



**HUMAN RIGHTS AND
EQUALITY INSTITUTION
OF TÜRKİYE**

THE REPORT ON THE VISIT TO ÇANAKKALE SPECIAL CARE CENTER

Report No:
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ABBREVIATIONS

OPCAT Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

PCR Polymerase Chain Reaction

TİHEK Human Rights and Equality Institution of Türkiye

NPM National Preventive Mechanism

A. INTRODUCTION

1. The Human Rights and Equality Institution of Türkiye (HREIT) was established as per Law no.6701 in order to protect and promote human rights based on human dignity, ensure the right of individuals to be treated equally, prevent discrimination in the enjoyment of legally recognized rights and freedoms, operate in line with these principles, and effectively fight against torture and cruel treatment.
2. Turkey signed Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) on 14 September 2005. The objective of OPCAT, which took effect following its approval in 2011 and became binding on Turkey, is: "to establish a system in which independent international and national bodies pay regular visits to places where people are deprived of their liberty in order to prevent torture and other cruel, inhuman or degrading treatment or punishment."
3. As per subparagraph 9/1-1 of Law no.6701, acting as a National Preventive Mechanism(NPM) is included in the assignments of the Institution pursuant to the provisions of OPCAT. As per subparagraph 2/1-k of the Law, NPM refers to *"the system established to make regular visits to places where persons are deprived of their liberty pursuant to the Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment"*.
4. Subparagraph 1-j of Article 9 of Law No. 6701 says the Institution has the duty to undertake regular visits, with or without prior notice, to the places where persons deprived of their liberty or placed under protection are located. Accordingly, visiting Care Centers for Disabled People is included in the scope of duty and jurisdiction of HREIT. Çanakkale Special Care Center is one of the Centers visited by the Institution in the context of OPCAT.
5. The visit delegation included the following people:.....

¹ Amnesty International, Combating Torture: A Manual for Action, 1st Edition, London, 2003, p. 141-142.

6. This report includes an assessment in the context of national and international norms of findings, observations and complaints obtained as a result of a visit by the HREIT to the Çanakkale Special Care Center on 23.08.2021, conducted upon the Human Rights and Equality Board of Turkey's resolution no.2021/16 on conduct of the visits within the scope and the Presidency's Consent no.E-3527 of 20.08.2021, as per article 9/1-j of the Law no.6701 and article 96/3 of the Regulation on the Procedures and Principles Regarding the Implementation of the Law on the Human Rights and Equality Institution of Türkiye.

B. GENERAL INFORMATION

7. According to the Regulation on Special Care Centers for Disabled People, published in the Official Gazette no. 29878 of 04.11.2016, special care centers with accommodation services can serve one, two or all of the groups with "intellectual", "physical", and "mental" disabilities.
8. In order for a disabled person to be placed in a special care center, the person himself or his guardian, if he is under guardianship, can apply to the Ministry of Family and Social Services Provincial Directorate or social service center. In addition, administrative chiefs, health institutions, village headmen, general law enforcement officers and municipal police officers as well as other public institutions and organizations and citizens can also report to the Provincial Directorate of the Ministry of Family and Social Services or social service center.
9. During the visit, first, the delegation met the Manager of the Center, managers and professional staff of the psychosocial service unit to get general information about the Center, and then the delegation walked through living areas of disabled people, conversed with them to learn whether they're satisfied or not, and inspected material conditions of their rooms. Afterwards, the dining hall, activity room and other common areas were examined. The visit was concluded with the last meeting with the Manager to share the observations and findings with him. The visit was carried out by taking the necessary precautions against the pandemic. The Center's Administration and employees were helpful throughout the visit. The Administration stated that great emphasis will be placed on the recommendations made by the delegation at the end of the visit in order to improve the services provided by the Center.

a. General Information about the Center

10. The Çanakkale Special Care Center , which began to provide service in December 2018, moved to its new service building about two months before the visit in order to increase its capacity and improve the material conditions of its services.

11. The Center's building is designed as a single building, which also includes bedrooms, a dining hall and other activity areas.
12. It was reported that the center contains all sections specified in the Regulation on Special Care Centers for Disabled People, that the building was built in accordance with the necessary regulations for disabled people, and that it also complies with the accessibility standards specified in the Implementation Guidelines, prepared taking into account the TSE Standards and the characteristics of the groups with disabilities served.
13. The center's building was built with a capacity of 100 people. In the previous license of the center, the capacity was determined as 63 people, but necessary applications were made to increase the capacity to 100 people after the move to the new service building, as reported by the Center's Administration.
14. In the Center with 33 rooms in total, the rooms are 27 square meters in size, and each room has a bathroom and a toilet. There is also a First Admission Room, 21 m² in size, where individuals recently admitted to the Center stay during completion of their admission procedures.
15. In the center, care services are provided for people with mental disabilities over the age of 19 and for women and men who are unable to maintain their own lives. It was reported that there is a person with both mental and intellectual disabilities in the center and that other individuals do not have multiple disabilities.
16. The Center does not provide day care services for individuals who need rehabilitation services while residing with their families.
17. There is no canteen/market in the center that can be used by the disabled people who receive care. It was reported that disabled people who need shopping items can meet their needs from the markets in the vicinity, accompanied by a Center staff.
18. It was stated that the Center staff are provided with security cards to access the elevators and floors, thus preventing uncontrolled use of elevators by disabled people.
19. There's no security guard in the Center. It was reported that there are approximately 100 security cameras that see the Center's building and garden, that the cameras with sound recording feature have been placed in such a way that they have no blind spots, and that the camera recorder can store the images in its memory for up to 3 months.
20. It was stated that the number of staff is met to a minimum extent by calculating the number of disabled people cared for in accordance with the regulation that the Center is obliged to comply with.
21. The center provides full-time service with staff working on a three-shift basis. Administrative services are conducted by a Center Manager, a Responsible Manager (Social

Worker), a psychological counselor and 5 nurses, while maintenance services are provided by 19 caretakers and a cleaning staff. It was reported that the center provides service on two floors, and that 2 caregivers are always on duty in the first of three shifts and 1 caretaker in the other shifts on each floor. It was reported that a total of 29 staff, including the cook and driver, work full-time at the center.

22. It was reported that the caretaker staff in the Center include 4 staff with “patient and elderly companion” training certificate, 10 with “self-care support staff” training certificate, 2 with an associate degree on "elderly care", 1 with an associate degree on "pediatric development" and 2 with a degree on "development of high school children".
23. It was stated that in-service trainings are organized for the center staff at the beginning of each year, that trainings can be organized on predetermined dates, and that unplanned trainings are carried out to increase the quality of internal service. It was reported that in addition to the trainings, motivation meetings are held for the staff in such a way as to meet the permanent needs of the group served. In addition, it was stated that in-service trainings are organized regularly in order for the staff to act gently towards the disabled individuals who are served.
24. It was reported that the Center has a vehicle used for transportation of staff for them to join educational, health and social activities as well as of people in general for hospital appointments. It was stated that ambulance support is received in case of an emergency.
25. It was reported that no complaints have been made against the Center staff with the allegation of ill treatment, and that no case have been reported to the judicial authorities regarding the Center staff within the scope of ill treatment.
26. It was stated that caretakers accompany disabled people under care in the center planned to receive inpatient treatment at the hospital for any reason, that the accompanying staff complete their normal work at the hospital, and that care is exercised to assign accompanying staff in such a way as not to disrupt the care services provided at the Center.

b. General Information about the Persons under Care

27. There were 54 registered disabled individuals (19 female, 35 male), 35 of whom have been reported to be unable to do self-care, at the center at the time of the visit.
28. The requirements for admission of a disabled person to the center include the following: the respective person's health committee report should include the expression that he has a severe disability of more than 50% or that he is fully dependent; for individuals with mental or intellectual disabilities under guardianship, a "guardianship decision" should be obtained from the Civil Courts of Peace, an application should be filed with the local Social Service

Center or Provincial Directorate of Family and Social Services and an approval should be obtained from the Provincial Directorate or the Governor's Office.

In order for an disabled individual to be dismissed from the Center, the guardian should file a petition with the Provincial Directorate of Family and Social Services and a letter for cancellation of approval should be obtained from the Provincial Directorate.

29. It was reported that an individual care plan is created for the disabled individuals admitted to the center, and that the needs of the person concerned under the titles of personal care and psycho - social support services are determined to establish the direction of rehabilitation and care work.
30. Given that the Center is a special care Center, the care cost of disabled people placed by the Ministry of Family and Social Services (whose income is below TR 1,704.67 for the second six months of 2021 pursuant to the criteria specified by the Ministry by legislation) is covered from the budget of the Ministry and the care cost of those whose income is above the specified amount is covered by themselves or their guardians. It was reported that disabled individuals whose care costs are covered by the state are further given an allowance of TR 233.20 TL by the Ministry, that no allowance is given to other disabled individuals, and that the guardians of these individuals are contacted in case of need.
31. It was reported that 49 disabled individuals in the center have guardians, and that guardianship procedures for 5 disabled people continue.
32. It was stated that a disabled person's personal belongings brought in at the time of admission that will not cause harm to other disabled people are accepted, that valuables are taken into custody with a report issued, that the use of electronic devices is allowed with some access restrictions, and that if the disabled individual leaves the Center, the items taken into custody are given back to him, his guardian or his relatives.
33. It was reported that disabled individuals receiving care services at the center are given a total of one month leave per year to stay with their families, and that this period is not extended.
34. It was reported that a monthly life flow chart showing meal time, sleep time, snack time and medication time is prepared for the disabled person admitted for care in the center.
35. It was stated that access to fresh air is not restricted during the time between the times of going to sleep and getting up, that disabled people's rooms aren't kept closed, and that the individuals can go to their rooms anytime.
36. It was stated that the average length of stay in the center is 1.5-2 years, and that the disabled person with the longest length of stay has been under care for 3 years.
37. It was reported that there is no foreign national among those receiving care in the center.
38. It was reported that 1 (one) person died in 2019, 5 (five) people died in 2020 and 1 (one)

died in 2021 as a result of natural causes or unnatural causes, and investigation and autopsy were requested upon such death cases.

C. FINDINGS, OBSERVATIONS AND INTERVIEWS

a. Material Conditions

39. In the Center's building, different doors are used for the entrance of disabled individuals and staff/guests. The Center's Administration stated that two different doors are used to avoid the disabled people feeling agitated because of any guests who came and didn't communicate with them.
40. It was seen that the center receives a lot of sunlight, that a sufficient level of lighting is provided in the common areas and rooms, and that such areas and rooms are clean.
41. It was seen that in the center, rooms have a cabinet, a bedside table, a bed and a radio allocated to each individual staying in the room.
42. It was determined that the windows in the rooms of disabled people in the center are unprotected and can be opened completely.
43. In the center, the rooms for disabled people are for three people. It was stated that while the admitted individuals are being allocated to their rooms, it's ensured that siblings and families could stay together, and that disabled individuals admitted to the Center due to a similar mental illness could stay in the same room. It was stated that if a disabled person feels great discomfort because of the other disabled person staying in the same room or the room itself, he may be transferred to another room. It was reported that any requests for a room change are fulfilled upon the decision of the Review Board, and that this method is not preferred unless there is a request, since it is thought that this request will restart the adaptation process of the disabled person.
44. Gas central heating is available in the Center. Disabled individuals who were interviewed stated that heating is sufficient. It was also observed that individuals are given bed items suitable for the season.
45. In the center there is a garden with pavilions. The garden is open to the common use of men and women. It was observed that there are no areas in the garden where disabled individuals can perform various activities such as an area with sports equipment or a hobby garden. One of the pavilions is covered with a transparent and foldable plastic tarpaulin material for people to smoke under it in winter. The individuals receiving care services in the center stated that the use of a single pavilion is not sufficient due to the high number of disabled smokers, so they requested that another pavilion is covered for that purpose. The Institution Administration stated that it's planned to cover another pavilion.

46. It was reported by the administration that disabled individuals benefit from fresh air between 07:00 am and 10:00 pm, which was also confirmed by the interviewees. It was observed that the wire fences of the Center's garden were built in a length and form that wouldn't obstruct the view of the surrounding area.
47. It was reported that there is a barber-hairdresser in the center, that the male residents are shaved once a week by the caregiver staff, that the female residents have their hair cut, cared and dyed if needed, and that the caretakers who perform the applications are experienced in hair care and hair cut.
48. It was reported that the amount of potable water delivered in the Center per day is 2-3 liters, that drinking water is delivered by the staff so that the disable people won't inflict self-harm by drinking too much water and won't unconsciously drink more water than they need. No complaints were received from residents of the center regarding access to drinking water.
49. It was seen that fire extinguishing equipment is available in the center.
50. It was observed that there are disabled individuals in the suicide risk group in the center, and that there are nets on the sides of the stairwells in order to prevent possible suicide attempts inside the building. However, it has been observed that there is no net between the floors where the stairwell is located. It was stated by the administration that the attic is kept closed all times and disabled people aren't allowed to use the elevator alone. When the door leading to the attic was checked, it was found to be closed.
51. It was observed that the center has a separate entrance for the ambulance.

b. Health Services, Social Service, Care and Nutrition

52. In the center, the health and social service units provide treatment and care services as well as psychosocial support for disabled individuals.
53. It was observed that an individual care plan is created for each disabled person in the center and that this plan is kept in the file of the person concerned.
54. The manager in charge of the Center is a social worker, and a psychological counselor works at the Center. It was reported that rehabilitation works for disabled individuals are implemented by the psychological counselor in the center. Professional staff working in the center carry out both professional and administrative work during working hours because they're obliged to perform administrative work in addition to their normal assignments.
55. In the center, a total of 5 health staff work in three shifts a day. 2 nurses work in the first two shifts and 1 nurse in the night shift. The Center employs staff for 45 hours a week under article 63 of the Labor Law No. 4857. During the final meeting with the Center's Administration, the delegation stated that the workload of the employees is high due to the

capacity, working hours and administrative responsibilities of professional staff, to which the Administration responded, saying the minimum number of staff required to work under the Regulation on Special Care Centers for Persons with Disabilities is provided, but they'll recruit another nurse in order to provide better service to disabled people.

56. It was reported that all but one of the disabled individuals receiving care at the center were vaccinated against Covid-19, and that the guardian of the unvaccinated individual didn't give permission for him to be vaccinated. It was reported that individuals excluding those who had the disease before were vaccinated with two doses, that people over the age of 50 received three doses of vaccine, that those who had the disease were treated at the hospital, and that when they returned to the Center, their care was continued in their rooms for a while and their meals were served in their rooms. During the interviews with disabled individuals, it was stated that they were vaccinated, that they were immediately taken to the hospital when they got sick, and that their meals were delivered to their rooms during that time.
57. It was reported that during the pandemic, a shift system had been applied in the Center for a while, that the employees had PCR tests before the shift, that body temperature is measured at the entrance to the Center, that food and other substances coming from outside had been kept aside for a while, then disinfected and delivered to disabled individuals.
58. It was reported that during the curfews applied across Turkey due to the pandemic, next of kin and other visitors were not allowed into the center.
59. It was reported that that the treatment of the individuals admitted to the center is carried out by the nurses of the Center in accordance with the prescription given by their doctors, that no medical intervention is performed in the Center except for the additional treatments that can be applied by the doctor in case of emergency, and that all medications used are prescription drugs. Some of the disabled people interviewed complained that there could be a period of time between the time they are out of their medications and the time when they receive replacements and that there was a regression in their treatment during the time without medication. Health service staff stated that they had difficulties in obtaining medications due to the difficulty of accessing hospitals and doctors due to the pandemic, and the constant change of order of pharmacies on a provincial basis. During the meeting with the Center's Administration, it was stated that a price limit was set every year with the price limit application introduced throughout the country with the protocol signed between the Turkish Pharmacists Association and the Social Security Institution in order to ensure equal profits for pharmacies, and that if the total amount of the medications prescribed to the people under care and protection exceeds the set total amount, the order of pharmacies is changed. The Center's Administration stated that due to the low limit set at the beginning of the year, the order of pharmacies changes constantly, and that such change causes disruptions and

difficulties in supply of medications.

60. It was stated that emergency measures are taken at the highest level in the center. It was reported that the accompanying staff carries a first aid kit so that the disabled individuals who are taken to grocery shopping can be medically intervened without delay in emergency situations. Disabled individuals interviewed stated that health staff intervene immediately in case of an emergency.
61. It was reported that after the suicide case in the center, the measures were increased, and that (disabled individuals) were prohibited from keeping cutting, piercing, etc. items. In addition, it was observed that the use of lighters for cigarettes given every hour is checked and that cigarettes are lit by the Center staff accordingly.
62. It was stated that various activities were organized in the Center for disabled individuals whose communication with the outside world was restricted due to the pandemic, that group interviews were held in groups of five, and that the staff worked with five disabled individuals during group interviews scheduled in advance.
63. Disabled individuals interviewed at the center stated that they could meet with a psychological counselor, but sometimes they couldn't reach him due to the intense workload of the counselor.
64. The disabled people are given a total of 5 meals, including 3 main meals and 2 snacks. Meals are prepared by the Center's cook in the Center's kitchen. During the interviews with the disabled individuals in the center, they said snacks such as wafers and tea are served at 10 o'clock. It was observed during the visit that snacks are also served in the afternoon. It was reported that the menus prepared by a self-employed dietitian who doesn't work permanently in the center are approved by the Provincial Directorate of Family and Social Services every month. Samples of meals served during the day were reported to be stored for three days.
65. The meals of the disabled people who are unable to go to the dining hall due to their illness are fed by the staff in their rooms, while other disabled people eat their meals in the dining hall themselves.
66. During the interviews with disabled individuals, they stated that the meals are satisfying, but low in protein and rich in carbohydrates, and they complained that the same meals are always served and that convenience food such as wafers are given as snacks. It was reported by the Center's Administration that at least one meal with protein content is included in the menu every day. It was observed that there is a meal with protein content every day in the monthly menu and that there is no meal which is repeatedly served.
67. It was reported that the clothes of the disabled individuals who have a contagious disease (4 people) are washed separately, that the clothes of the other individuals are washed in the same machine, that

the clothes are distinguished by the names written on them, and that the bed linens are washed every 15 days. Disabled individuals interviewed stated that bed linens are washed every 15 days, earlier if there is a special need, and that cleaning is done by the staff every morning. During the visit, it was observed that the cleaning and hygiene conditions are quite good.

68. It was reported that disabled individuals in the center take a bath under surveillance twice a week, that the disabled people are asked to take a bath when they return from leave, that they also have access to hot water anytime. It was observed that the shower heads in the bathrooms in the rooms are designed in such a way as to prevent disabled individual from inflicting self-harm and harm to his environment. In addition, it was observed that there are soap and napkin in the toilets and bathrooms in the rooms and that there are handles suitable for disabled individuals.
69. In the interviews, it was observed that the disabled individuals are generally satisfied with the health, social service, care and nutrition services.

c. Control Methods

70. It was observed that there is no isolation room in the center. It was reported that control methods such as restraint and isolation aren't applied to disabled people in the center, and that when intervention is needed, medications prescribed by their doctors are used to intervene the respective person.
71. It was seen that radio is used for the purpose of establishing quick communication between staff and for emergency response to possible cases.

d. Social Activities, Daily Life and Contact with the Outside World

72. It was reported that a psycho/social activity plan is made for each month in the center, that activities are carried out in line with this plan, but due to the pandemic, courses for disabled individuals couldn't be organized, and requests have been made to the Public Education Center to start handicrafts, physical education, music and painting courses upon start of the normalization process. Disabled individuals interviewed requested that sports instructors teach them sports again.
73. It was seen that the activities and meeting other needs are scheduled by a daily life flow chart of the Center and that such chart is posted in places visible to the people staying at the Center. In the chart, a total of 6 hours per day are allocated to activities and events. It was reported that during these hours, group work, occupational therapy, watching TV and handicrafts are carried out.
74. It was stated that there is a disabled person who knits at the center voluntarily and that she returns the knitting that she knitted under the supervision of the staff back to the staff at the end of the day.

75. It was seen that there's a game hall with equipment for table tennis, rummikub and bingo, 2 cinema halls, painting workshop sections in the center.
76. It was reported that painting activities are held in the painting workshop, that ball games can be played in the garden, that both drama and comedy movies are shown simultaneously with treats in 2 individual movie theaters, that dance and musical chairs games are played during the music event, that table tennis, rummikub, bingo are played in the game hall and that successful individuals with disabilities are given awards. The interviewees stated that they could watch movies of any genre in the movie theaters in the evenings and that they are satisfied with the treats given during the movie. It was observed that the paintings made by disabled individuals who like to paint during the painting time are preserved in the painting workshop.
77. It was stated that newspapers are supplied to the center, that individuals with disabilities are encouraged to read, and that they are rewarded if they read a book and write a summary of the book they have read.
78. It was observed that there is no library in the center, but a library was created in the game room. It was stated that the disabled people's requests for books that are not available in the library are provided by the Center.
79. A disabled person interviewed said that their birthdays are celebrated in the Center and a birthday cake is made.
80. It was reported that any personal clothing needs of disabled people are met by the Center staff using their allowance. It was observed that disabled people can make their own choices about clothing. Some of the disabled individuals interviewed stated that they needed clothes and shoes.
81. It was observed that there is a masjid in the center and that there are prayer rugs for disabled individuals who want to pray in their rooms.
82. It was stated that a healthcare staff and 2 caretakers accompany the disabled individuals while they're being taken to the park once a week or to the market in 2 groups of 17-18 people on another day. The Administration also stated that they take a walk in the morning and in the evening. Those staying in the center also stated that they go to the market twice a week and to the park once a week.
83. It was reported that the sleeping time in the center is set as 9.00 pm, that the lights are switched off at 10.00pm, and those who don't want to sleep at that time watch TV or listen to radio or chat with the caretaker staff.
84. The Center's Administration stated that during the pandemic, the residents of the Center are allowed to make a five-minute phone call with two people from their families on Sundays, rather than physically meeting them, pursuant to the bans applied across Türkiye and that

they are always allowed to speak on the phone if their families call. The residents of the center confirmed this and stated that phone calls are free of charge. It was stated that upon the start of the normalization process, the disabled individuals and their relatives were allowed to meet on Saturdays by taking measures against the pandemic, and that the relatives of the disabled people who came on other days of the week were allowed to have face-to-face meetings under the said measures. It was stated that after the visit of our delegation, the telephone days were increased and set as Wednesday and Sunday to maintain effective and efficient maintenance of contact of people with mental disabilities with their families.

85. It was stated that the disabled individuals staying in the Center can communicate with their relatives on the mobile phones of the Center, that the individuals with touchtone cell phones can use their phones in a controlled manner on the specified communication days, and that secure internet access is provided on the computers so that they don't encounter inappropriate content.

e. Prevention of Torture and Ill Treatment, Discipline and Complaint Mechanisms

86. It was stated that none of the individuals receiving care services have complained to the Center Administration since the establishment of the Center, and that people concerned can give notice in writing by putting their letter into complaint request box in the Centre. It was stated that disabled individuals can report their requests to the caretakers and other Center staff, and that their requests are fulfilled as soon as possible.

87. During the interviews with disabled individuals, they stated that they aren't disturbed by the attitudes and behaviors of the staff and that the staff generally approach them in a friendly manner.

88. The Center stated that no case has been reported to the judicial authorities within the scope of ill-treatment, and that in-service trainings have been given to the staff as a prevention work.

89. It was reported that there were no cases of theft, abuse or harassment in the center.

90. It was reported that none of the disabled people in the center have a counsel.

91. It was reported that necessary measures are taken by the staff in charge for any quarrels among the disabled individuals staying at the center, that the parties are calmed down by the staff, that individual meetings are held with the parties, and that there was no incident requiring intervention of the law enforcement officers.

92. During the interviews made with the disabled individuals at the time of the visit, they stated that they're generally satisfied with the staff and the Administration.

D. RECOMMENDATIONS

93. After the visit, the delegation discussed their findings with the Center's Administration, and those concerned stated that necessary work would be carried out in line with the issues reported. Our

delegation welcomed highly constructive and helpful attitude of the Center's Administration.

D.1. Recommendations to the Center

94. While the center's administration employs the minimum number of staff set by the legislation, it is necessary to recruit psychologists and nurses in the Center in order to increase the quality of the service provided and provide disabled people with easier access to provision of services,
95. Considering the individuals in the suicide risk group, the windows in the rooms of the disabled individuals should be made risk-proof with a system to stop windows from being fully opened,
96. Given that there are nets placed on the first and last floors of the stairwells due to previous suicide attempts in the center and that there is no net on the floors in-between, such measures should be applied for the floors in-between in accordance with article 7/2/f of the Regulation on Special Care Centers for Disabled People,
97. Fixed sports equipment should be provided for the garden so that disabled people can do sports in the garden where the center's building is located and hobby gardens should be established so that disabled individuals can engage in agricultural activities in the garden, thus becoming aware that they're individuals who contribute to production,
98. Although it is seen that one of the pavilions in the center's garden is covered with a tarpaulin for the use of disabled smokers in winter, this area isn't sufficient due to the high number of disabled smokers and one more pavilion should be covered with a tarpaulin,
99. Any clothing needs of the disabled individuals who have reported their need for clothing in the center should be met in line with their means of living, and for individuals who don't have such means, solidarity associations should be contacted to cooperate with them and create resources through donations,
100. It was observed that a daily life flow chart is prepared for the activities planned to be carried out during the day in the center. Since we think that the rehabilitation work implemented in the center should be performed in the form of training by experts in the field, it is necessary to contact the Public Education Center Directorate in order to request a trainer,
101. Article 33/1 of the Regulation on Special Care Centers for Disabled Persons states that security guards can be employed in the Centers in case of need. Given that the Center also serves people with mental disabilities, it is necessary to employ a security guard at the Center in order for him to be involved in any interventions to people with mental disabilities when they are agitated and to intervene in possible environmental security risks,

D.2. Recommendations to Ministry of Family, Labor and Social Services

102. Given that there are problems and delays in access to service by those receiving service due

to the fact that the number of staff required to be employed is kept at a minimum for services provided to groups with disabilities, as per article 34 of the Regulation on Special Care Centers for People with Disabilities, that the working efficiency will decrease due to the high workload of the minimum number of staff, with the second benefit of increasing opportunities for employment, the minimum number of staff should be reviewed with a change to the article of such regulation,

D.3. Recommendations to the Çanakkale Chamber of Pharmacists

103. As per the protocol signed between the Turkish Pharmacists' Association and the Social Security Institution, all pharmacies in the province take turns in selling medicines with an equal price limit, which causes interruptions in administration of psychiatric medications particularly in Centers providing service to people with mental disabilities so to avoid that, any change of order of pharmacies should be notified in advance, and this is required to prevent any delays in supply of medications.