



## COMMUNITY BASED CARE UNDERSTANDING AND SOCIAL SERVICES: A CARE MODEL PROPOSAL FROM TURKEY

### ABSTRACT

Increase in the average quality of life in line with technological changes, low birth and mortality rates, and widening of the community health services cause world population get older and chronic illnesses grow fast. Furthermore, the fact that family today gradually loses its traditional roles results in the care problem of the elderly people getting harder. The increase in the share of the elderly people, of the people with chronic illnesses and of the handicapped in the expenditures of health and social services results in the fact that developed countries give up institutional and residential regulations, and orient towards the health and social care services that are periodical, effective, lower costing, and based on client satisfaction. This social work centered approach called client-centered community based care is a service model which necessitates teamwork and aims at providing the individual in need of care with the knowledge and social life skills to survive and protect her independence, giving the support and assistance she needs in order to maintain her life at her own home, and offering work, recreation and other facilities in order to fulfill her social functioning.

**Key words:** Client-centered community based care, Home care, Day care services, Social policy orientation, Social services.

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## TOPLUM TEMELLİ BAKIM ANLAYIŞI VE SOSYAL HİZMETLER: TÜRKİYE ÖRNEĞİNDE BİR BAKIM MODELİ ÖNERİSİ

### Öz

Teknolojik alanda yaşanan gelişmelere koşut olarak ortalama yaşam beklentisinin artması, düşük doğum ve ölüm hızı, halk sağlığı hizmetlerinin yaygınlaşması dünya nüfusunun giderek yaşlanmasına ve yaşlanma süreci ile birlikte kronik hastalıkların görülme sıklığının artmasına neden olmaktadır. Günümüzde aile kurumunun geleneksel rollerini gün geçtikçe yitirmesi ise yaşlı bireylerin bakım sorununun daha da ağırlaşmasıyla sonuçlanmaktadır. Yaşlı, kronik hastalıklı ve özür-lü nüfusun tedavi ve bakım masraflarının sağlık ve sosyal hizmet harcamaları içerisindeki payının artması, gelişmiş ülkelerin kurumsal ve yatılı düzenlemelerden; müracaatçı memnuniyetine dayalı, süreli, etkili ve düşük maliyetli sağlık ve sosyal bakım hizmetlerine yönelmelerine neden olmaktadır. Müracaatçı odaklı toplum temelli bakım olarak adlandırılan, sosyal hizmet odaklı bu yaklaşım bakıma gereksinim duyan bireye, bağımsızlığını koruması ve kendi ayakları üzerinde durabilmesi için gerekli bilgi ve sosyal yaşam becerileri kazandırma, yaşamını kendi evinde sürdürebilmesi için gereksinim duyduğu destek ve yardımları sunma ve sosyal işlevselliğini yerine getirebilmesi için çalışma, rekreasyon ve diğer olanaklardan yararlanmasını sağlama amacına yönelik olup ekip çalışmasını gerektiren bir hizmet modelidir.

**Anahtar sözcükler:** Müracaatçı odaklı toplum temelli bakım, Evde bakım, Gündüzlü hizmetler, Sosyal politika yönelimi, Sosyal hizmetler.

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## Social Policy Orientation in the Field of Social Care and Social Services

Aging is a universal reality that becomes more and more important for all countries in the world. Today decreasing tendency in population increase rate and increase in the average life expectancy cause the elderly rate among the population increase, and the world gradually enters into the process of demographic aging. "The rate of the elderly people became higher than the rate of children all around the world" for the first time in 1998 (1). This change process in the demographic structure witnesses deep rooted changes in both the sector of social services and client groups as well as the field of social security. In line with the scientific and technological developments which increase day by day, point of view of social services on the individual also varies. While the priority goal in the past was the protection and care of the individuals in need of assistance, today what is aimed at is the improvement of the individual's quality of life, active participation of her in social life by aging in a healthy and successful way, and finally advancement of her welfare. Therefore, care models towards vulnerable population groups in countries with high levels of social welfare develop rapidly, and individual choices in the delivery of services become prioritized. In order to keep the individual in need of care and social support – child, youngster, elderly, no matter what age group she belongs – away from the isolating and psycho-socially weakening effects of the residential institutions of social services, community based care models have appeared out to make them maintain their lives at home and with their families by supporting them with various services in the realm of their life circle (2).

Traditional institutional care regulations originating from the nineteenth century, take their roots from the medical approach (3) (disability, elderliness and chronic illnesses are seen as individual problems and the individual's relationship and interactions with the systems in her environment are neglected; her maladjustment and shortcomings originating from her body and/or environmental conditions are reduced to mere care problem; and the approach thought as the solution focuses on the institutional and residential care regulations that are based on the understanding of communal care and eating habits, etc.), and the needs and problems of the individual are tried to be solved under the umbrella of an institution at a minimum life level (4). However, beside high costs of fixed expenditures (personnel, building, furnishing, joint dinner, heating, electricity, water, and telephone, etc.), institutional care

causes cases such as loneliness, emotional and social isolation, abuse, depression, and hopelessness since it reduces the individual's life to collectivity (5-8). For instance, it was observed in a research in the USA that among the aged accepted to a nursing home, 8% died in the first week, 29% in the first month, and 45% in the first six months (9). Besides life conditions in the elderly care institutions, this is related with the aged individual's distance from the environment she had been used to, her memories, belongings, and basically the stimulants of affection (10). Today, health expenditures in developed countries constitute a significant part in the national income and rapidly increase (11, 12). Despite the fact that developed countries restrict public expenditures day by day in order to close the gap of public debts in the last two decades, their health expenditures can never be decreased due to the reasons such as severely chronic illnesses and disabilities, new treatment techniques, improvements in the medical technologies, and increasing social expectations, etc. For example, national health expenditures in the USA increase 10% compared to the previous year. While the part of health expenditures in the gross national product (GNP) in the USA was 5.3% in 1960, it reached to 15% in 1995 (13). Today, 13% of the national income in England, 10.3% in Germany, 9% in France, and 8% in Switzerland (14) is assigned to health expenditures. The biggest part of health expenditures, on the other hand, is constituted by the individuals with chronic illnesses and the treatment costs of the aged. For example, 75% of the entire health budget is assigned to the treatment of chronic illnesses.

Today, breaking of social welfare state by globalization, restriction of the share of social expenditures via policies for profit, and neo-liberal policies such as orientation from the risk understanding based on public responsibility to the individual risk understanding result in the minimization of the treatment and care costs the groups in need of care and encouragement of the family to take initiative in this direction. Therefore, the family in the community based care understanding assumes a key role by giving support to the professional care team in providing day care for the individual in need of care, and meeting her desires and expectations.

## Historical Background of the Community Based Care

Having the meaning to try to meet the current needs of the individual in need of care and psycho-social support and to



contribute to the solution of her problems without making her go away from the environment she lives in, her home, and close family and neighbor relationships, community based care practices date back to the second half of the 19<sup>th</sup> century (15). Assistance given by the friendly visitors in America at that time in the form of going voluntarily to the homes of the individuals who are ill, aged, disabled or in need are accepted as the beginning of the historical development of community based care services.

Besides social workers, nurses also played an important role in the development of community based care services which began firstly as the visits to the homes of the poor people due to religious necessities. In the USA in 1905 Dr. Cabot sent social workers to the homes of the ill people in order to follow up them after discharge, examine the economic conditions of their family, and inform the family about the rules to prevent the repetition and infection of the disease (16). In 1908 the Home Service Organization that had been founded as an extension of the Charity Organization Society produced home based social services and aids in order to meet the needs of the individuals and groups who had been negatively influenced by the economic and psycho-social effects of the World War I (17). In the first quarter of the twentieth century, the nurse Lillian Wald stated that health services should have been social; health, economic status, social life and environmental conditions had all been directly interrelated; and for a successful treatment it had been mandatory that the socio-economic conditions of the individual be improved. Wald's endeavor pioneered the foundation of the first comprehensive community based care program called "Henry Street Nurses Settlement" in 1919 in the USA. This settlement house serving fifteen thousand people was in the status of a center for public health nursing of which each inhabitant of the neighborhood could benefit whenever she wanted, which offered out-patient treatment, and sent basic health services to the individuals' homes when necessary (18, 19).

Negative effects of the Great Depression of 1929 and the World War II from the second quarter of the twentieth century to the beginning of the 1950's in economic and social areas caused community based care practices get interrupted in this period and social care and social services towards ill, elderly and disabled people began to be delivered via more institutional care regulations (17, 18, 20). Apparently, poverty, unemployment, chronic illnesses, infections, and disability increased in this period, and therapeutic services (hospitals) in

the field of health and institutional care services (elderly homes, nursing homes) in the field of social services became much more intense instead of protective, preventive and improving health and social services. With the 1950's, increasing hospital costs of chronic patients and treatment, care and social costs caused by the rapid increase in the elderly population re-increased the demand for community based care services that were more effective and low costing. Between 1950 and 1960 approximately forty home care programs started in the USA and these programs provided care service at home for the individuals with chronic illnesses and the elderly who had difficulty in fulfilling daily activities. These programs covered support and assistance services such as nursing, medical care, social services, house cleaning, and transportation, etc (18).

The year 1965 is accepted as the turning point in the development of community based care services. At that time, the National Health Care Law in the USA recognized home care as a legal right for ill, elderly and disabled people via medicare programs. Afterwards, home care programs rapidly increased and institutional care regulations were gradually abandoned (18). The 1970's, on the other hand, witnessed an irreversible trend of aging in Europe and America, and the rate of the individuals who were sixty five and above climbed to a level that had never been imagined before. Long life increased the frequency of chronic illnesses such as cardiovascular illnesses, diabetes mellitus, hypertension, urogenital illnesses, cancer, Alzheimer, dementia, etc. and the treatment costs of these illnesses, and this caused developed countries experience a social security and care crisis.

Currently, the understanding of social care services focuses on supporting the individual in need of care with financial and instrumental assistance at her home and family environment as long as possible, and on stimulating the traditional intergenerational care role of the family in this process. This goal constitutes the essence of the community based care.

### **Community Based Care Services in the World: Home Care and Daily Services**

Since the second half of the 20<sup>th</sup> century in America, Europe and Scandinavian countries, alternative care models and community based care have been developing due to the fact that institutional care had medically and psycho-socially negative effects on the elderly, set barriers for the elderly person's relationship with social environment, and conflicted the princip-



le of the elderly person's self determination, etc (21). According to the data of the National Association for Home Care (22), there are 15027 home care institution in America that offer home care and support services for the elderly. It is known that the number of the personnel working in the home care programs in the USA is seven hundred thousands, and the number of the people receiving such services is thirty million on average per year. In Turkey, on the other hand, it has not yet been possible in the formal area in a systematic way to adapt community based service models such as home care and day care centers.

There are five basic characteristics of the community based care: First, it brings a professional care perspective to improve the current potential of the individual by focusing on her strengths instead of her lacks and weaknesses. Second, it provides the individual with the opportunity to maintain the flow of her life with her own control by taking her individual preferences, wishes and expectations into consideration. Third, it gives the family members the opportunity to take responsibility for their relative who needs care, and help the professional team, which is accepted, to some extent, as a mediating role. Family members direct the home care team towards giving a more rapid and effective care service by conveying the ill, disabled and elderly person's problems, needs and expectations to the home care staff regularly. Fourth characteristic of the community based care is to eliminate the borders between the society and the individual in order to protect her from breaking off social life and getting isolated due to her physical, cognitive, psychological and social limitations. Finally, the community based care is a human centered service whose cost is low and social outputs are high since it presents a care concept which is specific to the problems and needs of the individual (23, 24).

Community based care services emphasize not only the physical dimension of the care, but also psychological and social dimensions by setting a bridge between personal and social lives of the individual. Both reaching more clients with the present health and social service staff and providing them with the maximum satisfaction is only possible by community based care services. Likewise, the individual in need of care is taken as a whole with her family, environment and interaction systems she has been involved via a generalist perspective, and the care and support services for her are coordinated with an interdisciplinary approach by being concretized with individual and family examinations in a regular and systematic way.

Community based care services have a vast scope including home care services (home help service, home health services, respite care, meals on wheels, handyman service, telecare service), daycare services (leisure activities, transportation services, health, sports, nourishment, rehabilitation, diet, personal care, legal and financial consultancy, and holiday and picnic organization, etc.), and medical, social and professional rehabilitation services. The individual may either benefit only one of the current service alternatives or all at the same time. The important thing here is to support the individual with various services within the life she has been used to, make her stand on her own feet, and help her maintain life within her family and home environment.

### Home Care

According to Barker (25), home care is the provision of health care, home management and social services for the clients at their homes. It is defined in the Dictionary of Social Work (26) as providing the partners in need of care, elderly who prefer living alone, disabled, or patients who have to live alone (due to reasons such as infectious diseases) or live as bedridden at home with every kind of individual and social needs such as shower, shelter, health care, nourishment, communication, and culture, etc. by the social assistance and social service staff within the atmosphere she wants to live in. According to this definition, home care is a care model which includes an interdisciplinary work and a comprehensive delivery of service.

Home care services, on the other hand, are services that are within the home care model and carried out by the social work units of the central government and municipalities in order to assist the individuals who generally stay at their own homes and experience difficulty in fulfilling their daily care activities. These services include home help, home attendant care, home health services, respite care, meals-on wheels, tele care service, and handyman service. Some practitioners use the term "domiciliary care services" instead of "home care services" (25).

Below are the services within the scope of home care services:

**Home Help Service:** This service aims at increasing the quality of life of the elderly people by making them live independently at their own homes. Home help service includes house cleaning, washing and ironing clothes, providing medicines, shopping, and social and psychological support. The period of this service depends on the needs of the elderly (27).



It is usually appropriate to provide this service via a private agency or a volunteer unit of social work. The home helpers are generally determined by reference. These people are also known as community care workers (27).

**Home Attendant Service:** This is a type of service which is carried out by a staff member in order to meet various needs of the elderly that do not require any professional nursing skill (such as cutting nails, shaving, taking shower, and eating, etc) (28).

Home attendant service is usually carried out by private sector and volunteer institutions. A significant part of the finance of this service is met by the social work units of municipalities. In the process of fulfilling this service people who are trained in the field of elderly care take place and provide assistance by visiting the elderly people at home on a daily basis (25).

**Home Health Services:** The programs of home health services are medicare, nursing, professional therapy, physical therapy, and speech therapy, and include care and follow up of the patients at home. Most of these services are fulfilled by medicare staff or private nursing care services in return for a certain fee in the private sector. Patients also receive formal medicare services at home, and this usually offers more comfort for the patient and a more economic system for the hospital (25).

**Respite Care:** This is a temporary care service towards people taking care of the elderly to have a rest and have some leisure time. Generally the people who are specialized in the field of elderly care and nurses take place in the process of service delivery. Social workers, on the other hand, are at the position of case managers in the respite care service (28).

**Meals On Wheels:** This service is given in the form of taking hot meal to the homes of the elderly people. Goal is to provide the elderly people who are not able to cook or cannot cook temporarily with the opportunity to eat without going away from their environment. Meals are served three times a day (29).

**Handyman Service:** This service aims at helping the elderly who need small scale repairment at home. Handyman service includes home repairment, door and window repairment, changing keys and windows, and electricity and water installation fixing. In order to receive this service, the elderly person calls the center for organizing handyman services and makes an appointment. In a five day period after the appoint-

ment repairment is done. This period changes in urgent cases (29).

**Telecare Service:** This service is delivered by a system which is constituted by adding a lifeline to a normal line. Elderly people living alone could make use of this service by pressing the button in urgent cases. This system is set as adding a kit to the elderly person's phone which links the person with the telecare center. After this system is installed, the person is told to press the button which could also be carried on necklace in urgent cases. During the application the names of the people close to the person or her relatives, friends, and doctor are recorded. In urgent cases (for instance, her falling down), the person presses the button and sends a signal to the telecare center. As a result of the signal, the operator in the center reaches the people in the elderly person's list and makes them reach her home. The operator also calls her doctor, health center, ambulance and the police. With this system being installed, the elderly person can make use of this service seven days a week and twenty four hours a day. Her doctor is requested a report to the "telecare" center to describe the patient's situation. In the urgent case after the signal has been reached, information is given to the health center about the elderly person (29).

Additionally, social workers in the center who organize home care services follow the elderly person everyday by phone in order to follow her daily life and support in solving the problems arising as fulfilling daily life activities (27).

Apparently, home care is more comprehensive than other care types, and cover many services for increasing the quality of life of the elderly person in various fields such as psycho-social and physical well-being. Therefore, it is a service which necessitates an interdisciplinary teamwork that includes a doctor, a nurse, a social worker, a psychologist and other social service staff.

Home care services are a whole of multidimensional services that cover patient care, rehabilitation and personal care as well as preventive services. Home care services include all kinds of support given to the family in cases of illness, disability, elderliness, and motherhood (30). General scope of home care is comprised of daily home help such as cleaning, cooking and shopping; personal assistance such as clothing, shower and moving; and professional assistance such as patient care, and speech or physical therapy (28). The basic target of home care is to support family by meeting the person's needs at best and therefore increase the functioning of both the family as a



whole and all the members of the family (30).

Today the fundamental approach to the field of elderly welfare in Europe and the USA is to support the elderly in maintaining her life within the environment she has been used to without breaking her links with close relatives and neighbors.

At this point, an examination of the elderly services in the Netherlands which is a European country whose level of social welfare is quite high reveals the following orientation in the field of elderly welfare: the fundamental goal in the field of elderliness is to make the elderly live at home as long as possible by supporting with some services. With this goal, the elderly people receive home care services. Home care services include self-care, nurse care and consultancy. In addition, the elderly people are supported by meal service. The elderly person may live alone or with her relatives, but the people she lives with may experience various difficulties in their daily activities. The elderly person may not meet some of her needs both within and outside home. In this case, home care service is put into use. People who take care of the elderly at home may be sent by the government, the elderly person may herself find someone, or this person is sent by private agencies. In both cases, this service is paid by the elderly person, but if the salary of the elderly person is not enough to pay, the government supports her. The helper gives support to the elderly person in taking shower, washing the clothes, shopping, and house cleaning, etc. There is a variety of services. Some private agencies also send some people to accompany the elderly in going to the hospital, bank or shopping (31).

### **Daycare Services**

Daily services aim at empowering the elderly by increasing her self-esteem, and increasing her welfare by contributing to her independent life. They support the elderly to develop themselves by social, educational and leisure activities without breaking their ties with society. One of the agencies that offer such services is day center. While these services may be directed towards various goals, they may also plan their services towards just one goal (for instance, leisure activities). Their basic goal is to provide services and programs towards health, sports, nourishment, rehabilitation, diet, personal care, legal and financial assistance, leisure activities, holiday, and travels, etc. They always have to increase the variety of their services (32).

Day centers are a widespread type of service in developed

countries and provide the elderly people who live either alone or with their children and have nobody to take care of them in daytime with care and support services within daytime. The elderly people receive personal cleaning and medical monitoring, have lunch, take physical therapy and rehabilitation services, and find the opportunities as social activities and travels in these centers as well as psycho-social support. Being usually called as "day centre", "day care centre", "senior centre" and "day hospital", these centers are quite spread and functional in the field of elderly care in England and the Wales (33).

Below follow the information regarding the functioning of these centers in England and the Wales.

Following home care services the most widespread service is the places that may either be called as day center or day hospital. Approximately 6% of the people above the age 65 receive services from these centers. Day hospitals reach approximately 1% of the elderly. These centers commonly offer services such as shower, simple medical accompanying, giving medicine, or physiotherapy. The elderly people receive the services of day centers and day hospitals from either local governments or volunteer agencies. Great majority of day centers are administered by volunteer organizations, especially the National Aid Association. Big part of the incomes of volunteer organizations (almost 75%) is constituted by donations and payments by local governments. The basic responsibility of day centers is to provide lunch and some simple care services. Many luncheon clubs take place in a day center. Like many home services, daycare also constitutes only a small part of the support given to the elderly in need and the people who take care of them. It is rare to see someone who attends these centers more than twice a week. Each day center is shared among four or five elderly people. The elderly people are usually taken home after 3 pm or 4 pm, and on weekends these centers are closed (33).

### **Home Care and Daycare Services in Turkey**

The first project on home care in Turkey was implemented in the end of 1993 by the General Directorate for Social Services and Child Protection Agency in Ankara, Adana, İzmir, and İstanbul cities. Having started with the goal of helping the elderly people who live alone at home and training intermediary staff to take part in home care services, this project could not be longstanding due to the fact that the pilot implementations did not reveal active results.



The most important examples of home care services in Turkey are offered by local governments such as the Center for Elderly Services of Ankara Metropolitan Municipality, home health services of İstanbul Health Inc. of İstanbul Metropolitan Municipality, and a temporary home care service given by a private company to 1500 poor patients under İzmit Metropolitan Municipality.

“Home Care Project” of the Center for Elderly Services of Ankara Metropolitan Municipality was started in 1994 is among important projects on the issue in Turkey. The elderly people who become a member of the center receive services such as all kinds of home repairment, electricity and water installation, carpentry, painting and whitewashing, and cleaning. In addition, telephone, water and electricity bills, and real estate and environment cleaning taxes of the elderly people are paid, and their bank operations are followed. Moreover, they receive “priority service card” in order to do their operations in the units of the municipality. Priority in this project is given to the elderly people who are above 65, live either alone or with their spouses, need care, and have low income. Nevertheless, the elderly people from middle and higher income groups may also benefit home care services. All services of the center are without charge, but only in the cleaning and health services, fifteen Turkish Liras (one dolar is equal to 1,25 Turkish Lira) from cleaning and five Turkish Liras from health services are charged from the ones whose income per month is higher than the minimum wage (34).

In this project three doctors, two nurses, six social workers and two psychologists as well as approximately one hundred and sixty technical and intermediary staff who help in services both within and outside home in order to facilitate daily life of the elderly take responsibility. The center has fourteen thousand registered members. Within the scope of social and leisure activities, old and new members meet once a month in the tea meetings at the center, and their wishes and expectations are evaluated. Apart from these, travels and picnics are organized; holiday camps are visited one week a year; and celebration activities are organized in special days and weeks such as the elderly’s week, mothers’ day, and teachers’ day, etc (2). Having almost three million Turkish Liras as the 2007 budget, only disadvantage of the center is its increasing number of members day by day, and simultaneously, emerging difficulties in services.

Istanbul Metropolitan Municipality has provided over one and a half million households with home care service since

2001 within the scope of home health services. Home health services cover medical examination, laboratory services, nursing services, psychotherapy, physiotherapy, and rehabilitation services. Having been provided in a vast variety from baby to elderly, from follow up of pregnancy and confinement to the cases of disabled, bedridden and chronic patients, and still to meeting the rehabilitative and psychological needs after an accident or an operation, home health services also include informing work towards families about the elderly illnesses. İstanbul Health Inc. of İstanbul Metropolitan Municipality carries home health services via a professional care team composed of doctor, care nurse, patient monitoring nurse, physiotherapist, social worker, psychologist, and care support staff.

Apart from these, it seems obvious that local governments are not effective in the delivery of home care services countrywide.

The first legal regulation on home care in the country is the “Regulation on the Delivery of Home Care Services” enacted in 10.03.2005 by the Ministry of Health. Following this regulation, gradually medical care and companionship services began to develop in the private sector. Patients’ paying of the costs of home care services themselves, that is to say, exclusion of these services from the scope of health security is the most important barrier against development of private home care agencies. As a matter of fact, number of the private agencies which are officially authorized by the Ministry of Health is not more than twenty. Moreover, with the “Regulation on Determining the Disabled in Need of Care and Setting the Bases of Care Service” under General Directorate for Social Services and Child Protection Agency within the scope of home care in 23.10.2007, relatives of the disabled whose disabled member of the family is determined by the health commission report as seriously disabled and needing care, and whose household income per capita remains under 270 Turkish Liras began to be paid 419 Turkish Liras a month. Since the day the regulation was enacted 22.000 people have been benefitted this social aid. It is foreseen that 200.000 people will be benefitted this aid next year.

Having emerged as an alternative daycare service model towards the elderly who maintain their life at home, number of the Elderly Solidarity Centers is only five countrywide in Ankara, İzmir and Çanakkale cities. Total number of members of these centers is about a thousand (35). These centers neither provide home care services nor contemporary daycare services.



Due to both the number of specialist staff and financial difficulties, it becomes more and more difficult for these centers to survive. According to the findings of a research by Danış (4) done in two Elderly Solidarity Centers under General Directorate for Social Services and Child Protection Agency in Ankara, majority of the elderly do not find the services delivered by these centers sufficient, and want these centers to provide various services such as health, education, culture, home care, leisure activities, travel, and psycho-social support, etc.

The fact that home care and daycare services are not developed in Turkey stems from the institutional organization of the system of formal social services in the context of being in need of protection. Therefore, contemporary elderly care models have not been able to be transferred into practice in direction of physical, social and cultural characteristics, and habits, desires and expectations of the elderly.

### **A Community Based Care Model Proposal Specific to Turkey**

Apparently, home care is just in the beginning phase in Turkey, and service delivery is not a holistic system. Home care services in developed countries, on the other hand, are delivered free of charge within the scope of the care security under the responsibility of one state institution towards elderly, disabled and ill people having difficulty in maintaining their life alone at home with a holistic perspective which combines personal care, health care, supporting and enabling consultancy services, temporary residence, and social integration services, etc.

An examination of the issue in Turkey reveals that legal and practice frame of medical home care services of the private sector is prepared by the Ministry of Health, and the Ministry also gives legal permission and controls the practice. Moreover, General Directorate for Social Services and Child Protection Agency delivers social aid to family members and relatives taking care of the disabled individuals who fit the conditions on the related regulation and can be classified as seriously disabled being in need of care at home. This agency takes home care aid on the basis of the disability criterion, and in the care determination commission is composed not only of doctor, nurse, social worker, but also civil servants with any higher education due to the fact that the number of applications is very high and there is a lack of specialist staff. The elderly people who can maintain their life and realize self-care

at home with a little amount of assistance and patients at convalescence cannot make use of this social aid. In order for an elderly individual to benefit this aid she has to prove that she is seriously disabled referring to the "Regulation on the Disability Criteria and Health Commission Reports for the Disabled", and she has to meet all the other conditions mentioned in the previous part of the paper.

The most important point to be criticized here is that home care is a professional assistance service and General Directorate for Social Services and Child Protection Agency provides only social aid in this scope. It is not possible to mention about a holistic home care service which relies on an interdisciplinary teamwork in the case of General Directorate for Social Services and Child Protection Agency. Home care services need rather to be delivered by professional teams which are composed of other professionals having the responsibility to give contribution to this field such as doctors, social workers, nurses, psychologists, physiotherapists, occupation therapists, and home economists, etc. Otherwise, neither the disabled, elderly and chronic patients can benefit a contemporary home care service, nor the problems of the families originating from giving care can be solved.

Community based care services in many countries such as home care and daycare services are carried out by local governments, NGO's and the private sector (7). In the organization of home care and daycare services for the elderly, patients and the disabled in Turkey, municipalities, NGO's and the private sector should take part as practitioners due to the reasons such as making these services widespread all around the country, solving the problems urgently with the understanding of local governance, and using the current resources more efficiently. It is so important for both cost efficiency and client satisfaction in terms of transferring a holistic community based care model into practice which is to be implemented and controlled by General Directorate for Social Services and Child Protection Agency and coordinated by the Ministry of Health. Thus, care costs of the elderly in Turkey today increase every year due to reasons such as increase in the average life expectancy, increase in the health costs in line with this, and construction of new nursing homes, etc. However, statistics and data on this issue are not published by the agencies and institutions. Today while the cost of an elderly person taking home care services to the state is 600 euros on average (about 1200 Turkish Liras) in the Netherlands that is one of the oldest welfare states in the world (36), expenditures in the field



of institutional care are higher compared to the Netherlands since great part of the care costs are subvented by General Directorate for Social Services and Child Protection Agency and the General Directorate for Retirement Fund. Therefore, while elderly homes offer service only in the field of residential care in Turkey, such institutions in the Netherlands and other developed countries provide service towards more than one goal. For example, home care service is provided at studio type homes in the institution for the elderly people who can maintain their life alone in the institution; the elderly people who cannot do their self-care stay in the institution's special care units of these institutions; cafeteria and restaurants of the elderly care institutions provide low cost meals for the elderly who live at home in that region; and these places are managed as daycare centers and the elderly people of the region and the inhabitants of the institution may utilize productive activities in daytime.

“Community based care service units” to be established under the administrative organization of municipalities in Turkey may be responsible for management of daycare and home care services towards bedridden and chronic patients, and the elderly and disabled in need of care. These services may be carried with the contribution of volunteer people and institutions via daycare centers within the boundaries of municipalities. In addition to municipalities, non-profit NGO's and NGO's for public use and the private sector may also manage home care and daycare services with the conditions determined by General Directorate for Social Services and Child Protection Agency.

Determining and controlling the standards of community based care services to be delivered by municipalities, NGO's for public use and the private sector should be done by General Directorate for Social Services and Child Protection Agency which is primarily responsible as a requirement of the law (item 2828) for carrying services towards the disabled and elderly in need of care and assistance. By establishing the “Department of Community Based Care Services” under General Directorate for Social Services and Child Protection Agency coordination of daycare and home care services towards the disabled and elderly countrywide and bases, methods, principles and control of the services should be provided by the central administration.

Tasks of home care and daycare centers may be examined in detail as the following:

- Provision of home care services towards the goal of maintaining the lives of the disabled, elderly and patients at home and in their environment as long as possible (such as house cleaning, washing clothes and dishes, ironing, meals service, following bank operations and paying the bills, shopping, home repairment, home visit, consultancy, monitoring on phone, medical follow up and nursing, respite care and companionship, body cleaning and care, holiday, camping, travel, leisure activities, and transportation services),
- Organizing daily tours, meals, entertainments, cultural activities, library services, and other leisure activities in order to actively evaluate free time of the disabled, elderly and patients in need of care,
- Mobilizing the current resources via cooperation of NGO's and volunteers,
- Expressing the problems of the disabled, elderly and patients in the environment where the centers are established and deliver service to society,
- Provision of medical, social and vocational rehabilitation services towards the disabled, elderly and patients,
- Examining the problems, wishes and expectations of the individuals in need of constant or repite care in rural regions, and conducting projects to improve support services towards these groups in direction of the findings,
- Forming opportunities for the disabled, elderly and patients to actively participate in social life,
- Decreasing the burn out levels of the families by lessening the care burden of them; decreasing their stress and anxieties; stimulating their moral motivations; determining their problems; and planning implementing social care and support services towards meeting their needs and expectations.

In order to better understand how to implement community based care services in administrative, operational and professional terms, the scheme of home care services can be drawn as the following:

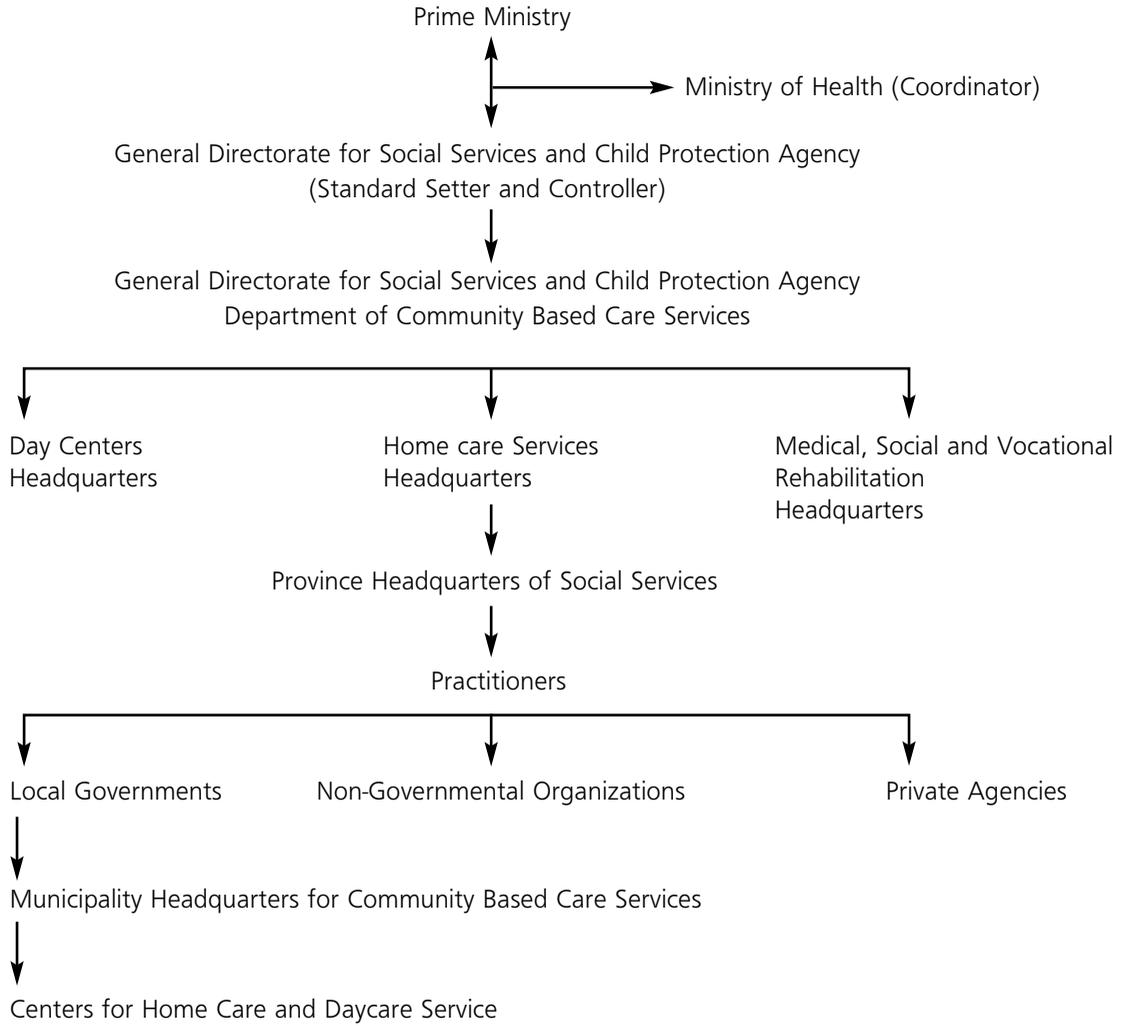
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## CONCLUSION AND SUGGESTIONS

Changes in the demographic and social structure of the world population cause States orient towards policies of social services and health that are new and have high cost efficiency. The number of the people in need of care increase day by day due to reasons such as increase in the incidence of



### Scheme of Community Based Care Services Organization



chronic illnesses; increase in the care and treatment costs of the elderly, disabled and chronic patients; disappearance of the traditional care role of the family; and decrease in the power of blood based solidarity models. Besides psycho-socially negative effects of the institutional care, its high costs caused States incline towards new and contemporary social care models. Thus, after the second half of the twentieth century, modern world began to leave institutional and residential care,

and adapted community based care models such as home care and daycare. As a client centered service, community based care, taking the individual and her family as a whole, aims at supporting the individual to adjust normal life in her own home and family environment, and making her maintain life independently. Apart from home services the individual needs, providing a vast care concept such as daily services towards strengthening her interaction with social life and medical, so-



cial and vocational rehabilitation services, community based care is a service model that depends on interdisciplinary teamwork.

Being the implementer of the formal social service system, General Directorate for Social Services and Child Protection Agency is involved in social care practices that depend on institutional care regulations. The regulation prepared by the related institution in the end of the last year aims at giving social aid to the family members giving this care besides providing home care for the disabled, elderly and patients. Because of this, there are no contemporary home care services towards the elderly and disabled in Turkey, and the number of the daycare centers for these population groups is not more than the sum of a hand's fingers. The number of the elderly people reached through these centers is about six million, and this is smaller than the population of a small neighbourhood in Turkey where eight and a half million disabled people live. Taking the general economic conditions of the country into consideration, General Directorate for Social Services and Child Protection Agency with its small amount of qualified staff and limited budget should focus on respite, goal oriented and effective care services in order to use its current opportunities efficiently and deliver service for more people in need of care. Community based care is a cheaper service in terms of constant expenditures, staff and costs besides the fact that it is preferred by clients. Therefore, it is mandatory that General Directorate for Social Services and Child Protection Agency adapt social care models instead of institutional and residential care regulations. Home care and daycare service programs of local governments, NGO's and the private sector can be managed via the headquarters of "Daycare Centers", "Home Care Centers" and "Medical, Social and Vocational Rehabilitation Services" under the "Department of Community Based Care Services" of General Directorate for Social Services and Child Protection Agency. This agency may either open such centers itself or determine the standards and control of these centers.

One of the most important problems in the fields of health, social service and social aid in Turkey is the fact that resources cannot be used effectively and efficiently. For example, there has not been any standardization in the aids towards the poor. Due to this, Prime Ministry Social Aid and Solidarity Foundations, General Directorate for Social Services and Child Protection Agency, the law on "Putting on Salary to Turkish Citizens above 65, in Need, Powerless, and without Anybody" (item

2022), Green Card implementation within the scope of the health assistance (item 3816), aids by municipalities and NGO's cannot be managed as one system and there is no automation in this field; therefore, the resources to fight against poverty cannot be used effectively. Thus, while some poor people cannot receive any aid from any institution, some others may benefit aids provided by all laws and institutions.

With all these reasons, in the fields that require interdisciplinary and interinstitutional cooperation, coordination and work such as home care and daycare, works of the Ministry of Health in the scope of home health care practices should be reorganized in a way to meet the individual's psycho-social needs, and General Directorate for Social Services and Child Protection Agency's implementations towards social dimension of home care should be carried in coordination with the Ministry of Health in order not to cause staff and resource expenditure. For example, a unit under the Ministry of Health should manage who, in what limits and for what amount of time could benefit home care services. And home care budget of General Directorate for Social Services and Child Protection Agency which is taken as a social aid for supporting the family solidarity mechanism should be used by the Ministry of Health more rationally by being strengthened with various support services towards home.

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