Institutional and community care for older people in Turkey

Ömer Saka and Nebibe Varol

Summary: Turkey still has a young population in respect to most other European countries, although the proportion of the population comprising older people is expected to increase in future years. This will necessitate a change in the perception and provision of health and social care services. Current services are already insufficient to meet the needs of the older population. The government and other institutions in Turkey need to be ready to meet these ever increasing needs and enhance the quality of existing services in order to improve the health and living conditions of older people in the country.

Keywords: Institutional Care, Social Care, Older People, Turkey

International awareness of health issues relating to ageing populations has been increasing in recent years as populations age. The rate of increase in population growth in Turkey slowed from 1.41% to 1.26% between 2000 and 2005. During the same period, the percentage of the population aged 65 years old and above increased from 5.4% to 5.9% and is expected to rise further to 7.75% by 2020 and to reach 17.6% by 2050. Older people account for a even higher share of the population in rural areas, 9% compared to just 6% in urban settings. 90% of all those over 65 have to live with chronic health problems. This ageing of the population, coupled with a change in family structures away from the extended family to the smaller nuclear family will increase the need for formal services for older people.

Living arrangements for older people
While 65 years of age has traditionally been seen as the beginning of old age in many high income countries, individuals above 60 have been defined as being of old age in Turkey. This is also the cut-off point for admission into residential long term care facilities. In 2003, according to one survey carried out by the State Planning Agency (DPT), 63% of older people lived independently in their own homes, 36% resided with their children and just 1% lived with other relatives or within a residential care facility.

Although traditionally in Turkey, as in many other Mediterranean countries, older people in need have often lived with other family members, the situation is beginning to change. The demand for access to formal care services has expanded due to a myriad of factors. These include migration by children from rural areas to urban areas; the increase in the number of women in employment; changing culture and increasingly divergent values between young and old generations; and social and economic deprivation.

Access to formal support services
The 1985 Law on Agency for Social Services and Child Protection, set out the conditions under which support and care could be provided to various groups of the population including older people, children and people with disabilities. There are two principal types of support: access to financial support and secondly access to support services. Social security benefits are available to clients of the Retirement Fund (Emekli Sandığı), the Social Insurance Association (SSK) and the Social Insurance Association for Tradesmen and Craftsmen (BAG-KUR). Since 1976, some provision has also existed for “a monthly salary for indigent, destitute and homeless Turkish citizens over 65”.

The largest single provider of social care services for older people is the General Directorate for Social Services and Child Protection Agency (Sosyal Hizmetler ve Çocuk Esirgeme Kurumu – SHCEK). Operating nationwide, services include residential care homes (‘huzurevleri’), home-care services, day centres and rehabilitation services. Other service providers include municipalities, voluntary sector organisations (‘vakıfs’) and the private sector.

Publicly funded places in residential care homes are primarily for those demonstrated to be destitute through an assessment of means, rather than those with severe health care needs. Indeed, to gain admission an individual must be healthy enough to undertake activities of daily living independently, have no serious disability or illness requiring continuous medical care, no drug or alcohol abuse problems and demonstrate social and/or economic destitution through a social analysis report.

As Table 1 indicates the size of residential care home varies substantially, with more than 20,000 beds available in total. As of October 2007, SHCEK operated 69 homes with 7,504 beds. There are no charges levied on residents, who in addition have all their health care needs, including medications and access to prosthetics covered. A further 25 homes with 4,432 beds are provided elsewhere by the public sector. More than 7,000 beds are also provided in 143 residential homes by other

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Eurohealth Vol 13 No 3 20
Table 1: Residential care home places in Turkey

<table>
<thead>
<tr>
<th>Residential care home service provider</th>
<th>Number of homes</th>
<th>Number of beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHCEK</td>
<td>69</td>
<td>7,504</td>
</tr>
<tr>
<td>Other government ministries</td>
<td>6</td>
<td>2,442</td>
</tr>
<tr>
<td>Municipalities</td>
<td>19</td>
<td>1,990</td>
</tr>
<tr>
<td><strong>Total public sector</strong></td>
<td><strong>94</strong></td>
<td><strong>11,936</strong></td>
</tr>
<tr>
<td>Volunteer sector (including vakifs)</td>
<td>33</td>
<td>2,360</td>
</tr>
<tr>
<td>Minority group organisations</td>
<td>7</td>
<td>991</td>
</tr>
<tr>
<td>Private sector</td>
<td>103</td>
<td>4,478</td>
</tr>
<tr>
<td><strong>Total voluntary and private sectors</strong></td>
<td><strong>143</strong></td>
<td><strong>7,829</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>237</strong></td>
<td><strong>19,765</strong></td>
</tr>
</tbody>
</table>

Table 2: Membership of day (solidarity) centres in Turkey, October 2007

<table>
<thead>
<tr>
<th>Day Centres</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankara Emek</td>
<td>31</td>
<td>174</td>
<td>205</td>
</tr>
<tr>
<td>Ankara Mamak</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Canakkale</td>
<td>23</td>
<td>163</td>
<td>186</td>
</tr>
<tr>
<td>Izmir Nebahat Dolman</td>
<td>79</td>
<td>375</td>
<td>454</td>
</tr>
<tr>
<td>Eskisehir</td>
<td>57</td>
<td>13</td>
<td>70</td>
</tr>
<tr>
<td><strong>Total Members</strong></td>
<td><strong>192</strong></td>
<td><strong>727</strong></td>
<td><strong>919</strong></td>
</tr>
</tbody>
</table>

Challenges

The principal problem that older peoples’ services face today is the lack of institutional capacity, which is far below population need, as Tables 1 and 2 indicate. The Ninth Development Plan aims to support home-care services for older people and improve both the capacity and quality of residential care centres. It has been noted that “inadequate conditions in these facilities and the incompetence of the staff are the two foremost problems encountered”.7 Professor Zerrin Soylemez from Gaziantep University, who is currently undertaking an analysis of the situation in Turkey, also notes that other important issues include the lack of social and cultural programmes to support the social needs of residents of these institutions and the absence of special programmes on geriatrics at departments of nursing; these are only to be found in departments of psychiatry and public health.7

A study conducted in Izmir in the west of the country, indicated that older people living in a family environment had higher levels of self-assessed quality of life compared to those living in institutions.12 The study suggested that it was difficult for health care services to meet the needs of older people by building residential care home or geriatric hospitals as in high income countries. Another study in a semi rural province concluded that living with family members results in higher levels of life satisfaction for older people.14 Given the deficiencies in these institutions, home care services have an important role to play in resolving this problem. It is important to encourage individuals to remain at home by giving priority to organisations such as ‘Care at Home’ and ‘Daytime Care Homes’.

Another study analysed the situation faced by older people using data on 1106 individuals aged 65 plus from the 1998 Turkey Demographic and Health Survey.13 Socioeconomic variables relating to individual, household and community-level factors were selected and the study then looked at housing, heating, source of drinking water and the type of toilet facilities, which are important factors impacting on daily life. It reported that 87.5% of older people owned their own homes, while the remaining 12.5% lived in rented accommodation. 82.7% were using stoves for heating, 45.8% lived in houses with a pit or other type of toilet difficult to use, 1% were using rivers/streams as a source of drinking water, while 35.9%
were living in houses with earth or wooden floors. When these figures and the declining sensory and physical abilities of older people are taken into account, it can be safely assumed that the risk of hip fractures due to the physical danger of living in such conditions can be very high. Turkey needs to improve the living conditions and quality of housing to decrease the risk of domestic hazards and improve quality of life.

This study also suggested that 25.2% of older people live in poverty without any regular income. This situation is particularly acute in the rural areas of the country, although it is complex because of cultural factors such as the understatement of the need for regular income, good food and access to health care services. While the government pays a quarterly salary to older people over 65, this is insufficient to meet needs. Despite free access to public transportation, the majority of older people in Turkey do not have access to health and geriatric service; geriatric services in particular are scarce and unevenly distributed across the country.

Malnourishment and depression are also significant problems. One recent study suggested that up to 5.4% of older people living alone, 2.4% in residential care homes and 0.4% living with families could be regarded as malnourished. In a much older study from 1991, the prevalence of depression, assessed using the Hamilton Rating Scale was 35% (33% for men, 37% for women) for the total population, 41% (40% for men, 42% for women) for those living in an institution and 29% (24% for men, 33% for women) for those living at home.

Reflections

The increasing proportion of older people in the population and their unmet need for care and support is a challenge that Turkey, a developing and changing society, now must face. Living conditions and access to health care are in need of revision and improvement. As the Ninth Development Plan indicated, policies to encourage and support care for older people within their own homes have to be adopted. Solutions need to be adapted to account for differing circumstances in rural and urban areas.

Both the capacity and the quality of the residential care institutions have to be improved. This must include those residences that cater for older people with disabilities and chronic health problems. The number of qualified personnel both for social and health care has to be increased. Preventive care services to maintain physical and mental health and advisory services on health and personal care needs have to be developed. Projects and programs to enable the social, cultural, economic and political involvement of older people should also be supported. Turkey also needs more research to map the older population, in order to identify their expectations and service needs and appropriate social policies. The EU can also help in this respect. One such research initiative now underway involves the Contemporary Women and Youth Foundation, Gaziantep University and Gaziantep Social Services Directorate. This international project is carried out with partners in four other European countries under the coordination of the Paritätische Akademie in Germany. Entitled Competency Profile of Trainers for Domiciliary Care of Older People, the project runs for two years until October 2008 within the scope of the EU Leonardo da Vinci programme. Activities include data collection on care; quality management education for older person care and on assessment of the need for education in this area; and the organisation of a National Conference in March 2008 in order to discuss findings with social partners.

References