the two prefectures for the year 2010 was estimated at 6,05 cases / 1000 children (taking as reference population the general population of the same ages for the same geographical areas, according to the data available in the Greek Statistical Service). As for CAN type, for physical abuse incidence was estimated at 1,97/1000 children, for sexual abuse at 0,79/1000 children, for psychological abuse at 5,66/1000 children and for neglect at 4,99/1000 children. CAN incidence for boys was estimated at 6,15 and for girls at 5,95/1000. As for gender and CAN type, incidence of physical abuse was estimated at 1,91 & 2,04/1000 for boys & girls respectively, of sexual abuse at 0,54 & 1,07/1000 for boys & girls respectively, of psychological abuse at 5,61 & 5,71/1000 for boys & girls respectively and of neglect at 5,06 & 4,91/1000 for boys and girls respectively. For children aged 11 years, CAN incidence rate was estimated at 6,57/1000, for children 13 year old at 5,83/1000 and for children 16 year old at 5,81/1000. In more than 80% of child abuse victims have reported multiple types of abuse (at least 2 or more), with psychological abuse and neglect to be more prevalent types of CAN, indicating that it is the rule rather than the exception. In 55% of the identified cases, caregivers are at the same time responsible for child maltreatment. In their vast majority perpetrators/alleged perpetrators were child's mothers and fathers. Concerning their gender, male perpetrators are more than the female, while for caregivers the opposite is valid. The type of services received after the referral of the children and their families to organizations/agencies were in 41,4% of the cases psychological support, in 40,9% social support, in 38,8% counseling, in 28,6% medical care, and in lower rates services of social assistance (food, shelter), entertainment (creative) programs for the child, victim support programs, support groups and counseling for parents, etc. In any case, the services actually provided were fewer than the respective referrals (Ntinapogias et al., 2013).

Comparing the results of the CAN epidemiological survey and the case-based surveillance study implemented in Greece in the same geographical areas, for the same time period and for the same children population's age, the main finding to be highlighted is that the trend in the prevalence of types of CAN are similar between the two studies the epidemiological and the case-base surveillance, while the scale of the magnitude of the problem is quite different. As for the pattern of the prevalence of different types of CAN, psychological abuse seems to be the predominant type of abuse reported by the children themselves in the context of the epidemiological survey and collected in the case-based

surveillance study. Physical abuse is the second most prevalent type of abuse, according to the results of both of the studies. Lastly, the least prevalent type of abuse in both studies is sexual abuse, whether concerning “contact” or not. Concerning the estimated magnitude of the problem, however, reported abusive experiences by the children themselves were in all cases much higher than the respective recorded cases extracted from the archives of the organizations, even more than 100 fold for certain cases.

In case of psychological abuse, more than 7 out of the 10 children reported that experienced such type of feelings due to at least a number of adverse experiences they had during the previous year related to the behaviour of another person (very often an adult). The incidence for the recorded cases of children-victims of child abuse in the same areas and for the same age range were estimated to be almost 6 out the 1000 children, more than a hundred times lower. One obvious interpretation of this impressive difference is that it is not usual tactic for children who experience psychological abuse to ask for help in an agency or, otherwise, agencies record in their archives children who suffer from psychological abuse usually along with at least one other form of abuse (sexual or physical or neglect).

Moreover, almost half of the children reported in the context of the survey that during the previous year they experienced some form of physical abuse, one or more times. The incidence rate as it was calculated based on CAN cases extracted from the files of the related organizations is 1,97 per 1000 children of the same age, living in the same geographical areas and for the specific year. Again, the estimated scale is much more higher in the self-reporting in the context of the epidemiological survey than the one resulted from the recorded cases of children-victims of physical abuse. In a similar way, experiences related to sexual abuse including contact or not were reported from almost 1 out of the 10 children participated in the survey. The respective incidence according to the child sexual abuse cases recorded in the archives of a variety of agencies is 0,79 per 1000 children. Again the difference is quite significant.

As for the gender of the children, the results of the epidemiological survey suggest that for all three types of CAN, girls reported fewer adverse experiences during the previous year than the boys. The result case-based surveillance, on the other hand, suggest a reverse picture, namely that girls are recorded more frequently in the archives of the related areas as CAN victims. Concerning the age of the children, adverse experiences related to any type of abuse according to the results of the epidemiological survey are more prevalent among older children and seems to decrease as the age of the children decreases. The results of the case-based surveillance study suggest a partially different pattern: concerning child psychological abuse, the 16 and 11 year old children were recorded in the archives of the related agencies more frequently as victims of psychological abuse than the 13 year old children. As for physical abuse, the pattern is totally reversed as younger children seemed to have a higher prevalence than the older ones while, concerning sexual abuse, the pattern is identical with the one that resulted from the epidemiological study.

Neglect, according to the case-based surveillance is the second most frequent type of child maltreatment, after psychological abuse. According to the children’s responses to some questions regarding feelings related to neglect in the context of the epidemiological survey, neglect is the third most prevalent type of maltreatment. However, no actual comparison can be made with the respective results of the epidemiological survey mainly due to nature of this specific type of maltreatment: children in the course of responding to the ICAST the epidemiological survey could only express whether they feel neglected and not if they neglected.

Based on this general overview of what a general comparison between the reported cases in the agencies with the information provided by the children context of the epidemiological study showed, the result, and in particular the difference in the estimated magnitude of CAN, consist of a starting point for discussing the necessity of planning and developing a national surveillance mechanism. Considering in addition the results of case-based surveillance regarding the current situation about practices of recording CAN cases, it is obvious that provisions related to building the capacity of professionals, developing a uniform methodology and common agreed upon common and widely accepted definitions for CAN and for each individual type of CAN are imperative.

Critical review of the available data

The first observation concerning the available data on child abuse and neglect in Greece is that with the exception of BECAN epidemiological survey and the survey conducted by Institute of Child Health in 2007-8, there is a lack of epidemiological data for the assessment of the magnitude of the problem at a National level. All studies before 2008 concerned either projection to the Greek children’s population of research data originating from other countries or

retrospective studies on adult population. In both cases methodological concerns were arose in regards to the reliability, the accuracy and the representativeness of the estimations.

The second main issue concerns the lack of systematically recording of CAN data that makes difficult –even impossible– the measuring of the extent of the phenomenon during the time as well as the identification of its specific characteristics and, subsequently, of any risk factors. Given that there is no CAN Surveillance mechanism in place as well as no mandatory reporting and registering procedure, agencies and professionals working in the field use different CAN definitions and therefore classification criteria as well as different assessment methodologies for recording CAN. In front of lack of these data the policy and services planning is difficult as there is no scientific basis for policy makers to build upon by setting priorities for prevention and targeted intervention.

Summarizing, fourteen years after the recognition of abuse and neglect of children as a major public health problem worldwide (World Health Organization, 1999), and although there are recent data on the cost of child abuse and neglect so in children themselves, as in Public Health overall (Fang et al., 2012), the first recommendation which concerned development of systems for the epidemiological surveillance of the phenomenon and its impact on public health in Greece is still pending: until the middle of 2013 there is not any type of epidemiological surveillance system on incidents of abuse and neglect, no common database, nor any central structure for reporting incidents. As demonstrated by a study conducted by the Institute of Child Health in 2008 (Nikolaidis et al, 2008), the results of which were updated in the context of the BECAN case-based surveillance study (Ntinapogias et al, 2013), the collection of any CAN data is fragmented by many and diverse agencies and services, on their own initiative as well as methodologies and recording tools that differ per case. In fact, there is no indication of the size of the problem and, therefore, no possibility to calculate any further costs or other considerations, and certainly documented scientific basis for correct planning and evaluation of practices used to confront the problem and of prevention policies.

Need assessment deriving from the analysis of the current situation of CAN in Greece based on differences indicated from the comparative consideration between the results of the epidemiological survey and case-based surveillance study advocate the development of a permanent CAN Monitoring System at national level aiming to follow up on the rates and characteristics of CAN and the creation of a basis for assessment of the effectiveness and efficacy of present and future CAN-related interventions and policies.

Effective monitoring of CAN could lead to effective primary, secondary and tertiary prevention. The CAN-MDS aims at creating the scientific basis, necessary tools and synergies for establishing national CAN monitoring system using a minimum data set. Such a system is expected to provide comprehensive, reliable & comparable case-based information at national level for children who have used child protection services (social, health, educational, judicial & public order, depending on countries' specifics). Moreover, given the current economic situation in Greece, the implementation of such a registration mechanism at national level as part of the routine administrative process in agencies and services working with maltreated children seems to be a feasible alternative.

3 – Legal Framework

It is evident that during recent years Greece has adopted a series of legislative measures regarding domestic violence, child sexual exploitation, child pornography and trafficking –mainly following its international obligations, as they arise from ratifications of agreements on children's rights. However, a special law dedicated exclusively to child abuse and neglect AND summarizing the legal framework concerning child protection and welfare and mandatory reporting is nonexistent. Existing legal framework related to child abuse and neglect is found in provisions of the general Penal Code, the Civil Law or in other special laws such as the Law on combating domestic violence as well as into ratified Conventions which include provisions on violence against children. However, despite the lack of a comprehensive action plan for the protection of the Rights of the Child, neither a Public Agency exclusively responsible for investigating cases of child abuse and neglect and enforcing and monitoring the implementation of the child protective measures ordered by the Prosecutor exist, nor a national system or any kind of registry for accepting and administrating complaints for child maltreatment cases, monitoring the phenomenon, collecting data and provide a

robust scientific basis for planning of policies and interventions or to be used for the evaluation of the already applied measures.

The general legal framework for child protection in Greece per category or type of legislation, as well as the existing provisions which are relevant to child abuse and neglect is presented below.

Greek Constitution: Article 21.1 states that “The family, being the cornerstone of the preservation and the advancement of the Nation, as well as marriage, motherhood and childhood, shall be under the protection of the State”. Moreover, in §3 it is stated that “The State shall care for the health of citizens and shall adopt special measures for the protection of youth, old age, disability and for the relief of the needy.”⁴ Given the above mandate and based on its international obligations following ratifications of agreements on children’s rights, Greece has enacted a series of laws and has adopted a number of legal provisions and services to protect and promote children’s rights in various fields such as health and social welfare, education, labor and exploitation, and juvenile justice (Papademetriou, 2007).

Implementation of International Rights of the Child- Conventions and Optional Protocols: Greece signed the United Nations Convention on the Rights of the Child (UNCRC) on January 26, 1990, and ratified it by Law 2101/1992.⁵ With the Law 2102/1992 Greece also ratified the Hague Convention on the Civil Aspects of International Child Abduction (Articles 1, 2).⁶ On September 11, 1997, Greece ratified the European Convention on the Exercise of Children's Rights, aiming to protect the best interests of the child and to provide children with the right to express their opinions in judicial proceedings concerning custody issues.⁷ On September 7, 2000, Greece signed the Optional Protocol to the Convention the Rights of the Child on the Sale of Children, Child Prostitution, and Child Pornography⁸ and later ratified by law in 2007.⁹ On October 22, 2003, Greece also ratified the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict.^{10,11} On June 7, 1983, Greece ratified the Convention on the Elimination of All Forms of Discrimination against Women. In 2001, Greece ratified the Optional Protocol to the Convention on the Elimination of all Forms of Discrimination against Women.¹² In 2002, the General Secretariat for Gender Equality and the Office of the United Nations High Commission in Greece signed a Memorandum of Cooperation in a joint effort to promote the rights of women and minor girls who have been granted asylum status. In January 2010, the Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption entered into force in Greece. The Charter of Fundamental Rights of the European Union (7.12.2000), Article 24 “Children Rights” as well as the European Convention for the Protection of Human Rights and Fundamental Freedoms (3.9.1953) (child related Articles 3-6, 8, 14) and the first Additional Protocol to the Convention were ratified firstly with the Law 2329/1953 (GG 68/1953), and next with the Presidential Decree 53/1974 (GG 256/1974). The Greek government also initiated the establishment of a Balkan multi-state protocol of cooperation including the creation of a cross-Balkan Observatory for Children as an objective. In the area of children’s rights, particularly their political rights and their right to be treated with respect, it should also be noted that children’s right to freedom of religious conscience at schools is respected (Law 1566/85), physical punishment is forbidden (Presidential Decrees 483/77 & 49719/81) and foreign/immigrant children, even illegal immigrant children, can be enrolled without discrimination in public schools.

The National Observatory on the Rights of Children: With the initiative of the General Secretariat for Youth the National Observatory for the Rights of Children and Young People (connected with the Mediterranean Observatory which is based in Florence) was established by law in 2001.¹³ The Observatory’s mission is to monitor and promote the implementation of the Convention on the Child’s Rights provisions in Greece. According to information that is available

⁴ Greek Constitution. Article 21.1-3. (Government Gazette (GG), A’ 85/18.4.2001).

⁵ Law 2101/1992. (GG A’ 192/1992). Law 2101/1992 (GG A’ 192/2.12.1992) The UN Convention on the Rights of the Child

⁶ Law 2102/1992 (GG A’ 193/2.12.1992) The Hague Convention on the Civil Aspects of International Child Abduction

⁷ European Convention on the Exercise of Children's Rights, Jan. 25, 1996, Web site of the Council of Europe, Available at: <http://conventions.coe.int/Treaty/en/Treaties/Html/160.htm>.

⁸ Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography New York, 25 May 2000, Web site of the Office of the United Nations High Commissioner for Human Rights, July 13, 2007, Available at: www2.ohchr.org/english/bodies/ratification/11_c.htm.

⁹ Law 2502/1997 (GG A’ 103/28.5.1997) European Convention on the Exercise of Children's Rights

¹⁰ The Hellenic Republic ratified the Optional Protocol on the involvement of children in armed conflict (Law 3080/2002, GG A’ 312/10.12.2002).

¹¹ Status of Ratifications of the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children In Armed Conflict, Available at: http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-11-b&chapter=4&lang=en

¹² Law 2952/2001, Optional Protocol to the Convention on the Elimination of all Forms of Discrimination Against Women.

¹³ Law 2909/2001 (GG A’ 90/2001) Arrangement of issues related to admission to tertiary institutions

on the web¹⁴ this provisioned to be achieved by releasing regular reports that focus on the actual conditions and the situation of children in Greece and also by promoting scientific research as well as by assuming initiatives targeting the protection of children's rights, inter alia the prevention of victimization of violence and exploitation inside and outside the family environment. Among its responsibilities, the Observatory is responsible for the collection and analysis of statistical, legislative and other related data at national and international level, cooperation with public institutions and international organizations and NGOs, the exchanging of information and knowledge and coordination of actions; moreover, the revision of existing national legislation regarding childhood and the submission of suggestions to the central Government for undertaking legislative and administrative measures harmonized with the international legal framework and the development of a national **guide** on public and private services for children and the annual submission of a **national action plan** for the child's rights and annually reporting to Inter-Ministerial Committee for Youth and every 5 years to the UN Committee on the Rights of the Child (CRC) regarding the implementation of the Convention. Up to today, however, most of the above responsibilities have not been initiated. In its concluding observations in the Greek reports submitted in the UN, the UN Committee (2012) noted that the National Observatory for the Rights of Children is still not fully operational and its coordinating role is not properly defined. Therefore, the Committee recommended the establishment of a clearly structured body to coordinate the implementation of child rights' policies and programmes among all the relevant Ministries and institutions and between the central, regional and municipal levels, and provide it with the necessary human, technical and financial resources to implement child rights policies that are comprehensive, coherent and consistent at the national, regional and municipal levels.

National Action Plan for the Rights of the Child: in May 2007 the Minister of Health and Social Solidarity presented the core contents of the first National Action Plan for the Rights of the Child. However, it has not been implemented yet and the announced Plan had many limitations regarding the protection of children. Among the suggestions of the Children's Ombudsman that was sent to the Ministry, the Action Plan should have included the activation of family court, an institution that currently is not available in Greece. In its report (2012) the UN Committee regretted the lack of information on the period of action of this plan and its specific time-bound and measurable goals and targets to effectively monitor progress in the implementation of the rights of all children throughout the country as well as information on the resources allocated for its implementation. As a result, the Committee recommended to Greece to ensure that the National Plan contain specific time-bound and measurable goals and targets to effectively monitor progress in the enjoyment of the rights of children throughout the country.

National Action Plan on Reproductive and Sexual Health 2008-2012 (Ministry of Health and Social Solidarity, 2008): The Action Plan aimed to, among others, decrease domestic violence and sexual abuse and specifically provisioned the implementation of a national information campaign aiming, inter alia towards the prevention of sexual abuse (Axis 2, Action 1), the revision of the existing legal framework aiming to establish stricter penalties for perpetrators of domestic violence, trafficking of children and women or other cases of sexual exploitation (Axis 1, Action 1), the development of a monitoring registry for domestic violence (Axis 3, Action 1) by developing a pilot monitoring registry for domestic violence in two hospitals in Greece.

Social Welfare: The general framework law on social care is Law 2646/1998 on Reorganization of the National System of Social Care and Other Provisions. This law reaffirms the right of access to social care and welfare services provided by the National Health System to everyone who legally resides in Greece, aiming to ensure that all people have access to services and an acceptable standard of living.¹⁵ Concerning support for children without families and/or children of

¹⁴ Information derived from: <http://www.neagenia.gr/frontoffice/portal.asp?cpage=RESOURCE&cresrc=141&cnode=48&clang=1>

¹⁵ Further Legislation related to Social Care—Health—Interventions of psychosocial rehabilitation of Children **Law 3106/2003:** Restructuring of the National Welfare System (Article 1 "Regional National System of Social Care" including provisions for child residential facilities, shelters, child care centers, Article 6 "National Center for Social Solidarity", Article 7 "National Council of Social Care", Article 9 «Socio-Medical Centers and Child Hospitals PIKPA», Article 11 "Social Care Programs" (GG A' 30/10.2.2003); **Law 3094/2003:** Greek Ombudsman (Article 1 "Mission", 3 "Responsibilities", 4 "Research Procedures") (GG A' 10/22.01.2003); **Directive 2001/20/EK** (L 121/1.5.2001, pp. 34-44), article 4 on clinical trials of practices or drugs in minors; **Law 2737/1999:** Transplantation of human tissues and organs (GG A' 174/27.8.1999); **Law 2716/1999:** Development and restructuring of mental health services, article 9 "units and programs for psychosocial rehabilitation, (GG A' 96/17.5.1999); **Ministerial Decision no. 19353/2001:** Terms and conditions for the organization, operation and rules for the foster families as they defined in the Article 9 of the Law 2716/1999 (GG B' 1433/22.10.2001); **Law 2619/1998:** ratification of the Convention of CoE for the protection of the human rights and dignity in relation to the medical and biological applications (Article 6 concerning protection of persons not able to consent) (GG A' 132/19.6.1998); **Ministerial Decision no. 0546/1/AΣ 723/M.4898/1998:** Additional Protocol to the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine, on the Prohibition of Cloning Human Beings (GG A' 244/29.10.1998).

parents with serious problems that make caring for their children problematic, the available programmes and services for these children include:

Residential Institutions for children: Since 1973 child care centers (formerly state-run orphanages) accept children aged 5-15 years old free of charge either abandoned or those with no place to stay. Orphans, children whose single parent has special needs, or is incarcerated are given preference.¹⁶ With the Law 2447/96, the placement of a child in a residential institution is the exclusive authority of the Family Court. However, since this law has not as yet been implemented, children's placement is carried out either through parents' consent or through a prosecutor's or a Court's order. Issues related to operation of residential care is concern of the Ministry of Health and Welfare.

Foster care: The institution of foster parents was introduced in 1992 (Law 2082/1992).¹⁷ Minors under the age of eighteen who have no place to stay or who live in unhealthy family living conditions could theoretically be placed with foster families until they attained the age of majority, while children with special needs could stay with foster families beyond the age of 18. Foster care has been developing in the last decades as a preferred alternative to residential care. Foster care is for the first time incorporated into the Greek Civil Law with the Law 2447/96. Within the frame of the foster program, the placement in foster families is realized by the bodies of the National Social Care Organisation (PIKPA, THE Mother). The Ministry of Health and Welfare gives priority to this programme in an effort to reduce further residential care. However, despite the Ministry's financial support, foster care development has been hindered by the unavailability of expert personnel required for the programme's implementation in the various regions of Greece.

In 2012, the UN Committee under the section "Family environment and alternative care" noted that "due to the current economic hardship facing families, children may increasingly be deprived of their family environment, accentuating a tendency towards institutionalization of children"; this issue arose concerns to the Committee also in the past. To this end, the Committee recommended that Greece should put in place measures to prevent worsening of the trend towards depriving children of their family environment, in particular with regard to improved understanding and knowledge of parental responsibilities, all forms of support to families to increase their parenting capacities, as well as to search for family-type alternatives when necessary. Specifically for children deprived of family environment, given the measures taken with regard to foster care, concerns were expressed for issues such as the widespread use of institutionalization and the low rates of foster care, the lack of data on institutions, as well as the lack of systematic monitoring of the situation of children in institutions or in foster care, the lack of review of placement of children in institutions and the long period spent there, and the shortage of staff and resources, which is worsening in the context of the current crisis. Additionally, it was noted that in the context of the financial crisis an increasing number of children are removed from their families or are placed in institutions because the parents no longer have the means to support them. At this point the Committee recommended "the development of a clear policy of deinstitutionalization and foster care to ensure that children deprived of a family environment receive adequate care and protection, and introduce measures to ensure the effective functioning, monitoring and evaluation of the existing institutional and foster care programmes"; moreover, the responsible authorities should ensure that "institutionalization is used only as a measure of last resort", while additional programmes to strengthen its alternative foster care facilities should be developed, and provided with sufficient resources. Lastly, the Committee recommended the strengthening of policies for foster care facilities in order to assist parents so they are not obliged to put the children in care.

Adoption:¹⁸ The adoption is subject to the provisions of Law 2447/96 (GG A' 278/1996), determining the services and organisations competent for national and interstate adoptions and for the procedures of their preparation and completion and of Law 1049/80 (GG A' 114/1980), which has ratified the International Convention for adoptions. An adoption is performed and completed with a judicial decision; during the process, the Social Services of the Ministry of Welfare contribute by conducting the legally provisioned social research and reporting to the court whether the adoption is to the interest or not of the child. The Section 1561 of Civil Code provisions that by the adoption all ties of

¹⁶ Royal Decree 273/1973 on Reorganization of National Orphanages to Centers of Child Care, as amended.

¹⁷ Law 2082/1992 on Reorganization of Social Welfare and Introduction of New Methods of Social Welfare.

¹⁸ Further legislation related to child adoption and foster care **Presidential Decree 226/1999:** Agencies and organizations responsible for conducting social research in child adoptions and for the preparation and realization of adoptions (Articles 1-8) (GG A' 190/20.9.1999); **Law 2447/1996:** Adoption, guardianship, adoption and legal custody of foreign affairs (Articles 1, 2) and about the role of Social Workers (Articles 49-54) (GG A' 278/30.12/1996); **Presidential Decree 337/1993:** Definition of terms and conditions for the placement of minors in foster care (Articles 10-22) (GG A' 144/2.9.1993); **Presidential Decree 891/1978** for the determination of the workpiece of Social Workers, Article 2 (Social Welfare) & Article 3 (Health) (GG A' 213/29.11-7.12.1978)

minor with its natural family are interrupted and the adopted becomes a full member of his adoptive family. The minor, with regards to the adoptive parent and his relatives, has all rights and obligations of a child born in marriage.

Concerning the adoption, the UN Committee in 2012, while noting the information provided by Greece on the legislation in force for adoptions, “is concerned at the lengthy procedures and delays in adoption processes, which has a grave impact for the children who remain in institutions for a long time instead of being integrated in adoptive families in due time”. Moreover, the Committee is concerned “at the persistence of private adoption, which could increase the risk of sale of children” and to this end it recommended that “all necessary measures are taken to solve problems of slow procedures so the decisions on adoption are taken in due time, and that the State party review its adoption legislation, in particular with regard to the practice of private adoption, to bring it in line with the Convention and with the Hague Convention on Protection of Children and Cooperation with respect to Inter-Country Adoption”.

Financial benefits: Since 1960, Law 4051 on Supporting Unprotected Children has offered financial benefits to children who meet certain qualifications. Eligible children are those below the age of fourteen (and in some instances up to sixteen) who live with their own families. Children who live in state-run institutions do not qualify for these allowances. Other state-run institutions also provide a small allowance to children of single parents, to those close to the poverty line, or to those children whose families experience medical or social hardships.¹⁹ Following the Ministerial Order 2/37645/0020/2002, the government makes monetary contributions of a lump-sum to families with children up to sixteen years old who attend public schools and whose annual income is extremely low.²⁰ Other laws directly or indirectly assist low-income families with children. Another example is Law 3227/2004, on Measures against Unemployment, which gives an incentive to employers to hire unemployed mothers of at least two children.

Education: Education is provided to all Greek citizens for free at all levels in all public institutions (Greek Constitution, Article 16). Parents are legally obliged to send their children to schools for at least nine years (mandatorily). Although for disabled children is provisioned that may be schooled in the traditional schools, including high school, provided that they are able to do so or in the available school for children with special needs, only a small percentage of these children are attending school (either because there are not enough schools in close geographic proximity to their residences or because those schools are not physically accessible for those with special needs).²¹ There are also some minority schools (located mainly in Thrace) to meet the needs of children who are Muslims (The Greek Ombudsman, 2005).²² Concerning roma children, due to the lifestyle of their families they are considered as a group having particular needs. Since 1997 a program has been established to ensure school attendance and to offer counseling to Roma families on issues related, among others, to education and information on health and hygiene issues.²³ Children of immigrants have also the right to attend public schools, including those whose parents live in Greece illegally (The Greek Ombudsman, 2005). Since 1996 (with the Law 2413/1996) the intercultural schools were founded aiming to provide a school environment suitable to children whose native language is other than Greek with the objective of facilitating the children’s integration into mainstream society. A public school is designated by law as intercultural when the number of foreign students “reaches or exceeds forty-five percent of the total number of students.”²⁴ Children between the ages of three and six are accepted at state-run kindergartens. There are also state-run nurseries that cover the needs of children from the age of eight months until they are accepted at elementary schools.²⁵

Concerning education, the UN Committee in 2012 commented positively the adoption of the three national education projects for immigrant and repatriate students, for children of the Muslim minority in Thrace and for Roma Children, as well as the establishment in 2010 of the Educational Priority Zones (ZEP). It also welcomed “the issuance of the new circular 6/23/2010 on the right to enrol in school of every single child living in the country, regardless of their residence status and the possibility to enrol with incomplete documents for the children of third country nationals residing in Greece”. Concerns, however, were expressed in regards to the persistence of limited access of Roma children to school, their limited enrolment and segregation in schools. It is further concerned at violence in schools and the cases of bullying among students. As a result, the Committee asked from Greece, inter-alia, to ensure the enrolment of all Roma

¹⁹ Save the Children and United Nations High Commissioner for Refugees (2003). Questionnaire for Country Assessment.

²⁰ Ministerial Decision no. 2/37645/0020/2002.

²¹ European Agency for Development in Special Needs Education, <http://www.european-agency.org/>

²² The legal status of the Muslim minority is governed by the 1923 Treaty of Lausanne and other subsequent bilateral agreements.

²³ Ministerial Decision no. 2/37645/0020/08.72002.

²⁴ Law 2413/1996 (GG A’ 124/17.6.1996)

²⁵ Law 1431/1984 on Regulation of Issues of Offices of Social Welfare-Child Protection and Other Institutions, as amended.

children of mandatory school age to integrate them in pre-school and primary education in all regions and communities of the country and take all appropriate measures to combat violence and bullying in schools, including by implementing the actions envisaged under the Network against Violence in schools and by carrying out periodic surveys among students, staff and parents to learn more about peer relations being fostered by schools, and create an environment of tolerance, peace and understanding of cultural diversity in schools; and In collaboration with the national Radio and Television Council a Code of self-restraint for the Mass Media in the projection of issues related to children is promoted.²⁶

Following pages concerns the legal framework in Greece on issues related to child abuse and neglect, namely the corporal punishment, sexual exploitation of children, trafficking and sale of children, child labor and financial exploitation, including the provisions related to the above issues in the Civil and Penal Code, as well as the role of juvenile justice and of public order services.

Corporal Punishment: Corporal punishment in schools has not been permitted by law since 1998, when Presidential Decree No 201/98 explicitly banned it. Moreover, according to the Article 21.1 of **Law 3328/2005** “any form of corporal punishment on students in secondary schools is explicitly prohibited, if they misbehave”. However, the Children Rights Department, other notable individuals, and various NGOs expressed concerns over the lack of effective civil and criminal penalties in cases of corporal punishment by teachers and parents. Even though the principle of the best interests of the child permeates many pieces of legislation and especially the family law provisions on relations between children and parents, it has been argued that corporal punishment has been interpreted as permissible under the Civil Code. Specifically, Article 1518 of the Greek Civil Code (Family Law), states that “parents have the right to take any disciplinary measures, as long as such measures are necessary and do not violate the children’s dignity”.

On October 19, 2006, however, the Greek Parliament adopted a law on Combating Intra-Family Violence [Law 3500/2006]. This Law explicitly prohibits physical violence against children within the family. Parents who use physical punishment as a disciplinary method will be considered as abusing their parental authority, which may result in removal of parental authority by the courts. Specifically the Law 3500/2006 on Combating Domestic Violence (entered into force on January 2007) aims to prevent and combat domestic violence, and protect the fundamental rights of women and children. Among the provisions of this law included the punishment of sexual abuse and sexual assault of minors by adults to whom they have been entrusted or whose care they are under. It also includes an explicit prohibition of physical violence against minors as a means of punishment (as a disciplinary measure) in the scope of child upbringing. This law adopts a wide definition of family, including children (Article 1.1), and extends the application of the provisions to the cohabitating unmarried couple (Article 1.2). In Article 1.3 it is stated that a victim of domestic violence is also the juvenile in front of whom the violent acts are committed. In cases where the violent acts covered by the law²⁷ are committed against juveniles or in front of them the penalties are more severe. If physical injury or damage to health is induced against a juvenile in a methodic manner causing severe physical pain, physical exhaustion or mental anguish, the imprisonment penalty is at least 10 years (Article 6.4). In cases where a victim is caused physical harm in front of a juvenile, the minimum imprisonment penalty is 1 year (Article 6.3). In cases where there is insult of sexual dignity of a juvenile, the perpetrator is punished for at least 6 months of imprisonment (Article 9.2). Article 4 states “*physical violence against children as a disciplinary measure in the context of their upbringing brings the consequences of Article 1532 of the Civil Code*”.²⁸ Article 15 of the Law 3500 added a paragraph to article 735 of the Code of Civil Procedure regarding temporary measures providing the potential of enforcement by the court of specific restrictive conditions for

²⁶ The following legislation addresses inappropriate content of radio and television programs. **Presidential Decree 100/2000** (GG A’ 98/17.3.2000) Decree 100/2000 bringing Greek law into line with the provisions of Directive 97/36/EC (EE EL 202, 30.7.97), Article 4a. and 8 “Protection of Minors-Classification for Television Programs”; **Law 2328/1995** (GG A’ 159/3.8.1995) Legal Status of Private Television, Article 3 “Protection of Minors”; **Presidential Decree 77/2003** (GG A’ 75/28.3.2003) Codes of ethics related to journalism, information, political programmes, Articles 10 “Protection of Minors”, 12 “Violence”, 13 “Crimes-Terrorism”; **Law 2863/2000** (GG 262/29.11.2000) National Council of Radio Television, Article 4.f; **Ministerial Decision no 6138/E/2000** (GG B’ 345/17.3.2000) Classification of Television programs, Articles 1, 3; **Greek Code of Advertising**, Articles 1-3 & 16-17, Annex I “Advertisements addressing children”.

²⁷ The violent acts covered by this law are: domestic physical harm, violence and threat, rape and abuse of power to commit assault, and insult of sexual dignity.

²⁸ Article 1532 of Civil Code states that the consequences can be the removal of the custody of the child (completely or merely) from the parent who abuses his/her parental authority and assigning it to the other parent. If the other parent is also unable to take the custody of the child due to that reason then the custody is assigned (completely or merely) to a third person or a guardian.

immediate removal of the perpetrator from the home, aiming at the protection of the DV victim and other members of the family as well as prohibition to approach work and residence of the DV victim and schools of their children. In Article 23.1 is mentioned that in case that teachers (or primary or secondary education) are informed or realize that a crime of domestic violence is committed against a student, they have the obligation to inform the director of the school –without delay- who reports the crime immediately to the police. The same commitment applies to teachers of private schools and all kinds of pre-school education units. It is also mentioned that the Prosecutor has the right to start penal mediation in cases of minor offences of family violence. This applies not only for adult victims but also for minors in collaboration with their guardian -if the guardian is not the offender- who acts also as the child's representative in the processes that have to be followed.

In regards to children-victims and witnesses of crimes, the Committee (CRC, 2012) recommended to Greece to ensure, through adequate legal provisions and regulations, that all children victims and or witnesses of crimes, such as children victims of abuse, domestic violence, sexual and economic exploitation, abduction, and trafficking and witnesses of such crimes, are provided with the protection required by the Convention and that it take fully into account the United Nations Guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime.

Sexual Exploitation of Children: *Child Pornography:* Greece with the Law 3064/2002, Article 6, outlawed child pornography in 2002 (GG A' 248/2002). Article 348A of the Criminal Code punishes those who, for profit, manufacture, offer, provide, possess, or sell pornographic material in any format of a real or a virtual act involving a minor with imprisonment and a fine. It is an aggravating circumstance if the pornographic materials involve exploitation of the need or mental incapacity, deafness, or inexperience of an underage person or involve the use of violence against him or her. In such cases, perpetrators are punishment by imprisonment as well as and a fine. If the victim is injured, then both, the imprisonment and the fine increased. *Pimping:* The Criminal Code (Article 349) also punishes those who encourage prostitution of minors with imprisonment and a fine. The punishment is more severe if the crime involves a minor under the age of fifteen or is committed by parents or step-parents, relatives, guardians, custodians, or teachers. *Lewd Acts against Minors:* Adults who commit lewd acts against minors in exchange of money or other material exchange or adults who cause lewd acts among minors committed before other people are punished by imprisonment and fines, according to the child's age. If the victim dies perpetrators are punished by life imprisonment (Criminal Code, Article 351A). *Seduction of Minors:* Criminal Code, Article 339²⁹ punishes one who commits the offense of seduction of a person younger than fifteen years old. More severe punishment is provided if the victim is younger than ten. Further legislation concerning pedophilia, pornography, minors as victims of violence, exploitation and seduction include: the Decision Framework 2002/629/ΔΕΥ of Council (19.7.2002) for combating human trafficking (L 203/01.08.2002); Decision 293/2000/EC (L 034/09.02.2000) (24.1.2000) establishing the Daphne Programme concerning preventive measures for violence against children, adolescents and women; Decision 2000/375/ΔΕΥ (29.5.2000) for combating child pornography in the internet (138/9.6.2000); C 357/14.12.2001 in regards to the decision framework of the Council on combating sexual exploitation of children and child pornography; Decision Framework 2004/68/ΔΕΥ of Council (22.12.2003) on combating sexual exploitation of children and child pornography (L 13/20.01.2004), Article 1 "Definitions", Article 2 "Crimes of sexual exploitation of children", Article 3 "Crimes related to child pornography", Article 5 "Penalties and aggravations"; C 379/31/12/1999), Articles 1-11 Conclusions of Council (21.12.1999) on the implementation of the measures for combating sexual tourism involving minors.

Trafficking and sale of Children: Trafficking of children in Greece raising legal and humanitarian concerns in the early 2000s (Shuteriqi, Pippidou, & Stoecklin, 2006). Children were required to work hard and pass their earnings to those who facilitated their entry through the Greek borders. To deal with this problem, in 2002, the Greek Parliament adopted the Law 3064/2002 on Measures to Combat Trafficking in Human Beings, Sexual and Economic Exploitation, and Child Pornography, which was followed by an implementing Presidential Decree (No. 233/ 2003). Moreover, as a legislative measure, Article 323 of the Law punishes trafficking of human being for labor purposes with imprisonment and a fine for anyone who, by force, threat, or other coercive means, including abuse of power, hires or transports someone within or outside the Greek territory with the purpose of exploiting his or her labor, while a punishment is also provided for someone who knowingly accepts the labor of such a person (Criminal Code, Article 1274). Further legislation for combating trafficking human beings, that is currently in force has as follows: Law 3625/2007 ratifying the

²⁹ It was amended in 2002 and 2003 by Law 3064/2002 and Law 3160/2003

Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography. This law further amended relevant articles of the criminal code and of the criminal procedure by establishing heavier sentences when the victim is a child. Law 3727/2008 ratifying the Lanzarote Convention of the Council of Europe on the Protection of Children against Sexual Exploitation and Sexual Abuse which introduced new provisions regarding the protection of victims that are minors. A list of social and psychological support and assistance services is included in the Annex of the Presidential Decree. Law 3386/2005, providing for residence permits to victims. Identified victims who cooperate with the Authorities for the prosecution of their traffickers are entitled to a one-year, renewable, residence permit, without obligation to pay the required fee; this permit is also valid as a work permit providing victims with access to the labour market. Victims are entitled to the renewal of their residence permits until the criminal procedure has been completed. Thereafter, they can apply for a residence permit under a different status (such as marriage or work). Special care is taken for minors-victims, aiming at locating their families and securing their legal representation and support in judicial proceedings. The Prosecutor is the competent authority for the identification of victims. Once victims have been identified as such, the Greek Law provides for their protection, in particular, shelter, as well as medical, social, psychological and legal assistance. Potential victims of trafficking are entitled to one month reflection period, which is provided by the competent prosecutor, in order for them to decide whether they will cooperate with the Authorities for the prosecution of the traffickers. During this period they cannot be deported and they enjoy all the privileges provided to identified victims, with the exception of the issuance of residence permits. The deportation of women is prohibited under any circumstances during pregnancy and for six months after delivery. Law 3692/2008 ratifying the bilateral agreement between Greece and Albania for the assistance and protection of children victims of trafficking, introducing new provisions aimed at establishing better cooperation between the two countries and facilitating the repatriation of child victims.

It is a fact that the problem of child trafficking grew rapidly and the situation facilitated the creation of a profitable market for traffickers mainly due to the failure of the Greek government to act promptly and to coordinate its actions efficiently. The UN Committee (CRC, 2012) expresses its serious concern that Greece did not develop an integrated approach to deal with children in street situations. It is particularly concerned at the limited availability and accessibility of social services for the protection and social reintegration of children in street situations, including the insufficient holding capacity of shelters.

Child Labor and Exploitation: Since 1989, the minimum age for employment has been established at fifteen [Law 1837/1989]. A Presidential Decree No 62/1998 prohibits the employment of children below the minimum age of employment in family businesses in the agricultural, forestry, and livestock sectors. Greece has also ratified the 1999 ILO Convention No. 182 on the Worst Forms of Child Labor [Convention No. C-182, web site of the International Labor Organization]. In 2001, Greece enacted another law that extends the ban on night work to young persons employed in family business in the agricultural, forestry, and livestock sectors [Law 29956/2001] and in the maritime and fishing industries [Presidential Decree No. 407/2001]. In 2003, Greece outlawed activities such as begging and other forms of labor in the streets, including selling flowers, cleaning shoes, or cleaning car windshields. There is no punishment for the above crimes, except the crime of begging. Article 409 of the Criminal Code punishes anyone who forces persons under his care to beg for financial benefit with imprisonment or a fine. It is an aggravating circumstance if it involves children under the age of eighteen (Law. 3189/2003, Articles 2, 7, GG A' 243/2003).³⁰

Provisions related to CAN in the Civil and Penal Codes

Civil Protection: Regarding parental responsibilities, related provisions are located in a series of articles of the Civil Code; specifically, parental care is defined in Article 1511 and custody in Article 1518. There are also provisions for the

³⁰ Other legislation related to child labor **Law 3850/2010:** Ratification of the code of laws on health and safety of employees (Chapter H: Protection of minors in employment) (GG 84/A/2.6.2010); **Law 3144/2003:** Social dialogue for the promotion of employment and social protection and other provisions (Article 4 «Protection of Minor Workers») (GG A' 111/8.5.2003); **Law 2918/2001:** Ratification of the ILO Convention 182 on worst forms of child labor (GG A' 119/15.6.2001); **Law 1837/1989:** For the protection of minors in employment (GG A' 85/23.3.1989); **Law 1346/1983:** Modification and completion of provisions of labour legislation (Articles 2, 10, 14) (GG A' 46/13-14.4.1983); **Ministerial Decision no. 130621/2003:** Occupations, tasks and activities in which employment of minors is forbidden (GG B' 875/2.7.2003); **Presidential Decree 136/1999:** Status, Duties, Functions, Organizational Structure and Working System of Ministries (Articles 9, 12 "Responsibilities") (GG A' 134/30.6.1999); **Presidential Decree 62/1998:** Measures to protect young people at work, in conformity with Directive 94/33/EC (Article 4 prohibits the employment of children) (GG A' 67/26.3.1998); **Ministerial Decision no. 130627/1990:** Determination of dangerous, heavy or unhealthy jobs for minors' occupation (GG B' 620/27.9.1990); **Law 1182/1981:** Ratification of the 138 ILO Convention on the minimum age for admission to employment (GG A' 193/23-24.7.1981)

responsibility of parents (Article 1531), for cases where conflict of interest between parent and child is identified (Article 1517), terms for personal communication in case of divorced parents (Article 1520), the consequences of exercise poor parenting (Art. 1533) and for the conditions where parents can be revoked (Art. 1537)

Criminal Protection: A series of articles under the provisions of which can be documented cases of child abuse and neglect is available in the Criminal Code, the Criminal Procedure Code and the Special Law 3500/2006 on domestic violence. Regarding physical harm, Law 3500/2006, Articles 2 and 4 clearly states that the use of force is prohibited, while the Article 6.1-5 is dedicated to issues related to incidents of domestic physical harm. In the Penal Code there are provisions for unprovoked physical harm (Article 308.1-3), dangerous physical harm (Article 309), severe physical harm (Article 310.1-3) and fatal harm (Article 311); special reference to physical harm of minors is available to Article 312a-b. Regarding crimes against personal freedom, in Law 3500/2006, Article 7.1-2 is referred to domestic violence and illegal threat, while in the Penal Code there are provisions regarding the illegal detention (Article 325), illegal violence (Article 330) and threat (Article 333). For crimes against sexual freedom there is also a reference in the Law 3500/2006, Article 8.1-2 (Rape and Abuse in Lewd), while the main legal provisions are located in the Criminal Code: specifically, definitions and penalties are defined for rape (Article 336.1-2), the abuse in lewdness (Article 338.1-3), the seduction of minors (Article 339.1-4), the abuse of minors in lewdness (Article 342.1-5), incest (Article 345.1-2), lechery between relatives (Article 346.1-2), lechery despite nature (Article 347.1-2), and elopement (Article 328.1-2). Moreover, for crimes against sexual dignity, Law 3500/2006, Article 9.1-3 refer to domestic sexual abuse and the Article 337.1-4 of Penal Code contains provisions and penalties for assault of sexual dignity. In regards to the economic exploitation of sexual life, the Article 323a.1-6 of the Penal Code refers to trafficking and sex tourism, and the Article 323b refers especially for conducting trips to commit sexual or other lewd acts against a minor; provisions and penalties for facilitating debauchery others including minors are available in Article 348.3, for child pornography in Article 348a.1-4, for attracting children for sexual reasons (Article 348b), for pimping in Article 349.1-2, for trafficking of a minor or mentally or physically disabled in Article 351.1-6, and for lewdness of a minor with fee in Penal Code Article 351a.1-3. Regarding crimes against life, Article 306.1-2 of the Criminal Code refers to exposure to risk, while in the context of provisions for crimes in the family there is a specific provision for the neglect of the supervision of minors (Article 360.1-4).

Juvenile Justice: In 2003, with the Law 3189/2003 (GG A' 243/2003) the juvenile justice system underwent significant changes aiming to harmonize the criminal law provisions with those of the Convention of the Rights of the Child and to bring the juvenile system in line with the constitutional mandate regarding the protection of children.³¹ Among the changes was the modification of the lower and upper limits of the period during which a person is considered a minor for the purposes of criminal responsibility (from 7-17 to 8-18). Since the Convention defines a child as anyone under the age of eighteen, without further differentiation, the Criminal Code has now been brought into line with the Convention. Concerning minors defendants, is in force the Law 2462/1997 (GG A' 25/26.2.1997) that ratified the International Covenant on Civil and Political Rights, the Optional Protocol to the International Covenant on Civil and Political Rights and the Second Optional Protocol to the International Covenant on Civil and Political Rights on the abolition of the death penalty (Articles 10, 14, 24). Concerning the administration of juvenile justice, the UN Committee (CRC, 2012) in order to ensure the Criminal Code and the Code of Criminal Procedure full compatibility with the principles and provisions of the Convention, expressed its concerns –inter alia- that there are still some legal provisions making reference to the age of majority as 17 years (articles 150 and 155 of the Code of Criminal Procedure and 347 and 469 of the Criminal Code).

Police Authorities: Law 3418/2005: According to Article 20.1,2 concerning the responsibilities of police authorities is provisioned that «In case of a domestic violence crime the police authorities who are responsible for conducting the preliminary investigation according to the provisions of Criminal Procedure Code, Article 243.2, are prohibited to communicate in any way the name of the victim and the alleged perpetrator, their home addresses as well as any other data that might reveal their identities. Violators of this provision are punished with imprisonment up to two years”. In Article 21.2 is also mentioned that "the police authorities dealing -within their jurisdiction- with cases of domestic

³¹ Other related legislation - **Probation Services: Presidential Decree 49/1979** (GG A / 11/4-24.1.1979) on Probation Services (Articles 6-11 “Tasks and Responsibilities”) and **Law 378/1976** on creation of tactical Probation positions by the Courts for Minors (GG A / 171/7-8.7.1976); **Child Protection Services: 3/1943** (GG A ' 239/1943) on the organization and operation of Child Protection Services; **Law 2298/1995** (GG A / 62/4.4.1995)

violence are obliged, upon request of the victim, to inform it and the above agencies in order the necessary and appropriate assistance to be provided immediately." **Penal Code, 141/1991**: "In the context of their responsibilities, the Greek police provide any assistance requested by the School Directors in primary and secondary education". In Article 97 is stated that "The Police Authorities supervise minors and provide them any potential protection against the risk of physical, moral and mental health. In any contact with minors, they should be handled with affection and affability and avoid any action which could humiliate them and leave them adverse psychological experiences related to police. Police cares for identifying cases of exploitation, neglect, or abuse of minors and promptly inform the competent authorities and those charged with protecting children, by applying the legal provisions against offenders when needed. Police applies the legal measures against those who are supervising minors and neglect to prevent them from committing crime or prostitution and inform those services and agencies that are responsible for child protection. In cases that minors commit misconducts that are not considered characteristic of antisocial behavior the Directors of the Greek Police should instead submit a complaint, provide them with recommendations and admonitions and to draw attention to their families to thoroughly exercise oversight".³²

Implementation of the UNCRC in Greece

Although the provisions of the UN Convention are valid and important steps have been made, the Convention has not yet been translated into concrete programmes and policies. The Greek legal framework for the protection of children is sufficient but needs to be improved in various aspects; it should also be fully harmonized with the Convention while the existing legislation needs to be enforced.

Concluding observations of the UN Committee on the progress made in Greece concerning protection of children's rights, following the submission of the Greek Reports in 2002 and 2012.

The conclusion of the UN Committee (CRC, 2002) after reviewing the initial Greek report (which submitted with a delay of five years), was that "*while the report contained very useful information on the legislative framework relevant to the Convention's implementation, it lacked sufficient information on the effects to implement the Convention itself*" and that "*the report did not include a specific section on general measures of implementation*". To this end, the Committee recommended, inter alia, that Greece should harmonize its legislation with the principles and provisions of the Convention and strengthen implementation of domestic legislation towards improved protection of children's rights.

In the respective report summarizing the concluding observation of the UN Committee for the 2nd and 3rd consolidated reports submitted by Greece under article 44 of the Convention (CRC/C/GRC/CO/2-3, 2012) seems that although there are some developments, many issues in Greece related to the children's rights and protection are still needed further elaboration. Again the Committee, although stated that appreciated the dialogue held with the multi-sectoral delegation for a better understanding of the situation of children, regretted the delay of submission of the reports.

As for the progress achieved and the measures taken, UN Committee mentioned the adoption of a number of legislative measures, including –inter alia- the Law 3500/2006 on the management of domestic violence which also prohibits corporal punishment; Law 3860/2010 on the improvement to the criminal legislation regarding juvenile offenders; (c) Law 3699/2008 on special education of persons with disabilities or special educational needs; and the Law 3304/2005 on the prohibition of discrimination based on racial or ethnic origin in education. Moreover, it noted the ratification of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (in 2004) and the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (in 2004); The Convention on the Rights of Persons with Disabilities and its Optional Protocol (in 2012); and The Hague Convention on the Protection of Children and Cooperation in Respect of Inter-Country Adoption of 1993 (in 2009). Lastly, the Committee stated its appreciation concerning policy and institutional measures such as the establishment of the Central Scientific Council for the prevention and combating of victimization and criminality of minors (KESATHEA) and of the ORESTIS network for the protection of minors in 2010; the adoption of the National Action Plan for Children's Rights in 2007; the establishment of the Socio-Medical Centres (SMC) by the Joint ministerial decision (2006) of the Ministries of Health and Social Solidarity, Employment and Social

³²Other related legislation - **Crime prevention: Law 1738/1987** Council Recommendation for Crime Prevention (GG A / 200/19-20.11.1987); **Presidential Decree 14/2001** Organization of Hellenic Police Services (GG A / 12/31.12.2001), Article 6.1.g. "Department of Drugs and Juvenile Delinquency"; **Decree 1/2001** Restructuring, establishment, organization and operation of the General Police Directorate of Attica, Article 13.2.e. "Establishment of Child Protection Sub-Division"; **Law 2800/2000** Restructuring Services of the Ministry of Public Order, Article 8.5d "The implementation of public security includes particular attention to the protection of minors"

Insurance, Economy and Finance, Interior-Public Administration and Decentralization to combat the exclusion of socially vulnerable groups of population; and the establishment of a National Committee for Children's rights under the Ministry of Education in 2005.

Under the section related to factors and difficulties impeding the implementation of the Convention, the Committee notes that the recession and the current financial and economic crisis is taking its toll on families and on public social investment, including on the prospects of implementing the Convention, especially with regard to article 4 of the Convention. In this respect, the Committee urges the State party that, in time of fiscal constraint, efforts must be made to sustain and expand social investment and social protection of those in most vulnerable situations and to employ an equitable approach giving priority to children. Among the main areas of concern, the Committee regretted that some recommendations in the initial report (CRC/C/28/Add.17, 2002) have been insufficiently or only partly addressed and urged Greece to take all necessary measures to address those recommendations related, among others, to legislation, coordination, allocation of resources for children, data collection, cooperation with civil society, the definition of the child, the administration of juvenile justice, and children in street situations and to provide adequate follow-up to the recommendations contained in the present concluding observations.

Recommendations related specifically to child abuse and neglect (CRC, 2002, p. 11): UN Committee recommended to Greece to **improve data collection** (accurate, up-to-date and disaggregated data) on abuse and neglect of children, including sexual abuse within the family; to develop and implement a national programme for the prevention and reduction of the incidence of child abuse and neglect within the family and within institutions, inter alia by conducting awareness raising campaigns and providing adequate support to families at risk; to develop and implement an effective system for reporting and referral of cases of child abuse and neglect and appropriate measures for the protection of child victims and the provision of rehabilitative assistance and the prosecution and treatment of alleged perpetrators of abuse and neglect; to strengthen the capacity of social services across the country to identify and treat instances of child abuse or neglect, including physical and psychological recovery and social reintegration of the victims of rape, abuse, neglect, ill-treatment, violence or sexual exploitation; to take measures to prevent the criminalization and stigmatization of victims; strengthen the use of child-sensitive methods of investigation and presentation of court evidence and the availability of expert multidisciplinary child assistance teams, including psychosocial counsellors; and ensure that domestic legislation provides adequate protection for all children, both girls and boys, from sexual and other forms of abuse; to review all relevant legislation to ensure that all forms of violence against children, however light, are prohibited, including the use of torture, or cruel, inhuman or degrading treatment (such as flogging, corporal punishment or other violent measures), for punishment or disciplining within the child justice system, the family, the schools or in any other context. Such legislation shall incorporate appropriate sanctions for violations, the provision of rehabilitation and compensation for victims (CRC, 2000, p. 131-132; CRC, 2001b, p. 163); to monitor the implementation of the child protection related legislation by provisioning the necessary resources, education and training (CRC, 2000, p. 132; CRC, 2001b, p. 163); to undertake a comprehensive study on the extent, nature, causes and consequences of violence against children. This study should be widely disseminated and used to formulate policy and programmes (CRC, 2001b, p. 163); to conduct research aimed at revealing the hidden socio-economic costs of violence against children, e.g. the cost for providing psychiatric care for children victims as well as to better evaluate the effectiveness of existing prevention, protection and recovery programmes (CRC, 2001b, p. 167); to give particular attention to gender discrimination within the family and school (CRC, 2001b, p. 165); to implement home visitation programmes and introduce schemes designed to identify children at risk of family violence and provide appropriate services to reduce those risks (CRC, 2001b, p. 165); to establish effective systems to monitor the treatment of children and to report and investigate cases of suspected ill-treatment, including within the family and in schools including, among others, training of professionals working with students (primarily teachers and health professionals) to increase their ability to detect symptoms and assess the possibility of ill-treatment, encouraging of educational and health services to detect and report evidence of violence against children and provide treatment for victims and perpetrators, monitoring children's views and perceptions of their experiences, ensuring that complaints receive a coordinated and multidisciplinary response, inspecting of all schools and other institutions, permit unannounced visits, responding by providing support and assistance rather than only intervention or punishment, and protecting professionals and other people who reporting or initiating complaints (CRC, 2001b, p. 165); and to allocate resources to programmes and

measures designed to improve prevention, detection, protection and recovery children victims of family violence and in schools (CRC, 2001b, p. 168). Regarding sexual exploitation, trafficking and child prostitution the Committee recommended (CRC, 2002, p. 20-21) among others to Undertake a study on the causes and scope of sexual exploitation and trafficking of children, including by gathering reliable data on their incidence; to develop a national plan of action to address the sexual exploitation and trafficking of children covering, inter alia, all aspects of assistance to child victims, and ensure that the plan is implemented in all regions of the country, including the prosecution of persons responsible for such acts; to strengthen the efforts to identify and report on practices of child sexual exploitation and strengthen cooperation with NGOs working in this field; to strengthen the actions to assist child victims of such abuse, including the provision of counselling and health and social services as well as to develop laws, policies and mechanisms for all children and provide adequate resources to ensure the full implementation of juvenile justice standards and in particular articles 37 and 39 of the Convention (CRC, 2002, p. 22).

Ten years afterwards (CRC, 2012) UN Committee's observations related to violence against children including abuse and neglect are summarized as follows: the Committee welcomed the first National Strategic Plan for Children and Adolescents 2006-2009 aiming, among others, to fight violence against children as well as the establishment in 2011 of a Network Against Violence in Schools for the prevention and treatment of violence and bullying in schools. Moreover, it welcomed the adoption of Law 3500/2006 "regarding domestic violence and other provisions" which protects also children and of several legislative measures to protect children against abuse and neglect. However, the Committee stated that **"concerned at the general lack of information on all these phenomena, reliable statistical data collected by the State party to evaluate and monitor the implementation of the legislation, information on sanctions imposed on the perpetrators, as well as at the lack of information with regards to the complaint mechanism for child victims"**. Among the recommendations the Committee included the following: to **"strengthen mechanisms for monitoring the number of cases and the extent of violence, sexual abuse, neglect, maltreatment or exploitation, including within the family, in schools and in institutional and other care"**; to **"ensure that professionals working with and for children (including teachers, social workers, medical professionals, members of the police and the judiciary) receive training on their obligation to report and take appropriate action in suspected cases of abuse, domestic violence and neglect affecting children"**; to **"strengthen support for victims of violence, abuse, neglect and maltreatment in order to ensure that they are not victimized once again during legal proceedings"**; and to **"provide access to adequate services for recovery, counselling and other forms of integration in all parts of the country"**. Also, the Committee in 2012 recommended –inter alia- the prioritization of **"the elimination of all forms of violence against children"**, **"the development of a national comprehensive strategy to prevent and address all forms of violence and ill-treatment against children"**, **"the introduction of an explicit national legal ban on all forms of violence against children in all settings and "the consolidation of a national system of data collection, analysis and dissemination, and a research agenda on violence and ill-treatment against children"**.

Recommendations related to data collection: The Committee (2002) recommended to Greece to *"strengthen its efforts to develop data collection systems and indicators consistent with the Convention covering all children, with an emphasis on those who are particularly vulnerable, such as child victims of abuse, neglect or ill-treatment"* (CRC, 2002, p. 5).

In the respective report of the Committee (2012) for the 2nd and 3rd Greek reports, the Committee stated that is concerned at the lack of a national database with comprehensive and disaggregated data on children. In particular, the Committee is concerned at the lack of statistics on children at risk of domestic violence and/or other forms of abuse and ill-treatment, children victims of sexual exploitation and abuse, and other children in need of special protection including children with disabilities, unaccompanied children, and refugee and asylum-seeking children. Therefore, the Committee recalled its general comment No. 5 (2003) on the general measures of implementation of the Convention on the Rights of the Child and reiterated its previous recommendation (CRC/C/15/Add.170, 2002, para. 24), namely *"to strengthen its mechanisms for data collection by establishing a national central database on children, and developing indicators consistent with the Convention, in order to ensure that data is collected on all areas covered by the Convention, particularly on violence, trafficking, and sexual exploitation of children, disaggregated, inter alia, by age, sex, ethnic and socioeconomic background, and by groups of children in need of special protection"* (CRC, 2012, p. 5).

Recommendations related to training of professionals: In 2002 UN Committee recommended to Greece to strengthen the efforts to provide training for professionals with responsibility for children's rights (such as teachers, health professionals including psychological care specialists, social workers, law enforcement officials, judges, lawyers and national ministerial and local government officials), children, parents and the population in general on the Convention and its principles (CRC, 2002, p. 6). In 2012, the Committee expressed again its concern at the lack of training for professionals working for or with children, including social workers, law enforcement officials, health personnel, professionals and staff working in all forms of alternative care, and the media and to this end has recommended to Greece to ensure systematic, mandatory and on-going training on child rights for all professional working with and for children, in particular social workers, law enforcement officials, health personnel, professionals and staff working in all forms of alternative care, and the media. (CRC, 2012, p. 5)

Based on the concerns described above and recommendations to Greece by the UN Committee, which **indicate lack of measures** in aspects such as **data collection, reporting system, research, training and education of professionals, policies and legislation**. The existing legal framework needs to be amended and improved in order to better correspond to the needs of abused children due to the great gap observed between the legal framework and everyday practice.

3.1 - Legislation, policies and mandates for reporting and recording of CAN cases in different professional fields

Mandatory reporting: According to the Law 3500/2006, Article 23 requires that any teacher working in public or private educational institution, or Unit of Preschool education who is realize or is informed that a crime of domestic violence against a minor has been committed, has the obligation to notify the Principal of the School and the Principal has the obligation to report the information to the Prosecutor or the Police immediately. This is the only case where the obligation of professionals to submit reports for CAN cases is legally mandated –even though no penalty is provisioned in case of non-reporting.

Furthermore, providing that abuse and neglect constitute a criminal offense, the following **general provisions of the law** are also apply. According to the Code of Criminal Procedure, Article 36.1, the Investigators who have been informed about an offense prosecuted ex officio (i.e. including CAN case) should immediately to announce it to the Public Prosecutor. In accordance with the Article 36.2, all civil servants, including those in which assigned temporary public service, have the same obligation in regards to the offenses they were informed during the performance of their duties. In the Article 40.1, even civilians who perceived themselves an offense prosecuted ex officio are obliged to announce it to the Public Prosecutor or any other Investigator. In the same context, according to the Penal Code, Article 232.1, criminal offence also constitutes the concealment of a felony that someone was informed about that already happened or is planned (such as serious injury of a minor, intended bodily harm, rape, incest, child abuse in lasciviousness, child seduction, pimping, lewdness with a minor fee). Lastly, as expressly provided in the law (Code of Criminal Procedure, Article 42.1) everyone has the right to complain for offenses prosecuted ex officio and not only the person who was wronged.

Reporting by a minor-victim (self-reporting): The notification / complaint of an offense that submitted by the victim itself (abused and/or neglected child) is called indictment. According to the Penal Code, Article 118, the victim is entitled accusation of a crime when it has completed the 12th year of his age. For younger persons, the legal representative of the child is entitled accusation.

Anonymous complaint: According to the Criminal Procedure Code, Article 43, is stated that any complaint or petition that has been submitted anonymously by whatever manner or using a nonexistent name, is immediately placed on file by the public prosecutor. The Prosecution Authority, however, is obliged to receive the report. Receipt of the report means that the Prosecutor becomes aware of the acts described in the report and in case these acts relate to an offense prosecuted ex officio, it is necessary to proceed in prosecution. It should be noted that in Greece allegations of abuse and / or neglect may be made anonymously. The anonymity would preclude involvement of the person submitting the complain in the subsequent process of investigation and evaluation of the case. However, personal

information of professional who submit the report provide the possibility of obtaining additional information, if needed. In case that the name of the child is not known, the address of the child is necessary in order for the competent authorities to identify the child.

Information necessary for reporting CAN: Reporting of a CAN case should necessarily include the name of the child, its age and home address. Additional useful information include information on the family, the parents and the perpetrator, other children or family members who may be at risk, history of abuse, other persons who may have information about the child or are witnesses of abuse and/or neglect.

Legal rules governing professional confidentiality: A breach of professional confidentiality is punishable (Penal Code, Article 371.1). However it is NOT unfair and goes unpunished if the professional intended to fulfill his/her duty or safeguard legitimate interests could not otherwise preserve (Penal Code, Article 371.4). Life, physical and mental integrity, personal freedom, sexual freedom and dignity, childhood and youth are legal rights –and therefore legitimate interests- protected by the Constitution, laws and international treaties that our country has ratified a law.

Practicing of the Profession of Social Work (Presidential Decree 23/1992). It is explicitly stated that any disclosure of information or events with the intention to safeguard human life or to protect physical and mental integrity of minors is not a breach of professional confidentiality.

Practicing of the Profession of Psychologists (Law 991/1979). In regards to the professional confidentiality, it is stated that applies the Penal Code, Article 371; therefore, if the psychologist intended to fulfill his/her duty or to safeguard legitimate interests could not otherwise preserve, the breach of the professional confidentiality is legal.

Code of Medical Ethics (Law 3418/2005, Article 13). In the Code is stated that the breach of medical confidentiality is allowed; additionally there is obligation to report to the authorities in cases that the medical doctor is intended to perform legal duties arising from a special law (such as the diagnosis of infectious diseases), by a general law (such as the obligation to report a felony for which is informed), and when it seeks to preserve a legitimate interest which cannot be preserved otherwise.

Finally, it is noted that in accordance to the Convention of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote) (Article 12), Greece has been committed to ensure that the confidentiality rules imposed on specific professions do not preclude the possibility for professionals to report to the authorities any situation that have reasonable suspicion that a child is victim of sexual abuse or exploitation.

3.2 – Legal provisions for administration of sensitive personal data

Greece has a comprehensive legislative framework regarding the protection of personal data, which is broadly in line with EU data protection legislation. The relevant provisions lay down the terms and conditions under which the processing of personal data is to be carried out so as to protect the fundamental rights and freedoms of individuals, and in particular, their right to privacy.

The Hellenic Data Protection Authority (the HDPA) is an independent authority, with regulatory, administrative and audit competencies, to safeguard compliance with Greek data protection legislation (Norton Rose Fulbright, 2013), as it is provisioned in Chapter IV of the Law.³³ Article 1 defines four main points concerning the Authority's mission: a. respect and protection of individual rights and democracy, b. upgrade of the protection of personal data as a value per se under the rule of law, c. promotion of mutual cooperation of the person with the administration and private enterprises, and d. continuous preventive, punitive and remedial action for the protection of personal data. Moreover, the Authority's mission includes the supervision of law enforcement and other regulations pertaining to the protection of individuals with regard to processing of personal data and the exercise of the powers conferred each time.

As for the legislation that is currently applicable, this can be summarized as follows: First of all, data protection is defined as a fundamental right of individuals under the Greek Constitution (article 9A).

The main law for the protection of personal data is **Law 2472/1997 “on the Protection of Individuals with regard to the Processing of Personal Data”**, which transposed the EU Data Protection Directive into Greek law. All main legal

³³ See also Decisions of the Authority (Official Gazette B' 336/2000), amended by the Protocol Number G/EX/2015/22-04-2008 (Official Gazette B 859) and G/EX/3082/03-05-2011 (Official Gazette B 989).

provisions concerning administration of sensitive personal data in Greece are included in this law, which is consisted by 26 articles under 6 distinct chapters (general provisions, elaboration of personal data, rights of the subject of data, Authority for the protection of personal data, penalties and other provisions).

Specifically, Article 1 defines **the object of the Law 2472/1997** as *"to establish the terms and conditions under which the processing of personal data is to be carried out so as to protect the fundamental rights and freedoms of natural persons and in particular their right to privacy."* Article 2 includes **definitions of key concepts**: **"Personal data"** as *any information relating to the data subject such as name, age, address, profession, marital situation, education, financial status etc.* **"Sensitive data"** as *the data referring, among others, to racial or ethnic origin, religious beliefs, health, social welfare and sexual life;* **"Data Subject"** as *any natural person to whom such data refer and whose identity is known or may be found;* **"Processing"** of personal data as *any operation which is performed upon personal data ... whether or not by automatic means, such as collection, recording, organization, storage, modification, retrieval, use, disclosure by transmission, dissemination, correlation or combination, interconnection, locking, and destruction;* **"Personal Data File"** as *any structured set of personal data which are accessible on the basis of specific criteria;* **"Controller"** as *any person who determines the scope and means of the processing of personal data, such as any natural or legal person, public authority or agency or any other organization;* **"Processor"** as *any person who processes personal data on behalf of a Controller;* **"Interconnection"** as *a means of processing consisting in the possibility of co-relating the data from a file to the data from a file kept by another Controller or by the same Controller for another purpose* (according to the Article 8, every interconnection should be communicated to the Authority by means of a declaration jointly submitted by the Controllers who interconnects two or more files serving different purposes); **"Third party"** as *any natural or legal person, public authority or agency or any other body other than the data subject, the Controller and the Processors;* **"Recipient"** as *any natural or legal person, public authority or agency or any other organization to whom data are disclosed or transmitted, whether a third party or not;* and **"The Data Subject's Consent"** as *any freely given, explicit and specific indication of will, whereby the data subject expressly and fully cognisant signifies his/her informed agreement to personal data relating to him being processed.* Article 3 defines that the provisions of this law apply to the processing, in whole or in part, by automatic means as well as to the processing by non-automatic means, of personal data which form part of a file or are intended to form part of a file.

As regards the lawfully processing of personal data (Chapter II, Articles 4-10) is mentioned that they must be collected fairly and lawfully for specific, explicit and legitimate purposes; be adequate, relevant and not excessive in relation to the purposes for which they are processed at any given time; be accurate, kept in a form which permits identification of data subjects for no longer than the period required for the defined purposes.

Processing of personal data (Article 5) permitted only when the data subject has given his/her consent, except for specific conditions among which is included the cases where processing is necessary in order to protect the vital interests of the data subject, if s/he is physically or legally incapable of giving his/her consent and when processing is necessary for the performance of a task carried out in the public interest or a project carried out in the exercise of public function by a public authority or assigned by it to the Controller or a third party to whom such data are communicated, when data may be processed even without subjects' consent. In any case, it is provisioned (Article 6) that the Controller must notify the Authority in writing about the establishment and operation of a file or the commencement of data processing. The Authority shall grant a permit for the collection and processing of sensitive data, as well as a permit for the establishment and operation of the relevant file, upon request of the Controller (Article 7). As for the **processing of sensitive data** (Article 7), this is prohibited; exceptionally, the collection and processing of such data, as well as the establishment and operation of the relevant file, is permitted by the HDPA, when, among others,³⁴ processing is necessary to protect the vital interests of the data subject or the interests provided for by the law of a third party, if s/he is physically or legally incapable of giving his/her consent;³⁵ processing relates to data made public by the data subject or is necessary for the recognition, exercise or defense of rights in a court of justice or before a disciplinary body; processing relates to health matters and is carried out by a health professional subject to the obligation of professional secrecy or relevant codes of conduct, provided that such processing is necessary for the purposes of preventive medicine, medical diagnosis, the provision of care or treatment or the management of health-

³⁴ Decision 121/2001 of Hellenic Data Protection Authority (GG B' 1345/2001).

³⁵ As modified according to Law 3471/2006, Article 22.1 (GG A' 133/2006).

care services; and when processing is carried out by a Public Authority and is necessary for purposes –inter alia- criminal or correctional policy and pertains to the detection of offences, criminal convictions or security measures, protection of public health³⁶ or the exercise of public control on fiscal or social services.

In regards to transboundary flow of personal data (Article 9), no restrictions apply with respect to the transfer of data within the EU. However, a relevant notification must be filed with the HDPa prior to the transfer. Upon authorization by the HDPa, personal data may be transferred to non-EU countries, provided they guarantee an adequate level of protection. Such permit is not required if the EU Commission has decided that the country in question guarantees an adequate level of protection.

Concerning confidentiality and security of processing (Article 10), the processing of personal data shall be confidential. It shall be carried out solely and exclusively by persons acting under the authority of the Controller or the Processor and upon his/her instructions. In order to carry out data processing the Controller must choose persons with corresponding professional qualifications providing sufficient guarantees in respect of technical expertise and personal integrity to ensure such confidentiality. The Controller must implement appropriate organizational and technical measures to secure data and protect them against accidental or unlawful destruction, accidental loss, alteration, unauthorized disclosure or access as well as any other form of unlawful processing. Such measures must ensure a level of security appropriate to the risks presented by processing and the nature of the data subject to processing.

The Chapter C of the law is dedicated to the rights of the subjects of the data, in the Chapter E refers to administrative and penal sanctions as well as civil liability, while in the Chapter F the responsibilities of the Controller are detailed.

In addition to this law, a few Directives and Regulations of the HDPa are also in place, with respect to data protection in the electronic communications, banking, public administration, insurance, health and tax sectors.

Having in mind the abovementioned provisions, during the description of the potential CAN-MDS surveillance system, which could be considered as a “personal data file”, it should be taken into account the responsibilities of the “controller” of such a system according to the Law 2472/1997 [articles 4-14] and especially its obligations, as they summarized below:

1. To collect personal data in a legal and convenient way
2. To elaborate only these personal data that are necessary for the set aims
3. To take care in order the data to be precise and updated
4. To maintain the data only for the time period that is required for the fulfillment of the aims of data collection and processing
5. To recruit for data processing appropriate personnel in terms of professional qualification that guarantee technical sufficiency and personal integrity to ensure confidentiality
6. To undertake appropriate organizational and technical measures for the security of the data and their protection against accidental or unfair destruction, accidental loss, falsification, unauthorized disclosure or access and any other form of unlawful processing.
7. In case that the data processing is carried out of a person on behalf of the Controller but not dependent upon him/her, the relevant assignment should be made in written.
8. To respect the rights of the subjects of data such as information, access and objection.
9. To be consistent with its obligations towards the Authority (early notification, get the needed permission).
10. To be informed in regards to Authority’s decisions, directives and recommendations that may concern him.

4 - Brief overview of child maltreatment prevention and child protection

Currently, in Greece **there is no officially organized System for Child Protection**. According to the International Social Service (2012), *a step forward is needed for child protection in Greece*. As mentioned in the commentary, although the economic crisis in the country is a very common issue for the media over the last few years, very little is said and known regarding the current situation of the Hellenic child protection system. Despite ongoing efforts, the child protection

³⁶ As modified according to Law 2915/2001 (GG A’ 109/2001) 34.2 and Law and Law 3156/2003, Article 26.4 (GG A/ 157/2001).

system in Greece still suffers from a number of omissions. In the alternative care domain, we can observe a situation where there is widespread reliance on the institutionalization of children, low rates of foster care, an absence of systematic monitoring and reliable data, as well as a shortage of staff and resources (CRC, 2012). The official public procedure for adoption, including the waiting period, often lasts more than five years before a child is proposed to the prospective adopters; this, in turn, drives prospective adopters to choose the private route, as it is much faster.

As already mentioned in Section 3.1, the Hague Convention of 29 May 1993 on the Protection of Children and Co-operation in Respect of Inter-country Adoption entered into force in Greece on 1 January 2010. However, the current adoption procedure does not meet the standards foreseen by the Convention and much needs to be done in order to bring domestic laws in line with international standards. A paradox concerning child protection in Greece is that on one hand, there is an increasing overreliance on the institutionalization of children and a non-functioning adoption system and on the other, there are numerous candidates ready to adopt, but who are weary and frustrated by the difficulties of the current adoption procedures, which could drive them down the illegal path to adopt a child. However, it would be wrong to believe that all children in institutions are adoptable; the opposite is often valid, given that many of these children are placed because of economic constraints in their own families. In any case, alternative measures, such as foster and kinship care could be taken into consideration, as adoption should be considered as a measure of last resort.

In a report published in 2011 in regards to the responsiveness to requests for protected custody of children at risk, the National Center for Social Solidarity reached the following conclusions: child protection in Greece is characterized by lack of a central agency for reporting incidents, complaints for children at risk or requests for protective custody; moreover, there is neither an integrated framework defining the protection and care services for children at risk, nor scientific protocols to be followed by the professionals and services. These conditions hinder the functioning of the network of the available Child Protection Services, thus increasing waiting lists of requests for protected custody of children at risk and children with disabilities. Specifically, in the report is mentioned that there is lack of horizontal coordination of health and welfare services; lack of provision for uniform reporting and management of requests for child protection; lack of a central coordinating mechanism to support cooperation of services. As a result of the lack of coordination, many services are simultaneously involved in the assessment of the same cases and requests for child protection resulting in duplication of work, increased bureaucracy, waste of resources and delays in accommodating the requests. Moreover, increased transferring of documents including information related to the social history of the child, which increases security risks of sensitive personal data, while the absence of single electronic registration system leads to invalid assessment of the needs at national and regional level concerning children at risk and the feedback for policy and intervention planning is insufficient and misleading. Additionally, due to the absence of a national monitoring system of children living in protection services, the effectiveness evaluation of the services is not feasible. There are not currently available uniform scientific protocols for child protection processes, while –as already mentioned above, any alternative family-centered forms of social care and social protection for children outside the family (various forms of foster care, artificial families, homes for children etc.) almost are not available at all, while current financial and economic problems in Greece may further deteriorate the conditions of institutionalized children, materially and psychologically as well as bring additional complications to an already-strained and slow public adoption system, thereby opening its doors to abuse and trafficking (The ISS/IRC team, 2012). Lastly, there is a notable lack of special units and programs of social care and rehabilitation for children with disabilities, chronic diseases and special mental health problems (a population that often suffers from maltreatment).

Providing, as already mentioned, that in Greece there is no centralized agency designated to provide care and assistance to children at risk and to supervise the various services provided by the related agencies, a number of government agencies –apart the related NGOs- are responsible for providing social welfare and health services and child care. In general, responsible for health services is the Ministry of Health and Welfare; for assistance to children at risk the Ministry of Social Assistance; early childhood care the Ministry of Health and Welfare and the Ministry of the Interior; for preschools and child care services the local authorities; for early childhood programs at the national level the Ministry of Education; for social insurance benefits and the family allowances the Ministry of Labor and Social Security; and for benefits through local offices the Social Insurance Institute (Papademetriou, 2007). As for the agencies dealing specifically with the rights of the children, including the subject of child maltreatment, the following

agencies/institutions are available: The National Observatory on the Rights of Children aiming to ensure effective implementation of the Convention on the Rights of the Children and the National Human Rights Committee with a broader jurisdiction including anyone whose human rights are infringed upon; Ministry of Labor, Social Security and Welfare, Department for the Protection of Children and Adolescents; Greek Ombudsman, Department of Children's Rights; The National Center for Social Solidarity; and The Child Health Institute, Department Mental Health and Social Welfare.

4.1 – Roles and responsibilities

In Greece, there is not a central institution for accepting reports of CAN cases; on the contrary he/she can go anywhere as everyone accepts accusations about CAN. Therefore, as indicated below, someone can report a case of CAN or suspected CAN to professionals of various agencies, including a variety of social welfare agencies (such as Social Services of Hospitals or of Municipalities), the police, health services as well as in related NGOs. The process that is followed in cases of child maltreatment is described below (Tsirigoti, Petroulaki & Nikolaidis, 2010).

Intake of CAN Reports and/or Charges and Record the cases

Who: Police Stations & Departments of the Protection of Minors; Social Welfare Organizations (e.g. Ombudsman for Children, National Centre for Social Solidarity, Municipalities' Social Services); Justice System (Public Prosecutor for Minors, Societies for the Protection of Minors); Health Services (Paediatric & Child Psychiatric Hospitals, Institute of Child Health, Health-Pedagogical Centers, Social Services of Hospitals); NGOs

Actions: Referral; Report accusation to Public Prosecutor who orders investigation; Initiate Legal Process

Investigation and Assessment: Documentation of suspected CAN/report & Decision on whether a child is in need of protection and intervention

Who: Social Welfare Organizations (e.g. Departments of Social Welfare of Prefectures & Social Services of Municipalities); Police Investigation (Departments of the Protection of Minors); Forensic Medical Services; Mental Health/Psycho-social Services (e.g. Mental Health Centers, Medical Pedagogical Centers)

Actions: Case not documented (Child is not in need of protection); Case is documented (Child needs protection)

Intervention: Provision of services to the child and/or family such as psychological & social support, counselling, psychotherapy, diagnostic and therapeutic services.

Who: Social Welfare Organizations (Departments of Social Welfare of Prefectures & Social Services of Municipalities, National Center for Social Solidarity); Health Services (Social Services of Paediatric Hospitals, Child Psychiatric Hospitals, Institute of Child Health, Health-Pedagogical Centers); NGOs

Actions: Child remains at home; Abuser is placed away from home (protection orders); Child is placed away from home; Adoption; Foster family; Move to live at an institution

All of these institutions can report the accusations to the Public Prosecutor for Juveniles. Prosecutors must investigate all reports regarding incidents of abuse and neglect of children and the Public Prosecutor is the only one who has the authority to order investigation/assessment; this investigation may be ordered to be done either by the Police, professionals of Forensic Medical Services and/or Mental Health/Psychosocial Services and/or by the Municipalities' Social Services. If a case is documented it starts the legal process. The measures that can be ordered by courts are three: (1) the child remains home, (2) the offender is taken away from home (protection orders), and (3) the child is taken away from home. In other words, courts can order partial or full deprivation of custody, placement of the child in care of another person, foster family or state institution. Courts can also appoint a legal guardian for the child when parents lose parental custody. However, there are very few institutions that host children and adoption and foster families are still underdeveloped in Greece.

4.1.1 - Agencies mandated with the recording of CAN cases

In Greece, none of the agencies related to child abuse and neglect prevention and intervention is legally mandated to record CAN cases and maintain such a registry. Providing the information of the section 4.1, the agencies that are currently involved in the administration of cases of CAN and maintain a type of archive of the reported and/or detected cases operate in the fields of social welfare, health, education, justice and public order; additionally, a number of NGOs is involved. Due to the fact, however, that there is no actual coordination among the abovementioned agencies (even though among those working into the same field) any effort for monitoring the magnitude of the problem through the available records fails. Additionally, different definitions, tools, processes and sources, are employed for recording by the involved agencies, according to their field, their needs and their responsibilities. As a result, any available data on child maltreatment are fragmented, not comparable and compatible, determine bias and therefore are inadequate in contributing to a solid national and international policy development.

The agencies which have a key role either to intake CAN reports or mainly to investigate and assess CAN cases are the Social Welfare Organizations and Social Services of Municipalities, Health, Child Health and Child Psychiatry Services, as well as the Police and Forensic Medical Services. Other organizations related to CAN, out of those that are described below, have usually a more peripheral role as regards to CAN (Tsirigoti, Petroulaki & Nikolaidis, 2010).

4.2.1 - Creating synergies: *Who could participate in the CAN-MDS? Core and extended national CAN-MDS groups*

According to their responsibilities, the agencies that are related to the administration of CAN cases³⁷ and could participate in the CAN-MDS are presented below. At a glance, the agencies which have a key role either to intake CAN reports or mainly to investigate and assess CAN cases are the Social Welfare Organizations and Social Services of Municipalities, Health, Child Health and Child Psychiatry Services, as well as the Police and Forensic Medical Services. Other organizations related to CAN, out of those that are described below, have usually a more peripheral role as regards to CAN (Tsirigoti, Petroulaki & Nikolaidis, 2010).

Brief description of agencies/ organizations/ institutes that could participate in the CAN-MDS:

Ministry of Labor, Social Security and Welfare, Department for the Protection of Children and Adolescents³⁸ (established with the **Presidential Decree 95/2000** (GG A' 76/10.3.2000), Article 21 "Structure and Responsibilities of the Directorate P1 Family Protection", Department B (PB1) "Protection of Children and Adolescents"). Since 2012, by Law 4052/2012, Article 9.5, the General Secretariat for Social Care including the Department PB1 constitutes part of the Ministry of Ministry of Labor and Social Security and not of the Ministry of Health and Social Solidarity. However, no changes have been made in the mission of the Department. Among the responsibilities of the Department PB1 are the development of policies and guidelines for the protection of children and adolescents, the coordination of the collaboration between the authorities for formulation and implementation of uniform child protection related policies and implementation, the provision of advisory guidance to public services or legal entities on related issues, the development, funding, implementation, monitoring and evaluation of programs to protect children and adolescents at a national level and in collaboration with the relevant services of the European Union, the collection and processing of statistical data submitted by agencies and public or private bodies, the monitoring of the activities and programs that develop services in Regional, Prefectural, and local level as well as non-governmental organizations, including the collection of statistics for official use, the organization and implementation of research programs, seminars, discussions and lectures in collaboration with the other departments or private agencies, the supervision and monitoring of implementation of measures and programs related to the establishment and operation of child and infant centres, child care centers, nurseries and "child cities", the monitoring of issues related to international organizations as well as the

³⁷ Information is derived from descriptions of services provided by the organizations available from the officially published information on their own websites.

³⁸ Ministry of Labor, Social Security and Welfare, http://www.ypakp.gr/texts/editor_uploads/pronoia/ka/P1b.pdf

UNICEF Greek National Commission and the development of proposals for Health Education programs and implementation of health education programs. Providing the above, although the Department PB1 may neither provide services to children nor maintain related archives, its contribution, however, could be helpful for the coordination of the effort and the creation of synergies among the agencies.

Greek Ombudsman, Department of Children's Rights³⁹ The Greek Ombudsman is a constitutionally established Independent Authority. It was founded in October 1998 and operates under the provisions of Law 3094/2003. The Department of Children's Rights is one of the five Departments of the Independent Authority of the Greek Ombudsman. It was established by Law 3094/2003, which extended the Ombudsman's jurisdiction to the mission of defending and promoting children's rights, and operates in correspondence to the internationally acknowledged institution of the Ombudsman for Children. The Department of Children's Rights began to operate in July 2003.⁴⁰ Its mission is the defense and promotion of children's rights. As "children" we define all persons who have not yet reached the age of 18. In the context of its mission, the Department mediates in specific cases in which a child's rights are being violated, following a complaint filed by a citizen, aiming at the protection of the child and at the restitution of his/her rights. If necessary, in cases of serious violations, the Ombudsman acts on its own initiative. Moreover, the Department undertakes initiatives in order to monitor and promote the implementation of international conventions and of the national legislation on children's rights, to inform the public, to exchange views with representatives of other institutions and to elaborate and submit proposals to the government.

The Child Health Institute, Department Mental Health and Social Welfare⁴¹ The Institute of Child Health (a semi-public organization founded in 1965) offers specialized services on prevention and public health and develops research and education activities in the scientific field of child health. The Research Centre for children and families since 1977 has carried out research programmes, research-action, training for professionals and provides specialized services focusing on the study of domestic violence (active and passive) against children as well as the prevention of victimization. Institute's main activities include the multidisciplinary constitution aiming at an integrated treatment of child health; is a point of reference in Greece due to its specialized services and holds close contact and collaboration with institutions abroad. Due to its specialization, the Department of Mental Health and Social Welfare has been functioning since 1988 as the *Centre for the Study and Prevention of Child Abuse and Neglect* according to the decision of the Vice Minister of Health and Social Solidarity (protocol number 2350/14-11-88). The objectives of the policies and priorities relating to children who suffer from violent behaviour in their family environment have led this particular Department to conduct quantitative and qualitative research, focusing on primary, secondary and tertiary prevention.

Social Welfare Organizations: This category includes the Directorates of Social Welfare of the Prefectural Self-Administrations, the Social Services of Municipalities and Prefectures as well as the Social Care Services that are supervised by the Ministry of Health and Social Solidarity.

The responsibilities of the **Directorates of Social Welfare** which function in every Prefecture are, inter alia, the protection and education of families, children, people with special needs and various vulnerable population groups through various activities and implementation of social programs. The following units belong to the Directorates of Social Welfare of each Prefecture: a) the Department of Social Aid, b) the Department of Social Services, c) the Department of Supervision and Audit, and d) the Department of Social Research. Among the responsibilities of the departments of the provision of Social Services include the implementation of programs for the protection of mothers and children of pre-school and school age (e.g. allowance for the protection of children). The departments of Social Work and Research are responsible for counselling and psychological support for vulnerable population groups, children and adolescents with behaviour problems, people with difficulties in domestic and interpersonal relationships, abused people, etc.; conducting social investigation for the implementation of welfare programs; admission of children in child care centres; the adoption of minors; investigation and recording of, after carrying out the social investigation, identified problems (e.g. family living conditions); realization of visits and continuous monitoring of private social services (e.g. child protection institutions); and co-operation with social institutions in Greece.

³⁹ <http://www.synigoros.gr/?i=childrens-rights.el.interventionareaschild>; <http://www.0-18.gr/adults>

⁴⁰ According to Constitution 2001; Presidential Decree No. 273; Law 3094/2003

⁴¹ Institute of Child Health, Department of Mental Health and Social Welfare, <http://www.ich-mhsw.gr>

The responsibility of the **Social Services of the Municipalities** is to provide special aid, information and support to children, adolescents and adults (who belong to their prefecture) aiming to promote the quality of life and the primary and secondary prevention of citizens' mental health. Lawbreaking by minors and child abuse are included among their responsibilities. They also have the responsibility to conduct research regarding child abuse and neglect and to provide support and protection in collaboration with the district's attorney office for juveniles. They also maintain constant collaboration with other organizations – mental health centres, psychiatric clinics, etc. – where they refer various cases that require special treatment. Social Services accept accusations, report cases of CAN and are the authorized services which conduct the social investigation. The staff of Social Services of the Municipalities conduct visits in homes where, inter alia, child abuse or neglect is suspected.

The National Center for Social Solidarity⁴² The National Centre for Social Solidarity (established by Law 3106/2003, Article 6 and renamed Law 3402/2005, Article 20) is a Public Organization operating under the authority of the Ministry of Health and Social Solidarity. The tasks of the Center are specified in the Presidential Decree 22/2006. The Units of the Network of services mainly addresses and aims, inter alia, at children and adolescents that are abused, neglected or abandoned; minors who have disappeared or abandoned their home; minors and women victims of domestic violence; minors and women victims of trafficking with the purpose of sexual or/and financial exploitation and victims of illegal acts. As for children, the available services include an intervention unit, hostel/crisis units and Centers for information and support. Moreover, by the Law 3961/2011 and the Ministerial Decision no. .49540/04-05-2011 (GG 877 B'/17.05.2011) the organization and the operation of the 7 day-24 hour National Helpline for Child Protection "1107" was established. For the operation of the helpline are also contribute the Central Scientific Council for Combating the Victimization and Criminality of Minors (KESATHEA), the Greek Ombudsman, Department for Children's Rights and the Institute of Child Health.

Health, Child Health & Child Psychiatry Services. The necessary examinations for documenting cases of physical and sexual abuse are conducted in Child Health Hospitals and/or departments of Child Health in Hospitals (such as the General Children's Hospital 'Agia Sofia', the General Children's Hospital 'P&A Kyriakou', the Child Psychiatric Clinic of the University of Athens, the Community Centres of Mental Health, the Institute of Child Health, etc.). In these places there is also high possibility for screening of child abuse and neglect during routine medical examinations. Furthermore, the mental health services for children and adolescents which operate within hospitals and the community centres are also often involved in the administration of CAN cases (e.g. in the assessment of child abuse victims) and maintain related records in their archives. Such services, however, are mainly located in Athens and Thessaloniki, except for the Mental Health Centers, which are also available in several prefectures. Specifically:

Child (and/or Adolescent) Psychiatric Clinics (CPC) of Hospitals, either affiliated to Universities or not (e.g. the Child Psychiatric Hospital of Attica (former "Ntaou Pentelis" Psychiatric Hospital), CPC of "Agia Sofia" Children's Hospital, CPC of Children's Hospital "P&A Kyriakou", CPC of "Tzaneio" General Hospital of Piraeus, Psychiatric Clinic for Adolescents of "Sismanoglio" General Hospital of Athens, Department of Adolescent Psychiatric of "Gennimatas" Hospital of Athens, CPC of "G. Papanikolaou" Hospital of Thessaloniki and of "Ippokratio" Hospital of Thessaloniki)

Medical Pedagogical Centers (MPC) which mainly belong to the Child Psychiatric Hospital of Attica (Medical Pedagogical Centers of Attica, Nea Smirni, Pallini and Lykovrisi) or to other Hospitals of the National Health System (ESY) (e.g. MPC of North Greece, MPC of Ippokratio Hospital of Thessaloniki, MPC of Heracleion)

(Community) Mental Health Centers [(C)MHC] for adults and some of them for children and adolescents which either belong to the National Health System (CMHC of Pagrati, MHC of Peristeri, MHCs of Attica, MHCs of Thessaloniki, Vollos, Ioannina, Kavala, Larissa, Katerini, Patra, Samos, Serres, Tripolis, Chalandri, Chalkida, Chania) or the Mental Health and Research Center of Greece (e.g. MHC of Aigaleo, Attica, Piraeus, of to Universities or to University affiliated Hospitals (e.g. CMHS of Vironas, Zografos, three CMHCs of Thessaloniki, MHC of Aleksandroupolis, Hrakleion) .

Furthermore, the Child Psychiatric Hospital of Attica has hosting **shelters** for Adolescents and pre-adolescents located in Athens.

Judicial Services: the District Attorney's Offices are the responsible authorities which accept accusations and undertake the investigation and penal prosecution of accusations regarding child abuse and neglect. The *Supervisory Juvenile Services* that belong to the Ministry of Justice, Transparency and Human Rights are regional services that operate in the

⁴² National Center for Social Solidarity, <http://www.ekka.org.gr/>

seat of each court of first instance wherever there is a juvenile court, and are supervised by the Juvenile Judge. They constitute the primary non-intuitional service for juveniles' treatment who have committed criminal acts or are in danger of becoming perpetrators or victims of criminal acts. The Juvenile Protection Associations that belong also to Ministry of Justice is comprised of institutions having the legal status of "Legal Persons of Public Law". They operate in the seat of each court of first instance and their aim is to prevent juveniles from committing crimes, displaying antisocial behaviour or are in danger of becoming perpetrators or victims of criminal acts due to inappropriate or absence of a family environment, or other unfavourable social conditions or reasons. It is noted, however, that there is public prosecutor only for juvenile offender (and not for victims); therefore, testimonies being undertaken by general not specialized in children's approaching public prosecutors.

Forensic Medical Services (in total 13) operating in the context of the judicial system are the responsible authorities for the documentation of child physical or sexual abuse cases.

The **Police Authorities** also accept accusations and –following the prosecutor's order- investigate accusations regarding abuse and neglect. Furthermore, the Directorates of Juvenile Protection (operating in Athens, Thessaloniki, Patra and Iraklio under the Ministry of Citizen Protection) keep records for the children receiving their services. However, it should be noted that –apart from a limited number of psychologists, there are no specialized police officers in the Police stations that can handle cases of child abuse.

Non-Governmental Organizations: In Greece there are numerous NGOs that provide social and support services to maltreated children (mainly due to the lack of sufficient governmental services in the field) and maintain a type of archives for the cases they administrate. Among these NGOs are mentioned "The Child's Smile" that accepts accusations about child abuse and neglect countrywide and conveys them to the responsible public prosecutor's offices and maintain respective records. Other NGOs that provide services for CAN and maintain related archives are the "Together for Children", the ARSIS, the EPSYPE, the Support Center for Children and Family, the Children's SOS Villages in Greece, the ELIZA Association, etc.

Providing that neither coordination among the agencies involved in the administration of CAN cases exists nor organizations having specific "specialized" responsibilities, is a more or less overlapping observed in the activities of different agencies, even though when more than one agencies are involved in the administration of a single case. In the same context, it is noted that among the stakeholders there are no mutually agreed upon criteria for investigation and diagnosis of CAN cases (such as a protocol) and, moreover, professionals involved in administration of CAN cases have not usually special training.

4.3 – Available infrastructures and resources

In Section 4.2, were presented in brief the agencies and the structures who could participate in the CAN-MDS; in this section, some more details will be presented specifically for the agencies that maintain archives including inter alia CAN cases, deriving from the FP7 co-funded Project "Balkan Epidemiological Study on Child Abuse and Neglect" (2009-2013) coordinated by the Institute of Child Health, Department of Mental Health and Social Welfare.

In the context of WP1 "Networking" an inventory was created including all the organizations, agencies and services that are involved in the administration of CAN cases and maintain some related records. The organizations were identified on the basis of a set of pre-defined criteria related –among others- to their missions and activities. A total of 790 governmental and non-governmental organizations were located nationwide working in the fields of social welfare, health, mental health, education, justice and police services. Institute of Child Health, Department of MHSW in the context of the BECAN WP4 "Case-based surveillance" study⁴³ proceeded to the invitation of 294 out of these organizations (259 in Attica and 45 in Crete Prefecture), asking them to provide access to their archives in order a research team to extract information on the recorded (reported and/or detected) CAN cases for a specific year (2010). To this invitation were finally responded 141 of the organizations (namely a response rate of 48%). In their vast majority, the organizations belonged to social welfare sector, almost 1 out the 3 to health and/or mental health sector,

⁴³ Ntinapogias, A., Vasilakopoulou, A., Dimitrokalli, A., Petroulaki, K., Tsigoti, A., ..., Nikolaidis, G. (2013) Case-Based Surveillance Study (CBSS): Greek Report on Incidence rates of reported CAN cases. Athens: Institute of Child Health.

1 out of the 10 to justice services, one to police services and one independent authority. As for their legal status, more than half of these organizations were semi-public, 1 out of the 5 non-governmental, less than 14% public regional, and almost 1 out of the 10 central governmental.

All the 141 participating agencies maintained a more or less extended mixed archive including CAN cases among other cases, while no one archive was identified including exclusively CAN cases. In their vast majority (more than 90%) the archives were paper personal folders and not electronic, and in less than 25% of the agencies there were some kind of database available (such as excel or access file or another base that has been designed for the needs of the agency). On the other hand, in most of the agencies (>80%) a recording form was used (that was, however, different from agency to agency) and a report (usually text description) was available per case, including information for other agencies that involved in the administration of the case and, in specific cases, further documentation such as laboratory tests and court decisions. It is of note that despite the agencies above provided services to children (usually health/mental health services and often social welfare services), only in ~10% of them there is a policy of routine screening for CAN (with no use of specific screening tools and following the initiative of some of the staff). Therefore, the vast majority of the recorded cases were reported rather than detected. Additionally, in almost 40% of the agencies the personnel has not received any kind of special training on CAN issues, and in the agencies that where the staff received such a training, in only 1 out of 3 the training was "formal" while in the rest cases the training was "informal" ("learning on the job"). Although the recording was usually realized by specialized personnel of the agencies (mainly by social workers, health and mental health professionals), in 1/3 of the cases the responsible professionals have not received any training on how to write down the cases, while more than 1/3 of the rest of the professionals have been "informally" trained ("on the job").

The extraction of the data made on the basis of a protocol developed especially for the case-based surveillance study, using specific tools (extraction forms) and methodology (operators' booklet) by a group of trained researchers. During the procedure of the study, data on CAN cases were total extracted for almost 4800 cases of children aged 0-18 years old. The number of cases located in the archives of the organizations varied from 1 to almost 450 cases.

Concerning the availability of data related to CAN cases (reported or/and detected), the completeness of the CAN archives of the 141 agencies was explored for general categories of information (groups of variables) and subcategories (individual variables). As a result of such an analysis of the data collected, a wider picture of what information the related agencies keep in their files was achieved: the ratio of the available over the missing information indicated actually what information is considered as important by the agencies in order to record it when administrating CAN cases. Concerning children-victims, typically recorded sex and age (in the intake) as well as basic contact information (address and phone). In half of the cases the exact date of birth was not recorded. Also, for only 20% of the cases the exact date of the child's first arrival at the institution was recorded. For 90% of the cases information on the nationality of children and on educational status was available. As for the individual characteristics of children, information related to behavioral problems was available for less than 70% of children, to their health status for 60% children, to problems with their education for less than 60% of children, while information related to drug and alcohol use was available for less than 50% of children. In regards to the type of abuse and neglect, the records were fairly good, as well as for the place and that the duration of the abuse. The main missing information concerned specific forms of physical abuse (in almost 50% of cases), as well as whether the abuse resulted in an injury and, if yes, of what type (this information was missing in more than 75% of the cases). Regarding sexual abuse for more than 10% of cases neither the specific form was not recorded nor whether the abuse was substantiated, if legal action was taken, what was the care for the child and whether child was removed from its family. In regards to the cases of psychological abuse and neglect, information was sufficient for almost the 90% of the cases. Information related to family environment, housing conditions, household income, sources of income and whether the family had financial problems were not available for about 20% of cases. Data on family composition, the number and the identity of people living with the child were missing for more than 10% of cases. Also, for more than 40% of the cases there was no information for another type of violence in the family (even it is well known that the existence of any form of violence, such as intimate partner violence is directly related to the existence of CAN), in 15% of the cases there was no information on the progress of the case and whether

the family had finally received the services where was referenced. In regards to the perpetrators of CAN, the available information was even fewer. Apart from gender, relationship with the child, marital status and ethnicity (where there was missing information for ~10% of cases), all other characteristics were under recorded: for more than 30% of the perpetrators there was no record on their age, for about 40% for their working status, for 40% whether they have been previously accused for CAN, for half of them for their educational background, for 60% there was no information for their health status (physical and mental illnesses), for more than 60% on whether they have a problem or a history of substance abuse, and for more than 70% there was no information regarding history of victimization as children or adults. As for the caregivers of children-victims of CAN, the information was also incomplete and, on specific topics, more than the respective information of the perpetrators. Apart from their relationship with the child and the type of custody (where information was available in more than 90% of the cases), information for all other features was missing in at least 20% of cases. Specifically, there was no recorded information for caregivers in 25% for their gender, for more than half regarding their age, for about 30% regarding their nationality, for 60% for their educational level, for more than 20% for their work status, for almost 40% for their marital status, for almost 70% if they had history of substance abuse, for 70% about their health status, for almost 80% whether they were victims of violence, while concerning their history as perpetrators of CAN information was also missing in 80% cases; finally, for more than 10% of the perpetrators there were no available contact details (although they are usually the same as those of children). Concerning the existence of history of previous abuse, available information was missing for more than 60% of the cases. Lastly, concerning the progress of the cases, for the 10% of cases it was not clear whether the agency has a follow-up and on 30% of the cases there was indication that the case was closed, but the agency did not aware about the outcome. These results reveal, in accordance with the feasibility study conducted by Nikolaidis et al (2008), that there are deficiencies regarding the data that these organizations record about cases of CAN as well as the data collected are not uniform, as there is not a common protocol that the organizations can use, even in organizations that belong to the same services system, such as the Health System or the Legal System.

Based on the above observations is clear that the currently available information in agencies involved in the administration of CAN cases is not sufficient; there is no CAN surveillance mechanism available in Greece, instead there is an abundance of dispersed records deriving by a variety of methodologies, tools and scopes in various agencies. These “primary data”, however, could be improved by systemizing data collection on the basis of common definitions, tools and methodologies and to constitute the basis for a CAN surveillance system. Taking into account the willingness of most of the agencies to adopt common definition, tools and methodologies for recording and follow-up of CAN cases, the organization and implementation of a CAN-MDS system seems to be feasible. To this end, the approaching of the related agencies, creating of synergies, coordinating of CAN data collection and building the capacity of their personnel by participating in the core and the extended CAN-MDS groups with an ultimate goal for all these agencies to become part of such a system is a perspective that will be elaborated in the context of the project “Coordinated response to CAN via MDS”.

5 - Advocating towards the adoption of a CAN-MDS

In Greece referral of CAN cases is not mandatory, while neither central authorities where CAN cases can be reported nor unified database of CAN cases exist. Available epidemiological studies (Nikolaidis et al., 2008; Petroulaki et al., 2013) reveal the lack of evidence concerning the incidence of child maltreatment at national level. Hence, the lack of systematic CAN cases recording and, therefore, the lack of valid and reliable evidence constrain the development of a solid national policy, the design, the implementation and the evaluation of targeted interventions. The great deficiencies in terms of human and financial resources in health and social welfare agencies/services –that intensified due to the financial crisis of the last years- indicate that the problem is evenly ethical as administrative. The absence of central national surveillance mechanism for child maltreatment leads to differences in the diagnostic and methodological criteria that are used to substantiate the reported CAN cases not only among the CAN-related agencies but also among professionals working in the same agency. As a result, several -mal rather good- practices in handling the CAN burden are endorsed. The everyday practice in Greece for each agency involved in the administration –and therefore the recording- of a CAN case is to work isolated by applying its own criteria in identifying a CAN case, or in

providing services or therapeutic interventions and evaluating subjectively the priority of each case, whereas there are cases that end up not to receive any services.

Need assessment deriving from the analysis of the current situation of CAN in Greece based on differences indicated from the comparative consideration between the results of the BECAM epidemiological survey & case-based surveillance study advocate the development of a permanent CAN surveillance system at national level aiming to follow up on the rates and characteristics of CAN and the creation of a basis for assessment of the effectiveness and efficacy of present and future CAN-related interventions and policies (Ntinapogias, Tsigoti, & Nikolaidis, 2013).==>**WP6**

In conclusion, the establishment and the operation of a national surveillance system of CAN, the development and use of a single protocol for investigation, diagnosis and handling CAN cases mutually accepted by all stakeholders and the enactment of mandatory reporting of CAN of all involved professionals by legal coverage is documented and advocated. Additionally, the training and evaluation of professionals, agencies and services provided in conjunction with the interdisciplinary collaboration and the interconnection of services ultimately is expected to increase the efficiency and the effectiveness of involved agencies of users benefit. The formulation of a comprehensive proposal for establishing a national CAN-MDS will serve towards the same direction.

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Annex

List of Agencies working in the fields of child abuse and neglect prevention and child protection AND could be potential allies for the GREEK CAN-MDS (by participating in the core and extended groups, in the conferences etc.)

ATTICA REGION (268)

CENTRAL GREECE REGION (64)

WEST GREECE REGION (73)

THESSALY REGION (74)

PELOPONNESE REGION (94)

EPIRUS REGION (69)

IONIAN ISLANDS REGION (46)

CENTRAL MACEDONIA REGION (131)

WEST MACEDONIA REGION (54)

EAST MACEDONIA & THRACE REGION (80)

CRETE REGION (67)

NORTH AEGEAN REGION (36)

SOUTH AEGEAN REGION (42)

ATTICA REGION (280)

INDEPENDENT AUTHORITIES (1)

Child Greek Ombudsman

SOCIAL WELFARE SERVICES (96)

- Τμήμα Κοινωνικής Αρωγής-Δ/ση Κοινωνικής Πρόνοιας-Περιφερειακή Ενότητα Κεντρικού Τομέα Αθίνας
- Τμήμα Κοινωνικής Μέριμνας, Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Αλληλεγγύης, Περιφέρεια Αττικής, Ενότητα Βόρειου Τομέα
- Τμήμα Κοινωνικής Αρωγής-Δ/ση Κοινωνικής Πρόνοιας-Περιφερειακή Ενότητα Δυτικού Τομέα Αθίνας
- Τμήμα Κοινωνικής Αρωγής-Δ/ση Κοινωνικής Πρόνοιας-Περιφερειακή Ενότητα Νότιου Τομέα Αττικής
- Τμήμα Κοινωνικής Αρωγής-Δ/ση Κοινωνικής Πρόνοιας-Περιφερειακή Ενότητα Πειραιά
- ΕΚΚΑ - ΤΜΗΜΑ ΥΠΟΔΟΧΗΣ - ΕΠΙΤΟΠΙΑΣ ΠΑΡΕΜΒΑΣΗΣ & Κ.Κ.Σ. ΑΜΠΕΛΟΚΗΠΩΝ.
- Κέντρο Κοινωνικής Στήριξης Πλατείας Βάθη
- Κέντρο Κοινωνικής Στήριξης Καλαμακίου-Α. Σώστης (ΕΚΚΑ)
- Κέντρο Κοινωνικής Στήριξης Αγ. Ιωάννη Ρέντη (ΕΚΚΑ)
- Κέντρο Κοινωνικής Στήριξης Πειραιά
- Κέντρο Στήριξης Οικογένειας (Κε.Σ.Ο.) - Κέντρο Υποδοχής & Ενημέρωσης
- Δήμος Αθηναίων - Δ/ση Κοινωνικής Αλληλεγγύης και Υγείας
- Γραφείο Πολιτικών Ισότητας των Φύλων Δήμου Αθηναίων
- Δήμος Βύρωνα - Διεύθυνση Υγείας και Κοινωνικής Πολιτικής - Τμήμα Κοινωνικής Πολιτικής
- ΔΗΜΟΣ ΚΕΡΑΤΣΙΝΙΟΥ/ΔΡΑΠΕΤΣΩΝΑΣ - ΓΡΑΦΕΙΟ ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ ΤΜΗΜΑ ΔΗΜΟΣΙΩΝ ΣΧΕΣΕΩΝ ΔΙΕΥΘΥΝΣΗ ΔΙΟΙΚΗΤΙΚΩΝ ΥΠΗΡΕΣΙΩΝ
- Δήμος Ηλιοπούλης - ΔΙΕΥΘΥΝΣΗ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ ΚΑΙ ΥΓΕΙΑΣ- ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΑΓΙΩΝ ΑΝΑΡΓΥΡΩΝ-ΚΑΜΑΤΕΡΟΥ
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΑΓΙΑΣ ΒΑΡΒΑΡΑΣ
- ΑΥΤΟΤΕΛΕΣ ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ-ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΤΟΥ ΔΗΜΟΥ ΑΓΙΑΣ ΠΑΡΑΣΚΕΥΗΣ
- ΔΙΕΥΘΥΝΣΗ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ-ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΑΙΓΑΛΕΩ
- Κοινωνική Υπηρεσία Δήμου Αμαρουσίου
- ΚΟΙΝΩΦΕΛΗΣ ΕΠΙΧΕΙΡΗΣΗ ΑΛΛΗΛΕΓΓΥΗΣ ΚΑΙ ΠΡΟΛΗΨΗΣ ΔΗΜΟΥ ΑΜΑΡΟΥΣΙΟΥ
- ΓΡΑΦΕΙΟ ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ ΑΣΠΡΟΠΥΡΓΟΥ
- Δήμος Βούλας - Κοινωνική Υπηρεσία
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΕΛΛΗΝΙΚΟΥ
- ΓΡΑΦΕΙΟ ΚΟΙΝΩΝΙΚΗΣ ΥΠΗΡΕΣΙΑΣ ΔΗΜΟΥ ΙΛΙΟΥ
- Κοινωνική Υπηρεσία Δήμου Καλλιθέα
- Δήμος Κηφισιάς - ΚΕΝΤΡΟ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ
- ΔΙΕΥΘΥΝΣΗ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ ΔΗΜΟΥ ΚΟΡΥΔΑΛΛΟΥ
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΕΛΕΥΣΙΝΑΣ
- ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ-ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΝΕΑΣ ΙΩΝΙΑΣ
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΝΙΚΑΙΑΣ
- ΔΙΕΥΘΥΝΣΗ ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ ΚΑΙ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ-ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΩΝ ΔΡΑΣΤΗΡΙΟΤΗΤΩΝ ΔΗΜΟΥ ΠΕΙΡΑΙΑ
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΠΕΤΡΟΥΠΟΛΗΣ
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΧΑΙΔΑΡΙΟΥ
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΧΑΛΑΝΔΡΙΟΥ
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΖΕΦΥΡΙΟΥ
- Ιατροκοινωνικό Κέντρο Ζεφυρίου για ROMA και Ευπαθείς Ομάδες
- ΟΡΓΑΝΙΣΜΟΣ ΚΟΙΝΩΝΙΚΗΣ ΑΛΛΗΛΕΓΓΥΗΣ ΔΗΜΟΥ ΠΕΡΙΣΤΕΡΙΟΥ
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ Ν. ΗΡΑΚΛΕΙΟΥ
- Κέντρο Οικογενειακής Στήριξης Δήμου Ηρακλείου
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΓΑΛΑΤΣΙΟΥ
- ΓΡΑΦΕΙΟ ΚΟΙΝΩΝΙΚΗΣ ΥΠΗΡΕΣΙΑΣ ΜΟΧΧΑΤΟΥ
- ΓΡΑΦΕΙΟ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ ΔΗΜΟΥ ΝΕΑΣ ΣΜΥΡΝΗΣ
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΦΙΛΟΘΕΗΣ ΚΑΙ ΝΕΟΥ ΨΥΧΙΚΟΥ
- ΚΕΝΤΡΟ ΚΟΙΝΩΝΙΚΗΣ ΠΑΡΕΜΒΑΣΗΣ ΔΗΜΟΥ ΚΟΡΥΔΑΛΛΟΥ
- ΚΟΙΝΟΦΕΛΗΣ ΕΠΙΧΕΙΡΗΣΗ ΔΗΜΟΥ ΜΑΡΑΘΩΝΑ
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΣΠΑΤΩΝ -ΑΡΤΕΜΙΔΟΣ
- Δήμος Βριλλησίων
- Κοινωνική Υπηρεσία Δήμου Ταύρου
- ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΡΕΝΤΗ/ΝΙΚΑΙΑΣ
- ΔΗΜΟΣ ΠΑΛΛΗΝΗΣ - Γραφείο Κοινωνικής Πολιτικής
- Δήμος Πεύκης / Λυκόβρυσης
- Δήμος Υμηττού
- Δήμος Δραπετσώνας
- Δήμος Αγ. Δημητρίου
- Δήμος Αλίμου
- Δήμος Άνω Λιοσίων
- Δήμος Αργυρούπολης
- ΓΡΑΦΕΙΟ ΣΥΜΒΟΥΛΕΥΤΙΚΗΣ ΚΑΙ ΨΥΧΟΚΟΙΝΩΝΙΚΗΣ ΣΤΗΡΙΞΗΣ ΔΗΜΟΥ ΠΑΛΑΙΟΥ ΦΑΛΗΡΟΥ
- Δήμος Γλυφάδας
- Δήμος Δάφνης
- Δήμος Ζωγράφου - Αυτοτελές Γραφείο Κοινωνικών Υπηρεσιών
- Δήμος Καισαριανής
- Δήμος Μελισσίων
- Δήμος Μεταμόρφωσης - Κέντρο Κοινωνικής Υποστήριξης και Υγείας
- Δήμος Νέας Ερυθραίας
- Δήμος Νέας Φιλαδέλφειας- Χαλκηδόνας
- Δήμος Χολαργού
- Δήμος Παπάγου
- Δήμος Πεντέλης - Εστία Παροχής Τροφίμων, ρούχων και οικιακού εξοπλισμού
- Δήμος Αχαρνών - Κοινωνική Υπηρεσία
- Δήμος Περάματος - Κοινωνική Υπηρεσία
- Δήμος Σαλαμίνας - Κοινωνική Υπηρεσία
- Συμβουλευτικός Σταθμός Κερατσινίου
- Συμβουλευτικό Κέντρο Οικογένειας Ζωγράφου
- ΚΕΝΤΡΟ ΠΡΟΛΗΨΗΣ ΑΡΓΥΡΟΥΠΟΛΗΣ
- ΚΕΝΤΡΟ ΠΡΟΛΗΨΗΣ ΓΛΥΦΑΔΑΣ
- ΚΕΝΤΡΟ ΠΡΟΛΗΨΗΣ ΑΛΙΜΟΥ
- ΚΕΝΤΡΟ ΠΡΟΛΗΨΗΣ ΕΛΛΗΝΙΚΟΥ
- ΚΕΝΤΡΟ ΒΡΕΦΩΝ "Η ΜΗΤΕΡΑ"
- ΠΑΙΔΟΠΟΛΗ "ΑΓΙΟΣ ΑΝΔΡΕΑΣ"
- ΑΝΑΡΡΩΤΗΡΙΟ ΠΕΝΤΕΛΗΣ
- ΖΑΝΝΕΙΟ ΙΔΡΥΜΑ ΠΑΙΔΙΚΗΣ ΠΡΟΣΤΑΣΙΑΣ ΚΑΙ ΑΓΩΓΗΣ
- ΧΑΤΖΗΚΥΡΙΑΚΕΙΟ ΙΔΡΥΜΑ ΠΑΙΔΙΚΗΣ ΠΡΟΣΤΑΣΙΑΣ
- ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΠΕΙΡΑΙΑ - ΣΤΕΓΗ "Ο ΚΑΛΟΣ ΠΟΙΜΗΝ"
- ΠΑΙΔΟΠΟΛΗ "ΑΓΙΑ ΒΑΡΒΑΡΑ" - ΜΟΝΑΔΑ ΚΟΙΝΩΝΙΚΗΣ ΦΡΟΝΤΙΔΑΣ
- ΕΣΤΙΑ ΚΟΡΙΤΣΙΟΥ "ΦΙΛΟΘΕΗ Η ΑΘΗΝΑΙΑ"
- ΞΕΝΩΝΑΣ ΠΑΙΔΙΩΝ ΜΕΛΙΑ - ΕΨΥΠΕ
- ΣΥΛΛΟΓΟΣ ΜΕΡΙΜΝΗΣ ΑΝΗΛΙΚΩΝ
- ΞΕΝΩΝΑΣ SOS ΕΛΙΖΑ
- ΑΜΑΛΙΕΙΟ ΟΙΚΟΤΡΟΦΕΙΟ ΘΗΛΕΩΝ

93. ΣΤΕΓΗ ΘΗΛΕΩΝ "ΑΓΙΟΣ ΑΛΕΞΑΝΔΡΟΣ"
94. ΠΡΟΤΥΠΟ ΕΘΝΙΚΟ ΝΗΠΙΟΤΡΟΦΕΙΟ ΚΑΛΛΙΘΕΑΣ
95. Ξενώνας Φιλοξενίας Γυναίκων «ΦΟΙΒΗ»
96. ΧΡΙΣΤΟΔΟΥΛΕΙΟΝ ΟΡΦΑΝΟΤΡΟΦΕΙΟΝ ΘΗΛΕΩΝ

HEALTH/MENTAL HEALTH SERVICES (62)

1. Ιατροπαιδαγωγικό Κέντρο Νέας Σμύρνης
2. Κοινωνικό Κέντρο Ψυχικής Υγείας Παγκρατίου - Παιδοψυχιατρικό Τμήμα - ΓΝΑ ΕΥΑΓΓΕΛΙΣΜΟΣ
3. Ιατροπαιδαγωγικό Κέντρο Παλλήνης
4. Ιατροπαιδαγωγικό Κέντρο Βύρωνα-ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΒΥΡΩΝΑ ΚΑΙΣΑΡΙΑΝΗΣ-Αιγινήτειο
5. ΓΝΣ Σισμανόγλειο, Τμήμα Ψυχιατρικής Παιδών και Εφήβων
6. Ιατροπαιδαγωγικό Κέντρο Αθηνών
7. Κλινική Νταού Παιδοψυχιατρικό Νοσοκομείο Αττικής
8. Κέντρο Ψυχικής Υγείας Παιδών Πλατεία Αττικής ΓΝΝΘΑ "Η Σωτηρία"
9. ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΙΕΙΝΗΣ ΚΑΙ ΕΡΕΥΝΩΝ-Παράρτημα Πειραιά- Ιατροπαιδαγωγική Υπηρεσία
10. ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΙΕΙΝΗΣ ΚΑΙ ΕΡΕΥΝΩΝ-Παράρτημα Αθηνών- Ιατροπαιδαγωγική Υπηρεσία
11. ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΙΕΙΝΗΣ ΚΑΙ ΕΡΕΥΝΩΝ-Κεντρικό Παράρτημα-Ιατροπαιδαγωγική Υπηρεσία
12. Σπύρος Δοξιάδης Διαγνωστική και Θεραπευτική Μονάδα για το Παιδί
13. Ιατροπαιδαγωγικό Κέντρο Λυκόβρυσης
14. ΙΠΚ ΚΨΥ Αγίων Αναργύρων
15. Τζάνειο Νοσοκομείο-Παιδοψυχιατρικό Τμήμα
16. ΜΕΥΑ Α Κυριακού
17. Κέντρο Υγείας του Παιδιού Καισαριανής
18. Κέντρο Ψυχικής Υγείας Περιστερίου - Ψ.Ν.Α.
19. Ιατροπαιδαγωγική Υπηρεσία Αιγάλεω
20. Τμήμα Ψυχιατρικής Εφήβων & Νέων - ΓΝΑ "Γεώργιος Γεννηματάς"
21. Ινστιτούτο Ψυχικής Υγείας Παιδιών και Ενηλίκων, ΤΜΗΜΑ ΠΑΙΔΙΩΝ ΚΑΙ ΕΦΗΒΩΝ
22. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΓΝΑ "Γ. Γεννηματάς"(Αγίας Παρασκευής)- Παιδοψυχιατρικό Τμήμα
23. Κέντρο Παιδοψυχικής Υγιεινής Αθήνας - ΙΚΑ
24. Κέντρο Προστασίας Παιδών "ΜΙΧΑΛΗΝΕΙΟ"
25. Παιδικό Αναπτυξιακό Κέντρο Πειραιά
26. ΚΕΝΤΡΟ ΑΠΟΚΑΤΑΣΤΑΣΗΣ ΚΑΙ ΑΠΟΘΕΡΑΠΕΙΑΣ ΠΑΙΔΩΝ ΒΟΥΛΑΣ (ΚΑΑΠ)
27. ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΓΙΑ ΤΗΝ ΨΥΧΙΚΗ ΥΓΕΙΑ ΚΑΙ ΘΕΡΑΠΕΙΑ ΤΟΥ ΠΑΙΔΙΟΥ ΚΑΙ ΤΗΣ ΟΙΚΟΓΕΝΕΙΑΣ
28. Νοσοκομείο Παιδών "Αγία Σοφία"
29. ΝΟΣΟΚΟΜΕΙΟ ΠΑΙΔΩΝ ΠΑΝΑΓΙΩΤΗ ΚΑΙ ΑΓΛΑΙΑΣ ΚΥΡΙΑΚΟΥ
30. ΠΑΙΔΙΑΤΡΙΚΗ ΚΛΙΝΙΚΗ ΤΖΑΝΕΙΟΥ ΝΟΣΟΚΟΜΕΙΟΥ
31. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΑΙΔΩΝ ΠΕΝΤΕΛΗΣ
32. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ "ΑΛΕΞΑΝΔΡΑ"
33. ΠΕΡΙΦΕΡΕΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ-ΜΑΙΕΥΤΗΡΙΟ "ΕΛΕΝΑ ΒΕΝΙΖΕΛΟΥ"
34. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΘΗΝΩΝ "ΕΥΑΓΓΕΛΙΣΜΟΣ"
35. ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΝΟΣΟΚΟΜΕΙΟ "ΑΡΕΤΑΙΕΙΟ"
36. ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ "ΑΙΓΙΝΗΤΕΙΟ"
37. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΤΤΙΚΗΣ "ΚΑΤ"
38. ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ "ΑΤΤΙΚΟ"
39. ΓΕΝΙΚΟ ΚΡΑΤΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΘΗΝΩΝ "ΓΕΩΡΓΙΟΣ ΓΕΝΝΗΜΑΤΑΣ"
40. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ "ΙΠΠΟΚΡΑΤΕΙΟ"
41. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ "ΚΟΡΓΙΑΛΕΝΕΙΟ-ΜΠΕΝΑΚΕΙΟ ΕΕΣ"
42. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΘΗΝΩΝ "ΛΑΪΚΟ"
43. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΝΟΣΗΜΑΤΩΝ ΘΩΡΑΚΟΣ "ΣΩΤΗΡΙΑ"
44. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ "ΣΙΣΜΑΝΟΓΛΕΙΟ"
45. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΘΗΝΩΝ "ΠΟΛΥΚΛΙΝΙΚΗ"
46. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ "ΠΑΜΜΑΚΑΡΙΣΤΟΣ"
47. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΔΥΤΙΚΗΣ ΑΤΤΙΚΗΣ "ΑΓΙΑ ΒΑΡΒΑΡΑ"
48. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ "ΑΜΑΛΙΑ ΦΛΕΜΙΓΚ"
49. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΝΕΑΣ ΙΩΝΙΑΣ "ΚΩΝΣΤΑΝΤΟΠΟΥΛΕΙΟ-ΑΓΙΑ ΟΛΓΑ"
50. ΝΟΜΑΡΧΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ "ΠΑΤΗΣΙΩΝ"
51. ΠΕΡΙΦΕΡΕΙΑΚΟ ΑΝΤΙΚΑΡΚΙΝΙΚΟ ΟΓΚΟΛΟΓΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΘΗΝΩΝ "ΑΓΙΟΣ ΣΑΒΒΑΣ"
52. ΝΟΜΑΡΧΙΑΚΟ ΓΕΝΙΚΟ ΟΓΚΟΛΟΓΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΗΦΙΣΙΑΣ "ΑΓΙΟΙ ΑΝΑΡΓΥΡΟΙ"
53. ΑΝΔΡΕΑΣ ΣΥΓΓΡΟΣ
54. ΘΡΙΑΣΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ
55. ΤΡΙΦΥΛΛΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΥΘΗΡΩΝ

56. ΠΕΡΙΦΕΡΕΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΒΟΥΛΑΣ "ΑΣΚΛΗΠΕΙΟ"
57. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΘΗΝΩΝ "ΕΛΠΙΣ"
58. Κέντρο Υγείας Κορωπίου-Κοινωνική Υπηρεσία
59. Κέντρο Υγείας Λαυρίου-Κοινωνική Υπηρεσία
60. Κέντρο Υγείας Σαλαμίνας-Κοινωνική Υπηρεσία
61. Ιατροδικαστική Υπηρεσία Αθηνών
62. Ιατροδικαστική Υπηρεσία Πειραιώς

EDUCATION-RELATED SERVICES (50)

1. Α' Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Αθήνας
2. Β' Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Αθήνας
3. Γ' Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Αθήνας
4. Δ' Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Αθήνας
5. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Ανατολικής Αττικής
6. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Δυτικής Αττικής
7. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Πειραιά
8. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΑΘΗΝΑΣ Α'
9. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΑΘΗΝΑΣ Β'
10. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΑΘΗΝΑΣ Γ'
11. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΑΘΗΝΑΣ Δ'
12. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΑΝ. ΑΤΤΙΚΗΣ
13. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΔΥΤ. ΑΤΤΙΚΗΣ
14. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΠΕΙΡΑΙΑ
15. ΚΕΔΔΥ Πειραιά
16. ΚΕΔΔΥ Δυτικής Αττικής
17. ΚΕΔΔΥ Ανατολικής Αττικής
18. ΚΕΔΔΥ Α' Αθηνών
19. ΚΕΔΔΥ Β' Αθηνών
20. ΚΕΔΔΥ Γ' Αθηνών
21. ΚΕΔΔΥ Δ' Αθηνών
22. ΠΕΙΡΑΜΑΤΙΚΟ ΕΙΔΙΚΟ ΣΧΟΛΕΙΟ ΚΑΙΣΑΡΙΑΝΗΣ ΜΔΔΕ "ΡΟΖΑ ΙΜΒΡΙΩΤΗ"
23. 1ο ΕΙΔΙΚΟ ΔΗΜ ΣΧΟΛΕΙΟ ΣΙΚΙΑΡΙΔΕΙΟ
24. 2ο ΕΙΔΙΚΟ ΔΗΜΟΤΙΚΟ ΣΧΟΛΕΙΟ ΑΜΑΡΟΥΣΙΟΥ "ΣΙΚΙΑΡΙΔΕΙΟ"
25. ΕΙΔΙΚΟ ΝΗΠΙΑΓΩΓΕΙΟ-ΔΗΜΟΤΙΚΟ ΚΩΦΩΝ & ΒΑΡΗΚΩΝ ΑΡΓΥΡΟΥΠΟΛΗΣ
26. ΕΙΔΙΚΟ ΔΗΜΟΤΙΚΟ ΣΧΟΛΕΙΟ ΚΩΦΩΝ ΚΑΙ ΒΑΡΗΚΩΝ ΛΥΚΟΒΡΥΣΗΣ- ΠΕΥΚΗΣ
27. ΕΙΔΙΚΟ ΠΙΚΠΑ ΠΕΝΤΕΛΗΣ
28. ΕΙΔΙΚΟ ΗΡΑΚΛΕΙΟΥ
29. ΣΜΕΑ Ν. ΙΩΝΙΑΣ
30. Τ.Ε. στο 20ο ΔΗΜ.ΑΘΗΝΩΝ
31. ΕΙΔΙΚΟ ΠΕΙΡΑΜΑΤΙΚΟ ΔΗΜΟΤΙΚΟ ΣΧΟΛΕΙΟ ΠΤΔΕ/ΕΚΠΑ ΜΑΡΑΣΣΕΙΟΥ
32. Ειδικό Δημοτικό Σχολείο Σαλαμίνας
33. Ειδικό Γυμνάσιο Σωματικά Αναπήρων Αθηνών
34. Ειδικό Γυμνάσιο Αθηνών για Κωφά-Βαρήκοα Παιδιά
35. Ειδικό Γυμνάσιο Σωματικά Αναπήρων στο Εθνικό Ίδρυμα Αποκαταστάσεως Αναπήρων
36. 16/θ Ειδικό Σχολείο του Εθνικού Ίδρυματος Προστασίας Κωφών (ΕΙΠΚ)
37. Ειδικό Σχολείο Ίδρυματος Προστασίας και Αποκαταστάσεως Απροσαρμόστων Παιδιών (ΙΠΑΑΑΠ) "Θεοτόκος"
38. Ειδικό Σχολείο στο Κέντρο Εκπαίδευσης και Αποκατάστασης Τυφλών
39. ΤΟ ΠΕΡΙΒΟΛΑΚΙ 1 - Κέντρο Ημέρας
40. ΤΟ ΠΕΡΙΒΟΛΑΚΙ 2 - Κέντρο Ημέρας και Ξενώνας
41. ΤΟ ΠΕΡΙΒΟΛΑΚΙ 3 - Κέντρο Ολοήμερης Λειτουργίας
42. Η ΑΜΥΜΩΝΗ - Πανελλήνιος Σύλλογος Γονέων, Κηδεμόνων και φίλων ατόμων με προβλήματα όρασης και πρόσθετες ειδικές ανάγκες
43. Θεραπευτική Μονάδα για αυτιστικά παιδιά και εφήβους
44. Συμβουλευτικός Σταθμός Νέων Α' Διεύθυνσης Δ/θμιας Εκπ/σης Αθήνας
45. Συμβουλευτικός Σταθμός Νέων Β' Διεύθυνσης Δ/θμιας Εκπ/σης Αθήνας
46. Συμβουλευτικός Σταθμός Νέων Γ' Διεύθυνσης Δ/θμιας Εκπ/σης Αθήνας
47. Συμβουλευτικός Σταθμός Νέων Δ' Διεύθυνσης Δ/θμιας Εκπ/σης Αθήνας
48. Συμβουλευτικός Σταθμός Νέων Διεύθυνσης Δ/θμιας Εκπ/σης Αν. Αττικής
49. Συμβουλευτικός Σταθμός Νέων Διεύθυνσης Δ/θμιας Εκπ/σης Δυτ. Αττικής
50. Συμβουλευτικός Σταθμός Νέων Διεύθυνσης Δ/θμιας Εκπ/σης Πειραιά

JUSTICE-RELATED SERVICES (7)

1. ΕΙΣΑΓΓΕΛΙΑ ΠΡΩΤΟΔΙΚΩΝ ΑΘΗΝΩΝ-ΤΜΗΜΑ ΑΝΗΛΙΚΩΝ
2. ΥΠΗΡΕΣΙΑ ΕΠΙΜΕΛΗΤΩΝ ΑΝΗΛΙΚΩΝ ΑΘΗΝΑΣ
3. ΥΠΗΡΕΣΙΑ ΕΠΙΜΕΛΗΤΩΝ ΑΝΗΛΙΚΩΝ ΠΕΙΡΑΙΑ
4. ΔΙΚΑΣΤΗΡΙΟ ΑΝΗΛΙΚΩΝ ΑΘΗΝΩΝ
5. ΔΙΚΑΣΤΗΡΙΟ ΑΝΗΛΙΚΩΝ ΠΕΙΡΑΙΑ
6. Εισαγγελία Ανηλίκων Πειραιά

7. Πρότυπη Στέγη Ανηλίκων Περισσού

PUBLIC ORDER-RELATED SERVICES (2)

1. Γενική Αστυνομική Διεύθυνση Αττικής
2. Υποδιεύθυνση Προστασίας Ανηλίκων της Διεύθυνσης Ασφαλείας Αττικής

NGOs (50)

1. ΣΥΝΔΕΣΜΟΣ ΠΡΟΣΤΑΣΙΑΣ ΠΑΙΔΙΩΝ
2. Αποστολή-ΜΚΟ της Εκκλησίας της Ελλάδος
3. Κέντρο Στήριξης Οικογένειας της Ιεράς Αρχιεπισκοπής (Κ.Ε.Σ.Ο.)
4. Κιβωτός του Κόσμου - ΜΚΟ Ειδικής Μέριμνας και Προστασίας Μητέρας και Παιδιού
5. Γιατροί χωρίς Σύνορα
6. Γιατροί του κόσμου
7. Ελληνικός Ερυθρός Σταυρός - Τομέας Κοινωνικής Πρόνοιας
8. «Νέα Ζωή» Κινητή Μονάδα για θύματα trafficking
9. Μαζί για το παιδί
10. ΚΕΝΤΡΟ ΣΥΜΠΑΡΑΣΤΑΣΗΣ ΠΑΙΔΙΩΝ ΚΑΙ ΟΙΚΟΓΕΝΕΙΑΣ ΚΟΙΝΩΝΙΚΗ ΚΑΙ ΕΚΠΑΙΔΕΥΤΙΚΗ ΔΡΑΣΗ
11. PRAKSIS - Πολυιατρεία
12. PRAKSIS - Κεντρικά Γραφεία
13. SOS Ρατσισμός
14. UNICEF
15. WELLFARE ACTION HELLAS ΠΡΟΓΡΑΜΜΑ "ΑΓΑΠΟ ΤΑ ΠΑΙΔΙΑ"
16. ΑΝΤΙΜΕΤΩΠΙΣΗ ΠΑΙΔΙΚΟΥ ΤΡΑΥΜΑΤΟΣ
17. ΑΡΣΙΣ-ΚΟΙΝΩΝΙΚΗ ΟΡΓΑΝΩΣΗ ΥΠΟΣΤΗΡΙΞΗΣ ΝΕΩΝ
18. Όμιλος Εθελοντών « Η Γωνιά του Παιδιού »
19. ΟΜΠΡΕΛΑ ΜΚΟ
20. Δίκτυο για τα Δικαιώματα του Παιδιού
21. Δρόμοι Ζωής
22. Ελλην. Εταιρεία Μελέτης -Πρόληψη της Σεξουαλικής Κακοποίησης
23. Ελληνική Εταιρεία Κοινωνικής Παιδιατρικής και Προαγωγής της Υγείας
24. ΕΛΛΗΝΙΚΟ ΣΥΜΒΟΥΛΙΟ ΓΙΑ ΤΟΥΣ ΠΡΟΣΦΥΓΕΣ
25. Εταιρεία Ψυχοκοινωνικής Υγείας του Παιδιού και του Εφήβου
26. Εταιρεία Ψυχοκοινωνικών Μελετών (ΕΨΥΜΕ)
27. Εταιρία για τη Φροντίδα Παιδιών και Οικογενειών στην αρρώστια και το θάνατο
28. Ηλιαχτίδα. Σύλλογος για το Παιδί και την Οικογένεια
29. Θεόφιλος- Κοινωνική Φροντίδα για το Παιδί
30. ΙΡΙΣ Εταιρεία Προαγωγής της Ψυχοκοινωνικής Υγείας Παιδιών -Ενηλίκων
31. ΚΑΡΙΤΑΣ
32. Κέντρον Μεριμνης Οικογένειας και Παιδιού
33. Κιβωτός του Κόσμου
34. Κλίμακα
35. ΑΝΑΣΑ-ΕΤΑΙΡΕΙΑ ΥΠΟΣΤΗΡΙΞΗΣ ΑΤΟΜΩΝ ΠΟΥ ΠΑΣΧΟΥΝ ΑΠΟ ΔΙΑΤΡΟΦΙΚΕΣ ΔΙΑΤΑΡΑΧΕΣ
36. ΑΡΩΓΗ ΣΩΜΑΤΕΙΟ ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ
37. ΜΕΡΙΜΝΑ ΕΤΑΙΡΕΙΑ ΓΙΑ ΤΗΝ ΦΡΟΝΤΙΔΑ ΠΑΙΔΙΩΝ ΚΑΙ ΟΙΚΟΓΕΝΕΙΩΝ ΣΤΗΝ ΑΡΡΩΣΤΙΑ ΚΑΙ ΤΟ ΘΑΝΑΤΟ
38. ΜΗΤΕΡΑΣ ΕΡΓΩΝ (Κέντρο για Πολύτεκνες Μητέρες - Θεσσαλονίκη)
39. Παιδικά Χωριά SOS Ελλάδος
40. Παμμακάριστος, Ίδρυμα για το Παιδί
41. Πολυδύναμο Κέντρο Κοινωνικής Υποστήριξης και Ενσωμάτωσης Προσφύγων (Ερυθρός Σταυρός)
42. Πανελλήνια Ένωση Φίλων Πολυτέκνων (Π.Ε.ΦΙ.Π.)
43. Σχεδία
44. Σύλλογος "ΓΕΛΑΣΤΟ ΠΑΙΔΙ"
45. ΔΙΚΕΨΥ
46. Σωματείο "ΟΙ ΦΙΛΟΙ ΤΟΥ ΠΑΙΔΙΟΥ"
47. Σώστε τα Παιδιά
48. Το Παιδικό Χαμόγελο
49. Το Χαμόγελο του Παιδιού
50. ΦΡΟΝΤΙΔΑ - Διεθνής Εταιρία Στήριξης Οικογένειας

CENTRAL GREECE REGION (64)

1. Γενική Δ/ση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/ση Κοινωνικής Μέριμνας
2. Διεύθυνση Δημόσιας Υγείας & Κοινωνικής Μέριμνας Π.Ε. Εύβοιας - Τμήμα Κοινωνικής Αλληλεγγύης
3. Διεύθυνση Δημόσιας Υγείας & Κοινωνικής Μέριμνας Π.Ε. Φθιώτιδας - Τμήμα Κοινωνικής Αλληλεγγύης

4. Διεύθυνση Δημόσιας Υγείας & Κοινωνικής Μέριμνας Π.Ε. Φωκίδας - Τμήμα Κοινωνικής Αλληλεγγύης
5. Διεύθυνση Δημόσιας Υγείας & Κοινωνικής Μέριμνας Π.Ε. Ευρυτανίας - Τμήμα Κοινωνικής Αλληλεγγύης
6. Διεύθυνση Δημόσιας Υγείας & Κοινωνικής Μέριμνας Π.Ε. Βοιωτίας - Τμήμα Κοινωνικής Αλληλεγγύης
7. Διεύθυνση Υγείας & Πρόνοιας Λαμίας
8. Δ/ση Υγείας & Δημόσιας Υγιεινής Φθιώτιδας
9. Δ/ση Υγείας και Δημόσιας Υγιεινής Ευβοίας
10. Δ/ση Υγείας και Δημόσιας Υγιεινής Φωκίδας
11. Δήμος Ευρυτανίας-Τμήμα Κοινωνικής Πολιτικής-Υγείας και Πρόνοιας
12. Ίδρυμα Κοινωνικής Πρόνοιας Ευρυτανίας
13. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΧΑΛΚΙΔΑΣ
14. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΛΑΜΙΑΣ
15. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΜΦΙΣΣΑΣ
16. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΘΗΒΩΝ
17. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΑΡΠΕΝΗΣΙΟΥ
18. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΑΡΥΣΤΟΥ
19. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΥΜΗΣ
20. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΧΑΛΚΙΔΑΣ
21. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΛΙΑΡΤΟΥ
22. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΛΙΒΕΡΙΟΥ
23. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΤΑΛΑΝΤΗΣ
24. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΔΟΜΟΚΟΥ
25. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΙΤΕΑΣ
26. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΛΙΔΟΡΙΚΙΟΥ
27. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΑΚΡΑΚΩΜΗΣ
28. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΑΝΤΟΥΔΙΟΥ
29. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΤΥΛΙΔΑΣ
30. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΧΗΜΑΤΑΡΙΟΥ
31. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΨΑΧΝΩΝ
32. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Βοιωτίας
33. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Φωκίδας
34. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Ευρυτανίας
35. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Φθιώτιδας
36. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Εύβοιας
37. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΒΟΙΩΤΙΑΣ
38. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΕΥΒΟΙΑΣ
39. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΕΥΡΥΤΑΝΙΑΣ
40. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΦΘΙΩΤΙΔΑΣ
41. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΦΩΚΙΔΑΣ
42. ΚΕΔΔΥ ΒΟΙΩΤΙΑΣ
43. ΚΕΔΔΥ ΕΥΒΟΙΑΣ
44. ΚΕΔΔΥ ΕΥΡΥΤΑΝΙΑΣ
45. ΚΕΔΔΥ ΦΘΙΩΤΙΔΑΣ
46. ΚΕΔΔΥ ΦΩΚΙΔΑΣ
47. ΕΙΣΑΓΓΕΛΙΑ-ΑΜΦΙΣΣΑ
48. ΕΙΣΑΓΓΕΛΙΑ-ΘΗΒΑ
49. ΕΙΣΑΓΓΕΛΙΑ-ΛΕΙΒΑΔΙΑ
50. ΕΙΣΑΓΓΕΛΙΑ-ΛΑΜΙΑ
51. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΧΑΛΚΙΔΑΣ
52. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΛΙΒΑΔΕΙΑΣ
53. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΑΜΦΙΣΣΑΣ
54. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΕΥΡΥΤΑΝΙΑΣ
55. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΘΗΒΩΝ
56. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΛΑΜΙΑΣ
57. Υπηρεσία Επιμελητών Ανηλίκων Λαμίας
58. Υπηρεσία Επιμελητών Ανηλίκων Χαλκίδας
59. Γ.Α.Δ.Π. Στερεάς Ελλάδας
60. ΑΣΤΥΝΟΜΙΚΗ ΔΙΕΥΘΥΝΣΗ ΒΟΙΩΤΙΑΣ
61. ΑΣΤΥΝΟΜΙΚΗ ΔΙΕΥΘΥΝΣΗ ΕΥΒΟΙΑΣ
62. ΑΣΤΥΝΟΜΙΚΗ ΔΙΕΥΘΥΝΣΗ ΕΥΡΥΤΑΝΙΑΣ
63. ΑΣΤΥΝΟΜΙΚΗ ΔΙΕΥΘΥΝΣΗ ΦΘΙΩΤΙΔΑΣ
64. ΑΣΤΥΝΟΜΙΚΗ ΔΙΕΥΘΥΝΣΗ ΦΩΚΙΔΑΣ

WEST GREECE REGION (73)

1. Γενική Δ/ση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/ση Κοινωνικής Μέριμνας
2. Διεύθυνση Υγείας και Κοινωνικής Μέριμνας - Περιφερειακή Ενότητα Αιτωλοακαρνανίας
3. Διεύθυνση Κοινωνικής Πρόνοιας Ηλείας

4. Διεύθυνση Υγείας & Πρόνοιας
5. Διεύθυνση Κοινωνικής Πρόνοιας Δήμου Πάτρας
6. Δ/ση Υγείας και Δημόσιας Υγιεινής Αιτωλοακαρνανίας
7. ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΙΕΙΝΗΣ ΚΑΙ ΕΡΕΥΝΩΝ-Παράρτημα Πατρών
8. Ι.Κ.Α.-Κέντρο Παιδοψυχικής Υγιεινής Πάτρας
9. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΠΑΤΡΑΣ
10. ΚΑΡΑΜΑΝΔΑΝΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΑΙΔΩΝ
11. ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΑΤΡΩΝ
12. Γεν. Νοσοκομείο Παίδων Πατρών "ΚΑΡΑΜΑΝΔΑΝΕΙΟ"
13. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΙΓΙΟΥ
14. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΜΑΛΙΑΔΑΣ
15. ΚΑΡΑΜΑΝΔΑΝΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΑΙΔΩΝ
16. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΠΑΤΡΑΣ
17. ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΑΤΡΩΝ
18. Γεν. Νοσοκομείο Παίδων Πατρών "ΚΑΡΑΜΑΝΔΑΝΕΙΟ"
19. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΜΑΛΙΑΔΑΣ
20. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΑΛΑΒΡΥΤΩΝ
21. ΧΑΤΖΗΚΩΣΤΑ- ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΜΕΣΟΛΟΓΓΙΟΥ
22. ΑΓΙΟΣ ΑΝΔΡΕΑΣ- ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΑΤΡΩΝ
23. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΡΕΣΤΕΝΩΝ
24. Α.ΠΑΠΑΝΔΡΕΟΥ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΥΡΓΟΥ
25. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΚΑΤΟΥΝΑΣ
26. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΙΤΩΛΙΚΟΥ
27. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΚΡΑΤΑΣ
28. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΜΦΙΛΟΧΙΑΣ
29. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΝΔΡΙΤΣΑΙΝΑΣ
30. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΝΩ ΧΩΡΑΣ
31. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΣΤΑΚΟΥ
32. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΒΑΡΔΑΣ
33. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΒΟΝΙΤΣΑΣ
34. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΓΑΣΤΟΥΝΗΣ
35. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΕΡΥΜΑΝΘΕΙΑΣ
36. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΘΕΡΜΟΥ
37. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΑΤΩ ΑΧΑΙΑΣ
38. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΑΤΩ ΚΛΕΙΤΟΡΙΑΣ
39. ΚΕΝΤΡΟ ΥΓΕΙΑΣ Ν. ΧΑΛΚΙΟΠΟΥΛΩΝ
40. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΝΑΥΠΑΚΤΟΥ
41. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΙΜΟΠΟΥΛΟΥ
42. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΧΑΛΑΝΔΡΙΤΣΑΣ
43. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Αιτωλοακαρνανίας
44. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Αχαΐας
45. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Ηλείας
46. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΑΙΤΩΛ/ΝΙΑΣ
47. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΑΧΑΪΑΣ
48. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΗΛΕΙΑΣ
49. ΕΙΔΙΚΟ ΔΗΜΟΤΙΚΟ ΕΛΕΠΑΠ ΑΓΡΙΝΙΟΥ
50. ΚΔΑΥ ΑΙΤΩΛΟΑΚΑΡΝΑΝΙΑΣ
51. ΚΔΑΥ Αχαΐας
52. ΚΔΑΥ Ηλείας
53. ΕΙΣΑΓΓΕΛΙΑ-ΑΓΡΙΝΙΟ
54. ΕΙΣΑΓΓΕΛΙΑ-ΑΙΓΙΟ
55. ΕΙΣΑΓΓΕΛΙΑ-ΑΜΑΛΙΑΔΑ
56. ΕΙΣΑΓΓΕΛΙΑ-ΜΕΣΟΛΟΓΓΙ
57. ΕΙΣΑΓΓΕΛΙΑ-ΠΑΤΡΑ
58. Υπηρεσία Επιμελητών Ανηλίκων Αμαλιάδας
59. Υπηρεσία Επιμελητών Ανηλίκων Πατρών
60. Υπηρεσία Επιμελητών Ανηλίκων Πύργου
61. Υπηρεσία Επιμελητών Ανηλίκων Αγρινίου
62. Υπηρεσία Επιμελητών Ανηλίκων Μεσολογγίου
63. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΑΙΓΙΟΥ
64. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΠΑΤΡΩΝ
65. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΠΥΡΓΟΥ ΗΛΕΙΑΣ
66. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΑΓΡΙΝΙΟΥ
67. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΜΕΣΟΛΟΓΓΙΟΥ
68. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΚΑΛΑΒΡΥΤΩΝ
69. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΑΜΑΛΙΑΔΑΣ
70. Ιατροδικαστική Υπηρεσία Πάτρας
71. Γ.Α.Δ.Π. Δυτικής Ελλάδας
72. Σύλλογος Οικογενειών για την Ψυχική Υγεία Πάτρας
73. Ελληνική Εταιρεία Προστασίας και Αποκατάστασης Αναπήρων Παίδων

THESSALY REGION (74)

1. Γενική Δ/ση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/ση Κοινωνικής Μέριμνας
2. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Μαγνησίας
3. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Λάρισας
4. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Καρδίτσας
5. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Τρικάλων
6. Δ/ση Υγείας και Δημόσιας Υγιεινής Λάρισας
7. Δ/ση Υγείας και Δημόσιας Υγιεινής Μαγνησίας
8. Δ/ση Υγείας και Δημόσιας Υγιεινής Τρικάλων
9. Διεύθυνση Υγείας & Πρόνοιας
10. ΙΔΡΥΜΑ ΑΓΩΓΗΣ ΑΝΗΛΙΚΩΝ ΑΡΡΕΝΩΝ ΒΟΛΟΥ
11. ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΙΕΙΝΗΣ ΚΑΙ ΕΡΕΥΝΩΝ-Παράρτημα Βόλου
12. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΒΟΛΟΥ
13. ΓΕΝ. ΝΟΣΟΚΟΜΕΙΟ ΒΟΛΟΥ "ΑΧΙΛΛΟΠΟΥΛΕΙΟ"-Κέντρο Ψυχικής Υγείας
14. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΛΑΡΙΣΑΣ
15. ΚΟΥΤΛΙΜΠΑΝΕΙΟ & ΤΡΙΑΝΤΑΦΥΛΛΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΛΑΡΙΣΑΣ
16. ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΛΑΡΙΣΑΣ
17. ΓΕΝ. ΝΟΣ. ΛΑΡΙΣΑΣ "ΚΟΥΤΛΙΜΠΑΝΕΙΟ"-Κέντρο Ψυχικής Υγείας
18. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΑΡΔΙΤΣΑΣ
19. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΤΡΙΚΑΛΩΝ
20. ΑΧΙΛΛΟΠΟΥΛΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΒΟΛΟΥ
21. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΑΝΘΗΡΟΥ
22. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΠΕΖΟΥΛΑΣ
23. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΠΡΟΑΣΤΙΟΥ
24. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΓΙΑΣ
25. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΛΜΥΡΟΥ
26. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΡΓΑΛΑΣΤΗΣ
27. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΒΕΛΕΣΤΙΝΟΥ
28. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΓΟΝΝΩΝ
29. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΖΑΓΟΡΑΣ
30. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΑΛΑΜΠΑΚΑΣ
31. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΟΥΖΑΚΙΟΥ
32. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΑΛΑΜΑ
33. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΥΛΗΣ
34. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΚΙΑΘΟΥ
35. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΚΟΠΕΛΟΥ
36. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΟΦΑΔΩΝ
37. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΤΥΡΝΑΒΟΥ
38. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΦΑΡΚΑΔΟΝΑΣ
39. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΦΑΡΣΑΛΩΝ
40. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Καρδίτσας
41. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Λάρισας
42. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Μαγνησίας
43. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Τρικάλων
44. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΚΑΡΔΙΤΣΑΣ
45. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΛΑΡΙΣΑΣ
46. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΜΑΓΝΗΣΙΑΣ
47. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΤΡΙΚΑΛΩΝ
48. ΚΔΑΥ ΚΑΡΔΙΤΣΑΣ
49. ΚΔΑΥ ΛΑΡΙΣΑΣ
50. ΚΔΑΥ ΜΑΓΝΗΣΙΑΣ
51. ΚΔΑΥ ΤΡΙΚΑΛΩΝ
52. ΕΙΣΑΓΓΕΛΙΑ-ΒΟΛΟΣ
53. ΕΙΣΑΓΓΕΛΙΑ-ΚΑΡΔΙΤΣΑ
54. ΕΙΣΑΓΓΕΛΙΑ-ΛΑΡΙΣΑ
55. ΕΙΣΑΓΓΕΛΙΑ-ΤΡΙΚΑΛΑ
56. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΚΑΡΔΙΤΣΑΣ
57. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΤΡΙΚΑΛΩΝ
58. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΛΑΡΙΣΑΣ
59. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΒΟΛΟΥ
60. Υπηρεσία Επιμελητών Ανηλίκων Βόλου
61. Υπηρεσία Επιμελητών Ανηλίκων Καρδίτσας
62. Υπηρεσία Επιμελητών Ανηλίκων Λάρισας
63. Υπηρεσία Επιμελητών Ανηλίκων Τρικάλων
64. Υπηρεσίες συμβουλευτικής και ψυχολογικής στήριξης
65. ΑΣΚΑ ΚΑΣΣΑΒΕΤΕΙΑΣ
66. ΕΙΔΙΚΟ ΚΑΤ/ΜΑ ΚΡΑΤΗΣΗΣ ΝΕΩΝ (ΕΚΚΝ) ΒΟΛΟΥ
67. Ιατροδικαστική Υπηρεσία Λάρισας
68. Γ.Α.Δ.Π. Θεσσαλίας
69. ΑΡΣΙΣ-ΚΟΙΝΩΝΙΚΗ ΟΡΓΑΝΩΣΗ ΥΠΟΣΤΗΡΙΞΗΣ ΝΕΩΝ

70. "ΣΥΛΛΟΓΟΣ ΜΟΝΟΓΟΝΕΪΚΩΝ ΟΙΚΟΓΕΝΕΙΩΝ ΤΡΙΚΑΛΩΝ"
71. Ασκληπιός-Ινστιτούτο Ψυχοκοινωνικής Ανάπτυξης Παιδιού-Εφήβου-Οικογένειας
72. Πανελλήνιος Σύλλογος Μονογονεϊκών Οικογενειών και Απροστάτευτων Ατόμων
73. ΣΥΛΛΟΓΟΣ ΜΟΝΟΓΟΝΕΪΚΩΝ ΟΙΚΟΓΕΝΕΙΩΝ ΒΟΛΟΥ
74. Ελληνική Εταιρεία Προστασίας και Αποκατάστασης Αναπήρων Παίδων

PELOPONNESE REGION (94)

1. Γενική Δ/ση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/ση Κοινωνικής Μέριμνας
2. Διεύθυνση Δημόσιας Υγείας & Κοινωνικής Μέριμνας Π.Ε. Αργολίδος - Τμήμα Κοινωνικής Αλληλεγγύης
3. Διεύθυνση Δημόσιας Υγείας & Κοινωνικής Μέριμνας Π.Ε. Κορινθίας - Τμήμα Κοινωνικής Αλληλεγγύης
4. Διεύθυνση Δημόσιας Υγείας & Κοινωνικής Μέριμνας Π.Ε. Λακωνίας - Τμήμα Κοινωνικής Αλληλεγγύης
5. Διεύθυνση Δημόσιας Υγείας & Κοινωνικής Μέριμνας Π.Ε. Μεσσηνίας - Τμήμα Κοινωνικής Αλληλεγγύης
6. Διεύθυνση Κοινωνικής Μέριμνας Π.Ε. Αρκαδίας
7. Δ/ση Υγείας και Δημόσιας Υγιεινής Αργολίδας
8. Δ/ση Υγείας και Δημόσιας Υγιεινής Κορινθίας
9. Δ/ση Υγείας και Δημόσιας Υγιεινής Λακωνίας
10. Δ/ση Υγείας και Δημόσιας Υγιεινής Μεσσηνίας
11. Δ/ση Υγείας και Δημόσιας Υγιεινής Αρκαδίας
12. Διεύθυνση Υγείας & Πρόνοιας
13. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΠΑΤΡΑΣ
14. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΤΡΙΠΟΛΗΣ
15. ΚΑΡΑΜΑΝΔΑΝΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΑΙΔΩΝ
16. ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΑΤΡΩΝ
17. Γεν. Νοσοκομείο Παίδων Πατρών "ΚΑΡΑΜΑΝΔΑΝΕΙΟ"
18. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΙΓΙΟΥ
19. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΜΑΛΙΑΔΑΣ
20. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΡΓΟΥΣ
21. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΑΛΑΒΡΥΤΩΝ
22. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΑΛΑΜΑΤΑΣ
23. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΥΠΑΡΙΣΣΙΑΣ
24. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΜΟΛΛΩΝ
25. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΝΑΥΠΛΙΟΥ
26. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΟΡΙΝΘΟΥ
27. ΕΥΑΓΓΕΛΙΣΤΡΙΑ - ΠΑΝΑΡΚΑΔΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΤΡΙΠΟΛΗΣ
28. ΙΩΑΝ. & ΑΙΚΑΤ.ΓΡΗΓΟΡΙΟΥ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΣΠΑΡΤΗΣ
29. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΑΝΜ ΠΥΛΟΥ
30. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΑΓΙΟΥ ΝΙΚΟΛΑΟΥ
31. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΓΑΡΓΑΛΙΑΝΩΝ
32. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΔΩΡΙΟΥ
33. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΚΑΣΤΟΡΕΙΟΥ
34. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΠΕΤΑΛΙΔΙΟΥ
35. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΧΑΤΖΗ
36. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΡΕΟΠΟΛΗΣ
37. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΣΤΡΟΥΣ
38. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΓΚΟΥΡΑΣ
39. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΓΥΘΕΙΟΥ
40. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΔΗΜΗΤΣΑΝΑΣ
41. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΡΑΝΙΔΙΟΥ
42. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΛΕΩΝΙΔΙΟΥ
43. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΛΟΥΤΡΑΚΙΟΥ
44. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΛΥΓΟΥΡΙΟΥ
45. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΕΓΑΛΟΠΟΛΗΣ
46. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΕΛΙΓΑΛΑ
47. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΝΕΑΠΟΛΗΣ
48. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΝΕΜΕΑΣ
49. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΞΥΛΟΚΑΣΤΡΟΥ
50. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΦΙΛΙΑΤΡΩΝ
51. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Αργολίδας
52. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Αρκαδίας
53. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Κορινθίας
54. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Λακωνίας
55. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Μεσσηνίας
56. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΑΡΓΟΛΙΔΑΣ
57. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΑΡΚΑΔΙΑΣ

58. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΚΟΡΙΝΘΙΑΣ
59. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΛΑΚΩΝΙΑΣ
60. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΜΕΣΣΗΝΙΑΣ
61. ΚΔΑΥ ΑΡΓΟΛΙΔΑΣ
62. ΚΔΑΥ ΑΡΚΑΔΙΑΣ
63. ΚΔΑΥ ΚΟΡΙΝΘΙΑΣ
64. ΚΔΑΥ ΛΑΚΩΝΙΑΣ
65. ΚΔΑΥ ΜΕΣΣΗΝΙΑΣ
66. ΕΙΣΑΓΓΕΛΙΑ-ΚΑΛΑΒΡΥΤΑ
67. ΕΙΣΑΓΓΕΛΙΑ-ΚΑΛΑΜΑΤΑ
68. ΕΙΣΑΓΓΕΛΙΑ-ΚΟΡΙΝΘΟΣ
69. ΕΙΣΑΓΓΕΛΙΑ-ΚΥΠΑΡΙΣΣΙΑ
70. ΕΙΣΑΓΓΕΛΙΑ-ΝΑΥΠΛΙΟ
71. ΕΙΣΑΓΓΕΛΙΑ-ΣΠΑΡΤΗ
72. ΕΙΣΑΓΓΕΛΙΑ-ΤΡΙΠΟΛΗ
73. ΚΟΡΙΝΘΟΥ
74. ΚΑΛΑΒΡΥΤΩΝ
75. ΚΑΛΑΜΑΤΑΣ
76. ΚΥΠΑΡΙΣΣΙΑΣ
77. ΝΑΥΠΛΙΟΥ
78. ΠΑΤΡΩΝ
79. ΠΥΡΓΟΥ ΗΛΕΙΑΣ
80. ΣΠΑΡΤΗΣ
81. ΤΡΙΠΟΛΕΩΣ
82. ΑΙΓΙΟΥ
83. ΑΜΑΛΙΑΔΑΣ
84. ΓΥΘΕΙΟΥ
85. Υπηρεσία Επιμελητών Ανηλίκων Αμαλιάδας
86. Υπηρεσία Επιμελητών Ανηλίκων Καλαμάτας
87. Υπηρεσία Επιμελητών Ανηλίκων Ναυπλίου
88. Υπηρεσία Επιμελητών Ανηλίκων Πατρών
89. Υπηρεσία Επιμελητών Ανηλίκων Πύργου
90. Υπηρεσία Επιμελητών Ανηλίκων Σπάρτης
91. Υπηρεσία Επιμελητών Ανηλίκων Τριπόλεως
92. Υπηρεσία Επιμελητών Ανηλίκων Κορίνθου
93. Γ.Α.Δ.Π. Πελοποννήσου
94. Σύλλογος Οικογενειών για την Ψυχική Υγεία Πάτρας

EPIRUS REGION (69)

1. Γενική Δ/ση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/ση Κοινωνικής Μέριμνας
2. Διεύθυνση Κοινωνικής Πρόνοιας Ιωαννίνων
3. Διεύθυνση Κοινωνικής Πρόνοιας Θεσπρωτίας
4. Διεύθυνση Κοινωνικής Πρόνοιας Πρέβεζας
5. Διεύθυνση Κοινωνικής Πρόνοιας Άρτας
6. Δήμος Ηγουμενίτσας - Τμήμα Κοινωνικής Πρόνοιας
7. ΙΔΡΥΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΝΟΙΑΣ ΘΕΣΠΡΩΤΙΑΣ
8. ΚΕΝΤΡΟ ΠΑΙΔΙΚΗΣ ΜΕΡΙΜΝΑΣ ΑΡΡΕΝΩΝ ΦΙΛΙΑΤΩΝ ΘΕΣΠΡΩΤΙΑΣ
9. ΙΔΡΥΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΝΟΙΑΣ ΙΩΑΝΝΙΝΩΝ «ΝΕΟΜΑΡΤΗΣ ΓΕΩΡΓΙΟΣ»
10. ΚΕΝΤΡΟ ΠΑΙΔΙΚΗΣ ΜΕΡΙΜΝΑΣ ΑΡΡΕΝΩΝ ΚΟΝΙΤΣΑΣ
11. ΚΕΝΤΡΟ ΠΑΙΔΙΚΗΣ ΜΕΡΙΜΝΑΣ ΑΡΡΕΝΩΝ ΠΩΓΩΝΙΑΝΗΣ
12. ΚΕΝΤΡΟ ΠΑΙΔΙΚΗΣ ΜΕΡΙΜΝΑΣ ΘΗΛΕΩΝ ΙΩΑΝΝΙΝΩΝ
13. ΚΕΝΤΡΟ ΚΟΙΝΩΝΙΚΗΣ ΥΠΟΣΤΗΡΙΞΗΣ ΚΑΙ ΚΑΤΑΡΤΙΣΗΣ ΑΜΕΑ (ΚΕΚΥΚΑΜΕΑ) ΠΡΕΒΕΖΑΣ
14. Δ/ση Υγείας & Δημόσιας Υγιεινής Άρτας
15. Δ/ση Υγείας και Δημόσιας Υγιεινής Θεσπρωτίας
16. Δ/ση Υγείας και Δημόσιας Υγιεινής Ιωαννίνων
17. Δ/ση Υγείας και Δημόσιας Υγιεινής Πρέβεζας
18. Διεύθυνση Υγείας & Πρόνοιας
19. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΙΩΑΝΝΙΝΩΝ
20. ΘΕΡΑΠΕΥΤΗΡΙΟ ΧΡΟΝΙΩΝ ΠΑΘΗΣΕΩΝ ΗΓΟΥΜΕΝΙΤΣΑΣ
21. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΡΕΒΕΖΑΣ
22. ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΙΩΑΝΝΙΝΩΝ
23. ΧΑΤΖΗΚΩΣΤΑ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΙΩΑΝΝΙΝΩΝ
24. ΓΕΝ. ΝΟΣΟΚΟΜΕΙΟ ΙΩΑΝΝΙΝΩΝ "Γ. ΧΑΤΖΗΚΩΣΤΑ"-Κέντρο Ψυχικής Υγείας
25. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΡΤΑΣ
26. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΦΙΛΙΑΤΩΝ
27. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΓΝΑΝΤΩΝ
28. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΝΜ ΚΟΝΙΤΣΑΣ
29. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΝΩ ΚΑΛΕΝΤΙΝΗΣ
30. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΒΟΥΤΣΑΡΑ

31. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΔΕΛΒΙΝΑΚΙΟΥ
32. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΔΕΡΒΙΖΙΑΝΩΝ
33. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΔΡΟΣΟΠΗΓΗΣ (πρώην Βουλγαρελίου)
34. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΗΓΟΥΜΕΝΙΤΣΑΣ
35. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΘΕΣΠΡΩΤΙΚΟΥ
36. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΑΝΑΛΑΚΙΟΥ
37. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΑΡΑΜΥΘΙΑΣ
38. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΑΡΓΑΣ
39. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΡΑΜΑΝΤΩΝ
40. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΦΙΛΙΠΠΙΑΔΑΣ
41. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΑΡΓΑΡΙΤΙΟΥ
42. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΕΤΣΟΒΟΥ
43. ΔΙΚΕΔΥ Ιωαννίνων
44. ΕΙΣΑΓΓΕΛΙΑ-ΑΡΤΑ
45. ΕΙΣΑΓΓΕΛΙΑ-ΘΕΣΠΡΩΤΙΑ
46. ΕΙΣΑΓΓΕΛΙΑ-ΙΩΑΝΝΙΝΑ
47. ΕΙΣΑΓΓΕΛΙΑ-ΠΡΕΒΕΖΑΣ
48. ΚΕΔΔΥ ΑΡΤΑΣ
49. ΚΕΔΔΥ ΙΩΑΝΝΙΝΩΝ
50. ΚΕΔΔΥ ΠΡΕΒΕΖΑΣ
51. ΚΕΔΔΥ ΘΕΣΠΡΩΤΙΑΣ
52. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Θεσπρωτίας
53. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Ιωαννίνων
54. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Άρτας
55. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Πρέβεζας
56. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΑΡΤΑΣ
57. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΘΕΣΠΡΩΤΙΑΣ
58. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΙΩΑΝΝΙΝΩΝ
59. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΠΡΕΒΕΖΑΣ
60. ΠΡΕΒΕΖΗΣ
61. Υπηρεσία Επιμελητών Ανηλίκων Ιωαννίνων
62. ΑΡΤΑΣ
63. ΘΕΣΠΡΩΤΙΑΣ
64. ΙΩΑΝΝΙΝΩΝ
65. Γ.Α.Δ.Π. Ηπείρου
66. ΣΥΛΛΟΓΟΣ ΓΟΝΕΩΝ ΚΑΙ ΦΙΛΩΝ ΠΑΙΔΙΩΝ ΜΕ ΕΙΔΙΚΕΣ ΑΝΑΓΚΕΣ Ν. ΑΡΤΑΣ (Π.Κ.Ε.Κ.Α.Ε.Α.) «ΑΓΙΑ ΘΕΟΔΩΡΑ»
67. Ελληνική Εταιρεία Προστασίας και Αποκατάστασης Αναπήρων Παίδων (ΕΛΕΠΑΠ) Ιωαννίνων
68. Κέντρο Υποστήριξης Κακοποιημένων Ατόμων και Μονογονεϊκών Οικογενειών
69. ΣΥΛΛΟΓΟΣ ΓΟΝΕΩΝ ΚΑΙ ΦΙΛΩΝ ΑΤΟΜΩΝ ΜΕ ΕΙΔΙΚΕΣ ΑΝΑΓΚΕΣ ΝΟΜΟΥ ΙΩΑΝΝΙΝΩΝ

IONIAN ISLANDS REGION (46)

1. Γενική Δ/νση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/νση Κοινωνικής Μέριμνας
2. Διεύθυνση Κοινωνικής Πρόνοιας Κέρκυρας
3. Διεύθυνση Κοινωνικής Πρόνοιας Κεφαλληνίας και Ιθάκης
4. Διεύθυνση Κοινωνικής Πρόνοιας Λευκάδας
5. Διεύθυνση Κοινωνικής Πρόνοιας Ζακύνθου
6. Δ/νση Υγείας και Δημόσιας Υγιεινής Κέρκυρας
7. Δ/νση Υγείας και Δημόσιας Υγιεινής Κεφαλονιάς-Ιθάκης
8. Διεύθυνση Υγείας & Πρόνοιας
9. ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΙΕΙΝΗΣ ΚΑΙ ΕΡΕΥΝΩΝ-Παράρτημα Ζακύνθου
10. ΜΑΝΤΖΑΒΙΝΑΤΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΛΗΞΟΥΡΙΟΥ
11. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΕΡΚΥΡΑΣ
12. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΕΦΑΛΛΗΝΙΑΣ
13. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΛΕΥΚΑΔΑΣ
14. ΑΓΙΟΣ ΔΙΟΝΥΣΙΟΣ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΖΑΚΥΝΘΟΥ
15. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΚΑΤΑΣΤΑΡΙΟΥ
16. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΓΙΟΥ ΜΑΡΚΟΥ
17. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΓΡΟΥ- ΑΓΙΟΥ ΑΘΑΝΑΣΙΟΥ
18. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΒΑΣΙΛΙΚΗΣ
19. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΙΘΑΚΗΣ
20. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΛΕΥΚΙΜΜΗΣ
21. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΑΞΩΝ
22. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΑΜΗΣ
23. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Ζακύνθου
24. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Κέρκυρας
25. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Κεφαλληνίας
26. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Λευκάδας
27. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΖΑΚΥΝΘΟΥ
28. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΚΕΡΚΥΡΑΣ
29. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΚΕΦΑΛΛΗΝΙΑΣ
30. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΛΕΥΚΑΔΑΣ
31. ΚΕΔΔΥ ΖΑΚΥΝΘΟΥ
32. ΚΕΔΔΥ ΚΕΡΚΥΡΑΣ
33. ΚΕΔΔΥ ΛΕΥΚΑΔΑΣ
34. ΚΕΔΔΥ ΚΕΦΑΛΛΟΝΙΑΣ
35. ΕΙΣΑΓΓΕΛΙΑ-ΖΑΚΥΝΘΟΣ
36. ΕΙΣΑΓΓΕΛΙΑ-ΚΕΡΚΥΡΑ
37. ΕΙΣΑΓΓΕΛΙΑ-ΚΕΦΑΛΛΟΝΙΑ
38. ΕΙΣΑΓΓΕΛΙΑ-ΛΕΥΚΑΔΑ
39. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΚΕΡΚΥΡΑΣ
40. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΚΕΦΑΛΛΗΝΙΑΣ ΑΡΓΟΣΤΟΛΙ
41. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΛΕΥΚΑΔΑΣ
42. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΖΑΚΥΝΘΟΥ
43. Υπηρεσία Επιμελητών Ανηλίκων Κέρκυρας
44. Υπηρεσία Επιμελητών Ανηλίκων Κεφαλληνίας
45. Ιατροδικαστική Υπηρεσία Κέρκυρας
46. Γ.Α.Δ.Π. Ιονίων Νήσων

CENTRAL MACEDONIA REGION (131)

1. Γενική Δ/νση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/νση Κοινωνικής Μέριμνας
2. Διεύθυνση Κοινωνικής Μέριμνας Θεσσαλονίκης
3. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Πιερίας - Τμήμα Κοινωνικής Αλληλεγγύης
4. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Πέλλας - Τμήμα Κοινωνικής Αλληλεγγύης
5. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Ημαθίας - Τμήμα Κοινωνικής Αλληλεγγύης
6. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Κιλκίς - Τμήμα Κοινωνικής Αλληλεγγύης
7. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Σερρών - Τμήμα Κοινωνικής Αλληλεγγύης
8. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Χαλκιδικής - Τμήμα Κοινωνικής Αλληλεγγύης
9. Διεύθυνση Υγείας & Πρόνοιας
10. Κέντρο Κοινωνικής Στήριξης ΠΥΛΗΣ ΑΞΙΟΥ
11. Κέντρο Κοινωνικής Στήριξης ΦΟΙΝΙΚΑ
12. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΓΟΥΜΕΝΙΣΣΑΣ
13. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΕΔΕΣΣΑΣ
14. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΑΤΕΡΙΝΗΣ
15. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΙΛΚΙΣ
16. ΓΕΝ. ΝΟΣΟΚΟΜ. ΧΑΛΚΙΔΙΚΗΣ-Ψυχιατρικός Τομέας-Ιατροπαιδαγωγικό Κέντρο
17. ΓΕΝ. ΠΕΡΙΦ. ΝΟΣΟΚΟΜΕΙΟ "Γ. ΠΑΠΑΝΙΚΟΛΑΟΥ"-Ψυχιατρικός Τομέας- Τμήμα Παιδιών και Εφήβων
18. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΘΕΣΣΑΛΟΝΙΚΗΣ (ΔΥΤΙΚΟΥ ΤΟΜΕΑ)
19. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΚΑΤΕΡΙΝΗΣ
20. ΨΥΧΙΑΤΡΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΕΤΡΑΣ ΟΛΥΜΠΟΥ-Κέντρο Ψυχικής Υγείας Κατερίνης
21. ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΙΕΙΝΗΣ ΚΑΙ ΕΡΕΥΝΩΝ-Παράρτημα Θεσσαλονίκης
22. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΘΕΣΣΑΛΟΝΙΚΗΣ (ΒΟΡΕΙΟΔΥΤΙΚΟΥ ΤΟΜΕΑ)
23. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΘΕΣΣΑΛΟΝΙΚΗΣ(ΚΕΝΤΡΙΚΟΥ ΤΟΜΕΑ)
24. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΣΕΡΡΩΝ
25. ΙΠΠΟΚΡΑΤΕΙΟ" ΓΕΝ. ΝΟΣΟΚΟΜΕΙΟ ΘΕΣΣΑΛΟΝΙΚΗΣ-Τμήμα Παιδοψυχιατρικό-Ιατροπαιδαγωγική Υπηρεσία
26. ΙΠΠΟΚΡΑΤΕΙΟ" ΓΕΝ. ΝΟΣΟΚΟΜΕΙΟ ΘΕΣΣΑΛΟΝΙΚΗΣ-Τομέας Υγείας Παιδιού - Α' Παιδιατρική Κλινική Α.Π.Θ.
27. ΙΠΠΟΚΡΑΤΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ
28. ΨΥΧΙΑΤΡΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΘΕΣΣΑΛΟΝΙΚΗΣ-Ιατροπαιδαγωγικό Κέντρο Βορείου Ελλάδος
29. ΨΥΧΙΑΤΡΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΘΕΣΣΑΛΟΝΙΚΗΣ-Κέντρο Ψυχικής Υγείας Βορειοδυτικού Τομέα
30. ΨΥΧΙΑΤΡΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΘΕΣΣΑΛΟΝΙΚΗΣ-Κέντρο Ψυχικής Υγείας Δυτικού Τομέα
31. ΑΓΙΟΣ ΔΗΜΗΤΡΙΟΣ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ

32. ΑΓΙΟΣ ΠΑΥΛΟΣ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ
33. ΑΧΕΠΑ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΘΕΣΣΑΛΟΝΙΚΗΣ
34. Γ.ΠΑΠΑΝΙΚΟΛΑΟΥ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ
35. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΒΕΡΟΙΑΣ
36. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΓΙΑΝΝΙΤΣΩΝ
37. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΣΕΡΡΩΝ
38. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΧΑΛΚΙΔΙΚΗΣ
39. ΜΠΟΔΟΣΑΚΕΙΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΤΟΛΕΜΑΪΔΑΣ
40. ΠΑΠΑΓΕΩΡΓΙΟΥ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ
41. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΓΙΟΥ ΝΙΚΟΛΑΟΥ ΧΑΛΚΙΔΙΚΗΣ
42. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΙΓΙΝΙΟΥ
43. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΛΕΞΑΝΔΡΕΙΑΣ
44. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΡΙΔΑΙΑΣ
45. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΡΝΙΣΣΑΣ
46. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΔΙΑΒΑΤΩΝ
47. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΔΡΟΣΑΤΟΥ
48. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΖΑΓΚΛΙΒΕΡΙΟΥ
49. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΗΡΑΚΛΕΙΑΣ
50. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΘΕΡΜΗΣ
51. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΑΣΣΑΝΔΡΕΙΑΣ
52. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΟΥΦΑΛΙΩΝ
53. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΡΥΑΣ ΒΡΥΣΗΣ
54. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΛΑΓΚΑΔΑ
55. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΛΙΤΟΧΩΡΟΥ
56. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΑΥΡΟΘΑΛΑΣΣΑΣ
57. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΟΥΔΑΝΙΩΝ
58. ΚΕΝΤΡΟ ΥΓΕΙΑΣ Ν.ΖΙΧΝΗΣ
59. ΚΕΝΤΡΟ ΥΓΕΙΑΣ Ν.ΜΗΧΑΝΙΩΝΑΣ
60. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΝΕΑΣ ΜΑΔΥΤΟΥ
61. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΝΙΓΡΙΤΑΣ
62. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΑΛΑΙΟΧΩΡΙΟΥ
63. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΟΛΥΚΑΣΤΡΟΥ
64. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΡΟΔΟΛΙΒΟΥΣ
65. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΡΟΔΟΠΟΛΗΣ
66. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΙΔΗΡΟΚΑΣΤΡΟΥ
67. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΚΥΔΡΑΣ
68. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΟΧΟΥ
69. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΤΡΥΜΟΝΙΚΟΥ
70. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΧΑΛΑΣΤΡΑΣ (ΠΥΡΓΟΥ)
71. Ελληνική Εταιρεία Προστασίας & Αποκατάστασης Αναπήρων Παιδων-ΕΛΕΠΑΠ
72. Ελληνική Εταιρεία Προστασίας και Αποκατάστασης Αναπήρων Παιδων ΕΛΕΠΑΠ
73. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Ημαθίας
74. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Ανατολικής Θεσσαλονίκης
75. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Δυτικής Θεσσαλονίκης
76. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Κιλκίς
77. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Πέλλας
78. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Πιερίας
79. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Σερρών
80. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Χαλκιδικής
81. ΔΙΕΥΘΥΝΣΗ Δ.Ε. Α΄ ΘΕΣΣΑΛΟΝΙΚΗΣ
82. ΔΙΕΥΘΥΝΣΗ Δ.Ε. Β΄ ΘΕΣΣΑΛΟΝΙΚΗΣ
83. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΗΜΑΘΙΑΣ
84. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΚΙΛΚΙΣ
85. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΠΕΛΛΑΣ
86. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΠΙΕΡΙΑΣ
87. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΣΕΡΡΩΝ
88. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΧΑΛΚΙΔΙΚΗΣ
89. ΚΕΔΔΥ Α΄ ΘΕΣΣΑΛΟΝΙΚΗΣ
90. ΚΕΔΔΥ Β΄ ΘΕΣΣΑΛΟΝΙΚΗΣ
91. ΚΕΔΔΥ ΗΜΑΘΙΑΣ
92. ΚΕΔΔΥ ΚΙΛΚΙΣ
93. ΚΕΔΔΥ ΠΕΛΛΑΣ
94. ΚΕΔΔΥ ΠΙΕΡΙΑΣ
95. ΚΕΔΔΥ ΣΕΡΡΩΝ
96. ΚΕΔΔΥ ΧΑΛΚΙΔΙΚΗΣ
97. ΕΙΣΑΓΓΕΛΙΑ-ΒΕΡΟΙΑ
98. ΕΙΣΑΓΓΕΛΙΑ-ΓΙΑΝΝΙΤΣΑ
99. ΕΙΣΑΓΓΕΛΙΑ-ΕΔΕΣΣΑ
100. ΕΙΣΑΓΓΕΛΙΑ-ΘΕΣΣΑΛΟΝΙΚΗ

101. ΕΙΣΑΓΓΕΛΙΑ-ΚΑΤΕΡΙΝΗ
102. ΕΙΣΑΓΓΕΛΙΑ-ΚΙΛΚΙΣ
103. ΕΙΣΑΓΓΕΛΙΑ-ΣΕΡΡΕΣ
104. ΕΙΣΑΓΓΕΛΙΑ-ΧΑΛΚΙΔΙΚΗ
105. ΚΙΛΚΙΣ
106. ΓΙΑΝΝΙΤΣΩΝ
107. ΒΕΡΟΙΑΣ
108. ΕΔΕΣΣΑΣ
109. ΘΕΣΣΑΛΟΝΙΚΗΣ
110. ΧΑΛΚΙΔΙΚΗΣ
111. ΚΑΤΕΡΙΝΗΣ
112. Υπηρεσία Επιμελητών Ανηλίκων Κατερίνης
113. Υπηρεσία Επιμελητών Ανηλίκων Βεροίας
114. Υπηρεσία Επιμελητών Ανηλίκων Γιαννιτσών
115. Υπηρεσία Επιμελητών Ανηλίκων Έδεσσας
116. Υπηρεσία Επιμελητών Ανηλίκων Θεσσαλονίκης
117. Υπηρεσία Επιμελητών Ανηλίκων Χαλκιδικής
118. Γ.Α.Δ.Π. Κεντρικής Μακεδονίας
119. Τμήμα Ανηλίκων της Διεύθυνσης Ασφάλειας Θεσσαλονίκης
120. Υποδιεύθυνση Προστασίας Ανηλίκων Θεσ/νίκης
121. Άστυ του Παιδιού
122. ΜΗΤΕΡΑΣ ΕΡΓΟΝ (Κέντρο για Πολύτεκνες Μητέρες - Θεσσαλονίκη)
123. Μικρός Πολίτης-Σύλλογος Προστασίας Δικαιωμάτων Παιδιών Διαζευγμένων Γονέων
124. Σύλλογος Αποκλιόντων Παιδιών
125. Οι φίλοι του Κέντρου περιθάλψεως Παιδιών
126. Παιδιά εν Δράσει
127. ΠΡΟΒΑ
128. Πρωτοβουλία για το Παιδί (Βέροια)
129. ΑΡΣΙΣ-ΚΟΙΝΩΝΙΚΗ ΟΡΓΑΝΩΣΗ ΥΠΟΣΤΗΡΙΞΗΣ ΝΕΩΝ
130. ΦΙΛΟΙ ΤΟΥ ΚΕΝΤΡΟΥ ΠΕΡΙΘΑΛΨΕΩΣ ΠΑΙΔΙΩΝ ΑΓ. ΔΗΜΗΤΡΙΟΣ
131. ΣΥΛΛΟΓΟΣ ΜΟΝΟΓΟΝΕΙΚΩΝ ΟΙΚΟΓΕΝΕΙΩΝ Β.ΕΛΛΑΔΟΣ

WEST MACEDONIA REGION (54)

1. Γενική Δ/ση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/ση Κοινωνικής Μέριμνας
2. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Καστοριάς - Τμήμα Κοινωνικής Αλληλεγγύης
3. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Γρεβενών - Τμήμα Κοινωνικής Αλληλεγγύης
4. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Κοζάνης - Τμήμα Κοινωνικής Αλληλεγγύης
5. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Φλώρινας - Τμήμα Κοινωνικής Αλληλεγγύης
6. Δ/ση Υγείας και Δημόσιας Υγιεινής Γρεβενών
7. Δ/ση Υγείας και Δημόσιας Υγιεινής Καστοριάς
8. Δ/ση Υγείας και Δημόσιας Υγιεινής Κοζάνης
9. Διεύθυνση Υγείας & Πρόνοιας
10. ΣΤΕΓΗ ΠΑΙΔΙΟΥ ΚΟΖΑΝΗΣ "Ο ΑΓΙΟΣ ΣΤΥΛΙΑΝΟΣ"
11. ΚΕΝΤΡΟ ΕΠΑΓΓΕΛΜΑΤΙΚΗΣ ΚΑΤΑΡΤΙΣΗΣ ΚΑΙ ΑΠΟΚΑΤΑΣΤΑΣΗΣ ΤΩΝ ΑΤΟΜΩΝ ΜΕ ΕΙΔΙΚΕΣ ΑΝΑΓΚΕΣ
12. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΝΑΟΥΣΑΣ
13. ΜΑΜΑΤΣΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΟΖΑΝΗΣ
14. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΓΡΕΒΕΝΩΝ
15. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΑΣΤΟΡΙΑΣ
16. ΕΛΕΝΗ Θ.ΔΗΜΗΤΡΙΟΥ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ
17. ΚΕΝΤΡΟ ΥΓΕΙΑΣ - ΠΕΡΙΦΕΡΕΙΑΚΟ ΙΑΤΡΕΙΟ ΜΕΣΟΠΟΤΑΜΙΑΣ
18. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΜΥΝΤΑΙΟΥ
19. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΡΓΟΥΣ ΟΡΕΣΤΙΚΟΥ
20. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΔΕΣΚΑΤΗΣ
21. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΕΡΒΙΩΝ
22. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΙΑΤΙΣΤΑΣ
23. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΤΣΟΤΙΛΙΟΥ
24. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Καστοριάς
25. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Γρεβενών
26. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Κοζάνης
27. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Φλώρινας
28. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΓΡΕΒΕΝΩΝ
29. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΚΑΣΤΟΡΙΑΣ
30. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΚΟΖΑΝΗΣ
31. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΦΛΩΡΙΝΑΣ

32. ΚΕΔΔΥ ΓΡΕΒΕΝΩΝ
33. ΚΕΔΔΥ ΚΑΣΤΟΡΙΑΣ
34. ΚΕΔΔΥ ΚΟΖΑΝΗΣ
35. ΚΕΔΔΥ ΦΛΩΡΙΝΑΣ
36. ΕΙΣΑΓΓΕΛΙΑ-ΓΡΕΒΕΝΑ
37. ΕΙΣΑΓΓΕΛΙΑ-ΚΑΣΤΟΡΙΑ
38. ΕΙΣΑΓΓΕΛΙΑ-ΚΟΖΑΝΗ
39. ΕΙΣΑΓΓΕΛΙΑ-ΟΡΕΣΤΙΑΔΑ
40. ΕΙΣΑΓΓΕΛΙΑ-ΦΛΩΡΙΝΑ
41. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΦΛΩΡΙΝΑΣ
42. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΟΡΕΣΤΙΑΔΑΣ
43. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣΚΟΖΑΝΗΣ
44. ΓΡΕΒΕΝΩΝ
45. ΚΑΣΤΟΡΙΑΣ
46. Υπηρεσία Επιμελητών Ανηλίκων Καστοριάς
47. Υπηρεσία Επιμελητών Ανηλίκων Κοζάνης
48. Υπηρεσία Επιμελητών Ανηλίκων Φλώρινας
49. Ιατροδικαστική Υπηρεσία Δυτ. Μακεδονίας
50. Γ.Α.Δ.Π. Δυτικής Μακεδονίας
51. ΕΤΑΙΡΕΙΑ ΑΠΟΚΑΤΑΣΤΑΣΗΣ ΑΜΕΑ
52. ΣΥΛΛΟΓΟΣ ΓΟΝΕΩΝ ΚΑΙ ΚΗΔΕΜΟΝΩΝ ΠΑΙΔΙΩΝ ΜΕ ΕΙΔΙΚΕΣ ΑΝΑΓΚΕΣ ΕΟΡΔΑΙΑΣ ΜΕ ΕΔΡΑ ΤΗΝ ΠΤΟΛΕΜΑΪΔΑ
53. ΣΥΛΛΟΓΟΣ ΑΤΟΜΩΝ ΜΕ ΕΙΔΙΚΕΣ ΑΝΑΓΚΕΣ Ν. ΦΛΩΡΙΝΑΣ
54. ΕΤΑΙΡΕΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΤΟΜΩΝ ΜΕ ΑΥΤΙΣΜΟ-Δ.Α.Δ.

EAST MACEDONIA & THRACE REGION (80)

1. Γενική Δ/ση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/ση Κοινωνικής Μέριμνας
2. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Δράμας - Τμήμα Κοινωνικής Αλληλεγγύης
3. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Καβάλας - Τμήμα Κοινωνικής Αλληλεγγύης
4. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Θάσου - Τμήμα Κοινωνικής Αλληλεγγύης
5. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Ξάνθης - Τμήμα Κοινωνικής Αλληλεγγύης
6. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Ροδόπης - Τμήμα Κοινωνικής Αλληλεγγύης
7. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Έβρου - Τμήμα Κοινωνικής Αλληλεγγύης
8. Δ/ση Υγείας και Δημόσιας Υγιεινής Αλεξανδρούπολης
9. Δ/ση Υγείας και Δημόσιας Υγιεινής Καβάλας
10. Δ/ση Υγείας και Δημόσιας Υγιεινής Ροδόπης
11. Διεύθυνση Υγείας & Πρόνοιας
12. Παιδόπολη Καβάλας
13. ΜΕΡΙΜΝΑ ΠΑΙΔΙΟΥ ΚΑΒΑΛΑΣ
14. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΑΛΕΞΑΝΔΡΟΥΠΟΛΗΣ
15. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΚΑΒΑΛΑΣ
16. ΓΕΝ. ΝΟΣΟΚΟΜΕΙΟ ΚΑΒΑΛΑΣ-Κοινωνικό Κέντρο Ψυχικής Υγείας
17. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΓΟΥΜΕΝΙΣΣΑΣ
18. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΔΙΔΥΜΟΤΕΙΧΟΥ
19. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΔΡΑΜΑΣ
20. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΑΒΑΛΑΣ
21. ΓΕΝ. ΝΟΣ.ΑΛΕΞΑΝ/ΠΟΛΗΣ-ΔΗΜΟΚΡ. ΠΑΝΕΠΙΣΤ. ΘΡΑΚΗΣ-Ψυχιατρικός Τομέας
22. ΓΕΝ. ΝΟΣΟΚΟΜΕΙΟ ΣΕΡΡΩΝ-Κέντρο Ψυχικής Υγείας Σερρών
23. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΞΑΝΘΗΣ
24. ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΛΕΞΑΝΔΡΟΥΠΟΛΗΣ
25. ΓΕΝ. ΝΟΣΟΚΟΜΕΙΟ ΚΑΒΑΛΑΣ-Κοινωνικό Κέντρο Ψυχικής Υγείας
26. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΕΛΕΥΘΕΡΟΥΠΟΛΗΣ
27. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΕΧΙΝΟΥ
28. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΙΑΣΜΟΥ
29. ΚΕΝΤΡΟ ΥΓΕΙΑΣ Κ. ΝΕΥΡΟΚΟΠΙΟΥ
30. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΟΡΕΣΤΙΑΔΑΣ
31. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΑΡΑΝΕΣΤΙΟΥ
32. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΡΙΝΟΥ
33. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΡΟΣΟΤΣΑΝΗΣ
34. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΑΜΟΘΡΑΚΗΣ
35. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΑΠΠΩΝ
36. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΟΥΦΛΙΟΥ
37. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΤΑΥΡΟΥΠΟΛΗΣ

38. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΧΡΥΣΟΥΠΟΛΗΣ
39. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Δράμας
40. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Έβρου
41. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Καβάλας
42. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Ξάνθης
43. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Ροδόπης
44. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΔΡΑΜΑΣ
45. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΕΒΡΟΥ
46. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΚΑΒΑΛΑΣ
47. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΞΑΝΘΗΣ
48. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΡΟΔΟΠΗΣ
49. ΚΕΔΔΥ ΚΑΒΑΛΑΣ
50. ΚΕΔΔΥ ΔΡΑΜΑΣ
51. ΚΕΔΔΥ ΕΒΡΟΥ
52. ΚΕΔΔΥ ΞΑΝΘΗΣ
53. ΚΕΔΔΥ ΡΟΔΟΠΗΣ
54. ΕΙΣΑΓΓΕΛΙΑ-ΔΡΑΜΑ
55. ΕΙΣΑΓΓΕΛΙΑ-ΕΒΡΟΣ(ΑΛΕΞ/ΠΟΛΗ)
56. ΕΙΣΑΓΓΕΛΙΑ-ΚΑΒΑΛΑ
57. ΕΙΣΑΓΓΕΛΙΑ-ΞΑΝΘΗ
58. ΕΙΣΑΓΓΕΛΙΑ-ΟΡΕΣΤΙΑΔΑ
59. ΕΙΣΑΓΓΕΛΙΑ-ΡΟΔΟΠΗ
60. ΕΤΑΙΡΕΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΑΛΕΞΑΝΔΡΟΥΠΟΛΗΣ
61. ΕΤΑΙΡΕΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΚΑΒΑΛΑΣ
62. ΕΤΑΙΡΕΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΟΡΕΣΤΙΑΔΑΣ
63. ΕΤΑΙΡΕΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΡΟΔΟΠΗΣ, ΚΟΜΟΤΗΝΗ
64. ΕΤΑΙΡΕΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΔΡΑΜΑΣ
65. ΕΤΑΙΡΕΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΞΑΝΘΗΣ
66. Υπηρεσία Επιμελητών Ανηλίκων Καβάλας
67. Υπηρεσία Επιμελητών Ανηλίκων Ροδόπης
68. Υπηρεσία Επιμελητών Ανηλίκων Αλεξανδρούπολης
69. Υπηρεσία Επιμελητών Ανηλίκων Ξάνθης
70. Ιατροδικαστική Υπηρεσία Θράκης
71. Υπηρεσία Επιμελητών Ανηλίκων Καβάλας
72. Γ.Α.Δ.Π. Ανατολικής Μακεδονίας & Θράκης
73. Εθελοντές στο κέντρο Παιδικής Μέριμνας Αρρένων Δράμας
74. ΣΥΛΛΟΓΟΣ ΑΡΧΗΓΩΝ ΜΟΝΟΓΟΝΕΪΚΩΝ ΟΙΚΟΓΕΝΕΙΩΝ Ν. ΕΒΡΟΥ « Στήριξη
75. ΕΚΚΛΗΣΙΑΣΤΙΚΟ ΙΔΡΥΜΑ ΑΡΩΓΗΣ ΤΟΥ ΠΑΙΔΙΟΥ- ΔΩΡΕΑ ΠΑΣΧΑΛΗ ΚΙΤΣΙΚΟΠΟΥΛΟΥ
76. ΠΝΟΗ - ΣΥΛΛΟΓΟΣ ΓΙΑ ΤΟ ΠΑΙΔΙ ΚΑΙ ΤΗΝ ΟΙΚΟΓΕΝΕΙΑ
77. ΜΕΡΙΜΝΑ ΔΙΑ ΤΟ ΕΙΔΙΚΟ ΠΑΙΔΙ "Η ΑΓΙΑ ΜΑΡΙΝΑ"
78. ΝΟΜΑΡΧΙΑΚΟΣ ΣΥΛΛΟΓΟΣ ΑμεΑ ΝΟΜΟΥ ΕΒΡΟΥ
79. ΣΥΛΛΟΓΟΣ ΚΟΙΝΩΝΙΚΗΣ ΑΛΛΗΛΕΓΓΥΗΣ ΠΡΟΣΟΤΣΑΝΗΣ
80. ΣΥΛΛΟΓΟΣ ΕΙΔΙΚΟΥ ΠΑΙΔΙΟΥ "ΑΓΙΟΙ ΘΕΟΔΩΡΟΙ"

CRETE REGION (67)

1. Γενική Δ/ση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/ση Κοινωνικής Μέριμνας
2. Κοινωνική Πρόνοια πρώην Νομαρχίας Χανίων
3. Κοινωνική Πρόνοια πρώην Νομαρχίας Λασιθίου
4. Κοινωνική Πρόνοια πρώην Νομαρχίας Ρεθύμνου
5. Κοινωνική Πρόνοια πρώην Νομαρχίας Ηρακλείου
6. Κοινωνική Υπηρεσία Δήμου Αγίου Νικολάου
7. Κοινωνική Υπηρεσία Δήμου Ηρακλείου
8. Κοινωνική Υπηρεσία Δήμου Ρεθύμνης
9. Κέντρο Παιδικής Μέριμνας Θηλέων Ηρακλείου
10. Παιδόπολη Νεαπόλεως Κρήτης
11. ΞΕΝΩΝΑΣ ΓΙΑ ΤΗΝ ΚΑΚΟΠΟΙΗΜΕΝΗ ΓΥΝΑΙΚΑ ΚΑΙ ΤΟ ΠΑΙΔΙ
12. Κέντρο Υποδοχής Ανηλίκων Αλλοδαπών Προσφύγων στα Ανώγεια Κρήτης-Μαθητική Εστία
13. Κέντρο αποκατάστασης παιδιών και νέων Κρήτης
14. Ιατρείο Παιδιών και Εφήβων, Κέντρο Ψυχικής Υγείας Χανίων
15. Ιατροπαιδαγωγικό Κέντρο Ηρακλείου, Κ.Ψ.Υ. Ηρακλείου
16. ΚΕΚΥΚΑΜΕΑ ΡΕΘΥΜΝΟΥ
17. ΒΕΝΙΖΕΛΕΙΟ ΠΑΝΑΝΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΗΡΑΚΛΕΙΟΥ
18. ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΗΡΑΚΛΕΙΟΥ
19. ΓΕΝ. ΝΟΜΑΡΧ. ΝΟΣΟΚΟΜΕΙΟ ΧΑΝΙΩΝ-Μονάδα Κοινων. Ψυχιατρ. και Συμβουλευτικής Εφήβων Θεραπευτηρίου Ψυχικών Παθήσεων Χανίων
20. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΙΕΡΑΠΕΤΡΑΣ
21. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΡΕΘΥΜΝΟΥ
22. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΣΗΤΕΙΑΣ

23. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΧΑΝΙΩΝ
24. ΔΙΑΛΥΝΑΚΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΝΕΑΠΟΛΗΣ
25. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΓ.ΒΑΡΒΑΡΑΣ
26. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΓ.ΦΩΤΕΙΝΗΣ
27. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΝΩ ΒΙΑΝΝΟΥ
28. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΝΩΓΕΙΩΝ
29. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΡΚΑΛΟΧΩΡΙΟΥ
30. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΒΑΜΟΥ
31. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΑΝΔΑΝΟΥ
32. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΑΣΤΕΛΙΟΥ
33. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΙΣΑΜΟΥ
34. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΟΙΡΩΝ
35. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΠΗΛΙΟΥ
36. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΤΖΕΡΜΙΑΔΟΥ
37. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΧΑΡΑΚΑ
38. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Ηρακλείου
39. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Λασιθίου
40. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Ρεθύμνου
41. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Χανίων
42. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΗΡΑΚΛΕΙΟΥ
43. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΛΑΣΙΘΙΟΥ
44. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΡΕΘΥΜΝΗΣ
45. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΧΑΝΙΩΝ
46. Κ.Ε.Δ.Δ.Υ. Αγίου Νικολάου
47. Κ.Ε.Δ.Δ.Υ. Χανίων
48. Κ.Ε.Δ.Δ.Υ. Ηρακλείου
49. Κ.Ε.Δ.Δ.Υ. Ρεθύμνου
50. ΕΙΣΑΓΓΕΛΙΑ-ΗΡΑΚΛΕΙΟ
51. ΕΙΣΑΓΓΕΛΙΑ-ΛΑΣΙΘΙ (ΝΕΑΠΟΛΗ)
52. ΕΙΣΑΓΓΕΛΙΑ-ΧΑΝΙΑ
53. Υπηρεσία Επιμελητών Ανηλίκων Ηρακλείου
54. Υπηρεσία Επιμελητών Ανηλίκων Ρεθύμνης
55. Υπηρεσία Επιμελητών Ανηλίκων Χανίων
56. Υπηρεσία Επιμελητών Ανηλίκων Λασιθίου
57. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΗΡΑΚΛΕΙΟΥ ΚΡΗΤΗΣ
58. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΛΑΣΙΘΙΟΥ ΚΡΗΤΗΣ
59. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΡΕΘΥΜΝΟΥ ΚΡΗΤΗΣ
60. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΧΑΝΙΩΝ ΚΡΗΤΗΣ
61. Ιατροδικαστική Υπηρεσία Ηρακλείου
62. Γ.Α.Δ.Π. Κρήτης
63. Ε.Ε.Σ. Ηράκλειο Κρήτης
64. Ελληνική Εταιρεία Προστασίας και Αποκατάστασης Αναπήρων Παιδών
65. Η Όαση του Παιδιού
66. Κέντρο Ημέρας Νεάπολης Λασιθίου
67. Ίδρυμα Παιδικής Προστασίας "Παναγία η Καλυβιανή"

NORTH AEGEAN REGION (36)

1. Γενική Δ/νση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/νση Κοινωνικής Μέριμνας
2. Ν.Π.Δ.Δ. «ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΣΤΑΣΙΑΣ ΚΑΙ ΑΛΛΗΛΕΓΓΥΗΣ ΔΗΜΟΥ ΛΕΣΒΟΥ
3. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Χίου - Τμήμα Κοινωνικής Αλληλεγγύης
4. Δ/νση Υγείας & Δημόσιας Υγιεινής Σάμου
5. Δ/νση Υγείας & Δημόσιας Υγιεινής Χίου
6. Δ/νση Υγείας και Δημόσιας Υγιεινής Λέσβου
7. Διεύθυνση Υγείας & Πρόνοιας
8. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΣΑΜΟΥ
9. ΑΓΙΟΣ ΠΑΝΤΕΛΕΗΜΩΝ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΣΑΜΟΥ
10. ΒΟΣΤΑΝΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΜΥΤΙΛΗΝΗΣ
11. ΓΕΝ. ΝΟΣΟΚΟΜΕΙΟ ΣΑΜΟΥ-Κέντρο Ψυχικής Υγείας Σάμου
12. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΙΚΑΡΙΑΣ
13. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΛΗΜΝΟΥ
14. ΣΚΥΛΙΤΣΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΧΙΟΥ
15. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΝΤΙΣΣΑΣ
16. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΕΥΔΗΛΟΥ ΙΚΑΡΙΑΣ
17. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΑΛΛΟΝΗΣ
18. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΟΛΙΧΝΙΤΟΥ
19. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΥΡΓΙΟΥ ΧΙΟΥ
20. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Λέσβου
21. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Σάμου
22. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΛΕΣΒΟΥ
23. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΣΑΜΟΥ
24. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΧΙΟΥ
25. ΚΔΑΥ (ΚΕΔΔΥ) Λέσβου
26. ΚΔΑΥ (ΚΕΔΔΥ) Σάμου
27. ΚΔΑΥ (ΚΕΔΔΥ) Χίου
28. ΕΙΣΑΓΓΕΛΙΑ-ΜΥΤΙΛΗΝΗ
29. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΣΑΜΟΥ
30. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΧΙΟΥ
31. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΜΥΤΙΛΗΝΗΣ
32. Υπηρεσία Επιμελητών Ανηλίκων Μυτιλήνης
33. Υπηρεσία Επιμελητών Ανηλίκων Χίου
34. Ιατροδικαστική Υπηρεσία Αιγαίου
35. Γ.Α.Δ.Π. Βορείου Αιγαίου
36. Το Παιδικό Χαμόγελο

SOUTH AEGEAN REGION (42)

1. Γενική Δ/νση Δημόσιας Υγείας και Κοινωνικής Μέριμνας-Δ/νση Κοινωνικής Μέριμνας
2. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Σύρου - Τμήμα Κοινωνικής Αλληλεγγύης
3. Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Μέριμνας Ρόδου - Τμήμα Κοινωνικής Αλληλεγγύης
4. Γραφείο Κοινωνικής Πρόνοιας & Αλληλεγγύης Δήμου Νάξου
5. Διεύθυνση Υγείας & Πρόνοιας
6. Α.ΠΑΠΑΝΔΡΕΟΥ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΡΟΔΟΥ
7. ΒΑΡΔΑΚΕΙΟ & ΠΡΩΪΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΣΥΡΟΥ
8. ΒΟΥΒΑΛΕΙΟ - ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΑΛΥΜΝΟΥ
9. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΚΩ
10. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΝΑΞΟΥ
11. ΚΡΑΤΙΚΟ ΘΕΡΑΠΕΥΤΗΡΙΟ - ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΛΕΡΟΥ
12. ΚΡΑΤΙΚΟ ΘΕΡΑΠΕΥΤΗΡΙΟ ΛΕΡΟΥ
13. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΝΔΡΟΥ
14. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΑΡΧΑΓΓΕΛΟΥ ΡΟΔΟΥ
15. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΕΜΠΩΝΑ ΡΟΔΟΥ
16. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΘΗΡΑΣ
17. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΙΟΥ
18. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΑΡΠΑΘΟΥ
19. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΗΛΟΥ
20. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΜΥΚΟΝΟΥ
21. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΑΡΟΥ
22. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΠΑΤΜΟΥ
23. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΤΗΝΟΥ
24. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Δωδεκανήσου - Ρόδος
25. Διεύθυνση Πρωτοβάθμιας Εκπαίδευσης Κυκλάδων
26. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΔΩΔΕΚΑΝΗΣΟΥ
27. ΔΙΕΥΘΥΝΣΗ Δ.Ε. ΚΥΚΛΑΔΩΝ
28. ΚΕΔΔΥ Δωδεκανήσου
29. ΚΕΔΔΥ Κυκλάδων
30. ΕΙΣΑΓΓΕΛΙΑ-ΚΩΣ
31. ΕΙΣΑΓΓΕΛΙΑ-ΝΑΞΟΣ
32. ΕΙΣΑΓΓΕΛΙΑ-ΡΟΔΟΣ
33. ΕΙΣΑΓΓΕΛΙΑ-ΣΥΡΟΣ
34. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΚΩ
35. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΝΑΞΟΥ
36. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΡΟΔΟΥ
37. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΣΥΡΟΥ
38. Υπηρεσία Επιμελητών Ανηλίκων Κω
39. Υπηρεσία Επιμελητών Ανηλίκων Ρόδου
40. Υπηρεσία Επιμελητών Ανηλίκων Σάμου
41. Υπηρεσία Επιμελητών Ανηλίκων Σύρου
42. Γ.Α.Δ.Π. Νοτίου Αιγαίου