COUNTRY REPORT

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INTRODUCTİON

At first, different transitions experienced by the individuals in their course of life seems to be strictly determined in biological terms. However, the flow of human life is affected by the social structure and the opportunities provided by the society as much as it is affected by the biological structure. In the past, the number of persons who lose their lives at a young age was higher than the number of individuals who were able to reach old ages. However, the life expectancy has increased today, especially in the developing and developed societies, and the number of individuals who lose their lives during the elderly period, after reaching an old age, has increased. Today, in the developed societies, people live longer, healthier and more productive than they ever have. In connection with the effects on macro and micro level, the ageing has two aspects on the structure of the societies: *First of all,* the ageing could be an experience of wisdom which is satisfactory, fulfilling and awarding. *Second*, the ageing could turn into a process in which functional disorders, illnesses and social exclusion is experienced. For most individuals, the experience of ageing stays in the middle of these two. One of the most important focuses that determine the direction of ageing for individuals is the social policies developed by the social state on the basis of social inclusion and rights, and the services oriented for the elderly.

Ageing is a concept which must be evaluated with the combination of the social processes along with the internal spiritual and biological capacity of, and the life-long reserves established by, the individuals. In the ageing process, each individual has (i) a biological time which refers to the body physically, (ii) a spiritual time which refers to the mental capabilities, (iii) and a social time which refers to the age-related cultural norms, values and expectations of roles (Giddens, 2006). Although the biological ageing appears along with the chronological age, it differs between individuals in connection with the genetic factors and the lifestyle. The lifestyle creates a significant difference between individuals in all periods of life in terms of functional capacity and health. It is specified that, with the adoption of a healthy lifestyle and the developing health technologies, most people's lives will end with a short illness period. A long life along with healthy years lived is very important in terms of both the life quality of the individual and the organisation of the elderly care services (WHO, 2015). Therefore, decreasing the number of possible unhealthy years lived and increasing the number of possible healthy years lived through social inclusion policies in the elderly period have become the objective of societies.

Loss of memory and learning abilities and mental retardation, which forms the basis of spiritual ageing, can be delayed with the individual's attachment to life, and their lives being vivid and functional. In this case, it is observed that individuals can maintain issues such as motivation to learn, clarity of thought and problem-solving skills until old ages. Delaying the spiritual ageing is especially important in terms of preventing diseases such as Dementia/Alzheimer, which increases the long-term care requirements.

On the other hand, social ageing consists of norms, values and roles determined by the society in relation to a specific chronological age. Social ageing differs between societies. In particular, in the eastern societies, the elderly is seen as a source of historical memory and wisdom ageing with the culture of respect towards the mother and father. In the western societies, the elderly is seen as a non-efficient and dependent population group which has low compatibility with the modern society and the developing technology. The views of the societies towards the elderly period and the process of ageing often reflect on the social policies and also determine the type and future of services to be provided to the elderly on the basis of social inclusion. At this point, it is clear that the ageing process has different aspects such as chronological, physiological, biological, psychological, socio-cultural, economic and social, and that each aspect may be a resource that feeds and enriches the ageing process, or pose an obstruction that degrades and worsens it. Here, the most important issue that affects all these dimensions is the scope of services provided to the elderly and the related social policies.

PART I

1. National ageing situation: Ageing and Elderly Care Services in Turkey

The total population of Turkey, which was 16,158,385 in 1935, nearly doubled in 1965 and rose to 31,391,421, and it reached 70,586,256 in 2007. Within this time period, the percentage of individuals aged 65 and above was 3.9 per cent in 1935 and 4 per cent in 1965. Until 2000, a significant increase was not observed in the percentage of individuals included in this age group within the total population. However, the percentage of individuals aged 65 and above within the total population was 5.7 per cent in 2000, 7.1% in 2007 and 7.3% in 2011. As known, the societies can be defined as "young-mature-old" according to the level of percentage of the individuals aged 65 and above within the total population. It is defined as "young population" if the percentage of the elderly population within the total population is less than 4 per cent, as "mature population" if it is between 4 - 6.9 per cent, "old population" if between 7 - 10 per cent and "very old population" if more than 10 per cent. According to this, Turkey completed its "mature population" period between 1965 and 2000 and came close to the point of being defined as an "old population" since 2007. For this reason, in these years where we are at the point of "very old population", the elderly became the prioritised population group in Turkey with regard to the social policies and health policies (TNSA, 2008; TÜİK, 2008). In particular, as the population increase rate started to decline at the end of 1990s and with the continuation of this period until the end of the 2000s (1998-2008), the elderly population percentage started to increase faster compared to the other population groups. Whereas the percentage of the elderly population within the total population was 4.3% in 1990, this percentage increased to 5.7% by 2000. This increasing trend in the elderly population percentage continued in 2000s.

Examining the data acquired by the Turkish Statistical Institute according to the Address Based Population Registration System as of 31 December 2015, it is observed that the total population of Turkey at the end of the year is 78 million 741 thousand 53 persons, and men constitute 50.2% whereas women constitute 49.8% of this population. In addition, as of 2015, the median age in Turkey is 31. The median age is 30.1 in men, whereas it increases to 31.4 in women. Population pyramid of Turkey is shown in (TÜİK, 2016a). The working age population within the 15-64 age group forms 67.8% of the total population. The share of the individuals aged 65 and above within the total population is determined as 8.2% (TÜİK, 2016a). In 2015, the elderly population constituted 8.5% of the world population. The first three countries with

the highest elderly population percentage are Monaco (30.4%), Japan (26.6%) and Germany (21.5%), respectively. In this ranking, Turkey ranks 66th among 167 countries. According to the population projections, it is estimated that this percentage may increase to 10.2% by 2023, 20.8% by 2050 and 27.7% by 2075.

Table 1. Distribution of Population in Years, Annual Rate of Increase and the Percentage of 65+ Age Group in Turkey

TURKEY- Demographics			
Year	**Population**	**Annual Population Increase Rate (%)**	**Percentage of Population Aged 65+ (%)**
1927	13,648,987	-	-
1935	16,158,567	2.29	3.9
1945	18,790,987	1.08	3.3
1955	24,065,543	2.97	3.4
1965	31,391,651	2.62	4.0
1975	40,348,789	2.66	4.6
1985	50,664,654	2.64	4.2
1990	56,473,653	2.29	4.3
2000	67,804,543	2.00	5.7
2007	70,586,256	0.58	7.1
2011	74,724,269	1.35	7.3
2012	75,627,384	1.20	7.5
2013	76,667,864	1.37	7.7
2014	77,695,904	1.33	8.0
2015	78,741,053	1.34	8.2

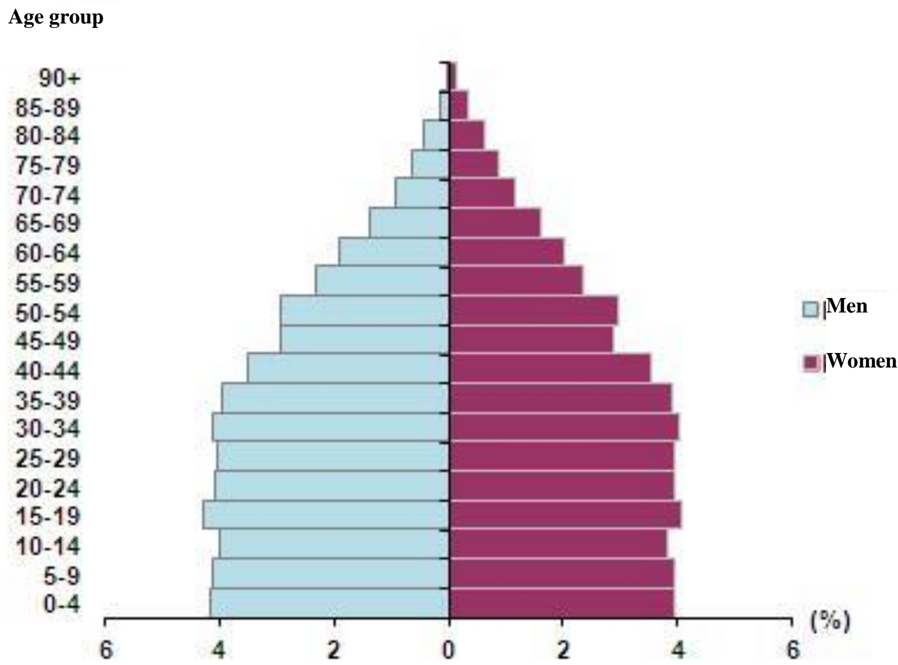


Figure 1. Population Pyramid of Turkey (TÜİK, 2016a)

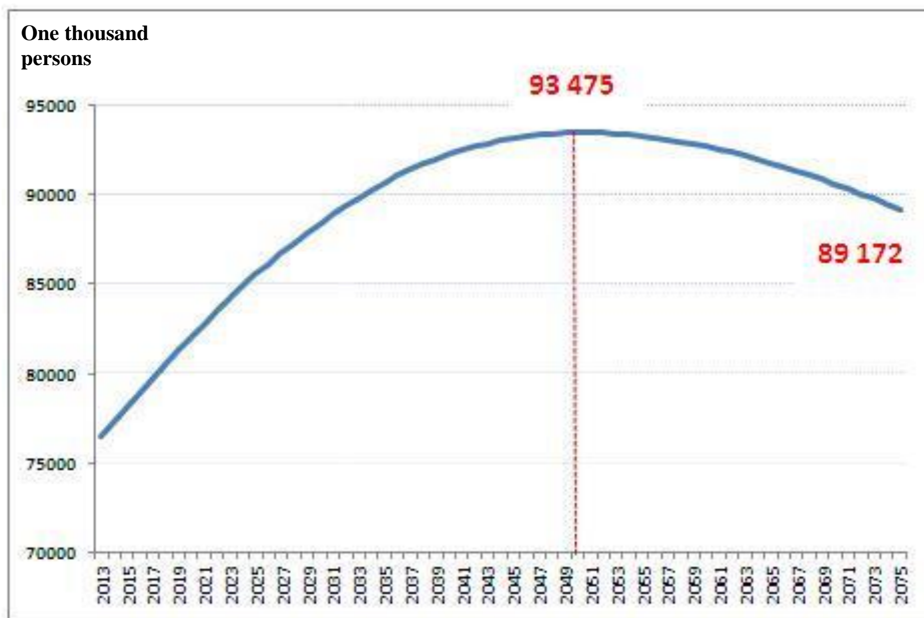
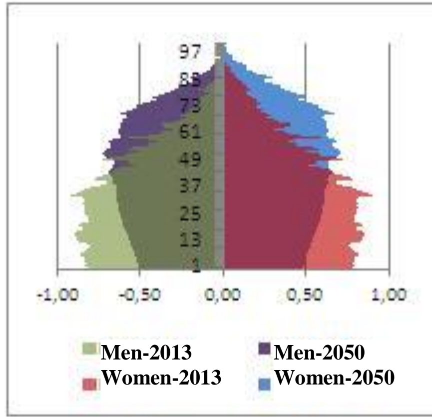


Figure 2. Population of Turkey, 2013-2075 (TÜİK, 2013)

The elderly dependency rate, which defines the number of elderly persons per each 100 working age persons, is 12.2% in Turkey. In Turkey, there are 5 thousand 293 elderly people aged 100 and above. Whereas the number of persons aged 80 and above was 1,261,273 in 2013, this increased to 1,315,845 in 2014 and 1.328.924 in 2015. Likewise, an increase was observed in the number of persons aged 90 and above. Number of persons aged 90 and above



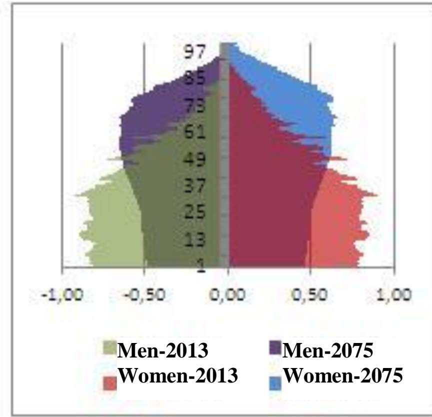


Figure 3. Population Pyramid 2013-2050 ***Figure 4. Population Pyramid 2013-2075(TÜİK, 2013)***

The fact that this number increased from 89,709 in 2012 and 99,005 in 2013 to 115,277 in 2014 and 127,986 in 2015 deserves attention in terms of the increase in the population of the elderly at an advanced age. It is observed that, in all education levels, the percentage of population of elderly men is higher than the percentage of population of elderly women. Whereas the percentage of elderly men who lost their spouses is 12.9%, the percentage of elderly women is 50.5%. Elderly persons constitute 45.8% of the single-person households. Of the elderly who live alone, 76.5% is women and 23.5% is men.

According to the results of the health research carried out in Turkey, one in every four elderly person is obese (26.2%). The percentage of the elderly who lost their lives in 2014 due to vascular diseases was 46.7%. This disease is followed by benign and malign tumours with 16.9% ranking second, and respiratory diseases with 12.8% ranking third.

The percentage of the elderly who died of Alzheimer's was 4% in 2014. According to the statistics regarding the cause of death, the percentage of elderly who died of Alzheimer's disease was 2.7% in 2010, whereas this percentage increased to 4% in 2014. One of the diseases that require long-term care is Alzheimer's. The increase in the prevalence of Alzheimer's and rates of death due to this disease in Turkey means that the long-term care needs will also increase.

The poverty rate is determined to be 18.3%. It is observed that 74.1% of the working elderly population is within the agricultural sector. According to the results of the life satisfaction survey, the percentage of the elderly who stated that they are happy was 62.8% in 2014, whereas this percentage decreased to 56.8% in 2015. In the elderly period, the source of happiness for the individuals was their families, with a percentage of 66.8% (TÜİK, 2016b).

Average life expectancy at birth is 78 years in Turkey. This period is determined to be 75.3 years for men and 80.7 years for women. Average life expectancy for persons aged 15 is 64.3. In Turkey, the remaining period of life for a 50-year old person is calculated as 30.6. This period is 28.3 years for men and 32.9 years for women. **Average life expectancy for persons aged 65 is found to be 17.9.** This period is 16.2 years for men and 19.4 years for women. In other words, women aged 65 are expected to live an average of 3.2 years longer than men. The life expectancy at birth in İstanbul, the city with the highest population in Turkey, is higher than the Turkish average and is 78.7 years in total. This period is calculated as 75.8 years for men and 81.5 years for women (TÜİK, 2015).

Table 2. Life Expectancy based on Gender and Age in Turkey, 2013-2014

Age	Total life Expectancy	Men	Women
0	78.0	75.3	80.7
15	64.3	61.6	66.9
50	30.6	28.3	32.9
65	17.9	16.2	19.4

2. Method

2.1 Institutional Care

In Turkey, the organisation of long-term care services covering institutional elderly care services are under the responsibility of three organisations. These are as follows.

1. T.R. Ministry of Health

2. T.R. Ministry of Family and Social Policies

3. T.R. Ministry of Labour and Social Security

The elderly care services are provided by the Ministry of Family and Social Policies by taking into consideration the following regulations:

1. **"Regulations for the Nursing Homes and the Nursing Home Elderly Care and Rehabilitation Centres":** In these regulations, the Elderly Care and Rehabilitation Centre is defined as the boarding social service organisation where rehabilitation is provided for the elderly such that they can tend to their own needs in order to live their lives in health, peace and

safety, and where continuous special care is provided for those who are unable to be treated. These regulations also define the duties and responsibilities of professional vocation groups such as social worker, psychologist, dentist, dietician and physiotherapist, the scope of the health and social services, the duties of the management units and office units as well as the desired physical conditions for the nursing home (http://www.eyh.gov.tr/mevzuat).

2. **"Regulations for the Private Nursing Homes and the Nursing Home Elderly Care Centres":** The purpose of these Regulations is to define the procedures and principles for the opening, service standards, personnel status, operational conditions, fees, supervision, transfer and closing of nursing homes and nursing home elderly care centres to be opened by real entities as well as special legal entities. In these regulations, the elder is defined as an individual who is at least fifty five years old, who requires social, physical and moral support, who is mentally and psychologically health and who needs the care provided by the organisation. Thus, while the acceptance age limit is 60 in the official nursing home care and rehabilitation centres affiliated with the Ministry, the acceptance age limit is determined as 55 in the private nursing home care and rehabilitation centres.

3. **"Regulations on the Principles of Establishment and Operation of Nursing Homes to be opened within Public Institutions and Organisations":** The purpose of these Regulations is to determine the procedures and principles for the opening, operation, physical conditions, personnel conditions, audit and supervision of nursing homes to be opened within public institutions and organisations in accordance with the current legislation and to ensure that they provide services at a level that complies with the modern understanding and conditions.

4. **"Regulations on the Payment of Allowance to the Disabled and the Elderly under Care in the Social Service Organisation":** In accordance with these regulations, monthly net allowances are paid to the disabled and the elderly individuals who are accommodated free of charge in the social service organisations of the Ministry, who fulfil the criteria for benefiting from the care service provided by the social service organisations of the Ministry free of charge as well as the disabled and the elderly individuals who are under care in the Poorhouse over the sum to be specified by the central management budget law every year, without making any deductions (http://mevzuat.gov.tr).

In Turkey, in order to benefit from institutional services for the elderly care, the nursing neediness is taken as the basis and the right-based approach is being employed. In addition, the Ministry of Family and Social Policies provide support to the individuals that are disadvantaged in terms of long-term care by implementing the social aids and social services, which are among the important tools of the social policy.

2.2 Home Care

In general, home care services mean the provision of health and social services at professional level or by the family members in the own house of the individual or the environment where the individual lives in order to protect, improve or restore the health of the individual. These services also enable to protect the quality of life and social dignity of the individual, in line with his/her needs, within a broad range that includes both the health and the social services. In this respect, home care services are defined as services which replace the institutional services and which decrease, or delay, the need to stay in the institution itself.

In terms of their characteristics, the home care services are classified in three aspects. First, home care includes not only the provision of medical services, but also the social services the individual might need. Second, home care is provided as short term or long term, and the scopes of service may differ to a great extent most of the time.

Short term home care services are mostly focused on medical service and generally provided during the remission period after the hospital. This period is generally limited to 30 days. While it includes both the medical and the social care services, the long term home care services are mostly focused on social care and includes services provided where care is needed for a period longer than 6 months. The third one is the home care provided by the specialists or semi-specialists in different professional areas (formal care), and the home care provided by the family members (informal care) (Oğlak, 2007).

Home care service is the service provided by the family members, friends, volunteers and the paid caretaker. Home care covers a wide range of services from activities such as shopping to healthcare.

In Turkey, long term home care services are mostly carried out by the family members, in particular the women spouses and older daughters. The situation is also the same in European countries. In the report titled "Long Term Care for the Elderly", which is published by the European Commission in 2012 based on data from 33 European Countries, it is explained that institutional care (at home or the institution) has equal importance for the elderly women and

men in Europe; however, it has a particular importance for women as they are subject to a higher risk in terms of disability and dependency during the elderliness. It is specified that in Europe, women benefit from institutional care services twice as much compared to men (European Commission, 2012:75).

It is explained that in 2007, 20.7 million elderly people were dependent in all of the European Union countries, and that 8.4 million of these were receiving formal care, whereas 12.3 million were receiving informal care, or not receiving care at all. Of these elderly, 62% of those who receive care is women. Approximately 60% of the informal care providers are women. Of these women, 56% are the spouses and 63.9% are children. Taking into consideration that, among the children, the daughters are mainly taking responsibility for the care, it is observed that the women are the caregivers at a so-called point of "feminisation of care" (European Commission, 2012:106-107).

Women who work as caretakers or women who are home caretakers are generally individuals with a low level of education, living in families with a small income. In addition, even the care is provided in return for a fee, it is evaluated as a low-statute, low-paid woman job. Important steps need to be taken to improve this situation, which appears to be one of the displays of social gender inequality: it is important to make sure that the individuals who take care of their old parents at home benefit from education and health service opportunities, to support their social participation, to be sensitive regarding issues of discrimination due to the responsibility of care and to make sure that they effectively benefit from the social aid system. Providing suitable working conditions to the individuals who work in the area of paid elderly care services, to ensure minimum wage and to provide freedom for becoming members to vocational organisations are important (Esplen, 2009:23).

Women carry out nearly 70% of the entire elderly care work. The elderly care, which is mostly shaped by the relations within the process of providing care, is becoming widespread on the basis of gender in all countries. With regard to the elderly couples; as the women live longer than men and are younger than men, they take care of their male spouses. If there is no spouse or the spouse is unable to provide care to the male spouse, the elderly care is mostly under the responsibility of the older daughter. It is determined that, in families with both an adult daughter and an adult son, the daughter takes twice as much responsibility regarding the care of the elderly parents (Özmete, 2015).

In Turkey, especially in cases of Dementia, Alzheimer's or chronic diseases, a caretaker other than the family members is resorted to when home health care is required and caretaker

support is received. When the geographical distance between the family members and the person receiving the long term care, the communication between the caretaker and the elderly person cannot be fully performed by the family members. If the family members are not successful in the options of care provided by themselves or by caretakers in their own houses or the house where the elderly parents live, they choose the care centres as a final option.

In Turkey, institutional home healthcare is carried out by the T.R. Ministry of Health. The scope of these home healthcare services is determined with the **“Regulations on the Provision of Home Healthcare Services by the Ministry of Health and its Affiliates"**. In these Regulations, the scope of the home healthcare services are explained as follows: "Examination, inspection, text, treatment, medical service, follow up and rehabilitation services, including the social and psychological consultancy services, that will be provided to the individuals, who need home healthcare services for various reasons, at home and within the family environment". In addition, the patient to receive home healthcare service is defined as follows: "An individual who encounters difficulties in accessing health service due to an illness which seriously degrades the life quality and/or elderliness, who has requested to receive health service at home and within the family environment".

Home healthcare service is widely applied by the Ministry of Health in all provinces of Turkey (81 provinces).

The home care and home support services organised by T.R. Ministry of Family and Social Policies are carried out on the basis of the **“Regulations on the Day-care to be provided at the Elderly Service Centres and Home Care Services”**. The purpose of these Regulations is to determine the nature of day-care and home care services for the elderly who do not prefer nursing home care as well as the principles and procedures for the unit and personnel to carry out these services. In the regulations, home care service unit is defined as the unit that carries out the social, physical and psychological support services which are provided to the elderly in order to improve their living environments to enable them to continue their lives at home and to help in daily life activities in cases where the household proves insufficient, by itself or despite other support elements such as neighbours and relatives, regarding the care of the elderly whose mental and psychological health is sound, who does not require medical care and who does not have a disability. The day-care service unit is defined as the unit which carries out the services provided to improve the living environment of the elderly who continue their lives at home with their family, relatives or alone as well as the elderly who have diseases such as dementia or Alzheimer's, to make quality use of their free time, to help in meeting their

social, psychological and health needs, to provide guidance and vocational counselling, to provide support services in areas where they encounter problems in meeting on their own and in daily life activities, to enrich their social relationships by establishing activity groups according to their interests and organising social activities, to increase their level of activity and to increase the quality of life of the elderly by providing an environment of solidarity and sharing (http://mevzuat.gov.tr).

The elderly service centres, which carry out activities as daytime care services, available at a very low number in Turkey, are currently not providing services (see page 49). There are no home care services which are carried out in an institutional fashion in affiliation with the Ministry of Family and Social policies and which are fully defined. However, a service in which a caretaker is requested from the closest nursing home when a caretaker is required at home has recently been initiated. As this is a service which is carried out by taking into consideration the issues such as the number of caretakers employed at the nursing home, the number of requests for a caretaker at home etc., very few people are benefitting from this service in Turkey in long-term care.

2.3 Social Care

Social care is also referred to as the community-based services. Social care covers the daily adult care, food support, elderly services, transportation and other support services. Social care provides support not only to those who receive long term care but also to those who provide home care for these persons. For example, the day-care service provided for the Alzheimer's patients supports the social participation and social needs of the patient and it also means a "break" and "resting" for the family members who provide care for them (OECD, European Commission, 2013).

In Turkey, local administrations and in particular, the metropolitan municipalities started to provide services on the social care level. In the **“Metropolitan Municipality Law”** published on the Official Gazette dated 23/7/2004, the duties, authorities and responsibilities of the Metropolitan municipality in long term care have been defined. According to this, the metropolitan municipalities are tasked to operate and develop health centres, hospitals, mobile health units as well as all kinds of social and cultural services for the elderly, disabled, women, young persons and children, and to establish social facilities, to open and operate vocational and skill courses or to have these operated, and to cooperate with the universities, higher

education institutions, vocational schools, public organisations and non-governmental organisations while carrying out these services.

According to the Metropolitan Municipality Law, home care service, home social care and home support services are provided to the elderly and the disabled and to the persons with chronic diseases within the scope of the long term care support in 12 Metropolises throughout Turkey. Within the scope of these services, very few municipalities or governorships take advantage of the information systems and technology by using a call system.

In Turkey, it is observed that home care services are made widely available by the metropolitan municipalities or the district municipalities affiliated with the metropolitan municipalities. However, it is seen that these services depend on the status of neediness of the individuals and provided free of charge, and mostly cover cleaning and help services. It is seen that certain municipalities provide accommodation to the forlorn and homeless persons in the houses of the municipalities and provide aids in kind. The limited efforts of the municipality towards expanding the home care teams and to integrate the home care and social services by employing sociologists, psychologists and social service experts in addition to the doctor and nurse are also worth paying attention to. The implementations of the municipalities that will support active life within the scope of the day-care are fairly limited and insufficient.

It is clear that the elderly services of the municipalities do not go beyond providing service to the needy - home care services are only provided to the forlorn and weak individuals. However, there are many elderly persons in need of home care services, even in return for a fee. Not only the elderly but also the relatives of the elderly need these support and care services. A change in the insight and views of the municipalities towards social service will support the participation of the disadvantaged groups in the society with the social inclusion approach.

In order to support the municipalities' elderly and disabled care services **"Elderly Support Program" (YADES)** has been initiated. This program aims to protect and support the elderly aged 65 and above, living in Turkey, and to make the lives of those who need bio-psycho-social care easier by providing necessary care to these persons in their living environment by the Ministry of Family and Social Policies, General Directorate of Services for the Disabled and the Elderly. In this project, in order to support ageing in place and home care services, resource/budget transfers from the ministry to the municipality are planned to develop the execution of home care and home support services by the local administrations.

In accordance with the **“Regulations on the Free or Discounted Travel Cards”** published on the Official Gazette on 4 March 2014, means of transportation such as the city and intercity buses, ferries, train and planes are either discounted or free for individuals aged 65 and above and the disabled persons and their attendants. This implementation supports the social participation of the elderly and the disabled in accordance with the human dignity with the social inclusion approach.

The activities by the Non-Governmental Organisations and volunteers regarding the long-term care are fairly limited. The percentage of volunteer activities in Turkey is fairly low. According to the "Active and Healthy Ageing in Turkey" study carried out with 3 thousand people aged 40 and above in 12 provinces in Turkey, 61.60% of the participants have never participated in social services in order to meet the needs of disadvantaged individuals in the society such as the elderly, young and the disabled. The percentage of persons who rarely take part in voluntary activities in this regard is determined to be 27.33%, whereas the percentage of people who take part in these activities every month is determined to be 11.07% (Özmete, 2016).

However, the services provided by a very limited number of non-governmental organisations with regard to the long-term care are worth paying attention to. Turkish Alzheimer Foundation carries out activities that support long-term care. Turkish Alzheimer Foundation's headquarters and branches carry out Daytime Living Homes and Home Care Elderly Service Centre services and implement the "Personnel Training for the Care of Elderly and Alzheimer Patients" programs in cooperation with the local administrations. They provide recommendations to the relatives of the patients regarding the patient care, visit Alzheimer patients at home and provide free nursing and patient caretaker service to the patients who are confined to bed, for whom the patient relatives are encountering problems in care (http://www.alzheimerdernegi.org.tr/).

2.4 Public Support for Family Care Providers

The most important support for the long term care providers within the family is the payment of the care fees. At this point, the most important support provided by the public to the long term care providers within the family is economic. With the provision of this economic support, the care providers are expected to provide personal care of the relatives they take care of and to provide psycho-social support. Home care fee implementation is being carried out in accordance with the **“Regulations for the Determination of the Disabled in need of Care**

and the Principles for the Care Service" no. 26244, published on the Official Gazette dated 30.07.2006. According to these regulations, there are three basic conditions for the payment of home care fee (htpp://mevzuat.gov.tr):

2.5 Elderly Care Services Organisations in Turkey

Examining the elderly care services carried out by the Ministry of Family and Social Policies, three basic types of services are highlighted.

1. Nursing Home and Elderly Care and Rehabilitation Centres
2. Elderly Living Homes
3. Elderly Care Centres

Nursing Home and Elderly Care and Rehabilitation Centres:

Nursing homes are elderly care institutions that are organised by the Ministry of Family and Social Policies within the social services in order to protect and provide care for the elderly individuals and to meet their social and psychological needs. In addition to the nursing homes of the Ministry of Family and Social Policies, there are nursing homes for other ministries, private nursing homes, nursing homes of the foundations and associations, municipality nursing homes and nursing homes for the minorities. The process of application to and acceptance by the nursing homes is determined with the **"Regulations on the Nursing Homes and Nursing Home Elderly Care and Rehabilitation Centres"** .

In these regulations, the conditions of application by the applicants to the nursing homes and care and rehabilitation centres are as follows:

a) Conditions of acceptance to the nursing homes:

1) To be 60 or older,

2) Not having any disorders which prevent the person from meeting his/her own needs, being capable of carrying out daily life activities such as eating, drinking, bathing, toilet etc. independently,

3) Having a sound mental health,

4) Not having any contagious diseases,

5) Not being addicted to drugs or alcohol,

6) Demonstrating with a social examination report that the person is in social and/or economic need.

b) Conditions of acceptance to the Care Centres:

1) To be 60 or older,

2) To be in need of non-continuous or continuous special care, support, protection or rehabilitation due to physical and mental retardations,

3) Having a sound mental health,

4) Not having any contagious diseases,

5) Not being addicted to drugs or alcohol,

6) Demonstrating with a social examination report that the person is in social and/or economic need.

For the elderly persons who fulfil the conditions of acceptance to the nursing homes and care centres; if it is considered that these people will be aggrieved until the related documents are arranged, a social examination report is arranged and they are accepted to the institution as a guest with the approval of the local authority. Afterwards, the related documents are arranged, the elderly person remains at the same institution or transferred to another institution. Cash aids and aids in kind are provided to the elderly, who have applied to enter the nursing homes and centres, who are determined to be in need financially but who will have to wait in a queue, if deemed necessary by the provincial directorate (http://www.eyh.gov.tr/mevzuat). This section of the regulations is an important implementation in terms of social inclusion and social welfare for the elderly who are in needy status in particular.

The needs of care of the healthy elderly people accepted to the nursing homes within the conditions specified above increase as a result of the illnesses that occur in connection with age as well as mental and physical function loss. In order to provide the elderly, whose level of dependency has increased and who encounter difficulties in taking care of themselves, with the care, interest and support they require, services are continued to be provided in a different section of this nursing home or in the ground floor of the institution in general. For this reason, these institutions are referred to as the “Nursing Home and Elderly Care and Rehabilitation Centres". Continuous care service is provided to approximately one third of the elderly staying in the nursing homes of the ministry. Due to the fact that the access to health services within the institution is easy, and as a result of the early diagnosis and treatment of illnesses of the

elderly staying in the institution and the increase in the life expectancy at birth in general, the share of the individuals aged 80 and above within the population is increasing. This, in turn, is increasing/will continue to increase the number of the elderly requiring elderly care and rehabilitation centres and staying in these centres.

Elderly Living Homes:

This model has recently started to be implemented in 2012. In this model, 3-4 elderly persons of the same gender live together in a house. The purpose of this model is to support active ageing and participation of the elderly in the society in the elderly care, and to prevent social exclusion. Elderly living homes are established as an alternative to the "barracks" type of institution care model. In these houses, daily housework, kitchen arrangements and food, works such as supporting personal care of the elderly are carried out by the care personnel. In addition, the managers and professional vocational groups often visit these houses. It is generally preferred that the elderly living homes be close to the existing nursing homes in order to take advantage of the facilities and the personnel. In this aspect, it moves away from the objective of "ageing in place" for the elderly. Although the elderly living homes are based on the idea of allowing the elderly to continue their lives in the neighbourhood, where they lived their lives, and in their social environment, a widespread network is not established for the elderly living homes. Management and personal support will be required during the process of making the elderly living homes more widespread.

Elderly Care Centres:

This service model contains centres where the elderly can make use of their free time professionally within the scope of day-care, which include implementations that support active life and social participation. There are five elderly service centres affiliated with Ministry of Family and Social Policies. Elderly Service Centres have been abolished and closed with the Approval no. 25 of the Ministry dated 20.01.2009. Subsequently, the Elderly Service Centres are included as an additional unit in the Social Service Centres (SHM) which are established in order to carry out social service interventions and follow up and to provide protective, preventive, supportive, developmental guidance and consultancy-oriented social services for the children, young, women, men, disabled, elderly individuals and their families. However, Elderly Support Centres did (could) not carry out activities within this process and remained non-functional. Currently, Private Alzheimer Association Elderly Care Centre carries out activities as an elderly service centre in İstanbul with a capacity of 15 persons (http://eyh.aile.gov.tr/uygulamalar/yasli-bakim-hizmetleri/yasli-hizmet-merkezleri). Elderly

Service Centres must be reopened and their numbers and areas of work must be expanded. Considering the increase in the elderly population in Turkey, it is a reality that the need for the elderly service centres for active ageing is increasing day by day.

PART II

1. National actions and progress in implementation of MIPAA/RIS

The studies in the area of elderliness have gained momentum in mid-2000s in Turkey. **“The Situation of Elderly People in Turkey and National Plan of Action on Ageing”** was prepared by the Ministry of Development (established in place of the repealed State Planning Organisation) in 2007. This action plan determines the actions for supporting and developing the long-term care under the following titles:

-"Improving Lifelong Health and Welfare"

-"Provision of Full Access to Health and Care Services"

-"Education of the Care Service Providers and Healthcare Personnel"

-"Mental Health Requirements of the Elderly"

-"Elderly and the Insufficiency of Abilities"

-"Support of the Care and the Care Providers".

“The Implementation Plan for the Situation of Elderly People in Turkey and National Plan of Action on Ageing” is prepared by the Ministry of Family and Social Policy, General Directorate of Services for Persons with Disabilities and the Elderly and within the scope of this implementation program, the responsibilities of the public institutions, universities, non-governmental organisations, local administrations and other stakeholders are defined.

In the light of data on ageing in Turkey and with the purpose of ensuring full and active participation of the elderly to social life without facing any kind of prevention, neglect or exclusion as a result of discriminatory practices, Implementation Programme of 2013-2015 National Plan of Action on Ageing was prepared.

Implementation Programme of National Plan of Action on Ageing underlines the current situation of elderly people in Turkey and covers targets that can be achieved in short, medium or long term long term and fundamental actions to be taken in order to reach these targets in line with the international commitments.

Implementation Programme of National Plan of Action on Ageing includes 32 Key Actions to be carried out by various governmental institutions and organizations. The action

recommendations are categorized in 3 priority areas. They are namely "Elderly People and Development, Enhancement of Wellbeing and Health in Old Age, and Providing Secured, Facilitative and Supportive Environments".

The measures in the 64th Government Programme on increasing the efficacy of Implementation Programme of National Plan of Action on Ageing were revised in 2016 in the light of the needs of the elderly.

1. Information on the analysis and assessment of the data in database will be publicized every year and researches will be carried out with the purpose of planning and implementing the services for the elderly.
2. The efficacy of inpatient and day services that are provided in line with care service performance indicators will be increased in order to ensure sustainability in fulfilling the needs of the elderly.
3. Through relevant arrangements on the planning/redesigning of dwellings that can facilitate daily life for the elderly (ensuring that the elderly can live in their own environment together with their acquaintances), it will be ensured that all elderly people who are socially deprived can be provided with the social aids they need.
4. With the purposes of ensuring an active and healthy ageing; facilitating the daily life for the elderly and minimizing the problems faced by the elderly, activities will be carried out to make the cities "age-friendly".
5. Training opportunities will be given to the health care personnel and the care-givers in order to increase the quality of the services for the elderly. Qualified care-givers will be employed at sufficient number.
6. Printed and visual media will be encouraged to carry out various activities in order to raise public awareness on the social contributions, authority, productivity, knowledge and skills of the elderly.

Within the scope of the first action, a financial source of 1 Million Turkish Liras was allocated for the *Research on Ageing and Retirement* in 2016 budget of General Directorate of Family and Community Services.

In accordance with the second action; a study has been conducted to harmonize Ministry's efforts to determine the criteria for care services through Total Quality Management System and Quality Standards for Care Services.

With regard to the third action; there is a general understanding of service provision that is aimed at ensuring the elderly lead their lives in their own homes and environments but in adapted and facilitated conditions. Within this scope, economically deprived and needy elderly people (over 65 years old) who live in old, neglected and unfit dwellings are provided with financial support for construction and maintenance works from Social Aid and Solidarity Promotion Fund in accordance with “Housing Programs” under Law No 3294. By means of this support provided by Social Assistance and Solidarity Foundations, it is ensured that the elderly people in need of financial support can live in affordable and sanitary dwellings.

In order to benefit from dwelling construction aids, the elderly applicants have to own property deeds. The fund board allocates maximum 25.000 Turkish Liras per person for ferro-concrete dwellings and 20.000 TL for prefabricated houses.

In order to benefit from dwelling maintenance aids, the elderly applicants have to own detached deeds. The fund board allocates maximum 15.000 Turkish Liras per person. However, applications for up to 7500 TL maintenance cost are exempted from the requirement of deed registry. Being a resident of the concerned dwelling for the last 5 years, that can be certified by the headman of the neighborhood and by a decision of Board of Trustees. The efforts on collecting data on “Housing Support” for the elderly persons aged 65 years or over are still in progress.

In line with the fourth action, we are making legislative arrangements on ensuring accessibility of public buildings, parks, gardens and urban environments for persons with disabilities, pregnant women, veterans and elderly people.

Within the context of fifth action, the provincial directorates of Ministry of Family and Social Policy were authorized for employing service personnel (974 persons) in Nursing Homes and the Nursing Home Elderly Care and Rehabilitation Centres by the end of 2015.

In line with the sixth action and within the scope of Implementation Programme of National Action Plan on Healthy Ageing of Ministry of Health, the following books were published; “Programme on the Infection Control and Prevention of Chronic Airborne Diseases”, “Programme on the Infection Control and Prevention of Kidney Diseases”, “Research on Chronic Diseases and Frequency of Risk Factors in Turkey”. Besides, General Directorate of Services for Persons with Disabilities and the Elderly published a book titled “Symposium on Age Friendly Cities”.

Within the scope of the activities for the 10th Development Plan executed by the Ministry of Development (2014-2018), **"The Special Expertise Commission on Ageing"** was established. Therefore, urgent strategies regarding ageing and long-term care are determined.

In the social security system within the scope of **"Care Services Strategy and Action Plan (2011-2013)"** by the Ministry of Family and Social Policy, General Directorate of Services for Persons with Disabilities and the Elderly, the activities for the establishment of a care coverage model and care insurance were initiated. These activities focus on the issues of justifications of the care coverage system (care insurance) for Turkey, financing management in the care coverage system and actuarial account in the care coverage system. Thus, the preliminary works for the care coverage system are being carried out.

"Turkey Healthy Ageing Action Plan and Implementation Program (2015-2020)" was prepared in 2015 by the T.R. Ministry of Health, Public Health Agency of Turkey. In this program, four basic strategies titled (i) Improvement of Lifelong Health and Healthy Ageing, (ii) Protecting the Society from Health-Related Risks, (iii) Improvement of Health Services and Providing Full Access to the Health Services for the Elderly and (iv) Strengthening the Monitoring and Evaluation and, in accordance with these, the approaches for prioritised intervention and supportive interventions are determined (see: sbu.saglik.gov.tr/ Ekutuphane/Home/GetDocument/508).

"Active Ageing Strategy Document (2016)" was prepared by the Ministry of Family and Social Policy, General Directorate of Services for Persons with Disabilities and the Elderly with the participation of the universities, local administrations, related public organisations and non-governmental organisations. In this study, the actions as well as the institutions and organisations responsible for these actions are determined by taking into consideration the life period approach for active ageing.

Objectives such as (i) improving the health quality of the elderly and the coordination of the human-oriented integrated care services, (ii) strengthening the elderly/age-friendly environment and (iii) monitoring and evaluating the healthy ageing policies are included in the priorities of the World Health Organisation determined for the years 2018/2019. Within this process, a report with the subject **"System Analysis: Long Term Care in Turkey"** is prepared by the Turkish Office of the World Health Organisation.

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