

# Long-Term Care in Turkey: Towards a Growing Crisis of Aged Care

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Submitted: 25 October 2021, Accepted: 4 March 2022, Published: 3 April 2022

Volume 30, 2022. pp. 542-561 <http://doi.org/10.25133/JPSSv302022.031>

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## Abstract

Turkey exemplifies a typical familialistic long-term care regime as having a negligible degree of state and market participation in the active delivery of aged care services. However, demographic and economic changes necessitate a transition towards a new type of care regime. An upward shift in the population's age structure and increasing economic strains weaken the caregiving capacities of Turkish families. This paper analyzes demographic and economic factors within a demand-supply framework to question the future sustainability of the existing care regime. It presents descriptive evidence for a growing crisis of aged care in Turkey by focusing on long-term care. It also assesses the implications of a cash-for-care (CfC) scheme devised by the government to keep the care provision of disabled older people within the family sphere. Overall, this paper contributes to the ongoing debates on the distribution of aged care responsibilities by conceptualizing the proposed solution as semi-familialized care—namely, a set of alternative strategies to overcome the aged care challenges families face in Turkey. The main pillars of this proposal are much greater involvement of the state in aged care, together with some support services and entitlements granted to the family caregivers.

## Keywords

Aged care; cash-for-care; long-term care

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## Introduction

In the documents of international organizations, long-term care (LTC) is defined as the provision of personal care services for people of all ages in need of help and support with activities of daily living (ADLs) such as walking, bathing, eating, dressing, getting in and out of bed, and instrumental activities of daily living (IADLs) such as grocery shopping, managing personal finances, transportation during a prolonged period (Colombo et al., 2011). A substantial part of this care is delivered for the older dependent family members. It is usually provided by unpaid family caregivers in home-based settings rather than in institutional care facilities by paid care workers. As in many other developing countries, family care is historically the backbone of Turkey's long-term aged care regime. Women's highly gendered role in this form of care is central (Razavi, 2007).

Turkey has a considerable amount of older population, which was 7.5 million in 2019, and is expected to be a daunting problem by more than tripling in 2060 (TurkStat, 2022a; WHO, 2021). This expected larger older population is a clear sign of a rapidly increasing trend of LTC needs in the upcoming decades. The underdeveloped infrastructure of institutional care services is inadequate to meet those increasing needs. Along with the supply constraints, Turkey's demand for institutional care is weak. So, the more significant part of the LTC services for older people will be asked to be delivered in home-based settings by unpaid family caregivers. However, a dynamic combination of some economic and demographic changes, simultaneously but at different paces, erodes the dominant role of the traditional family caregiving model and signifies an emerging need for a new care regime in Turkey. Thanks to these trends, the existing distribution of aged care provision, which primarily relies on women and families' "natural" care provider roles, seems to be at stake soon.

The first research question is about an inquiry into the future sustainability of Turkey's existing familialistic LTC regime from an analytical perspective by presenting detailed documentation of demographic and economic factors within a demand-supply framework. Secondly, this article questions the distribution of aged care responsibilities in Turkey, which exhibits a unique welfare mix dominantly familialized and partially formalized with a cash-for-care (CfC) scheme introduced by the government in the recent period.

From the beginning of the 1990s, there have been theoretical and empirical debates on sharing the care responsibilities between the state, family, and market within welfare distribution. As a response to Esping-Andersen's (1990) seminal work, gender and family have been studied as the central topics in welfare state research (Knijn & Kremer, 1997; Orloff, 1993; Sainsbury, 1994). In addition, in the social policy framework, variations of social care regimes and strategies have been incorporated into the comparative research of welfare state policies (Anttonen & Sipilä, 1996; Bettio & Plantenga, 2004; Daly, 2001, 2002; Daly & Lewis, 2000).

The caring functions of families and various implications of social care policies are investigated for different groups of countries with mature or immature welfare states (Buğra & Adar, 2008; Buğra & Keyder, 2006). In addition, these policies that determine the organization of care work and allocate the caring responsibilities among the state, family, and market are widely discussed within welfare redistribution (Leitner, 2003; Lister, 2002; Martin, 2015; Saraceno, 2010; Saraceno & Keck, 2010).

In the feminist analyses, different approaches are developed to classify the welfare states concerning their care policies. The changes in the social policy frameworks for the care arrangements are analyzed (Williams, 2010). Different development paths of care arrangements are described by the cross-country analyses of the feminist approach (Bettio & Plantenga, 2004). However, most existing studies have overwhelmingly focused on European countries (Da Roit, 2010; Kremer, 2007; Pavolini & Ranci, 2008; Pfau-Effinger, 2005, 2012; Ranci & Pavolini, 2013; Stark, 2005).

As a newly but rapidly aging country case, Turkey provides the opportunity to observe and compare the outcomes of social care policies with the originals designed before by the European Union (EU) countries that have already been confronted with similar demographic transitions but at a slower pace. Furthermore, considering Turkey's recent demographic and economic transformations, the supply of family caregivers is also expected to fall short of the increasing demand for family-based LTC like in many EU countries. Therefore, this paper, positioned within that EU care literature, emphasizes Turkey's expected family-based care shortage as a policy priority (Braunstein, 2015; Braunstein et al., 2021).

The methodology of this study rests on the descriptive analyses of the relevant demographic and economic indicators, which are significant determinants to reveal the current and future capacities of family-based LTC in Turkey. Therefore, analyses during the study mainly utilize various secondary quantitative data sources, which are heavily drawn from the official data sets of the Turkish Statistical Institute (TurkStat) retrieved from survey-based research and the publicly available but narrowly scoped administrative databases released by the Ministry of Family and Social Services (MFSS). Additionally, some data sources and documentation from the United Nations (UN), World Health Organization (WHO), and Organization for Economic Co-operation and Development (OECD) are used along with the study.

By changing the demand for and supply of family-based LTC, demographic transitions and economic strains substantially impact the distribution of care provision between two major welfare providers, namely the state and the family. The first argument is that unless the current LTC regime of Turkey is reformed in a paradigm-shifting way to establish a reasonably balanced care system, an aged care crisis is prone to emerge as a pressing social risk and leads to imposing further challenges and tensions in sharing the caring responsibilities among leading actors of welfare distribution. The demand-supply framework constructed forms a valuable but straightforward analytical basis for evaluating the existing national care regime in mitigating Turkey's current and future social LTC risks. This paper contributes to the scholarly debates on the transformative roles of demographic and economic changes, which significantly necessitates the reallocation of aged care responsibilities in different national care regimes (Deusdad et al., 2016; King et al., 2021; Österle, 2010).

Secondly, this paper argues that the CfC scheme adopted by Turkey, with its current design and function, neither has the potential to leverage the caring capacities of the families nor provide the future availability and sustainability of family caregiving. The analysis of the possible future demand for and supply of family-based LTC is particularly crucial while proposing a reform over the existent care regime in Turkey. This study expands the debate about the significance of formulating actionable strategies and policy instruments to construct a sustainable LTC system by questioning the existing care regime. Therefore, it contributes to the debates on the distribution of caring responsibilities between the state and the family by conceptualizing the proposed solution as *semi-familialized care* – a set of strategies to adjust the supply of care for the rising demand – to relieve the long-term aged care burden on families and to establish a sustainable the LTC system in Turkey.

The remainder of the paper is organized as follows. The following section analyzes the major demographic and economic factors which create concerns about the future availability and sustainability of family-based aged care in Turkey by aggregating these factors on the demand and supply sides of family-based long-term aged care. The third section focuses on the CfC scheme as an essential tool of the existing LTC regime and investigates its implications on the current welfare mix in Turkey. In the final section, the outcomes of the demand-supply analysis and evaluations for the CfC scheme set the stage to discuss whether the existing LTC regime of Turkey is sustainable and to conclude by introducing a new conceptualization into the familialism debate, namely semi-familialized care, and proposing alternative strategies to overcome the aged care challenges currently faced by families in Turkey.

## **Demand-supply framework: An analysis of family-based LTC in Turkey**

Since the legislations, dominant patriarchal culture, and religious values embedded in the extended kinship relations and in the inter-and intra-generational family ties inherently obligate to fulfill the filial care duty, the provision of LTC services for the dependent older family members is assumed to be a solid social norm of family solidarity in the Turkish society (Feng, 2019). Therefore, putting older parents in an institutional care facility is usually stigmatized as a shame. Moreover, there is a solid aversion to institutional care among older people. They mostly prefer to stay and age in their own homes or co-reside with their adult children (Kagıtcıbası & Ataca, 2005). Additionally, former and current governments have perpetually implemented some family-centered social policies aiming to strengthen the caregiving role of the traditional family structure and to keep the care responsibilities as much as possible within the domain of the family (Dedeoğlu & Elveren, 2012; Kaya, 2015; Yazıcı, 2008, 2012; Yılmaz, 2015). Despite the governments' policy choices and the prominent reliance of the society on the caregiving role of the family are evident in Turkey, some economic and demographic factors are highly likely to impede the functioning of the current model and require a reorganization of the care arrangements. While it is impossible to predict the future accurately, the main trends summarized here present descriptive evidence of a growing demand for family-based LTC services and a threatened supply of traditional family caregivers. Hence, they provide important insights into how long-term family-based aged care will evolve in the upcoming decades in Turkey.

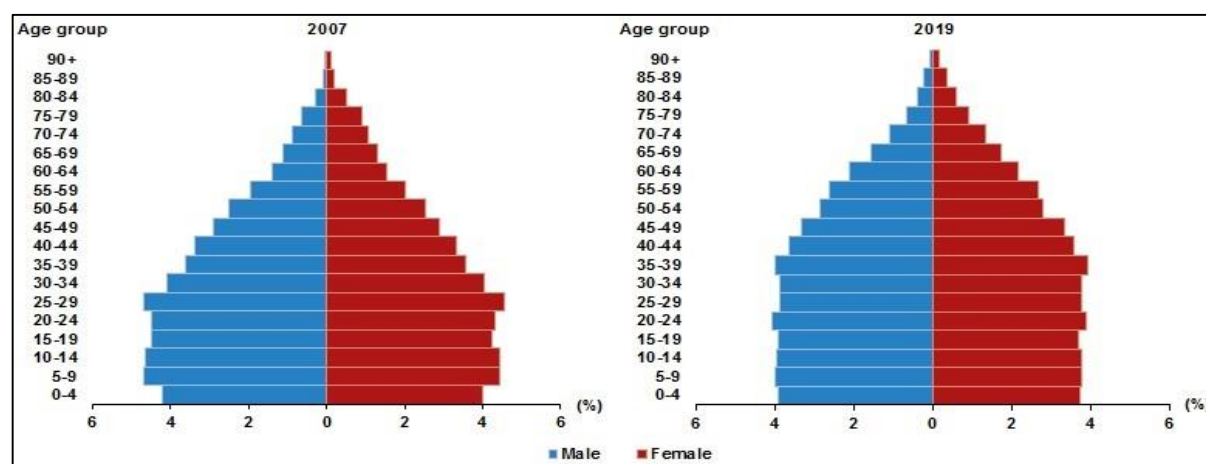
Numerous factors simultaneously impact family care's future availability and sustainability (Stone, 2015; Super, 2002). Therefore, this section offers to provide an overview of some selected demographic and economic indicators to portray the future availability of the family-based LTC for Turkey by aggregating them on two sides, namely demand and supply.

### **Demand-side**

An interplay of demographic and economic trends has the potential to describe the evolution of the demand for family-based long-term aged care. It is expected that the care burden on families and broader social networks will intensify over the coming years as the Turkish population ages and LTC needs escalate. This escalation is a pressing issue for the availability of the LTC services provided by families and the future stance of social welfare distribution in Turkey.

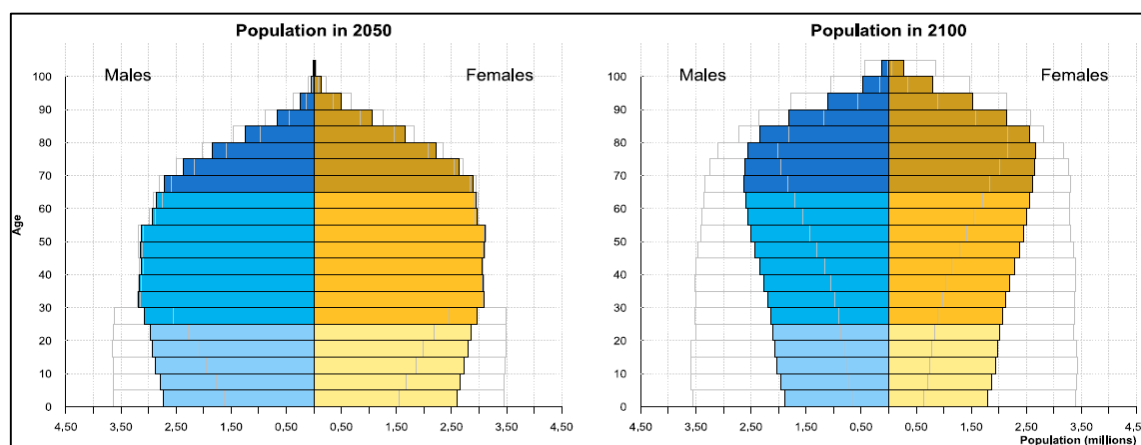
Firstly, demand for family LTC is expected to increase due to rapid population aging in Turkey. Age is a crucial predictor of the difficulties in carrying out the ADLs, such as walking, eating, bathing, dressing, toileting, and transferring. When people get older, the prevalence of these long-term limitations will rise, and their needs for LTC provision will also increase. The universal demographic indicator of an aging population is the proportion of the older population set as 10% and above of the total population. According to the results of the Address Based Population Registration System (ABPRS) of TurkStat, for the period between 2007 and 2019, the secular shift in the shape of the population pyramid displays a structural transition of the total population towards rapid aging. This demographic transformation has narrowed the broad base of the population pyramid from 2007 to 2019, as is shown in Figure 1A. Comparing these two population pyramids provides insights into the dynamics of the age-sex distribution of the total population. It signals a definite upward trend for the growing demand for LTC needs. They display the start of a permanent change in the demographic structure of Turkey.

**Figure 1A:** Population Pyramids, 2007, 2019



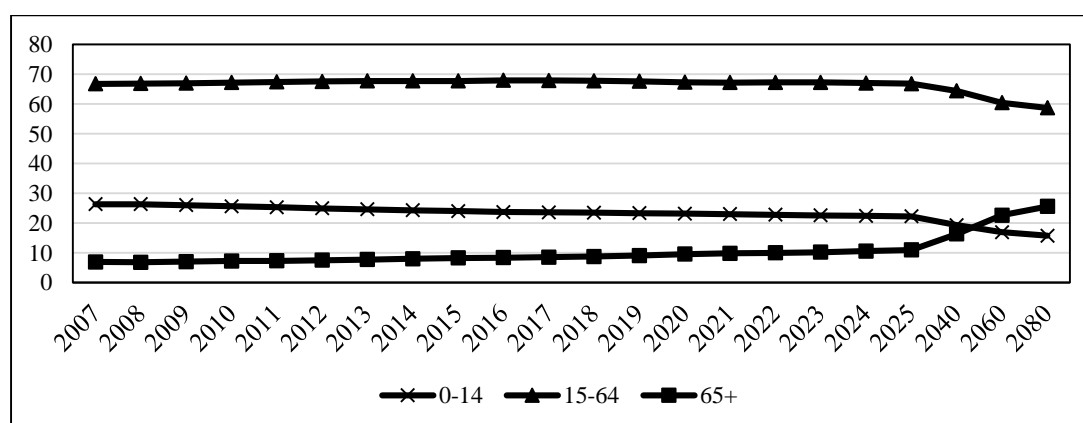
*Note: TurkStat, The Results of Address Based Population Registration System, 2019 (TurkStat, 2020 February)*

The future demand for family-based aged care seems much more intense than today. Based on the United Nations Population Division’s projections, the share of the older population is expected to exceed 20% by 2050 and 30% by 2100 (Figure 1B). The disquieting point is that this change will be rapid, so the older population's LTC needs will accelerate within two decades.

**Figure 1B:** Population Pyramids, 2050, 2100

Note: UN Population Division, *World Population Prospects: The 2019 Revision* (United Nations, 2019)

While 6.9% of the population in 2007 was aged 65 and over, it was 9.1% in 2019. The number of individuals over 65 increased by 51% in 2007–2019 from 5 million to 7.5 million. Recent projections of TurkStat report that the older population, 65 years old and over, in Turkey will reach 10.2% of the total population by 2023. It is expected to exceed 20% after 2050, as shown in Figure 2. These estimated projections are compatible with the slowing growth rates of younger age cohorts. The size of the older population increased at a higher pace than the other age groups in the recent decade. It is the outcome of concurrent changes in various demographic trends during the given period. The simultaneous declines in the fertility and mortality rates lead to an increase in the proportion of the older population and median age. The median age increased from 28.3 in 2007 to 32.4 in 2019, while the median age of males increased from 27.7 to 31.7. Similarly, the median age of females increased from 28.8 to 33.1.

**Figure 2:** Shares of Age Groups in Total Population (%)

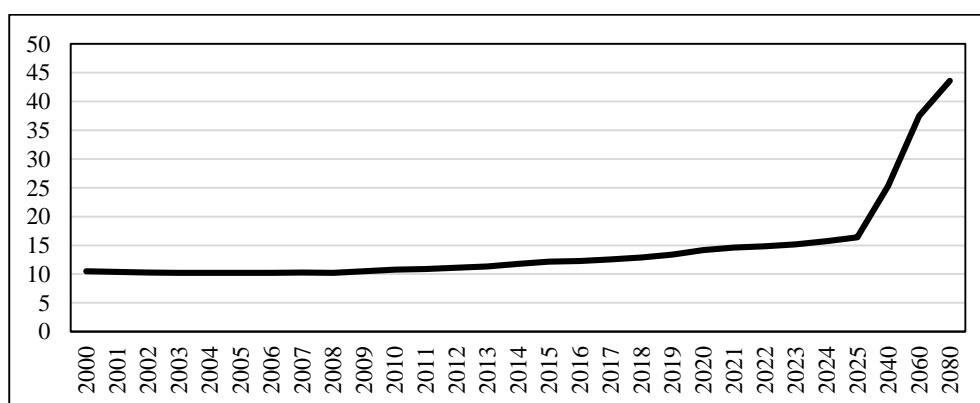
Note: TurkStat, *Demographic Indicators, 2022* (TurkStat, 2022a)

Although Turkey still has a low proportion of the older population (9.1%) compared to the world average (9.3%), the absolute size of the older population is relatively high (7.5 million). There is at least one older person in almost one in four households. That shows the prevalence of older persons dependent on family care. 5.6 million households have at least one member aged 65 and over. Among these households, around 1.4 million older people live alone. While

75.7% of these older people are women, 24.3% are men, and the proportion of widowed older women (48.3%) was four times higher than men (11.9%). Older women outnumber men, and this presents a new and more challenging experience for the families of those women with solitary living (Duben, 2013).

The old-age dependency ratio increased from 10.7% to 13.4% in the same period. In other words, while 100 people of the working age were responsible for 10.7 older persons in 2007, they are responsible for 13.4 older persons in 2019. Based on the projections, Turkey's population is expected to exceed 100 million in 2040 and reach the highest value, 107 million, in 2069 (TurkStat, 2022a). The projected median age for 2040 is 38.5 and for 2069 is 43.6. Projected increases in the median age clearly show that the population aging will continue to accelerate over the coming decades in Turkey. The size of the older population is expected to reach 16.3 million; hence the proportion of the older population will be around 16.3% by 2040 (Figure 2). It implies that the absolute size of the older population will increase more than double within the next two decades (from 7.5 million in 2019 to 16.3 million in 2040). Accordingly, the old-age dependency ratio will almost double during the same period, from 13.4% in 2019 to 25.3% in 2040, as shown in Figure 3. Therefore, a large group of the older population will need LTC support of a shrinking working-age population.

**Figure 3:** Old-Age Dependency Ratio (%)



Note: TurkStat, Demographic Indicators, 2022 (TurkStat, 2022a)

The Life Tables of TurkStat (2016–2018) report that life expectancy at birth is 78.3 years, 75.6 years for men, and 81.0 years for women. In general, women live longer than men in Turkey, and the difference between sexes in life expectancy at birth is 5.4 years. For individuals at 65 years old, the average remaining life span is estimated as 17.9 years for total, 16.2 years for men, and 19.4 years for women. For individuals at 75 years old and 85 years old, the average remaining life spans are 10.9 years and 5.9 years, respectively. Turkey is one of the few OECD countries with an accelerating gain in life expectancy between 2012–2017 compared with 2002–2007 (OECD, 2019).

According to the population projections, thanks to the substantial improvements in late age morbidity and mortality, the share of very old individuals in the older population will also increase within the next two decades. For example, in 2019, 62.8% of the older population was 65–74, 28.2% in 75–84, and 9.1% in 85 and over. However, in 2040, it is expected that 55.3% of the older population will be in 65–74, 34.1% of it will be in 75–84, and 10.6% will be in 85 and over. These proportional shifts within the old age cohorts foreshadow an increasing longevity trend among the older population.

How long we live is only one part of the story. The period spent in poor health towards the end of life is critically important to detect the LTC needs. The healthy life years at birth are estimated as 58.3 years for the total population, 59.9 years for men, and 56.8 years for women in Turkey. Accordingly, the healthy life years at the birth of men are 3.1 years longer than women. Despite the increases in longevity, increases in the period of life spent in poor health are likely to increase demand for LTC. Older people are more likely than younger people to have a problem with ADLs. Therefore, morbidity, disability, and need for assistance with ADLs are expected to be higher in later old ages. The health statistics of OECD report that 77.6% of seniors aged 65 and over in Turkey rated their health status as fair, bad, or very bad by 2017 (OECD, 2019). According to the 2019 Health Survey of TurkStat, almost 50% of those over 75 have difficulty walking or cannot use the stairs. As the population ages, the number of older adults having difficulties with daily activities is likely to increase. The more significant number of persons with disabilities (PwD) will directly lead to increased demand for LTC.

Another factor leading to an increase in the demand for family-based LTC is the strong desire and preference of older persons to remain with the family and be cared for at home by adult children. Intergenerational unwritten contract for reciprocal help, deeply embedded in the cultural and religious values, leads older people in Turkey to see their children as “inseparable” family members and obligates them to fulfill the traditional filial duties. This culturally cherished tradition seems to be reinforced by the reduced economic status of older people in Turkey. The social security system is far from financing an economically decent late life for a growing older population with the tax contributions of the shrinking working-age population to the welfare system. Therefore, although the state’s role in sharing the care responsibilities has expanded in the recent decade compared to the past, the capacity of institutional LTC services will tend to be limited to cover only the care needs of the low-income older people who have no family ties. Similarly, the number of private LTC facilities has increased in the same period, but they are too expensive to afford and only concentrated in big cities of Turkey (Adaman et al., 2018).

Given all these trends, it is highly likely that family-based caregiving will remain the mainstay of the LTC regime in Turkey. However, against these trends, resulting in a growing demand for family-based aged care services, there are raising concerns about the supply of family caregivers. Again, there is an interplay of changing economic and demographic trends expected to have a potentially decisive role on the supply side of family care.

## Supply-side

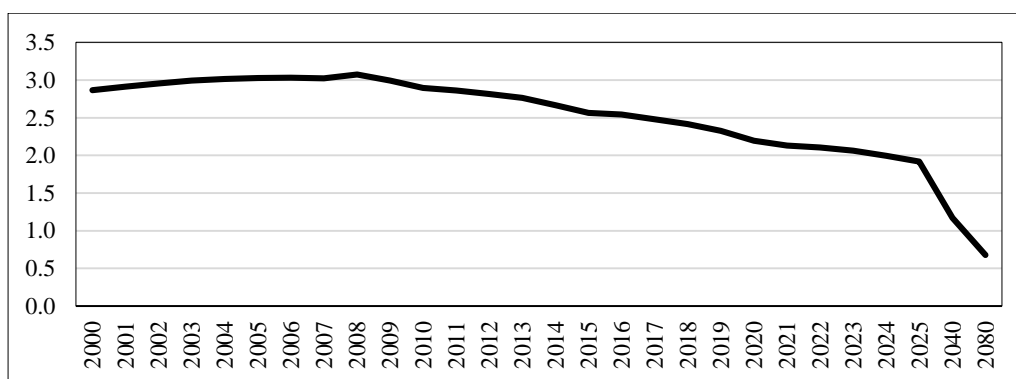
The results from various surveys conducted by TurkStat on different topics provide us with some informative clues to estimate the crude size of the family caregivers. For instance, according to the 2014–2015 results of the Time Use Survey, the share of persons who provide unpaid care or assistance to an older person is 7.3% of the population aged ten years old and over; this accounts for approximately 5 million people. In another survey, namely Health Interview Survey (2019), the percentage of individuals (aged 15 and over) providing care or assistance to persons suffering from some age problem, chronic health condition, or infirmity is 8.4%, which is approximately 5.4 million people. 67.4% of those care providers are identified as family members. Unfortunately, the data for the current number of PwD is missing in Turkey. Recent formal statistics date back to a Disability Survey of TurkStat conducted in 2002, and accordingly, 12.3% of the population were disabled. Another study of TurkStat, titled Population and Housing Census, reports almost 5 million people with at least one type



of disability in 2011. For a current figure, we may refer to the Household Labor Force Survey of TurkStat for the number of people above fifteen years old who self-report themselves as a non-participant in the labor market due to their disabilities is close to 4 million in 2019. In sum, while it is impossible to determine the exact size of the family caregivers in Turkey, the prevalence of the older and disabled population among the households is evident. So many older people receive care from family (often from a spouse or child) in the home. However, recent demographic and economic trends push for fewer family care providers.

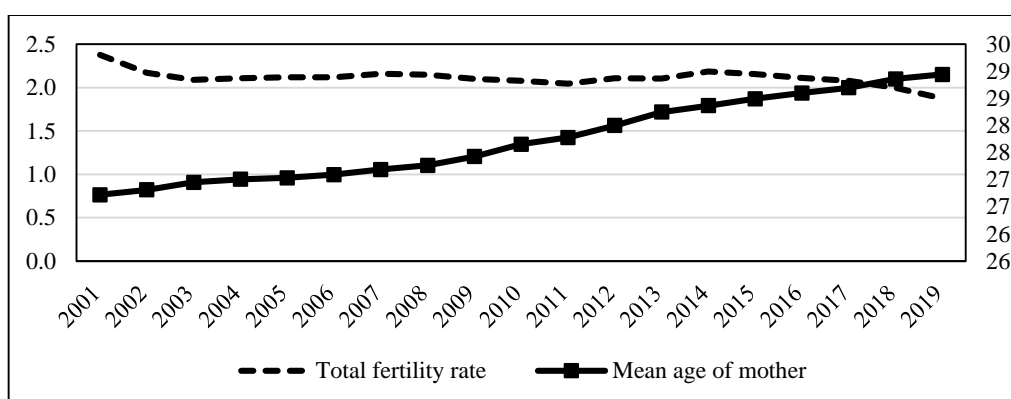
Since women heavily shoulder the care burden of older family members, the size of the women population in caregiving ages relative to the older population is one of the crucial indicators to understand the future supply of family caregiving. Figure 4 demonstrates the shrinkage of the women population most actively caregiving ages (25–54) per older people (65 and over). Accordingly, while there were three women on average per older person up to 2009, there is a steadily declining trend in the numbers of caregiving aged women per older person after 2010. By 2025, it is expected to be lower than two caregiving aged women per one older person in Turkey. It will be worse by 2040 and 2080. This figure strikingly shows the widening gap between the number of older people likely to need family-based LTC and the number of people most likely to provide family care.

**Figure 4:** Number of Caregiving Aged Women (25–54) per Older Person (65 and over), 2000–2025

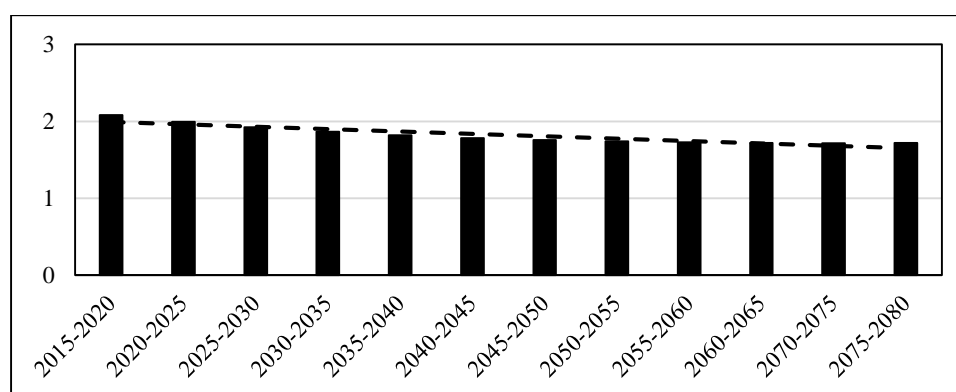


*Note: TurkStat, The Results of Address Based Population Registration System, 2000–2017; TurkStat, Population Projections, 2018–2080 (TurkStat, 2022a)*

Another factor to grasp the future of family caregiving is the family size. When the family sizes get smaller, the incidence of solitary living is expected to rise for the older population. The fertility rate is the most crucial signal to estimate the size of families. Although the total fertility rate of Turkey is still higher than the EU average, there is a declining trend of having fewer children. It declined from 2.38 children to 1.88 children from 2001–to 2019 (Figure 5), and the projections show that it will continue to decrease for a long time (Figure 6). Hence, fertility in Turkey finally remained below the population’s replacement level of 2.1 children per woman by 2019, and there seems to be an irreversible declining trend in the following several decades. This strong childlessness trend is one of the main constraints on the supply side of family care. Both the absolute and the relative sizes of the young population have a decreasing trend. It implies an inevitable increase in the number of older persons per young adult in the future and a higher LTC burden for adult children per se.

**Figure 5:** Total Fertility Rate and the Mean Age of Mother, 2001–2019

Note: TurkStat, General Directorate of Civil Registration and Citizenship Affairs, 2021 (TurkStat, 2022a)

**Figure 6:** Projections of Total Fertility Rate for Turkey, 2020–2080

Note: UN Data, World Population Prospects: The 2019 Revision, Population Division (United Nations Data, 2019)

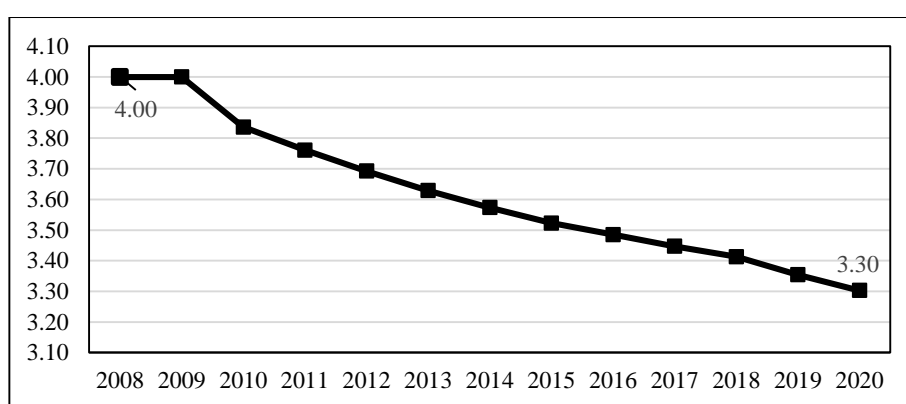
Moreover, the age group of women with the highest fertility rate shifted from 20–24 to 25–29 during the same period. Accordingly, the mean age of mothers increased from 26.7 to 28.9 (Figure 5). On the other hand, the mean age of mothers giving birth to their first child in 2019 is 26.4. It is a direct result of the increase in the mean age at first marriages in Turkey, and the average age increased from 22.7 (26) in 2001 to 25 (27.9) in 2019 for women (men). A delayed marriage trend also results in having fewer children and implies an expanded age disparity between parents and children. It also has future implications on the supply of family caregivers. Vast age differences between parents and children will make it hard to handle the care of older parents for adult children. When the parents get old, their adult children will be at the beginning of their working age, and they will be squeezed between the childbearing and the LTC provision of their older parents.

On the other hand, the crude marriage rate decreased from 7.97 per thousand in 2010 to 6.56 per thousand in 2019. It gives an important signal about the changes in the traditional household formations, family structures, and family ties. The size of households is decreasing with a lower marriage trend. Decreasing marriage rates will also contribute to childlessness in the future. Due to childlessness, the share of old and alone people is expected to grow

proportionally. While marriages are decreasing, divorces are increasing simultaneously. The crude divorce rate increased from 1.62 per thousand in 2010 to 1.88 in 2019.

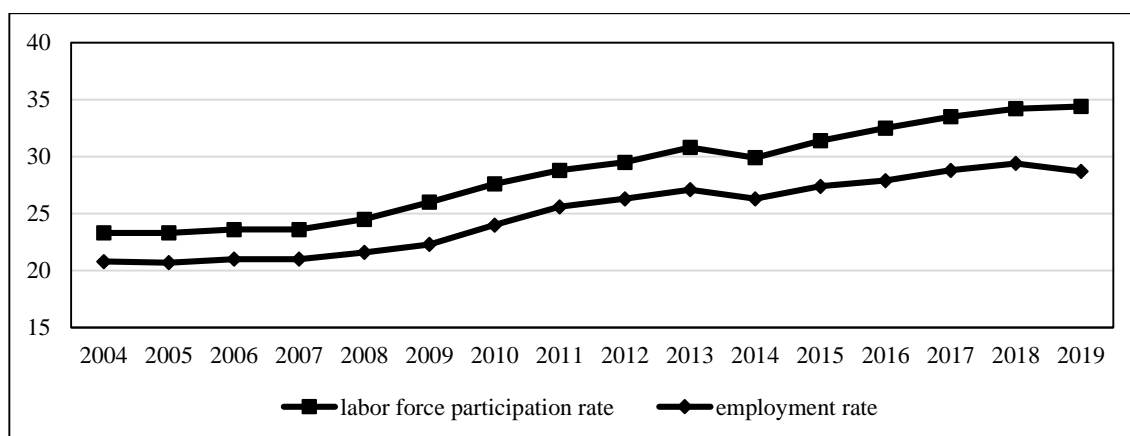
Similarly, increasing divorces result in the fragmentation of traditional family structures and weakening family ties. These slow but substantial loosening in family structures and household patterns lead to declines in the proportions of older people living with their adult children. Rapid urbanization, massive migration, and rising mobility of the youth also contribute to the dispersed family structures. Shortly, multigenerational co-residence is a waning household formation. The decrease in the average household size in the last decade is the direct outcome of this dissolution. While there were households with four persons in the late 2000s, the average household size declined steadily in the 2010s, reaching 3.3 by 2020 (Figure 7).

**Figure 7:** Average Household Size by Years, 2008–2020



*Note: TurkStat, The Results of Address Based Population Registration System, 2008–2020 (TurkStat, 2022a)*

In addition to these irreversible demographic changes, unavoidable economic constraints have the potential to reduce the availability of family caregivers in the coming decades. Due to economic necessities, there is a slow but structural transformation in Turkey’s household labor supply structure from single- to dual-earner families, especially in urban areas. Female labor force participation and employment rates are still low in Turkey compared to OECD and EU countries. However, they are following a mild increasing trend (Figure 8). Since the education level of women increases over time, the demand for labor market participation and employment by women increases as well. Given the lack of work-care reconciliation measures in Turkey, women and families face a difficult trade-off between unpaid care work and paid market work. As is emphasized before, women are the primary providers of family-based care services in Turkey. Therefore, the great majority of the LTC burden in families is shouldered by women to a large extent. However, as the economic hardships at the household level get heavy, the shift of women from unpaid care work to paid market work will accelerate, and that will have a negative impact on their intra-household caring capacities by making women less available to provide care for family members in need of assistance. Unless more generous financial transfers and various support mechanisms are directed towards keeping women at home as caregivers, the number of lower-income families, particularly in rural areas, providing family-based LTC service is less and less available.

**Figure 8:** Female Labor Force Participation and Employment Rates, 2004–2019

Note: TurkStat, *Labor Force Statistics, 2004–2013, 2014–2019* (TurkStat, 2022b)

The analysis reveals that the demand for family-based LTC will almost certainly exceed the supply of family caregivers, resulting in an inevitable care deficit of direct family assistance for long-term care needs. As demonstrated in the section, the older population is expected to reach 16.3 million, but the maximum number of potential caregiving women aged 25 to 54 will be around 20 million by 2040. Combined with the impacts of other demographic and economic dynamics on family formations, this indicator alone is a clear exposition of the dissonance between the demand for and supply of family-based aged care. Unless the care arrangements are not reformed and not extended for a comprehensive and sustainable care regime, it is apparent that an LTC crisis will likely emerge within the next two decades.

Facing up to this crisis requires understanding the resilience of the current caring capacity of the LTC system and documenting the unfolding implications of the existing social assistance tools against the emergence of that new social risk. The following section aims to assess a social policy recently devised to overcome the care challenges faced by Turkish families.

## Cash-for-Care scheme: Semi-formalization of family-based LTC in Turkey

Since the 1990s, many EU countries have introduced CfC schemes (Da Roit & Le Bihan, 2010). However, CfC policies have resulted in different social inequalities even in these countries with relatively developed welfare states. The majority of these policies have been readjusted over time, and still, many reforms acts in social care policies are in progress in the EU to cover the care deficit. Turkey, however, lately increased public social spending by introducing new social policies and social assistance measures to meet the arising LTC needs. Following the policy developments in many EU countries coping with filling the care gap, with a lag of one decade (in 2006), a means-tested CfC scheme was enacted in Turkey targeting people who live under an income level predetermined by law and provide the care services of older and disabled members within their own families. To be eligible for this scheme, per capita income in the household where the disabled person is living must be less than two-thirds of the monthly minimum wage, and the cared person must have at least 50% severe disability, and it has to be confirmed with a medical board report (Adaman et al., 2018; Altuntaş & Atasü-

Topcuoğlu, 2016). This financial support scheme is the first significant step toward recognizing the vital role that family caregiving plays in safeguarding the availability and sustainability of LTC. Among many others, one aim of this scheme is to attenuate the risks associated with the current availability of family-based care services by formally consolidating and legitimizing the role and status of women as the primary providers of long-term care. Accordingly, the monthly regular cash payments are made publicly known as “wage for home-based care,” and the recipients of these payments are formally represented as “employed” but “uninsured” care workers in the labor market statistics by the TurkStat since 2011 (Toksoz et al., 2014).

By doing that, TurkStat has become the only state institution that “formally” accepted the care work of family caregivers as a paid job. From 2007 to February 2014, the amount of this cash transfer was equal to the monthly net minimum wage. After that, it has been lowered to an amount calculated as 10,000 times the coefficient for the monthly civil servant salary. In July–December 2019, the payment was 1,384 Turkish Lira (TL) (244 USD) per month. In total, 514,158 caregivers received payments, and the annual total cost of this home-based care was around 8.1 billion TL (1.3 billion USD) in 2019 (Table 1). Thanks to the increasing relevance of the CfC scheme, formerly non-quantifiable family-based LTC services have become more visible and received unprecedented public recognition during the last decade. As of October 2020, more than half a million family caregivers (primarily women) are active beneficiaries of this scheme. Around 30% of them provide long-term care for older people (Akkan & Canbazer, 2020; MFSS, 2020).

**Table 1:** Number of Cash-for-Care Beneficiaries and Total Payments, 2007–2019

Year	Number of Beneficiaries	Total Payments (Million TL)
2007	28,583	35.4
2008	113,000	417.6
2009	204,652	964.4
2010	279,580	1,580.8
2011	347,756	2,214.8
2012	398,335	2,944.1
2013	425,928	3,544.0
2014	450,036	4,056.3
2015	464,741	4,470.8
2016	478,711	5,135.4
2017	499,130	5,832.7
2018	506,725	6,820.3
2019	514,158	8,158.7

*Note:* MFSS, *Statistical Bulletin, March 2020* (MFSS, 2020)

While these narrowly defined transfer payments aim to financially subsidize the lower-income families for the care costs of their disabled members, the implications of this scheme on Turkey’s care regime are numerous. As a family-oriented policy, the primary implication of the CfC scheme is that it blurred the conventional distinction between paid and unpaid care. While the status of many family caregivers remained unchanged as unpaid, the status of some other family caregivers who are eligible for the cash benefits is partially formalized with a limited level of financial support but without any additional support mechanisms or further

entitlements. Since the attachments of caregivers to the social security system are missing and there are no contractual regulations about the working conditions (working hours, holidays, retirement, severance pay, etc.), this scheme leaves the caregivers vulnerable to future social risks. It results in a unique but weak “semi-formalized” form of the family-based LTC regime in Turkey (Geissler & Pfau-Effinger, 2005; Pfau-Effinger & Rostgaard, 2011). With the transition of unpaid care to underpaid care work, this semi-formalization process partially commodified the care work of some women but without a de-familization (Atasü-Topcuoğlu, 2021; Ungerson, 2003). Moreover, the scheme’s design leads to a stronger familization of care, in other words, to a stronger feminization of care by transferring the more significant primary responsibilities of the care provision to families and women (Ilkkaracan, 2013). Therefore, by favoring family care and discouraging women from entering the labor market, this CfC scheme reinforces and reproduces gender inequalities and traps lower-income households into a vicious cycle of poverty (Buğra & Yakut-Çakar, 2010).

Another implication of this scheme is the puzzling definitions of cash transfers. These cash transfer payments are first defined as a “wage for home-based care” in the relevant legislation and started to be delivered monthly, but then these payments are represented as the “social aid” in the documents of MFSS. Therefore, based on these different definitions of cash transfers, discussions about this scheme are twofold now. If these cash transfers are “wages” to return the care services provided, there is no problem defining the family caregivers as “employed” care workers. However, the main problem is the non-registration of these caregivers into the social security system. According to the Turkish Labor Law, employers (including the state) are prohibited from employing workers without making their registration to the social security system. Suppose these cash transfers are only financial supports for the lower-income families of PwD. In that case, the next question is whether these transfers are for poverty alleviation or compensation for care costs. This inquiry is critical because the current amount of cash transfers paid is too low to meet all these ends. Accordingly, some studies show caregivers perceive the CfC scheme as tokenistic financial support for poverty alleviation instead of a wage for their care work (Yılmaz & Yentürk, 2017).

Although the CfC scheme is inadequate to alleviate the care burden and poverty fully, it slightly shifted the Turkish LTC regime from an “implicit familialism” to a “state-supported familialism” (Akkan, 2018; Buğra, 2020; Leitner, 2003; Saraceno, 2010). In the case of Turkey, it is a very convenient tool to prioritize and consolidate the role of women and families in care provision. However, financial support with no entitlements to social rights partially commodified the women’s domestic care work, not de-familialized. It resulted in the “semi-formalization” of the care work done for money by family members and constituted a new hybrid form of care regime that has blurred the boundaries between paid and unpaid care. One of the critical implications of this semi-formalization of family-based care work is the reproduction of the inegalitarian gender roles by fostering the institutionalization of women in unpaid or underpaid care provider roles in a largely unregulated part of the economy. In a nutshell, the current design of the CfC scheme in Turkey strengthens the feminization of care. It serves for the continuity of the conservative familialistic welfare regime, which ultimately aims to keep the LTC provision of older people within the family sphere and discourage the women’s economic and social life outside the home (Aybars et al., 2018).

## **Discussion: Call for a semi-familialized care regime in Turkey**

According to the outcomes of our analyses on the demand and supply sides of the family-based LTC, slow but structural-demographic transitions and economic changes are driving Turkey to the edge of severe challenges, which will likely result in a growing family care deficit. On the demand side of the family-based LTC, the main drivers are the aging population and increased longevity. All projected scenarios about the future age distributions of the population point to rapid demographic aging and a higher share of the older old cohort among the older population. Additionally, given the strong preferences of older people to be cared for by their adult children via sharing the same residence or living proximately and assuming that the intergenerational dependencies are weakening but still exist, it is expected that the demand for family-based care will almost certainly grow significantly. On the supply side, there are also various factors in play. Socio-economic factors and demographic trends are expected to lead to a slow but structural loosening in the household compositions and the traditional family caregiving relationships.

On the one hand, there is a sluggish but ongoing increase in women's labor market participation. There is increased mobility of young people, shifting the family structures from the extended families to the geographically dispersed nuclear families. On the other hand, falling mortality and fertility rates are expected to increase the relative size of the older population compared to the caregiving aged women population. These trends point to a strain on the pool of potential family caregivers. In sum, as has been experienced in many European countries before, the LTC demand is expected to outpace the supply of family care. This mismatch most likely results in a care deficit in the near future of Turkey.

Since Turkey still has not a too old population and families barely bear the LTC burden, the inadequateness of the state's institutional LTC capacity has not been fully addressed as a matter of public concern. Therefore, necessary attention has not yet been paid to caregiving policies in Turkey. Recent social assistance policies constructed in a piecemeal manner that persistently aim to preserve and strengthen the familization and feminization of care opt to supplement the families and women with only cash benefits. Although these cash transfers have made the family-based care labor publicly visible to an extent, they are far from establishing a comprehensive and sustainable LTC system in Turkey. This familialistic LTC regime has no strength or the potential to absorb the expected crisis of care described in this study. In brief, Turkey is unprepared to secure the availability and accessibility of the provision of LTC services and to cope with a growing crisis of care systematically.

Before it is too late to offer solutions for the expected care crisis in Turkey, this paper ends with a call for the reorganization of LTC arrangements. Since the organizational and financial sustainability of an LTC system needs the participation of both the state and the family, the solutions offered for the reorganization of care work led us to propose a new conceptualization regarding familialism, namely a semi-familialized care regime. This proposed regime constitutes a set of alternative strategies to overcome the care challenges summarized above. These alternative strategies have already been adopted by many EU countries before. As a relative latecomer country in population aging, Turkey has the advantage to utilize the accumulated experiences of formerly aged, industrialized countries. In many EU countries, along with the different financial support mechanisms, some degree of formalization is granted to the family caregivers as recognized care providers. Similarly,

while lowering the degree of familization to a less coercive level, the scope of formalization for the current home-based care system should be expanded in Turkey.

Accordingly, first, Turkey should acknowledge the LTC needs of the older dependent population as a nationwide emerging social risk and should redesign its social care policy responses following a universal social rights principle rather than a path-dependent populist and clientelistic social assistance principle (Buğra, 2012; Buğra & Candaş, 2011; Celebi, 2020). Although cash-for-care policies seem to be a cost-effective strategy for governments seeing families as a long-term insurance mechanism, these policies alone do not have the institutional potential. They do not constitute a sound background to enable these families to eventually maintain the home-based care provision. In addition to a cash-for-care scheme, semi-familialized care regime proposes to construct national long-term care insurance (LTCI) system in Turkey. To finance such insurance, the contributions of the state, the family, and the care recipient to the system will be mandatory. LTCI system will acknowledge sharing financial responsibilities of care work among all partners of society.

Additionally, this system will allow older people to choose their care provider. Decreasing the reliance on family caregiving does not necessitate a perfect substitution of family care with institutional care. Therefore, family care should be continued to be supported by the state. Secondly, the formalization of family care plays a critical role in transforming the LTC regime of Turkey from a semi-formalized family-based system to a fully-formalized but semi-familialized system. In addition to the adequate cash benefits levels, employment contracts identifying the legal framework for the working conditions and care responsibilities of family caregivers should be ascertained to regulate and coordinate the care relationships between the state and families. To support family caregivers' current income levels and secure their future financial statuses, social security contributions must be available to caregivers within these contracts. The time spent caring should also be recognized for pensions of those people. Moreover, to protect caregivers' physical and mental health conditions and assure the quality of long-term care, some supportive services such as respite care, counseling, and training activities should be provided periodically to the family caregivers. Work-care reconciliation measures (such as care leave schemes) should be initiated to promote a better work-care balance for the people who want to reconcile employment in a paid market work and home-based long-term care. Therefore, a reform package composed of all these policies should be introduced to expand the role of the home-based family care system in Turkey.

These first-step remedies might increase the well-being of family caregivers in the short run and impede the shrinkage of the supply of family caregivers to a certain extent. Ultimately, Turkey has to acknowledge that family care services provided by women or families are not cost-free, and its economic opportunity costs are so high and steadily rising. However, institutional LTC infrastructure is still limited, even for partial substitution of family care with institutional care. Hence, Turkey has to find sustainable ways of investing and financing the LTC to strengthen the capacity of the publicly-funded care service sector (Kim et al., 2019; Onaran et al., 2016; Swartz, 2013).

Finally, it is worth mentioning that there is ample room to research the fiscal and financial sustainability of the long-term care provision in Turkey. Although some studies aim to estimate the cost of LTC services (Aran & Aktakke, 2016; Ismail & Hussein, 2021), further evidence is still strongly needed to quantify the economic value of family caregiving and get a crude account of increasing LTC costs.



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