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Elderly Home Care Guidelines for Municipalities: Standardization of Elderly Home Care

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List of Abbreviations

Full Form in English	EN-Abbr.	TR-Ks.	Türkçe Açık Hali
European Union	EU	AB	Avrupa Birliği
Ministry of Family and Social Services	MoFSS	ASHB	Aile ve Sosyal Hizmet Bakanlığı
Metropolitan Municipality	MM	BB	Büyükşehir Belediyeleri
World Health Organisation	WHO	DSÖ	Dünya Sağlık Örgütü
General Directorate of Services for Persons with Disabilities and the Elderly	EYGM	EYGM	Engelli ve Yaşlı Hizmetleri Genel Müdürlüğü
Organisation for Economic Cooperation and Development	OECD	OECD	Ekonomik Kalkınma ve İşbirliği Örgütü
Social Assistance and Solidarity Foundations	SASFs	SYDV	Sosyal Yardımlaşma ve Dayanışma Vakıfları
Turkish Statistical Institute	TURKSTAT	TÜİK	Türkiye İstatistik Kurumu
Elderly Support Programme	YADES	YADES	Yaşlı Destek Programı

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Executive Summary

- The global population is aging and Turkey is among the countries with aging population. The aging of population changes social structure; request a reorganisation of public services. Many fields such as health, social services, employment and social security are directly influenced by demographic transformation.
- This topic has entered the agenda of public entities with the aging of population. The first action plan on old age was prepared by State Planning Organization in 2007: “The Situation of Elderly People in Turkey and National Plan of Action on Aging”.
- In Turkey, the share of age 65 and above in total population was 8% in 2014, and increased to 9.5% in 2020. Metropolitan Municipalities (MMs) host larger elderly population. Istanbul hosts more than 1 million elderly that accounts for approximately 15% of the elderly population in Turkey. Istanbul is followed by Izmir and Ankara.
- Women comprise a significant part of the elderly. As age increases, the proportion of women increases as well. This is described as the feminization of old age. This reveals that gender should be considered as a variable when planning care services.
- Household composition is another variable affecting care services. According to the Address Based Population Registration System, 1,478,346 of the 5,903,324 households with at least one elderly individual were lone-elderly households in 2020. Of those lone-elderly households, 75.3% were elderly women and the remaining 24.7% were men. In terms of service delivery, it can be predicted that the elderly individuals and lone-elderly households may need more public support.
- There are two important determinants of elderly welfare: economic situation and health or overall well-being. The old-age poverty rate (i.e. poverty rate in the elderly population) in 2019 was 14.2%. Disaggregated by sex, elderly women are poorer than men. According to 2019 data, the proportion of poor elderly men was 12.1% and that of women was 15.9%. According to TURKSTAT data, the employment rate in 55-59 age group was 34.7% in 2014 and 35.4% in 2020.
- Elderly capability also affects care services. According to the 2019 data of TURSTAT, 13.4% of the elderly have difficulty in eating on their own; 20.6% in getting into/out of bed; 19.6% in dressing/undressing; 18.7% in using the toilet and 22.1% in taking a bath. The proportion of women having difficulty in performing self-care is higher than the proportion of men.
- In Turkey, services for the elderly are delivered by Ministry of Family and Social Services (MoFSS), Ministry of Health (MoH), municipalities, non-governmental organizations such as and associations and foundations, and private sector. These services can be categorised under 4 headings: 1) services protection from poverty or social assistance services; 2) institutional care services; 3) home-based healthcare services; 4) home care and support services.
- **Home-based healthcare services** include healthcare services delivered by health professionals for the elderly at home. Home-based healthcare services, commonly delivered by MoH and included in the services of some municipalities, are the services delivered to the elderly, people with disabilities (PWDs) and people with illness. They are performed under regulations and directives issued by MoH.

- **Home care and support services** include care services and supporting activities delivered by trained caregivers and/or family members in order to help individuals through daily life at home. There are no regulations or directives issued for the delivery of home care and support services.
- Although home care and support services are generally undertaken by municipalities, there are also districts where such service is delivered by Social Assistance and Solidarity Foundations (SASFs). In both cases, home care and support services are considered as social aid in kind.
- Home care and support services can be delivered in both formal and informal manner. What is meant by formal care services is the care provided by professional caregivers. Care services provided by the family/relatives of the elderly may be defined as informal care service.
- 27 of 30 MMs in Turkey deliver home care and support services. 12 of these municipalities benefit from the Elderly Support Programmes (YADES) as of 2021 for delivering home care and support services. Other municipalities deliver this service only on their own budgets. No contribution is required from the elderly in return for home care and support services.
- Municipalities usually deliver home care and support services to citizens who are 65 years and older, cannot meet their basic needs, live alone or with their spouse and are in economic deprivation. Some municipalities also provide services to non-citizens.
- Municipalities deliver, at its greatest extent, personal care and hygiene, house cleaning, technical services at home (repair, plumbing etc.), emergency button, psychological support and guidance services, social support services and food service.
- No structured standards have been developed for municipalities to observe when delivering these services. A **standard** defines the minimum targets established for a specific field and aimed to be achieved. There are several fundamental considerations in setting the standards: 1) Norms to help establishing the framework of standards, 2) rights-based service delivery approach and 3) constraints, including budget, which municipalities face.

1. General Framework: Concept of Old Age and Data on Old Age

The global population is aging. The increase in life expectancy at birth and decrease in fertility rates change the demography; the proportion of elderly population increases while the proportion of young people and children in population decreases. This demographic transformation affects the social structure as a whole; and transforms primarily health, social services, care services, employment policies. The increase of elderly population in the society makes it mandatory to diversify the services for the elderly, put them at the forefront and make them visible.

According to the World Health Organisation (WHO), “old-age period” is accepted as the period after 65 years of age. New definitions for old age were introduced along with the rise of living standards, extended life expectancy, increase in welfare of the elderly and differentiation of the needs of the elderly population by age. Thus, the Elderly capability is also included in the definition.

It is recommended to categorise the old age in three subgroups for reasons listed above. Accordingly, individuals between 65 and 74 years old are qualified as “early elderly”; those between 74 and 84 years old as “elderly” and those over 85 years old as “late elderly.”

Current old age definitions:

- 65-74: Early elderly
- 75-84: Elderly
- 85 and older: Late elderly

New developments suggest that old age does not have precise age thresholds. Old age thresholds also vary by the development level of countries.

Those aged 65 and above are considered as the elderly in the official statistical system in Turkey. However, in the Regulation on Nursing Home and Elderly Rehabilitation Centres (published in the Official Gazette issue 24325), elderly is defined as “a person aged 60 and above, socially and economically deprived and in need of protection, care and assistance”. The regulation apparently defines old age on the basis of age and neediness.¹

The gradual aging of the population caused a demographic change which in turn brought together changes in social service practices, adding new services or expanding the scope of the existing services. This report aims to reveal the current situation of home care services for the elderly which are evolving, becoming widespread and to be needed and demanded in the future.

¹<https://www.ailevecalisma.gov.tr/media/9323/kitaptuerkiyede-yasli-lara-yonelik-hizmetler-kurumsal-ya%C5%9Fl%C4%B1-bak%C4%B1m%C4%B1-ve-illerin-durumu2018.pdf>, accessed: 25.04.2020

2. Methodology of the Study

Various tools and instruments, including desk study, online meetings in municipalities and data compilation from limited number of municipalities through questionnaires, were used in the preparation process of the report “Elderly Home Care Guidelines for Municipalities: Standardization of Elderly Home Care”.

In the context of desk study, websites and strategic plans of 30 MMs were reviewed. The legislation regarding old age and home care services was scanned, and how the policies for the elderly and home care services were discussed in action plans regarding the topic were reviewed. Guidelines and publications were reviewed, which were prepared for home care services by Ministry of Family and Social Services (MoFSS).

An online meeting was held on 7 April 2021 with municipalities through the questions whose framework was set earlier to compile more detailed information on home care services delivered for the elderly by municipalities. Denizli, Eskişehir, Kahramanmaraş, Kayseri, Konya, Muğla MMs and Çanakkale and Gaziantep Şahinbey Municipalities and Turkish Standards Institute participated in the meeting.

In order to hear home care services for the elderly of the European Union (EU) member states and their experience in this regard, the second meeting of municipalities was held on 7 May 2021 with the participation of municipalities from Belgium, Poland, Spain, and Italy.

Lastly, more detailed data were compiled from Denizli, Eskişehir, Kahramanmaraş, Konya and Muğla MMs through an open-ended questionnaire in order to obtain detailed information about home care services delivered by municipalities.

3. Current Situation Analysis in Turkey

3.1. Elderly Population by Data

Life expectancy at birth increases over years in Turkey. Life expectancy at birth is 78.6 years as of 2020; life span is 81.3 for women and 75.9 for men.

The proportion of elderly population in total population has been increasing over years in Turkey. While the share of the population aged 65 and above in total population was 8% in 2014, it increased to 9.5% in 2020. According to the projections of TURKSTAT, the proportion of elderly population in total population will be 10.2% in 2023; 12.9% in 2030 and 16.3% in 2040². Considering the elderly population by age groups, it is predicted that 63.8% of the elderly individuals will be in the 65-74 age group; 27.9% in the 65-74 age group and 8.4% in the age group of 85 and above.³

Table 1 Elderly population by years

	2014	2020	2023	2030	2040
65+	8.0	9.5	10.2	12.9	16.3

Since individuals need more support as age increases, distribution of population by age group is important in planning the services.

In Turkey, the number of provinces where the proportion of elderly population in total population is 14% or more is 14 as of 2019; Sinop is the province which has the highest proportion of elderly population with 18.8%.⁴ These provinces also include MMs such as Balıkesir and Ordu; however, the provinces which have the highest proportion of elderly population are 3 MMs namely Istanbul, Izmir and Ankara. For example, while 7% of the population of Istanbul is 65 years and older; Istanbul hosts more than 1 million elderly, which accounts for 15% of the elderly population in Turkey. Istanbul is followed by Izmir and Ankara. The fact that elderly population in MMs is larger will mean increased demand for elderly services in those provinces.

Considering gender and age groups together, it is seen that the proportion of women in elderly population is higher than men. The “early elderly” group mainly consists of men and “elderly” and “late elderly” group mainly consists of women. While 39.9% of elderly men are in the 65-69 age group as of 2019, the proportion of elderly women in that age group is 33.7%. 17.7% of women are in the 75-79 age group, 11.7% are in 80-84 age group and 10.5% are in 85+ age group. While the proportion of men in the “early elderly” group is higher than women, the proportion of women in the “elderly” and “late elderly” group is higher than men.

Table 2 Distribution of elderly population by gender and age groups

Gender/Age groups	2014					2019				
	65-69	70-74	75-79	80-84	85+	65-69	70-74	75-79	80-84	85+
Male	38.2	25.9	17.2	13.1	5.6	39.9	27.2	16.8	9.7	7.3
Female	33.9	24.5	18.3	13.9	9.3	33.7	26.3	17.7	11.7	10.5
Total	35.8	25.1	17.8	13.6	7.7	31.6	26.7	17.3	10.8	9.1

According to the Address Based Population Registration System, in 2020, 1,478,346 of 5,903,324 households with at least one elderly person were elderly single-person households. 75.3% of these households were elderly women; 24.7% were elderly man. 6% of total households in Turkey are elderly

² TURKSTAT Elderly Statistics 2019 and TURKSTAT Elderly Statistics 2020

³ TURKSTAT Elderly Statistics 2020

⁴ The following provinces have the share of elderly population of 14% or above: Amasya, Artvin, Balıkesir, Bartın, Burdur, Çanakkale, Çankırı, Çorum, Edirne, Giresun, Kastamonu, Ordu, Sinop and Tunceli.

single-person households. Istanbul is the province where elderly single-person households are the highest, which is followed by Ankara and Izmir (TURKSTAT, 2020). Proportionately, 27% of single-person households in Ankara, 24% in Izmir and 21% in Istanbul are elderly single-person households (TURKSTAT, 2019).

The reasons why elderly women population in single-person households is higher include higher life expectancy for women, higher proportion of widowed and never married women. According to TURKSTAT 2019 data, while the proportion of never married men was 1.2%, the proportion of never married women was 2.6%. While the proportion of widowed elderly women was 48.3%, the proportion of widowed elderly men was 11.9%.

In terms of service delivery, it can be predicted that elderly individuals and elderly single-person households may need more public support. It can be said that there are more elderly women than men; this is described as “feminization of old age”. Considering the data, it turns out that gender should be taken into consideration as a significant variable when planning care services.

Elderly PWDs are another category to be considered when planning services. According to TURKSTAT data, the elderly constitute one-third of PWDs.

As population ages so do societies. Societies in which the proportion of elderly population is 4-7% are described as **young**, those with 8-10% are described as **old** and 10% and above are described as **very old**. With these data in mind, Turkey is categorised as a country with “old” demography. Demography is another variable which should be considered in allocation of resources and services and planning future public services.

<p>Demography</p> <ul style="list-style-type: none">• Proportion of elderly population is less than 4%: Young societies• Proportion of elderly population is 4%-7%: Adult societies• Proportion of elderly population is 8%-10%: Old societies• Proportion of elderly population is 10% and above: Very old societies

Another consideration to determine vulnerabilities of the elderly is economic factors such as poverty, employment and income.

While the old-age poverty rate was 16.4% in 2018, it dropped to 14.2% in 2019. When old-age poverty is examined by gender, it is seen that women’s old-age poverty rate is higher than men’s. According to 2019 data, while the proportion of poor elderly men was 12.1%, the proportion of poor elderly women was 15.9%. While old-age poverty rate is lower than the overall poverty rate in 20 of OECD countries, it is higher in 15. According to the report, the overall poverty rate across Turkey was 17.2%, the old-age poverty rate was 17%. Accordingly, the old-age poverty rate is in parallel with the poverty of overall population.

When looking at OECD countries, it is seen that poverty has shifted from population over 65+ to young population since the mid-1990s. The old-age poverty rate is lower than youth poverty rate in the assessment made by the European Commission about poverty risk or social inclusion indicators. However, the situation changes in the age group of 75 and above when the elderly are categorised within themselves. The age group of 75 and above has the highest poverty; one of the reasons is that female population in the age group of 75+ is higher and retirement pensions of women are lower than men’s. Retirement pensions of women are on average 25% lower than men’s in EU-28 countries (OECD, 2019). The countries with the lowest old-age poverty rates are Denmark, France, Iceland and

Netherlands with 4%. The countries with the highest rates are Australia, Estonia and South Korea, with the old-age poverty rates over 65%.

Another area to be considered is labour force participation. According to the results of TURKSTAT Household Labour Force Survey, while the labour force participation rate in 15-64 age group was 53.0% in 2019, labour force participation rate of elderly population was as 12.0%. While this rate was 20.1% in male elderly population, it was 5.6% in the female elderly population. It was seen that unemployment rate was 3.1% in elderly population. According to the employment data of OECD countries, while the proportion of those aged 55-64 in employment was 43.9% in 2000, this proportion rose to 61.5% in 2018. There was no increase in the employment of this age group in Turkey. According to TURKSTAT data, while the employment rate in the 55-59 age group was 34.7% in 2014, this rate was 35.4% in 2020. In the 60-64 age group, that rate was 27.1% in 2014 and 25.4% in 2020 (TURKSTAT, 2020). Analyses conducted for Turkey show that labour force participation changes with educational attainment. Labour force participation rates of the elderly with a higher education degree are higher compared to the elderly with lower educational levels (OECD, 2019).

As of 2019, the proportion of the elderly population receiving social assistance was 10.7%. The total elderly population was 7,550,727 and the number of those benefiting from old-age benefits was 805,432 (TURKSTAT, 2019). What makes the data significant is that social service practices delivered by public entities are organised in the form of social assistance and home care services delivered by municipalities target elderly individuals who are poor, benefit from social assistance, live alone. This topic will be discussed in detail in the following sections.

According to TURKSTAT 2019 data, the proportion of the elderly having difficulty in self-care tasks is presented in the following table by gender. Accordingly, 13.4% of the elderly have difficulty in eating on their own; 20.6% in getting into/out of bed; 19.6% in getting dressed/undressed; 18.7% in using the toilet and 22.1% in taking a bath/taking a shower. The proportion of women having difficulty in self-care tasks is higher than the proportion of men.

Table 3 Proportion of the elderly having difficulty in performing self-care

Gender	Self-feeding	Getting into/out of bed or sitting on chair	Getting dressed / undressed	Use of toilet	Taking a bath
Male	9.7	14.0	13.7	12.9	14.5
Female	16.3	25.9	24.3	23.2	28.0
Total	13.4	20.6	19.6	18.7	22.1

Another factor which should be considered in service planning is the functional decline associated with old age and its prevalence. The distribution of individuals suffering from functional decline by gender is given in the following table. Accordingly, functional decline is higher in women than men. The reasons may include longer lifespan of women than men, and higher female population in later ages.

Table 4 Functional decline and elderly population

Gender	Those with visual impairment	Those with hearing problems	Those who cannot walk	Those who cannot climb up and down the stairs
Male	14.5	18.6	17.0	22.2

Female	20.9	19.7	35.5	44.0
Total	18.1	19.2	27.4	34.4

The proportion of the elderly having difficulty in self-care tasks and tables of the elderly with functional decline are important in terms of demonstrating population size needing care and support services.

Another important issue is how elderly care is delivered and who is involved. According to time-use survey results, the total proportion of individuals engaging in elderly care in last 4 months between 2014 and 2015 is 7.3%. This proportion is 6.3% for men while it is 8.2% for women.

Considering the data above together, it seems possible to make the determinations below:

1. Turkey is a society which is increasingly aging and whose aging rate is high.
2. A significant part of the elderly population in Turkey lives within MM boundaries. Considering aging rate of the population, it is clear that elderly individuals will increase in the segments which municipalities deliver services in the future. This will bring a structuring of not only the services for the elderly but also all services, including particularly transport services from this point of view.
3. Women constitute a significant part of those in need of care among the elderly. As is seen in the following sections, the fact that home care services of municipalities mainly focus on personal care and beneficiaries are women is another factor which municipalities should consider in planning services including selection of employees.
4. Considering that more than one-fourth of the elderly experience problems in walking and climbing up the stairs, it is clear that the measures to select and arrange the spaces where the elderly live will become prominent in the futures. It is a factor which should be considered in the design of not only interior spaces but also parks and streets.
5. In short, the fact that the population is increasingly aging makes it necessary to organize urban planning, social facilities and social service practices as a whole in an elderly-friendly way. For example, not only young women but also elderly women should be taken into consideration when planning services for women; events should be organised accordingly. When planning service centres such as shelters, elderly women experiencing violence should be considered. Experts serving in counselling centres of municipalities should be trained on the old age. Elderly employment and elderly unemployment should be considered in establishing employment policies.

3.2. Mapping of Services for the Elderly

Services for the elderly are delivered by MoFSS, MoH, municipalities, Social Assistance and Solidarity Foundations (SASFs), non-governmental organisation such as associations and foundations, and private sector. Services delivered by public entities will be discussed here.

The services of public entities for the elderly can be generally categorised under these headings:

- Protection from poverty or social assistance services
- Institutional care services
- Home-based healthcare services
- Home care and support services.

Services for the elderly may be also categorised as care services and assistance services. As stated above, these services are performed by MoFSS, MoH, SASF and municipalities at some level. Services

for the elderly are presented in the following table by providers. Accordingly, home care services are delivered by municipalities and SASFs. This service is delivered by SASF in the context of Elderly and Disability Care Projects (“Vefa Projeleri”). 26,012 elderly and/or PWDs benefitted the service for the citizens who were old, in deprivation, could not perform self-care, had disabilities and severe chronic illnesses in 2020. The project targets not only the elderly but also everybody in deprivation and in need of home care.

While evaluating the table “Services for the elderly”, it should be noted that the services said to be delivered by municipalities **are not delivered** by all municipalities and these services **are not included in mandatory services** of municipalities; **they are optional**. It cannot be asserted that municipalities have a standard service delivery whose scope and content has been determined. While some municipalities deliver nursing home services, others do not. While some municipalities deliver home care service, some others do not have such a service in their agenda. This table should be interpreted that there are municipalities delivering the service in question, there are examples and there are no legal barriers to deliver the services. It is necessary to make amendments in the legislation and regulations for home care services and elderly services in general to be included in the mandatory services of municipalities.

Table 5 Services for the elderly

Service /Institution	MoFSS	MoH	Municipalities	SASF
Social assistance	X		X	X
Institutional care (Nursing home, daycare)	X		X	
Home healthcare		X	X	
Home care			X	X

The Legal basis of service delivery for the elderly by municipalities is the Law No. 5216 on Metropolitan Municipalities and Law No. 5393 on Municipality.

Article 7(n) of the Law No. 5216 provides that “Where necessary, build places of worship, premises and facilities for healthcare, educational and cultural services, carry out all forms of maintenance of and repairs to premises and facilities owned by public entities for such purposes and secure the necessary equipment for them” and 7(v) that “Manage and develop healthcare centres, hospitals, mobile healthcare units and social and cultural services of all kinds for adults, elderly people, persons with disabilities, women, young people and children, and to this end, establish, operate or cause to operate social facilities, open vocational training and skills courses; cooperate with universities, colleges, vocational schools, public entities and civil society organizations in the provision of such services”, which collectively allow municipalities to engage in all social service practices.

Articles on delivery of social services are also available in the Law No. 5393 on Municipality. Article 14 of the Law states that municipalities shall act in accordance with the principle of suitability in planning services and shall develop models appropriate for PWDs, the elderly and the poor. Article 77 emphasises that municipalities can benefit from voluntary labour while delivering services for health, education, social service and the individuals in vulnerable situation and can include volunteers in the process.

Article 14(e)- Municipal services shall be provided to the public at the nearest possible locations and by the most appropriate methods. The methods used in service provision shall be appropriate to the situation of the persons with disabilities, elderly people, the poor and those on low income.

The following section discusses services delivered to the elderly by public entities in more detail.

3.2.1. Social Assistance

Social assistance is one of the most important mechanisms against old-age poverty. Article 1 of the Law No. 2022 of 1 July 1976 on Establishing Monthly Salary to Turkish Citizens Who Are of Age 65 and Older, Needy, Incapable and Desolate provides that benefits shall be granted to elderly individuals who are over the age of 65 and who are destitute, have no income.

The elderly population is given below who receive benefits on the basis of this law. When the table is examined, it is seen that there is no regular increase or decrease in the number of those receiving old-age pensions over years.

Table 6 Distribution of people receiving old-age pension over years

Year	Number of beneficiaries
2020	820,933
2019	805,432
2018	709,590
2017	618,162
2016	620,019
2015	608,513
2010	848,826

Another benefit, Home Care Allowance for PWDs, covers the elderly due to increased disability along with old age. Table 7 presents the distribution of PWDs filing an application by age and gender. One-third of the PWDs benefiting from the Home Care Allowance for PWDs consist of individuals aged 60 and above. As age increases, the disability rate of women increases as well (EYGM, 2021). Moreover, benefits may cover the benefits for Widowed Women having been implemented since 2012, general benefits of SASFs, free/discount travelcards for the elderly. Municipalities are another important factor of social assistance for the elderly. The elderly also benefit from social assistance of municipalities such as soup kitchen and food aid.

Table 7 Distribution of PWDs registered in the database and alive by age group and gender⁵

Age groups	Male	Female	Total
0-4	19,304	13,881	33,185
5-9	56,267	34,792	91,059
10-14	74,525	48,282	122,807
15-19	79,897	54,181	134,078
20-24	87,544	59,814	147,358
25-29	82,604	50,870	133,474
30-34	86,314	53,293	139,607
35-39	102,437	67,865	170,302
40-44	123,124	82,976	206,100
45-49	134,400	85,994	220,394
50-54	118,951	75,202	194,153
55-59	116,897	84,962	201,859
60-64	91,731	68,522	160,253
65-69	81,101	67,703	148,804
70-74	55,913	57,412	113,325

⁵ It does not include individuals who did not apply to authorised hospitals for receiving Medical Board Reports for Persons with Disabilities and who did not apply to the government to receive services.

75-79	42,871	53,899	96,770
80-84	31,629	55,967	87,596
85+	36,374	89,420	125,794
Total	1,421,883	1,105,035	2,526,918

3.2.2. Institutional Care Services

Various service models were developed for the elderly in Turkey. These services include residential care services provided in the institutions such as Nursing Home, Elderly Care and Rehabilitation Centres, retirement homes and holiday villages, guesthouses and home care services which the elderly benefit from during daytime, and participate in events and activities and receive counselling.

The elderly who are aged 60 and above, can meet their daily needs without depending on others and are mentally stable are accepted to the nursing homes operated by public entities.

The number of nursing homes in Turkey is 426 as of 2020. The total capacity of these nursing homes is 35.292 and number of the residents is 27.011⁶. The number of nursing homes served by municipalities is 24. These municipalities include provincial municipalities such as Burdur as well as MMs.

Table 8 Distribution of nursing homes by institutions

Unit of affiliation	Number of Nursing homes	Number of Beneficiaries	
		Capacity	Number of residents
General Directorate of Services for Persons with Disabilities and the Elderly	153	15,649	13,868
Municipalities	24	3,438	2,400
Ministry of National Education	1	86	25
Private Sector (including nursing homes of associations and foundations)	248	16,119	10,718
Total	426	35,292	27,011

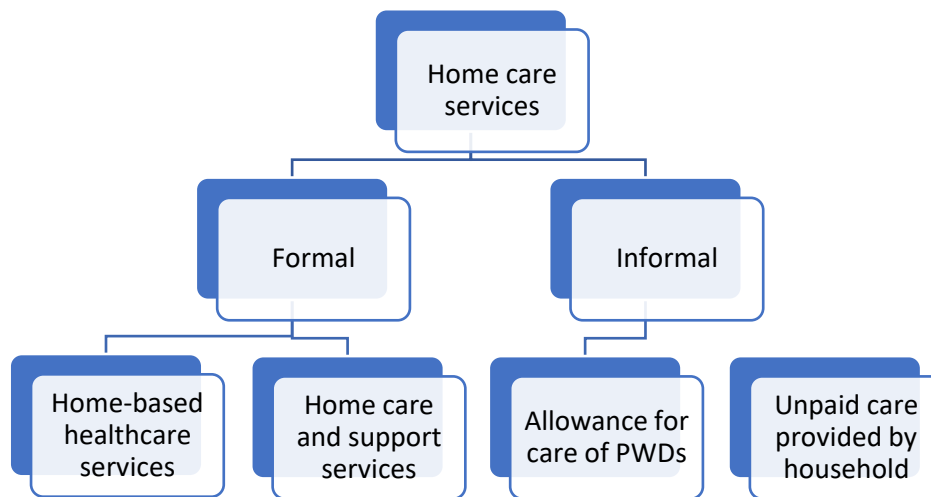
Elderly care and rehabilitation centres are the centres where the elderly receive services, who need rehabilitation or special care to be able to live independently. Nursing homes and elderly care and rehabilitation centres affiliated with MoFSS charge fees for services. Although fees vary by institution and features of the accommodation, the fees are lower than charged by the private sector. However, if the financial status of the elderly is weak, services could be provided for free or at a discount.

Elderly life homes are house-like social service centres. These centres are service model designed for the elderly not to be excluded from the society.

Guesthouses serve the elderly in poverty and in need of housing. Examples are the guesthouses in Ankara and Izmir serving people having no place to stay.

Daycare covers activities undertaken during day-time for the elderly outside the home, generally in service centres. Elderly service centres and centres providing services under the names of elderly solidarity centres etc. provide support services for satisfying physiological, social and physiological needs of the elderly aged 60 and above, residing alone or with their families at homes and sometimes provide counselling services to the families. These services are generally provided by municipalities.

⁶ <https://www.ailevecalisma.gov.tr/evhgm/kuruluslar/yasli/>, Accessed 16.04.2021



3.2.3. Home care services

Home care services involve healthcare services provided for the elderly by health professionals at home and care-support services which will enable the elderly to live independently at home. Home care services could be discussed under two categories as home-based healthcare services and home care and support services. Home-based healthcare services are mainly provided by MoH while home care and support services are provided by municipalities and SASFs. However, there are municipalities providing home-based healthcare services such as Istanbul, Denizli, Muğla, Bursa, Gaziantep MMs. Home care services are discussed in the following section.

Home care services can be provided formally and informally. What is meant by formal care services is the care service provided by professional caregivers. The care services provided by the family/relatives to the elderly can be defined as informal care services. According to this classification, Home Care Allowance for PWDs mentioned under social assistance and financed by MoFSS can be evaluated in the framework of informal care services. Considering that one-third of the PWDs registered in the National Disability Data System is aged 60 and above; 23% is aged 65 and above, it will come out that the allowances for care of PWDs will directly affect elderly care. The allowances for the caregivers of PWDs are provided to family members/relatives of PWDs who undertake care services in return for the care they provide. The government established a fee for home care services through this allowance. However, this allowance is given to Turkish citizens having a relative with disabilities. In other words, Home Care Allowance is a service model created in the context of family care. It is not possible to provide and finance a caregiver for the elderly who do not have such a relative but want to be cared at home. As the subject of this report relates to home care services provided by municipalities, and Home Care Allowance is a service provided by the central government, it is excluded from this report. Home-based healthcare services under formal care are provided by MoH and a limited number of municipalities; home care and support services are provided by municipalities through Elderly Support Programme (YADES) in partnerships of municipalities and MoFSS, and SASF.

“Care services are defined as professional support services provided for infirm individuals at home or in an institution. The primary aim of care services is to look after the individual with his/her family without being separated from their social environment and to support the family financially and spiritually in terms of these care services.” (Care Services Strategy and Action Plan).

4. Home Care Services

As mentioned above, formal home care services can be discussed under two headings: home-based healthcare services and home support/support services.

Home-based healthcare services include healthcare services provided by health professionals to the elderly at home. Home-based healthcare services, commonly provided by MoH and sometimes included in the services of some municipalities are the services provided to the elderly, PWDs and people with illness. They include such services as medical examinations, nursing services, physiotherapy, psychological counselling, guidance and patient transfer. Home-based healthcare services are only provided in the framework of health and generally after hospital care; they do not include personal care and social care needs of the elderly. Home-based healthcare services provided by MoH are financed from the Ministry budget. Municipalities which provide healthcare services, finance such services from own budget.

Home care and support services involve care services and supporting activities provided by trained caregivers and/or family members in order to help individuals live at home. Home care services provided by professional and trained caregivers are generally provided by municipalities and regarded as social assistance in kind. Another form of home care services is the Home Care Allowances. This allowance paid to the people responsible for the care of the elderly and PWDs is also a form of home care services. Both free home care provided by municipalities and SASF with professional caregivers and Home Care Allowance financed by MoFSS are for supporting the individuals and households in poverty. Therefore, they can be defined as the benefits whose scope is limited with poverty.

Home healthcare and home care and support services appear as a problematic area in that they are implemented independently of each other, ignoring each other and without adequate coordination between institutions delivering service in addition to the problems about coverage. Public institutions underline that these two services should be addressed as integrated services which supplement and complement one another. For this purpose, *Protocol on the Execution of Home Healthcare, Home Care and Social Support Services in Cooperation* was signed in 2015 by MoFSS⁷, MoI, MoH and Union of Municipalities of Turkey (UMT). However, it is not possible to say that there is integrated delivery of services despite this protocol.

The first legislation for home care (healthcare) services is *“MoH Regulation on Delivery of Home Care Services”* of 2005. The purpose of the Regulation is to lay down the principles and procedures for opening, operating and inspecting healthcare organizations providing home care services in order to protect the health of individuals in need, which must be observed by institutions and organisations, private law legal and natural persons operating such facilities. The regulation defines home care service as *“Providing healthcare and care and follow-up services to people with illness, including rehabilitation, physio-therapy and psychological treatment to satisfy medical needs, in the environments where they live with their families in line with the recommendations of doctors”*.

Directive on Implementation Principles and Procedures of Home-based Healthcare Services Provided by MoH of February 2010 is important for extending healthcare services to a larger segment of people. The Directive made it possible to establish home healthcare units *not only in the hospitals affiliated with MoH but also in the university hospitals* for providing consultation, medical examination, analysis, treatment, medical care and rehabilitations of the individuals in need of home-based healthcare services at home and family environment and providing social and psychological support to these individuals and their families.

⁷ Ministry of Family and Social Policies, as named at the time.

Regarding home-based healthcare services, the **Regulation on Delivery of Home-based Healthcare Services by Ministry of Health and Affiliated Entities** was published in February 2015. In order to provide consultation, medical examination, analysis, treatment, medical care and rehabilitations of the individuals in need at home and family environment, and social and psychological support to these individuals and their families as a whole, this regulation aims to ensure delivery of such services in an equal, accessible, quality, effective and efficient way in accordance with social state approach across the country. The regulation defines users of home healthcare service as “individuals who have difficulty in accessing healthcare services due to his/her illness ruining the quality of life to the highest degree and/or old age and who request healthcare services to be delivered at home and in family environment”.

Applications for home-based healthcare services can be made **by people with illness or family members by phone as well as Public Healthcare Centres and Family Medicine units**. For home care and support, the **individual in need of care or family member** can call municipalities by phone or apply in person or **third parties** can inform the municipality about the needy people as well.

4.1. Mapping of Legal Framework for Home Care Services: Legislation, Action Plans, Development Plans and Policy Papers

In Turkey, the legislation on old age is for establishing the framework of care services, healthcare services, and assistance services. Regulation and directives directly related to **home-based healthcare services** were included in the section above. In addition to these, laws, regulations, action plans and programmes giving place to home care services or having an indirect impact on the service are included here.

i. Laws

Law	Date	Home care services
<i>Law on Social Services</i>		When implementing social service programmes, children in need of protection, persons with disabilities in need and elderly persons in need shall have priority (Art. 4/c). Acts regarding social assistance to be provided for supporting home care of persons with disabilities in need of care shall be realised by Ministry of Family and Social Policies and Social Assistance and Solidarity Foundations. The procedures and principles for type of application, evaluation and payment of social benefit to be provided for supporting home care of persons with disabilities in need of care and other issues shall be laid down in a regulation to be jointly issued by the Ministry of Finance and Ministry of Family and Social Policies by consulting Ministry of Health (Supplementary Art. 7).
<i>Law No. 5378 on Persons with Impairments</i>	2005	Persons with disabilities shall be provided with the access to community-based support services which they need, including individual support services for the purpose of being included in the society and living in the society (Art. 4b). Persons with disabilities shall be primarily provided with required psychosocial support and care services in accordance with their situation to be able to live independently in their environment. In the delivery of support and care services, biological, physical,

		psychological, social, cultural and spiritual needs of the individual are taken into account by considering his/her family. Necessary work for standardisation, development and expansion of support and care services shall be undertaken by the Ministry of Family and Social Policies (Art. 6).
<i>Law No. 2022 on Establishing Monthly Salary to Turkish Citizens Who Are of Age 65 and Older, Needy, Incapable and Desolate</i>	1976- Amendments were made on different dates.	Monthly stipend shall be established at an amount to be computed by multiplying the index figure of 4,387 by civil servants salary coefficient to Turkish citizens of 65 years of age or above whom are decided as needy by the Social Assistance and Solidarity Foundation (Art. 1).
<i>Law No. 5216 on Metropolitan Municipalities</i>	2004	Manage and develop healthcare centres, hospitals, mobile healthcare units and social and cultural services of all kinds for adults, elderly people, persons with disabilities, women, young people and children, and to this end, establish, operate or cause to operate social facilities, open vocational training and skills courses; cooperate with universities, colleges, vocational schools, public entities and civil society organizations in the provision of such services (Art. 7/v).
Law No. 5393 on Municipality	2005	Municipal services shall be provided to the public at the nearest possible locations and by the most appropriate methods. The methods used in service provision shall be appropriate to the situation of the persons with disabilities, elderly people, the poor and those on low income (Art. 14).
Law No. 5302 on Special Provincial Administration	2005	Services of special provincial administrations (SPAs) shall be provided to the public at the nearest possible locations and by the most appropriate methods. The methods used in service provision shall be appropriate to the situation of the persons with disabilities, elderly people, the poor and those on low income (Art. 6).

In a part of the laws listed above, for example in the Law on People with Disabilities, only the term “person with disabilities” was used. However, the elderly constitute one-third of the PWDs registered in National Disability Data System as stated in “Old Age by Data”. Therefore, these provisions directly concern the elderly. In the Law on People with Disabilities, home care services were defined. It was stated in the previous sections that this practice was limited with the payments made to relatives and family members who provide care, in other words that Home Care Allowance was structured on the provision of the care by household-family. Another condition to receive this allowance is **poverty**, i.e. the criterion of **being in economic poverty**. In the framework of Home Care Allowance, no professional service is provided to the PWDs and the elderly whose care is provided by household members. No supporting services were determined for the one providing care such as supervising, training, counselling.

Another point is related to social assistance. Municipalities put home care services into social assistance context. Therefore, the scope of social assistance overlaps with the scope of home care services to some extent. Laws on social assistance are listed in this context.

ii. Regulations/Directives

Regulations/Directives	Date	Home care services
<i>Ministry of Health Regulation on Delivery of Home Care Services</i>	2005	It regulates the provision of healthcare and care and follow-up services to the people with illness, including rehabilitation, physiotherapy and psychological treatment to satisfy their medical

		needs in the environments where they live with their families in line with the recommendations of doctors (Art. 4).
<i>Directive on Implementation Principles and Procedures of Home-based Healthcare Services Provided by MoH</i>	2010	<p>Duty of home-based healthcare services unit involves ...the provision of consultation, medical examination, analysis, treatment, medical care and rehabilitation services, prescription of the drugs whose long-term use is certified with medical report without prejudice to special rules on the prescription of the drug, assistance in preparing reports on the use of medical devices and material, informing the person with illness and his/her family about duties which they may undertake in home care processes and illness and care processes and the provision of services such as training and counselling about accurate and appropriate use of medical devices and equipment which are related to the illness and require the use at home in the context of the diagnosis made by specialist physicians of the related branches and the treatment planned in the home environment which the person resides (Art. 14).</p> <p>... after relevant consultation from the specialist is provided, it involves oral examination, medication for dental and gum infections, preventive practices such as topical fluoride treatments for especially children, giving oral hygiene training to people with illness and relatives, mobile tooth extractions with the risk of aspiration, scaling, total/partial dental prosthesis which does not require fixed restoration, checking the prosthesis made before and their treatments, filing the prosthesis, repair of broken prosthesis and similar processes.</p> <p>.....When needed, nurses who are trained on stoma and wound care etc. and diabetics training nurses are ensured to participate in the service.</p>
<i>Regulation on Delivery of Home-based Healthcare Services by Ministry of Health and Affiliated Entities</i>	2015	<p>Home-based healthcare services involve (Art. 19);</p> <p>a) provision of consultation, medical examination, analysis, treatment, medical care and rehabilitation services in home environment in the context of the diagnosis made for the people with illness and planned treatment,</p> <p>b) prescription of the drugs whose long-term use is certified with medical report without prejudice to special rules on the prescription of the drug,</p> <p>c) assistance in preparing reports on the use of medical devices and material,</p> <p>ç) informing the person with illness and his/her family about duties which they may undertake in home care process and illness and care processes,</p> <p>d) provision of services such as training and counselling to the person with illness about medical devices and equipment,</p> <p>e) transfer of the person with illness to the relevant healthcare organisation and/or transfer from the healthcare organisation to his/her home, when necessary.</p>

When the laws and regulations are considered together, it is seen that Turkey has legislation on home-based healthcare services but not on home care services. This gap needs to be filled.

iii. Action Plans

Action Plans	Date	Home care services
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<p><i>National Action Plan for the Status of Elderly People and Aging in Turkey, State Planning Organization</i></p>	<p>2007</p>	<p>Objective 3 and activities envisaged in this context also involve home care.</p> <p>Objective 3: Ensure the sustainability of healthcare and care services to satisfy the needs of the elderly.</p> <p>a. Develop regulatory and audit mechanisms in order to determine the standards of healthcare and care services and rehabilitation appropriate for the elderly, arrange systems and establish standards by relevant authorities,</p> <p>c. Ensure and improve the coordination between basic healthcare services, long-term care, daycare, home care, social services and other society amenities,</p> <p>d. In order to maintain the living spaces of the elderly in terms of their physical and mental health, develop home care and treatment services, form policies about this and ensure cooperation among institutions,</p> <p>e. Develop the integration of healthcare and care services, training and standards for palliative treatment and promote multidisciplinary approaches for all providing treatment service,</p> <p>f. In order to meet changing and wide range of healthcare needs of the elderly, improve disease prevention and healthcare to be able to make resource allocation flexibly, ensure continuity in various service areas including basic healthcare services, emergency treatment, rehabilitation, psychosocial support, long-term care and palliative treatment and promote required institutions and coordination.</p>
<p><i>Care Services Strategy and Action Plan 2011-2013</i></p>	<p>2011-2013</p>	<p>Priority 1- Develop Home Care Services, Priority 2- Eliminate Institutional Shortcoming in Institutional Care Services Priority 3- Develop Training Programmes for Care Services</p> <p>The points underlined in terms of home care services are as follows:</p> <p>1.1. Home care services will be restructured by reviewing international norms and making the most suitable service planning for Turkey.</p> <p>1.2. Respite care service model will be created.</p> <p>3.1. The “Course Programme for Training Care Personnel to Serve Dependent PWDs in Need of Care” adopted by the Ministry of National Education Board of Education and Training will be aligned with international standards and the programmes in question will be extended.</p> <p>3.2. Psychological support programmes will be developed to increase service efficiency of the personnel to provide care service.</p> <p>3.3. Guidance, counselling, rehabilitation, training and awareness-raising services will be expanded on care services provided to the families with PWDs.</p>
<p><i>National Action Plan for the Status of Elderly People and Aging in Turkey Implementation Programme, MoFSS</i></p>	<p>2013</p>	<p><i>In the context of the priorities in National Action Plan for the Status of Elderly People and Aging in Turkey the actions related to them has found its place in the programme.</i></p> <ul style="list-style-type: none"> ➤ Improving Lifelong Health and Ensuring Well-being ➤ Accessing Healthcare and Care Services Internationally and Equally ➤ Training of Caregivers and Health Practitioners

		<ul style="list-style-type: none"> ➤ Housing and Living Environment ➤ Supporting Care and Caregivers
Action Plan and Implementation Programme for Healthy Aging in Turkey, MoH	2015-2020	Strategy 3 in the programme is the Improvement of Healthcare Services for Elderly and Ensuring Full Access to Healthcare Services. Improvement of Healthcare Services for Elderly in Priority Areas of Intervention is included under the section 1.3; Improvement of Home Care Services is included in Supportive Interventions section.
Active Aging Strategy Paper, General Directorate of Services for Persons with Disabilities and the Elderly -MoFSS	2017-2020	<p>3. Home care is included in Independent Living.</p> <ul style="list-style-type: none"> ➤ State of Mental, Psychological and Physical Well-being ➤ Elderly Care Services ➤ Dementia/Alzheimer-friendly Society and Services ➤ Elderly-friendly Living Areas ➤ Benefiting from Healthcare

- **National Action Plan for the Status of Elderly People and Aging in Turkey, 2007**

The National Action Plan for the Status of Elderly People and Aging in Turkey is the first action plan prepared about old age in Turkey by the State Planning Organisation.

Old age is discussed in the action plan in the context of the following themes.

- Active Participation in Society and Development Process
- Labour and Aging Labour Force
- Development in Rural Area
- Migration and Urbanization
- Elimination of Poverty in the Elderly
- Improving Lifelong Health and Ensuring Well-being
- Accessing Healthcare and Care Services Internationally and Equally
- Training of Caregivers and Health Practitioners
- Housing and Living Environment
- Supporting Care and Caregivers
- Abuse, Negligence and Violence
- Perspective for Aging

The themes underlined, objectives and events determined in the National Action Plan for Aging serve as a guide for the studies conducted in the field of old age. Establishment of General Directorate of Services for Persons with Disabilities and the Elderly (EYGM), home care services to be increasingly included in the agenda; policies to protect elderly individuals from economic deprivation can be regarded in this context.

- **National Action Plan for the Status of Elderly People and Aging in Turkey Implementation Programme 2013⁸**

⁸

https://www.tatd.org.tr/uploads/tbl_calisma_grubu_belgeleri/5bdc0c422b9e3_tbl_calisma_grubu_belgeleri2018113514.pdf

The National Action Plan for the Status of Elderly People and Aging in Turkey Implementation Programme of 2013 aims to implement the objectives envisaged in the 2007 National Action Plan for Aging.

Rural areas, establishment of database, care services, gender-sensitive policies became the main topics in the programme. The programme includes

- Performing regular health surveillance to provide the elderly with access to health in rural areas
- Establishment of “Elderly Database” in order to systematically monitor services to the elderly and plan and undertake these services
- Introduction of home care service model for the elderly, establishment of the standards and expansion of home care services
- Creation of emergency call services for the elderly living at their home which they can access the services they want with electronic warning and assistance devices
- Determination of the criteria for nursing neediness and care services
- Making required legislation so that the housing physical conditions of housing and environmental arrangements can be planned to facilitate daily lives of the elderly
- Giving training and counselling services to the individuals looking after the elderly at home, which will ensure that they are supported and protected socially, psychologically and economically,
- Establishment of vocational standards for caregivers, giving training in accordance with these standards and employing adequate number of and adequately qualified elderly caregivers
- Based on the truth that health problems of female and male elderly will vary, developing policies for active aging, protection from diseases and prevention of diseases (EYHGM, 2013).

Although the actions to be undertaken are included in the programme, it is not clearly determined by whom and how they will be undertaken.

- ***Care Services Strategy and Action Plan 2011-2013***

In the context of Care Services Strategy and Action Plan (2011-2013) prepared under the coordination of Administration for the Impaired⁹, care system was considered as a whole and recommendations were developed. The priorities in the plan are as follows:

- Priority 1- Develop Home Care Services,
- Priority 2- Eliminate Institutional Shortcoming in Institutional Care Services
- Priority 3- Develop Training Programmes for Care Services
- Priority 4- Develop Support Technologies for Care and Rehabilitation
- Priority 5- Conduct Studies for Establishment of Nursing Security Systems and Financing

- ***Tenth Development Plan***

In the context of Tenth Development Plan (2014-2018), “Specialised Commission on Aging” was established (Ministry of Development, 2014). Thus, “old age” phenomenon was included in

⁹ It was reorganized as the General Directorate of Services for Persons with Disabilities and the Elderly.

development plans for the first time. Main axes of objectives and actions of the Tenth Development Plan are as follows:

- Active Aging,
- Elder Law and Rights/Legislation,
- Aging Labour Force in Turkey and World of Work,
- Old-age poverty,
- Services for the Elderly,
- Psycho-social Life and Inter-generational Solidarity in Old Age,
- Aging and Old Age Research and Development Activities (Ministry of Development, 2014, p. 49).

- ***Eleventh Development Plan (2019-2023) Specialized Commission Report on Aging***

The following determinations for home care services were included in the Specialized Commission Report on Aging:

- Social inclusion approach is the fundamental principle in regulating home care; providing psychosocial support to those providing home care service and to families
- A team consisting of healthcare professionals participates in the delivery and coordination of “home care” services, involving the provision of home care and home-based healthcare services
- Increase the efficiency of home care services; establishment of cooperation among MoFSP, MoH, municipalities and private sector
- Restructuring of “Long-term Care System” in a holistic approach: care criteria, level of care, care models, quality standards, payment systems
- Provision of “home assistance/home support” which involve the practices such as housework, food, bath, shopping, transport, repair support, accommodation and arrangement of the place for the elderly, by private home care institutions affiliated with the state or under the control of the state as in many countries
- Delivery of “home assistance/home support” services by contracted institutions by the personnel who received a short training about the subject
- Conduct studies on creating a sector for those who want to benefit from good-quality home care service in return for payment by making necessary arrangements in this field and creating a pool with caregivers’ information (Ministry of Development, 2018)¹⁰.

- ***Action Plan and Implementation Programme for Healthy Aging in Turkey, 2015-2020***

The action plan prepared by MoH was formed in the framework of 4 basic strategies.

- Strategy 1: Improve Lifelong Health and Healthy Aging
- Strategy 2: Protect Society against Health Risks
- Strategy 3: Improve Healthcare Services for Elderly and Ensure Full Access to Healthcare Services

¹⁰ <https://www.sbb.gov.tr/wp-content/uploads/2020/04/YaslanmaOzellhtisasKomisyonuRaporu.pdf>

➤ Strategy 4: Strengthen Monitoring and Evaluation

The interventions in the action plan were categorised as priority interventions and supportive interventions. Development of home care services constitutes one of the themes of supportive interventions. Home care was defined as “The main objective of home care services is to support the elderly or their families, to increase their functionality, to help them live independently and retain power as much as possible and to ensure their full well-being by meeting their needs in the best possible way in the framework of a sense of self-esteem of the elderly”.

Six objectives were included in the “1.3 Development of Home Care Services and Home-based Healthcare Services for Elderly” section of the Implementation Programme

Objective 1- Development of State Home Care Model

Objective 2- Improvement of Home Care Services

Objective 3- Expansion of Home Care Service

Objective 4- Improvement of the Legislations related to Home Care

Objective 5- Improvement of Home Care Reimbursement (Funding)

Objective 6- Meeting Educational Needs of Home Care Personnel and Developing Employment Policies

- **Active Aging Strategy Paper 2017-2020, Draft**

The 2017-2020 Active Aging Strategy Paper draft¹¹ was prepared by the General Directorate of Services for Persons with Disabilities and the Elderly. Action recommendations were arranged in priority by four subjects: Active Participation in the Labour Market, Participation in Social Life, Independent Living, Appropriate Environment and Capacity for Active Aging, Access to Judicial Process and Justice.

Elderly care services were included in the Strategy Paper under the “Independent Living” heading.

Independent Living

- State of Mental, Psychological and Physical Well-being
- Elderly Care Services
- Dementia/Alzheimer-friendly Society and Services
- Elderly-friendly Living Areas
- Benefiting from Healthcare
- Protection of Dental Health

In addition to legislative documents such as laws and regulations, meetings are also held on this issue. “First Council on Aging” was held by MoFSS in February 2019. The main subjects discussed in the Council are as Active Aging-Healthy Living, Active Aging-Participation in Social Life, Care Economy, Elderly Care Services and Quality of Life, Local-friendly Cities and Local Administrations, Elderly Rights, Old Age Economy¹².

¹¹ The main text of Active Aging Strategy Paper was found in website of MoFSS. It is included here as it was referred in different documents.

¹²

<https://ailevecalisma.gov.tr/media/3668/eyh-yaslilik-surasi-ozel-sayisi.pdf>,
<https://ailevecalisma.gov.tr/media/9323/kitaptuerkiyede-yaslilara-yonelik-hizmetler-kurumsal-ya%C5%9Fl%C4%B1-bak%C4%B1m%C4%B1-ve-illerin-durumu2018.pdf>

It is seen that municipalities are included in action plans and policy papers but it is not enough; that municipalities are placed in a secondary position.

In the National Action Plan for the Status of Elderly People and Aging in Turkey and Implementation Programme (2013), local administrations were referred in terms of service delivery to rural areas in some objectives included in the heading “2.2.3. Ensuring Full Access to Healthcare Service” such as “Objective 1: Eliminating social and economic inequalities based on age, gender or any reason to ensure that elderly can have equal and access to health and care services in the universal standards”. However, it can be said that the programme draws a general framework and that is not guiding for implementation.

In the Care Services Strategy and Action Plan (2011-2013), central government institutions are referred as *responsible institutions* while local administrations are included in *relevant institutions and organisations* in undertaking activities under the headings “1. Development of Home Care Services and 3. Development of Training Programmes for Care Services”.

The Specialized Commission Report on Tenth Development Plan refers to home care services delivered by municipalities, particularly by Ankara and Istanbul MMs, and calls for “making legislation for the scope, standards and execution of services for the elderly delivered by municipalities.” However, no progress has occurred on the matter since then.

In order to “increase the efficiency of home care services” the establishment of cooperation among MoFSP, MoH, municipalities and private sector was included in the Eleventh Development Plan.

As stated above, six objectives were included in the “1.3 Development of Home Care Services and Home-based Healthcare Services for Elderly” section of MoH *Action Plan and Implementation Programme for Healthy Aging in Turkey*. Although public institutions such as MoFSS, MoNE, Universities, Ministry of Development and SSI were referred in the accomplishment of those objectives, municipalities were not stated in any way.

The *Action Plan and Implementation Programme for Healthy Aging in Turkey (2015-2020)*, refers to municipalities for provision of services for the elderly. The work to be undertaken by municipalities in this regard were stated among the output indicators of the objective “**Increasing social involvement and improving social responsibility projects about old age and aging in society**”.

The Objective 1.2.1. includes “Making legislation for provision of home-based healthcare services by MoH, university hospitals and private home care centres and units, and provision of home social care and support services by municipalities, wherever municipalities are unable to provide sufficiently, by Ministry of Family and Social Policies”.

Even though municipalities were referred in the framework of various services in the Implementation Programme, municipalities were not listed under the responsible institutions. This can be seen as a continuation of the understanding that the regulations for municipalities are determined by the central government and conveyed to municipalities. Actual participation of municipalities in policy-making and strategy formulation processes is overlooked.

4.2. Municipalities and Home Care Services

The Law No. 5216 on Metropolitan Municipalities and Law No. 5393 on Municipality include articles providing for the delivery of social services by municipalities. Although there is no general standard, it is seen that municipalities increasingly include social service practices. There are social assistance, non-residential support services for the elderly and PWDs, transport services, home healthcare service and home care and support service among these services.

As stated in previous sections, in order to ensure the coordination among public institutions and municipalities for home care services **Protocol** was signed in 2015 with the participation of MoFSS, MoI, MoH and UMT. One of the important indicators of this collaboration is Elderly Support Programme (YADES) launched in 2016. In the framework of procedures and principles determined by MoFSS, YADES Programme which finances the projects prepared by MMs under the power and responsibility of governorships is implemented in order to improve non-residential and home care support services in line with the needs of the elderly, to support the elderly in their own home environment and to expand such work. It begs the question whether it is aimed to finance services for the elderly. 15 out of 16 municipalities benefiting from YADES use this fund for home care and support services while one, Balıkesir Municipality, uses this fund for the activities for the elderly residing in nursing homes which they operate themselves.

YADES Implementation Procedures and Principles are as follows (EYHGM, 2016):

- a) Support for home care and home care services for the elderly: Improving living spaces of the elderly to lead their lives at home in the event that the household is inadequate on its own or despite the support factors such as neighbours and relatives for the care of the elderly; social physical and psychological support services provided to help activities of daily living.
- b) Psycho-social support services: Psycho-social support work needed by the elderly and those looking after the elderly or those with whom the elderly live.
- c) Home technical assistance services: Relevant technician repair and maintain home appliances, plumbing, painting, minor repairs with the spare parts and other materials provided by the elderly and give guidance when needed.
- d) Building a mobile team: Provide mobility by supplying personnel, vehicles and equipment to the residence of the elderly or service location to provide the service and in the context of the project, help the elderly in need of home healthcare support access relevant institutions and organisations.
- e) Establishment of coordination centre: Creation of the centre affiliated with the relevant municipality or relevant department thereof, where the applications which are made with call agents or directly or are recorded are responded; service delivery for requests and needs is organised and required guidance and coordination is provided.

As of 2020, the following municipalities benefit from such programme: Balıkesir, Diyarbakır, Erzurum, Gaziantep, Kahramanmaraş, Kocaeli, Konya, Malatya, Mardin, Ordu, Sakarya, Samsun, Şanlıurfa and Trabzon. While 13 of a total of 30 MMs finance home care and support services for the elderly, they also benefit from the financial support provided by MoFSS. Balıkesir MM benefitted from the support for additional activities for nursing home residents. The Ministry provided 32,846,032 TRY of financial support through YADES from its inception in 2016 through 2020. 40 different projects in 16 provinces including the projects of 2020 were implemented with these supports through YADES which started in 2016 and home care, psycho-social support and cultural activity services were provided to 66,726 elderly people.¹³ The areas which should be reviewed in more detail are how municipalities to be worked with are chosen in the context of YADES, selection criteria, level of collaboration, coordination among services. On the other hand, some municipalities provide these services only in the framework of the programme; it is an important topic whether this service will be provided by municipalities when the programme finished or not.

¹³ <https://www.aile.gov.tr/eyhgm/haberler/yasli-destek-programi-yades-buyuksehir-belediyeleri-proje-saha-uygulamalarini-tanitim-ve-degerlendirme-toplantisi-28-05-2021-tarihinde-cevrim-ici-olarak-gerceklestirildi/>

In addition to municipalities providing home support service to the elderly in the context of YADES, there are municipalities which place this service in the main axis of their work and implement it independently from the programme.

A significant part of the population in Turkey lives within the boundaries of MMs. In parallel, elderly population is centred in MMs. Therefore, it will be important to show current situations of MMs regarding home care services.

Table 9 Home Care Services at Metropolitan Municipalities

Province	Home care service
Adana	<p>Scope of Service: Home care and healthcare service Blood pressure and blood sugar measurement, physiotherapy and medical dressing services are provided by healthcare team. Personal care, hairdressing services are provided and haircut and shaving services are provided.</p> <p>Service users: Citizens who cannot go out of home and have limited mobility.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference:: https://www.adana.bel.tr/haber/buyuksehir-in-evde-bakim-ve-saglik-hizmeti-araliksiz-suruyor</p>
Ankara	<p>Scope of Service: Home care and healthcare services It involves house cleaning, personal care (bath, hairdresser), healthcare, repair and maintenance and psycho-social support and other services provided in favour of the elderly (such as preparing food). Bread and hot meal service is delivered for those in need.</p> <p>Service users: Needy citizens aged 60 and above.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://www.ankara.bel.tr/sosyal-hizmetler/yasli-hizmetleri/yasli-lara-hizmet-merkezi</p>
Antalya	<p>Scope of Service: Home healthcare and care services Home healthcare, home care, personal care, ambulance, hospital transfer, house cleaning and hot meal services are provided.</p> <p>Service users: People with illness, PWDs and elderly aged over 65.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://antalya.bel.tr/Haberler/HaberDetay/2470 https://www.antalya.bel.tr/Haberler/HaberDetay/2992/buyuksehirden-hastalara-evde-bakim</p>
Aydın	<p>Scope of Service: Home care services Hot meal, house cleaning and hairdressing services.</p> <p>Service users: Citizens on low income, needy, elderly citizens and citizens with disabilities.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://aydin.bel.tr/detail/6648/sosyal-hizmetler</p>
Balıkesir	<p>Non-residential services are provided for the elderly residing in nursing home of the municipality in the context of YADES. Home care services are not provided.</p>
Bursa	<p>Scope of Service: Home healthcare and home care and support services Treatment, care, escort, training, guidance and patient transfer service by ambulance services are provided in 17 districts.</p> <p>Service users: People with illness, bedridden people, PWDs and elderly who are aged over 65, in socio-economic poverty and deprivation, cannot maintain their activities of daily living on their own</p> <p>Service needs assessment: Request and/or application.</p>

	<p>Reference: https://www.bursa.bel.tr/hizmetler/evde-hasta-bakimev-temizligi-ve-ambulansla-nakil-hizmetleri-9</p>
Denizli	<p>Scope of Service: Home healthcare and care services Home-based healthcare services, personal care, house cleaning for the elderly in economic deprivation and medical alert system services are provided.</p> <p>Service users: Elderly aged over 65 who applied to the municipality, bedridden people, PWDs, people with illness who are unable to walk due to their chronic illness and those in deprivation.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://www.denizli.bel.tr/Default.aspx?k=sosyal-hizmetler https://www.denizli.bel.tr/Default.aspx?k=haber-detay&id=17786 https://www.denizli.bel.tr/Default.aspx?k=haber-detay&id=18255</p>
Diyarbakır	<p>Scope of Service: Home healthcare and care services In the context of YADES, performing personal care tasks of the elderly and providing hairdressing services, having their health checks done, cleaning the spaces they live in, cleaning their carpets, making minor repairs, patient transfers. 300 people benefit from the service in 17 districts every month, which was initiated in March 2020.</p> <p>Service users: The elderly who are aged over 65, live alone or with their spouses or a relative and need home care and social support.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://www.diyarbakir.bel.tr/haberler/1988-sosyalhiz.html</p>
Erzurum	<p>Scope of Service: Home care services Personal care and house cleaning, psychological support services, hot meal services are provided for the citizens with disabilities and aged over 65. The municipality also benefits from YADES.</p> <p>Service users: PWDs and the elderly aged over 65 and having no income.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://www.erzurum.bel.tr/GuncelHaber-buyuksehir-den-yasillara-ornek-hizmet/29/816727.html</p>
Eskişehir	<p>Scope of Service: Home care services It involves personal care and hygiene such as bathing services for people with illness, haircut- hair care, shaving, nail care etc. Soup kitchen services are provided those in financial deprivation, including the elderly.</p> <p>In 2019, 500 elderly were provided with hairdressing services 2,348 times; 945 elderly were provided with bathing services for the people with illness 7,774 times.</p> <p>Service users: People with illness, elderly citizens and PWDs who cannot go out of home.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: 2019 Activity Report, Page: 294</p>
Gaziantep	<p>Scope of Service: Home healthcare, care and support services Services are provided such as personal care, repair-maintenance, bed assistance, installing wood stoves, socio-psychological support, physiotherapy, blood pressure testing etc. There is soup kitchen service for the elderly. The municipality also benefits from YADES for home care services.</p> <p>Service users: Elderly aged over 65, people with illness and PWDs who are in need of assistance.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: 2020 Activity Report p. 144 https://www.gaziantep.bel.tr/tr/haberler/buyuksehir-yasillarin-ve-engellilerin-yaninda</p>
Hatay	<p>Scope of Service: Home care and support services House cleaning, hairdresser and personal care services.</p>

	<p>In 2019, 2.560 house cleaning services and 500 haircut and shaving services were provided.</p> <p>Service users: Citizens who are aged over 65 and in need of help.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: 2019 Activity Report p. 139</p>
Istanbul	<p>Scope of Service: Home healthcare and care services Social work, medical examination, nursing services, physiotherapy, psychological counselling, patient transfer, home escort, house cleaning and personal hygiene.</p> <p>Service users: PWDs, elderly, bedridden, dependent and infirm individuals who live primarily alone or with their families.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://saglik.ibb.Istanbul/evde-saglik-hizmeti-2/ https://saglik.ibb.Istanbul/yasli-hizmetleri/</p>
Izmir	<p>Scope of Service: Home healthcare and care services Wound care service, psychological support service, physiotherapy service, personal care service and house cleaning service are provided in certain periods.</p> <p>Service users: People with illness, elderly and PWDs and needy people who live within the boundaries of Izmir MM; applied or are reported for receiving service; are in socio-economic poverty and deprivation; cannot maintain their activities of daily living on their own.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://www.Izmir.bel.tr/tr/evde-saglik-ve-bakim-hizmeti/907/4088</p>
Kahramanmaraş	<p>Scope of Service: Home Care In the context of YADES project, Social Alert Device, self-care, health check, physiotherapy (exercise, rehabilitation), house cleaning, hot meal, hairdressing services can be provided.</p> <p>Service users: Elderly aged over 65 who live alone.</p> <p>Service needs assessment: Request and/or application</p> <p>Reference: 2019 Activity Report p. 110 https://kahramanmaras.bel.tr/yasli-vatandaslarimiza-yonelik-hizmetlerimiz</p>
Kayseri	<p>Scope of Service: Home social support services House cleaning, personal care service, hairdresser, healthcare support, patient transfer services, simple repair and maintenance services, psychological support services are provided.</p> <p>Service users: Individuals, who are aged over 65, are socially, economically and physically inadequate and need support in this regard.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://www.kayseri.bel.tr/sosyal-hizmetler</p>
Kocaeli	<p>Scope of Service: Home care Personal care and house cleaning services and hot meal services are provided. The municipality also benefits from YADES in the delivery of personal care and house cleaning services.</p> <p>Service users: Infirm people, bedridden people, PWDs, people with illness and desolate and needy people who need no treatment but cannot look after themselves, cannot maintain their activities of daily living</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: 2020 Activity Report p. 248</p>
Konya	<p>Scope of Service: Home care and support services In the context of YADES 2020, personal care, house cleaning, psychological support and home repair support were provided. The municipality provides co-financing for this support.</p>

	<p>Service users: This service is provided for the elderly, who are aged 60 and above, primarily live alone or with their spouses and the individuals who are socially, economically and physically inadequate and therefore need support in this regard.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: Konya MM, Data collection, May, 2021</p>
Malatya	<p>Scope of Service: Home Care</p> <p>House cleaning services are provided in the context of YADES.</p> <p>Service users: Elderly aged over 65 and PWDs who are needy and have difficulties in performing daily tasks.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://www.malatya.bel.tr/buyuksehir-belediyesinde-kimsesiz-ve-yasli-lara-temizlik-hizmeti/</p>
Manisa	<p>Scope of Service: Home Care Service (Suspended)</p> <p>In the context of Austerity Measures implemented, "home care services" were suspended on 14/06/2019.</p>
Mardin	<p>Scope of Service: Home Care Service</p> <p>In the context of YADES, personal care services such as haircut, shaving, bathing etc. are provided.</p> <p>Service users: Infirm people, people with illness, PWDs and elderly aged over 60</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://twitter.com/MardinBuyukshr/status/1428714957017919492/photo/4 https://www.sabah.com.tr/yasam/2020/12/23/devlet-evde-bakim-hizmetiyle-engelli-yasli-ve-kimsesizlerin-kimi-oldu</p>
Mersin	<p>Scope of Service: Home healthcare, care and support services</p> <p>Health checks, guidance, psychological support, house cleaning and personal care services.</p> <p>Service users: Infirm people who have no social security or are in poverty line, all PWDs without age limit, individuals aged 65 and above and with inadequate economic opportunities</p> <p>Service needs assessment: Request and/or application and field survey.</p> <p>Reference: 2020 Activity Report p: 141-142, 215 https://www.mersin.bel.tr/evde-saglik-ve-bakim-uygulamasi</p>
Muğla	<p>Scope of Service: Home healthcare and care services</p> <p>Home healthcare, home care, house cleaning, minor repair and patient transfer services are provided. The municipality also provides its services in rural neighbourhoods.</p> <p>Service users: Individuals who need care due to any health problem and/or biological deficiency and are in poverty and deprivation</p> <p>Service needs assessment: Request and/or application, field survey.</p> <p>Reference: Activity Report p: 141-142-143-145 https://www.mugla.bel.tr/haber/bir-telefonla-evde-bakim-hizmetleri</p>
Ordu	<p>Scope of Service: Home healthcare and care services</p> <p>In the context of YADES, house cleaning, psychological support and healthcare services are provided. MM contributes to the project with hot meal. Mobile Social Alert Device system was established so that the elderly could reach their relatives and teams of MM in case of emergency.</p> <p>Service users: Infirm and needy individuals from the elderly aged over 65.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: Activity Report p. 264 http://www.ordu.bel.tr/Haber/43639/buyuksehir-yasli-lari-unutmadi</p>

Sakarya	<p>Scope of Service: Home care services It involves personal care (haircut, shaving, nail cut and care), bathing of people with illness, body cleaning and house cleaning services. While providing these services, the municipality also benefits from YADES programme. Hot meal services are provided by the Municipality for those not having social security, those who cannot cook, have an illness and those on low income.</p> <p>Service users: Elderly, bedridden people and PWDs who are in difficult situation.</p> <p>Service needs assessment: Request and/or application</p> <p>Reference: https://www.sakarya.bel.tr/tr/Haber/yademden-evde-bakim-hizmetlerinde-bir-yenilik-daha/16766</p>
Şanlıurfa	<p>Scope of Service: Home healthcare and care services In the context of YADES Project (2017-2020), home healthcare, home care and repair at home, food services are provided. Home-based healthcare services are provided in cooperation with the Secretariat of Association of Public Hospitals.</p> <p>Service users: People aged over 65 and in need of care and help.</p> <p>Service needs assessment: Request and/or application, field survey.</p> <p>Reference: Activity Report p. 264 https://www.sanliurfa.bel.tr/icerik/4434/248/yades-yeseren-cinarlar http://sanliurfa.bel.tr/icerik/10853/21/buyuksehir-den-65-yas-ustu-bakima-muhtac-vatandaslara-yemek-destegi</p>
Tekirdağ	<p>Scope of Service: House cleaning (Suspended) Restrictions were introduced due to COVID-19 pandemic as of 24 March 2020; house cleaning service was suspended.</p>
Trabzon	<p>Scope of Service: House cleaning House cleaning services are provided in 18 districts. YADES project is also utilised.</p> <p>Service users: Elderly, PWDs, desolate and infirm citizens.</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://www.trabzon.bel.tr/fck-sayfalar.aspx?id=4295</p>
Van	<p>Scope of Service: Home-based healthcare services Healthcare services are provided, including medical examination at home, physiotherapy, regular health checks etc.</p> <p>As of 2020, 3 thousand 968 people with illness in need of help are visited at their home and provided with medical support.</p> <p>Service users: PWDs, elderly and bedridden people</p> <p>Service needs assessment: Request and/or application.</p> <p>Reference: https://van.bel.tr/HaberDetay/van-buyuksehir-belediyesi-saglik-hizmetlerinde-fark-yaratti-04012021115309.html https://van.bel.tr/HaberDetay/van-buyuksehir-belediyesi-fizyoterapi-hizmeti-vermeye-basladi-03022021132251.html</p>

In order to analyse home care and support services delivered by municipalities, meetings were held in addition to document review and data were compiled through a semi-structured questionnaire. The scope of the services of municipalities for the elderly and home care and support services was discussed on 7 April with the participation of Denizli, Muğla, Kahramanmaraş, Konya, Kayseri and Eskişehir MMs and Çanakkale, Gaziantep Şahinbey Municipalities. The semi-structured questionnaire was sent to municipalities in order to compile more detailed data after the meeting (ANNEX: Questionnaire). Denizli, Eskişehir, Muğla, Kahramanmaraş and Konya MMs responded to the questionnaire. The results of these studies were analysed under 7 headings: 1) Service Needs

Determination: Access 2) Service Delivery Criteria 3) Scope of the Service 4) Institutional Structuring of Services, Service Model and Financing 5) Monitoring and Evaluation Processes of Services, 6) Coordination and Cooperation Efforts for Home Care Services and 7) Impact of COVID-19 on Services.

- **Service Needs Determination: Access**

Elderly care services are delivered upon request in Turkey; services cannot be delivered to the elderly who cannot make a request or cannot access due to various reasons even though they need service. It is seen that municipalities carry out service needs determination upon request. For example, Eskişehir MM initiated these services after the citizens benefiting from home-based healthcare services stated that they need bathing and hairdressing services in a meeting of MoH Department of Home-based Healthcare Services (Data collection, April 2021). Municipalities can use various means in order to publicise the service such as making announcements on social media and local news channels, preparing leaflets and brochures. Moreover, mukhtars are informed; they are ensured to guide citizens and those who need home care services can be determined in social review work conducted for different purposes. It is important that different public institutions share data to access the elderly in need of home care services. Particularly, sharing the results of field survey done by Provincial Directorates of MoFSS and the information of the elderly benefiting from home healthcare service by MoH with municipalities will provide access of the service to a larger mass.

Needy people themselves, relatives and acquaintances and those who know them can apply by accessing the institution by phone or on internet. At this stage, municipalities make social review by assigning a team. While social review process is defined very well in some municipalities in some municipalities, it is made in a less standardised way in some municipalities. Whether there is a need for service and service can be provided or not and types of service are decided according to social review reports.

Muğla MM stated that they prepared documents to be used in the filed in home care service; that they created an automation programme and that they used a scaling programme for home care services. The elderly are categorised and those who need the service most are prioritised with the scaling programme. Priority criteria of Muğla MM are bedridden and desolate elderly.

Our initial assessment team consisting of sociologist and a medical practitioner assesses the people with illness in all aspects (health, psycho-social etc.) and enters their observations in a "Health and Initial Assessment Information Form". The service to be received by the citizen is decided with this form. The people with illness assessed according to hygiene, personal care, wound care, physiotherapy and psychological support services can receive a part or all of the services. (Data collection, Kahramanmaraş, May 2021)

- **Service Delivery Criteria**

Home care services involve PWDs, elderly and people with illness. People aged 60 or 65 and above are taken as a basis for age criterion.

Criteria for benefiting from home care services of municipalities can be generally summarised as follows:

- Being aged 65 and above, in some municipalities being aged 60 and above
- Inability to meet basic needs
- Living alone or with their spouse
- Being in economic deprivation

While some municipalities, for example Muğla and Konya, state that they provide this service for everyone in need of home care, they give priority to desolate elderly (Data collection, May 2021).

As it was revealed in document reviews of 30 MMs despite some eccentric examples, this service is not provided to:

- Those who are in financially good situation and can receive service from the market
- Those who live with their families or who are close to their families.

All elderly making an application are assessed and services are provided to the elderly who meet the criteria. The Determination Form is filled for each elderly. The determination form includes sections of identity information, residence information, revenue-expenditure information, benefits in kind or in cash, registered immovable properties, disease information, information about which basic needs can be met, and contact information of a relative those who will benefit from the service. (Kahramanmaraş MM, Data collection, May 2021).

As the services delivered by municipalities involve home care and cleaning services, their periods are generally fixed. It was determined how often the house would be cleaned and when hairdressing services would be provided; they do not vary from person to person. Even though the services do not change according to the gender and there are standard services, there are some municipalities stating that gender is observed in service delivery.

Privacy is respected in treatments of female and men with illness. Therefore, there are female and male health practitioners. Moreover, there are hairdressers for women and men in general care services. Hairdressers for men cuts hair and shave the beards of men with illness while hairdresser for women satisfy the needs of women with illness such as haircut, nail cut, facial hair removal (Muğla MM, Data collection, May 2021).

- **Scope of Services**

Home care and support services of municipalities involve the following:

- Personal care (body cleaning, hairdresser service etc.)
- House cleaning
- Technical services at home (repair, plumbing, painting and whitewash, making specific arrangements at home according to the needs of the elderly etc.)
- Emergency button
- Psychological support and guidance services
- Social support services (shopping, escorting the elderly etc.)
- Food service (cooking or hot meal service)

While some municipalities only provide one of these services listed for example, house cleaning services, others provide several of those. There are also municipalities which provide the entire services listed above. It is seen that municipalities refer to the documents of MoFSS and MoH while providing those services. Relevant documents of MoH are about home-based healthcare services. MoFSS included standards about this subject in two documents. While the information is not readily available in one document describing how the processes such as preparation of a Care Plan for each elderly after social review report and mutual confirmation of the plan etc. are operated, there are municipalities which operate in this way. For example, Muğla MM stated under the heading of Standardisation of Social Services that it should take a consent form while providing home care services. However, no information was found about how the process of informing the elderly proceeded, how much attention was paid to the requests of the elderly and how these affected the services. Care services are provided through a system not much flexible, in which one delivers a service

and the other receives. There are municipalities where the personnel delivering the service record the processes on a daily basis and the service given is confirmed with the responses at the end of the day and recorded in the system (Eskişehir MM Data collection, April 2021, Gaziantep MM, Denizli MM 19 August Workshop). No guiding documents were found about the minimum time, period etc. of each service provided by municipalities.

It is seen that home care services are mainly implemented in urban neighbourhoods. Muğla MM, one of the project provinces, are among municipalities which also provide services to rural neighbourhoods. Considering that the rural population in Turkey are rapidly aging, it is clear that it should be put on the agenda to deliver this service in rural areas.

- **Institutional Structuring of Services, Service Model and Financing**

YADES is an important source of financing in financing home care services. YADES is utilised in the provision of home care services in 15 MMs: Antalya, Diyarbakır, Erzurum, Gaziantep, Kayseri, Kahramanmaraş, Kocaeli, Konya, Malatya, Mardin, Ordu, Sakarya, Samsun, Şanlıurfa, and Trabzon. While some of these municipalities provide home care services in the context of YADES as a whole, YADES is additional source of financing for some municipalities; they provide home care services apart from YADES. It is important how municipalities which provide home care services only though YADES will proceed when there is no such a resource. 3 of the MMs do not provide home care services; the remaining 12 municipalities cover this service from the municipal budget.

Municipalities provide this service either with their own personnel (Muğla MM, Konya MM) or they prefer to outsource this service (Denizli MM, Eskişehir MM). Muğla MM providing the service within its own structure stated that they followed such a method because of staff job satisfaction and user satisfaction. It was stated that the municipality was in a supervisory position in personnel selection and service delivery when the service is outsourced and that it also included service delivery criteria when preparing a technical specification (Denizli MM). Factors which determine the qualifications of the service including in-service training, supervisory service, qualifications of the employees are decided by the municipality.

- **Monitoring and Evaluation Processes of Services**

It is not possible to say that municipalities conduct systematic monitoring and evaluation. What is meant by a systematic monitoring and evaluation study is recording of daily monitoring tables and transforming them into data, recording of the complaints and transforming them into data, conducting satisfaction research on a regular basis and review of the policies made and services provided by analysing the results of all studies.

Monitoring the work of municipalities was based on checking and inspecting whether the work was basically undertaken or not. The present complaints are evaluated and resolved. Monitoring and evaluation process is not used as an effective tool for improving the service.

Monitoring and evaluation work requires regular and reliable data. Although there are municipalities which include the number of service users in their activity reports, there are also municipalities which include no data. Even when recorded and transformed into data, these data are not collected and reported by disaggregation. It is not possible to reach disaggregation of the service users such as female-male distribution, age distribution, desolate, elderly living alone and elderly with disabilities through available data recorded. Including disaggregation in record forms and considering the disaggregation while transforming these records into data, including them in analyses are important in terms of service planning. It is seen that municipalities compiling the data mostly limit this with gender in the disaggregation.

- **Coordination and Cooperation Efforts for Home Care Services**

Institutions to cooperate and coordinate with are important in the delivery of home care services. As stated above, there are sections of home care services which concern MoFSS, SASF, MoH and municipalities. MoFSS, not only provides financing support and home care allowance to people providing home care but also finance home care services provided by 15 MMs or contribute to their financing. 14 of 15 municipalities providing home care services through YADES at present are from the same party; one (Antalya) was collaborated before the 2019 local elections. It should be ensured that municipalities belonging to different parties include in the process and benefit from YADES. Transfer of resources from Central Budget to local administrations and making legislation for home care services should be put on the agenda. Rapidly aging population in Turkey requires this.

Some municipalities provide home care services in addition to MoH. Moreover, municipalities use MoH Regulation on Delivery of Home Care Services published as a reference source in delivering their own services.

Some municipalities report the elderly in need of healthcare services to the relevant departments of MoH and communicate with them while delivering home care service (Konya MM, Data collection, May 2021). In some provinces, MoH also shares the contact information of the elderly individuals to whom they deliver healthcare services and who need home care with relevant municipality (Eskişehir MM, Data collection). However, these examples remain at local level. There is a need for a cooperation framework on how home healthcare service and home care services will be coordinated together. This cooperation framework should also include data-sharing. It seems difficult to say that **Protocol on the Execution of Home Healthcare, Home Care and Social Support Services in Cooperation** works at present. There is a need for more binding tools than the Protocol.

- **Impact of COVID-19 on Services**

It was seen that COVID-19 process caused disruptions in municipal services. While some municipalities suspended the services in the first months of the pandemic, (Manisa MM, Tekirdağ MM), some municipalities reduced their service items (Kahramanmaraş MM). Self-care services come first among suspended services. These services were resumed after a while according to the general situation the pandemic. It was stated that the number of service users and requesting service had decreased at the beginning due to COVID 19. As people were scared of being infected, they did not make request service as much as possible (Eskişehir MM). Municipalities which did not suspend their services provided the services with additional measures.

“As the elderly citizens for whom we provide service in pandemic conditions are in risk group, HES codes of the elderly and his/her relative are inquired before going to the houses for service delivery. Citizens at risk are directed to contact-tracing teams. Personal protective equipment is used and the needy citizens are not exposed to risk.” (Muğla)

It is seen that MMs usually develop solutions appropriate for the situation and conditions in short time. For example, additional services came to the fore during pandemic. Municipalities which have not provided shopping service before, did shopping for the elderly and delivered to their houses with the pandemic (Kahramanmaraş MM). Free hot meal service was provided for those in self-isolation primarily the citizen aged 65 and above and citizens with disabilities (Ankara MM, Bursa MM, Eskişehir MM etc.). It can be said that municipalities need more structuring on how they will maintain home care services in risk periods despite positive examples. It needs to be thought more about volunteer participation, neighbourhood organisations and mobilisation of neighbourhood residents and mobilisation of social resources.

- **General Evaluation**

The situation evaluation of home care services by municipalities shows that home care service standards need to be developed. The scope of the services delivered by municipalities and criteria for service delivery include not only commonalities but also differences. Municipalities assess the requests; prepare social review report and produce services accordingly. The scope of service and potential service users are the most standardised areas by municipalities within their organisations. It should definitely be kept in mind that the answers given to the questions “Who are the needy people?” “How is economic deprivation defined?” vary from municipality to municipality. There is no evidence showing that municipalities use the economic deprivation criteria used by MoFSS. The subjects such as providing access to such services for everyone in need, by whom the services will be provided, minimum criteria required for the personnel, monitoring and evaluation processes of the services, effective complaint mechanisms, information about the service for service users and confirmation process, working with the relatives and family members of service users, arrangements in the place where the service is provided, cooperation and coordination with other institutions appear as the areas which are less considered, studied and therefore, where the standards should be developed.

5. Framework of Standards for Elderly Home Care Services

Standard is minimum objectives which were developed for a certain area and aimed to be achieved or fundamental principles and rules which should be obeyed. Looking at the standards developed for home care services in Turkey, there are two studies conducted by EYGM. The first is Implementation Guideline on Care Services (2013). The Guideline includes daily care, personal care, cleaning and security, exercise, nutrition, participation in life, services which can be provided in case of emergency and staying in the bed for a long time and how these services will be provided. Guideline focused on the technical part of these services.

Eye Health and Hygiene

- Wipe up from the inside out with a clean, soft, cotton cloth (Photo 1).
- It would be good to use different clothes for each eye.
- If you wear glasses, you can hang them on your neck and clean them.
- Have your vision checked annually.
- When your eyes become gummy, dry, and red and there is a discharge in my eyes, consult a health practitioner. (Implementation Guideline on Care Services, p. 17)

Another document prepared by the Directorate is the Care Services Quality Standards (2014). Seven standards on home care services were determined: 1) Home care needs analysis is conducted. 2) Service users are provided with access to services which they need with an approach protecting independence and dignity. 3) The area where a service user lives is arranged. 4) Family members/relatives providing home care service are given training about care. 5) A service user is enabled to participate in social life. 6) Service user is informed about other support programmes in line with their needs. 7) There are control mechanisms to check whether home care services are received or not. These standards and 19 objectives defined in the framework of standards can be addressed as the starting point for municipalities when developing standards for home care services.

There are several fundamental points which should be considered when establishing standards by municipalities. These are:

- Norms which will form the framework of standards,
- Rights-based service delivery approach and
- Constraints which municipalities face, including budget.

5.1. Framework for Establishing Standards: Norms

Fundamental norms of home care services are **equality, non-discrimination and respect for human dignity**. All services should be addressed and delivered in the framework of these 3 norms. In addition to these 3 key norms, aging-specific norms were also developed in parallel with requirements emerging as a result of aging. The norms laid down by the UN Principles for Older Persons are **Independence, Participation, Care, Self-fulfilment and Dignity**.

Equality

Equality is a fundamental human right norm. The concept of equality is not fixed and undergoes change over time. The concept of equality which is used to primarily express that the state treats all individuals equally; does not favour the individuals based on arbitrary criteria or does not treat differently against

individuals has changed and developed.¹⁴ Based on that individuals and groups are not equal and same in actual state; their needs may vary, the equality in diversity which expresses that individuals or groups in different positions can be treated differently and temporary special measures can be taken for the disadvantaged groups, is embedded in the concept of equality. In parallel with this perspective, the approach that additional possibilities and opportunities can be provided to disadvantaged individuals-groups and temporary special measures can be taken until equality is ensured and became a part of rights-based service delivery. For example, when it comes to the elderly, taking additional measures, allocation of private cars and provision of home healthcare and care services so that they can access public services can be considered in this context.

Equality in diversity and diversity-sensitive service delivery become functional through results. The approach of intervention in the structure which reproduces inequalities brought forward the concept of transformative equality. Transformative equality focuses on the structural causes of inequalities, and social and cultural causes. Society's attitude to elderly and expectations from elderly may prevent the elderly from leading a life as equal individuals of the society. Transformative equality aims these thoughts which the society has about the elderly and which retains elderly from being equal individuals of the society. Disregarding elderly autonomy, generally accepting that decisions relating to the elderly should be taken with their children, invisibility of elderly sexuality may be listed in this context.

As this change in the understanding of equality may be interpreted as a table of differentiation of needs and requests, it can also be interpreted as each stage achieved brings a new objective.

When assessed in the framework of equality, home care services:

1. Should be provided to all elderly persons who need these services
2. Service delivery should be structured in a manner that will meet different needs; service planning and delivery should be conducted in a manner that sees differences between elderly persons beyond a single type of service for a single type of elderly person
3. Service delivery should accept the elderly as equal individuals of the society, the approach that elderly people are key decision makers in relation to their own lives and services provided to them should be adopted.

Non-discrimination

Discrimination can be defined as treating somebody or group with prejudice due to their certain characteristics. Elderly discrimination includes treating people differently or in the framework of stereotypes or prejudices due to their age. Discrimination against the elderly can be seen in healthcare and care services as it can be seen in many other areas. For example, prejudices against the elderly such that they cannot make their own decisions or behave rationally bring along exclusion of the elderly from the process when preparing home care plan for the elderly; taking the opinions of other individuals at home rather than the elderly and the children decide on behalf of the elderly.

Non-discrimination and equality norm is interwoven concepts. Therefore, the matter which was stated in equality section and should be considered in provision of home care services also applies for this section.

When assessed in the framework of non-discrimination, home care services

¹⁴https://insanhaklarimerkezi.bilgi.edu.tr/media/uploads/2015/02/24/Ayrimcilik_Yasagi_Kavram_Hukuk_Izleme_ve_Belgel_eme.pdf, Accessed 20.04.2020

1. Should be provided to everyone without discriminating on grounds of language, religion, ethnicity, occupation, gender, sexual orientation, being citizen/non-citizen
2. Should be provided to all elderly persons who need them without discriminating the elderly who live with their family or alone.

Respect for Human Dignity

The norm of respect for human dignity is based on the understanding that human beings are valuable and deserve respect; therefore, own inviolable, inalienable and indivisible rights.

When it comes to home care services, this norm expresses that it should be behave the elderly who benefit from the services in a decent manner and refrain from degrading practices when assessing service needs, receiving requests and delivering services. It is important that elderly are seen as equal individuals of the society when providing service for them. Treating the elderly as needy, overlooking their abilities, identification of old age with dementia may cause degrading practices.

For example, during the communication, talking in an imperative manner, speaking loud and in exaggerated manner, talking simply and slowly even though the elderly person has no perception problem can be listed in this context.

When assessed in terms of respect for human dignity, home care services may be interpreted as:

1. Before delivering service to the elderly, the elderly person should be informed about the service in detail and their consent should be received
2. The privacy of the elderly should be respected, and personal information of the elderly person should not be shared with other people in any way.

In addition to these three norms, the UN Principles for Older Persons are fundamental norms to be referred in establishing standards for home care services.

UN Principles for Older Persons:¹⁵

➤ Independence

According to this norm;

- Older persons should have access to adequate food, water, shelter, clothing and healthcare through the provision of income, family and society support and self-help.
- Older persons should have the opportunity to work or to have access to other income-generating opportunities.
- Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
- Older persons should have access to appropriate educational and training programmes.
- Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
- Older persons should be able to reside at home for as long as possible.*

➤ Participation

¹⁵ <https://www.ailevecalisma.gov.tr/eyhgm/mevzuat/uluslararasi-mevzuat/>

The participation norm refers to both participation of older persons in society and convey their skills. Accordingly;

- Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
- Older persons should be able to seek and develop opportunities for service to the society and to serve as volunteers in positions appropriate to their interests and capabilities.
- Older persons should be able to form movements or associations of older persons.

➤ Care

Care norm is closely related to maintain the well-being levels of older persons.

- Older persons should benefit from family and society care and protection in accordance with each society's system of cultural values.
- Older persons should have access to healthcare to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
- Older persons should have access to social and legal services to enhance their autonomy, protection and care.
- Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.
- 14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

➤ Self-fulfilment

- Older persons should be able to pursue opportunities for the full development of their potential.
- Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

➤ Human dignity

- Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
- Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

5.2. Framework for Establishing Standards: Expansion of Rights-based Service Delivery

The norms stated above constitute the basis of rights-based approach. Rights-based approach should be taken into account in all phases from policy making and planning to service delivery and monitoring of services.

The rights-based approach based on the realisation of human rights is the way of approach which should be adopted so that the individuals can live a decent life. The rights-based approach focuses on not only practical, that is to say, daily needs but also strategic, future needs. It focuses on structural problems to realise this; it gets the root causes of each problem and puts emphasis on policies and practices to eliminate such causes.

Practical needs: define the needs which should be primarily met to lead and facilitate a life.

E.g.: Provision of home care services for those who cannot look after themselves.

Strategic needs: the needs which ensure the participation of the elderly in society and promote their independent living.

E.g.: Organisation and structuring public services and the city in an elderly-friendly way. Arranging home support services in a way to ensure the independence of the elderly. For example, arranging the buildings and indoors accordingly etc.

While the main theme of rights-based approach for service user is to *ask for help*, decision-makers are held *responsible* for the solution to the problem. Participatory processes are operated between service users and service providers.

The rights-based approach recognizes that everybody in need should benefit from the services and services are differentiated by individuals. Home care services are provided upon application and/or request in Turkey. Care services by the public entities are delivered to the elderly only if there is an economic neediness. Transition to supply-side approach from a demand-side approach, delivery of the service by public entities or under public supervision to all elderly whether they are economically needy or not are the core of rights-based approach.

The elderly can be categorised according to certain criteria when planning supply-side service delivery; thus, it will be possible to make planning for services. For example, the following can be taken as examples: Creating spaces to spend time during the day and to socialise for the elderly who are independent and self-sufficient; provision of home care and support services for the elderly who can stay at home but need support for certain services; provision of rehabilitation and institutional care for the dependent elderly. This categorisation is important in terms of planning, budgeting and implementation of service delivery.

5.3. Framework for Establishing Standards: Constraints

The final issue to be addressed here regarding standards is the priorities of the elderly and budget allocations. Legislation on municipalities allows municipalities to establish policies and provide services for all areas of social services. However, a review of the current situation municipal budget expenditures reveals that social services are relegated to secondary rank. For example, it seems difficult to say that all 27 MMs¹⁶ which currently provide home care services make home care service one of the main service areas of municipalities. Some municipalities provide this service only in the framework of YADES.

Despite the high visibility of the work by municipalities in the field of social services, the expenditures incurred by municipalities in this field are extremely low. The table of Budget Expenditures of Municipalities for 2017-2019 is presented below. Accordingly, the share allocated from budget to healthcare services is 1.2% in 2020; to training services 0.6%; to social security¹⁷ and social assistance services 2.4%. As of 2020, the share allocated to social expenditures by municipalities is 3.9% in total.

¹⁶ As seen in Table 8, municipalities which do not currently provide this service are Balıkesir, Manisa and Tekirdağ.

¹⁷ Refers to the guarantees provided to disadvantaged groups.

The ratio of the budget allocated to these 3 items was 3.2% in total in 2017. There has been a little increase by years; however, when the factors such as population size, expansion of services in a wider area are considered, it is not enough. The fact that social expenditures which are so important in empowering the disadvantaged are included in municipal budget at so low amounts gives an idea about the priorities of municipalities. As the priorities change, weights of expenditure items will change as well. Increase of elderly population in Turkey requires service delivery, making regulations and budget allocation according to the needs of this population.

Table 10 Budget Expenditures of Municipalities, 2017-2019

	2017		2018		2019		2020*	
	Total TRY	%	Total TRY	%	Total TRY	%	Total TRY	%
General Public Services	32,089,012	28.6	39,726,275	30.1	46,536,568	37.7	52,066,887	38.7
Defence Services	33,491	0.0	27,614	0.0	26,849	0.0	9,515	0.0
Public Order and Security Services	4,434,531	4.0	4,649,977	3.5	5,150,030	4.2	5,927,660	4.4
Economic Affairs and Services	26,455,814	23.6	31,249,323	23.7	24,193,793	19.6	27,060,135	20.1
Environmental Protection Services	12,004,287	10.7	13,436,333	10.2	12,464,922	10.1	13,152,702	9.8
Settlement and Public Welfare Services	24,795,181	22.1	29,543,194	22.4	22,541,927	18.3	23,062,131	17.1
Healthcare Services	1,237,180	1.1	1,284,464	1.0	1,328,285	1.1	1,571,275	1.2
Recreation, Culture and Religion Services	8,699,841	7.8	9,413,698	7.1	8,217,325	6.7	8,097,001	6.0
Education Services	397,549	0.4	417,706	0.3	332,373	0.3	358,099	0.3
Social Security and Social Assistance Services	1,901,192	1.7	2,256,088	1.7	2,557,856	2.1	3,253,939	2.4
TOTAL	112,048,078	100.0	132,004,672	100.0	123,349,928	100.0	134,559,344	100.0

Another point which should be considered when establishing standards is the services currently delivered by the municipality and their service delivery capacities. Especially, holistic-integrated service delivery requires the municipality to deliver different services together. For example, delivery of home care services to the elderly in a way to complement training, empowerment, supporting families, temporary residential care and home-based healthcare services requires either the delivery of these services by municipalities in-house or being in good coordination or cooperation with other public institutions. In any case, both require municipalities to increase their present capacities.

Consequently, Turkey is one of the countries whose aging rate is high. The impacts of this demographic change will be seen more markedly in the future. This fact should be considered when making policies for the future, making plans for housing policies, infrastructure services, transport, social service and social assistance. It is an obligation to integrate the concept of “elderly-friendly city” into the policies of municipalities and central government. When **elderly-friendly city** is mentioned, it is not just meant that making the services for the elderly suitable for the access of the elderly. The point is structuring the services by considering that all services will be used by the elderly as well.

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