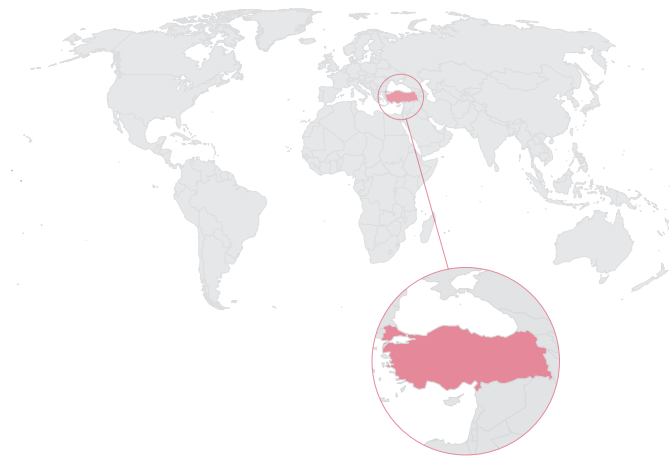


CRC 1342 No. 26

Social Policy **Country** Briefs

Turkey



Cansu Erdogan

The Long-term Care System in Turkey



Global Dynamics
of Social Policy CRC 1342



Deutsche
Forschungsgemeinschaft

Cansu Erdogan

The Long-term Care System in Turkey
CRC 1342 Social Policy Country Briefs, 26
Edited by Meika Sternkopf
Bremen: CRC 1342, 2022



SFB 1342 Globale Entwicklungsdynamiken von Sozialpolitik /
CRC 1342 Global Dynamics of Social Policy

A04: Global developments in health care systems and long-term care as a new social risk

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[DOI <https://doi.org/10.26092/elib/1604>]
[ISSN 2700-4392]

Funded by the Deutsche Forschungsgemeinschaft
(DFG, German Research Foundation)
Projektnummer 374666841 – SFB 1342

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CRC 1342
No. 26

THE LONG-TERM CARE SYSTEM IN TURKEY

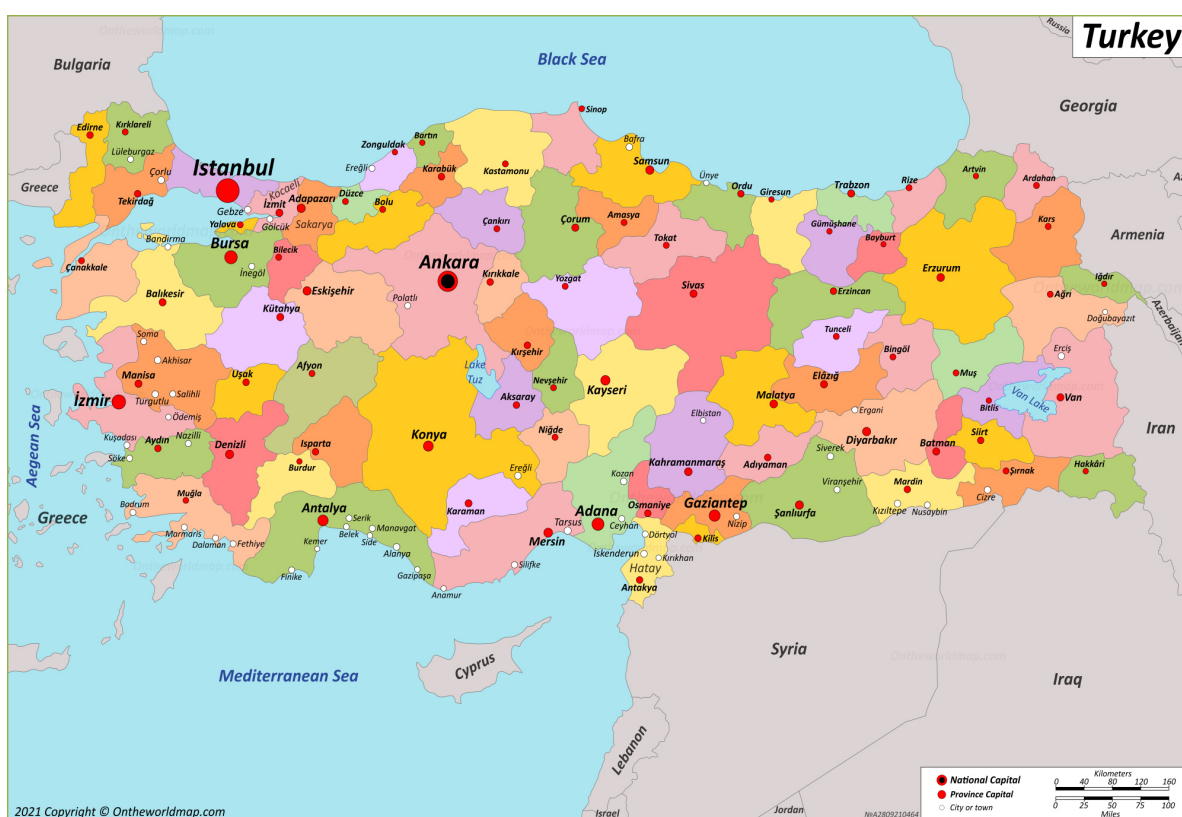
Cansu Erdogan*

Content

1. COUNTRY OVERVIEW	3
2. LONG-TERM CARE DEPENDENCY	3
a. Population statistics.	3
b. National definition and measurement of long-term care dependency	4
3. FIRST PUBLIC SCHEME ON LONG-TERM CARE	5
a. Legal introduction	5
b. Characteristics of the long-term care scheme at introduction	6
4. SUBSEQUENT MAJOR REFORMS IN LONG-TERM CARE	6
a. Major reform I.	6
5. DESCRIPTION OF THE CURRENT LONG-TERM CARE SYSTEM	7
a. Organizational structure	7
b. Service provision	8
c. Financing	10
d. Regulation	10
REFERENCES	11

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1. COUNTRY OVERVIEW



Source: <https://ontheworldmap.com/turkey/> (Accessed: March 11, 2022)

- » Sub-Region: Western Asia
- » Capital: Ankara
- » Official Language: Turkish
- » Population size: 85,043,000 (UN, 2022, value 2021)
- » Share of rural population: 24.4% (UN, 2022, value 2021)
- » GDP: 719,954,821 (WB 2022; value 2020; currency US\$)
- » Income group: Upper middle income (WB 2022)
- » Gini Index: 41.9 (WB 2022, value 2019)
- » Colonial period and independence: The Turkish Republic was established on 29 October 1923 as the successor of the Ottoman Empire

2. LONG-TERM CARE DEPENDENCY

a. Population statistics

Older population		
	Total number	Share of total population
Population 65-69	2,938,715	3.47%
Population 70-79	3,487,051	4.11%
Population 80-85+	1,527,789	1.8%

Source: Own calculations based on <https://data.tuik.gov.tr/Bulten/Index?p=Istatistiklerle-Yasli-lar-2020-37227> (Latest data on older population, available for 2020. Last accessed: 23 March 2022)

Long-term care dependent population in different age groups experiencing different difficulties and these groups' share of the age category they belong to (in %)

2019	Self-feeding	Going to bed/ getting up or sitting down/standing up on their own	Dressing and un- dressing on their own	Using the toilet on their own	Taking bath/shower- ing on their own
15+	2.3	4.2	3.7	3.5	4.0
65+	13.4	20.6	19.6	18.7	22.1
65-74	8.3	13.5	12.7	11.7	13.2
75+	21.9	32.6	31.3	30.3	37.1

Source: <https://data.tuik.gov.tr/Bulten/Index?p=Istatistiklerle-Yasli-lar-2020-37227> (data last accessed: 25.03.2022, retrieved from the statistics on proportion of elderly people having difficulty performing self-care activities by age group and sex, 2014, 2016, 2019)

b. National definition and measurement of long-term care dependency

In Turkey, for persons with disabilities, the term long-term care (LTC) refers to the provision of cash benefits for informal care provision, residential care and rehabilitation facilities, residential community-based services, day-care services, and respite care homes. For the elderly, LTC policies include the provision of nursing homes, rehabilitation and day-care services. As will be discussed in detail below, there are also additional cash benefits provided to the elderly and persons with disabilities in need of care.

The minimum duration of care provision is also not defined in legislation or by-laws, but an official report by the Ministry of Family and Social Services¹ states that LTC services last at least 6 months (Özmete and Hussein, 2017).

The policy field is highly fragmented (Öktem, 2018; Yılmaz and Yentürk, 2017) and regulated separately by different by-laws relating to residential care for the elderly and persons with disabilities in accordance with Social Services Law (No. 2828). In a complex way, the Ministry brings together cash benefits for caregivers (Law No. 2828/Additional Clause 7) and means-tested social assistance for the destitute and lone elderly over 65 who are in need of care, and for parents of disabled persons under 18 (Law No. 2022) under "social assistance programs". The day-care centers, nursing homes, and rehabilitation centers are aggregated under the heading "care services" (MoFSS, 2022, 47-58). This is a good example of the terminological confusion in this policy field with a highly fragmented structure. There is also evidence of the 'bifurcation' of care services for the elderly and for persons with disabilities in the literature on LTC policies in Turkey since these two groups are usually not investigated in an integrated way but each dealt with in their own right. The assessment of LTC dependency in Turkey is regulated by different pieces of legislation. On the one hand, according to the by-law² regulating LTC policy for persons with disabilities aged 18 and above, they are eligible for means tested benefits if they provide a medical report as proof of at least 50% disability based on the International Classification of Functioning, Disability and Health (ICF)³ and if their median household income is less than 2/3 of the net minimum income⁴. After handing in their application documents at the Social Assistance and Solidarity Foundations, which may also be considered as state-organized charitable foundations (for further discussion see: Öktem and Erdogan, 2020), means-tests

1 Introduced in 2011, the name of the Ministry of Family and Social Policies (MoFSP) has been changed three times since then as Ministry of Family, Labor and Social Services (MoFLSS) and the Ministry of Family and Social Services (MoFSS) which may cause different abbreviations in the text when referring to the same ministry.

2 Introduced on 30.07.2006 and published in the Official Gazette No. 26244 (Bakıma Muhtaç Özürlülerin Tesbiti ve Bakım Hizmeti Esaslarının Belirlenmesine İlişkin Yönetmelik).

3 The disability criteria have become standardized with the by-law introduced on 20.02.2019 and published in the Official Gazette No. 30692. (Erişkinler için Engellilik Değerlendirmesi Hakkında Yönetmelik).

4 According to the TL currency on 28.02.2022, the minimum net income in Turkey is 307 US Dollar (4253 TL).

are carried out by at least three assessors, e.g. social workers, health workers, psychologists through household visits assigned by the Governor's Office and subsequent reports drawn up by them.

On the other hand, the dependency assessment criteria for different types of residential LTC facilities are based on another by-law⁵ tied to the same legislation (Law No. 2828). For instance, if an elderly person aged 60 and over is mentally and physically healthy but in need of residential care, they are admitted to a public nursing home.⁶ People with psychical and mental disabilities are taken care of at public residential facilities and rehabilitation centers or at day-care facilities.⁷ As defined in these by-laws, for the services both for the elderly and persons with disabilities, only those who can prove that they have no income or live in poverty (according to the designated criteria) may receive care services for free.

3. FIRST PUBLIC SCHEME ON LONG-TERM CARE

a. Legal introduction

Name and type of law	Law No. 5378 Law on Persons with Disabilities (Engelliler Hakkında Kanun)
Date the law was passed	1 July 2005
Date of <i>de jure</i> implementation	7 July 2005
Brief summary of content	<p>The aim of this law was to encourage disabled people to enjoy their fundamental rights and liberties, to ensure them equal opportunities in social life through provision of care, education, employment, rehabilitation, and social security, and to prevent factors causing disability. This legislation defined in detail what constitutes (in-)direct discrimination, disability, disablism, and (long-term) care.</p> <p>As a very important step, with Article No. 30 of this legislation, Additional Clause 7 (<i>Ek madde 7</i>) was added to Social Services Law No. 2828 (see the table below for further information), thus paving the way for the introduction of LTC policies for persons with disabilities.</p> <p>In addition, home care benefits for persons with disabilities over 18 and families of persons with disabilities under 18 were introduced with this legislation (Article No. 25), though regulated by Law No. 2022 (Law on the provision of benefits to Turkish citizens over 65 who are in need, destitute and alone), and not by Law No. 2828.</p>
Socio-political context of introduction	<p>The legislation was proposed by the AKP (Justice and Development Party) together with the CHP (Republican People's Party), the main opposition party. In addition to referring to the declarations of the United Nations (UN) and reports by the International Labour Organization (ILO) about social inclusion and universal rights of persons with disabilities and the elderly, the accession process to the European Union (EU) played an influential role in the introduction of LTC policies in Turkey, as could be also seen in the parliamentary debates. However, one could not argue that the EU was the one and only driving force behind the introduction of the LTC policies. Rather, with the increasing global "ageing crisis" (World Bank, 1994) and the rise of the need of care for persons with disabilities and the elderly, the period between the mid-1990s and the first decade of the 2000s marked the rise of the LTC policies on a global level. Also, disability rights movements on the local level played a major role.</p>

5 Introduced on 21.02.2001 and published in the Official Gazette No. 24325 (Huzurevleri ile Huzurevi Yaşlı Bakım ve Rehabilitasyon Merkezleri Yönetmeliği).

6 According to the Article 53b and 72 of the by-law introduced in 21.02.2001 (mentioned in footnote 7) and published in the Official Gazette No. 24325 on nursing homes and rehabilitation centers for the elderly.

7 According to the by-law introduced on 30.07.2006 and published in the Official Gazette No. 26244 (Bakıma Muhtaç Özürlülerin Tespiti ve Bakım Hizmeti Esaslarının Belirlenmesine İlişkin Yönetmelik).

Name and type of law	Law No. 2828 Social Services Law
Date the law was passed	24 May 1983
Date of <i>de jure</i> implementation	27 May 1983
Brief summary of content	The aim of this law is to establish social services to protect persons with disabilities, children, the elderly, families, and others who are in poverty, require protection, care or support. In addition, this law aims to regulate and define the responsibilities, area of focus, and revenues of the institutions which provide these services.
Socio-political context of introduction	During the military rule, with this legislation, the institution called "Social Services and Child Protection Institution" (<i>Sosyal Hizmetler ve Çocuk Esirgeme Kurumu</i>), as well as nursing homes, rehabilitation centers, children's homes, and day-nurseries were established. According to the technocrat policy makers at that time, the existing institutions were not sufficient to provide social services within the framework of the "social welfare state" (Öktem, 2018, 16).

b. Characteristics of the long-term care scheme at introduction

With Law No. 5378, LTC policies for persons with disabilities were introduced in 2005 as an "additional clause" (*ek madde*) in Social Services Law No. 2828. Thus, this legislation could be considered a significant development in Social Services legislation.

The first version of the legislation was relatively generous and had an "explicitly decommodifying approach" (Öktem, 2018, 55) since the benefit level was tied to the net minimum wage in a country where already 1/3 of employees receive minimum wage. According to this legislation, which introduced the LTC policy, the benefits had to constitute a maximum of two net minimum incomes. Against this backdrop, the benefit level of the home-care benefits "hovered around 40 percent of the per capita GDP" (*ibid*). According to the first by-law introduced in 2006, the eligibility criteria was tied to the income of persons with disabilities which may not exceed 2/3 of the net minimum income. Also, according to the regulations, only close relatives in the same household may be beneficiaries of this cash benefit for a full-time care provision, which was extended in 2007.

4. SUBSEQUENT MAJOR REFORMS IN LONG-TERM CARE

a. Major reform I

Name and type of law	Law No. 6518
Date the law was passed	06 February 2014
Date of <i>de jure</i> implementation	19 February 2014
Brief summary of content	This law changed the eligibility criteria and benefit level, and the focus of the means-test shifted to the household rather than the persons with disabilities themselves. The positive development affecting the eligibility criteria, however, was that each disabled person after the first one counts for two persons, to decrease the median household income.
Socio-political context of introduction	This law amendment could be defined as a paradigmatic shift in this policy field. The law amendment proposed by Recep Tayyip Erdogan in 2013 stipulated that home care benefits would no longer be classified as social services but rather considered as "social assistance" for informal care provision. Regarding the radical change in the means-test criteria, Erdogan suggested that social welfare be shared among the members of a household and the new regulation would prevent misunderstandings on application. ⁸
Brief summary of characteristics of the program	With this major law amendment, the eligibility criteria have reached their final form, which has become 2/3 of the household's minimum net income in total (including one's residual income). From this point on, benefits were no longer tied to minimum income but rather to a standardized indicator determining civil servants' wages, which lowered the benefit level. This law amendment triggered a public outcry due to the rapid decline in the generosity of the program.

8 26.06.2013, T.B.M.M., Yasama Dönemi: 24, Yasama Yılı:4, Sıra Sayısı:424.

5. DESCRIPTION OF THE CURRENT LONG-TERM CARE SYSTEM

a. Organizational structure

Within the framework of the current legislation at time of publication, the strict means-tested LTC services are provided to a person taking care of a disabled person who is aged 18 and over, at least 50% disabled according to a medical report, and whose median household income (regardless of the form of income) is below 2/3 of the net minimum income. If there are additional disabled persons in the household, each disabled person after the first one counts as two disabled people so as to decrease the median household income (e.g. if there are three disabled people in a household who are in need of care, according to the legislation they count as five people). As a statistical report conducted by the Ministry of Family and Social Services (2022) indicates, women and men respectively make up the 44,18% and 55,82% of the people who are eligible for home care benefits. The elderly aged 60 and over make up the greatest amount of the recipients (51-52).

Table 1. Benefits Provided for the Elderly and Persons with Disabilities by Different Legislation in Turkey

	Regulated by Law No. 2022	Regulated by Law No. 2828	Benefit level ⁹	First introduction
Public residential and daycare, and rehabilitation facilities for persons with disabilities		X	A social investigation report conducted in the household; medical board report regarding disability	2005 with Law No. 5378
Private residential care facilities for persons with disabilities		X	All expenses are covered by the Ministry if the means-tested and disability degree-based eligibility criteria are met by the person. If the degree of disability is not high enough for full coverage, $\cong 90\%$ of the net minimum income is provided as a cash benefit	2005 with Law No. 5378
Means-tested home care benefits for (extended) family members of persons with disabilities aged 18 and over		X	$\cong 55\%$ of the net minimum income	2005 with Law No. 5378
Means-tested home care benefits for parents of persons with disabilities under 18	X		$\cong 20\%$ of the net minimum income	2005 with Law No. 5378
Means-tested cash benefits for persons over 18 with 40%-69% disabilities	X		$\cong 20\%$ of the net minimum income	2005 with Law No. 5378
Means-tested cash benefits for persons over 18 with at least 70% disabilities	X		$\cong 31\%$ of the net minimum income	2005 with Law No. 5378
Means-tested cash benefits for the destitute and lone elderly over 65	X		$\cong 25\%$ of the net minimum income	1976 with Law No. 2022
Free entry to public nursing homes		X	All expenses are covered by the Ministry if the means-tested eligibility criteria are met.	1983 with Law No. 2828

Furthermore, according to the legislation (Law No. 2828), the amount of home care benefits is determined on the basis of the monthly civil servants' wage coefficient multiplied by a standardized indicator (*gösterge rakamı*). Yet the given monthly civil servant wage coefficient is multiplied by a twice higher standardized indicator for determining benefits for private nursing homes.

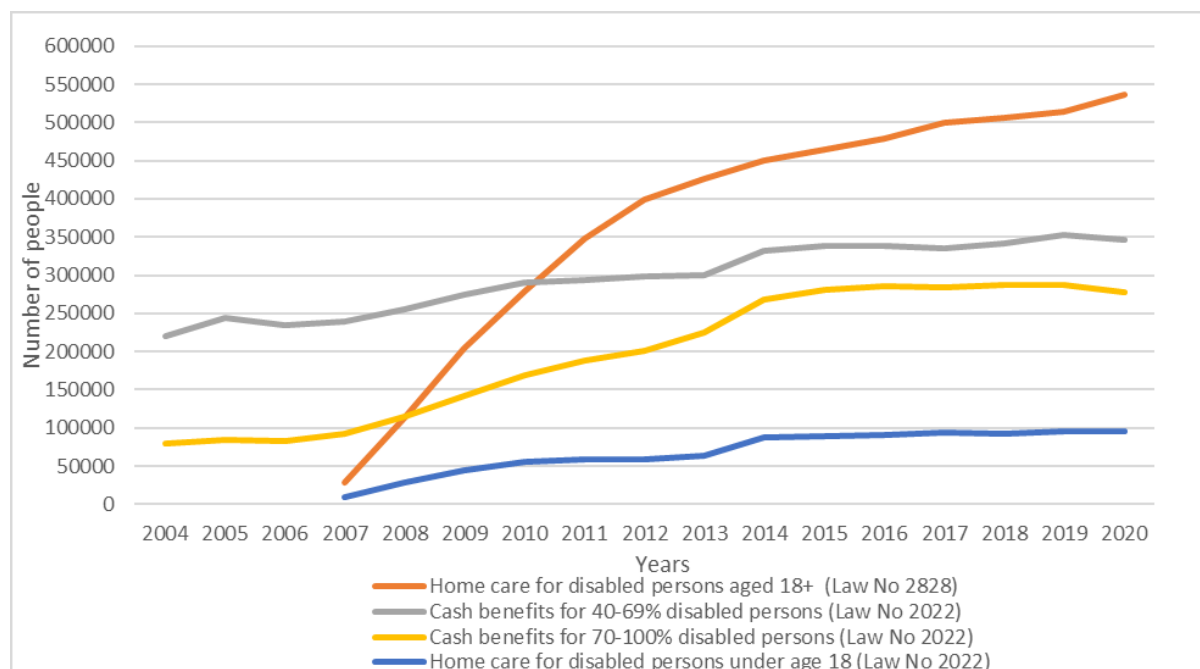
⁹ For the year 2022, calculations are based on the information provided on the official website of the Ministry: <https://www.aile.gov.tr/sygm/haberler/bakanimiz-derya-yanik-sosyal-yardim-programlarimizin-aylik-odemelerini-artiriyoruz/> (last accessed: 28.02.2022).

Since 2005¹⁰, “home health care” services have also been provided by the Ministry of Health and municipalities under the title of “home health care” (*evde sağlık*) for, e.g., the elderly, persons with disabilities and/or chronic diseases, persons in need of post-operative care for a shorter period of time. Whereas in the first by-law in 2005 “home care” was used, after 2005 the term was changed to “home health care” which is different from LTC services.

As stated before, the benefits provided within the scope of the social policies were directed at persons with disabilities and the elderly, and the financing sources are highly fragmented in Turkey. For instance, social assistance for the destitute and lone elderly over 65 who are in need of care, for parents of disabled persons under 18, and for persons with disabilities over 18 are distributed within the scope of Law No. 2022¹¹. However, other than home care benefits for families of persons with disabilities under 18, this program could be considered as a cash transfer without implying care provision.

At the same time, home care benefits are regulated by Law No. 2828 and, intriguingly, these two programs were launched within the framework of the same legislation in 2005 (Law No. 5378). Table 1 (p. 7) describes this fragmented system in brief.

Figure 1. The Distribution of Cash Benefits for Persons with Disabilities



Source: T.C. Aile ve Sosyal Hizmetler Bakanlığı (MoFSS), Engelli ve Yaşlı İstatistik Bülteni Ocak 2022, p. 49-50 (The monthly bulletin of statistics about the persons with disabilities and elderly, January 2022). Retrieved from: https://www.aile.gov.tr/media/98625/eyhgm_istatistik_bulteni_ocak_2022.pdf (last accessed: 28.02.2022)

b. Service provision

Within the framework of the home care benefits for the persons with disabilities (Law No. 2828), care givers receiving the benefit may not necessarily be from the nuclear or biological family but, since 2007 (Law No. 5579), even step and extended relatives living in the same household, such as parents-in-law, cousins, cousins' spouses etc. could become an informal caregiver and receive this benefit.

¹⁰ Introduced with a by-law published in the Official Gazette No. 25751 on 10.03.2005.

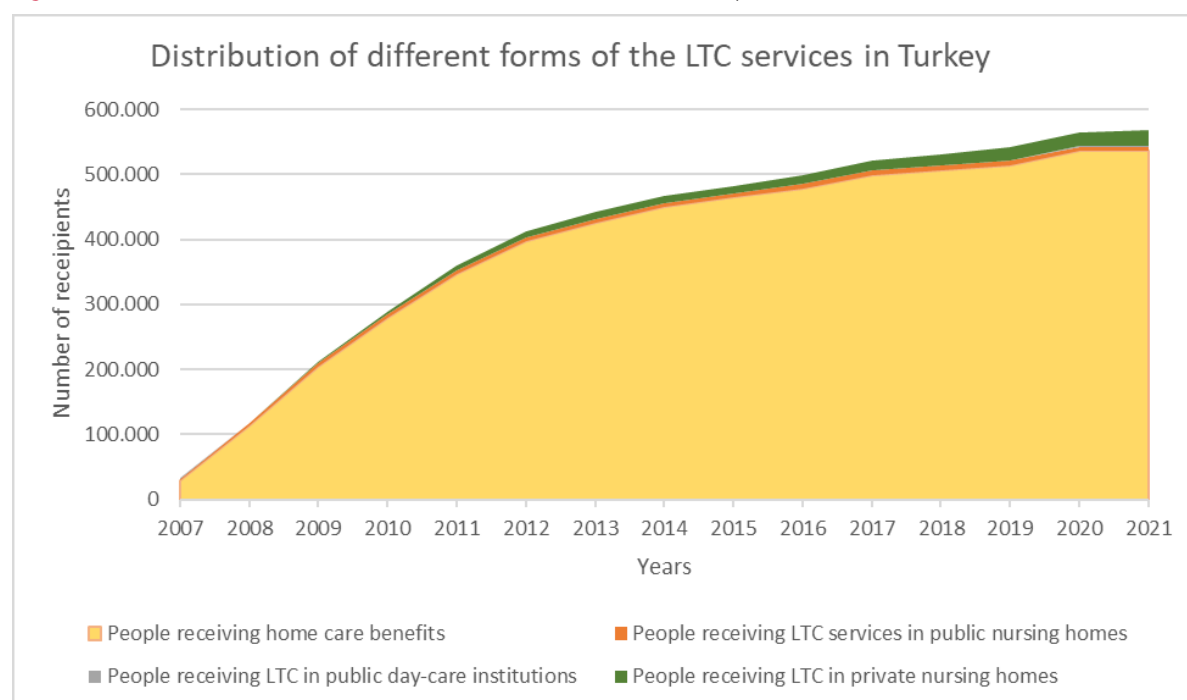
¹¹ One could be eligible for the given social pension assistance for persons over 65 who are in need, destitute and alone, and families for persons with disabilities under 18 (Law No. 2022) if they are not covered by the social security system and the median household income constitutes minimum at least 1/3 of the net minimum income. For persons with disabilities under the age of 65 there are different categories for cash benefits for themselves and for their caregivers if they are under 18. The benefits levels change according to the disability grades.

Table 2. Distribution of Beneficiaries of LTC Services according to Different Service Types in Turkey

Years	People receiving home care benefits	People receiving LTC services in public nursing homes	People receiving LTC at public day-care institutions	People receiving LTC in private nursing homes
2007	28,583	3,458	634	351
2008	113,000	3,802	470	768
2009	204,652	4,190	379	2,144
2010	279,580	4,490	415	4,331
2011	347,756	4,708	454	6,707
2012	398,335	5,112	460	9,328
2013	425,928	5,451	441	10,173
2014	450,036	5,827	457	10,319
2015	464,741	6,494	432	10,823
2016	478,711	7,096	411	11,923
2017	499,130	7,240	459	14,080
2018	506,725	7,305	440	17,264
2019	514,158	7,383	735	19,658
2020	535,805	7,281	812	21,455
2021	535,700	7,211	931	25,346

Source: T.C. Aile ve Sosyal Hizmetler Bakanlığı (MoFSS), Engelli ve Yaşlı İstatistik Bülteni Aralık 2021, p. 53-57 (monthly bulletin of statistics about persons with disabilities and elderly). Retrieved from: https://www.aile.gov.tr/media/96693/eyhgm_istatistik_bulteni_aralik_2021.pdf (last accessed: February 22, 2022)

Figure 2. The Distribution of Different Forms of LTC Services in Turkey



Source: Based on the official data represented on the Table 1

According to a ministry report (Özmete and Hussein, 2017), LTC policies aim at reducing the number of people in nursing homes and increasing home-based care through cash and in-kind transfers (124). Along the same lines, in this policy field which emphasizes the importance of the family in care provision is ingrained in a “sacred

familialism” (Akkan, 2017). As stated by another ministry report (Karakuş, 2018), informal care constitutes of 85% care provision in Turkey and women are the main informal care providers (162). As can be seen below, there is a discrepancy between the numbers of persons taken care of at home by informal caregivers and at institutions.

As depicted by the official data above, the number of beneficiaries of home care benefit outweighs the beneficiaries of institutional LTC services, and the underlying reason for this is not that there is a waiting list for institutions. In fact, there are enough beds which cannot even be filled to full capacity.

In the absence of a public LTC insurance (LTCl) or a private insurance, the LTC requirements of the rest of the population depend on out-of-pocket-expenditure. At the same time, immigrant live-in caregivers from East European and Central Asian countries such as Bulgaria, Uzbekistan and Turkmenistan play a significant role in private LTC provision (Akalin, 2007; Akkan and Serim, 2019).

Not to mention, COVID-19 has intensified the impacts of the “veiled crises of care” in Turkey (Akkan, 2021). Migrant care workers’ burden has been increased also due to the extended period of lockdowns (ibid), and 72% of women reported that they are responsible for informal care provision for one or two persons during the COVID-19 pandemic (Yıldırımkaş et al., 2020).

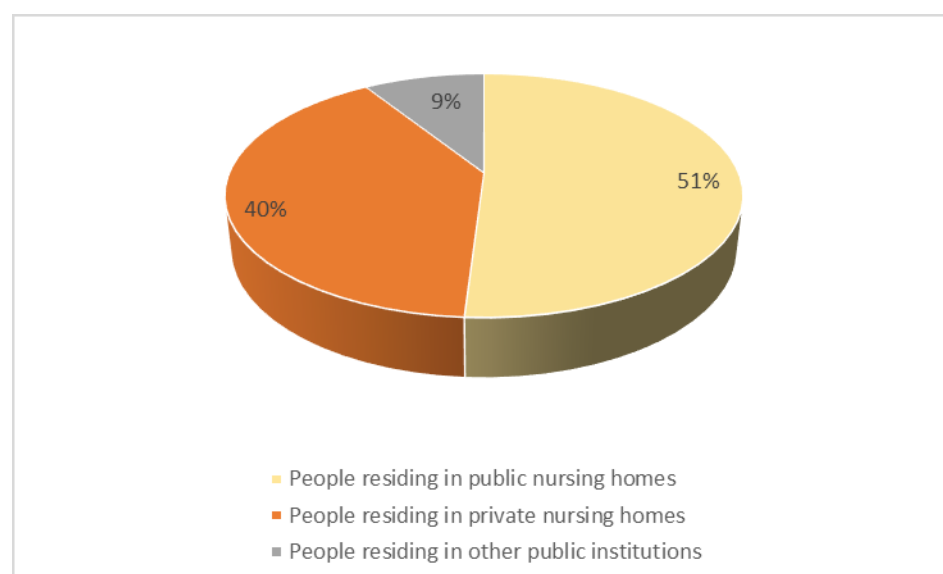
c. Financing

In Turkey, public spending on LTC is tax-financed and LTCl does not exist despite reform debates (Karadeniz, 2012)., LTCl is deemed to be challenging to implement due to the financial burden it may cause for workers and employers (Özmete and Hussein, 2017, 31). Because of the lack of consistent data on LTC policies in Turkey and its complex structure, an investigation of this policy field is highly challenging (Scheil-Adlung, 2015; Oğlak, 2017). This problem is also prevalent in determining the share of LTC expenditure in relation to GDP, since the size of the public sector is very small, and the scope of informal care and out-of-pocket expenditure are not clear (Adaman et al., 2021). As of 2022, home care benefits constitute about 55% of the net minimum income in Turkey which clearly reveals the underpayment of informal care workers.

d. Regulation

Institutions for persons with disabilities and for the elderly are regulated by the General Directorate of Services for Persons with Disabilities and for Elderly under the roof of the Ministry of the Family and Social Services. Residential

Figure 3. Number of Elderly Residing in Different Types of Nursing Homes



Source: T.C. Aile ve Sosyal Hizmetler Bakanlığı (MoFSS), Engelli ve Yaslı İstatistik Bülteni Aralık 2021, p. 93. (The monthly bulletin of statistics about persons with disabilities and elderly). Retrieved from: https://www.aile.gov.tr/media/96693/eyhgm_istatistik_bulteni_aralik_2021.pdf (last accessed: February 22, 2022)

LTC services are provided by public and private institutions, municipalities, NGOs and institutions for minority groups (MoD, 2014, 31) whose distribution into three major categories is depicted in Figure 3. Last but not least, on 16.12.2019 the MoFSS introduced a directive and established quality standards for LTC services for persons with disabilities and the elderly.¹²

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12 T.C. Aile, Çalışma Ve Sosyal Hizmetler Bakanlığı Engelli ve Yaşlı Bakım Hizmetlerinde Kalitenin Geliştirilmesi ve Değerlendirilmesine İlişkin Yönerge.