

## TURKEY

### GOOD PRACTICES

1. In accordance with Law No.2022 of July 1976, elderly people who are of 65 years of age or over, in a dependent capacity with no relatives and no financial income have been entitled for pension since 1977. In 2012, 668.000 elderly persons with no financial income receive pensions and approximately 160.000 women who have lost their husbands receive a bimonthly financial aid of 250 TL (approx. € 105,00) within the scope of Law no 2022. Besides, if elderly people in need of care (aged 60 years or over) receive care support from one of their relatives, a financial aid of 700 TL (approx. € 300,00) is paid monthly to the care providing relatives.

Financial aids paid by Ministry of Labor and Social Security within the scope of Law No. 2022 on Retirement Pension Pays for Elderly Turkish Citizens who are of 65 years of age or over, in a dependent capacity with no relatives and no financial income, have been transferred to the Ministry of Family and Social Policy with the related provisions of Decree Law No. 633 of 2012.

2. General Directorate of Services for Persons with Disabilities and Elderly People carries out the following activities with the purpose of fulfilling its responsibilities on social policy implementations toward elderly persons; to plan, monitor, coordinate or audit services which aim at determining socially or economically disadvantaged elderly people or providing them care or protection; to plan, implement, monitor or coordinate for the audit of related activities on establishing and systematically extending rest homes and social service institutions of the same kind with an equal distribution nationwide in line with needs; to plan or to ensure implementation of activities aiming at protecting elderly people in social life; to determine the procedure and rules of establishment, operation or audit of institutions for elderly people to be operated by public institutions, natural or legal entities, and to provide guidance, coordination or monitoring for these institutions.

3. In the event that elderly persons at the age of or over 60 years old, who do not have any contagious diseases or any physical or mental disabilities but need social, physical or psychological support, do not prefer receiving care services at a nursing home, they can benefit from care services at home. Home care services are provided by “**SERVICE CENTERS FOR ELDERLY PERSONS**” that also provide day care services to elderly persons with chronic illnesses such as Alzheimer’s or dementia or give support to family members with the purpose of eliminating the feeling of despair.

**Day Support/Solidarity Services** aim to provide support services to elderly persons without any physical or mental disabilities or illnesses at home in order to help them enjoy spare times, strengthen social relationships and activities and lead a healthy life.

Day Support/Solidarity Services include following activities: Consultancy Services (on social security, law, health care etc.), Cultural Activities (cinema, theatre and celebration of Older People’s Week, 1 October International Day of Older Persons), Social Activities (excursions, picnic, recreational activities, camps etc.), Courses (chorus, handicraft, painting courses etc.), Conferences (on various issues), Besides, members of centers are visited at home.

Day services are currently rendered in 5 public Elderly Care Centers (affiliated with General Directorate of Services for PwD’s and Elderly People) located in provinces of Ankara, İzmir, Eskişehir, Çanakkale and Kırıkkale. 1100 members (584 female and 516 male) benefit from Day Support/Solidarity Services in these centers.

There is currently 1 private elderly care center operated in Istanbul with a capacity of 15 beds.

**Day Care Services** aim ensuring the safety of elderly Alzheimer or Dementia patients who live at home with or without a relative through improving living conditions, carrying out activities at spare times, providing support in fulfilling social, psychological or health related needs, enriching social activities in various activity groups and orienting of families to daycare centers and providing support to them.

Within the context of Day Care Services, the following activities are carried out: Occupational and recreational activities that aim ensuring independent living of elderly persons through improving daily life skills and hand & eye coordination, Physiotherapy, daily reminding/memory exercises, Wood – ceramics and glass painting, molding, handwriting, puzzle – toy blocks or beadwork activities, Participation to games, picnic or excursion, Allocating time for sleeping and resting, Periodical health checks and medicine/blood pressure controls, Orientation of family members.

In nursing homes located in Izmir-Buca and Muğla-Fethiye, elderly persons with Alzheimer's and/or Dementia receive day care and rehabilitation services together with other elderly residents.

**Life Support Service At Home** is provided to the relatives or household of elderly persons without any mental disabilities or medical needs, in the event that they cannot respond to care needs despite the support of various supporters (such as neighbors, relatives etc.). This service includes improving living conditions and assisting daily activities.

Life Support Service At Home includes following activities: Technical Services (technical work such as basic repairs, wall painting, any kind of modifications/replacement of furniture etc.), Health care (injection, blood pressure/glucose measuring etc.), Psychological Support and Guidance Services (includes teamwork and individual services), Guidance and Vocational Consultancy (guidance on providing medical equipment such as air-beds, wheelchairs, disposable underpads etc.), Social Support Service (shopping, physical assistance etc.), Personal Care (body cleansing, haircut etc.), House cleaning, Cooking.

Among these, the most demanded services are house cleaning, cooking and care of bedridden elderly persons.

Besides, services such as accompaniment for the elderly, personal care, ironing of clothes, preparing breakfast etc. are also remain one of the most demanded services.

#### **4. SERVICES AT BOARDING HOUSES**

**a) Rest Homes:** Rest homes provide services to elderly persons over 60 years old who do not have any chronic illnesses but are in need of special care.

Rest homes provide following services; sheltering, health care, helping residents solve psychological and social problems within the scope of psycho-social support, improving social relations, using spare times efficiently, nutrition, cleaning, social activities and other forms of social services.

Elderly care services are rendered by staff who received certificate from a course specialized on care or by personnel graduated from secondary or higher education. Physical conditions and service standards of public and private elderly care institutions have been enhanced and the buildings have been transformed to livable environments. The number of beds in existing institutions has been minimized and ultimate attention is given to increase the number of single rooms in newly built rest homes. Furthermore, healthy residents of rest homes are encouraged to participate in social and cultural activities such as excursions, cinema or handicrafts. On the other hand, meals in institutions are provided by private catering

companies. Thus, meals for residents are prepared with more quality in more hygienic conditions. Lastly, Medical examination and treatment of rest home residents are performed in organized healthcare institutions; only general health controls are made in care institutions or rest homes.

**b) Nursing and Rehabilitation Centers for Elderly Persons:** These centers provide services to elderly persons over 60 years old who do not have any chronic illnesses but are in need of rehabilitation and special care.

Rehabilitation for elderly people is the entire efforts at determining current functional capacities, providing treatment services, improving the remaining functional capacities, supporting current physical, psychological, social and economic capacities of elderly people with permanent or temporary physical or mental disabilities at varying levels, either congenital or that arose as a result of a disease or accident, with the purpose of making them independent in their daily lives.

Accordingly, special care units were integrated to nursing homes, with the purpose of providing care and protection to bedridden elderly people (bedridden or disabled) over 60 years of age, who do not suffer from contagious or malignant tumor involving diseases that require continued treatment and who are mentally and psychologically healthy.

The fact that there elderly individuals who become bedridden or who require continued control due to physical or mental declines after they start to stay at nursing homes and, also, those who are in such situation at their homes and whose care has become difficult for their families required the provision of special care services. So; elderly persons in such conditions receive special care and rehabilitation services either in Nursing Homes and Rehabilitation Centers or in special rehabilitation units established in rest homes as a legal obligation.

The units in question admit bedridden elderly people over 60 years of age with visual, hearing or physical disabilities, who do not suffer from contagious or diseases that require continued treatment and who are mentally and psychologically healthy. Elderly persons who need continuous and special care services have priority in special care units and the units are, if applicable, designed as independent areas and located in the first floor of rest homes. Capacities of such units are designated by General Directorate of Services for PwD's and Elderly Persons by taking into consideration the most appropriate conditions for the provision of health care services.

By the end of 2012, a total of 10.899 elderly persons (4.762 female – 6.137 male) benefit from the services provided by 107 Nursing Homes and Rehabilitation Centers for the Elderly that have a total bed capacity of 11.717.

This total figure is consisted of; 41% female, 59% male, 49% free, 51% pay patient, 67% rest home resident and 33% elderly resident in private care institutions.

### **c) Life Homes for Elderly Persons**

The Project titled “Life Homes for Elderly Persons” was initiated with the purpose of rendering care services to elderly persons in homes named “Life Homes” taking into consideration the personal differences and in order to diversify the service models for the elderly.

In Life Homes, care services are provided to elderly persons who can fulfill their psychological, social or physical needs by themselves in Rest Homes, Nursing Homes and Rehabilitation Centers and are eligible for admission. Services in Life Homes aim improving living standards of elderly persons without isolating them from the rest of the society.

The first Life Home was opened in the district of Yenimahalle (Ankara) affiliated with the Directorate of Ankara Demetevler Fatma Üçer Elderly Rest Home, Care and Rehabilitation Center. In a short period of time, 3 Life Homes were established in the provinces of Sivas, Trabzon and Karaman (Ermenek). There is currently a strong effort to extend the project to other provinces. Establishment of 8 more homes has

recently been approved by the General Directorate and once the procedures are completed, the provinces of Sakarya, Isparta and Eskişehir will also have Life Homes.

#### **A Novel Model for Rest Homes: Small and Cosy Homes**

“Small and Cosy Homes” were built in the garden of Adana Rest Home, Care and Rehabilitation Center as twin buildings with one floor. Only two elderly persons live at each home.

Started to be built by donations in 1997, the number of Small and Cosy Homes for the elderly reached up to 40 by 2013. Currently, 72 elderly persons benefit from the services provided in these comfortable homes.

#### **A Novel Model for Rest Homes: Detached Houses**

Lodging buildings of Ankara Süleyman Demirel Rest Home, Care and Rehabilitation Center was arranged as detached buildings in which 20 elderly persons reside by 2013.

#### **d) Rest Homes affiliated with other public institutions and organizations:**

Rest Homes affiliated with other public institutions are guided and monitored in order to ensure that they operate in line with the related legislation and contemporary understanding of service provision.

The number of Rest Homes affiliated with other Ministries and Municipalities is 22 that have 2579 beds. This indicated the fact that local governments and other ministries are also sensitive to issues related with elderly persons.

#### **e) Private Rest Homes and Care and Rehabilitation Centers:**

Elderly people at and over the age of 55 who suffer from social and/or economic deprivation and need the care services of an organization are settled in private rest homes for elderly people and those who are in need of special care are settled in nursing homes or long-term care facilities for elderly people.

The number of private rest homes for elderly people operated by establishments of associations or foundations, minorities and real persons is 168 and the number of persons receiving service in these rest homes is 9898.

Total number of rest homes operated by public or private organizations in Turkey is 297. In total, 24190 elderly persons reside in these rest homes.

5. Moreover, in Turkey an Equality Charter has been set up covering all care models including home care, day care, residential care, nursing homes, paliative and hospice care and is based on the care criteria as set out in the *"The International Classification of Functioning, Disability and Health"*.

The new Turkish care system is designed also to provide care for older people especially Turkish migrants returning in Turkey.

## **ACTIONS TO BE TAKEN IN ACCORDANCE WITH NATIONAL PLAN OF ACTION ON AGEING**

There are 3 priorities of national plan of action on ageing, which are namely; elderly people and development, increasing health and wellbeing at old age and provision of a supportive environment with adequate facilities. In line with these priorities, current implementations of Turkey that can be considered to be good practices within the context of Draft Recommendation of CoE Committee of Ministers to Member States on Improving the Rights of Elderly Persons are as follows:

### **Key Action: Work and Ageing Workforce**

Goal: Employment Opportunities for All Elderly People Who Wish to Work

- Supporting of elderly people who work in the agricultural sector through teaching of new agricultural techniques and technologies and sustaining of access to structural and financial services,
- Spending efforts to eliminate the adverse aspects of working after retirement such as pension problems, and problems related to disability and healthcare rights,

### **Key Action: Active Participation in the Society and the Development Process**

Goal 1: Provision of Elderly People's Social, Cultural, Economic and Political Participation

- "Boards of Alderman" will be established at provinces, districts or villages and participation of women to these boards will be promoted.

### **Key Action: Negligence, Abuse and Violence**

Goal 1: Elimination of All Kinds of Negligence, Abuse and Violence against Elderly People

- Vocational training will be provided to Specialists working with elderly persons in order to help detecting abuse and negligence of elderly people and taking measures in this respect.
- Legal arrangements will be finalized with the purpose of eliminating violence, negligence or abuse of elderly persons.

Goal 2: Provision of Support and Consultancy Services against Abuse of Elderly People

- Programs will be prepared and implemented in order to raise awareness on negligence, abuse and violence against elderly people and a denouncement mechanism will be established.

### **Key Action Elimination of Poverty**

Goal 1: Reducing Poverty among Elderly People

- Social benefits paid to elderly persons who do not receive institutional care in accordance with Law no. 2022 will be increased.

### **Key Action Dwellings and Living Places**

Goal 1: Encouraging individuals to "aging in their own environments" within the society, also taking into consideration their personal preferences.

- Legislation arrangements will be made with the purpose of ensuring that physical conditions of dwellings are designed to facilitate daily lives of elderly persons.
- Economically deprived elderly persons will be given the opportunity to live in affordable social dwellings.

Goal 1: Lifelong sustainability of functional capabilities at optimum level and ensuring full participation of disabled elderly people

- Physical and environmental conditions of dwellings will be improved in order to facilitate daily lives and security of elderly persons.

### **Key Action Developing Policies to Prevent Old Age Diseases**

- Cities will be rendered “senior friendly”
- Programmes will be developed on active ageing, prevention and protection from chronic diseases, effects of diseases and elimination of dependency. All policies and activities on this issue will take into account the differences springing from social and biological gender distinctions.

#### Goal 3: Provision of Access to Alimentary Products and Adequate Nutrition for All Elderly Persons

- Promoting an adequate and balanced diet for elderly people, preferably consisting of the food products of the area, providing the required level of energy and not causing insufficiency for micro or macro alimentary products, and conforming to the national nutrition goals,

### **Key Action Provision of Full and Equal Access to Health Care and Nursing Services**

#### Goal 1: Ensuring Sustainability of Health Care and Nursing Services in Order to

##### Meet the Needs of Elderly People

- Nursing indigence (in parallel to ICF) and care service standards will be established.
- Planning surveys and receiving results concerning the service offered to elderly people and their relatives so as to conduct performance assessment (number of patients, number of complaints received, number of commendations received).

### **Key Action Training of Health Care Providers and Health Care Personnel**

#### Goal 1: Providing Information and Training Opportunities to Health Care Personnel and Other Health Care Providers that Serve Elderly People

- Conducting training programs and campaigns to increase awareness of elderly people and the society at large; encouraging local governments and volunteer organizations in this respect,

### **Key Action Support for Care Services and Care Providers**

#### Goal 1: Ensuring Sustainability of Services Offered to Elderly People and Supporting Care Providers

- Supporting family members providing home-based care for elderly people on social, psychological and economic terms and providing them educational and consultancy services,
- Improving the integration of healthcare and nursing services, education and palliative treatment standards, and supporting multidisciplinary approaches to all palliative treatment service providers, establishing special centers for palliative care in hospitals.

### **Key Action Palliative Care**

- Elderly persons with mental health problems, contagious diseases or addiction to drugs, alcohol or tobacco will be provided care services in institutions affiliated with public hospitals.
- Qualified interdisciplinary staff will be employed in the field of ageing (geriatrics, gerontology etc).

- Occupational standards for the staff employed in care services will be prepared and trainings will be held in accordance with these standards. Qualified personnel will be employed for the care of elderly persons at a sufficient number.

## **VARIOUS GOOD PRACTICES**

### **Goal 1: Ensuring the Society's Awareness of Elderly People's Authoritative, Wise and Productive Qualities and Other Contributions**

- With the purpose of using leisure time affectively and improving communication and relations between generations; social, cultural and artistic activities by means of utilizing technology and transportation will be encouraged.
- Awareness raising activities regarding ageing and elderly persons will be encouraged both in written and visual media.
- Issues such as ageing, psychology of elderly persons, abuse of the elderly will be included in formal and informal education programs in order to achieve intergenerational solidarity and respect for elderly persons.
- Elderly persons will be encouraged to visit national parks, museums, state theaters. Concerned institutions and organisations will also be encouraged to make required arrangements for elderly persons.
- Preparing preparatory programs for retirements in order to increase knowledge and skills of individuals to enable them to pursue their activities and productive efforts following their active professional life and to ensure their adaptation to the retirement period,
- "National Ageing Institute" will be established.

### **Goal 2: Decreasing the Cumulative Effects of Risk Increasing Factors for Diseases and Dependence**

- With the purpose of improving and developing health at old age, regular health checks will be made at home on demand and transportation to hospitals will be made without any charges.
- A database will be created on ageing and elderly persons in order to plan and implement all services aimed at elderly persons affectively. The concerned database will be designed to include gender specific data and gender sensitive indicators.
- The model of home care service for elderly persons will be defined, standards of service provision will be established and home care services will be expanded.
- Emergency call centers will be set up in order to provide emergency services to elderly persons living at their own home. The system will be designed to operate through electronic assistance equipment.