



**HUMAN RIGHTS AND
EQUALITY INSTITUTION
OF TÜRKİYE**

THE REPORT ON THE VISIT TO BOLU SEMİHA ŞAKİR SARIGÖL BARRIER-FREE LIVING CARE, REHABILITATION AND FAMILY COUNSELING CENTER

Report No:
2022/45

It was unanimously accepted by the decision of the Human Rights and Equality Board of Türkiye dated 09.08.2022 and numbered 2022/536.

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ABBREVIATIONS

UN	: United Nations
COVID-19	: New Corona Virus Disease
CPT	: European Committee for the Prevention of Torture
HES	: Life Fits Into Home
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 United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) on 14 September 2005. Adopted in 2011, the OPCAT, which entered into force and became binding for Türkiye, 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."* according to its article 1.
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. 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. 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 held. Accordingly, visits to Care and Rehabilitation Centers for Persons with Disabilities fall within the mandate and authority of HREIT.
5. Disabled care institutions are facilities where personal care services and psycho-social support services are provided for the care of disabled people in need of care.
6. Within the above-mentioned framework, a visit was made to Bolu Semiha Şakir Sarıgöl Barrier-Free Living Care, Rehabilitation and Family Counseling Center on 06.12.2021 and ... took part in the visit delegation. Due to the COVID-19 pandemic, the visit was carried out by observing the "do no harm principle" and respecting the rules of cleanliness-mask-distance.

7. This report contains the evaluation of the findings, observations and complaints obtained through the monitoring visit carried out by HREIT to Bolu Semiha Şakir Sarıgöl Barrier-Free Living Care, Rehabilitation and Family Counseling Center on 06.12.2021 with respect to national and international norms within the scope of Article 9/1-j of Act 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, based on the decision of the Human Rights and Equality Institution of Türkiye dated 09.02.2021 and numbered 2021/16 regarding the frequency of the visits and the consent of the Presidency dated 03.12.2021.

2. VISIT METHOD

8. The visit started with a meeting with the Center Director, Deputy Provincial Director and the professional staff of the organization, where general information about the Center was received, after the meeting, the living spaces of the disabled people were visited and the material conditions of the rooms where the children stayed were examined. Next, the cafeteria, First Reception and Intervention Unit, activity room and other common areas were examined. The visit ended with a final meeting to share observations and findings with the Center Director and Deputy Provincial Director. 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.

3. GENERAL INFORMATION

9. According to the Regulation on Care, Rehabilitation and Family Counseling Services for the Disabled of the General Directorate of Social Services and Child Protection Agency published in the Official Gazette No. 27691 dated 03.09.2010, it refers to the care institutions affiliated to the Ministry of Family and Social Services, which are opened by official institutions or organizations and have the status of social service institutions, which provide identification, examination, care and rehabilitation services for disabled individuals who are unable to comply with the requirements of life due to their physical, mental and psychological disabilities, and provide consultancy services to the disabled and their families.

10. The Ministry of Family and Social Services has developed a home care and rehabilitation-oriented service model called "Umut Evi (House of Hope)" in order to ensure that those who are being cared for at Care and Rehabilitation Centers (those with mild and moderate reports) are cared for in homes outside the institutions and that disabled individuals are more active in social life. It was reported that there are 2 Umut Evi (House of Hope) affiliated to the Center, but these houses were not included in the scope of the visit as they are located in different locations from the main compound of the Center.

3.1. GENERAL INFORMATION ABOUT THE CENTER

11. It was stated that the main building of the center was opened as a first aid hospital in 1998 with the support of Semiha Şakir Foundation, that it served as a disabled care center in 2001 with a 4-way protocol signed with Bolu Governorship, Semiha Şakir Foundation, General Directorate of Social Services and Child Protection Agency and Bolu Abant İzzet Baysal University, and that with the closure of Semiha Şakir Foundation, it continued to serve under the Department of Disabled Care Services under the Provincial Directorate of Family and Social Services in 2003.
12. It was mentioned that 4 new single-storey houses with a total capacity of 40 people, 250 square meters wide, were built next to the campus where the center building is located, using the architectural type created by the Ministry of Family and Social Services for disabled individuals in institutional care. It was reported that children with cerebral palsy have been placed in these homes since 2018, based on age and gender segregation (boys and girls between the ages of 0-12 and 12-18). As of 2019, the old main building started to serve as the First Reception and Intervention Unit and Administrative building.
13. The center provides services to children aged 0-18 years diagnosed with cerebral palsy disability. In this regard, the Center is the only specialized institution serving children with cerebral palsy in Türkiye.
14. Children with disabilities registered at the center receive inpatient care and day care is not provided. Currently, 36 children with cerebral palsy live in the Center building.
15. The Center also has a first reception and intervention unit where boys aged 0-12 years and girls aged 0-18 years are hosted till their procedures for placement in an appropriate institution are completed, in accordance with the decision of Bolu Provincial Directorate of Family and Social Services.

3.2. PERSONNEL OF THE CENTER

16. The institution employs 54 personnel in total. Title distribution is as follows:

TITLE	CURRENT NUMBER OF PERSONNEL
Director	1
Social Worker	2
Teacher	1
Nurse	2
Health Officer	1
Dormitory Administration Officer	1
Child Developer	1
Physiotherapist	1
Office Personnel	1
Disability Care Worker	31
Cook	3
Dietician	1
Waiter	2
Dishwasher	2
Heating system attendant	2
Cleaning Personnel	2

The personnel working at the center have pay-roll and permanent worker status subject to the Civil Servants Act No. 657.

17. The list of 16 personnel who are assigned to other Centers by Bolu Provincial Directorate of Family and Social Services, but whose assignment is in the Center, is as follows:

Teacher	2
Child Developer	3
Psychologist	2
Health Officer	2
Social Worker	1
Dietician	1

Child Trainer	1 (Assigned as a movable registration officer in the provincial directorate.)
Office Personnel	3
Disability Care Worker	1

18. It was reported that 33 people who received 400 hours of disability care training and certificates through the Ministry of National Education's online application are working as care personnel at the Center. It was reported that maintenance personnel work in 3 shifts per day.
19. It has been notified that the activities of the teachers assigned by the Provincial Directorate of National Education Public Education Center were suspended due to the chronic diseases of children during the pandemic process, and that it is planned to be resumed once the disease is under control.
20. During the visit to the Center, it was observed that the children with disabilities staying at the Center were pleased with the personnel and the administration.

3.3. PEOPLE UNDER PROTECTION

21. It is stated that the arrangement and transfer of children with disabilities to the Center is carried out by the Ministry of Family and Social Services as a result of the social investigation report based on their age, gender, health and education status, and that the leaving procedures of children who request a change of institution or who are deemed appropriate to change institutions for various reasons and children who are transferred to another institution are carried out in this way. Furthermore, it has been reported that children who do not have families or who are brought to the Center by law enforcement officers are also admitted to the first reception unit of the Center with the "Guest Consent" from the Governor's Office during the process of taking them under protection and care.
22. Although the Center serves children between the ages of 0-18, there is a 19-year-old disabled person in the Center with the consent of his/her guardian.¹
23. It was stated that all but 1 of the children registered at the center have mental and physical disabilities, 1 child has autism and there are no children with psychological disabilities.

¹ Pursuant to the Regulation on the Implementation of the Protective and Supportive Measure Decisions Made Pursuant to the Child Protection Act, "The judge or the court may, upon the request of the supervision officers, the child's parent, guardian, persons undertaking the care and supervision of the child, the representative of the person and organization fulfilling the cautionary decision, and the public prosecutor, or ex officio, examine the results of the measure applied to the child, and may extend or change its duration."

24. It was reported that the degree of disability of the children staying in the main settlement of the center was higher than that of the children staying in Umut Evleri (houses of hope), and that the children staying in Umut Evleri (houses of hope) were able to express themselves and were continuing their education.
25. It was stated that there are no external companions in the center except for the care personnel.
26. It was stated that the children with disabilities under protection and care in the center stay in the institution for different durations depending on the protection decisions and service needs, the average stay of the children in the center was determined as 5.5 years based on the document control, and the child who stayed in the center for the longest period of time stayed for 12 years.

4. FINDINGS, OBSERVATIONS AND DISCUSSIONS

4.1. MATERIAL CONDITIONS

27. In case of need, items suitable for the disabled children staying at the Center can be identified and provided through donations from outside the institution.
28. There are 4 houses and a communal garden in the main residential area of the center. The houses are designed according to the needs of people with disabilities and include a living room, kitchen, dining room, bedrooms, study room, 2 toilets and a bathroom. Each child has their own locker. Center officials stated that the physical condition of the Center is adequate for the disabled people staying there. In one of the homes for children with physical disabilities, it was observed that there were no toilet handles; the Central Administration stated that the deficiencies would be corrected.
29. During the visit to the center, it was observed that the center was generally clean and tidy, the children's rooms were tidy and the beds were clean.
30. Bolu Deputy Provincial Director of Family and Social Services stated that the former main building was used as the First Reception and Intervention Unit and the Administrative building, and that being on the same campus caused problems from time to time, and with the approval of the General Directorate, a land was allocated for the separation of the First Reception and Intervention Unit and its construction is planned to start in 2022.
31. It was observed that there was a damaged section on the ceiling of 1 house where children aged 0-12 stayed as a result of a leaking roof. It was reported that the Central Administration contacted Bolu Special Provincial Directorate of Administration for the repair of the roof, and that the roof was repaired with the necessary allowance, but that the roof leaked again as it was not repaired properly.

32. It was observed that the center has a disabled service vehicle serving children with cerebral palsy.
33. It was stated that the security camera recordings in the center can be kept for one month.

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

34. It is noted that there is no record of any complaint against the Center Administration regarding the care and living conditions of the children staying at the Center.
35. It was stated that children with disabilities under protection and care at the center can easily communicate their requests and complaints to the care personnel and group supervisors.
36. It was reported that there were no previous incidents of theft or harassment at the center.
37. It was reported that there was no record of any quarrels between the children staying at the center.
38. It was stated that children with disabilities may have violent tendencies towards the personnel at the center, and in such cases, the staff calms the disabled child with appropriate intervention methods.
39. It was reported that there were no complaints of ill-treatment filed with the judicial authorities.

4.3. HEALTH, CARE AND PSYCHO-SOCIAL SERVICES

40. There are 2 nurses and 1 health officer working in the health service of the center. It was observed that there were health follow-up files for each disabled child in the infirmary where health services were provided. It was observed that the health files included information on the dates of visits to the hospital, diagnoses of diseases, and medications used by children with disabilities. It was stated that the medicines used by children with disabilities were prepared by health personnel.
41. It was obtained that due to the pandemic process, the most recent dental check-up of children's teeth was conducted in August 2019 and the previous one in August 2018. It was stated that dental check-ups have been disrupted due to the pandemic and that they are normally performed once a year. It was reported that children with cerebral palsy who stay at the center have chronic diseases due to their disabilities and may lose their lives at an early age due to loss of function in the organs and inadequacy in the respiratory tract due to immobility, and therefore the center takes measures to improve the quality of life of children.
42. It was stated that due to the sensitivity of the health conditions of the children with disabilities living in the center, the care personnel do not have any experience on how to intervene in necessary situations (attacks such as epilepsy).

43. It was stated that children with disabilities under protection and care were referred to hospital in cases requiring urgent health intervention.
44. It has been reported that children with disabilities under protection and care who are hospitalized for treatment are accompanied by the care personnel at the Center, and that families do not assist the operation of the Center in accompanying their children for treatment outside the Center and in case of health emergencies.
45. It was stated that students from Bolu Abant İzzet Baysal University School of Special Education, Physical Therapy and Health Sciences are given internship opportunities at the Center under the supervision of lecturers who will advise them, and in this process, studies are carried out on the development of children's motor skills and other issues. It was reported that this practice was discontinued during the pandemic.
46. It was reported that all children staying at the center are regularly monitored for routine health checks by the health service staff and all health interventions and procedures are carried out at the hospital.
47. It was stated that a request was made to Bolu Provincial Directorate of Health to assign doctors, dentists and health personnel to perform general examinations, oral and dental examinations, urine, blood and similar tests and examinations within the Center in order to prevent the disabled children under protection and care at the Center from being taken to the hospital environment due to the pandemic conditions and to reduce the risk of epidemic diseases, but this request was not responded.
48. It was reported that the outbreak of the pandemic in the center was seen with the opening of schools, no child lost his/her life due to COVID-19, and necessary actions were taken to prevent children diagnosed with the virus from spreading the disease to other children.
49. It was reported that the required devices were purchased for the physical treatment of children with cerebral palsy with space therapy, that the physiotherapists on duty at the time of the purchase of the devices received practitioner training in return for additional course fees, but that the space therapy method was not applied after the physiotherapists' term of office expired. Recently, 1 physiotherapist has started working at the Center, but it is understood that this person is not certified in space therapy. It was reported that children with disabilities under protection and care at the center should be examined by a physiotherapist at routine follow-ups due to their physical disabilities, and that the Provincial Directorate of Health was requested to assign a physiotherapist once a month in order to ensure the positive progress of children's physical therapy processes with on-site intervention and control, but that no response has yet been received to this official request.

50. It was reported that 4 children died at the center in the last 5 years. It was stated that these children died of a combination of different causes such as not functioning of the organs as much as needed by the body because of inactivity of the children, respiratory problems, pneumonia and the formation of blood clots in the veins, and that deaths usually occur during adolescence.
51. It has been observed that the children staying at the center need psychological support because of being away from their families, being away from the love and other emotions that can be developed in the family through first-degree blood ties in the process of organic development, and also because of the emotional abuse experienced during the transition from the family environment to the institutional environment. It was also observed that the children staying in the first reception unit of the center, like the children staying in the main service unit, need psychological support in order to identify the process of abuse they have experienced and to overcome the process with the least damage. However, it has been determined that there are 2 psychologists employed at the Center, who were assigned to other Centers by Bolu Provincial Directorate of Family and Social Services, and that there are currently no psychologists on permanent duty.
52. It was observed that disinfectant was available at the entrance and in many parts of the Center.

4.4. NUTRITION AND DINING HALL

53. It was stated that meals at the center are prepared in the dining hall in the main building and taken to children's homes, meals are served at the dining tables in the homes or in the rooms for children who need them, and that there are children who are fed with formula due to health problems.
54. It was reported that there is no canteen or market in the center, and that the required shopping is done from markets outside the center.
55. It was reported that the center has a dietician assigned as per the specifications for the purchase of meals.
56. It was reported that the children benefiting from formal education are provided with food from their schools with their pocket money or by taking food from the Center.

57. It was reported that there was a practical kitchen activity at the center under the supervision of care personnel and that children could prepare whatever they wanted.

4.5. EDUCATION, ACTIVITIES AND EVERYDAY LIFE

58. It was reported that 20 children with disabilities (10 high school, 9 middle school, 1 primary school) under protection and care at the center are benefiting from formal education.

59. It was reported that children who were admitted to the first reception unit at the center and for whom an appropriate social service model could not be determined after a long process could not continue their education and could not benefit from formal education.

60. It was stated that cooking courses, handicrafts, chess and archery courses were opened in the center in cooperation with Bolu Provincial Public Education Center, but such training activities were suspended during the pandemic process, and necessary correspondence will be made to re-assign the staff.

61. It is reported that the care and social needs of the children are met according to the Daily Child Care Program prepared by the Central Administration.

62. It was reported that before the pandemic, activities were organized outside the Center (trips, picnics, choirs, theatre, scouting courses, activities in winter gardens, travels outside the province), activities to develop handicraft skills, birthday celebrations and cinema events were organized within the Center; after the pandemic, such activities were carried out under the conditions of the Center and to the extent possible. It was reported that there are chess players in the center, and that there are children who have won awards (2nd and 3rd place) in the disability chess competition.

63. It was observed that greenhouses and poultry houses were built, and cats and dogs were raised in the center in order to contribute positively to the rehabilitation process of children, to help them work with the soil, and to help them take care of animals.

4.6. CONTACT WITH THE OUTSIDE WORLD, VISITING AND INTERACTING WITH FAMILIES

64. It was reported that the center has a cordless telephone and internet connection with a secure network in the living areas where the children live, thus providing the necessary research environment for educational needs, and family communication.

65. It was reported that children with disabilities under protection and care at the Center can go to their own families on leave with the Social Investigation Reports issued for them, and that families can visit their children at the Center by taking necessary measures. It was stated that during the pandemic, children were allowed to go to their families on leave and meet with them face-to-face at certain intervals due to their high benefits against their sensitive constitution against the virus.

4.7. PERSONNEL

66. It was reported that the care personnel at the center have Care Certificate, as well as a first aid certificate and hygiene training certificate.
67. In-service trainings attended by all staff working at the center were reported as Combating Covid-19 Pandemic Training, Privacy Training, Fire Training, Disaster Awareness Training, Zero Waste Training.
68. It has been observed that the professional staff are not trained according to their service class to meet the vulnerability, developmental and psychological needs of children with disabilities under protection and care in the center.
69. It was learned that the teachers working at the Center do not have special education knowledge to support the self-care and motor development of children with disabilities, and that they were appointed to the Center as surplus to norms. There is no special education teacher in the center.
70. It was observed that the children interviewed formed a bond of affection with the Center staff, welcomed the staff with a smile when they entered their homes, and did not have negative feelings towards the Center staff.

5. EVALUATION AND RECOMMENDATIONS

71. The positive approach of the Center Administration, which was open to communication and cooperation with the visiting delegation, was welcomed by the visiting delegation, the children formed a bond of affection with the Center staff and their satisfaction with the Administration and personnel, the absence of any allegations of torture and ill-treatment, the greenhouse and coop built for the children to work with the soil, to take care of animals, and to raise cats and dogs, which contributed positively to the rehabilitation process of the children, were evaluated as examples of good practices.

5.1. RECOMMENDATIONS TO THE CENTER'S ADMINISTRATION

72. Taking the necessary action regarding the areas that need to be repainted in two rooms in the children's homes in the center, which were detected by our delegation, and placing bathroom handles and disabled bathroom apparatus, which were seen as another need by our delegation,

73. Regular dental checkups for disabled children under protection and care,
74. Re-implementation of activities outside the Center (trips, picnics, choirs, theater, scouting courses, activities in winter gardens, travels outside the province, etc.) and within the Center (activities to develop handicraft skills, birthday celebrations, cinema events, etc.), which were reported to have been carried out within the limited possibilities due to the Covid-19 pandemic, by binding them to a program,
75. The recording time of security cameras, which can record retrospectively for one month, should be extended,

5.2. RECOMMENDATIONS TO THE BOLU PROVINCIAL DIRECTORATE OF FAMILY AND SOCIAL SERVICES

76. Separation of the first reception unit in the Center in order to prefer a different specialized Center for the process of better completion of services related to procedures such as diagnosis and examination (evaluation of the suitability of children for the Center) of the first incoming children, for the reasons that the presence of the first reception unit in the Center prevents the systematic execution of the work and procedures carried out in the Center, increases the workload of the staff, which is currently insufficient in number, and that these units, which are affiliated to two different general directorates, require different specialization in terms of personnel service,
77. As stated in paragraph 81 of the United Nations (Havana) Rules for the Protection of Juveniles Deprived of their Liberty², it is important for the health of children to ensure the sustainability and continuity of the staff at the Center and to specialize for the group served. Therefore, assignment of expert staff to work at the Center on a permanent basis,
78. In order to provide psychological support to disabled children under protection and care at the Center, the assignment of the psychologist, who is employed at the Center but sent another unit by assignment, should be canceled and the psychologist should be assigned to work at the Center or another psychologist should be assigned,

² Personnel should be qualified and include a sufficient number of specialists such as educators, vocational instructors, counsellors, social workers, psychiatrists and psychologists. These and other specialist staff should normally be employed on a permanent basis. This should not preclude part-time or volunteer workers when the level of support and training they can provide is appropriate and beneficial. Detention facilities should make use of all remedial, educational, moral, spiritual, and other resources and forms of assistance that are appropriate and available in the community, according to the individual needs and problems of detained juveniles.

79. Taking into account the fact that the physiotherapist who has recently started working at the Center does not have a certificate in space therapy, that the necessary devices purchased for the physical therapy of children with cerebral palsy with space therapy are not actively used, and that this method has serious benefits³ for the development of children, the physiotherapist who has recently started working at the Center should be trained to obtain a space therapy training certificate or a physiotherapist with a space therapy training certificate should be assigned and the space therapy method should be implemented in a systematic program,
80. Considering the fact that the care personnel working at the center do not have any experience on how to intervene in attacks such as epilepsy, such a training should be provided and the issue of intervening in an epilepsy attack should be added to the in-service training on intervening in emergencies,

5.3. RECOMMENDATIONS TO MINISTRY OF FAMILY AND SOCIAL SERVICES

81. Appointment of special education teachers to provide motor development and self-care training appropriate to the needs of children with disabilities staying at the Center, instead of teachers working at the Center without special education knowledge,
82. Providing the necessary support for the appointment of a physiotherapist requested from your Directorate once a month in order to ensure that the physiotherapy processes of children with disabilities under protection and care in the center are examined by a physiotherapist specialist doctor with routine follow-ups due to their physical disabilities and that the physical therapy processes of the children progress positively with on-site intervention and control,
83. The use of the term "cerebral palsy"⁴ to refer to children whose brain has been permanently damaged before birth, at birth or in the first years of postnatal life, resulting in difficulty in movement and stiffness in the muscles called spasticity, instead of words that can be used to insult by being drawn into different meanings, and to popularize the concept,

³The health benefits of space therapy include the development of proprioceptive sensation, reduction of pathological reflexes, rebuilding proper posture and movement patterns, maintaining balance and supporting weak muscles, etc.

⁴ The word cerebral means brain, while palsy is used to refer to movement weakness and paralysis.

84. As the CPT suggested, *"Maintaining contact with the outside world is essential for the prevention of ill-treatment as well as for treatment. Patients should be able to send and receive letters, have access to a telephone, and be visited by family and friends. Access to a lawyer on a confidential basis should also be ensured."*⁵ publicizing through awareness-raising activities the benefits of being able to visit children with cerebral palsy by their families and other members of the community,

5.4. RECOMMENDATIONS TO BOLU PROVINCIAL DIRECTORATE OF PUBLIC EDUCATION CENTER

85. In cooperation with Bolu Provincial Public Education Center, cooking courses, handicrafts, chess, archery courses were opened in the center, but such educational activities were suspended during the pandemic process, and the course trainings were continued with the end of the pandemic process in order to regenerate the psycho-social and motor skills of the children staying in the center,

5.6. RECOMMENDATIONS TO BOLU ABANT IZZET BAYSAL UNIVERSITY

86. It is recommended that the practice, which was suspended during the pandemic process, should be restarted, considering the positive contributions of providing internship opportunities at the Center under the supervision of lecturers who will advise the students of the University' School of Special Education, Physical Therapy and Health Sciences on the development of motor skills of disabled children under protection and care and other issues.

⁵ CPT, 8. Annotation from the General Report, para. 54.