



مملكة البحرين
Kingdom of Bahrain



مفوضية
حقوق السجناء والمحتجزين
Prisoners & Detainees Rights Commission

Report No. (25)

**PDRC Unannounced Visit to Dar Al Karama –
Social Care Home**

30 October 2024

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Introduction

In fulfillment of its mandate and ongoing efforts to strengthen human rights protections in prisons, detention centers, holding facilities, and other places where persons may be deprived of liberty, such as hospitals and psychiatric clinics. The Prisoners and Detainees Rights Commission (PDRC) conduct general inspection visits to verify the situation of residents and treatment they receive, to ensure they are not subjected to torture, cruel, inhuman, or degrading treatment. Pursuant to Decree No. (61) of 2013 on the establishment and powers of PDRC, the Commission carried out an unannounced inspection visit to Dar Al Karama – Social Care Home on 30 October 2024. This is PDRC second visit to this facility; the first was conducted on 16 January 2019 at the previous premises in Tubli. Dar Al Karama is a social institution based on community partnership that provides various forms of care and services to beneficiaries.

The present visit aimed to ascertain the state of the premises, treatment of residents, living conditions, the health care provided, and the legal guarantees and rights available to them, in accordance with PDRC's adopted principles, standards, and indicators, and through established professional procedures for such visits. These include recording observations during the site visit; and issuing recommendations that help promote and respect human rights, considering the inspection methodology in line with international principles and standards.

Section I: Background and Methodology

PDRC is empowered to conduct comprehensive inspection visits announced or unannounced to prisons, detention centers, holding facilities, and other care centers. During such visits, the Commission reviews the conditions of these places and the treatment of residents, and hears their testimonies, remarks, or complaints. Information is gathered through a defined methodology that includes:

a) Interviews with beneficiaries at the facility

At the time of the visit, the facility housed one beneficiary (a woman). She was interviewed independently, in private, without staff present. The team identified themselves, explained their remit and the purpose of the visit, and carefully recorded her statements regarding the reason for her admission and her health status.

b) Meeting with facility management

The PDRC team met with management, which presented an overview of the facility's status, procedures, and services, along with key data and statistics, information about supervising administrative staff, and details of major projects and programs implemented or underway.

c) Review of documents and records

The team examined documents related to the beneficiary and to the standards used for the inspection, such as admission documents to verify the lawful basis for admission, along with administrative records indicating reasons and length of stay, as well as maintenance records, food supply documentation, and medical care records.

d) Direct observation

Direct observation followed an organized workplan covering: the condition and description of the premises; interactions between staff and the beneficiary (and vice versa); and verification of the team's own observations as well as matters raised by the beneficiary.

Section II: Basic Information & Statistics

A. About the facility

Dar Al Karama building was established on 29 November 2007 pursuant to Decree-Law No. (5) of 2007 on Combating Begging and Vagrancy and operates under the supervision of the Ministry of Social Development (MOSD). The Home is a social institution based on community partnership that provides care and services to first-time beneficiaries. Conditions of admission include that the person was apprehended while begging or vagrancy and is free of communicable diseases and serious mental disorders. Dar Al Karama accepts all nationalities.

Facility objectives include:

- Contributing to combating begging and vagrancy.
- Receiving male and female beneficiaries apprehended for begging or vagrancy, conducting social inquiries, and providing psychological support.
- Providing social, health, psychological, living, and recreational care during the period of stay.
- Implementing programs that help beneficiaries stop begging or vagrancy and provide shelter-related services.
- Strengthening ties between the beneficiary and their family and providing material and moral support to prevent relapses.
- Intensifying guidance programs to reduce begging and vagrancy, including coordination with family counseling specialists for lectures and awareness programs.
- Cooperating with competent authorities to monitor and address cases of begging and vagrancy.

● Services provided

Social care program:

- A daily schedule specifying wake-up, personal hygiene and bathing times, mealtimes, and social activity periods.
- Coordination with relevant authorities to refer those lacking capacity, elderly, or juveniles to appropriate care.
- Coordination with competent authorities to secure suitable employment for capable beneficiaries.
- Referral elderly people without family to Elderly Care Homes.
- Referral of children from families in difficult circumstances to the Batelco Home upon order by the Public Prosecution, in the child's best interests.
- Enrollment of eligible Bahraini nationals in the social assistance system as applicable.

Cultural program:

- Freedom to practice religious rites; facilitating access to sermons and guidance programs encouraging work and discouraging begging/vagrancy.
- Allowing residents to read newspapers, magazines, and books, and to access purposeful radio/TV content.
- Organizing guidance lectures to discourage relapse.

Termination of stay

The maximum stay is 10 days; however, the interviewed beneficiary stated that her stay had extended to several months due to a humanitarian assessment of her case.

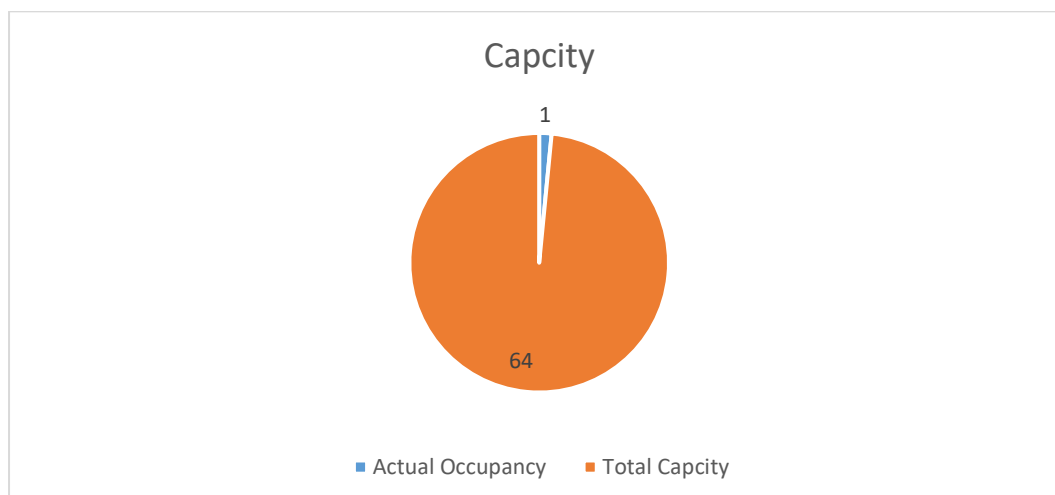
Capacity and key statistics

Dar Al-Karama comprises several apartments used for different purposes: administrative offices, a library, a visiting room, reception, living units with bedrooms, bathrooms, a dining room, a store, and a hall. On the day of the visit:

- Total capacity :64
- Beneficiaries present: 1 person
- Occupancy rate: 1.5%
- Staff: 13 employees

	Male	Female	Total
Begger's	0	0	0
Vagrancy 's	0	1	1
Total	0	1	1

Social Care Home Capacity



Section III: Humane Treatment and Verification of Conditions

PDRC team found that the beneficiary was treated with respect, and she described staff as trustworthy. Her admission procedures were conducted in accordance with the law, and upon arrival she was seen by a nurse and social and psychological specialists. The administrative system ensures easy access to secure property storage, with the beneficiary's belongings securely stored and properly recorded. A library is available in the reception room for use during the stay. Overall, the beneficiary was dealt with positively from the outset and thereafter.

Safety and premises

- Continuous supervision is maintained; emergency bells are periodically tested; fire alarm systems and extinguishers receive regular maintenance. Staff are capable of safe evacuation in emergencies.
- An in-room call bell is not available in beneficiaries' rooms (there is a call bell near the main door).
- An evacuation plan and assembly point are posted.
- As regards the lawful, necessary, and proportionate use of force and the Use-of-Force policy, there are no written rules or specialized training for staff on how to apply lawful force inside the Home to avoid risks.

Regarding risk awareness and vulnerable groups staff showed understanding of age-related needs and health considerations of beneficiaries; however, they were not aware of their responsibility to assess and manage risks arising from interactions with or between beneficiaries. There are no risk assessment/management plans or periodic reviews in place.

There is an outdoor yard for exercise and sun exposure. Visits are allowed. Telephone calls are available, and beneficiaries are permitted to use their mobile phones inside the Home.

Comfortable, safe, and clean Civilian vehicles assigned for transport are safe, clean, and comfortable, but lack emergency supplies. Also, Suitable vehicles are equipped for disabled people with (wheelchairs, crutches). Patients are transferred to health centers/hospitals by ambulance. Beneficiaries are not restrained during transfer and are informed of the destination. And a daily movement log is maintained. Beneficiaries are enabled to contact their families upon their first arrival to the Dar Al Karama and when transferred to police stations; beneficiaries and guardians are notified in advance of planned transfers or discharge.

Regarding rehabilitation and reintegration policies provided involve beneficiaries in public social centers and courses (e.g., swimming for children, tailoring for adults) in coordination with Ministry of Social Development social centers. Beneficiaries are supported to attend school during admission, with enrollment in public schools and private tutors arranged.

In terms of living conditions, the beneficiary reported being admitted to a clean and safe room. Toilets were in good condition but not adapted for disability people. Rooms had adequate ventilation, lighting, and temperature.

Access to toilets and sanitation was easy, personal hygiene items were provided upon admission, bedding was clean and available. The administration supplies clothing and hygiene items for those unable to provide their own, laundry service is available with a dedicated facility. Food was sufficient, nutritionally appropriate and varied, drinking water was available throughout the day.

Section IV: Rights and Guarantees

The team verified the administrative procedures ensuring the lawful basis for admission: beneficiaries are admitted only with official documents and upon referral by a police station, the MOSD, or the Public Prosecution. Beneficiary data are updated during the stay, and beneficiaries are allowed to inform their families of their whereabouts (there is, however, no clear written mechanism outlining this right). Each beneficiary has a personal file containing documents on the lawful basis for admission. The team noted that in some cases legal time limits for presenting repeat-admission beneficiaries to the Public Prosecution are not observed.

A written list of rights and duties is available at the Home and beneficiaries sign an Arabic-language copy upon entry. PDRC founds a good environment and conditions where encourages good behavior.

As for complaints, there are no awareness posters, no accessible complaint boxes, and no registers documenting complaints. There is, however, a written mechanism organizing procedures and sanctions applied when beneficiaries violate rules of conduct.

Section V: Health and Mental Health Care

Medical screening and health care

After inspecting the building and its associated facilities, and interviewing the Center's staff and the only woman residing there at the time of the visit on 30 October 2024, the following observations were identified in relation to the third standard concerning healthcare and psychological care:

The Center lacks personnel specialized in healthcare, as well as personnel specialized in psychological care. When the officials at the Center were asked about these positions and the individuals responsible for them, it was found that there had previously been a nurse and a psychological specialist assigned to the Center. However, they had transferred to positions outside the Center, and these posts have remained vacant since that time.

Under Law No. 5 of 2007 (Article 4)—which requires a detailed report on the person's condition prepared with the assistance of competent scientific and health institutions, explaining the reasons for begging or vagrancy. The Home relied on the medical report provided by the Ministry of Interior after apprehension and did not conduct its own medical or psychological examination upon admission. The social worker prepares a report on the beneficiary (person apprehended for begging or vagrancy) and updates it periodically.

Given the proximity to Mohammed Kanoo Health Center, management stated there is an agreement allowing Dar Al Karama beneficiaries to be admitted there in case of emergency medical need.

Regarding clinic and medicines storage Inside the on-site clinic, the team observed expired intravenous fluids and containers of used syringes/medical instruments. Staff stated they had written to the Ministry of Health to arrange disposal and were awaiting a response. Medicines are stored in a small refrigerator which, at the time of the visit, was nonfunctional, MOSD had been contacted to provide a replacement (pending). Medicines are otherwise kept in a designated cabinet. Distribution follows physician prescriptions. A modern blood pressure/temperature monitor was reportedly out of service; staff used a small portable BP device. PDRC specialists tested the larger device and found it operational; however, there were no trained staff to use it.

Staff stated the center does not admit any cases with communicable diseases. A MOSD official clarified that the center excludes only one specific type of viral hepatitis, and in such cases coordinates urgently with the Ministry of Health to admit those cases at MOH facilities.

Social assessment

There is no psychologist on staff. The social worker prepares a social case file, refers beneficiaries needing psychiatric follow-up to the Psychiatric Hospital, monitors their social situation during admission in cooperation with staff, informs beneficiaries and relatives about the law on begging and vagrancy and its consequences, and prepares a social report outlining the beneficiary's case plan with proposals and recommendations for rehabilitation, submitted to the Head of the Home for approval. Post-discharge follow-up continues until stabilization.

Section VI: Recommendations

The team reviewed implementation of the ten recommendations from PDRC Report No. 16 following the prior visit on 16 January 2019. Some were fully or partially implemented; others were not. Based on verifications during the current visit, the PDRC makes the following findings and updated recommendations:

A. Implemented Recommendations

- Recommendation (1): Allocate an outdoor yard (garden/sun yard) as a breathing space; no smoking indoors.
- Recommendation (2): Provide accommodations for disability people (living rooms/bathrooms) and designate a qualified staff member to deal with them.
- Recommendation (6): Establish a system which organizes visits for people apprehended for begging or vagrancy.
- Recommendation (7): Issue administrative decisions to ensure legal time limits are observed for presenting repeat cases to the Public Prosecution.
- Recommendation (9): Develop an evacuation plan and assembly point in case of fire and train periodically.
- Recommendation (10): Introduce a written mechanism for rewards/sanctions and procedures for breach of conduct.

B. Unimplemented Recommendations

- Recommendation (3): Train staff in safety principles and first aid.
- Recommendation (4): Establish a specific administrative mechanism governing the reception of cases admitted on humanitarian grounds outside the Home's core remit.
- Recommendation (5): Establish rules and specialized training on lawful, necessary, and proportionate use of force (a formal Use-of-Force policy) to avert risks.

- Recommendation (8): Establish a complaints and grievances mechanism, including organized registers for complaints, requests, and violations, and a detailed register of cases received and their circumstances.

Accordingly, the Commission deemed it appropriate to submit new recommendations addressing matters related to the recommendations that were not implemented and were previously included in the report of the visit conducted on 16 January 2019. These recommendations also address the observations that were identified and verified during the current visit conducted on 30 October 2024.

The recommendations are as follows:

1. Retrain staff on safety principles and first aid.
2. Install an in-room call bell system for emergencies.
3. Train staff to assess and manage risks arising from interactions with/among beneficiaries.
4. Adopt rules and training on the legal Use of Force policy and the lawful, necessary, and proportionate use of force inside the Home to avert risks.
5. Equip transport vehicles with emergency supplies.
6. Adapt toilets for people with disabilities.
7. Ensure legal time limits are observed when presenting repeat-admission beneficiaries to the Public Prosecution.
8. Post guidance and motivational signage in both languages Arabic and English.
9. Establish a complaints/grievances system, awareness posters, and organized registers (complaints, requests, violations) and a detailed intake register of cases and circumstances.
10. Provide essential staffing, including health-care professionals and psychologists.
11. Create an effective coordination mechanism among responsible parties in line with Law No. 5 of 2007.
12. Establish a regulated system for storing medicines and disposing of used medical instruments.

Section VII: Annexes

Annex (1): References

- Constitution of the Kingdom of Bahrain.
- National Action Charter.
- Penal Code (and amendments).
- Code of Criminal Procedure (and amendments).
- Decree-Law No. (5) of 2007 on Combating Begging and Vagrancy.
- Decree establishing and defining the powers of the PDRC.
- Universal Declaration of Human Rights.
- International Covenant on Civil and Political Rights.
- Convention against Torture (considering the Optional Protocol).
- International Convention on the Elimination of All Forms of Racial Discrimination.
- Convention on the Elimination of All Forms of Discrimination against Women.
- Convention on the Rights of the Child.
- Convention on the Rights of Persons with Disabilities.
- UN Charter.
- Arab Charter on Human Rights.
- UN Standard Minimum Rules for the Treatment of Prisoners (1955).
- UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules).
- Ombudsman General Secretariat's Principles and Standards for Visiting Prisons and Pre-trial Detention Centers.
- HM Inspectorate of Prisons (United Kingdom) Standards
- UN Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules).
- UN Guidelines for the Prevention of Juvenile Delinquency (Riyadh Guidelines).

Annex (2): Principles & Standards

Principle I: Humane Treatment and Verification of Conditions

- Respect.
- Safety.
- Legal use of force.
- Condition of premises
- Care for residents.
- Adequate food and drink.
- Other needs (outdoor exercise, reading, visits and communication).
- Transfer and escort.
- Rehabilitation
- learning skills, work, activities.

Principle II: Rights and Guarantees

- Lawful basis for admission.
- Assistance for residents with communication difficulties.
- Legal rights.
- Complaints.
- Maternity & childcare.

Principle III: Health Care

- Health services.
- Care for ill residents.
- Receipt of prescribed treatment.
- Mental health.

Annex (3): Ministry of Social Development (MOSD) Response

MOSD thanked the PDRC for its oversight role and provided the following responses (summary):

- Staff training (safety/first aid/report writing): included in the 2025 workplan (e.g., forming an emergency team, evacuation drills, first-aid training, specialized courses).
- In-room call bell: continuous direct supervision by shift staff; portable call bell solutions can be provided for urgent cases.
- Risk management training: to be included—training on dealing with different personalities among cases admitted on humanitarian grounds.
- Use-of-Force policy: security guards at the complex can be called when necessary; handheld radios to be provided; coordination with competent authorities for needed training.
- Emergency supplies in vehicles: vehicles have fire-extinguishing and road-safety tools.
- Accessible toilets: Toilets for disabled people exist for both genders.
- Legal time limits (repeat cases): MOSD cites Law No. 5/2007, Articles 4 & 7 regarding social care, medical/psychological examination, and penalties for recidivism.
- Signage (Arabic/English): in progress.
- Complaints/records: daily shift reports record requests/complaints/detailed events and are escalated as needed; individual files maintained for each person referred.
- Health/psychology staffing: the organizational structure provides for a psychologist; an agreement with “Serene Psychiatric Hospital” exists to refer cases needing psychological intervention.
- Inter-agency coordination: prior cooperation with relevant entities; 2025 plan to establish a direct line with partner agencies for coordination and follow-up.
- Medicines storage/waste disposal: MoH contacted for disposal of used medical instruments; a medical staff section is planned within the Social Care & Protection Complex.

MOSD affirmed its commitment to service quality and beneficiaries’ well-being.

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