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TÜRKİYE'DE ÇOCUK KURULUŞ BAKIM MODELLERİNDE GERÇEKLEŞTİRİLEN REHABİLİTASYON HİZMETLERİNE GÜNCEL BİR BAKIŞ

THE CURRENT VIEW OF REHABILITATION SERVICES IN INSTITUTIONAL CHILD CARE HOMES IN TÜRKİYE

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Rehabilitasyon; Psikososyal Destek; Anka Çocuk Destek Programı; Korunma ve Bakım Altında Olan Çocuk; Korunma ve Bakım İhtiyacı Bulunan Çocuk.

Keywords

Rehabilitation; Psychosocial Support; Anka Child Support Program; Children under Care and Protection; Children in Need of Care and Protection.

Öz

Dünyada giderek artış gösteren koruma ve bakım altındaki çocuklar toplumun önemli bir bölümünü oluşturması yönüyle politika yapıcılar tarafından dikkat çekmektedir. Bazı ülkelerde bu çocukların temel ihtiyaçlarının dahi karşılanmadığı konusunda endişeler mevcuttur. Bu durumun aksine Türkiye'de ise etkili ve sistematik bir anlayış çerçevesinde yapılandırıldığı çocuk bakım kuruluş modelleri içerisinde koruma ve bakım altındaki çocukların rehabilitasyon hizmetlerini sürdürmektedir. Dünyadaki gelişmiş ülkelerdeki uygulamalarla paralellik gösteren ve inovasyon örneği olarak kabul edilen gelişmeler sonucunda Türkiye'de rehabilitasyon hizmetlerinin günümüzde çok daha etkin bir hale geldiği söylenebilir. Dolayısıyla, bu çalışma kapsamında koruma ve bakım altındaki çocukların yaşamını sürdürmekte olduğu farklı çocuk bakım kuruluş modellerinde uygulanan rehabilitasyon hizmetlerinin günümüzün değişen koşulları ve yeni yasal düzenlemeler bağlamında güncel literatüre dayandırılarak incelenmesi amaçlanmaktadır. Bu anlamda, İhtisaslaşmış Çocuk Evleri Sitesinde uygulanmakta olan Anka Çocuk Destek Programı ile Çocuk Evi ve Çocuk Evleri Sitesinde bulunan çocuklara özel olarak hazırlanmış Çocuk Destek Gelişim ve Eğitim Programı (CODEP) incelenmiştir. Psikososyal destek programlarının yanı sıra eğitim ve ruh sağlığı açısından Türkiye'deki çocuk bakım kuruluş modellerinde uygulanan rehabilitasyon hizmetleri değerlendirilmiştir. Ayrıca, bu çalışmada konuya ilişkin olarak uygulama ve politika önerileri sunmak adına bulgular ve çıkarımlar tartışılmıştır.

Abstract

The increasing number of children in need of care and protection (CNCP) worldwide attracts attention from policymakers as they constitute an essential part of society. There are concerns that in some countries, even the basic needs of these children are not met. On the contrary, Türkiye continues its rehabilitation services for CNCP within the institutional child care. Rehabilitation services in Türkiye have become much more effective today due to developments that are parallel to the practices in developed countries in the world and are considered an example of innovation. Therefore, this study examines the rehabilitation services applied in different institutional child care homes where CNCP live, based on the current literature in the context of today's changing conditions and new legal regulations. In this sense, the Anka Child Support Program implemented in the Specialized Children's Homes Sites and the Child Support Development and Education Program (CODEP) prepared explicitly for children in the Children's Home and Children's Homes Site were examined. Additionally, rehabilitation services implemented in childcare institution models in Türkiye were evaluated in terms of education and mental health. In this study, findings and implications were discussed to provide practice and policy recommendations on the subject.

Introduction

The family has a critical place in society, and parents are the fundamental agents of socialization that foster the healthy development of their children. Nonetheless, not all children are fortunate enough to be raised by their parents (Duraismy et al., 2023, p. 126). In this respect, children may have to live away from their families for various reasons, such as economic difficulties experienced by the family or the absence of both parents, so it is the responsibility of institutional child care services to nurture, educate, and empower them (Sudarso, 2024, p. 24).

The urgent need to study and improve services for children in need of care and protection (CNCP) living in institutional child care homes stems from their vulnerable status. When desired behavioral change and treatment of traumatic experiences are challenging, this vulnerable status of CNCP complicates the rehabilitation processes. Providing effective rehabilitation and social integration is a challenging task for childcare institutions. In this regard, understanding current issues related to the rehabilitation of CNCP is a critical step to ensuring optimal rehabilitation by regulating non-functional services (Wanglar, 2021, p. 1). That is why this study seeks to develop insight into the institutional child care homes in Türkiye.

Although children need to undergo a rehabilitation process after being taken under protection and care, on the contrary, they can be neglected and abused when living in institutional child care homes in the world (Yaman, 2023, p. 323). Hence, institutional child care experience significantly varies according to current practices. In some countries, such as Tanzania, the use of harsh physical discipline and concerns about maltreatment and psychological distress for CNCP make the importance of services for CNCP more vital (Clarke et al., 2021, p. 260). The policies and approaches applied to CNCP vary depending on countries' economic, social, and cultural characteristics (Sayın and Pash, 2021, p. 196). Some countries have enacted policies to prevent CNCP from low-income families from entering institutional child care, such as providing economic support to those families (Kellehear et al., 2020, p. 128). Even if the number of CNCP and institutional child care homes decreases, the number of CNCP never completely disappears. In contrast, numerous studies suggest that the number of CNCP worldwide is growing due to population increase (Darsana and Vinod, 2022, p. 1; Kalpana, 2020, p. 434). Accordingly, the number of CNCP worldwide is estimated at between 143 million and 210 million, while 250,000 children are adopted every year (Ghorpade and Bhore, 2023, p. 237). Given that they constitute a significant part of society, the rehabilitation of CNCP is a concern for all segments of society. It can be evaluated as more crucial for countries such as Türkiye, whose population is relatively higher than most other countries in the world. For example, in Haiti, where the

number of CNCP is high, it is reported that even basic needs such as proper nutrition are lacking in institutional child care (Jong and Kim, 2023, p. 1). Considering that there are problems even in meeting basic needs, institutional child care homes may experience challenges regarding the existence and functionality of rehabilitation services because both the provision of basic needs and rehabilitation services may require a complex and multidisciplinary process.

Rehabilitation services provided to CNCP worldwide might not always continue with the same level of opportunities due to adverse conditions. For example, Abu-Ras et al. (2023, p. 2) reveal that rehabilitation services for CNCP were disrupted during the COVID-19 pandemic because of funding cuts. Hence, in addition to the effectiveness of rehabilitation services, whether they are provided in a sustainable and planned manner is another purpose of this article so the future of current social policies related to child care and protection can be predicted.

Institutional child care homes in Türkiye have undergone considerable developments. In this regard, Türkiye has implemented different innovation examples, such as children's homes (Erol et al., 2021, p. 635). Examining the examples in Türkiye, which provides services within the framework of a more effective and systematic understanding, from meeting CNCP' basic needs to providing care processes, is considered valuable in terms of other countries taking good practices and implementing them. Additionally, research on the theoretical and practical aspects of CNCP rehabilitation processes is scarce in some parts of the world. For example, a review of institutional child care in Southeast Asia reports that most studies in this field neglect to investigate CNCP' experiences in these settings (Rogers et al., 2021, p. 10). On the other hand, in Türkiye, the effectiveness of rehabilitation services and the experiences of CNCP accommodated in institutional child care homes have been examined by many studies (Aydoğdu, 2016, p. 63; Barut, 2018, p. 327; Bilgin and Mavili, 2017, p. 104; Kesen and Daşbaşı, 2015, p. 73; Kutlu, 2005, p. 89; Sayar, 2006, p. 113), and the lived experiences of children have been revealed. For this reason, research on the rehabilitation processes of CNCP in institutional child care homes in Türkiye can produce accurate findings thanks to transparent and well-documented studies.

Current social policies in Türkiye prioritize children living with their families rather than including them in institutional child care homes (Çavuş and Çalış, 2021, p. 1571). It is not possible for children to stay with the family if they are neglected or abused, but taking the child from the family and including them in institutional child care homes is considered a last resort by law (Şimşek, 2021, p. 537). Compared to family care, institutional child care is effective at meeting the physical needs of children but not social, emotional, and mental needs (Duran, 2021, p.

25). In this context, the family environment is the ideal and desired environment for the child, but children living in institutional childcare homes are deprived of this ideal environment (Yaman, 2019, p. 1). Furthermore, children in institutional child care may be exposed to traumatic life experiences such as neglect, abuse, and peer bullying (Erbay and Çalış, 2022, p. 10). Moreover, these children can be harmed by being stigmatized and develop a feeling that they do not belong where they are (Şimşek and Ocağcı, 64, p. 64). Institutional child care homes, where physical needs are effectively met, should be considered in terms of other unmet needs. Taken all together, it is crucial to focus on rehabilitation processes for institutional child care and to produce policy recommendations to improve these processes. Investigating the rehabilitation processes in Türkiye, which is similar to the developed countries in the world in terms of psychosocial support processes applied to CNCP who are victims of abuse (Küçükkaraca and Öğütçü, 2019, p. 313), may reveal critical implications. More importantly, Türkiye has innovative practices and rehabilitation processes that can be an example for other countries (Erol et al., 2021, p. 635). Thus, this study focuses on Türkiye in terms of rehabilitation services for CNCP living in institutional childcare homes.

Method

This article aims to examine the rehabilitation services implemented in institutional child care homes in Türkiye, based on current literature, in the context of today's changing conditions and new legal regulations. The first step was to identify keywords. "Anka Child Support Program", "Child Support Development and Education Program", "psychosocial", "orphan", "children in need of care and protection" and "orphanage" were used as keywords for the English literature review. At the same time "Anka Çocuk Destek Programı", "Çocuk Destek Gelişim ve Eğitim Programı", "Psikososyal", "Kimsesiz Çocuk", "Korunma ve Bakım İhtiyacı Olan Çocuk", "Çocuk Yuvası", "Çocuk Evi" were applied for Turkish literature review. A comprehensive literature search was implemented using Google Scholar, Scopus, and Web of Science databases. The review was conducted between March 04, 2024, and April 15, 2024. After the literature review, all eligible studies investigating rehabilitation services in institutional child care homes were used in this article. Lastly, these rehabilitation services were discussed by considering today's changing conditions and new legal regulations.

Findings

1. Psychosocial Support Programs

The rehabilitation services received by CNCP in Türkiye are very diverse and vary according to the CNCP' current needs and traumatic experiences. Before investigating the rehabilitation services implemented for CNCP in Türkiye, it is necessary to understand the current status of institutional childcare homes. Children under

protection and care in Türkiye receive services from the Ministry of Family and Social Services in accordance with the related laws (Çavuş and Çalış, 2021, p. 1570). Services for children, earlier provided under the name of the General Directorate of Social Services and Child Protection Agency, became more effective after being a part of the Ministry of Family and Social Services (Sütçü et al., 2023, p. 195). Providing services for CNCP in Türkiye within the same ministry from past to present can be considered an opportunity to establish a functional system. In this regard, The Ministry of Family and Social Services has constantly evaluated the different regulations implemented over time, maintaining the positive ones and changing the negative ones. For example, while ward-type structures were used for institutional child care before the 2000s, regulations were later carried out to ensure that children grow up in family warmth in home-type structures (the Ministry of Family and Social Services, 2023, p. 121). Children's Homes are described as the newest and healthiest model of institutional child care in Türkiye (Yıldız and Karataş, 2024, p. 116). Children's Homes, which started in the early 2000s, are a home-type care model where fewer children, such as 5-8, stay with a care staff (Özpolat, 2023, p. 147).

Compared to ward-type structures, the Children's Home care model is considered more effective in socializing children and revealing their talents (Yıldız and Karataş, 2024, p. 128). Providing rehabilitation services to CNCP in Children's Home care models is a crucial step because the success of psychoeducation and therapeutic approaches mostly depends on children being open and receptive. In this sense, children can likely be more open to development in an institutional childcare setting, where children feel more special among fewer children and get closer to the warmth of the family. The Regulation on "Child Protection Services Planning and Working Procedures and Principles of Child Care Institutions" was published by the Ministry of Family and Social Services (2022), and it divides institutional child care homes into three categories: Children's Homes, Children's Homes Sites, Specialized Children's Homes Sites. Children's Homes Sites refers to the institutional child care model in which more than one Children's Homes are located on the same campus, while Specialized Children's Homes Sites are defined as the institutional child care model where children need active rehabilitation due to life-changing experiences, like sexual abuse. The needs of the children in each of the three institutional childcare homes vary, so the rehabilitation processes they receive also differ. The Child Support Development and Education Program (CODEP) was developed for children living in Children's Homes and Children's Homes Sites to maintain and support normal development (Elmacı, 2022, p. 428). On the other hand, the Anka Child Support Program was developed to provide psychosocial support to delinquent and abused children living in Specialized Children's Homes Sites (Aydın, 2018, p. 36; Bilgin and Mavili, p.

124; Karataş, 2016, p. 79; Tekin, 2021, p. 218). Thus, rehabilitation is critical for these children to continue their lives without any psychosocial problems. The Anka Child Support Program is valuable for this study because it is commonly used on children in need of rehabilitation.

The Anka Child Support Program was established with the financial support of the European Union and the technical support of UNICEF (Aktay, 2020, p. 178; Öztürk and Tat, 2021, p. 199). Receiving support from different international stakeholders makes the Anka Child Support Program more effective. The program has been prepared with the participation of professionals who actively work with CNCP, ministry employees, and academics (Batman and Demirel, 2023, p. 7), so there is a national effort to shape the program's cultural characteristics and ensure its effectiveness in practice. Since The Anka Child Support Program is directly aimed at rehabilitating children in need, the expression first included in the regulation as "rehabilitation service" was later changed to "psychosocial support service". The name of the Anka Child Support Program was included in the same regulation (Özkaptan, 2022). Using the term psychosocial instead of rehabilitation is valuable in that it emphasizes the multidimensional treatment and development of CNCP. Anka Child Support program, which started to be implemented in December 2014, aims to treat problems arising from adverse life experiences and create positive behavioral changes by considering their individual differences and needs (Solmaz, 2017, p. 40; Yılkan and Yaman, 2019, p. 117). Therefore, this program prioritizes different development areas and goals for CNCP.

A content similar to the Anka Child Support Program has not been developed in Türkiye before, so this program is a milestone for CNCP in need of rehabilitation (Tapan, 2016, p. 26; Tomrukçu, 2019, p. 46). Psychosocial support is provided within the framework of the Anka Child Support program for CNCP who are accepted to institutional child care and falls under state protection. A consultant from among teachers, psychological counselors, sociologists, psychologists, social workers, and child development specialists is appointed to carry out the official procedures for the CNCP. The consultant fills out the individual needs and risk assessment form within the first ten days after the CNCP's arrival at institutional child care homes. The form is applied to determine the content of the psychosocial support program that will be implemented for CNCP. The form comprises a variety of information such as the way the child comes to the center, the reason for coming, the economic situation of the family, the place of residence, friend relations, the child's educational status, physical condition, mental state, substance use status, as well as any history of abuse and delinquency. Group and individual counseling services are provided to CNCP and their families according to the needs and risks that arise after the form (Abukan, 2020, p. 42; Aykul et al., 2022,

p. 106; Kılıç, 2016, p. 11; Kök, 2019, p. 90; Sarıbaş, 2019, p. 42; Yıldız, 2018, p.10; Yılmaz, 2019, p. 57). Group and individual counseling sessions address past experiences, cognitive processes, communication issues, and restructuring thoughts (Göğebakan, 2018, p. 45). Within the scope of the Anka Child Support Program, individualized interventions are provided to CNCP and assessed quarterly by their permanent consultant. This process is managed according to the needs of CNCP. After the psychosocial program is completed, an appropriate decision is made for CNCP, considering all the dynamics. After necessary evaluations are completed, it is decided whether CNCP will continue receiving institutional care with the Anka Child Support Program, return to their families, or be placed in another institutional child care model suitable for their current status (Barut, 2018, p. 28; Mısırlı, 2020, p. 49).

Changes in the counselors providing rehabilitation services may reduce the program's effectiveness due to the program's implementation by professionals who do not know the child. Designating a counselor for the child who will stay in Specialized Children's Homes Sites for a certain period and ensuring that the counselor does not change is critical for the healthy continuation of rehabilitation. Establishing a trusting relationship can be very difficult for children who have experienced traumatic experiences, so they may need time to undergo an effective rehabilitation process with their counselor. On the other hand, since the consultant who accompanies the child during the rehabilitation process is a field expert such as a teacher, psychological counselor, psychologist, sociologist, and child development specialist, the child's traumatic experience is approached sensitively. More importantly, the rehabilitation process for a child with a traumatic experience begins in a structured and systematic manner, within a maximum of 10 days, without waiting. Filling out the individual needs and risk assessment form within a reasonable time and starting the rehabilitation process, instead of rushing into the rehabilitation process without knowing the children or waiting too long and causing irreversible harm to the children, indicates a systematic rehabilitation process. Evaluating the rehabilitation process every three months and reviewing the child's condition ensures that alternatives are taken into consideration.

2. Education

Education is a significant tool that supports individuals in adapting to their environments and is also considered a milestone of development and desired behavior change (Ali and Shishigu, 2020, p. 1). CNCP can be regarded as children who are most exposed to many different environments in that they are moved away from the family environment, placed in different institutional child care homes according to their current needs, and expected to be integrated into society at the age of 18. Education can accelerate the rehabilitation of CNCP by improving their adaptation abilities in the face of the

many changes they face before and after their inclusion in institutional child care homes. Consequently, school is at the center of rehabilitation as it directs children to better behavior, attitude, and lifestyle by controlling, regulating, and processing them, especially those at risk of crime (Kanyuka, 1989, p. 67).

Education is among Türkiye's top priorities for children in institutional child care homes. The individual needs and risk assessment form, which is filled out in the first ten days for children, also includes their current educational status, which is beneficial in ensuring the flow of information and carrying out urgent interventions. Education, which constitutes another leg of rehabilitation, is among the issues that the Ministry of Family and Social Services focuses on. Efforts are being made for CNCP to keep them in formal education and increase their success (Yılkan and Yaman, 2019, p. 117). Ensuring socialization in the school environment as a continuation of the psychosocial support received in institutional child care homes is a crucial point in the rehabilitation of the child. CNCP who have lost their right to formal education by failing for two years are enrolled in open primary school, open middle school, or open high school according to their level without wasting time, and all educational opportunities are also offered for these children (Aydın, 2018, p. 36). Therefore, institutional child care homes support the effective participation of children who have not been able to participate in education for various reasons and who have fallen behind.

The Ministry of Family and Social Services works in cooperation with the Ministry of National Education on the education of CNCP (Elmacı, 2022, p. 1079, Yıldız, 2018, p. 7). The collaboration of both ministries is crucial in accelerating the procedures for CNCP, whose transactions in institutional child care homes and schools are likely to slow down as they are carried out in bureaucracy compared to children living with families. The presence of field experts such as teachers, psychological counselors, psychologists, sociologists, and child development specialists in institutional child care homes and schools, which have similar responsibilities to CNCP in terms of rehabilitation, can ensure that procedures are carried out in a coordinated and faster manner. Institutional child care homes aim to integrate CNCP into society (Batman and Demirel, 2023, p. 8). In this respect, schools are places that represent the society where the child can show the output of the rehabilitation process. Additionally, schools have a complementary feature to the child's rehabilitation, so institutional child care homes also create the educational part of the child's rehabilitation process by promptly enrolling them in schools and coordinating with the schools.

3. Mental Health

In institutional child care homes, rehabilitation services for CNCP are adjusted according to their current mental health. Unlike the CNCP living in Children's Homes and Children's Homes Sites, who have fewer adaptation problems and have a healthy development, mental health is more vital for the CNCP living in Specialized Children Homes Sites. For this reason, the Anka Child Support Program is used for all CNCP living in Specialized Children Homes Sites according to their needs and mental health status. On the other hand, CNCP living in Children's Homes and Children's Homes Sites gain daily living skills by benefiting from the Child Support Development and Education Program (CODEP), which is within the scope of preventive mental health. Taken all together, CNCP are prepared for life by receiving different rehabilitation services according to their current mental health needs.

Since the rehabilitation process of CNCP with traumatic experiences and mental health problems is quite complicated, necessary evaluations and interventions should be provided by a multidisciplinary team (Kök, 2019, p. 91). Accordingly, CNCP in institutional child care homes receive rehabilitation services from a multidisciplinary team of teachers, psychological counselors, sociologists, psychologists, social workers, and child development specialists (Ministry of Family and Social Services, 2022). Moreover, in terms of developing a multidisciplinary understanding, the Ministry of Family and Social Services, the Ministry of Internal Affairs, the Ministry of Youth and Sports, the Ministry of Health, and the Turkish Green Crescent Society continue to provide services to children who are victims of trauma by coordinating (Yıldız, 2018, p. 7). These findings suggest a considerable effort given to high-risk CNCP with a multidisciplinary team and approach.

CNCP's parental deprivation is another significant issue regarding mental health. Whether CNCP in institutional child care homes continue to communicate with their families and, if so, whether this communication is healthy or not are considered among the factors affecting the mental health of CNCP (Yulaf and Gümüştaş, 2019, p. 905). Allowing children who are mistreated by their parents to continue to communicate or not letting children who get along well with their parents communicate can be equally harmful. For this reason, CNCP's consultant, who is expected to review all the dynamics, can make a sound decision by noting both the traumatic experiences and family history of the child in the form. Thanks to the form that is filled out within the first ten days of CNCP's arrival at institutional child care homes and evaluated every three months, if the counselor changes, CNCP's information is transferred in a healthy way, and any traumatic experience is not overlooked. Knowing the clinical characteristics of children under institutional child care is critical in terms of preventive mental health and structuring health services to be

planned (Karagöz, 2023, p. 155). The conversion of Institutional childcare models from ward type to home type has also ensured fewer children in a single house, providing more opportunities for professional and care personnel to observe and detect (Yaşar and Özbet, 2019, p. 47). Therefore, it has become easier to detect and intervene in mental health problems exhibited by CNCP.

CNCP with traumatic experiences can be included in judicial processes if they are victims or perpetrators. These judicial processes can be very damaging to the mental health of CNCP. In this regard, CNCP are involved in judicial processes under the accompaniment and protection of their consultants, who are experts in the field (Gögebakan, 2018, p. 43); therefore, by ensuring their psychological readiness, in case of any problem, the proper intervention and guidance can be provided by the expert who knows about them. Additionally, it is suggested that CNCP who grow up isolated from their families in institutional child care homes and have irregular relationships with the care personnel and professionals around them cannot exhibit secure attachment (Pak, 2018, p. 3). From this point of view, the counselor who is constantly with the child in judicial proceedings, school, hospital, and social activities is considered crucial for the child to develop a secure attachment and benefit from rehabilitation services to the maximum extent by improving the trust relationship.

Discussion, Conclusion And Recommendations

In Türkiye, CNCP are placed in one of the Children's Homes, Children's Homes Sites, or Specialized Children's Homes Sites, depending on their rehabilitation needs. CNCP with traumatic experiences and severe rehabilitation needs are provided to live temporarily in Specialized Children's Homes Sites to receive psychosocial support. In this sense, the Anka Child Support Program is organized and implemented according to the needs of CNCP accepted to Specialized Children's Homes Sites. Accordingly, an evaluation is made every three months about the program's effectiveness and CNCP changing needs. Children whose rehabilitation needs decrease are transferred to the one among Children's Homes and Children's Homes Sites that best suits their individual characteristics. These care models implement the Child Support Development and Education Program to empower CNCP. Providing rehabilitation services not only to CNCP with traumatic experiences but also to all CNCP is an essential step because the effects of parental deprivation and environmental change make CNCP vulnerable. CNCP who receive direct support for their traumas at Specialized Children's Homes Sites continue to be supported to develop their daily living skills in the Children's Homes and Children's Homes Sites, to which they are transferred when they reach a development and health parallel to their peers. Different institutional child care models according to the rehabilitation needs of CNCP enable the establishment of standards. The fact that the

psychosocial support program is tailored to the needs of CNCP stands out as a factor that increases its effectiveness.

A multidisciplinary team of mental health professionals supports CNCP. In this way, CNCP can be referred to a psychiatrist when experiencing any mental health problem. At the same time, a comprehensive individualized plan is prepared for CNCP within institutional care, and the rehabilitation process is organized. If CNCP can get involved in social and cultural activities, their rehabilitation process can benefit from this socialization. On the other hand, it would be beneficial to include CNCP with severe mental health problems in more individual practices and to include them in social activities as they recover in order to avoid undesired events that may affect both themselves and other CNCP living with them. From this perspective, for CNCP who are recovering from severe mental health problems, increasing social and cultural activities in parallel with this recovery can make the rehabilitation process more effective. The rehabilitation process of difficult children can be quite delayed. At this point, if there is difficulty in convincing them to attend a psychiatric appointment, the child's rehabilitation process is in danger of being interrupted. In this regard, it may be helpful for the relevant personnel to come to the institution to provide an in-house examination for CNCP who cannot be taken to the hospital for treatment but are in urgent need. In addition, since sports can be used as an effective tool in the rehabilitation process of CNCP, they can be directed to sports in line with their interests.

Education is vital as a complement and supporter of rehabilitation processes for CNCP. With this awareness, the Ministry of Family and Social Services ensures the planning and maintenance of the educational processes of CNCP in direct cooperation with the Ministry of National Education. Education constitutes an essential pillar in the rehabilitation of CNCP, who are prioritized to continue their education and aim to attend school as soon as they are accepted into institutional child care homes.

In addition to educational participation, the counselor who supports CNCP in their different needs, such as attending hospitals and courts and participating in social activities, is beneficial in developing CNCP's sense of trust and secure attachment. Since CNCP have already experienced much change, it is aimed at them experiencing less change, so it is considered valuable for a single consultant to accompany CNCP by carrying out CNCP's procedures. This consultant, chosen among field experts, is beneficial in being sensitive to CNCP's needs and intervening promptly. Personnel working in institutional child care homes should be sensitive in their relationships with CNCP due to parental deprivation. In this respect, employing qualified personnel in institutional child care homes is essential, as they actively work face-to-face with CNCP. The knowledge,

experience, and willingness of field experts who are expected to work with CNCP who have had very severe traumatic experiences should be taken into consideration comprehensively before they are employed. Public Personnel Selection Examination (KPSS) and interviews in employing personnel for institutional child care homes are valuable in determining eligible personnel, but field experience and willingness to work with children of candidates can also be thoroughly examined to ensure the quality of rehabilitation services. It is evident that the professional staff directly working in institutional child care models play a critical role in providing rehabilitation services to children because they are the ones who make decisions on important matters related to the child's welfare, such as whether the child should contact their family, receive care in a different institutional child care model, or be returned to their family.

For the personnel working in institutional child care to not be separated from the children with whom they have developed a trusting relationship, it is crucial for them to work with the same children in the same institution for a certain period. However, when the children leave the institution as adults after the age of 18 or in another situation causing CNCP leave the institution, it may be beneficial for the personnel to experience rehabilitation services in different institutions and to transfer the functional aspects of their previous institution to their new institution. At the same time, the personnel who see the functional services in the new institution will move away from being stable and develop themselves by experiencing a different institutional culture. Thus, the rotation of personnel in different institutions affiliated with the Ministry of Family and Social Services may enable them to experience different working cultures and to get a holistic perspective.

Regardless of where they live, CNCP are served by many different personnel. A positive climate among these personnel and within their living spaces can also be reflected in the CNCP. In this regard, there is a need to improve the living spaces of the CNCP supported by mental health experts. The place where CNCP spend most of their time and the people they are with can have a great impact on the rehabilitation process of CNCP. That is why if the outcomes of the CNCP are to be improved, it may be helpful to improve the place where they live and to keep the well-being of the personnel at a high level. It may be difficult for people with different job descriptions, such as security personnel, care personnel, and professional personnel, to hold on to boundaries while providing only child-focused services to CNCP because the maturity level of the children they serve is not always suitable for staying within these boundaries. CNCP's expectations from those who provide service can change constantly; therefore, responding to these expectations, protecting boundaries, and the need for constant coordination between different personnel can be expressed as important issues in the rehabilitation process. In this

sense, future studies should focus on creating a positive climate where CNCP live. After the rehabilitation needs of CNCP are met, they need to be supported with protective factors, and extra effort is required. The cold attitude of the personnel towards the CNCP and seeing the professional work done only as a requirement of the job may conflict with the expectations of the CNCP. For example, CNCP may sometimes want to get involve daily activities, such as playing football and watching movie. In this sense, it can be predicted that the rehabilitation process will be supported if the personnel respond positively to their requests. Incentives to increase the well-being and motivation of the personnel who are expected to show extra effort and warmth can make the rehabilitation process of CNCP better. Improvements on this subject continue in Türkiye in order to create more functional institutional childcare homes. In Türkiye, opportunities for CNCP have improved, psychosocial support programs have been developed, and education and mental health services have been prioritized. Furthermore, CNCPs' psychosocial support needs are met in family-friendly living spaces with advanced facilities, accompanied by a multidisciplinary team of mental health experts.

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