Anno L *Economia & Lavoro* *The Long-Term Care, pp. 33-46*

WHO CARES?: ELDERLY CARE IN TURKEY*

by Mehmet Fatih Aysan, Ummugulsum Aysan

This article analyses elderly care in Turkey and compares it with Southern European countries in relation to welfare regime and ageing discussions in literature. It highlights care services provided by various actors such as the State, the family, and the market. Furthermore, in the analysis of elderly care services, public policies related to structural labour market and demographic challenges, such as gender equality, family, and home-care support, are discussed. The main objective of this paper is to highlight major characteristics of the Turkish caring system and particularly elderly care, which has attracted very few researchers so far in light of welfare regime discussions. Even though the role of the State has increased in the management of social risks in the last decades, families still play significant roles in care services. This paper shows that long-term care services respond to a social assistance principle, rather than a universal care principle in Turkey.

The methodology used in this article depends on secondary quantitative data on care services and surveys on family and elderly care, particularly in Istanbul. In addition to these datasets, the "Turkish Family Structure" (2011) and the "Conditions of the Elderly and Social Services in Istanbul" (2015) surveys have been used to understand the effect of care services on the welfare of old people in Turkey.

Questo articolo propone un'analisi del sistema turco di cura agli anziani seguendo il filone di letteratura che ha interessato i Paesi europei dell'area mediterranea rispetto ai temi del sistema di welfare e dell'invecchiamento della popolazione. L'obiettivo dell'analisi è quello di delineare le caratteristiche principali che regolano il sistema di cura agli anziani in questo Paese, il quale sino ad ora ha ricevuto scarsa attenzione nella letteratura internazionale. Nell'analisi dei servizi di cura rivolti alla popolazione anziana, l'attenzione è rivolta alle politiche strutturali del mercato del lavoro e alle sfide poste dal cambiamento demografico, come la parità di genere e il supporto alle famiglie. Inoltre, l'articolo presta particolare attenzione al ruolo dei principali attori nella fornitura dei servizi agli anziani – lo Stato, il mercato e la famiglia. Nonostante un periodo di intense riforme abbia portato a una crescente presa di responsabilità pubblica nella gestione dei rischi sociali, l'analisi evidenzia la forte dipendenza del sistema di lungoassistenza dal ruolo svolto dalle famiglie.

L'articolo utilizza sia dati secondari sui servizi di cura che un'indagine conoscitiva, sviluppata nella città di Istanbul, sulle condizioni familiari in relazione alla cura degli anziani. Inoltre, nell'analisi degli effetti dei servizi di cura sulla popolazione anziana, si è fatto ricorso alle indagini "Struttura delle famiglie turche" (2011) e "Condizioni degli anziani e servizi sociali a Istanbul" (2015).

Mehmet Fatih Aysan, Department of Sociology, Istanbul Sehir University, Istanbul, Turkey.
Ummugulsum Aysan, Department of Social Services, Istanbul University, Istanbul, Turkey

* Acknowledgement: this research is supported by the Scientific and Technological Research Council of Turkey-TUBITAK (project no: 114K117) and Marie Curie FP7 Integration Grant (project no: 618792) within the EU's Seventh Framework Programme. The authors thank Dr. Murat Sentürk and journal editors Matteo Luppi and Sara Picchi for their valuable comments and contributions.

1. Introduction

Demographic ageing, economic crises, and their impacts on care services are closely linked with the formation of the welfare regimes. The modern nation state took the main responsibility of addressing various social risks such as poverty, inequality, and senescence which were previously managed by families. Elderly care is clearly a part of recently developing social policies. While the rapid economic growth rates after the Second World War made it possible to accomplish the promises of the welfare state, generous retirement plans and increasing health and caring costs are difficult to sustain for societies that have ageing population and unstable financial markets (Aysan and Beaujot, 2009).

The world population is rapidly growing older, as a result of two demographic processes: decline in fertility and mortality. According to UN (2015), the percentage of people aged 65 and above will increase from 9% in 1960 to 27% in 2050 while the life expectancy at birth will increase from 69 years to 82 years during the same period in the world. Longer life, however, has not been accompanied by a postponement of the retirement age. On the contrary, people have started to retire earlier since the 1950s and new pension regulations have compounded the financial cost of ageing (OECD, 1998, p. 42).

At this point, Turkey is an interesting case study, with its rapid economic growth in the 2000s, the candidacy for European Union (EU) membership, an increasing political role in the Middle East, and its young population. Contrary to many welfare regimes in Europe, few studies addressed the Turkish welfare regime and care sector (for instance, see: Ceylan, 2015; Tufan, 2015). The Turkish welfare regime has undergone a significant transformation due to the changes in the family, the State, and the market. These changes have brought to the research agenda important questions regarding the Turkish welfare regime. Hence, this paper seeks to answer the following research questions. What are the conditions of the elderly in Turkey? Who cares for the elderly? What are the roles of the State, the market, and the family in the management of social welfare for older people?

The central objective of this article is to highlight major characteristics of the Turkish caring system and particularly elderly care, which has attracted very few researchers so far in light of welfare regime discussions. This study is based on two important surveys on family structure and elderly care. The 2011 "Turkish Family Structure" research conducted by the Ministry of Family and Social Policies (MFSP), which is a nationally representative survey covering family structure and intergenerational relations in Turkey. The survey was conducted with a sample of 24,647 individuals over the age of 18 who were living in urban and rural areas in Turkey. The 2015 "Conditions of the Elderly and Social Services" survey in Istanbul was done by Sentürk and Ceylan to develop new policies for the elderly in light of their needs and expectations. The research comprises of a sample of 1,044 individuals that covers all major districts in Istanbul. In this context, these two surveys contain the most comprehensive and the most recent data on the elderly and caring services in Istanbul and Turkey. Research results show that the recent policies on care services have brought familisation and commodification despite the increasing involvement of the State.

Having established the main purposes of the paper, the analysis will be conducted as follows. The first section provides an overview of the Turkish welfare regime. The second section examines the elderly care in Turkey. The third section discusses the role of the State and family in the elderly care. The fourth section briefly discusses the conditions of the elderly and their expectations form the State. The final section points out some challenges for elderly care ahead and gives policy recommendations for the Turkish care system.

2. The Turkish welfare regime

In analysing labour market characteristics, social security policies, and caring policies, European welfare regimes have been classified into four groups, namely Liberal, Social Democratic, Continental, and Southern European (Mediterranean) (Castles and Mitchell, 1993; Ferrera, 1996; Bonoli, 1997; Korpi and Palme, 1998; Aysan, 2012). In the analysis of welfare regime, policies related to structural labour market and demographic challenges, such as gender equality, family, and home-care support given by the State used to be studied in light of de-familisation and de-commodification discussions to classify various countries (Esping-Andersen, 1990, 1999). In this classification, there are four major actors – the State, the family, the market, and local actors – which determine the distribution of welfare. While the market is a significant player in the Liberal welfare regime as is the case of the United Kingdom, in the Social Democratic welfare regime such as Sweden and Denmark, the State is the main player. In the Southern European welfare regime, families and local actors play a significant role in welfare distribution (Aysan, 2013, p. 149).

In welfare regime classifications, some studies include Turkey in the Mediterranean or Southern European group (Gough, 1996; Bugra and Keyder, 2006; Aysan, 2012). There is also a small body of research that assigns Turkey to a "Middle-Eastern" group. In these studies, it is argued that the State has a relatively limited role in welfare distribution and religion is an important determinant in the formation of social policies (Karshenas and Moghadam, 2006; Jawad and Yakut-Cakar, 2010). Others report that the Turkish case is a combination of the Southern European and Middle-Eastern welfare groups (Aybars and Tsarouhas, 2010).

The Turkish welfare regime has undergone significant changes with respects to the family, the State, and the market. On the one hand, social and economic criteria for the long EU accession process have prompted the Turkish State to play an active role in welfare distribution. On the other hand, privatisation processes defended by the Bretton Woods institutions have led markets to play an important role in the formation of social policies since the 2000s. Changes in family structure and increases in the labour force participation of young and educated women lead the family to lose its dominant role in welfare distribution in this regime. At the same time, globalisation and localisation trends enhance the role of non-governmental organisations (NGOs) and local actors in the management of social risks (Aysan, 2013, p. 149).

Similar to other Mediterranean countries Turkey has a very strong family-oriented culture. The family members have various social relationships and close ties with their relatives and neighbours. For instance, the World Values Survey (2014) indicates that Turkey has one of the highest scores on importance of marriage and family. According to this survey, 95% of Turks, which is the highest percentage among member countries of the Organisation for Economic Co-operation and Development (OECD), think that family is very important in their lives while this opinion is shared by 77% of Germans, 89% of Swedes, and 91% of Spaniards (WVSA, 2014). The family is the prominent actor in the management of social risks in Southern European and Middle-Eastern societies and Turkey. The Southern European welfare regime is characterised by a preference for family solutions to welfare problems (Ferrera, 1996; Mingione, 2001; Gal, 2010). In this regime, the family is considered as an alternative to state institutions for people – in other words, they rely on either their families, some extended forms of kinship, or other social networks (Mingione, 2001; Saraceno, 2002).

In Turkey, young adults usually live with their parents until they get married, while many seniors reside with their children when they become very old or disabled. The welfare distribution is heavily based on informal strategies of household income maintenance (Grutjen, 2008). This is particularly common in urban areas where an extended family type is widespread. As is the case in the Southern European welfare regime, seniors contribute to the household's income through their pensions and other incomes (Albertini,Kohli, Vogel, 2007). Nevertheless, the Turkish families receive little public support in the form of child benefits and family allowances. Paid maternal leave is very low (with 16 weeks) compared to other OECD countries (for example: 37 weeks in the UK). A lack of affordable high-quality social services for children and seniors in the market, and scarce state support with regards to family care, both contribute to increasing the care burden of women in Turkey. This problem mainly leads women's labour force participation to remain very low in Turkey compared to other OECD countries. For example, in 2014 the female labour force participation was 63% in the OECD area, whereas it was only 34% in Turkey (OECD, 2016).

Non-profit organisations, foundations, associations, and local networks are major institutions shaped by mainly Islamic jurisprudence to manage basic social risks within the local communities and to improve the living standards. According to the Department of Association run by the Ministry of the Interior, in 2015, around 14% of the population was a member of an association in Turkey. Since 1989, tax deduction incentives for both public benefit associations and foundations have encouraged people to make donation to these non-profit organisations. In 2011, there were 696 public charitable associations and foundations registered as public benefit institutions, and people who sustain these organisations through donations are entitled to a tax exemption up to 5% of their annual income (TUSEV, 2011).

Due to the strong statist economic policies, in Turkey the market did not have a significant role in any aspect of social life, especially in welfare distribution, until the 1980s. During the 1990s and 2000s, the market started to play a more active role in welfare distribution. Various reforms during the 2000s increased the number of social services provided by private operators. For instance, the new healthcare reform enacted in 2006 provided alternative choices to Turkish citizens, broadening the supply of private healthcare services. The reform had a significant effect on the expansion of private hospitals into healthcare. Between 2002 and 2014, while the number of public hospitals increased by about 13% from 824 to 936, the number of private hospitals increased by about 105%, from 271 to 556 (Ministry of Health, 2015). The reform of social services enacted in 2005 increased the number of private social service providers in various areas, such as rehabilitation, disability, and elderly care. Similarly to healthcare services, the costs of private social services are covered by the State for those who have insufficient financial resources.

The Turkish State has a paternalistic character inherited from the Ottoman State. The role of the State in welfare distribution is considered "residual", similarly to the Southern European and Middle-Eastern countries. The State is motivated by a traditional paternalistic approach and consequently it is not seen as a key player in the distribution of welfare in Turkey (Bugra, 2004). Contrary to some Western-European countries, social security services, such as healthcare, pension allowances, and family allowances were institutionalised later in Turkey. Until the 1950s, social policies were mostly concerned with protecting civil servants' pension, universal education, and health service entitlements. Due to the corporatist characteristic of the Turkish welfare regime, pension and healthcare

services had been organised according to employees' occupations until the reform of social security in 2006. In this regard, similarly to the Southern European welfare regime, the existence of universal health provision, alongside a flourishing private health market, represented a seminal characteristic of the Turkish welfare regime.

3. Elderly care in Turkey

Turkey has one of the largest elderly populations (65 years and over) in Europe with 6.5 million people in 2015. While the proportion of the elderly population in the total population was 4.3% in 1990, this proportion increased to 8.2% in 2015. Although Turkey represents a relatively young country compared to the EU area – where the average incidence of the elderly population in the total population was, in 2015, equal to 18.8%[1] –, the ageing process of the demographic structure has started also in this country (Aysan, 2014). According to projections, the proportion of the elderly population in the total population will increase to 10.2% in 2023, and it will be 20.8% in 2050 (TURKSTAT, 2013). In this regard, not only pension and healthcare systems, but also long-term care services of the welfare state become very important for the wellbeing of Turkish citizens.

The developing countries rely on families to shoulder the burden of elderly care, despite the increasing role of the welfare state (Duben, 2013, p. 6). Married older couples in daily living received most of their care from their spouse. However, many studies have indicated that there is a large gender gap in spousal care. Wives are less likely to receive care from their husbands than vice versa (Glauber, 2016). For Turkey, data on married couples aged 65 and over highlight that spousal care is generally provided by women (MFSP, 2011). Supporting this gender gap in spousal care, in 2015 the percentage of old men who is married (83%) is much higher than the percentage of old women (44%) (TURKSTAT, 2015). However, not all the elderly people are married. Even if they are married, spousal care might not always be available, and/or the spouse might also need special care. In this case, adult children, particularly daughters and daughters-in-law, provide care for their parents. In this regard, Turkey diverges from other Mediterranean countries where spouses and daughters play a crucial role in elderly care.

Table 1 presents the distribution of informal care among family members in 2011. While 22% of elderly care was provided by spouses and 16% was provided by daughters, more than 30% of seniors who need care were looked after by daughters-in-law, and 17% were cared by sons. It has to be noted also that only 1% were cared by nurses. The explanation of the difference between Turkey and Southern European countries in relation to informal caregivers lies on the fact that, in Turkey, elderly people, particularly widowed women, move to their son's house rather than their daughter's. As presented in the following table, the percentage of sons as caregivers is also very high. The main reason for this surprising result might be due to the cultural background of the elderly. Although the majority of care is provided by their daughter-in-law, the elderly people might prefer to mention their son rather than their daughter-in-law. Parallel to these results, the 2011 "Turkish Family Structure" research shows that 46% of those belonging to the 55-60 age group stated that they prefer to stay with their son when they are unable to take care of themselves, while only 9% of those age group prefer to stay with their daughter. About 14% of this group

[1] Eurostat database (http://ec.europa.eu/eurostat).

want to go to a nursing home in their old age, while 27% want to stay at their home and get home care (MFSP, 2011).

Table 1. Long-term elderly care in the household (%), 2011

Daughter-in-law	33.2
Spouse	22.1
Son	17.4
Daughter	16.1
Other female relatives	3.6
Grandchild	2.2
Other	3.1
Nurse	1.1
Neighbour	1.1
Total	100

Source: MFSP (2011).

Traditionally, the seniors are considered an integral part of Turkish families. In line with religious beliefs and culture, children are responsible for the caring of their parents in old age. There is a significant generational transfer from children to their parents and vice versa. Social support is provided mostly by grandmothers and daughters through caring and other types of support such as cooking, laundry, shopping, etc. While 35% of children stated that they always support their parents, 26% of old people stated that they constantly support their children (Sentürk and Ceylan, 2015). In total, while 62% of children support their parents once a month or more often, only 37% of the elderly support their children once a month or more often in Istanbul (Sentürk and Ceylan, 2015). The statistics on intergenerational support in Istanbul show that, unlike other Mediterranean countries, children provide more support than their parents in Turkey (Albertini, Kohli, Vogel, 2007).

Due to population changes and urbanisation, family and household structures in Turkey are changing. According to the State Planning Agency, in 1992 63% of older people lived independently in their own homes, 36% resided with their children, and just 1% lived with other relatives or in a residential care facility (Atalay, 1992). According to the "Turkish Family Structure" research, after two decades, while the share of elderly that live independently has remained more or less stable (59%[2]), the share of elderly that cohabit with their children, relatives, or other people reached 41.3% (MFSP, 2011). Additionally, the "Conditions of the Elderly and Social Services in Istanbul" survey (2015) suggests that, although elderly people do not live with their children, their houses tend to be very close to their children's. Indeed, in Istanbul half of the old people (54%) live in the same neighbourhood with their children. In Istanbul, with a population close to 15 million, it is very important but difficult to live nearby children's houses. Disability is a significant

[2] In this survey, elderly people living in nursing homes were not taken into consideration.

factor in the decision of settlement. Thirty-six percent of old people with disabilities live with their children, while this percentage is equal to 24 for healthy old people (Sentürk and Ceylan, 2015). In addition, the Turkish Family Structure survey gives some idea about where people prefer to stay when they are unable to take care of themselves. Seventeen percent of the respondents state that they want to live in a nursery, 32% state that they would get home care, and 47% declare that they would prefer to live with their children (MFSP, 2011).

Even if children and parents do not cohabit, a worsening of the parents' health conditions affects their settlement decision. In particular, when parents become disabled or get very old, they start living with their children. TURKSTAT (2006) data on life choices of individuals about old age support this phenomenon. In 2006, 50% of respondents who live in urban areas and 65% of respondents who live in rural areas said that they are planning to live with their children when they get old (TURKSTAT, 2006). The ratio of the elderly living alone also should be taken in account. According to TURKSTAT (2015), the proportion of one-person elderly households in total one-person households was 45.8% in 2014. The proportion of elderly people living alone was 76.5% for women and 23.5% for men. Projections show that one-person elderly households are continuously increasing in the 2010-2050 period.

According to Sentürk and Ceylan (2015), in case of sickness, in Istanbul the majority of the elderly (about 84%) prefer to stay at home, 9% prefer to stay with their children, and 4% want to stay at the retirement house. Parallel to these findings, a recent research carried out in nursing homes in Turkey shows that while 65.7% of all residents want to live in their own homes, only 10.4% of them prefer to live in nursing homes (Canatan and Yildirim, 2015, pp. 60-1). Moreover, 13.4% of the respondents state that they prefer to live with their kids. According to the same research, nursing homes are most preferable for the ones who do not have any children, because they do not have the opportunity to be cared for by their children. Indeed, 41.2% of the residents do not have children and only 5.9% of them have four children and above (Canatan and Yildirim, 2015, pp. 60-1). Hence, we can conclude that old people in Turkey mostly prefer to stay at their homes or with their children when they get old. However, due to urbanisation, loosening of family ties, and the increase of nuclear families, there will be a growing need for institutional care in Turkey. The largest single provider of care services for older people is MFSP. Municipalities, NGOs, and the private sector are other service providers. Residential care homes (nursing homes), day centres and rehabilitation services, and home-care services are the main services provided. These care services will be discussed in the sections below.

3.1. Nursing homes

Publicly funded residential care homes are primarily for those who have demonstrated to be deprived through a means-test assessment, except all who have been awarded state military honours. Everyone else must pay a fee. Elderly people who want to gain access must be healthy enough to undertake daily living activities and have no serious disability requiring continuous medical care, or no alcohol or drug abuse problems, and they must prove social and economic needs through a social analysis report (Saka and Varol, 2007, p. 20).

However, the capacity and the number of individuals living in the publicly funded and other nursing homes is low. In 2015, the total number of nursing homes was 350 with a capacity of 28,786. The number of individuals cared for in these nursing homes is around

23.000. As Table 2 shows, the majority of the elderly reside in public nursing homes run by MFSP (12,202) and in private nursing homes (6,342). The elderly population in Turkey is almost 6.5 million, therefore only 0.4% of these individuals live within a residential care facility. Nevertheless, although the capacity of nursing homes is very small, the occupancy rate was only 80% in 2015.

Table 2. Nursing homes in Turkey, 2015

Type of nursing homes and their affiliations	Number of nursing homes	Capacity	Number of individuals cared for	Occupancy rate (%)
MFSP	131	13,391	12,202	91.1
Other ministries	2	570	566	99.3
Municipalities	21	2,915	2,041	70.0
Associations and foundations	28	2,324	1,626	70.0
Minority communities	5	508	355	69.9
Private	163	9,061	6,342	70.0
Total	350	28,769	23,132	80.4

Source: MFSP (2016).

3.2. Elderly rehabilitation and care centers

Elderly with severe health problems who cannot take care of themselves but have no mental problems may be admitted to rehabilitation and care centres (Saka and Varol, 2007, p. 21). Those with little or no income are admitted free of charge. There are 213 publicly funded rehabilitation and care centres serving 7,066 disabled individuals while their total capacity is 7,327. There are also 159 private rehabilitation and care centres with 11,384 occupants, with a total capacity of 13,843. Just a few of these serve as day-care centres (MFSP, 2016). Not only elderly but also younger people with various disabilities are admitted to these centres. So the numbers include both young and elderly individuals with disabilities.

In addition to rehabilitation and care centres, there are five community day-care centres for old people managed by MFSP in different cities. These centres operate with a membership system and they have 1,066 members in total. They offer an opportunity for healthy elderly to expand their social relationships and improve the use of their leisure time. These activities can help individuals in maintaining psychological and physical wellbeing by reducing social isolation. In addition, these centres provide advice on health status and their social needs. Older people also act as volunteers in these centres to help their peers. In addition, MFSP operates a day-care centre for people with Alzheimer's disease in order to provide family carers with the possibility to take a break, as well as to reduce the risks of staying at home alone, and to avoid overcrowding in nursing houses (Ministry of Health, 2015).

3.3. Home care services

According to Tarricone and Tsouros (2008), the goal of home care is to satisfy people's health and social needs in their home by providing appropriate home-based healthcare

and social services, through formal and informal caregivers. Many countries face a set of common social, demographic, political, and technological pressures that increase the importance of home-care. Turkey is not an exception. The proportion of old and oldest old people is increasing. The transformation of the traditional large family sizes into small family sizes reduces the number of people who can provide care to dependent family members (Koc *et al.*, 2015). Only a small proportion of elderly prefer to live in rest homes or nurseries. However, not all the elderly can manage everything on their own; they may need help with household maintenance, healthcare, personal care, and transportation. These aspects highlight that a significant increase in the demand for home care services can be expected in the next decades, suggesting the importance of the development of a formal home care sector.

In Turkey, home care services are provided by different channels. The Ministry of Health, MFSP, municipalities, and the private sector are the main providers of home care services. The Ministry of Health delivers only health services, while municipalities provide a wider range of services from healthcare to personal care and household maintenance. If a person with disabilities in need of care receives support from one of his/her relatives, a monthly financial contribution of 932 Turkish liras (approximately 300 euros) is paid to the relative providing care who demonstrates that s/he has no or little income. In 2015, 508.000 young and old individuals with disabilities received home care support (MSFP, 2016).

There are numerous problems with home care services in Turkey. First, there are many institutions providing different kinds of services, which, however, are not integrated. An individual receiving healthcare support from the Ministry of Health may also need personal care or household maintenance care but s/he has to resort to different channels. Second, the number of individuals covered is limited. Not all hospitals have home care divisions, and even if there are home care divisions, they are not enough to cover all the people in need. Third, the services provided are not standardised. For instance, some municipalities provide a wide range of services such as house cleaning, body cleansing, psychological support, healthcare, and guidance while many municipalities provide very limited support. Fourth, most of the elderly people do not have enough information about the available services. Last but not least, home care services are not covered by standard social insurance. Only those who demonstrate that they have no or little income can access these services for free; as a result, most of the elderly cannot benefit from these services.

All of these mentioned statistics and regulations show that long-term care services, both in terms of home and residential provision, are still subordinated to the regulation of other sectors, such as health and social services, and they act as safety nets rather than a system of structural services. The preferential access for low-income elderly, in fact, suggests that the Turkish long-term care system mainly responds to a social assistance principle, rather than a universal care principle.

4. Between state and family: expectations of the elderly

Even though elderly people mostly prefer to live at their own place, they may be unable to manage their lives independently. They might need help for household duties, such as cooking, cleaning, shopping, and emotional activities such as psychological support and

socialising. They might also need financial assistance since income generally decreases as elderly people move out of workforce.

In Turkey, the majority of the elderly expect their families to step in when they are unable to take care of themselves. The first person they request help to is their spouse, then they resort to their children. However, the socio-economic status differentiates elderly individuals' expectations from their children. Those with little income and low education expect their children to take care of them, while those with higher income and education might prefer professional care under the surveillance of their children (Akozer, Nuhrat, Say, 2011, p. 117). Wealthy elderly might opt for buying services and keeping their autonomy and privacy from their children. They also have less difficulty in managing healthy life and benefitting from social services (Sarasa and Billingsley, 2008, p. 126). In addition to the socio-economic status, health is an important factor affecting elderly people's care expectations; those with poorer health conditions expect more support from their children.

As shown in Table 3, the majority of respondents (83%) think that elderly care is the responsibility of families. Only 6.7% of respondents disagree with this opinion. People also think that the responsibility upon the State is important. Three out of four elderly agree that the State should take care of them and 63% agree that the municipality should be responsible for care provision. These statistics show that the majority of respondents think that elderly care is the responsibility of families and the State. Municipalities are not recognised as the main caregivers compared to the State and families since the Turks mostly think that municipalities are responsible for infrastructure policies.

Table 3. Who should take care of the elderly (%)

	Family	Municipality	State
Agree	83.0	62.9	77.2
Disagree	6.7	18.4	9.7
Don't know	9.4	17.6	12.4
Missing	0.9	1.1	0.8
Total	100	100	100

Source: Sentürk and Ceylan (2015).

In the last decade, similar to many social policy services, the role of the State in elderly care provision has significantly increased. The awareness in the involvement of the State has also increased during this period. The latter can explain why 77% of the elderly think that the State should take care of them. As mentioned above, since 2007 the State has provided cash benefits to caregivers who look after their relatives at home. This policy was embraced by many people who do not have any financial and social support from family or institutions. For the first time, caregivers, generally women, started to be paid for their care efforts. Over all the percentage of social spending in GDP increased from about 5% in the early 1990s to 14% in 2015, which is the highest increase among the OECD countries (OECD, 2015).

5. Conclusion: challenges ahead

According to Daatland and Herlofson (2003), many of the economically advanced ageing countries seek to rely more upon family and informal networks (relatives, neighbours, or unregistered caregivers) for care services under the more commonly accepted principle of subsidiarity. Similar to the Southern European welfare regime, in Turkey the family continues to play a significant role and private operators are increasing their importance.

In Turkey, in line with the traditional care approach of Southern European countries, welfare is based on the gendered division of labour in the family, reproducing the well-known male breadwinner model (Aysan, 2013). While men are responsible for meeting the economic needs of the household, women are responsible for unpaid domestic labour and caregiving. Using cross-national time use data, Miranda (2011) shows that women spend about four hours per day on unpaid work more than men in Turkey, Italy, and Portugal, while this difference is only around one hour per day in Denmark and Sweden.

The recent introduction of a cash benefit scheme for supporting the role of informal caregivers confirms that the development of the Turkish long-term care system is orientated towards the Mediterranean care model. While this scheme can improve the condition of informal caregivers, it also implies drawbacks. It can be difficult for working-age caregivers to combine paid work with caring duties, and carers may choose to quit paid jobs or reduce their working hours. This may compromise their future employability and lead to a permanent dropout from the labour market. Considering that, even though there has been a strong increase in female labour force participation since the early 2000s in Turkey, only one third of working-age women are active in the labour market, therefore the introduction of this mechanism can represent a trap for female informal caregivers.

The welfare distribution for the elderly has become a significant social and political issue for many welfare regimes. For the Turkish welfare regime, which is undergoing significant transformations, the social and financial challenges are particularly serious. Traditional Turkish families, the main actors in welfare distribution, have been challenged by cultural dynamics, such as modernisation and individualisation, and by economic factors, such as increases in the number of women in paid work. These challenges influence not only traditional families, but also the welfare regime of Turkey in general and the care for the elderly in particular. The OECD (2013) has made three important policy recommendations for care services in ageing populations. First, regulatory standards focused on setting minimum standards on inputs (labour, infrastructure) must be implemented. Second, care practices must be normalised in desirable ways, and quality indicators must match objectives. Third, financial incentives for caregivers and care recipients must be provided. These policy recommendations would be crucial for the care sector/services in Turkey as well.

Specifically, home care services should be expanded, and standards of service provision should be established. Qualified personnel to provide home care services should be trained. Besides, family members providing home-based care for the elderly should be supported in social, psychological, and economic terms. They should also receive specific training and consultancy services. Their homes should be renovated in order to facilitate their daily activities. An agency responsible for coordinating different services provided by different institutions and monitoring the quality of services provided might tackle some of the problems related to fragmentation and quality of home care services. Second, although the Turks generally have negative perceptions towards institutional care, both the quality

and the capacity of residential care services have to be improved. The number of qualified care personnel should also be increased. Qualified interdisciplinary staff (such as social workers and gerontologists) should be employed in order to improve the standards of these institutes. Moreover, as the standards in residential facilities should be improved, so the perceptions of the public towards these institutes should be amended. Last but not least, a database about long-term care recipients and providers is very crucial in planning and managing these services effectively.

There is no doubt that the socio-economic challenges and changing labour market structures that are affecting family formation in Turkey pose other challenges for the gendered division of labour at home and the traditional family-based care structure in Turkey. In this regard, a high-quality alternative in long-term care options (institutional or home-based, public or private) for different elderly groups must be developed so as to increase the availability of care services for the elderly. These policies would not only improve long-term care services but also increase new employment opportunities for unemployed young adults in Turkey.

References

AKOZER M., NUHRAT C., SAY S. (2011), *Turkiye'de Yaslilik Donemine Iliskin Beklentiler Arastirmasi*, "Sosyal Politika Calismaları Dergisi", 27, 27, pp. 103-28.

ALBERTINI M., KOHLI M., VOGEL C. (2007), *Intergenerational Transfers of Time and Money in European Families: Common Patterns Different Regimes?*, "Journal of European Social Policy", 17, 4, pp. 319-34.

ATALAY B. (1992), *Turk Aile Yapisi Arastirmasi*, DPT, Ankara.

AYBARS A. I., TSAROUHAS D. (2010), *Straddling Two Continents: Social Policy and Welfare Politics in Turkey*, "Social Policy and Administration", 44, 6, pp. 746-63.

AYSAN M. F. (2014), *Turkey's Demographic Transition and New Challenges*, in L. Sunar (ed.), *Social Change in Turkey*, Nobel, Istanbul, pp. 67-87.

ID. (2013), *Reforms and Challenges: The Turkish Pension Regime Revisited*, "Emerging Markets and Finance", 49, 5, pp. 148-62.

ID. (2012), *Pension Regimes, Gender and Generational Inequalities: The Persistence of Institutional Differences in Aging Postindustrial Democracies*, in P. Vanhuysse, A. Goerres (eds.), *Ageing Populations in Post-Industrial Democracies*, Routledge, London, pp. 106-26.

AYSAN M. F., BEAUJOT R. (2009), *Welfare Regimes for Aging Populations: No Single Path for Reform*, "Population and Development Review", 35, 4, pp. 701-20.

BONOLI G. (1997), *Classifying Welfare States: A Two-Dimension Approach*, "Journal of Social Policy", 26, 3, pp. 351-72.

BUGRA A. (2004), *Devletci Dönemde Yoksulluga Bakis ve Sosyal Politika: Zenginlerimiz Nerede?*, "Toplum ve Bilim", Winter, 99, pp. 75-97.

BUGRA A., ADAR S. (2008), *Social Policy Change in Countries without Mature Welfare States: The Case of Turkey*, "New Perspectives on Turkey", 3, pp. 83-106.

BUGRA A., KEYDER C. (2006), *The Turkish Welfare Regime in Transformation*, "Journal of European Social Policy", 16, 3, pp. 211-28.

CANATAN R., YILDIRIM D. (eds.) (2015), *Rights of Elderly People and Care Services at EU Standards A Comparative Study Between Turkey, Italy and Spain*, YORTUK Foundation, Ankara.

CASTLES F. G., MITCHELL D. (1993), *Worlds of Welfare and Families of Nations*, in F. G. Castles (ed.), *Families of Nations: Patterns of Public Policy in Western Democracies*, Dartmouth Pub Co., Aldershot.

CEYLAN H. (2015), *Yaslilik ve Refah Devleti*, Acilim, Istanbul.

COLOMBO F., LLENA-NOZAL A., MERCIER J., TJADENS F. (2011), *Help Wanted? Providing and Paying for Long-term Care*, OECD Publishing, Paris.

DAATLAND S. O., HERLOFSON K. (2003), *Lost Solidarity or Changed Solidarity: A Comparative European View of Normative Family Solidarity*, "Ageing and Society", 23, 5, pp. 537-60.

DUBEN A. (2013), *Generations of Istanbul Families: The Elderly, and the Social Economy of Welfare*, "New Perspectives on Turkey", 48, pp. 5-54.

ESPING-ANDERSEN G. (1999), *Social Foundations of Post-industrial Economies*, Oxford University Press, Oxford.
ID. (1990), *The Three Worlds of Welfare Capitalism*, Polity Press, Cambridge (UK).
FERREIRA L. V. (2008), *Persistent Poverty: Portugal and the Southern European Welfare Regime*, "European Societies", 10, 1, pp. 49-71.
FERRERA M. (1996), *The Southern Model of Welfare in Social Europe*, "Journal of European Social Policy", 6, 1, pp. 17-37.
GAL J. (2010), *Is there an Extended Family of Mediterranean Welfare States?*, "Journal of European Social Policy", 20, 4, pp. 283-300.
GLAUBER R. (2016), *Gender Differences in Spousal Care across the Later Life Course*, "Research on Aging", pp. 1-26.
GOUGH I. (1996), *Social Assistance in Southern Europe*, "South European Society and Politics", 1, 1, pp. 1-23.
GRUTJEN D. (2008), *The Turkish Welfare Regime: An Example of the Southern European Model?*, "Turkish Policy Quarterly", 7, 1, pp. 111-29.
HACETTEPE UNIVERSITY INSTITUTE OF POPULATION STUDIES (HUIPS) (2014), *Turkey Demography and Health Survey Report*, Ankara.
JAWAD R., YAKUT-CAKAR B. (2010), *Religion and Social Policy in the Middle East: The (Re) Constitution of an Old-New Partnership*, "Social Policy and Administration", 44, 6, pp. 658-72.
JOHANSSON L., SUNDSTROM G., HASSING L. B. (2003), *State Provision Down, Offspring's Up: The Reverse Substitution of Old-Age Care in Sweden*, "Ageing and Society", 23, pp. 269-80.
KARSHENAS M., MOGHADAM V. M. (eds.) (2006), *Social Policy in the Middle East: Economic, Political, and Gender Dynamics*, Palgrave Macmillan, London.
KOC I., ADALI T., POLAT S., TURK H. D. (2015), *Changes in Family Structure in Turkey: 1968-2013*, in Hacettepe University Institute of Population Studies, *Turkey Demographic and Health Survey: Study of Advanced Analysis*, Hacettepe University Institute of Population Studies, T. R. Ministry of Development and TUBITAK, Ankara, pp. 1-47.
KORPI W., PALME J. (1998), *The Paradox of Redistribution and Strategies of Equality: Welfare State Institutions, Inequality, and Poverty in the Western Countries*, "American Sociological Review", 63, 5, pp. 661-87.
MINGIONE E. (2001), *The Southern European Welfare Model and the Fight against Poverty and Social Exclusion*, in M. K. Tolba (ed.), *Our Fragile World: Challenges and Opportunities for Sustainable Development*, EOLSS Publications, Oxford, pp. 1042-51.
MINISTRY OF FAMILY AND SOCIAL POLICIES (MFSP) (2011), *Family Structure Survey*, Ankara.
ID. (2016), *Statistical Information on Disabled and Old individuals*, in http://aile.gov.tr.
MINISTRY OF HEALTH (2015), *Health Statistics Yearbook 2014*, Ministry of Health, Ankara.
MIRANDA V. (2011), *Cooking, Caring and Volunteering: Unpaid Work around the World*, in OECD Social, Employment and Migration Working Papers, No. 116.
OECD (1998), *Maintaining Prosperity in an Ageing Society*, OECD, Paris.
ID. (2008), *Growing Unequal?: Income Distribution and Poverty in OECD Countries*, OECD, Paris.
ID. (2013), *A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care*, OECD Health Policy Studies, Paris.
ID. (2015), *Education at a Glance 2015: OECD Indicator*s, OECD, Paris.
ID. (2016), *OECD Statistics*, in http://stats.oecd.org.
PLANTENGA J., REMERY C. (2013), *Childcare Services for School Age Children: A Comparative Review of 33 Countries*, European Commission, Rome.
SAKA, O., VAROL N. (2007), *Institutional and Community Care for Older People in Turkey*, "Eurohealth", 13, 3, pp. 20-2.
SARACENO C. (2002), *Introduction: Exploring Social Assistance Dynamics*, in Id. (ed.), *Social Assistance Dynamics in Europe: National and Local Poverty Regimes*, Policy Press, Bristol, pp. 1-35.
SARASA S., BILLINGSLEY S. (2008), *Personal and Household Caregiving from Adult Children to Parents and Social Stratification*, in C. Saraceno (ed.), *Families, Ageing and Social Policy: Intergenerational Solidarity in European Welfare States*, Edward Elgar Publishing, Cheltenham, pp. 123-69.
SENTÜRK M., CEYLAN H. (2015), *Istanbul'da Yaslanmak: Istanbul'da Yaslilarin Mevcut Durumu Arastirmasi*, Acilim, Istanbul.
TARRICONE R., TSOUROS A. D. (2008), *Home Care in Europe: The Solid Facts*, WHO Regional Office Europe.
TUFAN I. (2015), *Turkiye'de Yasliligin Yapisal Degisimi*, Koc University Press, Istanbul.
TURKSTAT (2006), *Family Structure Survey*, TURKSTAT, Ankara.

ID. (2013), *Population Projections 2013-2075*, in http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=15844.
ID. (2015), *Elderly Statistics 2015*, in http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=21520.
TUSEV (2011), *Information Note on Tax Regulation of the Civil Society Organizations in Turkey*, in http://tusev.org.tr/.
UNITED NATIONS (2015), *Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2015 Revision, Key Findings and Advance Tables*, Working Paper No. ESA/P/WP.241.
VAN HOUTVEN C. H., NORTON E. C. (2004), *Informal Care and Health Care Use of Older Adults*, "Journal of Health Economics", 23, 6, pp. 1159-80.
WORLD BANK (2015), *Supply and Demand for Child Care Services in Turkey*, Report No. 98884TR.
WORLD VALUES SURVEY ASSOCIATION (WVSA) (2014), *World Values Survey Wave 6 2010-2014*.
YAKUT-CAKAR B. (2007), *Turkey*, in B. Deacon, P. Stubbs (eds.), *Social Policy and International Interventions in South East Europe*, Edward Elgar Publishing, Cheltenham, pp. 103-29.