CHILD WELL - BEING DOCUMENT

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List of Abbreviatons

BSYHBS	Integrated Social Assistance Services Information Systems
CCT	Conditional Cash Transfer
CEE	Central and Eastern Europe
CIS	Commonwealth of Independent States
DHS	Demographics and Health Survey
ECD	Early Childhood Development
ECSC	Economic, Social and Cultural Status
ERI	Educational Reform Initiative
EU	European Union
FSSP	Family Social Support Project
GDP	Gross Domestic Product
HBSC	Health Behaviours in School-aged Children
HDI	Human Development Index
HH	Household
HIPS	Hacettepe Institute of Population Studies
KAHIP	Public Expenditures Monitoring Platform
MERNIS	Central Civil Registration System
MoD	Ministry of Development
MoFSP	Ministry of Family and Social Policies
MoH	Ministry of Health
MoI	Ministry of Interior
MoJ	Ministry of Justice
MoLSS	Ministry of Labour and Social Security
MoNE	Ministry of National Education
NGO	Non-governmental organization
NUTS	Nomenclature of Territorial Units for Statistics
OECD	Organization for Economic Cooperation and Development
OZIDA	Directorate for Disabled People
PISA	Programme for International Student Assessment
SCC	Social Service Centers
SGK	Social Security Institution
SHCEK	Social Services and Child Protection Agency
SNAM	Stepwise Non-Attendance Management
SOYBIS	Social Assistance Information System
SYDV	Social Assistance and Solidarity Foundations
SYGM	Directorate General for Social Assistance
TEPAV	Economic Policy Research Foundation of Turkey
TURKSTAT	Turkish Statistical Institute
UNDP	United Nations Development Programme
UN	United Nations
WHO	World Health Organization

PREFACE

Several developed countries in recent years started to adopt child well-being approach in the policies and services regarding children. This trend is partly the result of the efforts of international organisations including UNICEF. It parallels the growing understanding that human well-being is not merely an outcome of per capita income. It also reflects the principle, enshrined in the United Nations Convention of the Rights of the Child, that "children have specific rights, in addition to their rights as human beings". For this reason, ensuring the well-being of children requires distinct policies which take these rights into account.

The share which a child obtains from the wealth, income and expenditure of the family is an important determinant of child well-being. But child well-being is not only a matter of child poverty or its avoidance. Regardless of material circumstances, girls and boys can only truly be well if they are loved and cared for, enjoy good physical and mental health, develop their skills and abilities, live in safe and pleasant homes and environments, benefit from opportunities for learning, play, leisure, social and cultural life and personal development, receive information, express their own identity and opinions, participate in the decisions which affect their own lives, are protected from violence, neglect, exploitation or discrimination at the hands of adults or other children, and are free of psychological problems and risky behaviour.

One important feature of child well-being is that it encompasses within its continuous sweep both objectively-measurable dimensions such as income or school performance and subjective dimensions such as time spent with friends or opportunities to be creative. It is important to listen to girls and boys themselves in order to identify the issues that most affect their well-being at any given time. Undoubtedly, the relative importance of the different dimensions of child well-being will vary from one age group to another. Undoubtedly too, it will be by raising the well-being of the children facing the most obstacles that the well-being of children in society as a whole will be most quickly enhanced.

The multi-dimensional, dynamic nature of child well-being calls for commitment and cooperation on the part of all those with responsibilities for children - of parents and other care-givers, families, the community, the private sector, civil society and government, and of the authorities and professionals responsible for delivering social assistance, education, health, child protection and other public services. Over and above our individual responsibilities, all of us can contribute to the full spectrum of child well-being. And since child well-being is a positive concept, focusing not on deprivation but on opportunity, there is always room for improvement.

This document takes a child well-being approach to the situation of children in Turkey. The aim is to encourage further debate which may contribute to the adoption of child well-being policies and indicators in this country. After explaining the concept of child well-being in the light of international thinking and the measuring tools developed in the OECD, the EU and the CIS, the document goes on to examine four critical dimensions of child well-being in Turkey – namely, income, health, education and participation. Emphasis is placed on the unequal opportunities available to children from disadvantaged groups and the importance of investing in early childhood development

as a way of addressing inequality. Current programmes for combating child poverty are then discussed, and the document ends by listing some options for social policies to enhance the well-being of children.

The document has been prepared under the leadership of the Ministry of Development with the technical assistance of UNICEF. Ministry of Justice, Ministry of Family and Social Policies, Ministry of Labour and Social Security, Ministry of Youth and Sports, Ministry of National Education, Turkish Statistical Institute also had significant contributions specific to their area of expertise. We would like to extend our thanks to the authors, Assoc. Prof. Dr. Serra Müderrisoğlu, Assoc. Prof. Dr. Pınar Uyan-Semerci, Assist. Prof. Dr. Burcu Yakut-Çakar, Dr. Abdullah Karatay and Başak Ekim-Akkan, for their hard and diligent work.

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Executive summary

Child well-being: concept and components

Overview: The concept of child well-being is increasingly being used in order to develop a multidimensional understanding of the conditions of children's lives and the ways in which they may experience deprivation. The child well-being approach combines objective life conditions - like material conditions and health and education opportunities - and children's subjective experiences - such as how they interpret and evaluate their conditions, and how they express their happiness and deprivation. Well-being is related to self-realization and developing the conditions that are necessary for expanding current and future capability sets of children. It is realized in the spaces children live: in the home, school and neighbourhood.

Socioeconomic factors: Starting from the prenatal period, there is a strong correlation between family socioeconomic status and child health and development. Families of children with a developmental disability are often living in poverty.

Importance of early childhood: With the right care and stimulation, the first three years of life are a period of optimal cognitive, emotional and social development, paving the way for further development in future. Conversely, it is very difficult to compensate in later life for deficiencies in the environment experienced in early childhood. The "Heckman curve" shows that it is investment in the preschool period which yields the highest return.

Environment and agency: According to the bioecological model, development reflects the influence of several environmental systems, from the family to economic and political structures. At the same time, children are agents of their own experience and well-being, making use of the relationships, resources and environmental conditions available to them. İt is for this reason that their subjective experiences are an important component of child well-being.

Child well-being indexes and indicators:

Trends in measuring child well-being: The development of child well-being indexes with a view to guiding policy and monitoring its impact is a relatively recent development which reflects growing interest in the sociology of childhood, the normative role of the UN Convention on the Rights of the Child, and methodological advances. In order to measure child well-being, it is clear that multiple, age-appropriate indicators must be used to assess its multiple domains, encompassing the important factors and processes of children's lives, be age-appropriate and sampling both objective and subjective issues. While no single formula has emerged, the trend is towards the use of indicators which focus on well-being rather than survival, positive outcomes in the child's life rather than negative ones, and the child's current well-being rather than future well-being.

Available examples: The European Union, OECD and Commonwealth of Independent States all have indexes which use comparative national data to assess the well-being of children in member countries. The indicators which they use to measure some of the key dimensions of child well-being – namely, 'material well-being', 'health', 'education' and 'civic participation' - are given in Part II of this document. In addition, Annex I summarises a first attempt, which was made in istanbul in 2010, to develop and apply child well-being indicators relevant for Turkey. Specifically, information is provided about the domains of child well-being assessed, the indicators used and the responses received.

Dimensions of Child Well-Being for Turkey

Income: OECD data points to relatively low household income, a high degree of income disparity and a high proportion of children at risk of poverty in Turkey by comparison with other OECD countries. Turkstat poverty studies also show a high level of material poverty, with almost 24% of under-6s below the national poverty line in 2009. In urban areas, child poverty has declined steadily over the years but in rural areas it has increased slightly, approaching 40%. In addition to rural children, children belonging to disadvantaged groups - such as children not living with both parents, migrant children, children who face discrimination or children with development difficulties, disabilities or illnesses – may face particularly difficult financial conditions. However, little data is

available. Figures for child labour show that it continues to affect both girls and boys, in different ways, reproducing their poverty through its negative impact on their access to education.

Health: Health outcomes are often determined by material well-being. Despite major improvements in health care, some mothers still do not benefit from pregnancy checks and hospital delivery. These mothers are concentrated among rural populations, low socioeconomic groups and those with especially low levels of education. For example, 15.7% of rural mothers do not receive any prenatal care at all, compared to 5% of urban women, according to the Demographic and Health Survey (DHS) conducted by Hacettepe University Institute of Population Studies in 2008. The survey reveals similar discrepancies in the health monitoring of infants and in breastfeeding and immunisation rates. Under-5 mortality has fallen steeply in recent years to 11.3‰, accordng to the Ministry of Health. However, it remains highest in rural areas and the East of the country (22.3% in Southeast Anatolia). The same pattern can be seen in low birthweight and stunting. Stunting at age 5 is over 20% in the East and among the lowest socioeconomic groups and children of mothers with the lowest levels of education. The Health Behaviour in School Children survey of the WHO in 2012 showed that Turkish 11-15 year-olds reported more physical symptoms of ill health than the OECD average. Low family affluence was correlated with poor self-rated health and multiple health complaints. Disabled children are a further disadvantaged group within the child population. Young females are at a specially disproportional risk of getting married in their teens.

Education: Turkey also falls behind other OECD countries in terms of education indicators. This applies both to the number of years of education and to the competencies achieved at a certain age (as measures by PISA tests). Research has shown that the quality of education in public schools varies greatly in Turkey and that the education a child receives is closely related to the socio-economic status of her/his family. While the majority of OECD countries take affirmative action by transferring resources (such as extra teachers) to the schools with low socio-economic indicators, this is not done in Turkey. The average enrolment rate of children aged 3-5 in pre-school education in Turkey in 2008 was 23.8%, the lowest rate among the OECD countries. The OECD average was 77%. Since then, efforts to increase preschool education provision

and enrolment have made progress but disparities among the provinces persist. Pre-school education is not free, contributing to socio-economic and regional inequalities in access. In (eight-year) primary education, enrolment is almost universal but over 10% of students are absent for at least 20 days a year. Some children drop out due to work, transport issues, lack of success, feeling usnafe or similar reasons. The impact of the new 4+4+4 system has yet to be seen. In secondary education, enrolment rates have increased from 38% to 68% since 2007.However, non-attendance is very high, with dropping out said to be common in grades 9 and 10. There are wide regional disparities in participation in secondary education, and girls' enrolment lags boys' enrolment, especially in certain provinces.

Social participation: The right to participate fully in family, cultural and social life is one of the core guiding principles of the UN Convention on the Rights of the Child. This refers both to participation in activities – such as school trips or the activities of social clubs – and to involvement in decision-making processes at the level of the family, school, neighbourhood, province etc., on matters that affect the child's own life. Indicators to be identified for measuring participation need to address children's own experiences. Poor or disadvantaged children may be deprived of activities like arts and sports due to lack of private and public resources. The opinions of children may not be sought and taken into consideration when it comes to school design or the distribution of public resources to provinces and neighbourhoods. Parliamentary mechanisms like child rights committees and parliaments may not function in a participatory manner or be easily accessible. In addition to ensuring participatory mechanisms, the abilities of children to take part in them need to be developed.

Current social programmes and policy environment

Organisation of social services for families and children: Social services for children in Turkey, which have diversified in recent years in response to problems arising from urbanisation and migration, now fall under the Ministry for the Family and Social Policies. However, enough has not yet been done, for example, to combat violence against children, to identify and care for children at risk, or to promote foster-parenting and de-institutionalise children in institutional care. Currently, the Ministry is seeking to introduce a protective and preventive approach to social services, with an emphasis on

the family, by helping disadvantaged families and individuals to cope with their own problems and to care for any elderly, ill or handicapped persons, as well as children in need of nursing and protection, in their own homes. The Family Social Support Project (FSSP) and Social Service Centres (SSCs) are two fundamental elements of this new policy. For problems identified through the Family Social Support Program, and which concern the Ministry of Family and Social Policies, citizens will be referred to relevant units of the SSCs. These will have units for identification and evaluation, counselling, referral, rehabilitation and so on. Arrangements have yet to be completed, and the lack of organisational infrastructure and staff is an obstacle to success. The system may expand more quickly if the social services provided quite actively by municipalities can be integrated into it. The existing Community Centres – which aim to resolve local social problems with the participation of the public, and so to bring about the 'social development' of districts, such as migration-receiving districts of big cities – are to be closed. However, the SCCs cannot be regarded as an alternative to the Community Centers, and it would be better to preserve them and increase their numbers.

Social assistance programmes: Diverse programmes have been launched to meet the needs of children in several domains. Regular monthly *Conditional Cash Transfers* are made to families (and specifically mothers) at rates of TL30-TL55 per week on condition that their children stay enrolled in school and, separately, on condition that pregnant mothers and children up to the age of 6 attend health centres for regular check-ups. There is also a one-off benefit of TL70 to women giving birth on the condition of a hospital delivery. The programme is a means-tested benefit scheme where the eligibility of the applicants is determined through a centralized/computerized income and asset testing procedure. The poorest 6 per cent of the population is eligible. A total of TL541m was spent on CCT in 2011. CT was started under a World Bank project but later funded by the Social Solidarity Fund. There is evidence of a positive impact on school enrolment, especially for girls, school performance, immunisation and nutrition. *Social assistance schemes in the education sector* include: free school books, bussed education and lunch, the provision of free primary and secondary school text books, which is financed by transfers from the Social Solidarity Fund to the Ministry of National Education (MoNE). Transfers in 2011 were TL265 million. The textbooks are provided to all students without conditionality, avoiding stigma. Meanwhile, needy students are

provided with school materials like uniforms, bags, shoes and stationeries twice a year through the local-level Social Assistance and Solidarity Foundations. For about 800,000 students in sparsely populated areas or neighbourhoods without schools who are "bussed" to primary or secondary schools elsewhere, MoNE provides free bus transport and the Social Assistance and Solidarity Fund pays for school lunches, which cost TL200 million in 2011. Finally, it is aimed to provide all 7.2 million children in grades 1-5 with 200ml of free school milk daily. *Social assistance and services in the health sector* include free General Health Insurance cover for all children aged 0-18, financed directly out of the national budget, provision of primary health services through family physicians, family health centres, primary health care centres and the women's and children's sections of hospitals, a universal early detection program for children through home visits up to the age of five, and insurance for apprentices and vocational education students in case of accident at work and/or occupational disease (University students on internships are included). There are also *disability benefits* which directly and indirectly target children. The disability wage is provided to adults (over 18) who have more than 40% disability, who do not have social security or a steady income or who have a disabled child under the age of 18. Cash benefits are provided to disabled adults or to families caring for a disabled family member at home provided the monthly family income does not exceed the two-thirds of the minimum wage (TL701.14). Monthly cash *transfers to families caring for children who are under the protection of the State for economic reasons* range from TL314 to TL565. This support is available to the biological family or a guardian family, instead of placing the child in an institution. Meanwhile, the Child Services General Directorate runs the child adoption service and continues to provide *institutional care, family services, social assistance, nursery and day care services* for children without parental care or otherwise in need. With respect to institutional care, there are still many traditional large homes with dormitories but the number of smaller units known as Affection Homes (*Sevgi Evi*) and Child Homes (*Çocuk Evi*) is increasing. Other institutions of the General Directorate, such as Child and Youth Centers, aim to provide residential or non-residential services for specific groups of children such as those who have been in street situations, child victims and children who have come into conflict with the law.

Level of social spending for children: Recent research has estimated total public expenditures targeting children, excluding education at only 1.1% of GDP in 2011,

demonstrating no increase since 2009. Even with the inclusion of education, the amount rises only to 3.42% of GDP. There is also concern that only a small portion of the expenditure on children is devoted to the early years.

Four key committees: The following four committees are involved in the coordination and monitoring of policies for children and child protection, and could play a role in mobilising and convening all relevant actors in order to analyse the impact of existing provision with reference to a holistic view of child well-being: (i) the Child Rights Monitoring Committee of Parliament; (ii) the Child Inter-Sectoral Board, chaired by the Ministry for Development and made up of representatives of line ministries and other organisations related to children, which is the main national organ responsible for the management of the Turkey-UNICEF country programme; (iii) the Central Coordination Committee, responsible for ensuring the collaboration among a number of key ministries which is needed to implement the Child Protection Law, for children in conflict with the law and other children in need of protection,and (iv) the recently-established Child Rights Monitoring and Evaluation Committee, which has a broad membership and wide-ranging functions with respect to child rights. The last two committees are led by the Minsitry for the Family and Social Policies.

Social policy recommendations for the well-being of disadvantaged children

Basic principles: Four fundamental principles have been identified that are to be kept in mind while developing policies for the well-being of children in all policy areas. These basic principles are: the adoption of a well- being approach based on the highest interest of the child; community based policies to reduce inequalities; targeting of all the children living in the disadvantaged regions, and collaboration and coordination between institutions.

Well-being indicators: It is suggested that child well-being indicators relevant to Turkey should be identified. These indicators must match the well-being states in accordance with the living conditions of children in Turkey. Child-focused policies should aim to reduce inequalities among children with respect to these indicators. The indicators can be used to measure the impact of policies and to change their focus if necessary. It is recommended for related Ministries to use the indicators to be established for Turkey in the impact analysis of their own activities.

Encouraging participation and increasing capabilities: Within the community-based approach, the participation of those families and children who face the highest risks for geographical, social or individual reasons is to be encouraged. In line with Sen's capabilities approach, an increase in the resources available to persons needs to be accompanied by an increase in their capabilities, opportunities and freedom to choose. Provision of social assistance should therefore be cosely linked to social services for increasing these capabilities.

Avoiding stigma: Even where social assistance is rights-based, when it is distributed in a visible way, it can be perceived – particularly among children – as belittling. This is particularly true of in-kind assistance. Steps should be taken to shield child beneficiaries from this effect while at the same time making arrangements to ensure that social assistance provided to families for children is utilised for the children.

Target regions: Given the strong regional and spatial characteristics of inequalities in child well-being, it is strongly recommended that social assistance programmes should be developed which target not individual households or children but all those locations where poverty and inequalities are known to be concentrated. The provision of services on a universal basis in disadvantaged areas will not only avoid stigma but also transform local conditions, benefiting the children directly and indirectly. To this end, it is vital to be able to collect objective and subjective, quantitative and qualitative child well-being indicators at local level, and to use them to map disadvantaged locations.

Accessibility of social services: Social services such as care, education, guidance, counselling and rehabilitation directly meet the needs of children. It is crucial to make the full range of services accessible in disadvantaged areas to eliminate inequalities in well-being starting in early childhood.

Coordination and cooperation: Inter-sectoral coordination and cooperation in data collection, policy development, service provision and monitoring will avoid duplication and ensure complementarity of services and optimal use of resources within a holistic approach. This requires an infrastructure which may include clarification of the job descriptions, roles and responsibilities of multi-sectoral committees and inter-agency protocols for the provision of required services at local level, as well as accountability, in-service training and inspection.

Determination of disadvantaged regions through mapping: It is necessary to conduct a mapping study in order to implement programmes that target all the children

living in the most disadvantaged regions. This should focus on socioeconomic data for child poverty on the one hand and access to and quality of public services on the other. Use may be made of existing national surveys, databases and administrative data, and of data collected by some municipalities, with necessary adjustments and some additional data points or coverage. Necessary coordination between institutions could be ensured through specialists employed at provincial directorates of the Ministry for the Family and Social Policies or at Social Service Centres, and this person could also function as the coordinator for the Child Rights Monitoring and Evaluation Committee at the provincial level.

Community-based models for targeting disadvantaged children: Community centres which provide social, educational, counselling creative and leisure activities for children and families can develop children's capacities and improve their subjective well-being. Instead of closing down the existing community centres, it is therefore recommended to establish such centres in sufficient numbers to provide quality services in all disadvantaged areas, as determined by mapping, with adequate programmes, standards, monitoring systems and programmes. Use can also be made of similar existing institutions like municipal community centres. In addition, it is recommended to establish centres in the disadvantaged areas to provide free preschool education for 3-6 year-olds. As an urgent step, such centres could initially provide part-time educational programmes supporting the cognitive, social and emotional development of these children.

Policies to support family income: Turkey needs a minimum income programme similar to those in EU countries. The implementation of employment policies in the most disadvantaged regions will also contribute to improving the welfare of children, including by reducing family's needs for the income from child labour. These policies can include free and accessible child care services and employment of local women in the provision of services to children.

Health policies: Additional policies are needed to ensure that all children develop to the best of their ability in the crucial early years. This requires a clear distribution of responsibilities and modes of cooperation between the Ministry of Health and the Ministry for the Family and Social Policies. It is recommended that the Ministry of Health hold the main responsibility for child development up to the age of one year and enhance its services – for example with the additional of parental education through

home visits and counselling services. To this end, early childhood specialists could be employed at Family Health Centres. Social Services Centres would also employ early childhood specialists with counselling and other responsibilities related to children over the age of one. Separately, community-based mental health services cooperating with schools are needed to conduct preventative programmes for infant/child/adolescent/young adult mental health, with appropriate referral mechanisms, because the Ministry of Health's Youth Consulting and Health Service Centres for 10-19 year-olds currently lack the necessary capacity. All these innovations need to be supported by necessary referral mechanisms and arrangements for staffing, staff training and monitoring.

Education policies: Schools attended by disadvantaged children need to be strengthened to compensate for the disadvantages such children may face at home and ensure their regular and continued participation in education. Teachers could be offered incentives to work in these locations and teacher-pupil ratios could be improved. Guidance and counselling services can be improved quantitatively and qualitatively. Free school lunches would improve the school performance of poor children and help build their relationship to the school. Study centres, extra-curricular activities and free school trips could be provided. Effective use needs to be made of the recently-developed Non-Attendance Management Model, which aims to improve attendance rates and prevent dropping out, and of the Primary Education Institution Standards, which are intended to guarantee all aspects of school quality and reduce quality disparities between different schools.

Policies for child participation: Child participation is a challenging area, closely related to democratic culture. Special mechanisms may be required for children to be able to participate, but these should not become artificial, token mechanisms. As child citizens of today and adult citizens of the future, the opinions and ideas of children need to be sought and their perspectives taken seriously at home, at school and in the neighgbourhood. A start can be amde in the school environment by turning existing mechanisms into channels through which children can express their views easily. In addition to the school environment, there is a need for spaces for children to participate genuinely in their neighbourhoods and the city. All children in Turkey face issues related to participation, but efforts to meet this need should take into account the risk

that the voices of the most disadvantaged may still go unheard, exacerbating their disadvantaged positions.

Child Action Plan: In order to actualize the holistic policies recommended for disadvantaged children in this report, it is proposed that a child action plan and a strategy document be developed. The Child Intersectoral Board could take responsibility for this. It will be important to raise awareness of social policies for children and ensure coordinated mobilisation.

Child Well Being Index: Based on the indicators mentioned above, it is proposed that the Child Rights Monitoring and Evaluation Committee within the Ministry of Family and Social Policies could take responsibility for establishing a National Child Well-Being Index, collecting the related data and monitoring through annual reports.

Child budgeting: In order to be able to allocate resources to programmes and services for children efficiently, and to evaluate their impact, public institutions at both the central and local levels should be required to provide data concerning their services and expenditures for children, so that these become visible, monitorable and available for evaluation within a child budget system.

Early identification mechanism: The need remains to establish and institutionalise a mechanism which can detect at an early stage the risks that may adversely affect children's well-being and ensure that the children concerned are referred to protective/preventive services. This will require all sectors involved with children to work in collaboration and coordination with each other.

I. Introduction

Since the major financial crisis of 2001, Turkey's economy has undergone a considerable transformation and in this respect, maintaining economic stability has been a national priority alongside with the structural reforms taking place for EU accession (OECD, 2006). Per capita income increased from 2 thousand USD recorded in the early 2000s, to 10,444 USD by the year 2011. The economy grew with an average annual real GDP growth rate of 5.2 percent over the past nine years between 2002 and 2011 (IMF, 2012). Turkey today is an upper middle income country with a population of 75 million and a gross domestic product of 735 billion USD, making it the 16th largest economy in the world. Although the population growth rate is falling, it remains significantly higher than other OECD member countries, developed countries and transition countries. It is the Government's stated intention that Turkey becomes one of the world's 10 largest economies by 2023 (World Bank, 2012). However Turkey still ranks on 92nd position among 187 countries in 2011 International Human Development Index (HDI) with its young population (UNDP, 2012). While the rate of child poverty is improving, significant portions of the population are still suffering from inequality. The aim of this report is to analyze the data pertaining to children in Turkey from the perespective of child well-being, and offer social policies to reduce the negative impact of unequal opportunities.

Turkey still has a fairly high percentage of young population. The current estimated total of 24 million people between the ages of 0-18 represents 33 percent of the total population where under-fifteen-year-olds and under-five-year-olds constitute 25 percent and 8 percent of the total respectively (TURKSTAT, 2013). Broad geographical, and economic disparities create big discrepancies in terms of the well-being of the children. Regional differences and differences within the same city create inequality among the population. Children who are living in the rural areas and children from migrant background families in the big cities live in worse conditions. One can also observe child labour particularly in the informal urban economy, seasonal agricultural work and domestic labour. Apparently, we acknowledge the significance of material deprivation as a determining factor for vulnerability of the children. Nevertheless, material deprivation intermingles with other factors like migration, ethnic background, disability and unfolds several groups of vulnerable children. In Turkey, it seems important to identify these groups of children as target groups for social policies. There

is a need in Turkey to prioritize the social policies targeting the inequalities experienced heavily by the disadvantaged children.

The first part of the report will focus conceptually on why child poverty should be approached from the perspective of child well-being. The important contributions of child well being indicators to measuring the impact of policies will elucidated. Disadvantaged childrens' groups that suffer widely from unequal opportunities will be addressed alongside with the available data on the domains of *income, health, education* and *participation*. The importance of early childhood development as a period to be targetted for fighting inequality is more recently recognized scientifically as the most significant policy area as well as a sound economic investment with promising return. The importance of targetted policies to this developmental period will be made for the case of Turkey. The recommended social policies targeting the reduction of inequalities among children will be presented after the current programs fighting child poverty is introduced.

II. Theoretical Framework – Child poverty from child well-being's perspective

Today, child well-being, as a multidimensional and a contextual understanding of children's physical conditions, access to education and health, participation, social relations and subjectivity, is being used as an analytical tool to give meaning to children's present and future life. Child well-being aims to approach children's welfare and development wholistically by aiming to increase well-being in distinct domains such as health, material well-being, education, subjective well-being to name some of the domains. It aims to enhance the capabilities of children by creating the indicators to monitor these domains.

How deprivation is experienced in the childhood can be better understood within the framework of well-being (Bradshaw et al. 2007). Child well-being indicators are, therefore, important tools to understand child poverty and how it is experienced in the field. Child being approach encourages the field to problematize issues like equality and participation and make a critical analysis of the social resources available to children to enhance their capabilities (Sen 1993)[1].

The importance of child well-being approach lies in its combination of objective life conditions such as material situation; health and education and subjective experiences such as how they interpret and evaluate their conditions; how they express their happiness and deprivation (Frones, 2008). Well-being is related to self-realization and developing the conditions that are necessary for expanding current and future capability sets of children. In order to expand the capability sets of children, we need to analyse the conditions children are living in taking into consideration social and subjective differences. Spatiality and bioecological model are therefore important for understanding these conditions.

Child well-being is realized in the spaces children live in. Children also actively shape their experiences in these spaces. Children can have their own experiences independent of their families and the way they experience their current life is as important as their

[1] Capability approach (C.A.), as developed by Sen and Nussbaum, gives us a new perspective for evaluating equality by fousing on capabilities. We believe looking at child well-being is strongly in line with the C. A. For the details of the capability approach see web page http://www.fas.harvard.edu/~freedoms/.

future (Elsley, 2004). As we cannot think children apart from their social relations, we cannot think of children apart from the spaces they live in (Sibley, 1995). Home, school, and neighbourhood- the three spaces that are important for us to understand how childhood is experienced; as web of relations, public resources and economic and social context that determine child well-being realized in a certain geographical spaces. Similar to this argument, according to Bio-Ecological Model of Development (Bronfenbrenner 1979; 1986; 1995; Bronfenbrenner & Morris, 1998), development is influenced by past experiences and current circumstances which shape the child's active participation in his or her life by influencing the child's inner processes by means of appraisals and expectations from self and others. What is taking place in the general structures of the society will be reflected in the private spheres of children. In order to understand the complexity of the society and well- being of the children in these different layers of the society, we therefore suggest looking at each layer separately.

Conceptualization of child well-being is closely related developmental processes in which a child develops her own potential in relation to its environment and engages in active relations. Starting from the earliest period of life –the prenatal period- children's developmental trajectory is influenced by multi-faceted social and physical realities. Given the recent elaborations on the importance of early childhood development (ECD) for the life-course of the individual, conditions that block access to opportunities for development need to be well understood (see Shonkoff, 2000). After such a multi-factorial understanding of the determinants of child poverty and it's negative impact, social policies can be meaningfully shaped to aim at reducing the existing inequalities in the lives of the children which show their impact starting from the very early childhood period (see World Bank 2010 Report *Turkey: Expanding Opportunities for the Next Generation: A Report on Life Chances*).

One of the more robost findings in child development literature is the strong correlation between family socioeconomic status and child health and development (Shonkoff & Phillips, 2000, Müderrisoğlu, 2010). 'Children in families with lower incomes and lower maternal educational attainment are at greater risk for a variety of poorer outcomes, such as school failure, learning disabilities, behavior problems, mental retardation, developmental delay, and health impairments' (Shonkoff & Phillips, 2000 pp.354) Poor

children who are members of ethic or racial minority groups are particularly vulnerable. Also, at least one-third of the families of children with a developmental disability are living at or below the poverty line. Furthermore, many studies have shown that across the world, being born into a poor family significantly affect the life trajectories of the children and that they do not have equal opportunities to developing their capacities as those born to more affluent families.

Literature on opportunity inequalities focus on two main issues. The first one is related to the fact that brain development is at it's peak and plasticity during the first three years of life. Thus, positive and negative influences coming from the environment make an indelible mark on brain development. The first three years of life is a period of opportunity when enriched with stimulation tailored for optimal cognitive, emotional and social development, but the same period can turn into a lost opportunity when environment lacks the necessary fundamental elements to support development. The second point is that the attainments in the first three years of life that was build through interactions with the environment shapes later development as well. Thus, root of the inequalities start leaving its impact starting from the pregnancy period, through the first three years of life. Studies have shown that when children living in disadvantaged circumstances are offered cognitively, socially and relationally enriched environments in the first three years of life, and have at least two years of high quality preschool experience, their school careers as well as other indicators show much higher levels of success compared to peers from the same environment who have not had enriched early childhood care and education (see The Consultative Group on Early Childhood Care and Development Task Force for Post 2015 Development Agenda, 2012).

Child poverty also leads to inequalites in cognitive development. It is very difficult if not impossible to make up for the disadvantages experienced in terms of cognitive development in later periods. Policy interventions that target early childhood education are important to overcome the family disadvantages that hinder the cognitive development of children. Remedial policies to overcome poverty are more costly and less effective than the childhood interventions (Esping- Andersen, 2002). *'If children receive inadequate schooling and insufficient intellectual stimulation from their parents, we urgently need to promote compensation measures so as to weaken the impact of*

inherited under-privilege. A first step is to ensure that children have access to good quality pre-school and day care. This is especially important for underprivileged children' (Esping- Andersen,2002: 67).

In the last two decades, the literature has shown that the negative impact of poverty as well as other forms of disadvantage show their impact from the very early periods of life and similarly that effective intervention works best when provided starting from the earliest years (Shonkoff & Phillips, 2000, Waldfogel, 2006, Aber et al., 2007) and is present in the lives of the children and their families for a significant period of time (i.e. continously present for many years). Recent policies for tackling child poverty have endorsed scientific research as their bases that showed that the biggest impact on developmental trajectories can be obtained from investing in early childhood development (Johnson, 2011). Supportive interventions that are implemented during the early childhood confers positive benefits for all life periods for the children and their families. Investment in early childhood development has been shown to bring significant economic return on investment. What is known as the Heckman curve show that the investment in the preschool period is the investment that yields the most return. (see The Consultative Group on Early Childhood Care and Development Task Force for Post 2015 Development Agenda, 2012).

Child well-being indicators are closely related to developmental processes and therefore using Bronfenbrenner's Bioeological Model may help to understand the interactions among them.(Bronfenbrenner, 1979; Bronfenbrenner and Ceci, 1994; Bronfenbrenner and Morris, 1998). According to Bioecological Model, development reflects the influence of several environmental systems, and it identifies environmental systems that an individual interacts with. These spheres -from the family to economic and political structures, patterns- have come to be viewed as part of the life course from childhood through adulthood.

The conceptualization of child well-being and the development of well-being indicators to understand the different aspects of children's lives have gained importance both in the academia and the policy circles (Ben-Arieh et al. (eds.) 2001; Richardson et al. 2008, Bradshaw et al. 2007; European Commission, 2008; OECD, 2009). Child well-being

approach as a framework demonstrates the inequalities and discrepancies among children in various ways. Recognition of child's agency which contributes her well-being has become an important phenomenon in this process (Fattore et al. 2007) to reshape the research practice and has led to the development of comprehensive and comparative indicators sets.(Hauser et al. (eds.) 1997, Ben- Arieh et al. (eds.) 2001, Ben-Arieh and Frones (eds.) 2008, Bradshaw et al. 2007, Axford, 2008).

Child well-being indexes developed either as national data or for comparative purposes are important statistical tools to evaluate and monitor children's position in a society. However, it can be said that looking at indicators that tap into all sectors of children's lives is a relatively recent development (Ben-Arieh et al., 2001). The turning points have been the emergence of the field of sociology of childhood which brought about the need to look at childhood as a separate sociological phenomenon on its own. The UN Convention on the Rights of the Child sets the normative framework for the well-being of children. The convention puts an emphasis on the inseparability of the economic, civic, political, social and cultural rights.

The third factor that has played a significant role in the development of child well-being indicators is in the domain of methodological developments. National datasets have made it possible to compare countries in terms of the selected indicators as well as having indicators that expand traditional domains have added breadth to the field (Richardson et al., 2008, Bradshaw et al., 2007b; OECD, 2009). Also, starting to include subjective experiences of children as indicators for well-being and seeing children as active participants in their own lives have enriched the literature (Fattore et al., 2005). Finally, policy-centered research has also gained momentum, thus allowing for the use of the definition of child well-being for the development of policies and creating tools of monitoring child well-being (European Commission, 2008; OECD, 2009).

Ben-Arieh (2010) indicates that the child indicators movement has evolved towards six main directions within the last 25 years:

1. The earlier indicators focused on the continuation of the life of the child while the recent indicators rather focus on the well-being of the child. In the earlier indicators, the

basic needs of children were only taken into account and policies were constituted for the recovery of the children's lives. Today the focus of child well-being indicators has changed from minimum living standards towards the understanding of quality of life.

2. The earlier indicators considered the negative outcomes within the life of the child while the recent indicators focus on the positive outcomes. The positive outcomes look at how children use the resources and at the relations with their family, friends, school and community rather than a static situation. It is being observed these elements have changed and children create their own well-being with the concern of environmental conditions.

3. The earlier indicators considered the future success and well-being of the child while the recent ones rather focus on the current well-being.

4. The earlier indicators covered the traditional fields while the current ones have started to take novel fields into consideration. Previously the indicators out of profession and social service fields like education, health, social care were taken into account, today the indicators of participation and subjective well-being began to be addressed.

5. The earlier indicators were adult-centered but the new indicators are child-centered. In the past, most studies have done research about children through the eyes of adults, and the indicators of well-being were constituted in this direction. Most of the time, it is not known whether the set of indicators prepared by adults makes sense for children or not. (Fattore et. al, 2005). Today it began to be considered that well-being of children can be understood by focusing on children's everyday lives and listening to their stories. The children are involved within research now.

6. Within the last few years, joint indexes to understand the well-being of the child have been developed. These indexes serve as a yardstick for policy makers on developing child focused policies (Ben-Arieh, 2010:15-17).

A common methodology among those (regional, national, international) who study child well-being has not been established yet. Multiple domains need to be assessed by multiple indicators. It is essential that these indicators taps on the important and relevant realities of children's lives, that they are age-appropriate and that they sample both objective and subjective aspects of well-being (Pollard and Lee, 2003). Coming up with standards about indicators to be used in each domain and how these indicators should be assessed would bring much needed clarity to the field of child well-bing indicators.

Two pillars support the work on developing child well-being indicators (OECD, 2009): First one upholds that children's well-being is a multi-dimensional concept and thus economic, political, social and psychological factors that influence the well-being of children have to be taken into consideration simultaneously. The second pillar posits that children have agency in shaping their own well-being and need to be made the authors of their experience by being asked about it directly from themselves. According to Bradshaw child well-being and deprivation are the two sides of the same coin (Bradshaw et al., 2007b). Child well-being is related to conditions that offer ground for the development of capabilities and self-actualization, which is in and of itself, related to actualization of child rights. The indicators that can capture this multi-dimensional and dynamic process need to be based in positive outcomes. Children use the relationships, resources and environmental conditions that are available to them as they take an active role in shaping their experiecnce and well-being (Bradshaw et al., 2007b). This agentic role of the children in their own experience is a fact that should not be overlooked in research. Thus, well-being indicators need to take into account children's subjective experiences (how children perceive their life conditions, how they make meaning of their lives, their sense deprivation etc.) in addition to indicators that tap on objective aspects of their life conditions (such as material well-being, health and educational opportunities).

Child well-being indexes that rely on national data have been formed and used to compare different countries national data. Examples are those of the European Union, Central and Eastern European (CEE) and Commonwealth of Independent States (CIS) which use comparative national data to assess the well-being of children in the countries that belong to each entity. The following tables display the indicators within the

domains of 'material well-being', 'health', 'education' and 'participation' used in the above mentioned country groups:

Table 2.1: Material Well-Being Indicators

COMPARISON OF MATERIAL WELL-BEING INDICATORS				
OECD 2009	**EU (Commission, 2008) ¥**	**EU (Bradshaw et al. 2006)**	**OECD (Bradshaw et al, 2006)**	**CEE/CIS (Richardson et al. 2008)**
1. Average family income **2. Children in poor homes** (% of families below 50% median income) **3. Educational Deprivation (<4 of 8 items)** (% of children with <4/8 items) *Desk to study* *quiet place to work* *computer* *Educational software* *internet connection* *calculator* *dictionary* *school textbooks*	**Type a indicators** **1. Income poverty** (Child poverty risk) (relative median poverty risk gap ch) (persistent child poverty risk) (in-work poverty risk of hh w/ ch.) (anchored at risk of poverty rate for ch) **2. Employment** (% of ch in jobless households) (emploment impact of parenthood) **Type b indicators** **1. Material deprivation** (dep of basic needs, unexpec expense lack of durables) (% of ch cannot afford 1-wk holiday) (dep re educ/ cultural goods) **Type c indicators** **1. childcare** (affortability of CC, impact of noncash benefits) **2. Indicators on child income poverty** (% of ch in HH with absolute low income) (at-risk of poverty rate among ch.)	**1. Relative child income poverty** a.relative child poverty rate (<60%) (% of children living in poverty) b.relative average poverty gap **2. Educational Deprivation (<6/8)** (% of children with <6/8 items) *desk to study* *quiet place to work* *computer* *educational software* *internet connection* *calculator* *dictionary* *school textbooks* (% of ch with <10 book in home) **3. Children living in workless families** (% of children living in workless fam.)	**1. Child income poverty** (% of ch below 50% median income) **2. Parental joblessness** (% of ch w/o a working parent) **3. Deprivation (<6/8)** (% of children wit <6/8 items) *desk to study* *quiet place to work* *computer* *educational software* *internet connection* *calculator* *dictionary* *school textbooks* (% of ch with <10 book in home)	**1. Income poverty** (% of children living <USD 2.15) **2. Perception of Need** (% of ch worried about not having money) **3. Deprivation** (% of children with <6 educ items) age 15 (% of ch with <10 book in home) age 15 (% of ch with <3 chd.book in home) <60 mo

Table 2.2: Health Well-Being Indicators

COMPARISON OF HEALTH WELL-BEING INDICATORS				
OECD 2009	**EU (Commission, 2008)**	**EU (Bradshaw et al. 2006)**	**OECD (Bradshaw et al, 2006)**	**CEE/CIS (Richardson et al. 2008)**
Infancy (Infant mortality) (Low birth weight) (breastfeeding) **early childhood** Immunization (pertussis) Immunization (measles) **mid-late childhood** Physical activity (1hr every day of last week) **Child mortality (1-19)** (all causes) (due to suicide)	**Type A indicators** (life expectancy at birth) **Type B indicators** (Infant mortality rate) (low birth weight) (Body mass index) (access to health/ dental care) (child injury rates) (suicide rate) (breakfast/protein every day) **Type C indicators** (% of ch with low birth weight) (% of mo breastfeed at 6 weeks +) (vaccination rate among children) (% of ch with no dental disease) (% of ch without caries) (% of ch min recom physical act.) (% of ch eating healthy fruit/ vegetables) (% of ch overweight) (mental well-being) (% of ch w/ chronic illness) (incidence of infectious disease) (accidents of students at school)	**Health at birth** (Infany mortality rate) (Low birth weight) **Immunization** (% of ch imm w/ Measles) (% of ch imm w/ DPT3) (% of ch imm w/ Pol3) **Health Behavior** (brush teeth +1 per day) (eat fruit every day) (Eat breakfast every school day) (No. Days 1+ hr active prev week) (Overweight acc to BMI)	**Health at birth** (Infany mortality rate) (Low birth weight) **Immunization** (% of ch imm w/ Measles) (% of ch imm w/ DPT3) (% of ch imm w/ Pol3) **Child mortality** (accident/non-acc death <19)	**Health at birth** (Infany mortality rate) (Low birth weight) **Breastfeeding** (% of infants exclusive breastfed for 6 mo) (% of ch breastfeed at 20-23 mo) **Immunization** (% of ch imm w/ Measles) (% of ch imm w/ DPT3) (% of ch imm w/ Pol3) **Nutrition** (prevalence of stunting under 5) (prevalence of underweight under 5) (prevalence of wasting under 5) (% of hh consuming iodised salt) **Children's health** (% of U5 with ARI taken to health pro) (% of U5 with diarrhea rehydr/feeding) (under 5 mortality rate) (Decayed/missing/filled teeth at 12)

Table 2.3: Educational Well-Being Indicators

COMPARISON OF EDUCATION WELL-BEING INDICATORS				
OECD 2009	**EU (Commission, 2008)**	**EU (Bradshaw et al. 2006)**	**OECD (Bradshaw et al, 2006)**	**CEE/CIS (Richardson et al. 2008)**
1.Education performance (Average PISA reading, math, science literacy scores) **2. Inequality in achivement** (ratio of ave 3 PISA scores btw 90th percentile and 10th) **3. Youth labor market outcomes** (% of youth not in school or job 15-19)	**Type A Indicators** (Early school leavers) (PISA reading literacy scores) (PISA Math literacy scores) (PISA science literacy score) **Type B Indicators** (pupil/teaher ratio) (accessible childcare/ after school) (Computer/internet at school) **Type C Indicators** (secondary school failure rate) (reading ablity diff btw 25% most priviledged, 25% least priviledged) (% passing grade in compulsary educ) (not completing comprehensive educ) (% of good preschool educ centers) (comp/int use in and out of school) (% of youth not in school or job 15-19) (health promoting schools) (access to food service in schools)	**1. Educational Attainment** (PISA reading literacy scores) (PISA Math literacy scores) (PISA science literacy score) **2. Educational participation** (% of 0-2 yr olds in childcare) (% of 15-19 in education) **3. Youth labor market outcomes** (% of youth not in school or job) (% of youth <15 aspiring low skill job)	**1. Educational achievement** (PISA reading literacy scores) (PISA Math literacy scores) (PISA science literacy score) **2. Educational participation** (% of 15-19 in education) **3. Youth labor market outcomes** (% of youth not in school or job 15-19)	**1. Educational Participation** (% of preprimary enrollment 3-6 yr) (Rate of primary school age out of school) (Secondary school net enrolment ratio) **2. Educational achievement** (PISA reading literacy scores) (PISA Math literacy scores) (PISA science literacy score)

Table 2.4: Civic Participation Well-Being Indicators

OECD, 2009	EUROPEAN COMMISSION, 2008	BRADSHAW ET AL. (EU, 2006)	BRADSHAW ET AL. (OECD, 2006)	RICHARDSON VE ARK. (CEE/CIS, 2006)
		1. Participation in civic act. (participation in 2+ civic act.) *student council* *youth organization* *env. Organization* *human rights organization* *charity* **2. Political interest** (reporting interest in politics above median score) score 0-7		

*References for the indicators tables:
OECD 2009: OECD (2009), *Doing Better for Children*, OECD Publications.
European Commission 2008: European Commision (2008) *Report on Child Poverty and Child Well-Being in the European Union*. Brussels: European Union
Bradshaw ve ark. (European Union, 2006): Bradshaw, J., P. Hoelscher ve D. Richardson (2008) "An Index of Child Well-Being in the European Union", A. Ben Arieh A. ve I. Frones (der.) *Indicators of Children's Well-Being: Theory and Practice in a Multi-Cultural Perspective* içinde (ss. 325-371*),* Social Indicators Research Series 36: Springer.
Bradshaw ve ark. (OECD, 2006): Bradshaw, J., P. Hoelscher ve D. Richardson (2007b) "Comparing Child Well-Being in OECD Countries: Concepts and Methods", *Innocenti Working Paper* (IWP-2006-03), Florence: UNICEF Innocenti Research Centre
Richardson ve ark. (CEE/CIS, 2006): Richardson, D., P. Hoelscher ve J. Bradshaw (2008) "Child Well-Being in Central and Eastern European Countries (CEE) and Common Wealth of Independent States (CIS)", *Child Indicators Research*, 1: 211-250
¥ European Commison uses the classification of the indicators (EC, 2008: 78):
A Type Indicators : These are the commonly used indicators at the EU level.
B Type Indicators: Indicators that could be available for all Member States (based on EU data sources, such as EU-SILC) but are only used by some countries. These indicators are still not included in the common EU indicators.
C Type Indicators: Indicators used by some countries either as an alternative to common EU indicators, or to cover specific groups of children facing a serious risk of poverty and for which EU sources are not suited, or to cover dimensions that are not (yet) covered by EU indicators.
(1) Here, all poverty indicators are based on relative poverty where threshold refers to the 60 percent of median disposable equivalent income.

Supplement 1 provides the summary of the first research conducted on developing child well-being indicators that are relevant for Turkey, based on the indicators presented in these tables.

III. Contextualizing Dimensions of Child Well-Being for Turkey

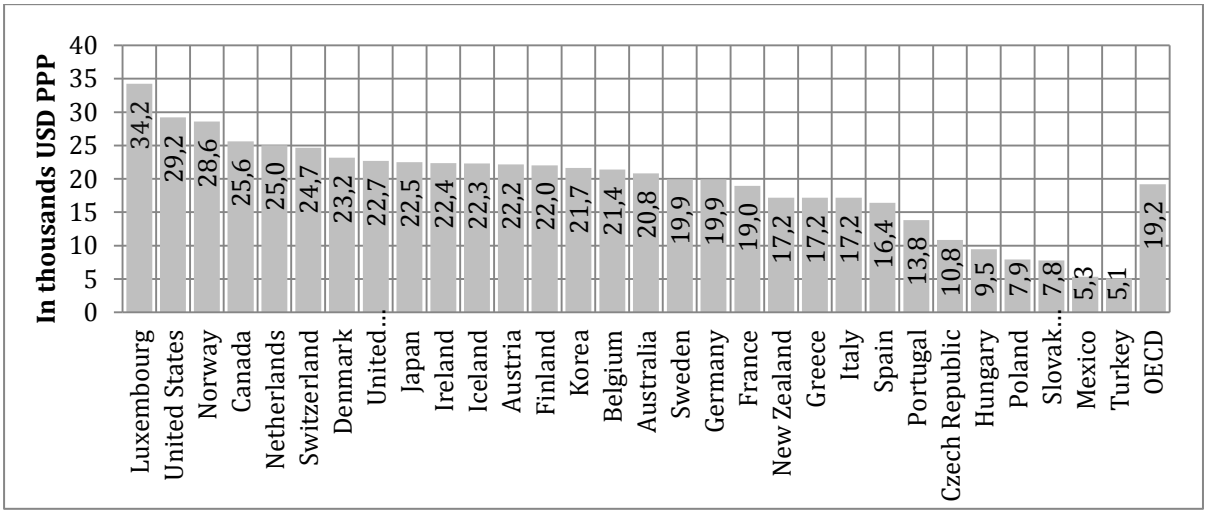
a. Income

In countries where social transfers or free services with good quality are not provided adequately as means of tackling child poverty, family income is the single most significant determinant of the well-being of children. It is important to also keep in mind that in countries where the quality of the services provided by the state vary according to the wealth of those living in that neighborhood, family income adds to the opportunity inequalities in education, health and other domains in much more pronounced ways. Thus, child poverty and deprivation will be taken into consideration under income by drawing a broad picture. In the sections related to health and education, more concrete impact of poverty and deprication will be addressed.

Incidence of income poverty in Turkey appears to be much more severe than it is in OECD countries. Indeed, the share of population living with incomes under 50 percent of the median income in the country was 17.5 percent for mid-2000s as the second highest after Mexico among OECD countries (OECD, 2008). The situation has not changed at all since then as TURKSTAT reports the incidence of relative poverty in 2011 as 16.1 percent indicating that approximately 12 million citizens in Turkey are living in households with incomes below 50 percent of the median income in the country (TURKSTAT, 2012). When analysed in comparison with EU countries, the relative poverty risk facing the population in Turkey ranks as the highest where share of population living on household incomes below 60 percent of the median is 22.9 percent (TURKSTAT, 2012).

OECD (2008) reports that from mid 1980s to mid-2000s, average household disposable income of the less than 18 years of age group relative to that of people aged 41 to 50, exhibit a declining trend in Turkey contrary to the trend in other countries where children gain in disposable income. Moreover, Turkey ranks as the worst in terms of material child-well-being across the OECD countries (OECD, 2009). Figure 3.1 below demonstrates that the children in Turkey are living in households with very low levels of income.

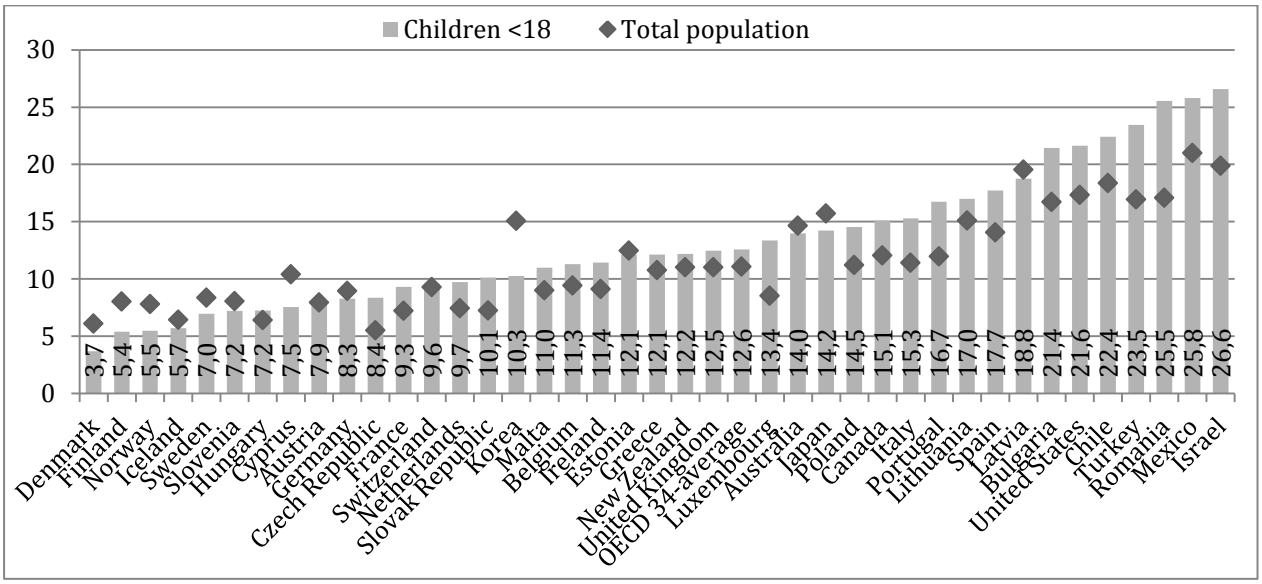
Figure 3.1: Average equivalised household disposable income (0-17-year-olds), USD PPP thousands, circa 2005



Source: OECD (2009) Doing Better For Children, p.34.

In addition to the low levels of relative incomes of children, the prevalence of child poverty measured in terms of the proportion of children with equivalised family incomes below 50 percent of the median family income of the total population is the highest in Turkey – almost doubling the OECD average - in comparison to OECD countries as shown in Figure 3.2a.

Figure 3.2a: Percentage of children living in poor households (below 50% of the median equivalised income), 2008

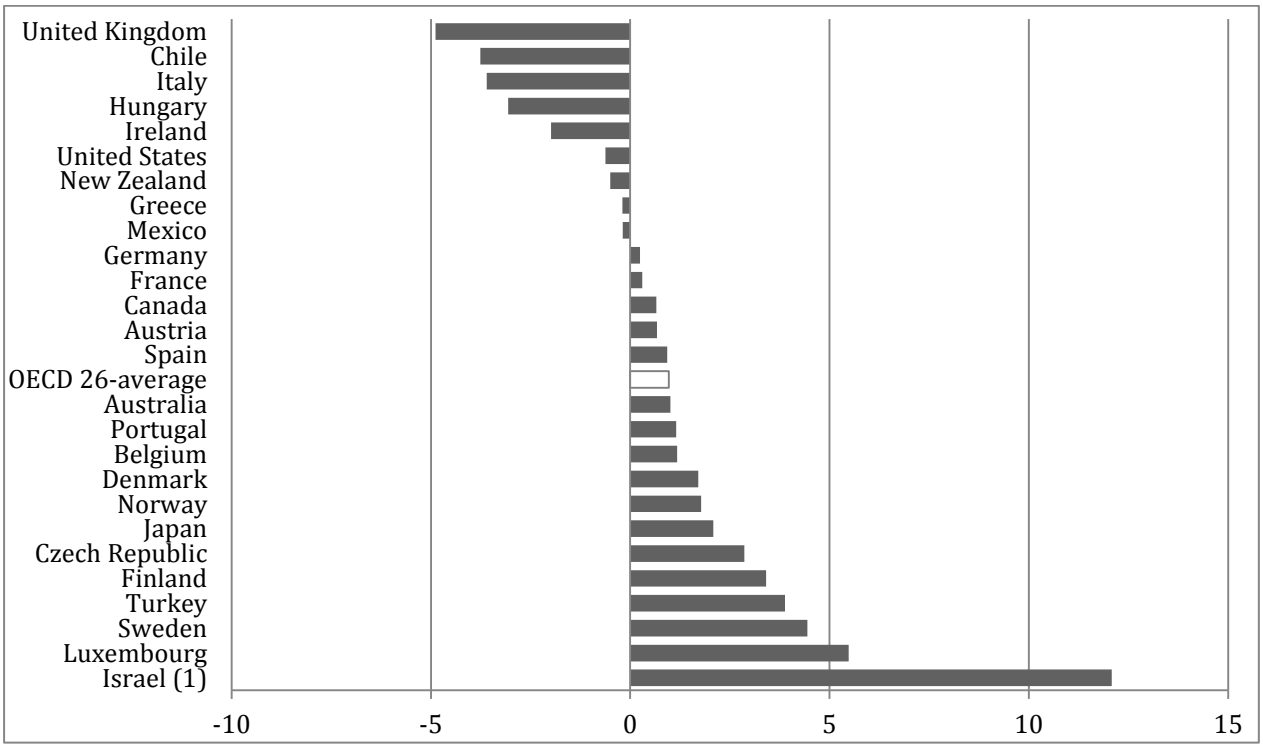


Source: OECD (2011b).

The time trend of child poverty in OECD demonstrates that on the average, children at risk of poverty have edged up around one percentage point from mid-1990s to 2008 and

Turkey shows no exception to this (Figure 3.2b). Nevertheless, it should be noted that increase in child poverty rate in Turkey by almost 4 percentage point puts Turkey in ranking among those where largest increases have occurred (OECD, 2011b).

Figure 3.2b: Rates of change in child poverty (from mid 1990's to 2008) (%)



Source: OECD (2011b).

The poverty rates reported in TURKSTAT Poverty Study are summarized below in Tables 3.1a, 3.1b, according to two types of breakdown: rural-urban differences and gender. The table 3.1a shows clearly that poverty rates have declined from 27 percent in 2002 to 18.1 percent in 2009 in Turkey. In the same period, we observe more significant improvements in the urban areas with poverty rates declining from 22 percent in 2002 to 8.9 percent in 2009 while rural poverty has deteriorated. In terms of gender, the official figures provided do not reveal too much significant differences across men and women but generally reflect the overall trend in terms of rural and urban difference.

Table 3.1a: Poverty rates in Turkey (2002 – 2009)

	Poverty Rate (%) TOTAL							Poverty Rate (%) URBAN						Poverty Rate (%) RURAL				
	Total			Total		0-6 Age Group		Total			0-6 Age Group			Total		0-6 Age Group		
	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male
2002	26,96	27,19	26,72	33,17	33,44	32,92	21,95	22,03	21,88	31,18	31,15	31,20	34,48	34,92	34,02	36,79	37,56	36,09
2003	28,12	28,31	27,92	37,75	37,23	38,24	22,30	22,29	22,32	31,59	30,81	32,33	37,13	37,65	36,59	46,24	46,25	46,23
2004	25,60	25,98	25,20	34,19	34,18	34,19	16,57	16,87	16,24	24,93	25,05	24,80	39,97	40,79	39,11	49,64	49,38	49,92
2005	20,50	21,01	19,97	27,71	27,56	27,86	12,83	12,89	12,77	19,48	18,62	20,33	32,95	34,03	31,79	40,55	41,71	39,44
2006	17,81	18,27	17,32	24,78	24,43	25,12	9,31	9,76	8,84	13,01	13,73	12,30	31,98	32,32	31,61	44,18	42,40	45,85
2007	17,79	18,26	17,33	24,52	24,10	24,91	10,36	10,34	10,38	14,66	14,98	14,35	34,80	35,95	33,59	44,09	42,45	45,57
2008	17,11	17,52	16,70	22,53	22,18	22,86	9,38	9,62	9,13	12,41	12,66	12,16	34,62	35,29	33,93	43,90	42,31	45,40
2009	18,08	19,03	17,10	24,04	25,27	22,87	8,86	9,26	8,45	13,01	13,88	12,20	38,69	40,15	37,13	48,69	49,92	47,48

Table 3.1b: Child poverty rates among children less then 15 years of age (%)

	Rate of poverty							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
TOTAL								
Total	26,96	28,12	25,60	20,50	17,81	17,79	17,11	18,08
Less than 15 years of age	34,55	37,04	34,02	27,71	25,23	25,55	24,43	25,77
URBAN								
Total	21,95	22,30	16,57	12,83	9,31	10,36	9,38	8,86
Less than 15 years of age	41,10	46,44	49,34	40,60	43,63	45,79	44,92	50,15
RURAL								
Total	34,48	37,13	39,97	32,95	31,98	34,80	34,62	38,69
Less than 15 years of age	41,10	46,44	49,34	40,60	43,63	45,79	44,92	50,15

Source: TURKSTAT (2012a)

High rates of rural poverty and regional disparities in Turkey are also demonstrated by the composite household welfare index produced out of the data from Turkey Demographics and Health Survey (DHS). The index could be regarded as a proxy for deprivation and an indicator of welfare facing the household as it takes into account living conditions as well as ownership of certain durable goods rather than income and/consumption levels (HIPS-DHS, 2009: 38). Table 3.2 below shows the distribution of the households in the regions with respect to the welfare status of the household based on this composite index. We observe that material deprivation facing the households in the rural areas is much more acute than those in the urban areas. Welfare

statuses of approximately 70 percent of the households in the eastern region are below the average while this is the other way round for the rest of the country.

Table 3.2: Welfare status of the households - quintile share in total HH (%)

Welfare status of the HH	Rural	Urban	West	South	Middle	North	East
Lowest	**52.6**	**7.7**	8.8	28.7	13.9	21.3	45.8
Low	**25.5**	**17.9**	15.0	27.3	19.3	25.7	26.5
Average	**13.3**	**22.5**	20.7	19.8	22.2	24.2	14.7
High	**6.2**	**25.2**	26.2	15.1	21.9	17.9	8.6
Highest	**2.4**	**26.6**	29.3	9.2	22.7	11.0	4.4

Source: HIPS (2009) Turkey Demographics and Health Survey 2008, p.39.

We emphasize the incidence of early childhood poverty in Turkey as reported in the Table 3.1a with 24 percent poverty rate for children under the age of 6. We observe that young children in Turkey have generally been more prone to income poverty than adults both in rural and urban areas. The prevalence of child poverty in Turkey has a regional dimension as well. More than half of the children living in eastern and south-eastern regions of the country face with risk of income poverty (TURKSTAT, 2011, Acar, 2012).

As in almost every culture, children living under certain conditions face disadvantages. What creates the differences among the cultures are the extent to which these groups are socially, economically, politically or culturally are excluded or how they are included in the societal processes. Societies that see the differences, yet do not allow for the differences to translate into disadvantages, have social policies and cultural norms that are inclusive of differences, thus protect against discrimination. In the absence of such mechanisms, however, differences can easily turn into disadvantages and inequalities. Not having equal access of use of one's rights tend to be the basis of the inequalities. The common aspect of the various disadvantaged groups is poverty when the necessary social policies are lacking. Because the existing inequalities in opportunity is not seen, these children do not start life from the same point as other children.

The groups which are mentioned in the list below are the groups of children at significant disadvantage in Turkey. While the aim of this report is not to provide separate policies for each disadvantaged group, child poverty and discrimination during

service delivery is often part of the common experiences for these children. The below list was generated at the workshop for the 10th 5-year development plan (Ministry of Development, 2012):

- Children who lack parental care
- Neglected/maltreated children
- Child under economic maltreatment including child labor (working in the industry, on the street, in agriculture, in the informal sector and working at own families to help out in household chores (e.g. child care, cooking, washing dishes)
- Poor children
- Children with special needs (developmental difficulties, physical/cognitive disabilities)
- Children with chronic illnesses
- Children from broken families (single parents, living wih stepparents, children whose parents are in prison etc.
- Child brides/mothers
- Children whose stay in prison with their mothers
- Children of internally displaced families
- Children who grow up in the context of conflict/violence
- Drug addicted children
- Children exposed to discrimination (due to religion, language, race, gender and ethnic background,etc.)
- Refugee children
- Children in conflict with the law

Limited statistics are available for some of the disadvantaged groups mentioned above. However, there is a great need to have more detailed indicators to show the opportunity inequalities faced by these groups. The below examples are related to child labor statistics based on the last collected data set in 2006.

Child labor seriously harms children's lives. Usually children who become part of the labor force at a young age drop out of school which further adds to their already unequal footing in the world. Table 3.3 presents the trends within the three dimension of child labor data collected by TURKSTAT. As can be seen from the table, while there is a drop

in the percentage of children working in a job, there is an increase in both age groups for children to work in domestic chores.

Child labor is a very important and multi-faceted issue. While boys are seen as more employed out of the house, girls are the unseen laborors at home with domestic chores or taking care of their younger siblings, thus end up droping out of school or not finishing the compulsory education. Thus, gender has to be taken into consideration when boys and girls have significantly differing work area trajectories. Early employment in the labour market and household labour, and the needs of households who have to look after the family members (e.g. insufficient free nursing services for children and disabled) are also carefully considered.

Table 3.3: Number of children, number of employed children, number of children engaged in domestic chores and number children not working.

Ages	Number of children				Employed children				Children engaged in domestic chores				Not working			
	1994	1999	2006	2012	1994	1999	2006	2012	1994	1999	2006	2012	1994	1999	2006	2012
Turkey Total																
Total	14 968	15 821	15 025	15 247	2 270	1 630	890	893	-	4 470	6 540	7 503	-	9 722	7 596	6 850
6-14	10 945	11 938	11 378	11 386	958	608	285	292	2679	3 086	4 504	5 290	7 308	8 244	6 590	5 804
15-17	4 023	3 883	3 647	3 861	1 311	1 021	605	601	-	1 384	2 036	2 213	-	1 478	1 006	1 047
Male																
Total	7 628	8 021	7 677	7 775	1 372	954	601	614	-	1 208	2 589	3 243	-	5 859	4 486	3 917
6-14	5 584	6 054	5 809	5 794	567	339	190	185	883	934	1 864	2 401	4 134	4 780	3 755	3 208
15-17	2 044	1 968	1 868	1 981	805	615	411	430	-	274	725	842	-	1 079	732	710
Female																
Total	7 340	7 800	7 349	7 472	898	676	289	279	-	3 261	3 950	4 261	-	3 863	3 109	2 933
6-14	5 361	5 885	5 569	5 592	390	269	95	108	1 796	2 151	2 639	2 889	3 174	3 464	2 835	2 596
15-17	1 979	1 915	1 780	1 880	506	407	194	171	-	1 110	1 311	1 372	-	398	274	337
Urban Total																
Total	7 858	9 010	10 160	10 139	610	478	490	400	-	2 846	4 672	5 479	-	5 686	4 997	4 259
6-14	5 761	6 729	7 599	7 567	185	109	120	79	1 507	1 923	3 226	3 888	4 068	4 698	4 254	3 600
15-17	2 097	2 280	2 560	2 572	424	369	370	322	-	923	1 446	1 591	-	988	743	659
Urban Male																
Total	4 021	4 585	5 294	5 157	479	361	362	302	-	869	1 980	2 460	-	3 353	2 952	2 395
6-14	2 917	3 386	3 926	3 845	141	81	88	57	496	663	1 413	1 829	2 280	2 642	2 425	1 960
15-17	1 104	1 200	1 367	1 312	338	281	274	246	-	207	566	631	-	712	527	436
Urban Female																
Total	3 837	4 425	4 866	4 982	132	116	128	98	-	1 976	2 693	3 020	-	2 332	2 045	1 864
6-14	2 844	3 344	3 673	3 722	44	28	32	22	1 011	1 259	1 813	2 059	1 789	2 056	1 828	1 640
15-17	993	1 081	1 193	1 260	88	88	96	76	-	717	880	960	-	277	216	224
Rural Total																
Total	7 110	6 812	4 866	5 108	1 659	1 151	400	493	-	1 624	1 867	2 024	-	4 036	2 599	2 591

6-14	5 184	5 209	3 779	3 819	772	499	165	214	1 171	1 163	1 278	1 402	3 240	3 547	2 336	2 203
15-17	1 926	1 602	1 087	1 290	887	652	235	279	-	461	590	622	-	489	263	388
Rural Male																
Total	3 607	3 436	2 383	2 618	893	592	239	312	-	338	610	783	-	2 506	1 534	1 523
6-14	2 667	2 668	1 883	1 948	426	259	103	128	387	272	451	572	1 854	2 139	1 329	1 249
15-17	940	768	500	669	467	333	137	184	-	67	159	211	-	367	205	274
Rural Female																
Total	3 503	3 375	2 483	2 491	765	559	161	181	-	1 286	1 258	1 241	-	1 530	1 065	1 069
6-14	2 517	2 541	1 896	1 870	346	240	63	86	785	891	827	830	1 385	1 409	1 007	955
15-17	986	834	587	620	420	319	98	95	-	393	431	411	-	122	58	114

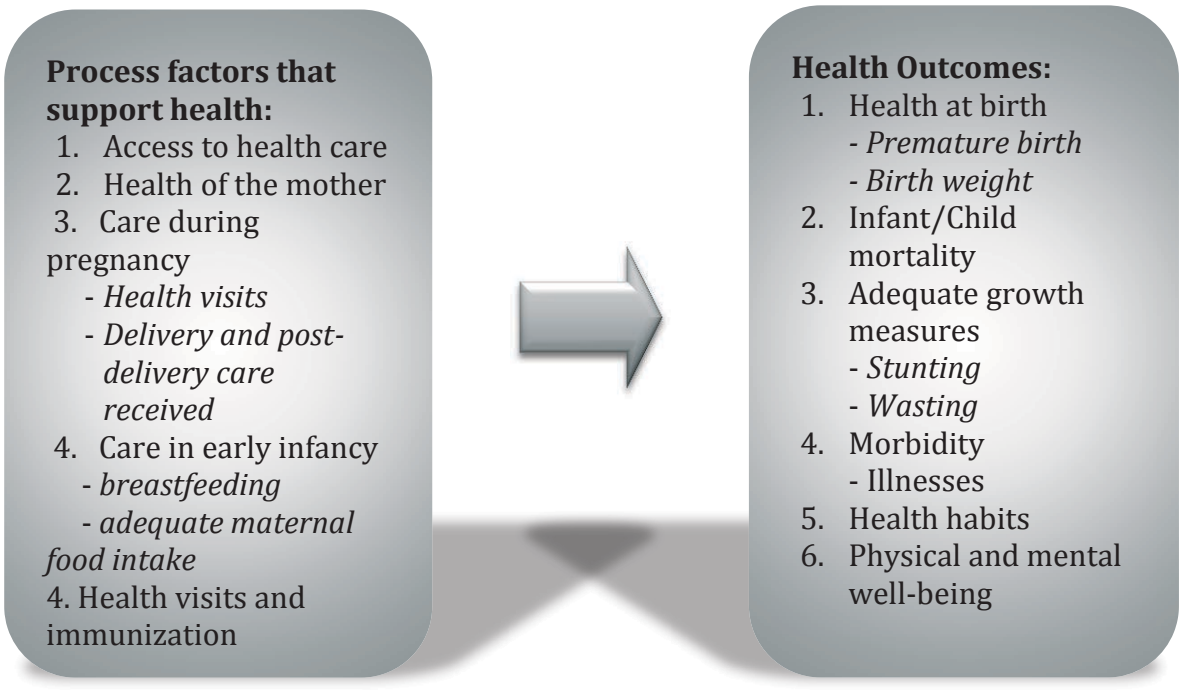
Source: TURKSTAT (2013b)

b. Health

Healthy development of children requires careful and adequate care in each developmental stage starting with the prenatal period. Poverty is the most reliable predictor for health outcomes at all age groups (WHO, 2002). Thus, the negative and cumulative impact of poverty, especially chronic poverty, has tremendous costs for the developing child. The health outcomes as well as processes that are impacted by poverty will be addressed in accord with the developmental stages. The data sets that allow for looking at the relationships between material deprivation and health process variables and outcomes will be used heavily (i.e. HIPS, 2009; HBSC, 2012).

Starting with the prenatal health predictors, it has been well documented that maternal physical health prior and during the pregnancy is a very important determinant of the health of the new-born (HIPS, 2003, 2009). Mediating process factors such as inadequate food intake at pregnancy has been linked with higher risk for low birth weight. Similarly access to health care visits during pregnancy and delivery conditions along with immediate care following the birth of the baby have been shown to be significant health predictors (HIPS, 2009).

Figure 3.3: Healthy prenatal development, infancy, toddlerhood, childhood and adolescence:



Health Care Coverage:

One of the most basic determinants of health is having means of seeking access to medical care when in need. This is where health inequalities often begin. When looking at the findings of the last wave of the DHS conducted in Turkey in 2008, we can see who gets left without the much needed health care coverage. There is an important segment of the population – about 16 percent of the society which has no form of health coverage leaving them vulnerable. Geographical disadvantage is clear in that those living in rural areas and those who live in the East have much higher rates of not having health care coverage. At this point, the implementation of general health insurance for children between the ages of 0-18 with the Social Security and General Health Insurance Law numbered 5510 at the end of 2008 is an important step for protection of children's health.

When household welfare status in the data of DHS 2008 before the implementation of general health insurance for children is taken into consideration, economically most deprived households carry a much bigger burden, despite the presence of the green card scheme covering the health care costs of the most disadvantaged. This gap in health care coverage can be thought of as affecting all members of the household; however, children suffer a bigger burden in these households due to this gap.

Table 3.4: Distribution of the regional health care coverage (%)

	Total	Urban	Rural	West	South	Middle	North	East
No coverage	16.1	14.1	22.5	16.2	17.6	14.3	10	19.9
Social Security coverage	69.1	75	51.4	76.6	63.4	76.4	74.3	39.6
Private health insurance	0.6	0.7	0.1	0.8	0.2	0.6	0.3	0.1
Green Card	13.7	10	25.3	5.8	18.1	8.2	14.7	39.9

Source: HIPS (2009) Turkey Demographics and Health Survey

Table 3.5: Distribution of health care coverage by welfare status of the household (%)

Welfare status of the HH	Lowest	Low	Average	High	Highest
No coverage	26.7	21.7	17.4	12.1	6.5
Social Security coverage	26.5	55.2	74	85.1	90.7

Private health insurance	0	0	0.1	0.2	2.3
Green Card	46.5	22.5	7.5	1.9	0.3

Source: HIPS (2009) Turkey Demographics and Health Survey

Table 3.6: Distribution of health care coverage by maternal education level (%)

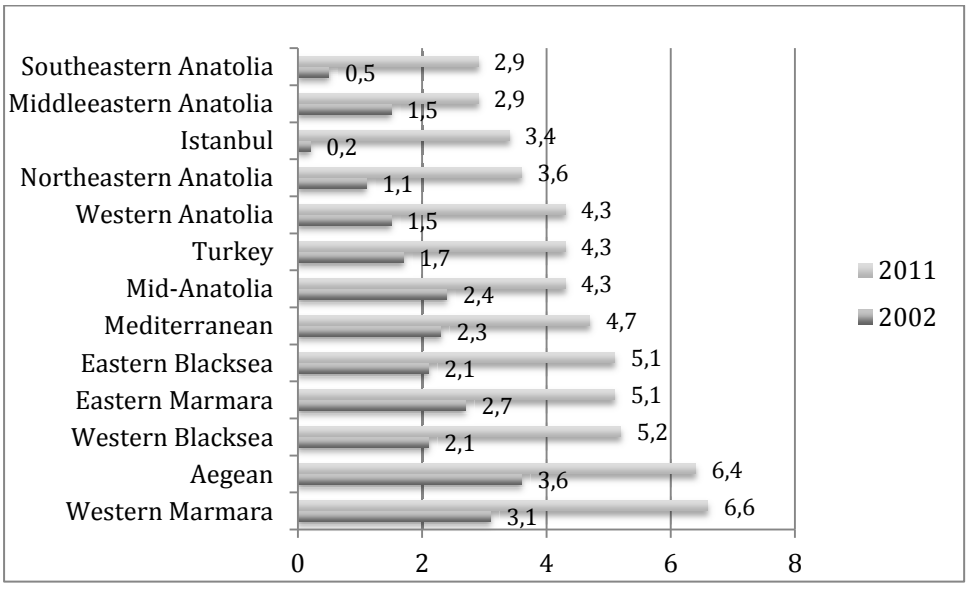
Maternal Education	No education	Primary school education	Junior High School education	High School and higher education
No coverage	21.1	17.8	17.3	7.1
Social Security coverage	43.7	69.9	74	88.9
Private health insurance	0	0.2	0.3	2.1
Green Card	34.6	11.4	11.8	1.8

Source: HIPS (2009) Turkey Demographics and Health Survey

Process Factors: Care During pregnancy and delivery:

Significant improvements have been see in the last decade in Turkey in terms of prenatal care and delivery indicators. Ministry of Health (MoH) has set up pregnancy monitoring program that involves four visits – first visit within the first 14 weeks, second visit within the 18th-24th weeks, third visit within 30th-32nd weeks, and the fouth visit within the 36th-38th weeks of gestation. During these visits, pregnant women are also provided with the 'Supplemental Iron Program'.

Table 3.7: Average of pregnancy monitoring between 2002-2011 at NUTS-1 level



Source: Turkish Public Health Institute

The rate of receiving at least one prenatal visit has gone up considerably in the last decade, from 70% in 2002, to 95% in 2011 (MoH, 2012). Similarly, rates of pregnancy, infant and child monitoring visits have gone up during the same period (see Tables 3.7,

3.13, 3.14). However, there are still significant variances between urban and rural context in terms of taking up prenatal care services (Table 3.7, 3.9, 3.10).

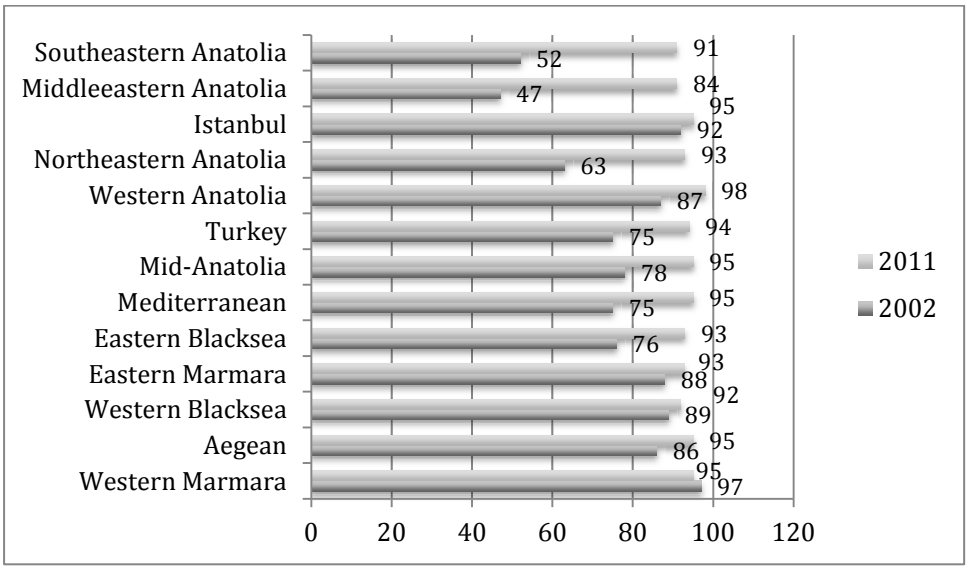
Table 3.8: Pregnancy and labor variables from 2002-2012 (%)

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Birth at health institutions (%)	75	78	79	80	82	85	90	91	92	94
At lest one antenatal care (%)	70	81	83	86	88	91	92	93	94	95
Rate of cesarian births in all deliveries (%)	21	21	25	29	32	36	37	43	46	47
Rate of married women between the ages of 15-49 who use contraceptives (%)	70	71	71	72	72	72	73	73	73	73

Source: 2003,2008- DHS; other years- Turkish Public Health Institute

According to the data of DHS 2008, 15.7 percent of the women in the rural sample did not receive any prenatal care as opposed to 5 percent of the urban women. Also, continuous prenatal care is an important health factor. Again the urban/rural difference is striking in that the rates of women having at least 4 prenatal visits or more was 54.8 percent in the rural context, while this number was 80.4 percent in the urban context. Similarly, basic prenatal assessments regarding the health of the infant, vitamin and mineral supplements for the pregnant woman are found to be significant for healthy development. Giving birth at a hospital and the related after delivery care by professionals are lagging behind for those living in the rural parts. Similar lags are also seen in the East region with much lower rates on these parameters of early life health variables.

Table 3.9: Percentage of institutional births at the NUTS-1 level, 2002-2012 (%)



Source: Turkish Public Health Institute

Further disadvantage is seen when household welfare and maternal education is taken into consideration. As can been seen in the below tables (Table 3.11, 3.12) those families with the least economic welfare, fail to receive the much needed health visits, necessary supplements during pregnancy and having professional care for the mother and the infant following the delivery. Very similar findings are obtained for mothers who have no education. Thus, much of the negative results of this lack of access are shared among women with no education and households with the least resources as a reflection of the potential cross-cutting of these two populations.

Table 3.10: Distribution of prenatal and delivery health variables by region (%)

	Total	**Urban**	**Rural**	**West**	**South**	**Middle**	**North**	**East**
Health visits	9	95	**84.1**	96.8	94.6	94.4	95.8	**79.2**
Iron supplement	79.9	83.5	**69.7**	85.6	82.6	87.1	82.6	**61.3**
Delivery at hospital	89.7	94	**79**	96	92.2	98.3	95.6	**72.2**
Not receiving care after giving birth	15.5	12.2	**24.8**	9.4	16.5	8	13.9	**32.6**
Receiving care within first 4 hours	63.4	66.9	**53.3**	69.7	61.7	67.3	66.9	**49.1**
Infant not receiving care after birth	11.1	7.9	**20.2**	4	11.2	5.9	4.6	**29.5**

Source: HIPS (2009) Turkey Demographics and Health Survey

Table 3.11: Distribution of prenatal and delivery health variables by welfare status of the HH (%)

Welfare status of the HH	Lowest	Low	Average	High	Highest
Health visits	**76**	90.7	98.7	97.8	98.7
Iron supplement	**61.8**	74.8	87.7	88.4	90.1
Delivery at hospital	**70.5**	91.8	96.4	98.8	98.9
Not receiving care after giving birth	**34.3**	16.2	11.5	8.6	3.8
Receiving care within first 4 hours	**46.8**	65	62.4	71.5	74.1
Infant not receiving care after birth	**28.6**	12	6.7	3.7	1.7

Source: HIPS (2009) Turkey Demographics and Health Survey

Table 3.12: Distribution of prenatal and delivery health variables by maternal education (%)

Maternal Education	No education	Primary school education	Junior High School education	High School and higher education
Health visits	**78.1**	93.3	97.1	99.3
Iron supplement	**57.3**	81.7	88.2	92.8
Delivery at hospital	**71.2**	92.9	97.6	99.6
Not receiving care after giving birth	**35.2**	13.2	9.3	5.4
Receiving care within first 4 hours	**48.2**	65	62.5	73.8
Infant not receiving care after birth	**27.9**	10.1	4	1.3

Source: HIPS (2009) Turkey Demographics and Health Survey

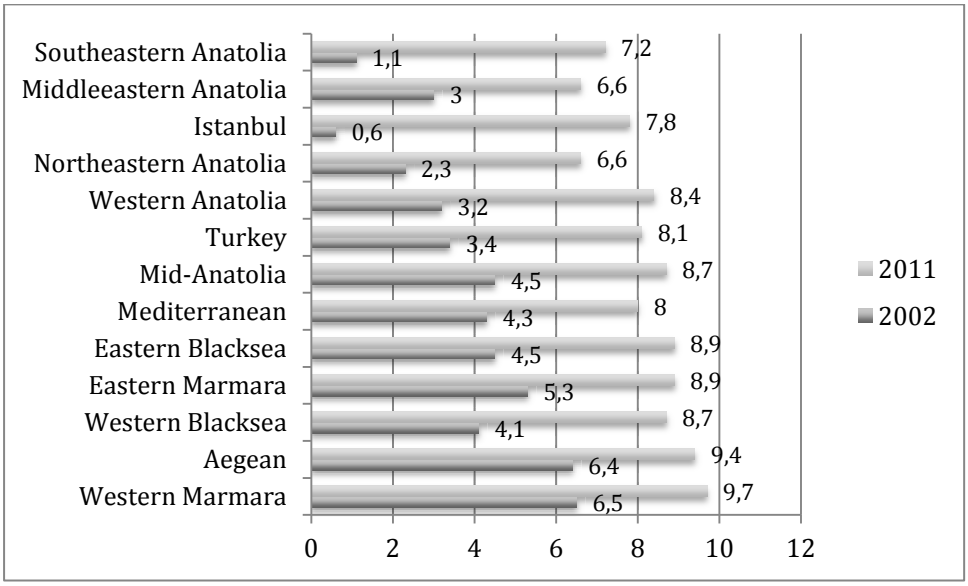
Again the importance of getting adequate attention after delivery cannot be underlined enough as this is a very sensitive period for health problems to occur both for the mother and the infant. DHS data also show a very distinct and persistent trend of less prenatal care for children who are later born in the birth order rank. Thus, sixth born child in a family receives substantially less care all around than first or second born (HIPS, 2009).

Early Infancy Development:

Process Factors in early childhood

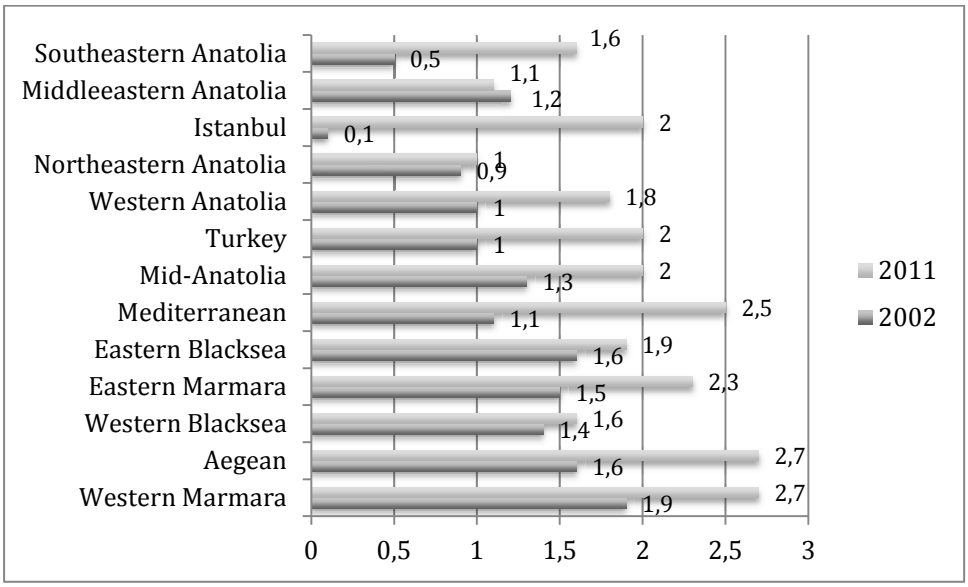
Infant and child monitoring program led by the MoH is an important program which has also contributed to the significant improvements in child health indicators. The infant monitoring program involves nine visits during the first 12 months of the infant's life. Infant and child monitoring program is based on negative evaluation for the family physicians in that if they do not follow up with the infants/children under their care, they will be penalized for it. Thus, MoH puts a lot of emphasis to have the monitoring programs be thoroughly completed. One nurse/midwife from the Family Health Centers is responsible for the home visits. It is also expected that the nurse/midwife will give consultations to the family as well as make referrals when necessary. MoH also carries out nationally the 'Supporting the Psychosocial Development of Children Program' as part of the child monitoring system, in which socio-economic conditions of the family, psychiatric mental status of the parents as well as signs of neglect/abuse are part of the observation points with which necessary referrals to services are provided so that children's optimal development is supported. This program is based on observations of the baby/child in the home context, thus home visits are essential parts of a healthy observation. Thus, strengthening the home visiting aspects of the child monitoring program is essential. Relying on phone check-ins would disable the early detection of risk factors that may hinder the development of children.

Table 3.13: Average of baby monitoring between 2002-2011 at the NUTS-1 level



Source: Turkish Public Health Institute

Table 3.14: Average of child monitoring between 2002-2011 at the NUTS-1 level



Source: Turkish Public Health Institute

Nutrition of the infant/child is extremely important for their health. Breastfeeding is a very important means of transferring the necessary nutrients and antibodies needed for the infant's immune system. While DHS data show that infants in Turkey are predominantly breastfed, only 68.9 percent of the less than 2 month old babies are exclusively breastfed, leaving behind a significant rate of other forms of liquid intake involving the use of the bottle (21.8 percent). While there are national campaigns of only providing breast milk to infants up to 6 months of age, only 41.6% of less than 6 months olds actually receive only breast milk at this time period (HIPS, 2009).

Again there is the disparity between the urban and rural women who are able to breastfeed in the first 24 hours after the delivery which is seen as a critical time for the infant (see Table 3.15). This gap is even more pronounced in the households with lowest levels of welfare (see Table 3.16). Thus, very early life divergences in health processes pave the way for further inequalities in outcomes.

Getting enough intake of iodine is necessary for healthy development. Lack of adequate iodine is linked with psychomotor retardation and mental retardation. Such impact is later seen in low academic success (HIPS, 2009). Lack of iodine is also a culprit in some cases of giving birth to a dead baby or having miscarriages. Thus, measurement of the levels of iodine in the salt used at home is an important factor to follow. Again a

significant portion of the rural population and those living in the East do not have iodine in the salt they use at home.

Immunizations are one of the best reliable means of protecting children's health from preventable illnesses which may otherwise create significant harm to the child's health. We again see that the rural regions as well as the East lagging significantly behind others regions in terms of completed immunizations of the children. Household welfare as well as maternal education also makes a big impact on this factor especially for those most disadvantaged children.

Table 3.15: Distribution of early childhood process factors by region (%)

	Total	Urban	Rural	West	South	Middle	North	East
Breastfeeding within 24 hours	73.4	76.2	**66.1**	80	75.2	76	77	**61**
No iodine in salt used at home	14.7	10.1	**28.5**	6.5	21.4	14.9	10.5	**38.6**
Complete immunizations	80.5	84.2	**71**	84.6	81.8	90	83.6	**64.3**

Source: HIPS (2009) Turkey Demographics and Health Survey

Table 3.16: Distribution of early childhood process factors by welfare status of the household (%)

Welfare status of the HH	Lowest	Low	Average	High	Highest
Breastfeeding within 24 hours	**60.2**	73.2	76.7	80	83.2
No iodine in salt used at home	--	--	--	--	--
Complete immunizations	**62.2**	81.6	86.2	89.5	85.3

Source: HIPS (2009) Turkey Demographics and Health Survey

Table 3.17: Distribution of early childhood process factors by maternal education (%)

Maternal Education	No education	Primary school education	Junior High School education	High School and higher education
Breastfeeding within 24 hours	**62.6**	75.4	77.7	78.7
No iodine in salt used at home	--	--	--	--
Complete immunizations	**64.9**	81.6	84.4	87.8

Source: HIPS (2009) Turkey Demographics and Health Survey

Outcomes of Health in Infancy and Early Childhood:

Three very vital health outcomes in infancy and early childhood are low birth weight status, infant and child mortality rates and malnourishment indicators of later childhood (being underweight and stunted). Turkey clearly has significantly improved towards reducing infant, child and maternal mortality in the last two decades (see Tables 3.18, 3.19, 3.20, 3.21 and 3.22).

Table 3.18: Comparison of child mortality rates based on WHO database (per thousand)

	Neonatal Mortality Rate		Infant Mortality Rate			Under Five Mortality Rate		
	1990	2010	1990	2000	2010	1990	2000	2010
Turkey	**32**	**8**	**66**	**33**	**12**	**80**	**42**	**13**
WHO-Europe	14	7	27	18	11	33	22	14
WHO- Upper middle income	23	11	39	27	16	49	33	19

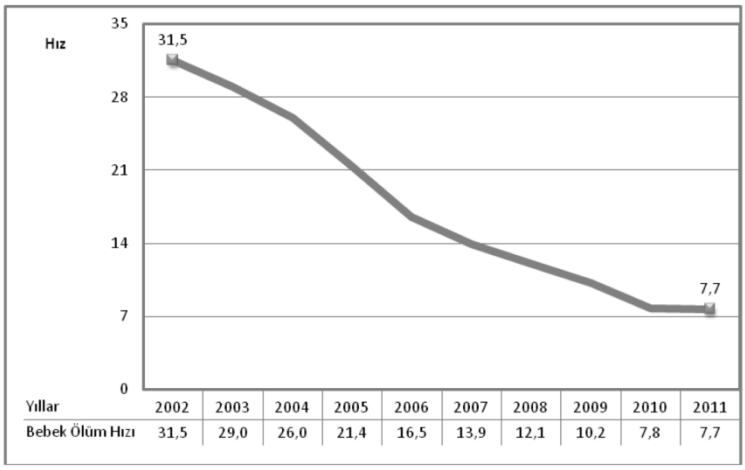
Source: WHO (2012)

Table 3.19: Comparative maternal mortality rates based on WHO database (per thousand)

	Maternal Mortality Rate		
	1990	2000	2010
Turkey	**67**	**39**	**20**
WHO-Europe	44	29	20
WHO- Upper middle income	120	76	53

Source: WHO (2012)

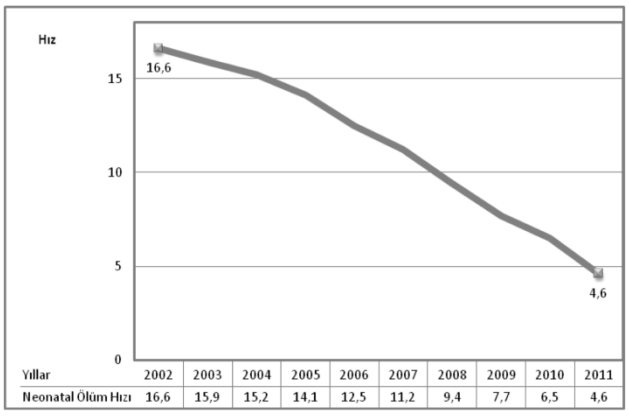
Table 3.20: 2002-2011 changes in infant mortality rates



Yıllar	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Bebek Ölüm Hızı	31,5	29,0	26,0	21,4	16,5	13,9	12,1	10,2	7,8	7,7

Kaynak: 2011 İstanbul Üniversitesi, Marmara Üniversitesi, Yıldırım Beyazıt Üniversitesi "Bebek ve Beş Yaş Altı Ölüm Araştırması 2012", Diğer Yıllar Türkiye Halk Sağlığı Kurumu

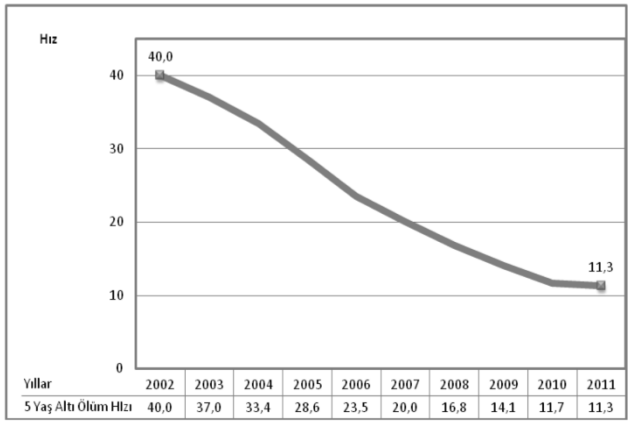
Table 3.21: Neonatal mortality rate (per 1000 live births)



Yıllar	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Neonatal Ölüm Hızı	16,6	15,9	15,2	14,1	12,5	11,2	9,4	7,7	6,5	4,6

Kaynak: 2011 İstanbul Üniversitesi, Marmara Üniversitesi, Yıldırım Beyazıt Üniversitesi "Bebek ve Beş Yaş Altı Ölüm Araştırması 2012", Diğer Yıllar Türkiye Halk Sağlığı Kurumu

Table 3.22: Under 5 mortality rate (per 1000 live births)



Yıllar	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
5 Yaş Altı Ölüm Hızı	40,0	37,0	33,4	28,6	23,5	20,0	16,8	14,1	11,7	11,3

Kaynak: 2011 İstanbul Üniversitesi, Marmara Üniversitesi, Yıldırım Beyazıt Üniversitesi "Bebek ve Beş Yaş Altı Ölüm Araştırması 2012", Diğer Yıllar Türkiye Halk Sağlığı Kurumu

Prematurity tends to be the most common reason for why children under the age of 5 die. As Table 3.23 outlines, congenital anomalies, birth asphyxia, neonatal sepsis and injuries follow as reasons for child mortality.

Table 3.23: Comparative rates of reasons for infant mortality based on the WHO database

	Turkey		WHO-Europe		WHO-Upper middle income	
Reasons for infant mortality (%)	1990	2010	1990	2010	1990	2010
Prematurity	**21**	**24**	20	21	17	19
Congenital anomalies	13	23	16	19	11	15
Birth asphyxia	8	7	8	9	14	12
Neonatal sepsis	7	7	5	4	3	4
Injuries	5	4	6	6	7	8
Other diseases	25	23	23	24	19	22

Source: WHO (2012)

Looking at comparative rates of low birth weight in full term babies tells us another part of the story about both maternal health and prenatal development. Turkey still has higher rates of low birth weight new-borns which deserves attention for the health of the mother (Table 3.24).

Table 3.24: Comparative rates of low birth weight of new-borns

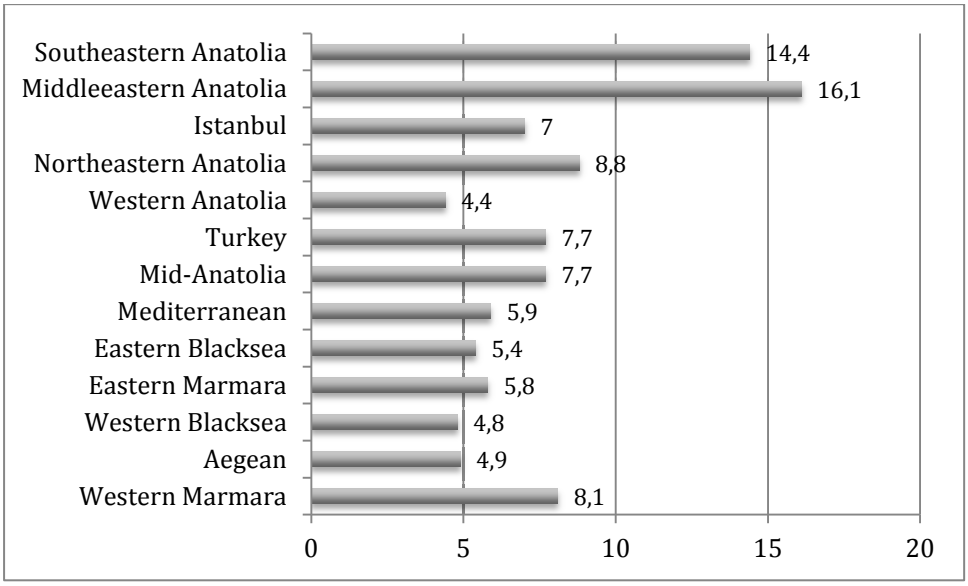
	Low birth weight newborns (%) 2005-2010
Turkey	**11**
WHO-Europe	7
WHO- Upper middle income	5

Source: WHO (2012)

While the overall improvement in reducing infant and child mortality is to be applauded, regional differences still run deep. Table 3.25 outlines these differences in urban vs. rural rates as well as regional variation. Coupled with much less prenatal and post-delivery care consumption in these regions with higher rates of all forms of infant and child mortality, further provisions of improving health care access has to be on the agenda.

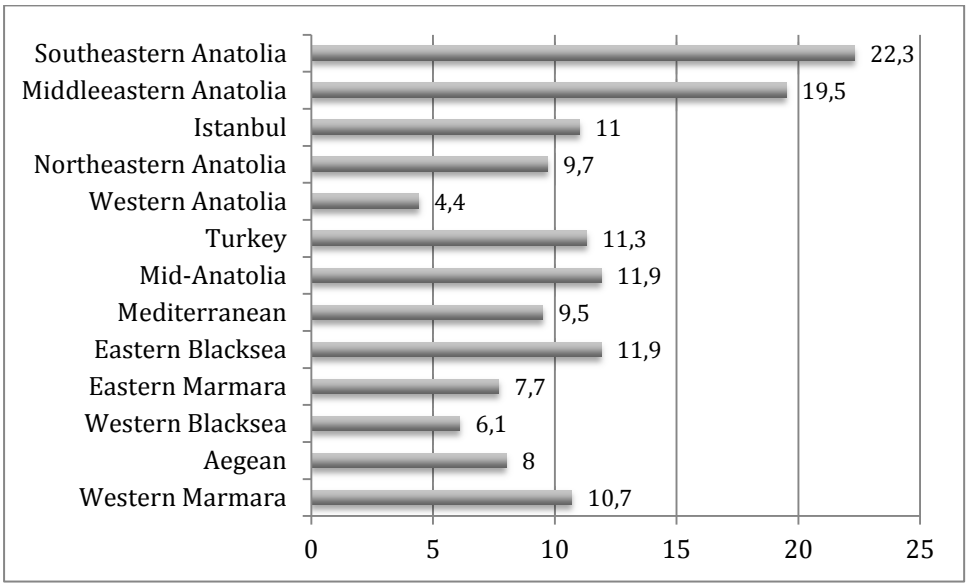
These geographical differences become more prominent with age which tends to show issues of chronicity. Thus, stunting and being underweight are signs of long-lasting malnutrition and serve as an indicator for poor health. Regional differences are more pronounced for this indicator reflecting important health inequalities.

Table 3.25: Under 1 years of age child mortality rate at the NUTS-1 level (per 1000 live births) 2011



Source: Istanbul University, Marmara University, Yıldırım Beyazıt University 'Infant and under five mortality Study, 2012'

Table 3.26: Under 5 Mortality rate at the NUTS-1 level (per 1000 live births) 2011



Source: Istanbul University, Marmara University, Yıldırım Beyazıt University 'Infant and under five mortality Study, 2012'

Table 3.27: Health outcomes for children in early childhood by region

	Total	Urban	Rural	West	South	Middle	North	East
Low birth weight (<2.5kg)	11%	10.8%	12%	9.1%	11.6%	10.4%	10.3%	**16.7%**
Neo-natal mortality rate (per thousand)	15	13	20	9	17	12	16	**24**
Post neo-natal mortality rate (per thousand)	11	9	14	7	13	9	8	**15**
Infant mortality rate (per thousand)	26	22	33	16	30	22	24	**39**
Child mortality Rate (per thousand)	8	7	10	10	6	1	3	**11**
<5 yr mortality rate (per thousand)	33	29	43	26	35	23	27	**50**
Underweight (<-2 sd)	2.8%	2.1%	4.8%	1%	3%	2.1%	2.8%	**5.8%**
Stunted	10.3%	7.6%	17.4%	7.6%	7.6%	4.5%	7%	**21%**

Source: HIPS (2009) Turkey Demographics and Health Survey

Similarly, Tables 3.28 and 3.29 list the significantly worse newborn, infant and child outcomes which reflect basic health inequalities that are not being remedied by policy practices. Thus, cumulative effects of poverty make a lasting imprint on the developmental trajectories of children.

Table 3.28: Health outcomes for children in early childhood by welfare status of the household

Welfare status of the HH	Lowest	Low	Average	High	Highest
Low birth weight (<2.5kg)	**16.5 %**	12.2 %	9.6 %	8.1 %	9.4 %
Neo-natal mortality rate (per thousand)	**22**	19	10	11	7
Post neo-natal mortality rate (per thousand)	**19**	11	6	7	4
Infant mortality rate (per thousand)	**41**	30	16	18	12
Child mortality Rate (per thousand)	**11**	9	4	4	9
<5 yr mortality rate (per thousand)	**52**	38	21	23	20
Underweight (<-2 sd)	**6.9%**	1.9%	1.8%	1.4%	0.6%
Stunted (<-2 sd)	**22%**	10.8%	7.9%	2.5%	2.1%

Source: HIPS (2009) Turkey Demographics and Health Survey

Table 3.29: Health outcomes for children in early childhood by maternal education

Maternal Education	No education	Primary school education	Junior High School education	High School and higher education
Low birth weight (<2.5kg)	**18.3 %**	10.9 %	6.6 %	8.9 %
Neo-natal mortality rate (per thousand)	**23**	14	9	
Post neo-natal mortality rate (per thousand)	**18**	10	4	
Infant mortality rate (per thousand)	**41**	24	13	
Child mortality Rate (per thousand)	**12**	5	8	
<5 yr mortality rate (per thousand)	**53**	29	21	
Underweight (<-2 sd)	**7.2%**	2.1%	1%	0.6%
Stunted (<-2 sd)	**22.6%**	8%	6.4%	4.2%

Source: HIPS (2009) Turkey Demographics and Health Survey

The last wave of the DHS (2008) shows that child mortality rates differs depending on the birth order rank. . While the distribution of the number of children in the family is not random by region, thus the higher mortality rates may also reflect poorer access to health services.

Table 3.30: Infant and child mortality rates by birth order (per thousand)

Birth order	Neo-natal mortality rate	Post neo-natal mortality rate	Infant mortality rate	Child mortality rate	<5 yr mortality rate
1	13	7	21	5	26
2-3	12	10	22	7	28
4-6	23	17	40	12	52
7+	30	17	47	17	63

Source: HIPS (2009) Turkey Demographics and Health Survey

Thus, while the overall improvement in infant and child mortality rates are exciting, the impact is not trickling down to those who suffer the biggest levels of deprivation. Children born to these families start life with significant disadvantages beginning from the prenatal period, which get exponentially expanded as each developmental level brings further deprivation.

Adolescence:

Adolescence is an important passage period during which time children start to make more conscious choices and may divert away from healthier patterns that were established earlier (Currie et al, 2012). This is also a time frame in which children appraise their social status vis-a-vis others and feel and act on social discriminatory and exclusionary messages by others. Thus, understanding the dynamics that are at play in adolescents' choices and behaviours and their relationship to (health) inequalities are very essential for policy development.

Social Determinants of Health: Health Behaviour of School Children Survey

Turkey has participated in the last 2 waves of the Health Behaviours in School-aged Children (HBSC) survey, a WHO collaborative international survey that investigates health, well-being and health behaviours of school-aged children (11 year-olds, 13 year-olds and 15 year-olds) along with the determinants of these in all the participating countries. From the outset, the survey aims at following not just numeric trends in each country in a comparative way, but looks at how adolescents' experiences in their neighbourhood, school and family shape their health and health behaviours. Social inequalities in health have been traditionally measured by SES differences based on income and/or education. HBSC is leading the field by taking into account further the role of gender, ethnicity, age, place of residence and disability as important dimensions of social difference (Currie et al, 2012). Also, psychological well-being along with physical well-being is incorporated into the survey.

In the last wave of data collected from Turkey, 5574 students participated in data collection. One caveat to add is that MoNE did not issue approval for questions regarding cigarette smoking, alcohol intake and sexual health, thus they were not included in the survey for the Turkish sample.

HBSC uses a material deprivation item list to group the respondent adolescents into family affluence groups. It was striking that the Turkish sample was made up of 62 percent low affluence, 30 percent medium affluence and 8 percent high affluence, representing the most heavily low family affluent country. The family structure

distribution for the Turkish sample was 81 percent living with both parents, 14 percent living with a single parent.

11 year-olds and 13 year-olds Turkish adolescents had the highest ranking in reporting having headaches more than once a week. 15 year-olds were ranked second most high group complaining of headaches. This finding is similar to the earlier wave in which Turkish adolescents took part in. Thus, Turkish adolescents have the highest rating of physical symptoms compared to the other adolescents from differing countries. Additionally, Turkish adolescents' report of accidents within the last 12 months and the rates of feeling bad about themselves are significantly above HBSC averages. Lastly, Turkish adolescents' engagement in physical activities is very low below the HBSC average. Needless to say, low levels of participation in physical activities are related to the paucity of physical spaces that can be used by the teens for physical activities.

Table 3.31: Rates of health related questions on HBSC questionnaire (%)

	11 year-olds			**13 year-olds**			**15 year-olds**		
Self-rated health as poor	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Turkey	**13**	**17**		**14**	**17**		**15**	**22**	
HBSC average	10	13		12	17		14	23	
Multiple health complaints	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Turkey	**56**	**65**		**62**	**73**		**54**	**65**	
HBSC average	25	32		26	39		26	44	
Headache more than once a week	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Turkey	**23**	**32**	**27**	**25**	**36**	**31**	**22**	**35**	**29**
HBSC average	13	18	16	13	22	17	12	26	19
Medically attended injuries in the last 12 months	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Turkey	**71**	**63**		**66**	**55**		**54**	**39**	
HBSC average	48	38		50	39		47	37	
Feeling low more than once a week									
Turkey	**37**	**48**	**42**	**41**	**58**	**49**	**40**	**52**	**46**
HBSC average	11	16	13	12	21	16	21	25	19
Obesity rates									
Turkey	**26**	**14**	**20**	**25**	**14**	**19**	**19**	**7**	**13**
HBSC average	28	18	23	24	14	19	21	12	16
Daily vegetable consumption									
Turkey	**26**	**36**	**31**	**27**	**36**	**32**	**21**	**31**	**26**
HBSC average	32	40	36	29	35	32	26	35	31
Participating in physical activity >2 per week									
Turkey	**40**	**24**	**32**	**43**	**19**	**31**	**46**	**16**	**31**

HBSC average	55	43	49	58	44	51	60	42	51
Negative body image	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Turkey	**14**	**15**		**14**	**20**		**14**	**18**	
HBSC average	22	27		24	36		22	40	
Brush teeth more than once a day	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Turkey	**36**	**47**		**27**	**40**		**26**	**50**	
HBSC average	60	69		56	71		55	75	

Source: HBSC (2012)

When the data was analysed to capture the relationships between family affluence and health behaviours and outcomes, low family affluence was correlated with poor self-rated health, multiple health complaints (Currie et al, 2012).

SPECIAL AT RISK GROUPS:

Disability Status:

Disabled children are a further disadvantaged group among the at risk group among the children population. TURKSTAT data show that about 4-5 percent of children are disabled and need adequate health care as well as special provisions to be put in place in order for them to use their right to participate in society to the full extent possible. There is qualitative research evidence conducted with families living in dire conditions which reflect extremely high rates of handicapped members as well as members with serious chronic illnesses (Erdoğan, 2002).

Table 3.32: Rates of disability by age and gender (%)

	Total disabled population			**Orthopedically, seeing, hearing, speaking and mentally disabled population**			**Population having chronic illnesses**		
	Total	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**
Turkey	12.3	11.1	13.5	2.6	3.1	2.1	9.7	8.1	11.3
Age group									
0-9	4.2	4.7	3.6	1.5	1.7	1.4	2.6	3.0	2.2
10-19	4.6	5.0	4.3	2.0	2.3	1.7	2.7	2.7	2.6

Source: TURKSTAT and OZIDA (2004)

Child Brides and Mothers:

Young females are especially at disproportional risk at getting married in their teens. While there appears to be some decline in the recent years (between 2000-2011 trends) in the rate of young females less than 19 getting married, close to a quarter of new

marriages in 2011 were among females less than 19 years of age. While these numbers reflect civil weddings, especially in the rural parts of Turkey, the age at with young girls are expected to get married is very low. Thus, young girls are not only deprived of opportunities to fulfil their potential, they are forced into early spousehood and subsequent motherhood.

Table 3.33: Marriage age distribution by gender (%)

Age of marriage	Male	Female
-18	**6.5**	**29.2**
18-24	55	58.8
25-29	30.3	9.1
30-34	6.3	2.1
35+	1.8	0.9

Source: MoFSP (2011), Study on Family Structure

Table 3.34: Marriage rates by gender among 16-19 year olds

Gender in the Married Couple	Year	Total marriages in target year	Marriages taking place among 16-19 year olds	% of 16-19 year olds married
MALE	2002	510,155	18,610	3.65
FEMALE		**510,155**	**128,771**	**25.24**
MALE	2003	565,468	18,924	3.35
FEMALE		**565,468**	**147,535**	**26.09**
MALE	2004	615,357	18,111	2.94
FEMALE		**615,357**	**158,080**	**25.69**
MALE	2005	641,241	18,952	2.96
FEMALE		**641,241**	**167,342**	**26.10**
MALE	2006	636,121	18,647	2.93
FEMALE		**636,121**	**163,913**	**25.77**
MALE	2007	638,311	18,315	2.87
FEMALE		**638,311**	**164,087**	**25.71**
MALE	2008	641,973	17,830	2.78
FEMALE		**641,973**	**157,953**	**24.60**
MALE	2009	591,742	16,243	2.74
FEMALE		**591,742**	**143,178**	**24.20**
MALE	2010	582,715	14,824	2.54
FEMALE		**582,715**	**134,874**	**23.15**
MALE	2011	592,775	14,217	2.4
FEMALE		**592,775**	**130,647**	**22.04**

Source: TURKSTAT (2012b)

Table 3.35: Distribution of giving birth in women younger than 20

Year	Total Births	Age group of mother			
		<15	15-19	<20	%
2001	1,323,195	2,726	154,304	157,030	11.87
2002	1,229,417	2,558	135085	137,643	11.20
2003	1,198,763	2,346	123984	126,330	10.54
2004	1,222,242	1934	123,802	125,736	10.29
2005	1,243,513	1,703	123409	125,112	10,06
2006	1,254,157	1,597	121371	122,968	9.80
2007	1,287,784	1357	119701	121,058	9.40
2008	1,292,839	1084	118420	119,504	9.24
2009	1,261,299	727	110009	110,736	8.78
2010	1,253,309	459	100400	100,859	8.05
2011	1,237,172	355	93873	94,228	7.62

Source: TURKSTAT (2012b)

c. Education

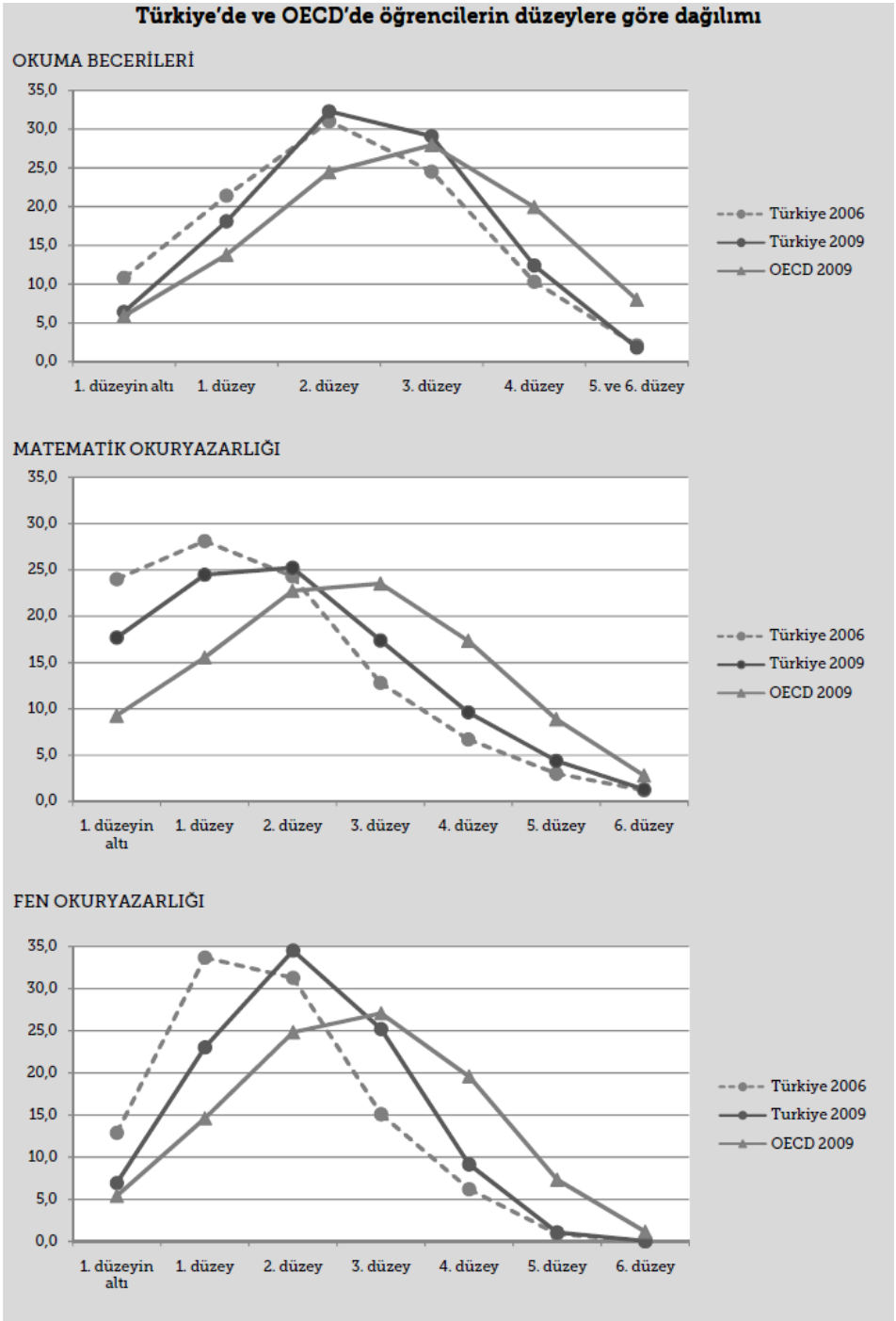
Inequality of opportunity in access to quality education is one of the fundamental problems in the field of education in Turkey. Due to the inequality of opportunity, the education system lacks a structure which ensures mobilization in the society. The most striking result of this is that the educated human population which increasingly needed in the country can not be met. As the Economic Policy Research Foundation of Turkey (TEPAV) had underscored in its Evaluation Report titled *Intergenerational Mobilization in Education: Current Situation of Turkey in Terms of Equality of Opportunity,* one of the principal obstacles preventing Turkey from becoming a high income country, despite the fast economic development it has achieved is that its human capital falls behind the need that economic development brings forward (Aslankurt, 2013). The inclusiveness of the education is not enough to make up the human capital that Turkey needs.

When compared with the other OECD countries, Turkey also falls behind in terms of the education indicators. According to a recent study by OECD countries, the average years in education in which over 90 percent of the population is enrolled is 7 in Turkey while the OECD average is 13, despite the similarities in terms of the duration of the compulsory education across countries. The situation might be expected to change since secondary education is made compulsory.

Turkey also falls behind the other countries in OECD-PISA indicators. The Programme for International Student Assessment (PISA) implemented by the OECD, aims to evaluate the quality, equality and efficacy of school systems in nearly 70 countries by focusing on competences in basic skills like reading skills, mathematical literacy and science literacy of 15-year-old children (OECD 2011a: 18-20). Turkey participated in PISA activities in the years 2003, 2006 and 2008 and has shown progress in time, with regards to performance. Nevertheless, Turkey still ranks at the lowest levels, being the 29th among 30 OECD countries in 2006 wave and 32th among 34 OECD countries in 2009 wave (ERI, 2011b). In analysing the basic qualitifications or competences of children in every field, their performances are ranged according to levels and Level 2 is regarded as the threshold for a basic competence in each field. According to the results, the students in Turkey can not show a considerable competence in any of the three fields. The number of students who show a higher level of success than Level 2 are significantly less than the number of students who show a lower level of success than Level 2. Also, 15-year-

old students in Turkey are especially unsuccessful in the following fields with the following rates: %25 of them in reading skills, %42 in mathematical literacy, %30 in science literacy. Figure 3.4 which is given below, shows the distribution of students according to the levels they obtained separately in these three fields.

Figure 3.4: Comparative PISA results



Source: Education Reform Initiative (2011b)

- The factor that determines what type of an education children will receive in Turkey is the socio-economic status of their families.

PISA results are also striking in terms of demonstrating the relationship between socio-economic environment and educational gains. PISA uses the Index for Economic, Social and Cultural Status (ECSC), in order to measure the impact of socio-economic and cultural dimensions on educational gains. As indicated in Table 3.36, Turkey –together with Mexico- has the highest share in terms of students living in the most disadvantaged socio-economic environments. As for the correlation between the income inequality, socio-economic environment and performance, Turkey ranks among the countries whose income inequality rate is above the OECD average and where the ties between PISA performance and socio-economic environment are considerably strong (See the Figure 3.5 given below.). As it is obvious in the figure below, socio-economic environment is one of the main determinants in educational gains, in Turkey (OECD 2010b: 34).

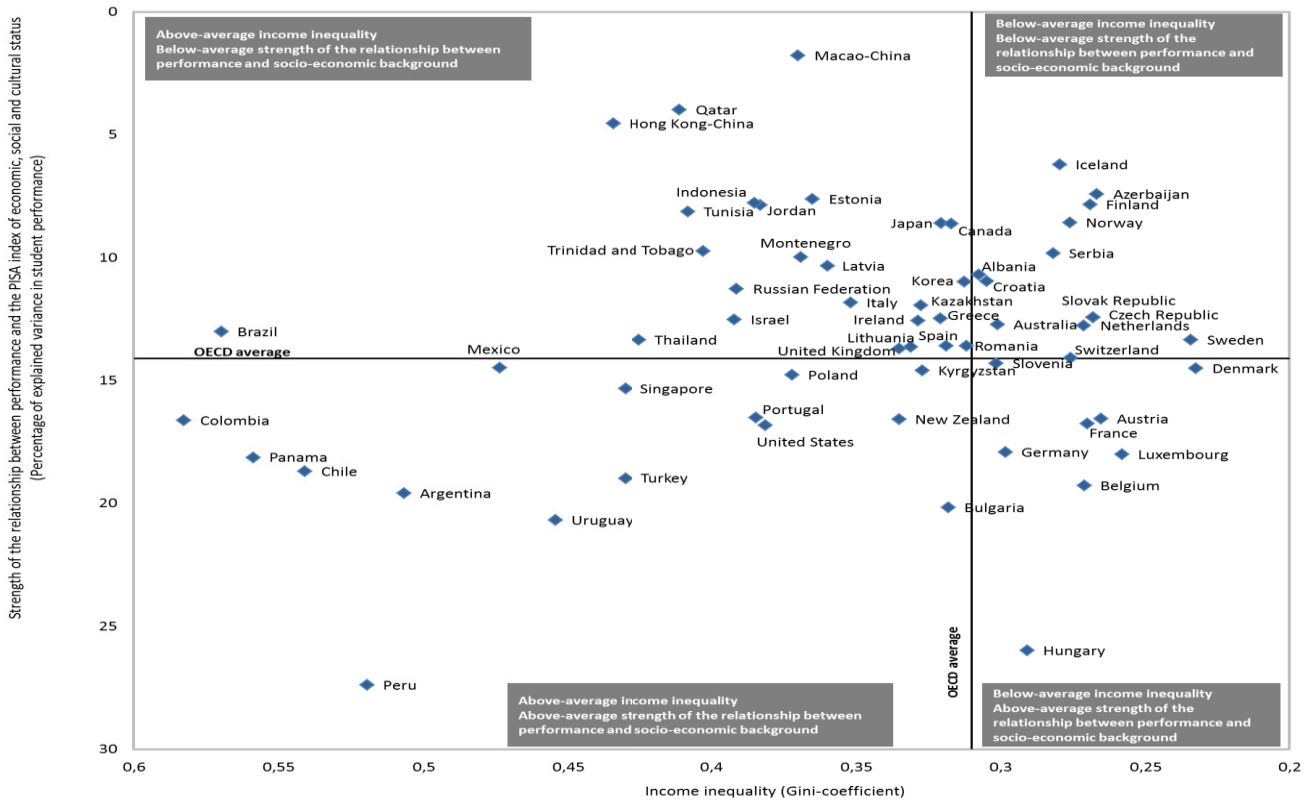
Table 3.36: Socio-economic Indicators that Affect the Performance of Students in PISA

	Socio-economic Indicators						
	Reading Skills Performance	**Per capita GDP***	**Cumulative expense per student who are in 6-15 age group ****	**Ratio of the population in 35-44 age group, with a third level of education**	**The ratio of 15-year-old students who are currently immigrant or have an immigrant background**	**Ratio of the students whose countries are under the ESCS index**	**Size of the population of 15-year-old students**
Australia	515	37,615	72,386	37.6	19.3	3.4	240 851
Austria	470	36,839	97,789	19.3	15.2	8.4	87 326
Belgium	506	34,662	80,145	35.3	14.8	9.0	119 140
Canada	524	36,397	80,451	54.2	24.4	3.7	360 286
Chile	449	14,106	23,597	24.4	0.5	37.2	247 270
Czech Republic	478	23,995	44,761	14.4	2.3	9.2	113,951
Denmark	495	36,326	87,642	37.1	8.6	7.2	60,855
Estonia	501	20,620	43,037	34.6	8.0	6.7	12,978
Finland	536	35,322	71,385	43.8	2.6	3.9	61,463
France	496	32,495	74,659	31.2	13.1	13.9	677,620
Germany	497	34,683	63,296	26.7	17.6	8.2	766,993
Greece	483	27,793	48,422	26.5	9.0	17.7	93,088
Hungary	494	18,763	44,342	19.0	2.1	19.1	105,611
Iceland	500	36,325	94,847	36.2	2.4	3.5	4,410
Ireland	496	44,381	75,924	36.8	8.3	10.4	52,794
Israel	474	26,444	53,321	45.9	19.7	12.7	103,184
Italy	486	31,016	77,310	15.2	5.5	21.4	506,733
Japan	520	33,635	77,681	48.4	0.3	7.9	1,113,403
Korea	539	26,574	61,104	42.5	0.0	15.8	630,030
Luxembourg	472	82,456	155, 624	28.4	40.2	16.1	5,124
Mexico	425	14,128	21,175	15.7	1.9	58.2	1,305,461
Holland	508	39,594	80,348	32.5	12.1	6.5	183,546
New Zealand	521	27,020	48,633	39.9	24.7	8.6	55,129
Norway	503	53,672	101,265	38.4	6.8	2.4	57,367
Polond	500	16,312	39,964	18.8	0.0	20.7	448,866
Portugal	489	22,638	56,803	14.5	5.5	33.5	96,820
Slovakia Republic	477	20,270	32,200	13.9	0.5	10.4	69,274
Slovenia	483	26,557	77,898	23.7	7.8	10.2	18,773
Spain	481	31,469	74,119	32.6	9.5	29.0	387,054
Sweden	497	36,785	82,753	32.7	11.7	5.1	113,054
Switzerland	501	41,800	104, 352	36.4	23.5	11.1	80,839
Turkey	464	13,362	12,708	10.6	0.5	58.0	757,298
United Kingdom	494	34,957	84,899	33.0	10.6	5.6	683,380
USA	500	46,434	105,752	43.0	19,5	10.4	3,373,264

** It has been changed into USD Dollar, using the purchasing power parity.*
*** It has been changed into USD Dollar, using the purchasing power parity.*

Source: OECD (2012) Education at a Glance 2011, Annex B1.

Figure 3.5: Ratio of countries with regards to how much they are affected by the results of the Programme for International Student Assessment



Source: OECD (2012) Education at a Glance 2011

Disparities Among Schools

Quality education determines both the existing competences of children and their future potentials. High enrolment and low drop-out rates are positive outcomes in the field of education. However, child well-being is closely related to equal access to quality education. The resources of the school (ranging from physical conditions to the quality of teachers) are indicators of a child's developmental and participatory capabilities. At this point, 'the resource and quality gap' among public schools emerge as a barrier before the well-being of children.

Different studies that look at the educational system point to existing inequalities (Aslankurt, 2013; Candaş et al., 2011; ERI, 2011b). The study carried out by Candaş et al also demonstrates that public schools no longer provide equal opportunities for children (Candaş et al., 2011). The socio-economic conditions of families determine what type of a public school their child will attend. The study demonstrates that children coming from a low socio-economic background go to 'poor' schools which have less resources

and inadequate physical conditions. As for the children of wealthier families, they can receive education in the schools with better conditions. Here, it is necessary to underline that the gap between public and private schools are not being referred here.

What needs a crucial attention here is the widening gap between public schools which are supposed to provide equal opportunities to children. According to the study, public schools in neigbourhoods with higher socio-economic status have better physical conditions, the teacher-student ratio is low, the income of the school is high, the quality of the products sold at the school cafeteria are better[2]. After the regular course programme, they provide additional study sessions (*etüt*) and school buses for children. They have personnel such as cleaning staff and security guards. Unlike the public schools in neigbourhoods with higher socio-economic status, the poor schools where mostly the children with a migrant background attend, have worse physical conditions, the teacher-student ratio is high, the income of the school is low, the quality of the products sold at the school cafeteria is low, there aren't any school buses, nor sufficient cleaning staff, security guard at the gate or any after-school study sessions (*etüt*). The education expenditures by the central government directed to the public schools are comprised of similar items such as salaries of the teachers or utilities expenses covered by the local administrations and public schools do not receive any extra budgetary allocation other than those items. In this respect, such differences between public schools would stem mainly from the so-called "variable" revenues of the public schools comprising contributions made by the families as well as share received from canteen revenues (Candas et al. 2011: 47-49). The study also demonstrates that this school segregation is regionally bound. The poor schools are situated in poor neighbourhoods while wealthy schools are situated in the wealthy neighbourhoods. These are only a list of the observations that were obtained in a field study carried out in Istanbul. However, it is important to demonstrate how the increasing gap among public schools creates inequality in education.

Successful school systems provide an opportunity of education in equal standards to every student, independent of the socio-economic status of their family. The concern of

[2] Standards are developed in line with the By Law on Hygenic Rules for School Canteens published in the Official Gazette numbered 28550 dated 5 February 2013.

the MoNE for introducing standards in primary education and Primary Education Institution Standards Certificate are important steps in this regard. However, **it is necessary to consider the public finance allocated to education, within this context.**

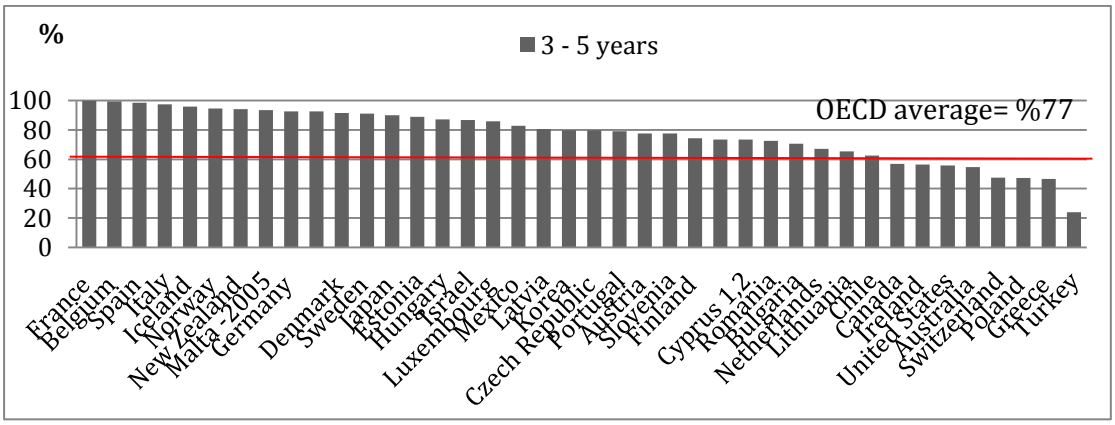
While the majority of OECD countries adopt a affirmative action approach with regards to resource transfer to the schools with low socio-economic indicators (such as assigning more teachers), it is necessary to underline that it is not a priority of policy in Turkey.

Risks Related to Schooling

Loss of Momentum in Pre-school Education

Considering the significance of pre-school education programmes for early childhood education period, the average enrolment rate of children aged 3-5 in pre-school education, in Turkey is 23.8% which is the lowest rate among the OECD countries. As it is shown in the Figure 3.6, this rate is significantly under the OECD average (77%). Furthermore, since the compulsory enrolment in pre-school education is fully not prioritised across the country, the expected attendance period of children aged 3-5 in pre-school education appears to be less than a year (0,7) while this figure is approximately 2.3 years in OECD countries (OECD, 2011a).

Figure 3.6 The average enrolment rate of children aged 3-5 in pre-school education programmes (2008)



Source: OECD (2011a) OECD Database. Paris: OECD

UNESCO (2008) reports that the net enrolment rate in pre-school education in Turkey for the school year ending in 2006 is 13%, ranking as the lowest among the central and

eastern European countries and the OECD counterparts. The annual statistics published by Ministry of National Education (2012) show that there has been a considerable progress in the recent years where the enrolment rates have more than doubled (See Table 3.37). The Ministry of National Education has prioritised pre-school education and initiated the Strengthening Pre-school Education Project in 2009. Since 2009, there has been observed an increase in enrolment rates in pre-school education.

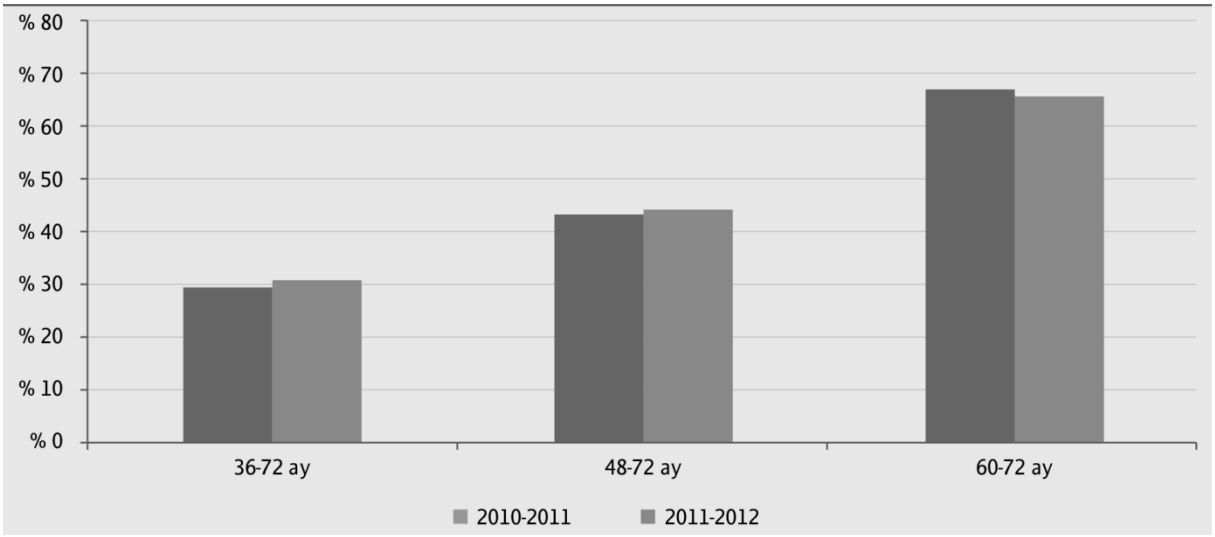
Table 3.37 – Net enrolment rates in pre-school education programmes (%)

		Preschool Education		
		Total	**Boy**	**Girl**
2009/10	**Age 3-5**	26.9	27.3	26.5
	Age 4-5	38.6	39.2	37.9
2010/11	**Age 3-5**	29.9	30.3	29.4
	Age 4-5	43.1	43.7	42.5
2011/12	**Age 3-5**	30,9	31,2	30,5
	Age 4-5	44	44,6	43,5
	Age 5	65,7	66,2	65,2

Source: MoNE (2012) National Education Statistics – Formal Education 2010-2011, p.1.

Though enrolment in pre-school education increases, the extension of pre-school education across the country advances very slowly. Also, the disparities among the provinces should be underscored. On the other hand, there has been recorded a decline in the schooling rate in pre-school education among 60-72 month children. In 2011-2012 education year, the number of provinces included within the scope of %100 access was increased, but the net schooling rate declined to %65.7, with a fall of %1.21 (ERI, 2012a).

Figure 3.7: Schooling Rates in Pre-school Education According to Age Groups, 2010-2011 and 2011-2012



Source: ERI (2012a)

Education Reform Initiative (ERI,2012a) proposes to examine 5 main areas regarding the factors that could explain the loss of momentum in pre-school education:

- The difficulties arising from the restructuring period of the MoNE
- Inadequacies related to physical infrastructure
- Failure to support the institution-based approach with alternative models
- The fact that pre-school education is not free
- Lack of a holistic and balanced approach in pre-school education

The fact that pre-school education is not free confers risk that slows down schooling in pre-school education and creates socio-economic and regional inequalities in access.

4+4+4 system and the prospective risks

4+4+4 education system is a domain that should be closely monitored in the following years; and necessary actions should be taken quickly and funds should be allocated so that this system does not hamper schooling and reduce the quality of education. As the ERI emphasizes, no adequate preparations were made in 2012 Central Management Budget regarding the high expenses that this new system will lead to (ERI, 2012a).

4+4+4 system might lead to an increase in the needed investments and in the expenses for teachers due to lowering the entry age to school as well as requiring changes in the structure of schools due to a 4+4 structure within basic education and making secondary school compulsory. These all necessitate extra transfer of resources to education (ERI, 2012a). It is also necessary to monitor how this system, for which the education infrastructure was unprepared, will affect the attendance of children to school.

Non-attendance

Non-attendance is one of the fundamental risks related to participation in formal education and it should be monitored. Enrolment rates are prepared based on the official documents that are submitted on the administrative/registration data collected at the beginning of the education year. In this context, it should be emphasized that non-attendance should be taken into account as an important issue. According to the 2010 Education Monitoring Report of ERI, the ratio of students who failed to attend school for more than 20 days in primary school, during the education year was %4.3 in 2009 while it increased to %10.4 in 2009-2010 education year (ERI, 2011a). As for the administrative data related to attendance to secondary school, they show that nearly half of the students were absent from school for more than 20 days in 2009-2010 education year (ERI, 2011a). However, it is indicated in ERI's 2011 Education Monitoring Report that the non-attendance data was not provided by the MoNE for the education year 2010-2011 (ERI, 2012a). The data on non-attendance is not a shared data in the formal education statistics of the MoNE, either. Sharing the data on non-attendance which is easily collected on a regular basis through the e-school system would facilitate monitoring. In this regard, **SNAM (Stepwise Non-Attendance Management)** is a significant step. The implementation of SNAM will serve as a powerful tool for the Ministry for monitoring and intervening in non-attendance. The draft report of the MoNE on Needs Analysis about Non-Attendance and Drop-Out Risk (MoNE, n.d.)[3] is also a comprehensive report that puts forward the risks in detail in this regard. Using these tools effectively might lead to prevention of non-attendance and even dropping out of school.

[3] http://ysop.meb.gov.tr/dosyalar/adey/ihtiyacanaliziraporu.pdf

Table 3.38: The attitude related to drop-outs

Which of the following reasons apply for not continuing in school?	General		Gender				Economic Conditions			
			Female		Male		Low		High	
	N	%	N	%	N	%	N	%	N	%
Having difficulty commuting to schopş	102	11.8	51	52	47	48	44	89.8	5	10.2
Needing to work to earn money for the family	69	8	15	21.1	53	77.9	36	83.7	7	16.3
Health problems (self or another family member's)	351	40.8	203	59	141	41	111	64.2	62	35.8
My grades being low	88	10.2	43	50	43	50	28	73.7	10	26.3
My family not wanting me to go to school	60	7	41	69.5	18	30.5	21	80.8	5	19.2
Not liking the school	76	8.8	32	42.7	43	57.3	22	61.1	14	38.9
Not liking my teacher	20	2.3	7	38.9	11	61.1	7	53.8	6	46.2
Not liking the principle	11	1.3	8	72.7	3	27.3	5	62.5	3	37.5
Not feeling safe at school	82	9.5	46	56.1	36	43.9	32	76.2	10	23.8

Source: MoNE (n.d.) Non-Attendance and Drop-Out Risk Needs Analysis Report

What is stiriking here is that the children of families with a low socio-economic status list the principal reasons for their non-attendance as having difficulty in going to school, working life, their family's unwilligness to send them to school and their feeling unsafe in the school. The inclusiveness of the school becomes an important matter of debate. Based on **the needs analysis report, transportation to school, school success and feeling unsafe in school emerge as the three main indicators that need to be monitored.**

In the study conducted by Gökşen et al., the risk factors that are connected to dropping-out are demonstrated as the attitude of the family, the scoio-economic status of the family and the noninclusiveness of the schools. (Gökşen et al., 2006). The below list show the at risk indicators for dropping out of school:

- Gender (girls)
- Children of illiterate families
- Children of families who have no interest in school
- Families whose expectations from education are low
- The fact that the language spoken in the family is not Turkish
- Children who are forced to work
- Per capita expense in the household
- Not owning the house they live in

- Low levels of belonging in school
- Communication with a problem teacher
- Lack of physical facilities in the school

Lack of adequate guidance counselors in schools

Schools also have an important role in identifying and intervening in the problems related to family in cases where non-attendance is seen. This necessitates improved counselling services. Lack of sufficient counselling services in primary education schools are related to lack of adequate number of guidance counselor employed in schools as well as problems in their appointment to schools.

According to the data in 2010-2011 education year, there are 1.225 and 554 students per guidance counselor, respectively in primary and secondary education (ERI, 2012a). The figures that point to a considerable vacancy in the number of guidance counselors emerge as another risk factor that demonstrates an insufficiency about establishing a structure that could closely monitor students and intervene in non-attendance cases.

Enrolment in Secondary Education

Table 3.39 given below shows the net enrolment rates in primary and secondary education according to gender, between the years 1997 and 2012 in Turkey. The data demonstrates that a considerable progress has been made in enrolment rates in primary education with the rate increasing from 85% in 1997 to 98.67% in 2011-2012 education year. This increase could be explained with the prolongation of the compulsory education from 5 years to 8 years. The distribution of these rates according to gender shows that a noteworthy progress has been made with regards to the enrolment of girls to education. As for the situation in secondary education, a progress has been made since 1997 and the enrolment rates have increased from 38% to 67%. However, the disparities in the distribution according to gender are still evident in 2012 because only 66.14% of girls and %68.53 of boys were enrolled in secondary education.

Table 3.39: Net Enrolment in Primary and Secondary Education (%)

	Primary education			Secondary Education		
	Total	Boy	Girl	Total	Boy	Girl
1997/98	84.7	90.3	79	37.9	41.4	34.2
1998/99	89.3	94.5	83.8	38.9	42.3	35.2
1999/00	93.5	98.4	88.5	40.4	44.1	36.5
2000/01	95.3	99.6	90.8	44	48.5	39.2
2001/02	92.4	96.2	88.5	48.2	53	43
2002/03	91	94.5	87.3	50.6	55.7	45.2
2003/04	90.2	93.4	86.9	53.4	58	48.5
2004/05	89.7	92.6	86.6	54.9	59.1	50.5
2005/06	89.8	92.3	87.2	56.6	61.1	52
2006/07	90.1	92.5	87.9	56.1	60.7	52.2
2007/08	97.4	98.5	96.1	58.6	61.2	55.8
2008/09	96.5	96.7	96	58.6	60.6	56.3
2009/10	98.2	98.5	97.8	65	67.6	62.2
2010/11	98.4	98.6	98.2	66.1	68.2	63.9
2011/12	98.7	98.8	98.6	67.4	68.5	66.1

Source: MoNE (2012)-Formal Education 2011-2012

When regional disparities are taken into account, the differences in enrolment rates according to gender become more obvious. 2008 DHS data (HIPS, 2009) in the table 3.40 demonstrates that the net enrolment rates in both primary and secondary education are lower in rural areas. When the gender dimension of the issue is considered, it is observed that the enrolment rate of girls is less compared to boys, in both rural and urban regions. However, it is seen that this disparity is much more striking in rural areas and the ratio of girls who are enrolled in secondary education is 32.2% which is nearly the half of the enrolment ratio among boys. As for the regions in the eastern part of the country, the enrolment rates are generally very significantly under the Turkey average and the enrolment of girls in secondary education is considerably lower when compared with boys, in the central and eastern regions.

Table 3.40: Enrolment rates in primary and secondary education according to regions, 2008 (%)

	Total	Rural	Urban	West	South	Central	North	East
Net enrolment rate in primary education	92.7	93.5	90.8	94.5	93.4	95.3	96.9	87.1
BOY	93.5	94.2	91.8	95.2	93.4	96	96.5	88.9
GIRL	91.9	92.8	89.8	93.8	93.3	94.6	97.2	85.2
Net enrolment rate in secondary education	61.0	68.1	41.1	69.3	60.2	65.9	71.9	43.5
BOY	65.2	70.9	49.9	71.5	58.4	74.5	74.5	51.4
GIRL	57.1	65.7	32.2	67.2	61.7	57.6	69.9	35.4

Source: HIPS (2009) Turkey Demographics and Health Survey

When the welfare level of the household is taken into account, the possibility of girls living in disadvantaged families to enrol in education is found to be much lower. This disparity could be observed more clearly if it is considered that only one in five girls living in the families with the lowest level of welfare and less than half of the girls living in families with a relatively low level of welfare (second lowerst welfare group) are enrolled in secondary education while the enrolment rate of girls living in families with a high level welfare is more than 80%.

Table 3.41: Enrolment rates in primary and secondary education according to the welfare level of households, 2008 (%)

Level of Welfare of the Household	Total	Lowest	Low	Medium	High	Highest
Net enrolment rate in primary education	92.7	86.6	92.8	95.0	95.7	96.5
BOY	93.5	89.0	92.8	94.7	96.8	96.3
GIRL	91.9	84.2	92.9	95.2	94.3	96.7
Net enrolment rate in secondary education	61.0	27.5	51.2	65.8	84.0	87.5
BOY	65.2	33.0	58.6	71.5	88.5	86.3
GIRL	57.1	22.1	43.6	60.9	80.4	88.7

Source:
HIPS (2009) Turkey Demographics and Health Survey

Several studies underline that the 9th and 10th grades are risky with regards to drop-outs in secondary education. When the secondary education is included within the scope of compulsory education, it may have a positive impact on preventing drop-outs, but the drop-out risk at 9th and 10th grades should be addressed further. It is important to consider the risk of drop out from the gender and school participation perspective.

d. Social Participation

The United Nations Convention on the Rights of the Child sets out the basic human rights for children which are the right to life; to develop the potential to the fullest; to protect children against harmful influences, abuse and exploitation; and to have children participate fully in family, cultural and social life. The right to participate, one of the core guiding principles of the Convention, is important with respect to child well-being and needs to be developed both in research and in politics.

> *'Article 12 of the Convention on the Rights of the Child states that children have the right to participate in decision-making processes that may be relevant to their lives and to influence decisions taken on their behalf in the family, the school or the community'. This principle confirms that children are full-fledged persons who have the right to express their views in all matters that have an impact on them and requires that those views be heard and given due importance in accordance with the child's age and maturity. It recognizes the potential of children to enrich decision-making processes, to share perspectives and to participate as citizens and actors of change. The practical meaning of children's right to participation must be considered in each and every matter concerning children'. (UNICEF FACT SHEET. The right to participation)*

Participation is a very important area that needs to be developed because it shows what children need and want which is central for child well-being. However, the need to increase the number of studies related to the indicators that should be examined under this area is obvious. Children are seen as subjects of their experience, which is an important contribution that well-being approach brings is to the domain of participation. However, in the literature of child studies the participation of the child in child-related projects, especially in the development perspective is understood as merely asking the opinion of the child. In other words, participation is rather understood as participating to a well-defined activity and is not evaluated as participation of the child to his/her own life or to the decisions that will have an impact on his/her life (Kjorholt, 1996). Even in the projects in which the participation of children is aimed, the allegation that children in fact have taken part in the project is unable to go beyond being a perfunctory effort (Hart, 1992). Ensuring the participation of children in real terms requires a truly different understanding. Repeated statements that imply that children are not mature enough, that they don't know what is right for them and can not perceive and evaluate the conditions properly, threaten the real participation of children (Edwards, 1996). Nevertheless, child well-being approach

requires an understanding which is beyond conceptualizing children as people who should only be protected and who don't know what is right for themselves.

Even though the emphasis on the participation of children increases everyday, it is obvious that there is still a long way to go in order to ensure the smooth functioning of the mechanisms necessary for ensuring the participation of children, (Chawla ve Kjorholt, 1996) and to identify the impacts of this participation on the well-being of children.[4] As a domain, participation is the least addressed domain when the well-being indexes are looked at comparatively. In addition, studies on children in Turkey rarely address participation issues. Although it is reiterated that this area is very significant, the questions of how participation should be described from the point of view of the children and which indicators in the participation field should be included, are awaiting to be answered.

While the importance of participation is underlined and reiterated in recent studies on children and childhood (Hart, 1992 ve 1997; Lansdown, 2001; Baraldi, 2005), compared to the other domains of child well-being, participation domain is the least researched and developed field. In the well-being indexes developed by OECD (2009); OECD (Bradshaw et al., 2007b); EU (European Commission, 2008) and CEE/CIS (Richardson et al., 2008), there aren't any indicators in the field of participation (refer to Table 2.4). Only in the EU (Bradshaw et al., 2007a) list, two indicators were specified under the participation domain. The first indicator, participation to social activities, was measured through participation to at least two activities held by youth organizations; environmental organizations; human rights organizations and volunteer activities. The other indicator was the interest in politics which was measured by the ratio of children giving a higher value than the average value in the scale of 0-7. For children, political participation or showing an interest in politics are important. However, it is much more

[4] At this point, it is necessary to be careful about token levels of participation in which children are used as a tool and which is defined as token participation cases by Hart (1992). Actually, Hart defines the first phase of participation as "Non-participation Ladder": The first stage is "Performing a task without understanding where or how an opinion or a product will be used"which is named as "Manipulation" by Hart. In the second place comes "Decoration" which is "using children as a tool in an activity or action". The third stage which is named as "Tokenism" by Hart is "benefiting from children as if they had an idea why they are in that place and for what purposes they are used". Indicating that participation begins in real terms, in the fouth level, Hart defines the processes in this stage as follows: assigning duty after informing about the task; assigning duty after consulting him/her; adult-initiated child-shared activities; child-initiated child-directed activities and child-initiated adult-shared activities.

difficult to talk about the political rights or political participation of children, while this indicator provides a considerably limited data even for adults in Turkey.

Within this framework, it is especially necessary to indicate that participation has two dimensions. The first one is the opportunity to participate in activities; for example, participation in the activities of social clubs at school or school trips. The other dimension is more related to the decision-making processes about the decisions that concern the child himself/herself. Accordingly, participation to the decision-making processes in the spheres of family, school, neighbourhood and province determines, in fact, the level of participation.

Social participation can be measured by looking at the levels of participation to the activities in school (clubs, school trips etc.), municipalities, sports clubs, political parties, summer schools. However, there is a serious problem with respect to the available data on school participation. Therefore, the attention will be focused on a brief summary of what should be monitored with respect to social participation and poverty.

Social participation with respect to poverty is closely related to social exclusion. Art, music, sports, all extracurricular activities are important for the development and self-realization of a child. However the resources of the family, school and neighbourhood limit the participation capabilities of children, particularly for low income groups. Therefore, how the public resources are utilized is crucial for children who live in poverty. As it is in the design and redesign of schools; the opinions of children should be asked and taken into consideration also in the distribution of public resources to provinces and neighbourhoods. Child rights commissions and child parliaments are important mechanisms to include the perspectives of children in policy making, however the important thing is to ensure that these institutions function properly. It is important to investigate how these institutions function and explore the access channels to these institutions.

It is important and necessary to collect data about provinces, neighbourhoods and schools across Turkey, with regards to the participation of children in decision-making processes and social activities. Within this context, it is important to monitor how

poverty leads to social exclusion for children who live in poverty. Such monitoring may help to create social policies in the long run which provide new channels for the participation of especially poor children in decision-making processes and social activities.

Convention on the Rights of the Child does not only emphasize certain sensitive issues related to children. It situates the child as an individual with developmental needs and rights. Along these lines, children have not been left outside of the process for the preparing a rights-based civic constitution for Turkey. 'Children's Views on the New Constitution Report', which was put together by the Child Rights Committees in the 81 cities, was presented to the head of the Parliament by the chiildren. Thus, children had the opportunity to voice their opinions about their lives and share their own problem solving strategies.

It is important that there are participatory mechanisms in the society, but how these mechanisms work, for whom they are accessible and whether they are really effective are the key questions. What should also be indicated here is that ensuring the participation of children in the decisions can not be possible only by developing their abilities. In order to ensure the participation of the child from a well-being perspective, it is necessary to adopt the participation on the level of society; to widely accept a participatory perspective in the essential living areas of the child such as school, neighbourhood and in decision-making and thus to prepare necessary mechanisms.

IV. Existing programs that target child poverty

There are some positive developments with regards to setting national child policies in Turkey. However, it can't be said that Turkey has comprehensive and inclusive policies targeting children, yet. For this reason, a preparation for a long-term strategy plan should be considered in paralel with setting an environment for developing child policies at the national level. In this section, existing social policies in different areas aimed for especially disadvantaged children will be presented.

In accordance with the theoretical framework of the report, it is obvious that the social assistance that needs to be provided to disadvantaged children should be offered together with social services. It is necessary to remember that the investments made to early childhood development should not be solely social assistance based, but that support programs that promote positive child development needs to be implemented directly to children, parents or the both parties. In this context, it is significant that social service practices that are the main basis for such programs, be accessible and of good quality and that community-based implementations are extended across the country. Therefore, issues regarding the structuring and transformation of social services in the recent years in Turkey will be addressed before analysing the existing programs.

Social Services: The key actor in protecting children who are exposed to the conditions that pose disadvantages such as child poverty

The first public interventions with regards to protecting children in Turkey were launched at the beginning of the 20th century, with the purpose of protecting the 'war orphans', a disadvantaged group that emerged as a result of emergency states such as war. The Turkish Association for Protection of Children that was founded in such emergency states, served as a non-governmental organization and took part at the center of child protection activities until 1980's. As for the first public care institutions that were established out of states of war, the MoNE and the MoH took the initiative to establish them beginning from the year 1950 when the first wave of mass immigration to cities took place. In 1982, both of the efforts were united and re-established as a single public institution under the name Social Services and Child Protection Agency (SHÇEK). SHÇEK took other public social services besides child protection services under its roof. In 2011, social assistance were also included in social services, thus the

roof was enlarged. Social protection, social assistance, institutes for women, children, people with special needs, were brought together to remedy the structural disorganization by forming the Ministry of Family and Social Policies with the statutory decree on the Organization and Duties of Ministry of Family and Social Policies dated 3/6/2011 and numbered 633. This takes place in 2011 Annual Progress Report of the European Commission as a positive development.

The MoFSP targets the entire child population, not limiting its child protection mission only with the children who need institutional care.[5] However, it still does not have an adequate organization aimed at achieving this mission, which has been the main obstacle before child protection activities, from the beginning.

Another important turning point with regards to child protection policy is 1990's. As of 1990's, new social problems that emerged in cities due to rapid, uncontrolled and compulsory migration required the public institutions to take new measures. In this period, new problem areas such as children driven towards crime, children living in the streets, children driven towards prostitution and children working in the streets emerged as prevalent social challenges. Nurseries and Orphanages, being conventional child care institutions until this date, were not convenient for the care, education and rehabilitation of the new child profile. The new child profile had different characteristics which were vibrant, with common behaviour disorders and rejected long-term institutional care. Thus, 'Child and Youth Centers' and 'Protection, Care and Rehabilitation Centers' were established for the protection and rehabilitation of children, as the first temporary care institutions in the history of the republican era. The aim of these centers is to function as a rehabilitation center for children living and/or working on the street, so that their presence in the street life can diminished and they can return to their families. For those children who are addicted to substances, referral to treatment aims to achieve their return to the educational system and prepare them for the workforce.

[5] Within the scope of the Ministry of Family and Social Policies, there are different Directorates General responsible for carrying out the activities of disabled, elderly, family and women apart from child services. This report includes only child focused services of the MoFSP.

Important projects were initiated within the domain of children living/working on the street using field studies and existing literature as the frame for these projects. In order to integrate these children back to the educational system or direct them to vocational learning, return them to the families or take them into institutional care, and to rehabilitate them as youth who have finished their education or have joined the workforce, a stepwise integrated service model was put to place in 2004 with the mandate number 2005/05 issued from the Prime Mininstry. With the technical assistance of UNICEF Turkey, between 2009-2010, the new service model that was pilotted in the 8 cities was evaluated. In December 2010, 'Report on the City Action Plans and Strengthening the Service Model for children living and/or working on the Street' was prepared. Convention on the Rights of the Child and ILO's convention on elimination of child labor provided the framework for the important steps that were taken. Worst forms of child labor was defined in the ILO convention number 182. To protect the children living and/or working on the streets from further harm and provide social rehabilitation, 39 Child and Youth Centers were opened up in 29 cities. Four Observatories were also created to work in tandem with these centers. Through Child and Youth Centers, for children living on the streets and/or working, services such as care, housing, health, referral to education and supporting in this system, vocational skills training, psychological support are carried out and drug-user children are referred to the treatment. In addition, in order to safely return the children back to their families, psycho-social support and awareness activities, laborforce skills trainings, social assistance for those families in need were conducted for the families.

In 2005, with the Child Protection Law, separate centers for children who get involved with crimes (Protection, Care and Rehabilitation Centers) as well as children who are the victims of these crimes (Care and Social Rehabilitation Centers) were established. The goal of these specialized centers were to rehabilitate the children as fast as possible for them to return to their families and integrate back with the society at large. Especially those centers that provide daytime care for the children are to be phased out as Social Service Centers come on board. Given that the risk for children living and/or working on the street still continue, closing down of these specialized centers will be a step backwards.

"The efforts for combating violence against children do not include an effective mechanism aimed at monitoring and preventing. The awareness-raising efforts with regards to care services for children out of institutional structuring remained limited. Thus, it is necessary to enhance the conditions and administrative capacities of child care institutions." (European Commission, 2012: 33)

The Risks Regarding Social Services in Transition Period

In the Annual Activity Report 2011 (MoFSP, 2012: .43) issued by General Directorate of Child Services under MoFSP, improving 'protective and preventive' services was adopted as a vision on child protection for the next period. It is however clear that any common organization related to 'early identification system determined as a requirement of this 'new policy' in the Report has not yet been achieved.

The new policies center around providing preventive services for children who are not under the institutional care. With this purpose, Preventive Service Department was created within the General Directorate of Child Services. Steps were taken to create holistic policies for the children such as National Action Plan for Combatting against Violence Against Children, strengthening the coordination of child services and creating a software program to follow the court issued protective and supportive alternative measure given based on the Child Protection Law.

In order to plan policies and preventive services needed against the risk factors that threathen the children's well-being in Turkey, General Directorate of Child Services within the MoFSP, has started working on the **'Early Identification and Warning System' (ÇETUS)**. This project which is under development with TUBITAK since the second period of 2012, is being included to be funded by the Ministry of Development in their 2013 investment program. It is too early for the project to yield results. However, integration of this project with the 'Early Identification and Referral project' run by the Ministry of Education will be very fruitful.

The essential protection for children is still provided within the scope of 'institutional care'. Currently, MoFSP renders its services through Provincial Directorates and a limited number of 'social service institutions' although a number of activities have been

performed to form some organizations like Social Care Centers and accordingly provide 'local services'. There are no available institutional organizations for social services and especially child protection services in Districts and minor dwelling units. Under such circumstances, it does not seem possible to realize early warning systems and child protective and preventive services.

Although substantial strides have been made in transforming large institutions for children into smaller units, no remarkable progress has been observed in the total number of children receiving care services. Particularly, the institutional capacity in metropolitans like İstanbul fails to satisfy the needs. After all, the new policy contains aversion to establish care institutions and social workers are encouraged to leave children with their families.

In the 2012 Progress Report on Turkey, the below quote refers to the positive changes:
There are initiatives to deinstitutionalize the children in a community-based approach to return the children back to the society (European Commission, 2012 Report on Turkey).

As an alternative to take children away from their homes, it is envisaged to conduct some campaigns where families are financially supported. However, such campaigns remain insufficient. The most important reason behind this failure is inadequate and temporary social assistances. Another alternative is the expansion of foster care system. Many efforts have been made since 1960s for leaving children in need of protection in their family home instead of residential care facilities; nevertheless, these efforts fall short of producing positive results. For example, nearly the half of children in need of protection in several Western countries is taken into foster care while this rate is around 5% in Turkey. The negative viewpoint in Turkish family culture to care for 'someone else's children' plays crucial role in this result as well as the lack of effective campaigns performed by the Ministry.

MoFSP's approach of moving towards preventive services instead of institutional care is theoretically correct. However, the fact that there are insufficient organizational structure and insufficent professionals to work in this area presents a contradiction.

New Approach in Provision of Social Services: Family Social Support Project and Social Service Centers

It is noted that MoFSP, the responsible institution for supplying social services, has recently made substantial efforts to realize the organization required by its new policy where 'protective and preventive social services' approach is adopted instead of institutional care services. It is also noticed that these efforts lay great emphasis on 'family'. Accordingly it is envisaged that the Social Service Institution for the poor and outcast tends to pursue a new social policy creating private organizations under the responsibility of family and individuals instead of institutionalization depending upon public liability. Supporting disadvantaged families and individuals through social services, this policy aims at enabling them to cope with their own problems and to care elder or patient or handicapped persons and children in need of nursing and protection in their homes.

Family Social Support Project (FSSP) and Social Service Centers (SCC) are two fundamental elements of this new policy. As regards both organizations, the ministry has not yet completed the legislative activities. The relevant information depends mainly upon the news in the press and interviews with ministerial authorities.

The challenging aim of the FSSP is to identify the societal need for social services, to determine the individuals and families in need of social services through an institutional initiative and to strengthen family by means of early intervention. The project was piloted in two districts and after the completion of the pilot the project was not disseminated but rather lifted away.

Apart from FSSP which can be regarded as a frame project, activities of SSC are also known. The organization of the SSC contains a range of partnerships however it is mainly planned as the implementation pillar of the FSSP project. In other words, for problems identified with the FSSP and concerning the MoFSP, citizens will be referred to relevant units of SSC. This organization is expected to perform the duties of Provincial and District Directorates. Moreover, SSC would be organized over special units for identification and evaluation, implementation, counseling and referral etc. These units will coordinate social services such as vocational counseling or rehabilitation, institution

maintenance, protective family services etc. towards directly resolving the problem. On condition that SSCs, regulation of which has recently been issued, are opened in sufficient numbers, it will lay a sound ground for citizens who need social services especially in big cities in terms of accessing to services. As it seems, the debate will intensify due to not only the unclarities surrounding the duties of different professional groups but also the possible gaps of services in relation to the replacement of daycare institutions with SSCs.

In current situation, it is always underlined that the main problem of social services is the lack of a common organization to which individuals and families in need of these services can access. FSSP and SSCs can be expected to bridge this gap. It is seen that municipalities have recently become more active in social welfare domain and have produced many social services similar to the institutions of central government. When structures of municipalities such as "neighbourhood hall" are incorporated in the organization of FSSP and SSCs, the organization of social services will extend faster.

Regarding the establishment of SSCs, the aim is said to close community centers which are other important social service institutions. Community centers are organizations which target the 'social development' of the disadvantaged regions in terms of social investments and migration-receiving regions of big cities. These institutions target resolution of local social problems by ensuring the participation of public through the method of 'community organization' of social service. Thus, to continue the existence of the community centers fulfilling the aforementioned duty will be beneficial as they have important responsibilities in cities receiving intense migration. SSCs which are the follow- up of provincial and district 'directorates of family and social policies' cannot be regarded as the alternative to the Community Centers. Hence, the preservation and dissemination of the community centers which are in limited numbers will be a more appropriate policy. Recommendations for this issue will be elaborated in the last section. However before these recommendations, ongoing social assistance programs will be explained respectively.

Social Assistance Schemes that addresses Child Poverty

1. Conditional Cash Transfers (CCT): Social Assistance Schemes targeting child poverty are important social policy tools that address the needs of children. In Turkey the major social assistance scheme that targets child poverty is the Conditional Cash Transfers (CCT). Conditional Cash Transfers are adopted as part of Social Risk Mitigation Project that was supported by the World Bank after the 2001 financial crisis. Since the 2007, CCT is financed by the Social Solidarity Fund Resources. CCT is the largest program of SYDGM in terms of the number of beneficiaries and the fund allocated to the program comprising around one third of the total social assistance expenditures made by SYGM in 2011. The programme is a means-tested benefit scheme where the eligibility of the applicants is determined through a centralized/computerized income and asset testing procedure[6]. Table 4.1 reports the coverage of the programme for 2011.

Table 4.1: Conditional Cash Transfer Program – Coverage

	2011	
	Number of Beneficiaries*	***Amount Paid (TL)***
CCT – Education	1.863.099	397.486.970
CCT – Health**	757.757	143.303.400
CCT – Total		540.790.370
Total Social Assistance Expenditures by SYGM***		1.490.142.965,05

* The total number of beneficiaries is given in cumulative amount – reporting the actual number of beneficiaries as of the end of 2011.
** CCT Health beneficiaries are both 0-6 year old children and pregnant women.
*** Total expenditures are retrieved from the cash flow statement of the Fund as the total of social assistance expenditures made directly by the SYGM; thus excluding transfers to other public institutions such as Mass Housing Administration (TOKI), MoNE etc. for financing of other programs.
Source: SYGM (2012) Annual Activity Report 2011.

Through the coordinated work of MoH and MoNE, the cash transfers are made to the poorest segments (6 percent of the poorest population) on a conditional basis that encourages families to make use of health and education services. One type of payment is made to families on the condition that their children stay enrolled in school. Another

[6] For details see SOYBIS (Sosyal Yardim Bilgi Sistemi) (Social Assistance Information System) from MoFSP website: http://www.sosyalyardimlar.gov.tr/tr/html/297/SOYBIS

payment is made on the condition that the recipient pregnant women and the families who have children up to six years of age visit health centres for regular check-ups.
CCTs that target education enrolments are,

- 30 TL/month per male student in primary education
- 35 TL/month per female student in primary education
- 45 TL/month per male student in secondary education
- 55 L/month per female student in secondary education

CCTs for health in 2012 constitute the following group of payments (SYGM, 2013):

- 30 TL/month per children for those in the 0-6 age group
- 30 TL/month per pregnant women (payment is also made conditional upon health checks of the baby up until the second month after birth)
- 70 TL paid lump-sum for birth at the hospital.

Table 4.2 below reports the regional breakdown of the nationwide CCT coverage reflecting the regional disparities in terms of the poverty risk facing the households among eastern and western regions of the country.

Table 4.2: Regional Breakdown of CCT Payments – 2011

	CCT – Education		**CCT – Health**		**CCT - Total**	
	Amount (TL)	**Share (%)**	**Amount (TL)**	**Share (%)**	**Amount (TL)**	**Share (%)**
Marmara	22.624.020	5,69	4.262.530	2,97	26.886.550	4,97
Aegean	15.991.575	4,02	3.257.870	2,27	19.249.445	3,56
Mediterranean	44.400.835	11,17	13.608.200	9,5	58.009.035	10,73
Central Anatolia	27.479.670	6,91	6.076.900	4,24	33.556.570	6,21
Black Sea	25.825.330	6,5	5.306.020	3,7	31.131.350	5,76
East Anatolia	110.611.345	27,83	46.619.340	32,53	157.230.685	29,07
South-East Anatolia	150.554.195	37,88	64.172.540	44,78	214.726.735	39,71
Total	397.486.970	100	143.303.400	100	540.790.370	100

Source: SYGM (2012) Annual Activity Report 2011.

It is always a controversy whether a cash transfer provided to the household reaches the children or whether it meets the needs of the children. CCTs are also provided on a household basis and paid directly to the women.. However, the conditionality surrounding the benefit scheme which is directly related to the child's access to health and education and mother's access to health makes it a strong social policy tool that secures the child's enrolment in education and regular health visits. The cash benefit to the household also helps the family to meet its' basic needs. Based on a field research carried out with CCT recipients, Yılmaz Bayraktar (2012: 47) report that 52.4 percent of women interviewed in their sample use this benefit amount directly for children's expenses while 27.6 percent spend this amount on the household expenses such as food, rent, bills of utilities. Nevertheless, such cash transfers are aimed at lowering the burden of poverty on children by lowering the rates of malnutrition and deprivation from education (Gürses, 2009: 220).

For the impact evaluation of the social transfers there are some studies that have already been done, published or in progress. Though they are specifically not focused on children, we will reflect their findings with respect to child poverty[7]. Ahmed et al. (2006) conducted an impact analysis of the early years of the CCT program. The study explored the impact on health and educational attainment using regression discontinuity design method applied on the large household survey data, comparing average outcomes between beneficiary and non-beneficiary households whose proxy means test score was near the threshold score used to determine program eligibility (Ahmed et al., 2007). The results showed that the CCT program (Ahmed et al, 2007)

1. raised secondary school enrolment for girls by 10.7 percent.
2. caused a 16.7 percent increase in the probability of being enrolled in secondary school among the rural 14-17 year old children
3. raised girls' primary school attendance by 2.2 percent in the urban context, while no significant impact was seen in the rural context for girls
4. increased girls' secondary school attendance by 5.4 percent
5. improved children's test scores/academic success in primary school

[7] See Akhter, U.A. et al. Impact Evaluation of The Conditional Cash Transfer Program in Turkey: Final Report, IFPRI (2007) ; Demir, Ş.S. Türkiye'de Sosyal Transferlerin Yoksulluk Üzerindeki Etkileri DPT Ankara 2008 ; ŞNT'lerinin Kadın Yoksulluğu ve Kadının Sosyal Statüsü Üzerindeki Etkileri (The Effects of The Conditional Cash Transfer on Women's Poverty and Women's Social Situation) (Project no: 110K130) February 2012 Coordinator: Bediz Yılmaz Bayraktar.

6. raised full immunization rates by 5 percent
7. per capita calorie consumption was increased by 22.6 percent for those who received the CCT regularly.

It is asserted that the preliminary findings of the study of impact analysis on the CCT program support this data. In terms of attendance, it is emphasized that the impact on girls is twice than boys. Sharing the results of the evaluation with the public is expected in mid-2013.

Social Assistance Schemes in Education Domain

1. Free School Text Books: Another social assistance scheme that is provided in the domain of education is the distribution of free textbooks at schools. In 2003, MoNE started to distribute the primary school textbooks to all students free of charge. In 2006, the program was extended to secondary schools. The policy is financed by the transfers made from the Social Solidarity Fund to MoNE. The total amount transferred in 2011 amounts to 265.000.000 TL which amounts to half of transfers made to MoNE and approximately one-tenth of the total transfers made out of the Solidarity Fund in this year. This social policy tool with its universal character is a good example to alleviate the burdens of the school expenses without putting a stigma on the poor students as the textbooks are provided to all students without conditionality. This approach could be extended to other areas.

2. Education Material Assistance: In the beginning of the school term, the needy students are provided with school materials like uniforms, bags, shoes, stationeries, etc. This in kind assistance is provided to the primary and secondary school students twice in a year, i.e. at the beginning of semesters. The total amount spent by this particular scheme amounts to 103.443.272 TL (one-fifth of total social assistance expenditures for education spent by Social Assistance and Solidarity Foundations). The scheme is run by these local foundations (namely SYDVs) operating at the district level as the institutions in charge of social assistance [8].

[8] It should be noted that the institutional structure of SYGM is so unique that the DG located in the capital city is connected to a network of 973 state foundations organized all around Turkey. State foundations as semi-public units are in charge of implementing social assistance programs – receiving and processing applications, determining eligibility and delivering benefits either paid in cash or given in-kind. These institutions are not considered as the official local branches of DG but rather independent units governed by the local civil

3. Lunch and Nutrition Support Programs for the Bussed Education: Bussed education is implemented by MoNE in Turkey to provide opportunities to students in sparsely populated areas or areas lacking schools. The students are transported with bus every day from their place of residence to the school and back. Around 800.000 students are enrolled to bussed primary and secondary education by 2010-2011 educational year (ERI, 2012b). In this system, MoNE assumes the cost of the transportation and just as in the case of free school text books, Social Assistance Directorate General assumes the cost for lunch provided to students in "bussed education". In 2011, Solidarity Fund transferred 200.000.000 TL to MoNE for the lunch expenses of these students – approximately 40 percent of the total transfers from Social Assistance and Solidarity Fund to MoNE.

4. School Milk Project: The project composed of student from all grades of primary school (1 to 5 grades). It is aimed to reach 7 million and 200 thousands student across the country in 32 thousand and 574 schools, by distributing 200 mL/per student UHT milk daily.

Programs for the disadvantaged children within the Education Domain

1. Strengthening the Pre-School Education Project: This project, which is part of the 2008 IPA, is being implemented by the Ministry of Education with the financial cooperation between Turkey and the European Union. The project duration is 43 months and it was launced in March 12nd, 2010. Ministry of Education, General Directorate of Primary Education is the responsible body while the General Directorate of EU and International Relations coordinates the project with the technical assistance from UNICEF. The overall budget for the program is 16.8 million Euros, of which the Turkish Government's and UNICEF's share of the expenses are 1.37 million Euros and 1 million Euros respectively. The general aim is to to offer quality child care and pre-school services for disadvantaged children and their families by increasing the enrolment and attendance of those children in these services by creating community based models and partnerships with MoE institutions, other public institutions, local governances and NGO's.

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authorities, have their own board of trustees composed of mainly state officials in that locality. For details, see Yakut-Cakar and Yilmaz (2009).

2. International Inspiration Project: This project is initiated under the coordination of Ministry of Education, General Directorate of Primary Education with the partnerships with Ministries of Youth and Sports, Family and Social Policies, UNICEF, British Council, Turkish National Olympics Committee and the Turkish National Paralimbic Committee. The aim of the project is to create changes in the lives of children and youth with special needs and disadvantages by using physical education, sports, physical activities and games in schools and at the society level. The obligatory 12 years of schooling is being restructured and in this respect, 'Games and Physical Activities Course' is added to the curriculum of 1-4th grades. This course will be offered one hour a day, 5 hours in a week for students in first through third grades. For the fourth grade students, there will be 2 hours per week classtime. This course is among the mandatory curriculum. For this course, Games and Physical Activities Educational Program, 'Cards for Physical Activities (CPA)' and booklet titled 'I am Playing' has been prepared within this project. These materials have been printed and is being made available to first grade teachers. For the 5th through 8th grades, modules for Physical Education and Sports Course are being prepared. Educational programs are prepared in such a way that concepts of physical handicap and creating ways of including children with special needs to these classes are thought of. Drawings are being made for the outside play areas within the schools to support children playing games and their holistic development. Participation of the special needs students are considered when drawings are made.

Social Assistance and Social Services in the area of Health

1. Universal Health Insurance for Children: All children are covered by public health insurance now irrespective of the coverage of their parents. With the amendment in the Social Security Law made in 2009 but implemented from January 2012 onwards, all children between 0-18 are covered by the General Health Insurance.

2. Primary Care facilities targeting Children: The children primary health services are provided at the Family Physicians, Family Health Centers, Primary Care Health Centers and the women and children sections of the hospitals.

3. Universal early detection program for children: The MoH employs a country-wide program called Supporting the Psychosocial Development of Children, which includes home visits by the primary care units in the region (*sağlık ocakları*) and now the family physicians to monitor the development of the child, assess the home environment and the parental capabilities in the first 5 years. The first year is heavily covered, after which time, the visits are yearly. This program is a very important program to detect early signs of problems in the child or in the family.

4. Insurance for the Children in Apprenticeship and Internship: There is insurance for candidate apprentices and vocational students in case of an accident and/or occupational diseases. This insurance includes university students who are doing their internships.

Disability benefits, directly and indirectly targeting children

The disability wage is provided to adults (over 18) who have more than 40 percent disability, who does not have social security or a steady income or who has a disabled child under the age of 18. Cash benefits are provided to the disabled adults or to the families who have a disabled family member for home care. The condition for eligibility for the benefit is that the monthly family income of the family should not exceed the 2/3 of the minimum wage (701,14TL).

Social and Economic Assistance to Families that Provide care to the children under the Protection of State for economic reasons

If the child is given to the institutional care for economic reasons, the biological family or a guardian family is provided economic assistance to give care to the child at home rather than at the institution. The family is provided with a monthly cash transfer to look after the child under the State protection. The cash benefit scheme is as follows:

MoFSP amount for social Economic Assistance

Educational Groups	Rates %	2013 Jan- June Amount of social assistance
Preschool Child	50	350,73
Child attending Primary and Middle School	75	526,09
Child attending High School	80	561,16
Child at the level of High school, who is not pursuing education	50	350,73
Child attending higher education	90	631,31

Source: MoFSP (2013)

Social Services for Children

Established to provide services to children in need of protection, the Social Services and Child Protection Agency (formerly SHÇEK, now General Directorate of Child Services) provides institutional care and family services, child-adoption, social assistance, nursery and daily care services for children who are in material or psychological need. This General Directorate carries out protective-preventive services for all children across the country.

Recently there is a trend of diversification in traditional care of children in need of protection in Turkey. That development occurs especially after the ratification of UN Convention on the Rights of the Child and the beginning of EU negotiation process.

The process is defined as the transition from the traditional dormitory type buildings for children to smaller units. In the past, while institutional care was the primary model of care for children in need of care and protection, in recent years it is aimed to put children in need of care back into the care of their families, to ensure adoption, to provide foster care service or, in cases where these are not possible, to place the children in Affection Houses or Children's Houses. Activities for the transition from institutional care to family-based care, from dormitory type institutions to Children's or Affection Houses and home-based care are ongoing. In addition, improvements have been achieved in the physical facilities and human resources of the dormitory type institutions still in service. In the past years, roughly 10-15 children were staying in the

rooms of the institution; but with recent improvements, the number of children per room has been reduced to 2-4. The number of care staff has been increased according to the age group of the children. Services are provided with a ratio of 1 care staff per 5-8 children for each shift. Efforts are continuing to improve the qualifications of the staff by means of in-service training. Besides these, in accordance with the service policies of the Ministry, the dormitory type institutions shall be closed down by the end of 2014 and children who are not placed in foster care in the scope of family-based service models will be placed in Children's Houses and Affection Houses. The Affection Houses and Children's Houses are live-in care service units as a home-like model for children in need of care. Affection Houses are a live-in, home-like structure providing social services similar to that of a family home constructed in compounds for children of 10-12 age group where their developmental needs are watched according to the age level. Children's Houses are a service model created in houses or apartments close to the schools and hospitals, preferably in the city centre in areas appropriate for child raising and the socio-cultural and physical structure for 5-8 children between the age group of 0-18. There are also institutions such as Children and Youth Centres. These institutions provide shelter services for children who live on the street or are forced to work on the street. There are new developments and institutionalisation efforts continuing for children who are victims of abuse and/or who have come into contact with the law.[9]

In relation to the children of refugees and asylum seekers, the children are taken under institutional care as long as they are unattended according to the legislative framework comprising of National Action Plan of Prime Ministry, circulars of MoI and circular No.2010/03 of former SHCEK. These children are placed into institutional care according to their age, gender and special conditions – if any, providing shelter as well as all types of social, cultural, educational as well as recreational activities. The implementation of the circular No. 202/03 of former SHCEK entitled "Procedures for Refugees and Asylum Seekers" was mentioned as a positive development in the 2011 EU Progress Report of Turkey. However, the services targeting these children could be regarded as poor due to the increasing number of such children in the metropolitan cities and institutional capacity constraints such as lack of language skills of the staff,

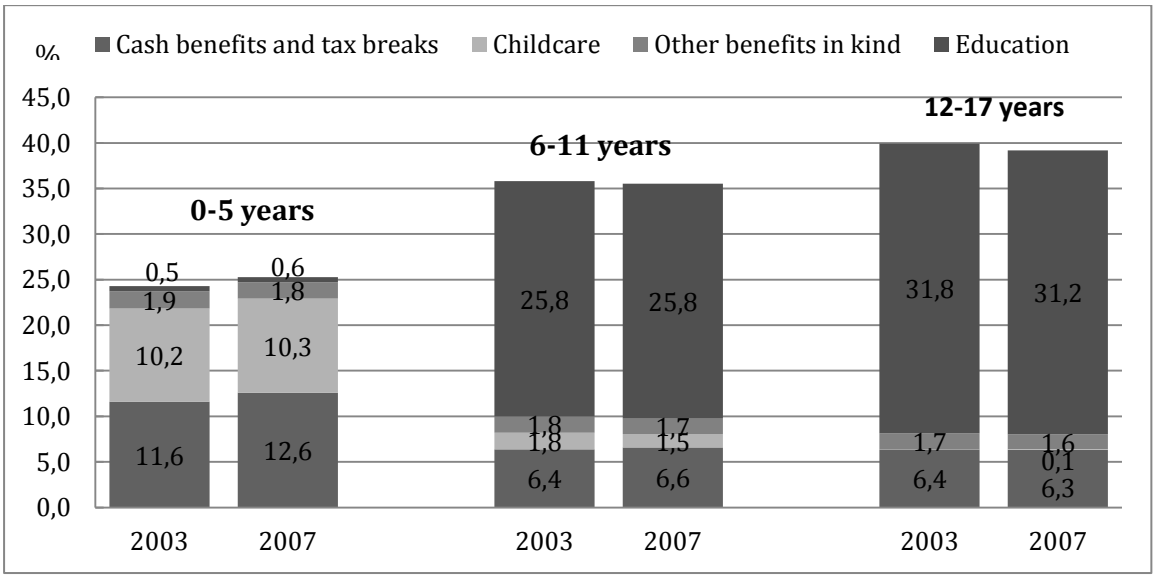
[9] http://en.shcek.gov.tr/department-of-children-service.aspx (21.06.2012).

barriers to access to formal education system, lack of communication between children and relatives or parents.

Social Expenditures Targeting Children

Public spending on children through benefit schemes as well as child services affects child well-being. OECD's approach to this issue mainly explores the distribution of spending through cash transfers and services across the child's life cycle in a comparative perspective (OECD, 2009). The analysis reveals that public spending on family benefits and education varies by the age of the child such that one quarter of the budget is transferred during early childhood, rising to over a third during middle childhood and up to about 40 percent during late childhood on average – see Figure 4.1 below. It is shown that most of the cross-country variation in spending occurs during early childhood – reflection of the significantly different country approaches to parental leave and early childhood education (OECD, 2011b).

Figure 4.1: Social Expenditure over the Children's Life Cycle



Source: OECD (2011b) OECD Child Well-being Module – OECD Family Database

Apparently, in its child well-being module of family database, OECD also reports missing data for Turkey thus complicating the possibility of comparative analysis. In fact there is no public document in Turkey which can be considered a "Budget for Children" that is collated according a thematic area; the majority of public administrations which have expenditures for children do not distinguish these funds and publish them separately. In this perspective, it is found important to focus on the results of the study of the Public

Spending Platform showing the content, amount and institutions conducting social spending related to children.[10].

This study attempts to determine the total public expenditure, by year, made for social services and social aid, health services, legal services and expenditure for prevention of the child labour. The study presented the public expenditure according to the areas of social protection, social services and aid, health and legal services for individuals between the age group of 0-18 and the education services, as the highest level of expenditure in total, are also presented (Yentürk, Beyazova & Durmuş 2013). In doing so, Yentürk (et al, 2013), firstly identifies the financial statistics, subsidy schedules, budgetary justifications, activity reports and strategic plans to determine the level of current expenditure. For the institutions which do not provide such level of information, the study uses various types of indicators and estimations to ascertain the expenditure. To give an example, current expenditure for children is available in the 2011 Activity Report of the Ministry of Family and Social Policies while the "green health card" expenditure for children is not available. To estimate this amount, an average expenditure figure is obtained by dividing the total green health card expenditure with the budget lines under the "Treatment, Health and Pharmaceutical Goods for those who do not have Social Security" provided by the General Administrative Statistics of the Ministry of Finance; then, this average was used as an indicator for the number of individuals of the 0-18 age group of green health card holders within the specific year to find the total green health card expenditure for children (Yentürk, et al, 2013). The figures for expenditure presented in the table below cover the expenditure for children by local administrations. Table 4.3 shows the public expenditure distribution and development for children between the years 2008-2011 (Yentürk, et al, 2013).

[10] Public Expenditures Monitoring Platform (KAHIP) is a joint initiative with the aim "to monitor the process through which the Parliament decides on the distribution of the public expenditures, to ensure transparency during this process, and to advocate increasing the share and attaining efficiency of social protection expenditures". For more details, se**e** www.kahip.org

Table 4.3: Public Expenditures targeting Children (excluding education), 2008 – 2011, (TL)

	2008	2009	2010	2011
Social Services and Social Assistance				
SHCEK - Direct expenditures for the protection of children: Department of Child Services and Department of Youth Services	302.690.330	359.325.497	391.509.014	431.598.175
SHCEK - Indirect expenditures for the protection of children: Department of Social Assistance Services and Department of Women-Family and Social Services	119.599.541	161.618.465	194.262.041	316.208.939
SHCEK - Expenditures of the Department of Disabled Services for 0-18 age group	174.522.631	371.700.743,7	586.309.055	818.528.403
SYGM - Direct expenditures for the protection of children: In Transfer Payments on Health: Conditional Cash Health Care Transfers, In Transfer Payments on Education: Support for education materials, support provided for the accommodation, transportation and subsistence of students, Conditional cash transfer payments and Transfers to MoNE	921.525.108	1.126.662.130	959.948.192	1.179.571.556
SYGM - Indirect expenditures for the protection of children: Periodical Transfers, Social services within Transfers for Vocational training and Employment, Transfers for Family Support, Social and Specific Transfers	725.532.231	953.464.047	674.511.184	783.587.074
GAP ADMINISTRATION - Direct and indirect expenditures for children	3.541.248	2.678.685	2.085.500	4.379.639
Total Expenditures on Social Services and Social	**2.247.411.089**	**2.975.449.567**	**2.808.624.985**	**3.611.008.310**

Assistance				
Child Labour				
MoLSS - Expenditures of the Directorate of Labor Department of Disadvantaged Groups for the protection of children	412.000	412.000	412.000	562.000
MoLSS - Estimated expenditures of Inspection Committee inspectors for the combat against child labor	44.826	141.042	229.064	370.000
Total Expenditures on Child Labour	**456.826**	**553.042**	**641.064**	**932.000**

	2008	2009	2010	2011
Health Care Services				
SGK - Expenditures of 0-18 age group on pharmaceuticals and curative services (excluding those with public official family members)	2.584.633.272	3.625.394.157	4.511.466.000	4.119.780.000
MoH - Expenditures targeting children under Green Card Scheme, estimate)	1.887.249.611	2.567.235.040	2.305.143.649	2.396.346.085
MoH (Expenditures targeting children outside Green Card Scheme, estimate)	2.461.203.618	2.826.383.861	3.043.618.916	3.747.771.743
Expenditures for public personnel on pharmaceuticals and curative services (Expenditures directed to children, estimate)	231.035.700	273.130.300	- -	- -
Total Expenditures on Health Care Services	**7.164.122.201**	**9.292.143.358**	**9.860.228.565**	**10.263.897.828**
Judicial Services				
MoJ - Expenditures on Juvenile Halls and Reformatories	21.468.766	22.820.925	25.847.032	31.623.306
MoJ - General Directorate of Prisons and Detention Houses Project for the	4.978.224	4.503.528	3.832.992	3.705.444

Strengthening of Probation Services				
MoJ - Personnel expenditures of Branch of Child and Youth Probation Services and the Branch for the Monitoring, Education and Rehabilitation of Children, estimated	216.000	216.000	216.000	180.000
MoJ - Expenditure for Juvenile Courts, estimated	21.375.374	23.565.395	26.898.655	29.689.215
MoJ - Expenditure for Family Courts, estimated	43.819.518	55.096.558	67.057.209	85.918.789
Personnel Expenditures for Child Police of DG of Security and Child Centres of Gendarmarie, estimate	127.944.000	142.416.000	169.272.000	188.208.000
Total Expenditures on Judicial Services	**219.801.882**	**248.618.406**	**293.123.888**	**339.324.754**
Public Expenditures targeting Children, total	**9.683.849.807**	**12.604.661.274**	**13.027.795.789**	**14.215.162.892**
Public Expenditures targeting Children (% share in GDP)	**1,02**	**1,32**	**1,19**	**1,10**

Source: Yentürk and Beyazova (2013) Çocuğun Korunmasına Yönelik Harcamaları İzleme Kılavuzu, STK Çalışmaları - Eğitim Kitapları Kamu Harcamaları İzleme Dizisi no 6, İstanbul Bilgi Üniversitesi Yayınları, İstanbul.

It should be noted that the share of public expenditures targeting children excluding education is only equal to 1,10 percent of GDP in 2011 demonstrating no increase since 2009. Yentürk et al. (2013) report that the increase in GDP in the same period was not reflected on the expenditure on children. Morover, Yentürk et al. (2013) report that when expenditures on education (constituting 2,35 percent of GDP in 2011) are included, public expenditures targeting children as a percentage of GDP increase only up to 3,42 percent. Given that almost one-third of the population is made up of children, public expenditure on children remains significantly low (Yentürk et al., 2013).

As this overview demonstrates, there are several programs launched to meet the needs of children in several domains. However, these different policies and programs should be analysed with a reference to a holistic view of child well-being. In this respect, existing institutions need to be activated, collaborations and coordinated working alliances need to be established and the impact analyses of the policies need to be evaluated. The following is a list of Committees within the Ministries that are involved in child rights monitoring and/or some aspect of child protection. There are some cross-cutting aspects to these committees, thus, further clarification as to the roles and responsibilities of these Committees and potentials for working together need to be further deliniated within the Ministries.

Existing Committees within the Bodies of Ministries:

There are three committees for children, within the bodies of related Ministries. Two committees are under the Ministry of Family and Social Policies. With the transfer of the 'Central Coordination Committee' -one of these three committees- under the body of the MoFSP in 2011, the 'Child Rights Monitoring and Evaluation Committee' which was established in 2012 under the body of the MoFSP now operate under the same roof, within the body of General Directorate of Child Services. The third committee is the committee established under the body of the Turkish Grand National Assembly. It currently has a more technical structure. The information related to the aim, structure and operation of these committees are given below:

Central Coordination Committee: The committee that gathers once in two months with the participation of the deputy undersecretaries of the Ministry of Justice (MoJ),

MoNE, MoH, Ministry of Interior (MoI), Ministry of Labour and Social Security (MoLSS) and of the General Director of the former Prime Ministry's Social Services and Child Protection Institution . The committee operates with the principal aim of bringing solutions to the problems of provinces, by handling the issues that enter within the scope of Child Protection Law. The provincial and district structuring of this law consists of Provincial and District Coordination Committees. In Provincial Coordination, the Ministries which are member to the Central Coordination Committee participate at the level of provincial directorates. It is expected that these committees also gather once in two months and take decisions for the solution of problems about the implementation of the measures related to children about whom a protective measure was taken by juvenile courts.

Central Coordination Committee signed the Coordination Strategy in Child Protection Services, when the presidency of the committee was run by the Ministry of Justice. The Presidency of the Committee was transferred to the Ministry of Family and Social Policies.

However, the presidency of the Central Coordination Committee was transferred to the MoFSP. Following the transfer of the presidency, directive on functioning, procedures and principles for the implemenation of the preventive and supportive measures taken in line with Child Protection Law.

Child Rights Monitoring and Evaluation Committee: It was established in 2012, under the body of the MoFSP. The purposes for its establishment are to protect child rights, to make executive and legal arrangements with regards to the issues about children exercising their rights, to make recommendations, to evaluate the activities that will be made with the aim of informing the public opinion about the developments which have been achieved, to make recommendation with regards to the measures that could be taken about the protection of child rights, to ensure the preparation and approval of the child rights strategy document and action plans about this issue, to ensure cooperation and coordination between institutions, about child rights. The Committee was planned to be chaired by Minister of Family and Social Policies or with the undersecretary of the Ministry with participation of the MoNE, MoJ, MoFSP, MoLSS,

Ministry of Environment and Urbanization, Ministry of Foreign Affairs, Ministry of Youth and Sports, MoI, Ministry of Development (MoD), MoNE, MoH, Ministry of Transport, Maritime Affairs and Communication, Directorate of Religious Affairs, Radio and Television High Council, Information and Communication Technologies Authority, Council of Higher Education, Union of Turkish Bar Associations and with the participation of representatives to be selected from the other institutions and non-governmental organizations (NGOs) that operate for the benefit of children and that will be selected by the DG of Human Rights Directorate of the Prime Ministry and Child Coordinators for Child Rights in Turkey and MoFSP. The working principles and procedures, the number of annual meetings and the meeting dates of this committee will be determined by the committee itself. Secretary of this board remains at the Child Services Directorate General. In case of necessity, the board may establish sub-board, committee, consultation boards and permanent or temporary working groups. In addition to the public institutions, representatives from relevant NGOs, universities, occupational groups and private sector may be invited to the meetings of the board and may take part in sub-board and committee's works.

Child Rights Monitoring Committee: In 2008, the Child's Rights Monitoring Committee was established under the roof of the Turkish Grand National Assembly, with representation of the all political parties, with the aim of ensuring the efforts for Child Rights are institutionalised. The Child's Rights Monitoring Committee aims to increase parliamentary awareness through the members of parliament who are members of the Committee in regards to issues brought to the attention of the Committee by children, advocates of children or the public sphere. Children and persons or organisations working with children are able to reach the legislative organ to share and communicate their ideas and problems by means of the website developed for promoting the Committee. In this way, it is aimed to reach a wide audience of children and their problems.

Inter-Sectoral Child Committee: Made up of representatives of state ministries and other organisations related to children, the Inter-Sectoral Child Committee is the main national organ responsible for the management and cooperation of the country program related with the Main Cooperation Program signed between the Government of Turkey

and UNICEF. In 2010, the Inter-Sectoral Child Committee and Secretariat has transferred its responsibilities from the MoH to the MoD. The responsibilities of the Sectoral Child Committee and Secretariat are currently with the MoD. The Sectoral Child Committee meets at least once annually in agreement with UNICEF and MoD to evaluate the country cooperation program.

Box 1 – UK Child Poverty Indicators

The fight against child poverty in the UK as a key policy component has been in force since 1999. The Department of Education, Department of Labour and Social Security and the Treasury established the Child Poverty Unit in order to carry out coordinated policies in this area and the legal framework of policies and programs that make up the basic framework of the Child Poverty Act has achieved to implementation of the policy at the institutional and legal priority level.
Indicators exist to identify targets for combating child poverty and to monitor child poverty over time in terms of progress and to watch the effect of the various programs implemented. These indicators monitor the status of three areas at both a national and regional level: family resources, household circumstances and the living conditions for children (children's life chances). (Source: DWP and DoE (2011) A New Approach to Child Poverty. HM Government)

Family resources

- Percentage of children living in households of income below 60% of the home income median. (relative low income indicator),
- inflation-adjusted median household income in proportion of children living in households with income below 60% (absolute low income indicator)
- The median household income of living in material deprivation and proportion of children living in households with income below 70%. (low income and material deprivation indicator)
- The median household income of at least three years, proportion of children living in households with income below 60% in the last 4 years (permanent poverty indicator)
- living in material deprivation and household income below 50% of median income in the proportion of children living in households (severe poverty indicator)

Household circumstances

- Percentage of children living in unemployed households
- Percentage of children living in a household with one employed person but who is still below the poverty line (employed poverty indicator)
- Percentage of those in the 18-24 age group who are unemployed, not receiving an education or vocational training
- Percentage of those in the 18-24 age group and who have part-time or full-time employment or are receiving education.

Children's life chances

- low birth weight
- indicator for school readiness for children below age 5 in various segments of society - under development
- difference in Stage 2 English and mathematics achievement between poor children and others and who benefit from school meal program
- difference in achievement in Stage 4 basic knowledge of poor children and others and who benefit from the school meal program
- difference in higher education level entrance achievement of 19 year olds between poor children and others and who benefit from school meal program
- difference between poor students 15 years and older who benefit from school meals and 19 year olds for continuation to higher education.
- ratio for young women between the ages of 15-17 per 1000 becoming pregnant
- number of fields for first warning, caution or conviction among young people aged 10-17
- ratio of children living in poor households with (a) married couple, (b) de facto couple, (c) single parent

V. Social Policy Options for Advancing Well-Being of Disadvantaged Children

Policy options discussed in this section are the products of the two round-table discussions held in September and December 2012 and revised based on the written inputs received from the institutions listed in the cover page.

1- Fundamental Principles Concerning Social Policy Options

This report presents data on the socio-economic status of families, differences between the urban and rural areas, regional disparities and local inequalities that shape the lives of children in Turkey. The report specifically targets disadvantaged regions and children with primary emphasis given to the pre-school period, community-based service models and social policies for aiming to reduce inequalities in education. In addition, recommendations for family livelihood strategies (such as employment and social assistance) are provided by taking into consideration the impact of the socio-economic status on all of the developmental stages of the child. The objective of policy recommendations, based on scientific literature concerning development of children and effective interventions, is to contribute to children's well-being with practical and inequality-reducing policies. Before considering social policy recommendations, this section discusses the fundamental principles to be employed while considering the concrete policies. The sections to follow shall include recommendations on how to target disadvantaged children and concrete policy recommendations shall also be provided in the areas of *income, health, education and participation*.

The **fundamental principles** underlying the recommended social policies are summarized under four headings.

1- Well-being approach for the best interest of the child

2- Community-based polices to reduce inequalities

3- Targeting all the children living in the disadvantaged regions

4- A holistic approach for child well-being

It is necessary to undertake these four headings by considering their relationship to each other. For instance, if all organisations do not adopt a collaborative approach in regards to the well-being of children by focusing on the best interest of the child, collecting data and policies to be implemented, the objective cannot be realized.

Similarly, it is necessary to develop community-based policies to reduce inequalities by identifying disadvantaged regions and targeting all children living in these regions. An important note which must be mentioned at this point is that social policies to enhance the well-being of disadvantaged children should ensure the real participation of all stakeholders (including disadvantaged children). Although the social policy recommendations in this report have been attempted to be developed by taking the opinions of various institutions as far as was possible, efforts were made to identify fundamental principles under the main headings of income, health, education and participation and concrete policies which can provide guidance in all domains concerning the policies for the well-being of children.

1- Well-being approach for the best interest of the child:

As discussed in detail in the introduction of the report, the concept of well-being provides important contributions to activities concerning children. Thus, the first of the fundamental principles to underlie the social policies is to monitor child poverty and taking the child well-being approach as the framework for the policies.

The UN Convention on the Rights of the Child, which entered into force in 1990, has drawn normative framework for understanding the well-being of children. The Convention emphasizes the indivisibility of rights for children by bringing a holistic approach to economic, civil, political, social and cultural rights. The Convention has also contributed to the identification of well-being, by taking into consideration the subjective perspectives of children and guiding the development of the literature to ensure the active participation of children in the research. Additional important steps can be considered to be the increased appreciation of policy-oriented research, use of the definition of child well-being in policy-making processes and development of indicators to be used as a monitoring tool to assess this issue.

Similar to the monitoring of indicators accepted for monitoring human development for many years, valid child well-being indicators have been identified and can now be tested and implemented. As stated at the beginning of the report, child well-being indicators are being undertaken to combat child poverty and also for comparison between countries whether it be for OECD countries or EU member states. It is important to

ascertain what needs to be measured and who shall the questions be asked to for the selection of indicators. As mentioned at the beginning of the report, these questions have also been revised. To summarize, the focus of the indicators for child well-being have evolved from minimum living standards towards attempting to understand the life quality of children. While indicators of the past have taken into consideration the success of children for the future adult and his/her well-being, recently developed indicators take into consideration the existing well-being of children. Indicators of past studies were adult-centric but today, the indicators are child-centred. In the past, many studies have included children in research while holding on to the perspective of the world through the eyes of adults. Thus, the indicators of well-being had been identified through the lens of adulthood. In most cases, it was not known if the indicator clusters were meaningful for children or not. (Fattore, et al., 2007). Today, it is considered acceptable to focus of the daily lives of children, to listen to their stories. It is accepted that the well-being of children can be understood through the children and thus the children have become a part of research studies. In summary; in the past the negative outcomes of the lives of children were used as the main indicators whereas the indicators developed in recent times consider the positive outcomes. These positive outcomes are not static, but rather investigate the use of resources by children, their families, friends, school and the relationships with the community in which they live. It is now accepted that all these factors show change and that children create their own well-being by assessing their environmental conditions.

In recent years, combined indices for understanding the child well-being have become important for the evaluation of social policies and monitoring of children's well-being. In addition, they provide criteria for policy-makers in their efforts to develop child-centred policies.

The first fundamental principal suggests that the well-being indicators for children relevant for Turkey should be established by investigating whether they match the well-being states in accordance with the living conditions of children in Turkey. It also suggested that the impact of the child-focused policies can be measured by looking at the reduction of inequalities between children based on these indicators. In addition, these indicators can be used to identify the need for

changing the focus of the policies if necessary. It is recommended for related Ministries to use the indicators to be established for Turkey in the impact analysis of their own activities.

2- Community-based polices to reduce inequalities:

Combatting child poverty is especially important for reducing the interganerational transmission of poverty and to reduce the permenant effects of poverty on children. Therefore, monitoring of child poverty in terms of reducing inequalities in society is one of the most effective forms of intervention.

Although there is equality in law in terms of legislation, this does not mean that all persons benefit from rights in an equal manner. Since the beginning of the 90's, the UNDP states that it is not sufficient to reduce or eliminate poverity, or to consider development as only economic development or growth. It makes efforts to develop a human-centred development approach. In this scope, UNDP has developed HDI which encompasses such aspects as education and life expectancy rates to identify the level of human development. In fact, the life expectancy rate is a good indicator of inequality worldwide and provides striking data. An assessment of this data alone shows the clear inequalities amongst humans. Human lifetime is reduced by half according to the country of birth. Although a person cannot determine the country to which they are born, this is a factor which determines the average life expectancy of that person. Similarly, the quality of life is also shaped by the country of birth. Even if born in different regions of the same country to different families, these basic factors determine how their lives are shaped. Taking Turkey as an example, a great difference in the conditions of life shall be experienced if one is born in Batman in comparison with Istanbul, or if one is born in the neighbourhood of Ulus instead of Sultanbeyli, even though both neighborhoods are located in Istanbul.

For this reason; in order to achieve social justice, the structural conditions, that is, the unequal distribution of social resources, should be amended. In this context, social policies to be pursued in areas of education or health affect the entire population, and as such as play a significant role in addressing inequalities in society. However, specific policies in regards to access issues related to public services by disadvantaged groups emerges as a necessity in

every society. Children have priority for protection due to the potential risks they may be subject to in terms of their developmental characteristics and the characteristics of their families and the society they live in. Child-centered social policies should have safety nets to protect especially children who face risks brought about by poverty. In order for these social policies to provide protection and be preventitive, potential risks should be identified and preventive measures should be taken in this direction. Such measures must have a thorough understanding of the community-based approach. The community-based approach essentially bases its solutions to problems or risks on the encouraged participation of segments of society for which it aims to bring solution to, to ensure that they are a part of the solution. Families, communities and caregivers play a vital role in the growth and development of children. It is a tool is to help empower the communities through participatory methods to identify issues of concern, define viable solutions, develop their capacity to act on their decisions and take ownership.

The active involvement of communities is crucial to any programme of work that advocates for the rights of children and women, and to create the social change necessary to foster and support improvements. Experience in designing and implementing development programmes has shown that meaningful stakeholder participation leads to lasting support and it is this long-term community involvement that results in social change that advances children's rights.

The second fundamental principle underlines the need for community involvement in the design and implementation of the social policies.

3- Targeting All the Children Living in the Disadvantaged Regions

The third fundamental principal is an intersection of the first two principles and concerns how the policies and the implementations to reduce the inequality in the conditions of children should be undertaken. When establishing recommendations for increasing the well-being of children, it is necessary to consider the social inequalities which are regional and spatial. In this scope, in regards to increasing the well-being of all children, it is strongly recommended to develop "**targeted programs**" to be implemented for mostly in "**regions where poverty and inequalities are concentrated"** as a forerunner to "ideal" programs. The so-mentioned targeting is not to identify the single households or the children, but to identify the regions or "pockets"

where universal implementation can be carried out. Singular approaches to identify certain families or children lead to stigmatizing and the negative effects of social policies which are designed to single out families or children have been widely discussed in studies (Daponte et al, 1999; Stuber & Kronebusch, 2004; Stuber & Schlesinger, 2006; Lee & Oguzoglu, 2007; Bundy et al., 2009; Farthing, 2012). Therefore, this report identifies the need to develop basic indicators which are tested for reliability and validity and can be used in combination to identify regions of high poverty. The basic principle will be to provide the services universally to all children and families in the region. Planning to provide services to all children and families in the regions shall eliminate the stigmatization aspect and shall lead away from the practices of providing visible assistance which identifies persons in need, eliminating its negative effects. Furthermore, the provision of regional services in a holistic approach shall transform the conditions of the region, thus positively affecting the children directly and indirectly.

The mapping of regions based on selected indicators is expected to reveal the current situation in terms of level of socio-economic development of the region as well as the provision of public services in the region.[11] In this respect, it is important that the mapping involves indicators of household/individual level data, as well as the provision and the quality of local public services. No doubt, the development of inter-sectoral co-operation and indicator development process is essential for this principal recommendation, as the actualization of this principle would be beneficial in collecting data at provinces, districts and small-scale statistics and the statistics collected can directly relate to the well-being of the child. For this third fundamental principal, the essential indicators for monitoring the well-being of the child referred to in the first principle can be used. However, the point which needs to be strongly emphasized is that the indicators should cover qualitative aspects of services as well as quantitative aspects. An aspect of limitation here is that local scale statistics should be able to be collected and the collection of these indicators must be sustainable. In addition, institutions responsible for collecting the data according to these indicators should be clearly established, necessary budget allocations should be made and the the data collected through various institutions and indicators should be consistent

[11] The important indicators of the English Multiple Deprivation Indices are used to shed light on this study (See Box 2)

Provision of social assistance and provision of social services requires a special emphasis:

a. Provision of Social Assistance

As a means of combating child poverty and existing inequalities, social assistance programs do not consist of a direct relationship with the child. In an environment where the aim is to eliminate existing poverty and inequalities, in addition to the social assistance provided, it should be ensured that children's capabilities are increased by means of access to social services (starting from the early childhood stages with such services as development programs for parents and children or necessary guidance services, etc.) Therefore, in principle, social assistance should be considered in a holistic manner with social services.

Another fundamental principle which requires consideration for the planning of provision of social assistance/social services mentioned above is the distribution of especially in-kind benefits which has a risk of belittling the child in his/her peer groups. Social assistance is a rights-based tool of the State to provide provision for those in need in terms of combating poverty. However, the way in which children perceive this aid, especially when it is visible to their peers is different to that of the perception of the adult. Various research have shown that in cases where children receive aid in visible mediums, they hesitate to use the aid (Ridge, 2002). Therefore, it is necessary for benefits used to alleviate the inequalities to be provided in such a way that is positive for the children. The following principles can be taken into consideration.

a. When planning social assistance for a child/family, ensuring that the source of the aid is not known by the child or others so as not to negatively affect the psychology of the child

b. When providing social assistance ensuring that related services be provided in coordination by taking into consideration the needs of the family and child

c. Monitoring to ensure that social assistance provided for children is utilised for the children by the family (e.g. to deposit the assistance to bank accounts

opened to receive funds to be used for the education of the child, or to identify items to be used only for the education of the child and for these items to be bought from stores established by local authorities)

b. Social Services in Disadvantaged Regions

Social services such as care, education, guidance, counselling and rehabilitation directly meet the needs of children. Thus, they hold an important place in the protection and welfare of the child. Support and services such as for pre-natal stages, infancy, kindergarten, school and beyond, protection against domestic and non-domestic violence and institutional services from outside the family in special circumstances are examples of the wide range of social services for which a need may arise for children in various periods within their development. Therefore, planning social services for children, especially for vulnerable groups, should take into account different levels starting from the policy level, to institutional as well as concrete service delivery level.

The most basic requirement for social services is its' local institutional dissemination, especially in regions of poverty and migration where vulnerable groups are residing. Children of poor families often attend disadvantaged schools and live in disadvantaged neighbourhoods. Children living under these conditions not only have difficulties within their household but also experience difficult conditions at school and in their neighbourhood as in all facets of their lives due to the limitations of poverty. What needs to be emphasized in this scope, as stated above, is that accessible services must be provided in the disadvantaged areas to eliminate inequality especially starting heavily in the early childhood period. It is necessary to develop social policies to support well-being of children in all domains, especially in education and increasing the resources of the neighbourhood. In addition to policies concerning the economic situation of families, it is necessary to consider special social policies which place priority on targeting the well-being of disadvantaged children.

The third fundamental principal is to identify regions of concentrated poverty and inequality in light of the related indicators and to develop the "targeted programs" to be implemented in these regions and to ensure the easy access to these services of all children and families in this region.

4- A holistic approach for child well-being

Child well-being can be addressed and advanced with a holistic approach thus requiring a strong collaboration and coordination among various institutions to collect and share data to design necessary policies and as well as to avoid duplication services provided. To ensure this holistic approach child action plan, child responsive budgeting and early identification mechanism as a tool for prevention

Child Rights Strategy and Action Plan

Child rights strategy and action plan prepared by the MoFSP will play a crucial role in order to actualize the holistic policies recommended for disadvantaged children in this report. Additionally, there is a need for a set of well-being indicators to to measure the impact of the social policies in place.

In this respect, instead of establishing a new structure, Child Rights Monitoring and Evaluation Committee under the body of MoFSP can be activated. This committee may be responsible for establishing "The National Child Well-Being Index", its data collection, monitoring through annual reports.

Child responsive budget

An important tool of the child policy is to have child responsive budgeting in order to determine policy priorities and determine programs and services in line with these priorities, and to distribute and use public resources accordingly. Issuing these services and expenditures in a transparent and separated way by institutions will make it possible to use efficiently allocated resource programs and services for children and to evaluate qualities and activities of these services. Child responsive budgeting should include public officials, parliamentarians, NGOs, media and children and budget analysis should be done both at the national and local level. Monitoring the budget allocated for children under specific programmes at the national and local level plays a crucial role to assess the impact of policies/programmes and modify the priorities. In the meantime, parliamentarians, as the approvers of the budget, should be able to assess child-friendliness of the proposed budget. The process should include the children as active participants as well as NGOs and the media for the advocacy.

Early Identification Mechanism as a tool for Prevention

A mechanism which can detect at early stages the presence of different kinds of risks that may adversely affect child development, alongside with efficient referrals to protective/preventive services, for which all sectors involved with children can work in collaboration and coordination with each other needs to be established and brought to scale in a sustainable way. Following the framework of the social policies recommended in the report, having such a mechanism can help protect especially the disadvantaged child groups against inequalities more efficiently.

The last fundamental principal relates to a holistic approach to advance the child well-being starting from developing policies for children to the provision of services.

Box 2 – Recommendation for Mapping Guide: Indices of Deprivation for the UK

Indices developed by the Department for Communities and Local Government to collate multiple data regarding deprivation with the aim of planning and implementation of services and programs based on the local needs and current situation of small geographical regions in the UK, have been used since 2004.

It comprised of the components of the 7 main indicators dimensions: income, employment, health and disability, education, housing and access to other services, crime, and living environment. The indicators are obtained directly from different public institutions or estimations are made from data collected from the institutions.

Source: McLennan, D., H. Barnes, M. Noble, J. Davies, E. Garratt and C. Dibben (2011) *English Indices of Deprivation 2010*. London: Department for Communities and Local Government

Income Deprivation (deprivation related to financial situation)

- Percentage of children and adults of families benefitting from the income-based financial support programs (*Income Support, Jobseeker's Allowance, Pension Credi*t)
- Percentage of children and adults as members of families below 60% of the equalised housing income level of median housing and who benefit from the Child Tax Credits program
- Percentage of refugees and asylum-seekers of the population benefitting from housing and other support programs

Employment Deprivation (involuntary deprivation from employment due to unemployment, illness or disability)

- Ratio of women between the ages of 18-54 and men between the ages 18-64 of the employable age group in the region benefitting from the Jobseeker's Allowance
- Out of the employable population in the region, the percentage of (i) youth between 18-24 age group, (ii) individuals over age 25 and (iii) single parents over 18 years of age who do not benefit from Jobseeker's Allowances and who benefit from the long-term/permanent unemployment support program (*New Deal*)
- Out of the percentage of employable, the ratio of individuals aged 18-59/64 benefitting from the (i) Incapacity Benefit, (ii) Severe Disablement Allowance and the (iii) Employment and Support Allowance (Those receiving disability support since the year 2008 have been receiving these benefits under the title of the Employment and Support Allowance)

Health Deprivation

- Male and female morality rates in 5-year age groups
- Percentage of those benefitting from health and disability support in 5-year age groups
- Percentage of persons admitted to hospital for more than 1 night in 5-year age groups (*acute morbidity*)
- Percentage of individuals diagnosed with a mental illness (*mood and anxiety disorders*)

Education Deprivation (deprivation of children and youth from education and adults from skills)

(i) Children and Youth

- Average performance scores in Stage 2 English, Mathematics and Science exams (percentage of scores to number of persons sitting the exam)
- Average performance scores in Stage 3 English, Mathematics and Science exams (percentage of scores to number of persons sitting the exam)
- Average performance scores in Stage 4 exams (percentage of scores to number of persons sitting the exam)
- High school non-attendance rate (Ratio of the total full non-attendance days in the schools of the region against the total number of days)
- Rate of education attendance for those over 16 years of age (comparison of the same generation with the situation of 17 age and 15 age group after secondary education - here, the figures of those currently in the Child Support program and are graduates of secondary education and are continuing their education are used)
- Higher education attendance rates (Rate of 14-17 age population of those attending higher education of those under the age of 21)

Box 2 – Recommendation for Mapping Guide: Indices of Deprivation for the UK (Continued)

Education Deprivation (deprivation of children and youth from education and adults from skills)

(i) Adult Skills

- Rate of individuals with no qualifications or of little qualification of the 25-54 age group population

Deprivation from Housing and access to other Services (inaccessibility to housing and other important local services due to financial or physical conditions)

- Ratio of crowded households in the region out of the total number of households
- Ratio of homeless in the region out of the total number of households
- Estimated percentage of non-home owners due to insufficient income of households whose head of household is under the age of 35
- Average distance to the primary health organisation in the region
- Average distance to the closest supermarket or market in the region
- Average distance from the nearest primary school in the region
- Average distance to the closest post office in the region

Crime

- Rate of 19 different violent crime types per 1000 persons in the region according to police/criminal records
- Rate of 4 different burglary types per 1000 persons in the region according to police/criminal records
- Rate of cases of 5 different theft types per 1000 persons in the region according to police/criminal records
- Rate of cases of 11 different criminal damage types per 1000 persons in the region according to police/criminal records

Deprivation of Living Environment (impact of living environment within and outside the household on habitability)

- Percentage of homes out of the total homes in the region with poor conditions
- Percentage of homes without central heating out the total number of homes in the region
- Air pollution (rate of emission of 4 types of pollutants)
- In terms of road traffic safety, ratio of number of mortal or with injury traffic accidents against the population in the region (accidents involving pedestrians, cyclists, etc, besides drivers injured or having died in accidents are also considered)

These indicators detailed according to the above domains, derive the indices in accordance to the weightings of the domains for each sub-domain. Then, the weightings of the related domains are used to calculate the total domain deprivation indices. These indices calculated for each geographical region is then used to map the deprivations according to domains and also in total.

2010 Multiple Deprivation Index Components

Domain	**Weighting**
Income	22.5 %
Employment	22.5 %
Health	13.5 %
Education	13.5 %
Housing and access to other services	9.3 %
Crime	9.3 %
Living environment	9.3 %

II. Recommendations for concrete social policies in the framework of principal approaches

1) Regional models for targeting disadvantaged children

1.1 . Determination of disadvantaged regions through mapping

It is necessary to conduct a mapping study to determine the areas where poverty and inequality are mostly seen in order to develop policies and programmes that target all the children living in the disadvantaged regions. It is important to observe the progress of this mapping study with indicators that are based on two dimensions. In the first dimension the aim should be to take inventory about child poverty by using socio-economic status indicators and data at both household and individual level, in the second dimension on the other hand the aim should be to reveal the current situation in terms of access to public service and quality of services.

Method:

In recent mapping studies that have been conducted in different countries, it is seen that many databases are made consistent by using various statistical methods (for example, *statistical matching*) (Bedi et al., 2007). On the other hand, there are various questionnaires which at national level collect data derived from various indicators at household and individual level, and have representational character in the scale of various statistical regions. However it is clear that there is a need for making adaptations with certain methods (for example, *small area estimation* or *shrinkage techniques*) in order to ensure these questionnaires to be representational in small areas, too (Elbers et al., 2002; McLennan et al., 2011). Adaptation of various country examples show that this matching is ensured by using national population census and household questionnaires[12]. As Turkish Statistical Institute's studies being conducted throughout Turkey, such as Households Budget Surveys, Household Labour Force Surveys etc. are representative at NUTS-2 level, it is important to make such adaptations that can be reproduced at provincial and district level. On the other hand, "Poverty Inventory", which is being taken in the light of data collected through databases of Social Assistance Information System (SOYBIS) and Integrated Social Assistance Services

[12] To set an example, for implementation in Albania, see Carletto et al.. (2007); For Bolivia's example see Arias and Robles (2007) .

Information Systems (BSYHBS) within the body of SYGM, is thought to lay ground to this end.

When different areas about child welfare are taken into account, this information at general level should be expected to contribute to reproduce index and indicator by enriching them. For example, data such as **the scope of social security-health insurance of the household in which the child lives, the status of the person who earns household's income in working life and whether s/he has a regular work or not**, can be obtained through SOYBIS. However, ***general components*** such as **housing conditions, status of the building, assessment of neighbourhood in terms of risk and security** and more specific components about child's living conditions within the household that can affect child's welfare directly **(*conditions directly related to the child* such as to have his/her own bed, desk, clothing, computer/access to internet etc.)** should be taken into account. Hence it can be recommended to add child questions module to the financial situation of the BSYHBS/SOYBIS in cooperation with Turkish Statistical Institute. One of the points to pay attention is the fact that the database in SOYBIS is composed on the basis of application; in other words, those who receive benefits or have applied for benefit from social assistance and the ones who have applied for income test of General Health Insurance are in the database. **In this respect, being integrated to Central Civil Registration System (MERNIS) through identity number, BSYHBS/SOYBIS should conduct the data by means of personnel who pays visits to households and reach all the households at provincial and district level.** At this stage, mapping study should be supported by not only by national data to be collected on individual and household basis, but also by data having been collected from current studies conducted by the municipalities. As it is well known, there are studies that several metropolitan and district municipalities conduct in order to reveal population indicators within their own service areas. For example, İstanbul Metropolitan Municipality maps "social fabric" by collecting socio-economic and demographic data in each district in order to provide social municipal services under the title of "Social Fabric Project"[13]. Similarly, Konya Metropolitan Municipality has prepared income maps and poverty maps by integrating social, economic and

[13] For details, see: http://www.belbim.com.tr/urunler/Pages/SosyalDoku.aspx, http://www.ibb.gov.tr/tr-TR/Pages/Haber.aspx?NewsID=7008

demographic data into urban information system[14]. Thus, these good implementations at regional level should be disseminated and it is important to provide input for the mapping study. Second pillar of mapping is to determine public and local services. At this point, layer indicators of public services and current situation should be determined. Indicators that can contribute to this level can be produced from data collected at local level from Primary Education Institution Standards, data of ***migration movements*** in province and district, data that can help to analyze ***risk and security*** at district and neighbourhood level. It is important to determine this in order to ensure all institutions and agencies which provide services for child and family to be coordinated and develop a practice of working in coordination for additional services.

In order to realize the abovementioned mapping study, collectable indicators should be established well and both national and local institutions should be enabled to work in coordination.

Policy Options:

o In this respect, **data such as the status of family's social security- health insurance, educational attainment status of women in the household, presence of a person with a chronic illness in the household, presence of a disabled person in the household** can be integrated with Primary Education Institution Standards data and can be made to match up with mapping studies of municipalities; so that an assessment down to the neighbourhood level can be made.

o The coordination between institutions can be ensured by way of forming "Child Poverty Monitoring and Preventing Unit" within Provincial Directorate of MoFSP or SSCs, in which poverty and early childhood specialists might be employed. A specialist who is an official in this unit should be given the responsibility of collecting data that will come throughout the province at local level and the same person can function as the coordinator for the Child Rights Monitoring and Evaluation Committee at the provincial level.

[14] **http://www.konya.bel.tr/sayfadetay.php?sayfaID=75**

1.2. Community-based models for targeting disadvantaged children

Expansion of Community Centers at the disadvantaged neighbourhoods

Presence of community centers for out-of-school activity areas for children in the pre-school and school period, youth centers or clubs as well as post-school education support programs are highly important for disadvantaged neighborhoods. Having opportunities to socialize, study regularly and spend quality time out of school and home, positively affect children's well-being especially at the disadvantaged neighbourhoods. Institutions that provide for social and educational activities that help children express themselves and increase their self-confidence, creativity and personal development, improve especially subjective well-being of children. Art studios, creative drama workshops; music studios, counselling services and education activities targeting both children and parents will contribute a lot to health, education, participation, risk and safety domains of child well-being. In this sense, in disadvantaged regions, Community Centers are important and essential institutions for developing the current and future capabilities of the children.

In Turkey, former SHÇEK (abolished) and Community Centers affiliated with the MoFSP offer highly important experiences even though their low numbers. The intention of the MoFSP is to close down the community centres by transforming them into SSCs. However it is case for keeping the community centers as a distinct model of service provision is championed in this report. Thus, the recommendation is to expand the community centers more widely as a better policy implementation.

Institutions such as Neighbourhood Halls; Information Houses; Neighbourhood Houses; Social Solidarity Centers run by the municipalities that provide similar services as in Community Centers and Youth Centers affiliated with the Provincial Directorate of Youth Services and Sports are examples for institutions serving similar functions to that of the community centers. Community centers are recommended as essential institutions in terms of a holistic approach to child well-being within the disadvantaged regions and neighbourhoods.

Policy Options:

- Community Centers in sufficient numbers to provide quality services in the disadvantaged regions might be established determined by mapping. On condition

that there is already a similar institution to a Community Center (affiliated to municipality or Ministries), it is suggested that this institution be enabled to have the same conditions as the Community Centers.

- A supervisory structure which will ensure control and monitoring and will set standards of services provided to all Community Centers might be beneficial.

- Community Centers are ideal places for children in the age group of 6-18 years in terms of after-school programs. These programs should be given in collaboration with the schools. Guidance and counseling services for both children and families should be offered in these centers.

- Studios/workshops based on the needs of the children in different age groups (6-12; 12- 15; 15-18) can be formed which can address participation domain, in which children can learn about child rights as well as learn about the methods of seeking justice.

- Community Centers need to plan catch-up and other programs that support schools attendance which is much lower in the disadvantaged neighbourhoods as well as encourage youth to go on to secondary education and support this transition. These centers should be equipped with attractive educational, social and cultural programs that appeal to the youth.

Pre-school care and education units for the 3-6 year olds at the disadvantaged neighbourhoods

Pre-school care and education for the 3-6 year olds is essential as an equalizing service. Good quality nursery schools which are free and easily accessible by disadvantaged families that support cognitive, social and emotional development of children are indispensable in disadvantaged neighborhoods if the opportunity inequalities are to be targeted. At disadvantaged neighbourhoods, the aim should be to establish free pre-school education centers with the above mentioned qualities in sufficient numbers as a long term social policy. Urgently, it can be targeted to give part-time educational programs that will support cognitive, social and emotional development of the 3-6 year old children within the above mentioned community centers.

Policy Options:

- It is necessary to ensure that child development specialists with the necessary knowledge and skills about early childhood development work in these centers and they are provided with adequate support and supervision.

- Counseling services should be provided for families that seek it that has a child between the ages of 0-6.

- Nurseries and pre-school institutions for children between the ages of 0-3 should conduct coordinated activities (for example, to refer children and their families to community centers when in need).

2. Policy Options regarding the domains

This section will provide concrete social policy options covering the domains of financial situation, health, education and participation. Integrated service models, evidence based *policy formulation and incentives forms the backbone in each domain.*

2.1. Financial Situation: Supporting Income Strategies of Families

Minimum income programs are important social policy tools in terms of supporting families financially. In this sense, it should be noted that almost all Member States of EU have minimum income programs. In Turkey; on the other hand, even though the discussions for minimum income has started, there is no program in practice yet. In the tenure of this report holds that supporting income strategies of families is an important means of combatting child poverty. Thus, it is seen as necessary to put a minimum income program into practice in Turkey especially for the households whose members are not employable[15].

Another point to emphasize in terms of supporting income strategies of families is to take concrete steps towards assuring social insurance with employment and to record informal labour force which is the most important component of unrecorded economy in Turkey. This is very important in terms of not only access to social insurance for families but also securing and regulating the labor force.

[15] For studies in this field see: Yakut-Çakar vd. (2012); Yakut-Çakar (2010); Buğra ve Sınmazdemir (2004).

Employment domain is important to develop income opportunities for people of the household and to support the implementations of community-based intervention methods. Especially in regions where poverty and inequality are predominantly seen, in order to improve child welfare, it is necessary to consider recommendations for the employment strategies of adults in the households to bring income so as to prevent child labour *in and out of* the household. In this respect, the following recommendations are to be taken as offering a few general examples.

It is important to use indicators and indexes related to the employment domain in the mapping study that was described at the beginning of this section. Implementing policies about employment in these regions based on the mapping and needs assessment will contribute to improve the well-being of children. Action Plan for Link Employment and Social Assistance might be useful in that sense.

Policy Options:

Integrated Service Models

○ Duty and responsibility of vocational counsellors in the Turkish Employment Agency might be determined through designated district/neighbourhood/geographical domains and it is recommended the specialists conduct screening activities to identify the household adult's capacity to work. Activities geared towards increasing the workability of these adults need to be undertaken.

○ Turkish Employment Agency works in collaboration and coordination with the private sector, non-governmental organizations such as private sector chambers of commerce and industry, and related associations in order to help create new employment opportunities.

○ A recommendation that will be useful for the recommended community-based interventions is to employ some of the women in the region at the local institutions that provide services towards children, as auxiliary personnel with appropriate working conditions such as working hours, wage, social insurance etc.

Evidence-Based Policy Formulation

- Building on the fact that the databases of Turkish Employment Agency and SOYBIS can function and interact with each other, vocational counselors are recommended to focus specifically on the working conditions that need to be ensured for the employment of women, especially those with young children. These working conditions also need to be monitored regularly.

Incentives

- It is recommended that vocational education and skill training should be organized to fulfil needs in the mentioned regions in terms of content; as well as offering free child care services in order to ensure the participation of women with children, making it easily accessible within the community. If needed transportation and lunch arrangements would also be made to ensure participation.

2.2 Health: Prioritizing the support for early childhood development (ECD)

In the last decade, significant progress has been achieved in terms of infant and child mortality. The MoH has been carrying out pregnancy, infant and child monitoring programs in order to extend this progress for the protection of health. As this report frequently underlines, brain development continues with great acceleration from the beginning of the pregnancy to the age of 3. For the healthy development to take place in this period, it is very important to start supporting the pregnant mother and continue and extend this support of the mother and the infant after the birth with programs based on scientific facts.

It should however be noted here that supporting early childhood development does not solely base on intervention in the area of health; rather pre-school programmes play a crucial role in early childhood development. For the sake of simplicity, this section has a special focus on health but should be read by building a strong linkage to the third section on education.

Integrated Service Models:

In order to maximize the healthy development that can take place between the ages of 0-6, there is a need for effective coordination and cooperation based on protocols between the MoH and MoFSP. To this end, it is recommended to assign different duties to following institutions of both of the ministries within this developmental period. In the

suggested model, it is recommended that the duty of supporting the infant/family for the period of pregnancy-first 12 months should be assigned to the MoH through Family Health Centers and the main responsibility for the period of 12-66 months should be given to the MoFSP. There may be need for the two agencies to work in closer cooperation and coordination over some cases that need additional services in terms of referrals for assessment and/or treatment.*:*

1. **Family Health Center**

The period from pregnancy until the infant turns one year old can be laid on sound ground by means of additional programs to the pregnancy and infant monitoring conducted by Family Medicine and Family Health Centers. The Ministry has deliniated a monitoring program for pregnancy (4 visits), for infancy (9 visits during the first 12 months).

Integrated Service Models:

- Under ideal circumstances, there would be one early childhood specialist in each Family Health Center; however, present conditions do not allow for such planning. Thus, depending on the district size, population and current number of Family Health Centers in the region, an early childhood specialist can be employed to work in several Family Health Centers. The main duty of this specialist is to implement the standard program with the support team utilizing home visits for pregnant women and babies in their first 12 months.

- In the home visiting program, Family Health Centers have the main responsibility for the period of pregnancy-the end of 12 months. The counseling services to pregnant mother and families with babies should be conducted in collaboration and coordination with SSC in the district. Specialists from the Family Health Centers and SSCs would benefit from forming close collaboration with each other as they provide coordinated services for families with young children.

- Professionalization, staff trainings and supervision support of the personel are key elements for forming sound collaboration and coordination between Family Health Centers and SSCs.

Evidence Based Policy Formulation:

- It is recommended that an evidence-based training program towards infant-care and mother-infant relationship should be delivered through home visits during pregnancy and infant monitoring period. Such programs are conducted successfully abroad. The training program which should take into account culturally relevant aspects, needs to have a standardized training of trainers aspect which would help towards expansion of the training in relatively standardized manner.

- The indicators for impact analysis of the home visiting program for the pregnant women and infants should be determined prior to the implementation of the program and should be used for impact assessment.

- In pregnancy and early childhood periods (especially in postnatal months), mothers may have some psychological and psychiatric problems. Therefore, to examine the emotional and mental status of the pregnant woman or the mother during pregnancy and infant/child monitoring visits. It is necessary to give psychological support for pregnant women/mothers having such psychological/psychiatric symptoms so that both mother's health and that of the child's is protected.

2. Social Service Center

Integrated Service Models:

- The early childhood specialist working at 'Early Childhood Development' desk to be established in SSCs should work in collaboration and coordination with early the childhood specialist working in Family Health Centers.

- It is recommended that among the main responsibilities of this specialist should be to give consultations and trainings about early childhood development in nursery and day care centers in the region, to offer consultations as to how these institutions can develop their services to enhance early childhood development, and in terms of early childhood and to conduct audits in these institutions.

- Families with young children who have been referred to SSCs or those who seek services at these centers should be provided with the counseling services geared towards relevant early childhood development.

- SSCs should collaborate with the related institutions in order to disseminate parent education on early childhood development in its own centres or adult education centers so as to expand the reach of these trainings. However, it is also necessary to monitor whether the educational standards are being followed in these outlets.

3. Child and Adolescent Mental Health Counselling

Preventive measures towards strengthening mental health have an important role in the protection of health. Community-based mental health practices emphasize prevention work. In this respect, preventative programs for infant/child/adolescent/young adult mental health beginning from the infancy period should be available and easily accessible.

'Youth Consulting and Health Service Centers' within the MoH provide services to children and youth between the ages of 10-19. While, having such centers are promising in terms of offering community-based preventative mental health services, the institutional capacity is not sufficient to meet the actual need. Once such community-based mental health counselling becomes available and accessible, it will carry a very important protective function within the communities. In addition, building better collaboration between these centers and school systems within the community, so that early intervention can become a possibility, would enhance mental health of children and youth. Thus, screenings that can been conducted at schools can be planned together with the 'Youth Consulting and Health Service Centers' so that prevention programs and interventions can be planned to improve mental health problems.

Integrated Service Models:

- Starting from infant mental health and extending into young adulthood, mechanisms for screening for psychological/psychiatric problems should be developed based on the developmentally appropriate tools. Effective and efficient referral systems

should also be put in place. Thus, interagency collaborations should be built as part of the mechanism.

- Screening for psychological problems at schools in cooperation with the MoNE and MoH should be arranged. Referrals to the Youth Consulting and Health Service Centers could be expedited.

- It would be practical to keep a certain number of appointments each week for emergency cases that will be referred from schools in the regions of Youth Consulting and Health Service Centers through protocols which may help the collaboration between schools in the region and the Youth Consulting and Health Service Centers.

- It is recommended to activate and facilitate the mutual referral processes in order to enable Youth Consulting and Health Service Centres and SSCs to work in collaboration with each other.

Evidence Based Policy Formulation:

- The numbers of child/adolascent psychiatrists, clinical psychologists and related other professionals should be increased to offer continued services to care for children and youth who suffer from mental health related problems within the Youth Consulting and Health Service Centers. It is also recommended that the numbers of the above mentioned professionals be increased in all institutions connected with the MoH.

- It is of top priority to increase the number of Youth Consulting and Health Service Centers in the disadvantaged regions. This increase is essential for the success of preventive mental health works before the emergence of mental health problems.

- It is recommended to make protective mental health-based counselling services accessible for problems that can be encountered during the adolescence period by increasing the capacity of Youth Consulting and Health Service Centers. Capacity to deliver individual counseling and trainings/seminars geared towards children and youth in these centers should be improved.

2.3. Education: Social Policies to Ensure the Equality of Opportunity in Combating Child Poverty: School as the Social Welfare Area

Schools as educational institutions should have an educational model **that contributes to social integration and ensuring the equality of opportunity** independently of the socio-economic status of the families. According to the TEPAV report which has compared Turkey with other OECD countries in terms of equality of opportunity in education, Turkish education system is defined as **"low quality- high level of inequality"** when the relationship between the quality of the education and income level of families is considered (Aslankurt, 2013). This result requires recommending two basic policies targeting equality of opportunity in access to quality education:

1. To ensure good attendance of all the children in schools independent of the socio-economic status of families. However, due to the fact that children living in poverty are more at risk of dropping out of the educational system, more attention has to be placed for these children
2. To achieve certain educational standards in order to enable access to quality education for everyone

Policy Options:

Policy recommendations to ensure attendance of all the children especially the poor, who may drop out, independently of socio-economic status of families:

Integrated Service Models:

- By actively using SNAM system, to monitor and prevent non-attendance at schools should be a policy priority. **Early identification and stepwise non-attendance management should be prioritized. The SNAM system can turn into an efficient monitoring and prevention mechanism by means of a coordinated working alliance with social services.**

Evidence Based Policy Formulation:

- Schools that disadvantaged children attend should be equipped to meet the different needs of the children. Thus, schools function as a social structure that can remove the inequalities resulting from the socio-economic status of the family.

- Providing a study center and extracurricular activities within the schools carry special significance when children come from disadvantaged families and neighbourhoods. In order to keep children at school for longer periods, it is important to have facilities that help children to study and socialize. Schools that have more teachers, **free after school study programs** can be very enriching for the children. Thus such aspects should be supported especially in neighborhoods where poverty rates are high. Studies underline that spending quality time at school functions as an important element that helps remove some of the inequalities in children's lives. Thus holding a frame that guides the enrichment of schools in this manner can lead to significant increases in the development of capabilities of children.

- Counselling services hold very important functions to meet the needs of children at schools where disadvantaged children go. It is important to give priority to counselling services at these schools by means of increasing the number of guidance counsellors and developing certain counselling standards. Preventive activities at schools should also be planned in the framework of preventive counselling models which are sustainable.

- The implementation of programs diversified according to the needs of the children should be prioritized at the schools where disadvantaged children go to. This can be exemplified by free lunch or free school trip programmes. Studies show that the school success of children is related to the nutritional intake and it is found that providing proper nutritional intake at school contributes positively to the relationship children build with their schools. Increasing the concentration levels and it's long term effect on the cognitive capacities of children are two important points to consider. Free lunch programs to be implemented at schools where disadvantaged children go can be prioritized in terms of social policy. Another example is school trips. All children want but cannot participate in school trips because of the high costs associated with these trips. Thus, other financial attempts can be made to offer free of charge school trips in the disadvantaged regions. It's well-known that many children do not even go out of the neighbourhood they live in because of the financial reasons. A mechanism that will enable children to participate in school trips free of charge would be a very important step in the disadvantaged regions. As a part of this mechanism, planning preventive activities in the provinces can be enhanced by collaboration with the Provincial/District

Coordination Committees that can help with the coordination of the needed resources and services.

- To achieve educational standards to ensure access to quality education for everyone, quality standards of schools (availability of counseling service, health service/medical room, proper school heating, clean toilet, clean canteen, school garden, playfield, library, computer/access to internet, activity rooms etc.) are important indicators of child well-being and thus should have priority in this respect. It is necessary to develop standards to be implemented and monitored in all schools. In this respect the Ministry of National Education has developed Primary Education Institutional Standards document which serves an important function. However these standards should be very clear and monitorable as soon as possible. ERI (2011; 52-53) underlines that all of the relevant stakeholders should be informed about the implementation of this procedure and this tool should be in a position to cross-feed with other tools in the education system. Primary Education Institution Standards is not a performance evaluation system; rather, it delineates the required standards schools need to achieve based on approximately 1000 indicators that have been selected. Perhaps, the Standards can be simplified in order to ensure data collection and reporting.

Incentives:

- Teachers should be awarded with certain incentives (wage, career etc.) to work in disadvantaged school and stay there permanently. The number of teachers in these schools should be increased. The number of children per teacher should be decreased so that teachers can have a better chance of getting to know the children better and form sustaining relationships with them.

2.4. Participation: Establishing Participation Mechanisms for Children

Although, participation is one of the most challenging domains with regard to measurement and evaluation, maintaining the participation of children in almost all spheres of life is closely linked with their position of being equal citizens. As, participation also refers to a democratic culture, it is significant to provide necessary space for children to participate within their immediate environments. As this condition is needed for all disadvantaged groups, it may require putting different mechanism into practice to secure the participation of children. Here, the aim is not to create an artificial

understanding of participation. But, to create necessary conditions where children could find the channels to express their opinions in an egalitarian environment and they are being listened genuinely. It is not realistic to expect children to speak and participate freely within a hierarchical structure surrounded by the concept, approaches and even the research of the adult world. Children are the subjects of their own experiences and while listening to their experiences, challenging the presuppositions about childhood can contribute both theoretically and practically. For this reason, in all spaces of children like home, the school and the neighbourhood, asking the opinions and ideas of children and taking their perspectives seriously is essential for children citizens of today and adult citizens of the future.

Policy Options:

- In this respect, one of the major social institutions where the channels could be created for children to participate is school. In school environment, it is necessary to establish and improve the mechanisms where children would convey their opinions on the decisions that concern their lives. These mechanisms can be varied. As a start, the present mechanisms should be turned into real and working mechanisms where children could bring their issues easily. In this respect, participation mechanisms should go beyond the idea of 'opinion boxes' and turn into platforms where children bring their own issues and express them in their own words. In addition to the school environment, there is a need for spaces for children to participate in their neighbourhoods and the city. Likewise, the aim is not to establish artificial mechanism, but to create platforms where children can bring and share their issues from their own perspective.

- Despite the fact that problems about participation mechanisms concern all children in Turkey, it should be underlined that the voices of the disadvantaged children such as disabled or drug-addicts are the least heard. Taking this into consideration, both in school and outside school, necessary conditions should be created for disadvantaged children to convey their problems. In relation to this, we should consider the ways of participation carefully. Because, it is necessary to create new participation channels for disadvantaged children and take all measures for them to make their voices heard. Otherwise, the non-participating and being non-heard emerges as another disadvantage issue for these children.

- Adults should also be informed and convinced on the significance of child participation both for the development of the child and the society and encourage their children to participate not only in the household level but also in other modalities specified above.

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Supplement 1: Developing Child Well-Being Indicators for Turkey: Case of Istanbul

Uyan-Semerci, P., Müderrisoğlu, S., Karatay, A., Ekim-Akkan, B., Kılıç, Z., Oy, B., ve Uran, Ş. (2010)

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The literature on indicators of child well-being is rapidly growing, and there are different child-well being indicators sets. We first worked on a comparative study of the indicators' sets[1] established in the literature and then we proposed a set of indicators for Turkey, which was used for our case study in Istanbul.

Within this framework, the research 'Developing Child Well-Being Indicators for Turkey' was undertaken to produce relevant indicators of child well-being in Istanbul-Turkey:

- *Material well-being,*
- *Health,*
- *Education*
- *Participation*
- *Housing and environment*
- *Risk and safety*
- *Relationships*
- *Subjective well-being*

A **quantitative** and a **qualitative** study were conducted in Istanbul to test the chosen well-being indicators in order to propose a list of potential indicators to be used widely in Turkey. The quantitative study involving 963 parents (787 mothers, 176 fathers) and children in Istanbul was carried out. As each home was included in the study, separate interviewers worked with one parent and one child of the household. Out of the 923 smallest units of neighbourhood (*mahalle*) in Istanbul, 169 were randomly selected. In every *mahalle* 6 homes were targeted to be included in the sample. Separate questionnaire forms were developed for parents and children. While questions regarding the objective conditions of the family as well as specific information about each family member were obtained through the parental questionnaire, children were asked to reflect on their subjective experiences in their homes, school, neighbourhood and in general through the children's questionnaire.

The qualitative study involved an in-depth study of a mostly lower-middle class neighbourhood in Istanbul. Individual in-depth interviews were carried out with children between the ages of 8-18. Focus groups with children (different age groups, work status), teachers and parents were also conducted. Both studies validated the usefulness of the indicators' set as a tool for monitoring child well-being.

	11-14 Age Group		15-17 Age Group	
	Female N (%)	**Male** N (%)	**Female** N (%)	**Male** N (%)
Goes to school/ does not work	279 (97.2%)	248 (93.2%)	157 (71.8%)	136 (68.7%)
Goes to school/ works	0 (0%)	4 (1.5%)	5 (2.4%)	3 (1.5%)
Deos not go to school/ works	2 (0.7%)	12 (4.5%)	28 (13.3%)	49 (24.7%)
Does not go to school/ does not work	6 (2.1%)	2 (0.8%)	20 (9.5%)	10 (7.4%)

Material Well-Being Domain:

Table below summarizes the main differences between the different child well-being indicators based on **parental perception of need/income ratio**. It is clear that economic conditions of the family is related to other economic indicators such as ***material deprivation*** ($F(3,948)=90.94$; $p<.001$), ***lack of income for the most essential items*** such as heating, rent, food and school expenses ($F(3,889)=172,32$; $p<.001$), rate of ***coverage by the social security schemes*** ($\chi^2=149,39$; $df= 9$; $p<.001$) and rate of ***having steady pocket money*** ($\chi^2=95.43$; $df= 3$; $p<.001$), .Children are not sparred from the awareness of the economics difficulties a family is suffereing from. Thus, in families with the lowest economic means, children accurately ***perceived the family economic hardship*** ($F(3,954)=68,35$; $p<.001$). Also, these children carried a ***higher level of household work burden*** ($F(3,954)=12.61$; $p<0.001$).

Need/Income ratio	*Not have enough income to cover basic needs (n =163 families)*	*We can barely get by from paycheck to paycheck (n =379 families)*	*If we don't by expensive and extravagant things we can get by (n =364 families)*	*Have enough income to live comfortably (n =52 families)*
Material Well-Being indicators				
Material Goods (Deprivation)***	3.30 (1.91)	5.04 (1.73)	5.67 (1.48)	6.46 (1.03)
Receiving pocket money***	36.8 %	66.8 %	81.3 %	82.7 %
Lack of income for most essentials (heating, rent, food, schoolexpenses)***	2.77 (1.68)	0.64 (1.20)	0.24 (0.85)	0.37 (1.1)
Perception of family economic hardship***	2.64 (1.29)	1.42 (1.33)	1.09 (1.24)	0.44 (1.0)
Using social security scheme for health expenses***	44.4 %	80.7 %	85.4 %	78.8 %
Green Card***	31 (19.1 %)	11 (2.9 %)	10 (2.7 %)	0
Risk & Safety indicators				
Household burden***	4.51 (4.57)	3.46 (4.02)	2.5 (3.58)	1.85 (2.85)

** p<.01, ** p<005, *** p<.001*

Health Domain:

It is clear that economic conditions of the family is linked with poor health in that children who live in families with the worst economic means suffer from higher rates of ***chronic illness*** ($\chi^2 = 17.56$; df= 3; p<.005), have a ***poorer nutritional intake*** ($F(3, 946) = 47.63$; p<.001) , have been exposed to more ***early life health risks*** ($F(3, 954) = 58.17$; p<.001), and come from families in with much ***higher rates of child death*** has occured after live-birth ($\chi^2=37.88$; df= 3; p<.001).

Need/Income ratio	*Not have enough income to cover basic needs (n =163 families)*	*We can barely get by from paycheck to paycheck (n =379 families)*	*If we don't by expensive and extravagant things we can get by (n =364 families)*	*Have enough income to live comfortably (n =52 families)*
Health indicators				
Has a chronic illness**	24 (14.7 %)	27 (7.1 %)	19 (5.2 %)	1 (1.9 %)
Adequate nutritional intake***	2.27 (1.64)	3.53 (1.45)	3.77 (1.33)	4.2 (1.25)
Early life health risk***	1.66 (1.27)	0.73 (0.96)	0.56 (0.85)	0.23 (0.55)
Have a child who died after being born***	38 (23.3 %)	35 (9.2 %)	24 (6.6 %)	2 (3.8 %)

** p<.01, ** p<005, *** p<.001*

Educational Domain:

Educational outcomes were poorer for children coming from the worst economic conditions in that the ***school enrollment rate was lower*** (χ^2=16.56; df= 3; p<.005), the ***schools they went to had worse conditions*** (F(3,826)=16.38; p<.001), the children ***saw themselves as less successful in school*** (χ^2=20.90; df= 3; p<.001), and the ***parental investment in children's schooling was less*** (F(3, 954)=11.78; p<.001).

School Conditions	**Yes**	**Percentage**
We have counseling services	698	84%
There is not any skipped class in our school	299	36%
Our school is heated well	260	31%
The toilets are clean at our school	602	72%
There is a sports area we can use comfortably	505	61%
Our school has a large garden	771	80%
We have a useful library in our school	713	86%
We have efficient computers and internet in our school	624	75%
We have activity rooms	398	48%
Our refectory/canteen is clean	723	87%
We have an infirmary in our school	174	21%

Need/Income ratio	*Not have enough income to cover basic needs (n =163 families)*	*We can barely get by from paycheck to paycheck (n =379 families)*	*If we don't by expensive and extravagant things we can get by (n =364 families)*	*Have enough income to live comfortably (n =52 families)*
Educational indicators				
School enrollment rate**	77.9 %	86.8 %	89 %	96.2 %
School conditions***	6.84 (2.1)	7.29 (1.96)	7.97 (1.88)	8.5 (2.04)
Feeling successful in school***	% 57.6	% 69.5	% 74.8	% 84.6
Parental investment in education***	2.04 (0.98)	2.40 (0.89)	2.49 (0.79)	2.62 (0.66)

** p<.01, ** p<005, *** p<.001*

Children from the worst economic hardship families lived in signifcantly ***worse housing conditions*** (F(3,954)=22.59, p<0.001) and the neighborhoods they lived in had ***fewer educational, health or sports resources*** (F(3,954)=4.47; p<0.005) and were exposed to ***higher rates of harassment in school*** (F(3,954)=5.66; p<0.001).

Relationships and subjective well-being was further negatively influenced by the concomittant economic hardship of the families. These children reported ***lower levels of feeling close to their family members*** (F(3,954)=9.31; p<.001), ***feeling less happy when they are with their families*** (F(3,951)=4.35; p<.01), ***when they are with their friends*** (F(3,950)=5.04; p<.005), and ***when they were at school*** (F(3,939)=5.95; p<.005). Finally, these children had ***less positive feelings about themselves in general*** (F(3, 950) = 8.37; p<0.001), felt ***more anxious about the future*** (F(3, 932) = 23.98, p<0.001) and felt ***they had more things they could not do compared to their friends*** (χ^2 = 74.15; df= 3; p<0.001).

Need/Income ratio	*Not have enough income to cover basic needs (n =163 families)*	*We can barely get by from paycheck to paycheck (n =379 families)*	*If we don't by expensive and extravagant things we can get by (n =364 families)*	*Have enough income to live comfortably (n =52 families)*
Housing and environs indicators				
Housing problems***	0.95 (0.75)	0.53 (0.64)	0.53 (0.57)	0.37 (0.53)
Neighborhood resources*	2.90 (2.76)	3.49 (2.66)	3.77 (2.78)	4.02 (2.29)
Risk & Safety indicators				
Harrasment***	0.80 (1.01)	0.63 (0.84)	0.53 (0.77)	0.37 (0.56)
Relationships indicators				
Feeling close to family members***	1.88 (1.2)	2.22 (1.01)	2.37 (0.88)	2.12 (1.08)
How the child feels when with family*	8.47 (2.20)	8.98 (1.59)	8.91 (1.43)	9.12 (1.28)
How the child feels when with friends**	8.36 (2.13)	8.71 (1.74)	8.79 (1.50)	9.35 (0.87)
How the child feels when at school**	7.69 (2.24)	7.89 (2.27)	8.27 (1.80)	8.80 (1.39)
Subjective Well-Being Indicators				
How the child feels about self in general***	7.68 (2.30)	8.30 (1.93)	8.45 (1.60)	8.86 (1.44)
Anxiety about the future***	2.06 (1.03)	1.58 (1.12)	1.24 (1.11)	1.04 (1.09)
Perception of relative deprivation***	(76) 52 %	(100) 28.3 %	(56) 16 %	(6) 12.5 %

** p<.01, ** p<005, *** p<.001*

Conclusion:

One of the striking results of this study is the close relationship between the different domains of well-being. It shows the need to approach child well-being from a holistic fashion due to this relationality among the domains. The children who live in households with the lowest financial means were the children who had worst outcomes in terms of health, risk and safety, education and participation. Another important point is reflected in the intricate relationship between the relationship domain and the remaining domains such as education, perception of the neighborhood). For example, how the child is received in school, how this affects his/her feelings about self, how it impacts his/her educational experience are very important. The following table lists the indicators that were used for the eight domains in the study. The qualitative study also reinforced the need to choose these indicators for future studies.

Child Well-Being Indicators							
Material Well-Being	**Health**	**Education**	**Participation**	**Housing and environs**	**Risk and Safety**	**Relationships**	**Subjective Wellbeing**
Economic Deprivation 1. Material Deprivation index (7 items) *-having own bed,* *-own winter coat,* *-access to a computer,* *-access to the internet,* *-having a bookcase,* *-a closet,* *-eating meat/fish at least three meals per week* 2. Having pocket money **Perception of Material Situation** 1. Need/Income ratio (P) 2. Perception of Family Economic Hardship Index	**Children's Health Condition** 1. Health Status (*whose who had had a serious illness and/or those with chronic illness were categorized as* unhealthy) **Health Behavior** 1. Adequate Nutrition Intake (5 items) *-Daily breakfast* *-Daily milk/yogurt* *-Daily fruit* *-Daily vegetables* *-Eating meat/fish three meals a week* 2. Hygiene Habits (2 items) *-Brush teeth 1-*	**Educational Participation** 1. Enrolment *-Percentage of children enrolled in school* *-Percentage of children 15+ in school* *-Percentage attending school regularly* 2. School Drop out *-Percentage of children dropped out of school* **Quality of School Index (11 Items)** *-counseling service* *-health service* *-school well-heated* *-toilets clean* *-cafeteria clean* *-school has playground* *-sports area* *-library* *-computers/internet access* *-activities rooms* *-no courses without teachers* **Educational Attainment** 1. Percentage of children repeating a grade	**Participation in Civic Activities Index** (5 Items) *-Attending activities in associations* *-Attending activities done by municipalities* *- Attending activities done by political parties* *-Attending community centers*	**Housing Problems Index** (2 Items) *-not having own bed* *-overcrowded home* **Perception of Neighborhood Safety** *1.How safe child feels in the neighborhood* **Neighborhood Resources Index** *-Educational resources* *-Health resources* *-Sports activities resources*	**Child Mortality (P)** (Same as under Health) **Accidents at Home and/or at Work** 1. Rate of accidents at home 2. Rate of accidents at work **Child Labor** 1. Percentage of children working 2. Amount of household task burden on children index *-cleaning house* *-cooking* *-taking care of sibling* *-washing dishes* *-doing piecemeal work with the family* **Negative Consequen-ces of Work Index** (6 Items) **-***distanced from*	**Relationship with Parents** 1. Parental Monitoring Index (2 Items) *-coming home time* *-who to choose as friends* 2. Contact with Parents Index (3 Items) *-eat together* *-talk* *-watch TV together* 3. Feeling Close to Family Members Index (3 Items) -mother -father -sibling(s) 4. How the child feels when with family (0-10) 5. Family structure **Relationship with Peers** 1. Percentage who share secrets with friends 2. Percentage who has friends at school/neighborhood 3. Rate of being able to talk with friends daily 4. How the child feels when with friends (0-10 rating) **Relationships at School** 1. Positive Relations	**Personal Well-Being** 1. How the child feels about self in general (0-10 rating) **Anxiety about the Future Index** (3 Items) *-anxiety about own future* *-anxiety about family's future* *-anxiety about family not having enough money* **Perception of Relative Deprivation** 1. Percentage of children not being able to do things that they want which others can do

(4 items) *-Hard time paying rent* *-Father can get unemployed* *-Difficulty paying school costs* *-??* **Security** 1. Percentage of parents with fulltime jobs 2. Percentage of families with social security 3. Perentage of families with healthcare	*2 times a day* *-Take shower 1-2 times a week* **Early Life Health Risk Index (P)** (5 items) *-irregular/no prenatal health visit* *-birth out of hospital* *-children not taken to health controls* *-immunization not completed* *-little/no breastfeeding* **Child Mortality (P)** 1. Percentage of families who had a child die	2. Children's own perception of their academic success **Parental Investment in Education Index** (3 items) *-attend parent-teacher conferences* *-want child to continue education* *-child not burdened by domestic work*			*friends* *-irregular school attendance* *-lowered wish to go to school* *-hanging out with older people* *-mistreatment by boss or colleagues* *-future career options lessened* **Harrasment Index** (3 Items) *-Teased at school* *-Bullied at school* *-Treated poorly by a teacher in school*	Index (3 Items) *-feeling liked by others* *-positive relations with at least 1 teacher* -have friends at school 2. Harrasment Index (same as under Risk and Safety) 3. How the child feels at school (0-10 rating)	