ESPN Thematic Report on work–life balance measures for persons of working age with dependent relatives

Turkey

2016

Fikret Adaman, Dilek Aslan, Burcay Erus, Serdar Sayan
February 2016

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
Directorate C — Social Affairs
Unit C.2 — Modernisation of social protection systems

Contact: Emanuela TASSA

E-mail: Emanuela.TASSA@ec.europa.eu

European Commission
B-1049 Brussels

European Social Policy Network (ESPN)

ESPN Thematic Report on work–life balance measures for persons of working age with dependent relatives

Turkey

2016

Fikret Adaman, Boğaziçi University
Dilek Aslan, Hacettepe University
Burçay Erus, Boğaziçi University
Serdar Sayan, TOBB-ETU

Directorate-General for Employment, Social Affairs and Inclusion

2016

The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

The ESPN brings together into a single network the work that used to be carried out by the European Network of Independent Experts on Social Inclusion, the Network for the Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat.

The ESPN is managed by LISER and APPLICA, with the support of OSE - European Social Observatory.

For more information on the ESPN, see:
http:ec.europa.eusocialmain.jsp?catId=1135&langId=en

Contents

Summary / Highlights

Long-term care services are essential for Turkey, which has a high proportion of people with disabilities and an aging population. The rights of persons with disabilities and the elderly are guaranteed by law, and since 2011 a ministerial body (The Ministry of Family and Social Policies) is in charge of providing services to them. There are institutional long-term care solutions for elderly people and persons with disabilities (mostly rest houses, alms houses/subsidised housing for the elderly), although their numbers are limited and the services provided are generally of low quality. Limitations in coverage by the public sector in terms of long-term care for persons with disabilities and the elderly have caused the private sector to enter this area; yet they only provide services to a small niche of wealthy individuals. With a recent regulation (in 2015), the provision of home health care services has been legislated, the content of which was described as diagnosis, treatment, follow-up and rehabilitation, including social and psychological consultancy at home. Some municipalities are also active in providing care services to their disabled and aged communities. Finally, there is little and irregular in-kind support by municipalities to families with disabled members (e.g. reduced water bills).

Turkey does not provide leave for care of dependents with the exception of government employees and parents of children with disabilities. For poor households, the government also makes monthly payments to the carer. Finally, for women with severely disabled children, days worked while the child was disabled count 25% more towards retirement requirements; the minimum retirement age is also reduced by one quarter of the years worked while the child was severely disabled.

Work–life balance measures are clearly weak in Turkey, and the category of paid leave for carers is clearly an area where new legislation is needed. With an aging population and increasing need for taking care of the elderly, it may be expected that carers' leave will find a place in the legislation in future. With regards to financial benefits for carers in poor households, given the high prevalence of informality in the economy and difficulties in applying means-testing mechanisms, it is likely that the system would result in non-take-up since the final decision is at the discretion of the administration. Carers are at risk of working in the informal sector and they can be used as "cheap labour." Their economic, occupational and social rights are largely lacking. The issue of caregiving has a gender aspect as well, as the bulk of carers of the elderly, as well as of persons with disabilities, are women. It is likely that some young female members of the household will drop out of school to receive the carers' payment, and this would reduce their chances of joining the labour market in the future. Finally, lack of adequate training programmes designed for carers is highly problematic, given that carers are likely to face a number of health problems such as burnout syndrome and mental disorders.

Rest homes as well as care and rehabilitation centres should be increased in number, and the quality of the services provided improved. Coordination should be established among different institutions providing support to the elderly and persons with disabilities. But more importantly, as the current system in Turkey is largely based on care provision by relatives at home, appropriately-designed support systems should be introduced to ensure the systems' sustainability, efficiency, effectiveness, and to deal with the gender bias in caregiving.

1 Description of main features of Work-Life Balance measures for working-age people with dependent relatives

1.1 Overall description of long-term care regime

Long-term care, which includes personal care assistance nursing services, support of the carer, and professional support regarding rehabilitation needs, is mainly a need for patients with chronic diseases, people with disabilities (of all ages) and elderly individuals. As nearly 12% of the population is disabled[1] in Turkey, with the rate reaching 36% among the elderly (Turkish Prime Ministry Presidency of Administration on Disabled People and Turkish Statistical Institute, 2009, p. 6), and with an aging population (in 2015 8.2% of the total population was 65 years of age and older), such services will be expected to be a part of the routine state-based services.

Law No. 5378 has been legislated in 2005 with the aim "to prevent disability, to enable people with disabilities to participate in society by taking measures which will provide solutions to their problems regarding health, education, rehabilitation, employment, care and social security; the removal of the obstacles they face, and to make the necessary arrangements for the coordination of these services." The Law stated the importance of care services, and described how and by whom these services would be provided. In 2011, Law No. 633 established the Ministry of Family and Social Policies (MoFSP) with responsibility for the provision of services to both aged and disabled people of all ages.[2] The General Directorate of Disabled and Elderly Services was established within the Ministry. Finally in 2014, care services by municipalities and other public institutions have started to be covered by MoFSP as decreed by Law No. 6518.

There are institutional mechanisms for the elderly and people with disabilities in terms of long-term care (mostly rest houses, alms houses/subsidised housing for the elderly). The number of rest homes that belong to MoFSP have increased compared to the past, yet the coverage of long-term care services by the government is rather limited. For 2015, capacity was 13,488 and the number of beneficiaries was 12,299 (Table 1). MoFSP reported the number of elderly people on the waiting list for the rest homes as 7,772, showing that the Ministry of Health (MoH) is far from its target of providing access to 100% of the population who need such services (MoH, 2012). This is an ongoing problem, which was earlier noted by Subaşı and Öztek (2006). Trained personnel (healthcare, social workers, etc.) are also largely lacking in quantity and quality (Tatar et al., 2011).

[1] Those with chronic diseases (9.7 percentage points of the 12 per cent) are also included by TurkStat following the World Health Organization, which defines disability as "an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations". http://www.who.int/topics/disabilities/en/ Accessed on January 20, 2016.

[2] Rules applying to disabled individuals cover all ages. In case an age distinction is made, we note it in the text. Otherwise, the term is used for all ages.

Table 1: Rest homes and care and rehabilitation centres registered under the MoFSP (2009-2015)

	Rest Homes under MoFSP			Care and Rehabilitation Centers under MoFSP		
Year	**Number**	**Capacity**	**Users**	**Number[1]**	**Capacity**	**Users**
2009	81	8,126	7 220	72 (10)	4,758	4,569
2010	97	9,260	7 979	79 (7)	5,468	4,905
2011	102	9,783	10,590	91 (7)	5,833	5,162
2012	106	11,706	10,951	104 (7)	6,055	5,586
2013	115	12,241	11,293	135 (6)	6,293	5,892
2014	124	12,647	11,688	174 (5)	6,682	6,284
2015	132	13,488	12,299	203 (5)	6,992	6,926

[1] *Numbers in parentheses indicate those that provide day care only.*

Source: MoFSP (2016)

For the disabled, there are public care and rehabilitation centres among the institutional services, and 6,926 individuals used these services, including 432 receiving day care, in 2015 (Table 1, MoFSP, 2016). According to the MoFSP records, there have been no unmet requests for residence at these care providers since 2010.

Limitations in coverage by the public sector for people with disabilities and the elderly in terms of long-term care have caused the private sector to enter into this area (see Table 2). For the disabled, private provision of services is common and is paid for by the government for eligible individuals, covering 10,823 disabled individuals at 156 facilities (see Section 1.3 for eligibility criteria). Private rest homes for the elderly, however, are expensive and are primarily located in metropolitan cities in very limited numbers. Furthermore, as Daly (2007) mentioned, the *de-facto* privatisation of long-term care raises a number of concerns on issues such as the implications of reducing social care services to marginalised, socially-isolated and excluded individuals. A rational, systematic and sustainable system should be established to respond to all those in need in society.

Table 2: Rest home and care and rehabilitation centre distribution in Turkey (2015)

Rest home belong to	**Number**	**Capacity**	**Users**
MoFSP	132	13,488	12,299
Elderly Life Homes (Yaşam evleri)	40	154	154
Private sector	162	8,995	6,296
Municipalities	20	2,871	2,010
Societies and associations	29	2,354	1,647
Minorities	5	508	355
Other ministries	2	570	566
Care and rehabilitation centers belong to	**Number**	**Capacity**	**Users**
MoFSP	203	6,992	6,926
Private sector	156	13,656	10,823

Source: MoFSP (2016)

Home care, in which services are provided to persons with disabilities by relatives at home, was emphasised in the National Activity Plan for Elderly People in 2007 and is highly promoted by the government.[3] Home care services, training of care givers, etc., were set as the basic working areas in the Plan (State Planning Institute, 2007). Disabled people with low income can benefit from the home care services of a relative who is paid by the government (see below for details).

To further support the home-care system, a recent regulation by the MoH, on the 27th of February, 2015, legislated home health care services. The content of the health care services was described as diagnosis, treatment, follow-up and rehabilitation, including social and psychological consultancy at home.[4] The regulation shows the government's tendency to provide care services to persons with disabilities and the elderly at home. According to the regulation, health professionals (basically physicians and nurses) working at the Family Health Centres are expected to give home health care services; mainly rehabilitation, physiotherapy, post operational care, and social services.

We should note that The National Activity Plan for Elderly People of 2007 was updated in 2015, which set new goals for 2015 and 2020 in its new version. Within the new version, it is recommended that multidisciplinary and interdisciplinary services be given in long-term care facilities. The second goal is the intention to set-up all these services within a comprehensive approach, including preventive, treatment and rehabilitation services. The training of carers is another important target of the updated National Plan (MoH, 2015).

Finally, as is the case with various social services, some municipalities are active in providing care services to their communities.

1.2 Description of carers' leaves

Turkey does not provide leave for care of dependents with the exception of government employees and parents of children with disabilities.

For government employees, up to 90 days of paid leave is available in order to take care of dependents. This can be extended for another 90 days at the end of the first period. Finally, an additional 18 months of unpaid leave is also available, but that leave is at the discretion of the administration. The leave can be taken to care for the spouse (both for the husband or the wife), the children and the parents. A medical report by a hospital medical council is required.

For the parents of children whose disability level is determined as more than 70% by a hospital medical council, only one of the parents may use 10 days of paid leave each year. The leave can be taken in several periods.

1.3 Description of carers' cash benefits

As noted above, there is an emphasis by the government on provision of care services to dependent individuals by their relatives. For poor households, the government makes monthly payments to the carer. The conditions for benefiting from this programme are as follows:

- A medical report by a hospital medical council stating that the individual is severely disabled ("ağır özürlü") as defined by a disability level of 40% or above, or needs care.
- The per capita income of the family is less than the two third of the minimum wage (TRY 784.97-EUR 260[5] for 2016)[6]

[3] Home care is subject to the same rules for all disabled regardless of the age of the individual.

[4] http://www.resmigazete.gov.tr/eskiler/2015/02/20150227-14.htm Accessed on January 20, 2016.

[5] At 3.02 TRY per EUR , the average exchange rate in 2015. This exchange rate is used in all TRY to EUR conversions in the text.

The carer has to be a relative of the dependent individual. Applications are made to provincial offices of MoFSP. The payment amount is TRY 880.69 - EUR 292 per month for the first half of 2016. The amount is adjusted in line with government employees' pay raises every six months. The payment is considered a social benefit and no social security contribution for the carer is provided. Carers may pay for their own social security premiums and have the work count towards retirement conditions.

Those individuals in need of LTC but with no family member to provide care, may receive care at a public institution or be funded for care at a private institution. For private facilities, the payment is equal to two times the minimum wage and is paid to the institution. Eligibility has to be confirmed by means-testing. In 2015, 10,823 individuals received care at private institutions (MoFSP, 2016). It should be noted that some municipalities and MoFSP facilities also provide care services during the day at no cost.

Finally, since 2008, by law no. 5510, for women with severely disabled children, days worked while the child was disabled count 25% more towards retirement requirements. Minimum retirement age is also reduced by one quarter of the years worked while the child was severely disabled.

1.4 Description of carers' benefits in kind

As to in-kind benefits, these are few and irregular. The MoFSP conducts a number of training programs. MoFSP and some municipalities also provide day care services to those in need of care, but these are rather small in number.

Discounts for certain goods such as water and electricity are provided to households with disabled members. There is no legislation in this area and the discounts are at the discretion of the relevant municipality or private company.

2 Analysis of the effectiveness of work–life balance measures for working-age people with dependent relatives

2.1 Assessment of individual measures

Work–life balance measures are clearly weak in Turkey. To begin with, the category of paid leave for carers is clearly an area where new legislation is needed. Those working in the private sector who have adult dependents (such as parents) in need of care, have to use their regular paid leave or rely on the understanding of their employers. This being said, legislation in 2015 providing paid leave for parents of children with severe disabilities may be considered a first step in the direction of establishing a more comprehensive legislation in this area. Given an aging population and increasing needs for taking care of the elderly, it may be expected that carer's leave will likely find a place in the legislation in future.

Financial benefits for carers target poor households. In 2015, 508,000 households with disabled members received payments (MoFSP, 2016). Given the high prevalence of informality in the economy and difficulties in conducting means-testing, it is likely that the system results in high rates of non-take-up since the final decision is at the discretion of the administration. Indeed, in another programme using means testing, free public health insurance programme, Erus et al. (2015) find considerable non take-up. On the other hand, it might be argued that those with registered incomes are at a disadvantaged position regarding eligibility compared to informal employees. This creates an incentive to informality.

[6] The per capita income calculation involves all close relatives living in the same household as well as close relatives who live elsewhere but continue their education or do their military service. If one fails this test and has no relative legally responsible to provide care, a new calculation is made taking into account all household members which should include a relative who is to provide home care.

Also noted in a report by the parliament (TBMM, 2013) are discrepancies in medical reports on the level of disability. It is stated that there is no standard procedure and hence two comparable individuals may receive different reports. The report also points out that payments for care should not be fixed but vary with the severity of disability and income of the household.

Carers are at risk of working in the informal sector and they can be used as "cheap labour." They often lack sustainable income. A recent report by the medical/health and occupational organizations in Turkey (Turkish Medical Association, 2015) declared that home carers' economic, occupational and social rights are largely lacking, and should thus be protected by public authorities. This often is not an official employment and is naturally limited to the lifetime of the dependent. It is also likely to have a longer term negative effect, because due to lack of adequate training carers may have difficulties in finding jobs in later years. Moreover, since these payments made to family carers are considered as transfers and do not count towards social security unless the carers pay the premiums themselves, these people, who often are women relatives of the care recipients, are likely to face difficulties as they get older and do not qualify for retirement benefits. It is also interesting to note the dual treatment of family carers by the government. While they are not counted as employees and are not registered with social security, they are counted as working individuals by the statistics institute.[7]

Caregiving has gender aspects as well. The majority of carers in the sector are working informally and most are believed to be women. A European Commission report (2013) found the female-male ratio to be 2.81 in the informal care-based services on the 2011-2012 wave of European Quality of Life Survey.[8] Furthermore, we have ample evidence pointing to the high rate of participation of women in the caregiving sector. Görgün-Baran (2005) mentioned in her study focusing on the care of aged people, that 83.2% of the carers of elderly people were women. In Tekin Önür (2015)'s study conducted among 177 carers for the elderly in Afyonkarahisar, a province in the Aegean region, women took the responsibility more than males family members in looking after those members in need. Taşdelen and Ateş (2012) found that the majority of family members who took responsibility in caregiving were women and almost half of the family carers had at least one chronic condition.

The female labour force participation rate is rather low in Turkey, currently at 30.3% according to Turkish Statistical Institute (TurkStat, 2015), and is highly positively correlated with education level (TurkStat, 2016). It is likely that some young female members of households will drop out of school to receive the carer's payment and this would reduce their chances of joining the labour market in the future.

Lack of adequate training programmes is highly problematic. Carers may face a number of health problems such as burnout syndrome, mental disorders like depression and anxiety, musculoskeletal diseases, poor sleep quality, disability, etc. Yıkılkan et al. (2014) conducted a study among 63 carers where high scores were recorded in depression and anxiety measurements, highlighting risks. Similarly, health related quality of life was found to be poor among carers. The lowest scores were obtained on the role-emotional, role-physical, social and vitality scales. Kokurcan et al. (2015) highlighted the high prevalence of burnout syndrome among carers. In his study, 76 carers of schizophrenia patients were evaluated in terms of burnout syndrome. The burnout profile of the target group was found to be correlated with the perceived social support. The negative symptoms of the patients also influenced the carers' burnout status. Providing social support is recommended to mitigate carers' burnout, which in turn can be expected to result in more effective care for their patients.

[7] For a news article in Turkish see http://www.hurriyet.com.tr/500-bin-kisilik-tartisma-40002739 .

[8] It should be noted that, according to the survey informal carers constitute 21.3% of the working age population, quite a large number considering that Turkey has a relatively young population. This might be due to the nature of survey questions on provision of care to family members.

Bozkurt-Zincir et al. (2014) investigated adult-child caregiving for patients with heart failure. Almost one out of three adult carers had mild depressive symptoms. As caregiving time increased, depressive symptoms were also found to increase. A number of socio-demographic factors like age, gender, marital status, and socio-economic level influenced depressive symptoms. Caregiving duration has been pointed out as an important factor that influences symptoms.

Aslan et al. (2009) mentioned poor sleep quality in a study conducted among 90 family carers of cancer patients. The most frequent shown reason for sleep disturbances were emotional distress, financial problems and insufficient support mechanisms.

A significant number of carers are not properly trained for the work they are undertaking. Bağçivan et al. (2015) worked with 100 informal carers of neutropenic patients. The authors found that although general rules like washing hands and personal hygiene were paid attention to by the carers, other important skills, like giving a bath, were poorly practiced. Furthermore, Sabancıoğulları and Tel (2015) mention that the majority of carers in their study had difficulty in communicating with the patients. Carers usually need emotional, social and financial support, together with education and skills based training to achieve enhancement of their role in the rehabilitation period.

These findings highlight the need for regular standard training programmes. Indeed, Tufan et al. (2011), who worked with carers of aged people, found that caregiving training improved the feelings of coping with stress.

Finally, regarding other benefits for carers, most benefits provided by municipalities are intermittent and subject to the discretion of administrators, with very little coverage.

2.2 Assessment of overall package of measures and interactions between measures

Turkey's framework for care of the elderly and persons with disabilities relies on care provision by relatives at home. It is clear that such a system requires a number of support systems to work efficiently. An efficient training system is essential to ensure that necessary care is provided, but also to provide carers with a long-term career in the care sector. Social security provisions should be set up to ensure that carers are able to fulfil their obligations towards retirement and hence support themselves when they are old. The system in Turkey, however, lacks the infrastructure necessary to provide appropriate training. About a half million households are funded by the MoFSP to provide care, but adequate training for the family carers is not provided.

Gender inequality is one of the major problems in Turkey, and the female labour force participation rate is very low - 30.3% in 2014. The way long-term care services are designed gives the impression that employment as a carer, which provides low pay and very limited career opportunities, is seen as a solution to compensate for limited public care provision as well as boosting the employment rate among women. However, that is problematic since it will only reinforce current inequalities in employment, where women are found much more often in low paying professions such as agriculture, teaching, nursing and office clerk positions, while men dominate positions such as legislators, senior officials and small-business managers. Furthermore, the nature of the job will only add to the isolation from public life. And, as stated above, the transfers made in exchange for family caregiving do not include the carers' social security premiums. This stance is likely to be even more damaging to young women, potentially hindering their education and alternative means of employment outside their homes in future.

A crucial weakness of the system is alternative care solutions for those who may not provide care to relatives temporarily or permanently. Lack of paid leaves and temporary institutional support, such as care during the day-time, is possibly negatively affecting the carer and other household members who usually replace the carer in case of his/her absence.

Although MoFSP reports no waiting lines for institutional care for disabled individuals, it should be noted that funding for this is provided only when the one in need of care has no relatives. Hence, it is likely that there is a hidden unmet demand for LTC services in institutional settings.

This being said, The National Activity Plan for Elderly People of 2007, updated in 2015, recognizes the need for a comprehensive policy addressing all the related issues together. Special attention needed to be paid to training of the carers is also noted (MoH, 2015).

2.3 Policy recommendations

Rest homes and care and rehabilitation centres should be increased in number, and the quality of the services provided improved. Coordination should be established among different institutions providing support to persons with disabilities and the elderly.

As the current system in Turkey is largely based on care provision by relatives at home, appropriately designed support systems need to be introduced to ensure the systems' sustainability, efficiency and effectiveness. A training system (as acknowledged by the officials) is a must, not only to ensure appropriate care is provided, but also to safeguard the physical and mental well-being of the carers. This training programme should also be accompanied by random home visits so as to make a first-hand assessment of the situation of both the carer and the recipient. Necessary arrangements are needed to secure a long-term career for carers; social security provisions should be so arranged that carers will fulfil their obligations towards retirement (thus supporting themselves when they get older). Yet another area for improvement is to find solutions for those families and individuals who have to work outside of the home and thus are unable to provide care for their relatives at home (temporarily or permanently). Two immediate policy suggestions can be made: (i) introducing paid leaves and (ii) short-term breaks (respite services) for carers. Unfortunately, the first recommendation is destined to remain wishful thinking, as the bulk of jobs the carers are engaged in happens to be informal (note the high prevalence of informality in Turkey). In the longer run, (iii) Turkey should increase its capacity to meet the caregiving needs of people with disabilities and the elderly at well-funded and well-staffed public institutions; and, finally, (iv) for those who prefer so, professional caregiving services should be provided by properly trained personnel at home and be covered by universal public health insurance.

Also important is to take measures to prevent the system from confining women to working as carers at home. An obvious solution would be to design specific incentives to promote female members of such families to join the labour force or start their own businesses.

Additionally, a set of assistance and support services might be devised such as (i) assistance with self-care, (ii) residential support services, (iii) support in education for children with disabilities, (iv) communication support (through sign-language interpreters), and (v) assistance animals.

References

Aslan, Ö., Y. Sanisoğlu, M. Akyol and S. Yetkin (2009). 'Quality of sleep in Turkish family caregivers of cancer patients' *Cancer Nursing*, 32(5): 370-377.

Bağçivan, G., B. Masatoğlu and Z. Topçu (2015). 'Informal caregivers' knowledge and practice of caring for neutropenic patients', *Clinical Journal of Oncology Nursing*, 19(4): 400-403.

Beyazıt, I., Ç. Özdemir, D. Aslan, et al. (2015). *Evde Bakım Hizmetleri ile İlgili Sağlık Emek ve Meslek Örgütlerinin Görüş ve Yaklaşımları [Views and Approaches of Health, Labour and Occupational Organisations on Home Care].* Ankara: Turkish Medical Association Publications, p. 14.

Bozkurt Zincir, S., M. Sünbül, S. Zincir, et al. (2014). 'Burden and depressive symptoms associated with adult-child caregiving for individuals with heart failure', *The Scientific World Journal*, Vol. 2014 (http://dx.doi.org/10.1155/2014/641817).

Daly, T. (2007). 'Out of place: Mediating health and social care in Ontario's long-term care sector', *Canadian Journal on Aging - La Revue Canadienne du Veillissement*, 26(1): 63–75.

Erus, B., B. Yakut-Cakar, S. Çalı, Ş. and F. Adaman (2015). 'Health policy for the poor: An exploration on the take-up of means-tested health benefits in Turkey', *Social Science & Medicine*, 130: 99-106.

European Commission (2013). *The Indirect Costs of Long-term Care*, EC Research Note 8/2013.

Görgün Baran, A, (2005). *Yaşlı ve Aile İlişkileri Araştırması: Ankara Örneği (Elderly and Family Relations Investigation: The Case of Ankara)*, Ankara: T.C. Başbakanlık Aile ve Sosyal Araştırmalar Genel Müdürlüğü Yayınları, p. 85.

Kokurcan, A., A. G. Yılmaz Özpolat and A. K. Göğüş, (2015) 'Burnout in caregivers of patients with schizophrenia', *Turkish Journal of Medical Sciences*, 45(3): 678-85.

Ministry of Family and Social Policies (2015). *2014 Faaliyet Raporu (2014 Activity Report)*, Ankara.

Ministry of Family and Social Policies (2016). *Engelli ve Yaşlı Bireylere İlişkin İstatistiki Bilgiler-Ocak 2015 (Statistics on Elderly and Disabled Individuals January 2015)*, Ankara. Ministry of Health (2012). *Stratejik Plan 2013-2017 (Strategic Plan 2013-2017),* Ankara. http://sbu.saglik.gov.tr/Ekutuphane/kitaplar/stratejikplanturk.pdf. Accessed on June 28, 2015

Ministry of Health (2015). *Türkiye Sağlıklı Yaşlanma Eylem Planı ve Uygulama Programı 2015-2020, (Turkey Healthy Aging Action Plan and Implementation Programme)*, Ankara: Ministry of Health Pub. No. 960.

State Planing Institution (2007). *National Activity Plan for Elderly People, 2007*. Ankara: State Planning Institute Publications, nb. 2741.

Sabancıoğulları, S. and H. Tel (2015). 'Information needs, care difficulties, and coping strategies in families of people with mental illness', *Neurosciences*, 20(2): 145-152.

Subaşı, N., and Z. Öztek (2006). 'Türkiye'de karşılanamayan bir gereksinim: Evde bakım hizmeti (An unmet need in Turkey: Home care services)', *TSK Koruyucu Hekimlik Bülteni*, 5(1): 19–31.

Taşdelen, P., and M. Ateş (2012). 'Evde bakım gerektiren hastaların bakım gereksinimleri ile bakım verenlerin yükünün değerlendirilmesi (An evaluation of burden on carers and needs of patients in need of home care)', *Hemşirelikte Eğitim ve Araştırma Dergisi*, 9(3): 22-29.

Tatar, M., S. Mollahaliloğlu, B. Şahin, S. Aydın, A. Maresso and C. Hernandez-Quevedo (2011). 'Turkey: Health system review', *Health Systems in Transition*, 13(6): 1–186.

TBMM (2013). *Engelli Hakları İnceleme Raporu (Investigation Report on the Rights of the Disabled People)*, Ankara.

Tekin Önür, H. (2015). 'Elderly care in axis gender', *International Journal of Social Science*, 37, 2015: 185-202.

Tufan, I., N. Tokgöz, S. Kılıç, M. Akdeniz, J. Howe and H. Yaman (2011). 'Are caregiving courses useful? An empirical study from Antalya, Turkey', *Archives of Gerontology and Geriatrics*, 52(1): 23-25.

Turkish Medical Association (2015). *Evde Bakım Hizmetleri ile İlgili Sağlık Emek ve Meslek Örgütlerinin Görüş ve Yaklaşımları (Views and Approaches of the Health, Labor and Professional Organizations on Home Care).* Turkish Medical Association Publications, Ankara.

Turkish Statistical Institute (2015). İşgücü İstatistikleri, 2014 [Labour Force Statistics, 2014], TÜİK Haber Bülteni [TurkStat News Bulletin] No. 18645.

Turkish Statistical Institute (2016). İstatistiklerle Kadın, 2015 [Women in Statistics, 2015], TÜİK Haber Bülteni [TurkStat News Bulletin] No. 21519.

Turkish Prime Ministry Presidency of Administration on Disabled People and Turkish Statistical Institute (2009). *Turkey Disability Survey 2002*, Ankara.

Yıkılkan, H., C. Aypak and S. Görpelioğlu (2014). 'Depression, anxiety and quality of life in caregivers of long-term home care patients', *Archives of Psychiatric Nursing*, 28(3): 193-196.