



**HUMAN RIGHTS AND
EQUALITY INSTITUTION
OF TÜRKİYE**

**THE REPORT ON THE VISIT TO
DIRECTORATE OF BİTLİS
CHILDREN'S SHELTER
BUILDING COMPLEX**

**Report No:
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ABBREVIATIONS

UN : United Nations

COVID-19 : New Corona Virus Disease

CPT : European Committee for the Prevention of Torture

İŞKUR : General Directorate of Turkish Employment Agency

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

HREIT : Human Rights and Equality Institution of Türkiye

NPM : National Preventive Mechanism

1. INTRODUCTION

1. The Human Rights and Equality Institution of Türkiye (HREIT) was established by Law No. 6701 to protect and promote human rights on the basis of human dignity, to guarantee the right of individuals to be treated equally, to prevent discrimination in the enjoyment of legally recognized rights and freedoms, to operate in line with these principles and to effectively combat torture and ill-treatment.
2. Türkiye signed the Optional Protocol to the United Nations (UN) Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) on 14.09.2005. Adopted in 2011, the OPCAT, which entered into force and became binding for Türkiye, according to its article 1, Protocol aims: *"to establish a system of regular visits by independent international and national bodies to places where persons are deprived of their liberty in order to prevent torture and other cruel, inhuman or degrading treatment or punishment."*
3. Pursuant to Article 9/1-1 of Law No. 6701, acting as a national preventive mechanism (NPM) within the framework of OPCAT provisions is among the duties of the Institution. According to Article 2/1-k of the Law, the NPM "The system established to make regular visits to places where persons are deprived of their liberty within the framework of the provisions of the Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment".
4. Article 9/1-j of Law No. 6701 states that the institution has the duty to carry out regular visits, with or without notice, to the places where persons deprived of their liberty or taken under protection are located. Therefore, making visits to places where children are taken under protection falls within the mandate and authority of HREIT.
5. Under Article 12 (Additional: 1/2/2007-5579/1 Art.; Amended: 6/2/2014-6518/14 Art.) of the Social Services Law No. 2828: Children's Shelter building Complex *"buildings consisting of more than one home-type social service unit located in the same campus where children in need of protection are cared for."*

6. Within the aforementioned framework, a visit was made to the Directorate of Bitlis Children's Shelter Building Complex on 08.12.2021 and the delegation was presided by Ünal SADE, Member of the Human Rights and Equality Board of Türkiye, and included Human Rights and Equality Expert Çiğdem ÇELİK, Human Rights and Equality Assistant Experts Oktay ALKAN, Mustafa ASLAN and Social Service Expert Şeyma GÜNDÜR.¹ Due to the COVID-19 epidemic disease, the visit was carried out by following the "do no harm principle" and observing the rules of hygiene, mask and distance.
7. This report consists of the evaluation of the findings, observations, and complaints obtained as a result of the visit to the Directorate of Bitlis Children's Shelter Building Complex on 08.12.2021 by the decision numbered 2021/16 taken at the meeting of the Human Rights and Equality Board of Türkiye dated 09.02.2021 and numbered 147 and the Presidential Decree dated 30.11.2021 and numbered 5724, in the context of national and international norms.

2. VISIT METHOD

8. The visit started with an initial meeting with the Center Director and the Provincial Deputy Director of Bitlis Family and Social Services. The duties and powers of HREIT, the NPM, the purpose of the visit, the type of visit and the method to be used during the visit were explained during the meeting. General information on the children in the Center, the daily routine of the Center, and the staff was obtained from the administration, and the list of information and documents requested from the Center was given to the administration. Afterward, the infirmary, activity room, course areas, multi-purpose hall, and adaptation room in the administrative building were examined on-site by the visiting delegation. Subsequently, the houses where the children stayed at the Center were visited and interviews were held with the children at the houses. A closing meeting was held with the Center Administration; they were informed that the report to be prepared after the visit would be shared with the Center Administration and other relevant authorities and that the recommendations would be followed up by our Institution and a follow-up visit could be made; the visit was concluded by receiving the relevant information and documents.

¹ Hereinafter referred to as the Center.

3. GENERAL INFORMATION

3.1. GENERAL INFORMATION ABOUT THE CENTER

9. The Center known to have started its service in 2015, is located on the Bitlis City Center, where transportation is easy.
10. The Center provides service to children between the ages of 0-18 for whom are decided to be cared as a result of a social survey.
11. The Center has a capacity for 40 persons. In cases where the capacity is exceeded, it has been declared that transfer procedures are carried out through negotiations with the Ministry of Family and Social Services.

3.2. STAFF OF THE CENTER

12. The table regarding the staff working at the Center is given below:

TITLE	NUMBER OF STAFF
Director	1
Social Service Expert	2
Psychological Counselor	1
Psychologist	2
Child Trainer	1
Teacher	1
Dormitory Administration Officer	1
Maintenance staff	16
Health Officer	1
Security Staff	4
Cleaning Staff	7
Janitor	1

13. Since the population here is under capacity in general, the number of staff is adequate in terms of administration and service, and the staff working at the center received training on human rights.

3.3. PEOPLE UNDER PROTECTION

14. The children are placed in the houses in the center based on their age groups, and the groupings are mixed for children aged 0-6 years, boys aged 7-12 years, girls aged 7-12 years, and girls aged 12-18 years.

15. We were informed that as of the date of the visit, 7 boys and 18 girls in total 25 children are registered to the Center, 21 of them are actually staying at the Center, 4 children registered to the Center are studying at university so staying at the dormitories of the Credit and Dormitories Institution.

16. There was 1 kid with cerebral palsy, and 2 kids with development retardation and they were staying at the same block with children of their age and gender.

17. We were informed that children under care and protection receive allowance according to their education and age status, and the amount of allowance is as shown in the table below as of the date of the visit.

Educational Level	Amount of Allowance
Attending primary school (1st, 2nd, 3rd, 4th grade)	TRY 141.27
Attending secondary school (5th, 6th, 7th, 8th grade)	TRY 211.90
Attending high school (9th, 10th, 11th, 12th grade)	TRY 282.53
Studying at university	TRY 470.89

4. FINDINGS, OBSERVATIONS AND INTERVIEWS

4.1. MATERIAL CONDITIONS

18. The Sevgi Evleri Project is carried out in smaller units, in structures resembling more of a family atmosphere, and in small villa-type buildings where children will live in a system of relationships, instead of ward-based institutional care.² Within the campus constructed according to this project; there are 4 houses where children stay, 1 administrative building, and 1 house used for the first response unit.
19. The garden of the Center is surrounded by a wall and there is no area for children to spend time in the garden of the Center.
20. All the houses where children stayed in the center were visited and it was observed that all the houses were furnished in the same standards. Nevertheless, in the rooms of the children between the age of 0-6 stays, there is pointed furniture that may pose a danger to children, the sockets that are easily accessible by children are not covered, and the doors of the rooms used as storerooms for bathroom and cleaning materials are open.
21. There was a generator in the Center which can be turned on in case of need.
22. The heating needs of the houses and the administrative building were met with natural gas, and the houses where the children stayed on the day of the visit were observed to be at a sufficient temperature.

4.2. PREVENTION OF TORTURE AND ILL-TREATMENT, DISCIPLINE AND COMPLAINT MECHANISM

23. There were no request and complaint boxes in the Center for children to communicate their requests and complaints to the administration.³ During the interviews with the children in the Center, they stated that they could meet with the group officers when they had any requests or complaints.

² <https://www.aile.gov.tr/siirt/kuruluslarimiz/cocuk-evleri-sitesi-mudurlugu/>

³ For the CPT, effective complaint procedures are fundamental protection against ill-treatment. Therefore, it is important that persons detained in the institution, their family members, or legal representatives can have access both to the administration of the institution and to independent bodies. CPT, Means of restraint in psychiatric establishments for adults, CPT/Inf(2017)6.

24. In the interviews conducted during the visit, it was observed that the children staying in the center were generally satisfied with the staff and the administration, and no allegations or findings of torture, ill-treatment, or degrading punishment were encountered.

4.3. HEALTHCARE SERVICES

25. There is 1 health officer working at the Center and children receive their medication daily under the control of the health personnel.

26. It has been observed that there is no deficiency in terms of health equipment in the center's infirmary, processes such as medication follow-up, dressing, referral, etc. are carried out duly, and the health files of the children are kept regularly in this service.

27. Some medicines in the center's infirmary were found to be out of date and these medicines were destroyed by the authorities at the time of the visit.

28. We were informed that there is no medical shift at the center and 112 Emergency Call Center is called in emergency cases.

29. The administration stated that general health information is obtained by the health service upon the admission of the child to the Center, following the health checks, the necessary treatment plan is created if needed and the plan is followed up by the health unit.

30. The children interviewed at the center stated that they did not have any problems in accessing healthcare services, that they were immediately taken to the hospital in case of emergency, and that the healthcare service was provided by contacting the healthcare unit with the help of the care staff.

31. Houses were disinfected once a month due to the pandemic, and spraying against harmful insects was carried out once a month in the summer months.

32. With the onset of the pandemic, it was stated that the health personnel at the Center provided information and protection training to children about the pandemic and that personal hygiene and care products and medical masks were regularly distributed free of charge, and the children interviewed confirmed that they were informed about the pandemic and that the hygiene materials were sufficient.

4.4. PSYCHO-SOCIAL SERVICE

33. After the first interview with the children, it was understood that the relevant forms were filled in by the Psycho-social service unit and the implementation plan was created, and the needs of the child and the studies related to psycho-social development were followed up in line with the prepared plans.
34. The Administration informed that the rules of the Center were explained to the child as of the day the child was admitted to the Center, his/her questions, if any, were answered, and he/she was introduced to the children with whom he/she would stay and the staff, and the Center was introduced to the child by taking him/her on a tour.
35. Staff members work in the Center at night on a shift basis, adaptation activities are carried out by the relevant staff member for the child who is new to the Center by conducting group activities or group work, and until the date of the visit, there has been no child with adaptation problems in the Center.
36. Children under protection and care at the Center do not have the habit of smoking, smoking is not allowed as long as the children are under the care of the Center, and regular training on the harms of bad habits and protection from them are provided with the support of other institutions.
37. The documents examined by the Visiting Committee showed that there were no children who had left the institution without permission as of the date of the visit, and that there were four children who had left the institution without permission in the last four years. A Coordination and Evaluation Meeting was held for these children and it was stated that individual planning and professional studies were carried out for each child to prevent the effects of the process they spent outside the Center and to prevent them from running away again.

4.5. EDUCATION, ACTIVITIES AND EVERYDAY LIFE

38. 16 of the 21 children staying at the center continue formal education, one child who is a senior high school student attends a university preparation course outside of school, children between the ages of 13-18 use public transport to go to school, and children in the 0-12 age group go to school with the institution's vehicle.
39. There was a conference hall in the Center, and all activities such as drama, theatre, cinema, etc. to be held collectively were understood to be held in this hall. In the activity room;

painting lessons, values education, and information activities of group supervisors were organized, and educational brain teasers were not sufficient.

40. It was learned from the group supervisors interviewed that necessary work is carried out to ensure the continuation of children's education by providing their educational information, that children are fully involved in school processes, and that issues such as school attendance, course success, and school transfer status are followed up by group supervisors.
41. It is stated that children staying at the center are ensured to continue their formal education as long as there is no legal obstacle, but children who cannot continue their formal education due to age, etc. are directed to open education.
42. During the pandemic, children staying at the center continued their lessons online, laptops were provided for children to receive regular education through online programs, children were also provided with Center computers in cases where computers were not sufficient, and children over the age of 15 were provided with the use of mobile phones.
43. It was stated by the administration that the activities to be carried out at the Center do not depend on a specific calendar, that the activities are planned according to the needs, and that activities are usually carried out on weekends during school periods.
44. Moreover, it was observed that painting and drama courses were held within the Center, as well as participation in wood painting and literacy courses by the Public Education Center, and the children interviewed stated that they participated in the activities. Bitlis Social Service Center organized curling and skiing activities and the children staying at the Center participated in these activities.
45. It has been learned that the children participated in the camps organized by the Provincial Directorate of Family and Social Services, the last camp was organized in Izmir province in August 2019 with a group of boys aged 0-12 years old for one week, and the criteria such as good manners and behavior, compliance with the rules of the institution, academic success are taken into consideration in the selection of children to participate in these camps, and priority is given to children who show harmony and effort in these matters.
46. There wasn't a separate library in the Center, but each house where the children stayed had a mini bookcase with 3-4 shelves in the living room, where various books were available. Additionally, there were textbooks in the room used as a study room on the upper floor of the houses. The children who were interviewed stated that they could obtain a book they wanted by contacting the group leaders.

47. The Administration stated that living programs are prepared by the psycho-social service unit according to the age, physical and psychological conditions of the children, children who show maladaptive behaviors such as disrupting the order in the house are interviewed individually, and their adaptation to the environment is ensured, and restrictions like exemption from activities to be carried out inside or outside the Center are imposed for a period of time, taking into account the age, physical and psychological condition of the children.
48. The administration informed that various volunteer groups carried out activities in the Center before the pandemic, in this context, the authorities of the Oral and Dental Health Center voluntarily provided training to children on oral and dental health, İŞKUR voluntarily provided information on certified after-school guidance, CV preparation, online job application, etc., and reproductive health training was provided by volunteer health workers.
49. It was informed by the administration that children with developmental retardation at the Center receive special education outside of school, and a transfer request was made for a child with severe disability (Cerebral Palsy) and the process was initiated to send him to a Center suitable for his/her condition.

4.6. CONTACT WITH THE OUTSIDE WORLD, VISITS AND INTERACTION WITH FAMILIES

50. The administration stated that before the pandemic period, children under protection and care at the Center were allowed to stay with their families for no more than 70 days in total during the year on weekends and holidays, their families could visit the children within the center, a serious restriction was imposed on communication with the outside world and social activities with the pandemic, and during the pandemic, family meetings inside and outside the center and daily leaves were completely canceled.
51. It was informed that the children staying at the center can attend funeral ceremonies in case of the death of their first-degree relatives, that they have the opportunity to make phone calls once a week, and that this arrangement is made by the professional staff working at the center, and that the children interviewed stated that they did not experience any negativity related to phone calls.

52. It has been stated that the children staying at the center are allowed to stay with their families as boarders during the holidays if the expert staff deems it appropriate. Additionally, it was stated that families visiting the Center were allowed to meet with their children in the presence of experts.
53. It was stated that the children of appropriate age and development were allowed to go to the health institution individually, considering that it would contribute positively to the development of self-confidence.
54. Children who are deemed appropriate to go to their families during the pandemic process are allowed to stay with their families, and they are kept in quarantine on their return to the Center within the scope of pandemic measures, and a room in the houses is designated for isolation or an empty house that is suitable depending on the capacity of the Center, can be used as an isolation section.
55. Children over the age of 15 staying at the center are allowed to use mobile phones if the group supervisor approves, and these phones are usually given to children when they leave the institution to have easy communication.
56. Security guards at the center are on duty on a 24/7 basis.
57. We were informed that the voluntary institutions, organizations, and people take care of the children in the Center, the school personnel affiliated with the Provincial Directorate of National Education, the personnel affiliated to the Provincial Directorate of Youth and Sports, and university students in Bitlis visit the Center voluntarily, various organizations and trips were organized by the private sector and donations were made to the Center, also university students were there on the day of the visit and they were receiving information about volunteer work from Administration.

4.7. NUTRITION

58. It has been stated by the administration that the food menus are prepared weekly, the lists are created by taking into account the wishes of the children, and the dietitian or food engineer is not involved in the process of creating the lists.
59. It was stated by the administration that the meals were prepared by the staff in the kitchen of the houses, that there were no children with special nutritional needs, and the children

interviewed stated that the meals were sufficient and delicious, and that they could prepare whatever food they want together with the staff.

60. The children interviewed stated that they can use the kitchens whenever they want, that they do not have difficulty in obtaining materials, that they can order the products they need, which cannot be met from the central budget, by ordering them with their own pocket money, and food materials allocated for each house were kept in a room in the house used as a warehouse, and the door of the that warehouse was open during the visit.

5. EVALUATION AND RECOMMENDATIONS

5.1. EVALUATION

61. The Institution Administration acted in cooperation with the visit delegation, provided our delegation with access to all units without delay, meticulously took the necessary measures to enable private interviews with the children, and provided access to the required information and documentation. The Visiting Delegation appreciate the attitude of the Administration on facilitating our work.

5.2. RECOMMENDATIONS

5.2.1. RECOMMENDATIONS TO THE CENTER'S ADMINISTRATION

62. Considering the intense curiosity of children, their desire to know, learn, touch and taste everything; It is necessary to prepare a safe environment for children by foreseeing possible dangers, to think and eliminate dangerous situations and objects in advance, to keep the environment where children live under control, and to eliminate dangerous materials (medicine, detergent, etc.).⁴ In accordance with the principle of the best interests of children, reorganizing the living spaces of children aged 0-6 in the Center for their safety, taking into account the mentioned issues;

⁴ Reorganizing the Home Environment for Child's Development July-August-September 2006 Year:8 Volume: 3 Issue:10

63. Regarding the importance of adequate and balanced nutrition in the mental and physical development of children, and getting support from a dietitian or food engineer while forming the menus⁵;
64. Considering that there is no suitable area for children to spend time in the campus garden where the center is located, the campus garden should be expanded and arranged to meet the needs of children for play and entertainment;
65. The dates of the drugs in the infirmary should be checked regularly and maximum attention should be paid not to keep the expired drugs in the infirmary;

5.2.2. RECOMMENDATIONS TO THE BITLIS PROVINCIAL DIRECTORATE OF FAMILY AND SOCIAL SERVICES

66. In Article 8 of the Regulation on Protection, Care and Rehabilitation Centers; "For children admitted to the Child Protection First Intervention Unit, the district/provincial Directorate of Social Services conducts the necessary social examination within the first five working days following the date of admission of the child and determines the appropriate service model. Accordingly, families are contacted, initial rehabilitation activities are initiated if necessary, and intra-institutional or inter-institutional transfer procedures are carried out." A house within the campus of the Directorate of Bitlis Children's Shelter Building Complex is working as a child protection first intervention unit, but due to the differences in the operation of this unit and the fact that the service model has not yet been determined for the children staying there, it should be ensured that the communication between the children staying in children's shelters and the children staying in the houses working as a first intervention unit is kept at a minimum level as much as possible, If possible, it is recommended to ensure that the unit in question serves in a separate location;

Article 15 of the Regulation on the Establishment and Operation of Orphanages: *"To ensure the preparation and implementation of the charts regarding the nutrition of the children, to take into account the wishes of the children while preparing the menus and to prepare the lists together with the Child Representative"* and **Article 17 of the Nursery Homes Regulation :** *"To ensure the preparation and implementation of the charts regarding the nutrition of the children"*.⁵

5.2.3. RECOMMENDATIONS TO MINISTRY OF FAMILY, LABOR AND SOCIAL SERVICES

67. In Article 8 of the Regulation on Protection, Care and Rehabilitation Centers; "For children admitted to the Child Protection First Intervention Unit, the district/provincial Directorate of Social Services conducts the necessary social examination within the first five working days following the date of admission of the child and determines the appropriate service model. Accordingly, families are contacted, initial rehabilitation activities are initiated if necessary, and intra-institutional or inter-institutional transfer procedures are carried out." A house within the campus of the Directorate of Bitlis Children's Shelter Building Complex is working as a child protection first intervention unit, but due to the differences in the operation of this unit and the fact that the service model has not yet been determined for the children staying there, it should be ensured that the communication between the children staying in children's shelters and the children staying in the houses working as a first intervention unit is kept at a minimum level as much as possible, If possible, it is recommended to ensure that the unit in question serves in a separate location; to evaluate the contribution to the quality of service that can be provided by structuring the first response units as independent units by taking into account criteria such as the population of the province and the number of people served and to make legislative arrangements in this regard if necessary.