

Research and Policy on Turkey

ISSN: 2376-0818 (Print) 2376-0826 (Online) Journal homepage: http://www.tandfonline.com/loi/rrpt20

Familialization of care arrangements in Turkey: questioning the social inclusion of 'the invisible'

A. İdil Aybars, F. Umut Beşpınar & H. Sibel Kalaycıoğlu

To cite this article: A. İdil Aybars, F. Umut Beşpınar & H. Sibel Kalaycıoğlu (2018) Familialization of care arrangements in Turkey: questioning the social inclusion of 'the invisible', Research and Policy on Turkey, 3:2, 115-137, DOI: 10.1080/23760818.2018.1517447

To link to this article: https://doi.org/10.1080/23760818.2018.1517447

Published online: 10 Oct 2018.

Submit your article to this journal

View Crossmark data

Full Terms & Conditions of access and use can be found at
http://www.tandfonline.com/action/journalInformation?journalCode=rrpt20

RESEARCH AND POLICY ON TURKEY
2018, VOL. 3, NO. 2, 115–137
https://doi.org/10.1080/23760818.2018.1517447

Routledge
Taylor & Francis Group

ARTICLE

Check for updates

Familialization of care arrangements in Turkey: questioning the social inclusion of 'the invisible'

A. İdil Aybars, F. Umut Beşpınar and H. Sibel Kalaycıoğlu

Department of Sociology, Middle East Technical University, Ankara, Turkey

ABSTRACT

This paper examines the dynamics of care arrangements for children, persons with disabilities (PWD), and the elderly, who constitute the group of 'the invisible' in social policy in Turkey. The invisibility of these three groups stems from their systematic, consistent and diffuse exclusion from the social, political and economic life of the country. The context of social inclusion policies for these groups in Turkey presents a challenge to assess their implications in three important respects: (I) the lack of data concerning these groups, (II) the lack of policy tools and instruments assessing the existing assistance and services for these groups, to allow comparative evaluations, and (III) general orientation of care services and policies towards families, therefore not targeting the direct correspondents of these policies. This paper outlines existing care policies for children, PWD and the elderly in Turkey, with a view to assessing their implications for promoting social inclusion, in two different aspects. While social inclusion literature is predominantly focused on the implication of social policies for the care-receivers, this paper examines the social inclusion implications of care policies also for those who are traditionally assigned the role of caregiver, namely, women. The latter dimension is a consequence of the increasing familialization of care policies in Turkey, which leads to the exclusion of women from economic and social life, thus reproducing the invisibility of these three groups while sustaining an overarching invisibility, that of women.

ARTICLE HISTORY
Received 10 February 2018
Accepted 7 August 2018

KEYWORDS
Care policies; social inclusion; children; elderly; persons with disabilities; familialization of care

Introduction

This paper examines the dynamics of care arrangements for children, persons with disabilities (PWD) and the elderly. These three groups constitute 'the invisible' section of the society in Turkey, for whom there is a very limited emphasis in social policies. The invisibility of these three groups stems from their systematic, consistent and diffuse exclusion from the social, political and economic life of the country, as well as their neglect in social policies.

The context of social policies for these groups in Turkey presents a challenge to assess their implications for social inclusion in three important respects. First, there are important problems regarding the data on these groups, as data collection is not

CONTACT A. İdil Aybars aybars@metu.edu.tr Department of Sociology, Middle East Technical University, Turkey

© 2018 Informa UK Limited, trading as Taylor & Francis Group

regular, periodical, and/or based on clearly identified definitions. The lack of reliable data concerning these groups is a crucial challenge, which impedes the diagnosis of the problems they face, and therefore makes it difficult, if not impossible, to develop effective social policies to promote their social inclusion. Secondly, policy tools and instruments assessing the existing assistance and services for these groups, that is, effective indicators and statistical objectives, are largely inexistent. This makes comparative evaluations and assessments of these policies, at local, regional, national and international levels, all the more difficult. Finally, care services and policies in Turkey are predominantly, if not exclusively, oriented towards families, therefore not directly targeting the correspondents or beneficiaries of these policies.

This paper aims to examine the public care arrangements for children,[1] PWD and the elderly in Turkey, with a view to assessing their implications for promoting social inclusion, in two components, namely, (i) existing care services for these groups, and (ii) the social and financial resources allocated for this purpose. This study can be distinguished from previous studies in several respects. First, the social inclusion implications are assessed in two interrelated dimensions. While social inclusion literature predominantly focuses on the implication of social policies for the *care-receivers*, this paper goes one step further to examine the social inclusion implications of care policies also for those who are traditionally conceived as *caregivers*, namely, women. The latter dimension is related to the increasing tendency of familialization of care policies in Turkey, both in terms of the collection and analysis of data, as well as the provision of services and assistance. Second, the paper questions the type of 'care regime' that Turkey exemplifies, based on the services and resources concerning these groups, and argues that Turkey is moving from an 'implicit familialism' model (Leitner 2003) to a form of 'supported familialism' (Saraceno 2010), marked by a paradoxical policy approach, in which conservative family understanding and gender politics go hand in hand with an increasing emphasis on care issues (Akkan 2018), despite a significant shortage of public provision and mainly through consolidating the role of the family in care provision. Third, while most of the existing studies in the context of Turkey focuses predominantly on childcare, its gendered nature and its implications for families (Candaş and Silier 2014; İlkkaracan, Kim, and Kaya 2015; Kılıç 2010; Yazıcı 2012), this study adopts an integrated perspective on the care issues for children, elderly and PWD, with a view to identifying how the mechanisms of 'supported familialism' operate across these different but related fields.

This paper is partially based on the findings of a previous study on the development of social inclusion indicators in Turkey,[2] which was based on the input provided by a wide variety of stakeholders, including representatives of relevant Ministries[3] and governmental units, the Turkish Statistical Institution (Turkstat), and civil society organizations and academics, through a number of meetings and workshops. While the scope of the study was broader to include further disadvantaged groups, as well as the different dimensions of social inclusion for these groups, including education, employment and healthcare, the workshops provided a significant opportunity for the authors to get first-hand information from policy-makers and experts directly involved in the design and delivery of care services and social assistance for the three groups that constitute the focus of this study, and to obtain their comments and feedback on existing social policies and on the definition and scope of social inclusion data and

indicators. The present study is, therefore, makes an important contribution to the literature by bringing the insights of those that are directly involved in the development and provision of care policies and services in Turkey together with the theoretical objective of locating the country in existing typologies of care regimes.

The next section of the paper provides the conceptual framework, namely, social exclusion and social inclusion, and the implications of care arrangements for promoting the social inclusion of the most vulnerable groups in society, namely, children, PWD and the elderly. It overviews the 'care regimes' targeting the three groups, with a view to locating Turkey's position in existing typologies. The third section briefly outlines existing care policies for children, elderly and PWD in Turkey on the basis of international comparisons, with the objective of categorizing the existing social and financial support and care arrangements for each group. The analysis points to the increasing familialization of care policies in Turkey in the collection and analysis of data, as well as the provision of services and assistance, consolidating the central place of the family in care provision. The paper concludes by analysing the implications of this in terms of resource distribution within the household and its reflections on the gender division of labour. With low level of support to families, as well as low level of state and private service provision, this care model works at the expense of women, leads to their exclusion from economic and social life, and thus threatens women's autonomous citizenship rights, reproducing the invisibility of these three groups while sustaining a further and overarching invisibility, that of women.

Conceptual discussion

Social exclusion and social inclusion

Social inclusion has gained a primary role in the political debate and has received considerable attention among social scientists as well as policy makers (Giambona and Vassallo 2014; Duffy 1995; Sen 1998; Mejer 2000; Atkinson et al. 2002). The concept of social inclusion first appeared in the 1980s in European social policy debates in reference to overcoming the issues of poverty, inequalities and social exclusion (Wilson 2006), and started to dominate the social policy discourses of national governments and international entities such as the European Union, International Labour Organization (ILO), World Bank (WB) and the various agencies of the United Nations thereafter. It is used interchangeably with the concepts of poverty and social exclusion. Social inclusion is a broad and inclusive concept, which also covers phenomena such as social exclusion, poverty, lack of participation, vulnerability and disadvantage, and an ambiguous concept in the literature with very little consensus on its definition and broad usage in a variety of contexts. In general, social inclusion has been conceptualized in relation (or opposition) to social exclusion, and the two concepts cannot be discussed and/or measured in isolation from the other, even sometimes taken together as 'SE/SI') (Labonté, Mohindra, and Schrecker 2011). These terms are employed in a wide variety of ways, which increase their political appeal, but this can also raise questions concerning their analytical value (Atkinson et al. 2002). The concept of social exclusion overlaps with and encompasses the concepts of poverty, capability and deprivation: an accumulation of social disadvantage with respect to material resources, social and economic

participation and personal growth, such as poverty, deprivation, low educational qualifications, labour market disadvantage, joblessness, poor health, illiteracy, precariousness etc. (Labonté, Mohindra, and Schrecker 2011; Atkinson et al. 2002). 'Social exclusion' had its origins in Durkheimian notions of social solidarity (Levitas 1996,1998), particularly in the way it was used in France in 1970s in reference to a perceived social need for 'cohesion' and the duty of 'solidarity.' The emerging social exclusion paradigm focused on the reassimilation and inclusion of those who have been marginalized in different aspects (Wilson 2006).

The UN (Atkinson and Marlier 2010, 1) recognizes that poverty is an important cause of social exclusion and defines this latter as 'involuntary exclusion of individuals and groups from society's political, economic and societal processes, which prevents their full participation in the society in which they live'; lack of economic resources is important, but 'there are other important dimensions of social exclusion, which encompasses a broader (complex and multidimensional) set of concerns'. Social exclusion differs from the concepts of poverty and deprivation in the emphasis it places on non-material aspects.

Social inclusion, however, is a broader concept than poverty and social exclusion, which are necessary, but not sufficient, conditions for the former, since social inclusion has also social justice and community involvement aspects. Indeed, social inclusion is understood as the process through which to combat poverty and social exclusion, as well as to establish a 'society for all' (UN 2010). Academic and institutional discussions treat the concept in a relative, dynamic and multi-dimensional perspective (Room 1995; Berghman 1995). Relativity means that an individual is socially included only with respect to other members of society, and an absolute social inclusion condition does not exist. Dynamism refers to persistence or change over time, which makes social inclusion a process rather than a status. Multi-dimensionality takes into account a number of different factors, the selection of which is not always obvious (Giambona and Vassallo 2014). There are three macro-dimensions closely connected to social inclusion, which should be addressed in an integrated manner: (1) the economic dimension (monetary and financial issues, income or saving capability), (2) social dimension (social relationship with the family, friends, neighbours, local community, social participation, etc.), (3) the institutional dimension (relationship between people and the state).

The objective of social inclusion goes therefore beyond the elimination of poverty and requires a multi-dimensional and multi-level perspective to address a variety of issues, including economic, social, political and cultural participation in society. In addition to economic resources and employment, other dimensions are taken into account, including health, education, care, affordable access to other public services such as justice, housing, civil rights, security, wellbeing, information and communications, mobility, social and political participation, leisure and culture (UN 2010). According to Ager and Strang (2008, 181–182), social inclusion and exclusion should be examined in relation with policy measures attempting to remove barriers to integration in society, particularly concentrating on actions in fields such as language, cultural knowledge, safety and stability, facilitating and/or constraining integration. This framework is based on an emphasis on the role of the state in removing these barriers and allowing integration to take place. Moreover, social inclusion is said to provide a better understanding by also incorporating gender and life course perspectives as individuals'

situation in one life stage depend on their situation in prior life stages and affect the situation in later life stages, possibly in multiple dimensions (Kvist 2015).

For the development of efficient social inclusion policies, there is a clear need for effective policy tools and instruments in order to diagnose the situation, address the existing needs and establish realistic targets and objectives. That is, efficient social policies require accurate measurement tools and monitoring of progress towards achieving their objectives. Social indicators are essential instruments to evaluate a country's level of social development and to assess the impact of social policies (Atkinson et al. 2002). It is clear that the measurement of social inclusion should be multi-dimensional and encompass a wide range of domains including care, employment, material resources, education, health, housing, social resources, community resources and personal safety. While it should be recognized that all these dimensions are closely interlinked, they should be assessed separately in terms of their own implications for well-being and social inclusion. This study particularly focuses on the issue of care in terms of its implications on the social inclusion of the three most invisible groups in the Turkish society.

Care policies and 'care regimes'

Increasing care needs due to demographic challenges and economic transformation have rendered the reform or development care systems a prominent policy issue across all European countries. Care services represent an expanding component of the welfare state (Anttonen and Sipilä 1996). There have been an increasing number of studies focusing on the different modalities and strategies of care provision across European welfare states, leading to different typologies of 'care regimes', based on dimensions such as formal and informal care, inclusiveness of the system, policy choices, regulations, service volumes, and gender implications (Anttonen and Sipilä 1996; Leitner 2003; Bettio and Plantenga 2004; Da Roit and Le Bihan 2010; Saraceno 2010). While the family is still a major provider of care throughout Europe, national social policies develop different strategies in terms of supporting and/or supplementing the family, which result in different economic and social outcomes.

Most of these studies have underlined the importance of contextual factors in shaping national care arrangements, as countries have different practices depending on their social, economic, cultural and political trajectories. The organization of care is closely related to general cultural attitudes about the family. Some countries, for instance, follow a highly restricted childcare policy because children are seen primarily as the private responsibility of the parents. Parents, therefore, are supported financially through childcare allowances or financial arrangements for the care of their children. In other countries policies may be more focused on providing substitutes for family care than on supporting it (Bettio and Plantenga 2004). Moreover, the policy context, timing, and specific regulation of the care schemes lead to different visions of care and care work that result in distinct care regime configurations (Da Roit and Le Bihan 2010). On the other hand, there is also evidence that care policies can be influential in changing or shaping the attitudes of the beneficiaries (Ellingsæter, Kitterød, and Lyngstad 2017), which shows a two-

way relationship between the policies and the society, exemplified by the concept of 'policy feedback' (Kumlin and Stadelmann-Steffen 2014).

Care strategies can be conceived of as having two important dimensions relying on, namely, formal and informal arrangements. While formal provisions of care refer to provisions regulated by law or other contractual arrangements, informal care covers all unregulated, mostly unpaid, activities on behalf of children, the elderly, or dependent others. These provisions are targeted either to persons who are in need of care (care-receivers) or to persons who provide care (care-providers). Informal care arrangements are based on two main factors; first, that an adult within the family should devote at least two hours per day to caring for the dependent members of the family, and second, that the households should not be paying for regular care. Formal care provisions, on the other hand, can be examined under three categories, namely time-off from work, money, and services (Bettio and Plantenga 2004). These include, (i) provisions concerning the working conditions of caregivers (i.e. leave arrangements, career breaks, reduction of working time), (ii) financial provisions and monetary benefits (family allowances, social assistance, tax allowances), and (iii) social services (home care services for the elderly, nursery places for children). Care strategies for children are mostly regulated through time-off work, where countries use a broad range of national regulation, different in terms of payment, duration, flexibility and entitlement. Whereas child-related and family allowances exist in all countries, enforceable entitlements to services, for instance, access to childcare facilities, do not exist. This is a crucial aspect since services for children below 3 are especially important for working parents. Care strategies for the elderly, on the other hand, mostly concern time-off work, although to a lesser extent than that allocated for children. This is because, while the importance of leave and other time-related provisions for children have been generally accepted, the need for working individuals to spend time with their older relatives is generally recognized only if the latter is severely ill or for very short periods. In terms of services, institutional care and home help services are the most important care services targeted at elderly persons. The general picture is, therefore 'one of supplementing residential and community care instead of a clear substitution for it' (Ibid.: 98). On this basis, two main models of care can be identified in Europe, namely, the Scandinavian model of *public services* and the Southern European *family care* model.

It can be observed, however, that cash-for-care schemes, putting the emphasis on allowances instead of services provided to dependents, have gained an increasing predominance across European countries since the 1990s, representing a key policy aimed at ensuring choice, fostering informal family care, developing care markets, and containing costs (Da Roit and Le Bihan 2010). This has been the main trend in almost all countries, both those with traditionally strong public support for care and those where care has been a more recent policy issue on the agenda. Looking at care policies and focusing on the caring function of the family from a gender perspective, Leitner (2003) identifies four ideal types of familialism in the EU member states, with structural gender effects. Accordingly, the extent to which the caring function of the family is promoted determines whether a welfare regime is conceptualized as a familialistic or a de-familializing system. Esping-Andersen (1999 , 51) defines a familialistic system as 'one in which public policy assumes – indeed insists – that households must carry the principal responsibility for their members' welfare.' A de-familializing regime is one

which seeks to unburden the household and diminish individuals' welfare dependence on kinship. On this basis, a distinction can be made between welfare regimes that rely on and actively support the family as the main source of care provision and those that aim to relieve the family from caring responsibilities. In the first model, the family is placed at the centre of care provision, while the second either socialize or 'marketize' the caring function of the family through public or market-driven social services, respectively. This results in four ideal types of familialism: first is called '*explicit familialism,*' strengthening the family in caring for children, disabled and the elderly through familialistic policies, while also failing to offer an alternative to family care. The second model, '*optional familialism*,' also strengthening the caring function of the family, nevertheless provides services as well as supportive care policies. '*Implicit familialism,*' on the other hand, neither offers de-familialization nor actively supports the caring function of the family through any kind of familialistic policy, whereas the family is still the primary caretaker since there are no alternatives at hand. Finally, '*de-familialism*' is characterized by a strong state or market provision of care services and weak familialization. Saraceno (2010), on the other hand, argues that the varieties of familialism follows three main patterns: (1) 'familialism by default,' implying no public care provision, (2) 'supported familialism,' implying that the family is supported by financial transfers, and (3) 'de-familialization,' involving extensive public and private services targeting the families.

It is important, therefore, to consider the impacts of care strategies pursued by the welfare states on the caregivers, with important social inclusion implications particularly through the lens of gender. While '*de-familializing*' care policies weaken breadwinner models and foster gender equality in the labour market, '*optional familialism* additionally supports family care directly as an alternative to formal care arrangements, providing an opportunity to choose between family care and formal care. '*Familialistic*' care policies, on the other hand, automatically enforce traditional gender roles since they aim at maintaining and strengthening the family's caring function. Care strategies pursued by welfare states indeed offer very different options and opportunities regarding women's gainful employment and care solutions outside the family, that is women's possibility to 'exit out of family' (Anttonen and Sipilä 1996).

Lewis (2007) underlines the lack of attention of policy-makers to the issue of care and care work, which, given the existing gendered division of paid and unpaid work, have negative consequences for women to become fully autonomous citizen workers. This is because 'the gendered division of care work has a major impact on women's welfare over the life course and raises the twin issues of how to value and to share care, between men and women and between the individual and the collectivity' (Lewis 2007, 279). The recent shift in focus of the work-welfare relationship from a 'passive' to an 'active' one underlines the importance of labour market participation, and de-familializes and commodifies the care issue for this purpose, through an emphasis on care work in the formal, paid sector. At the same time, however, care is increasingly commodified without being de-familialized, mainly through direct payments to family carers, to grandparents caring for children or to adults caring for elderly relatives (Ungerson 2003). This, in turn, reduces women's freedom to choose between paid employment and care work, due to the needs and choices of others, mainly men (Lewis 2007). Even when care is commodified, moreover, it does not fully substitute for the

unpaid work of care, nor is it sufficient to remove the need to rely on the informal care provided by relatives and friends (Lewis 2007; Da Roit 2007; Pickard et al. 2000).

Our analysis below suggests that Turkey is gradually moving from an '*implicit familialism,*' which reproduces the gendered care provision within the family (Leitner 2003), to a form of 'supported familialism' (Saraceno 2010), marked by a paradoxical policy approach where conservative understanding of family and gender politics goes hand in hand with an increasing emphasis placed on care issues in the public discourse (Akkan 2018), involving a significant role for the market in care provision, (Akkan 2018, Yılmaz and Yentürk 2017), but also a significant shortage of public provision and a clear tendency for consolidating the primary role of the family in the provision of care.

Analysis of care policies in Turkey

Children

By the 2000s, the concept of social inclusion has become one of the main tools to diagnose the situation of children and develop social policies towards them. Children are among the priority groups targeted by social inclusion policies[4] (UNICEF 2016). The objective of social inclusion for children is to promote and protect their right to live in acceptable standards, to access social services, and to sustain a life without being subject to prejudices and labelling. For this purpose, the social inclusion approach aims to identify the cultural challenges and barriers children face in accessing *care, resources and services*, and to remove those through effective social policies. As the main conceptual tool for the identification of the structural obstacles children face in participating in the economic, cultural, social, legal and political areas of social life, and for the development of social policies to remove these obstacles, *social inclusion for children perspective* focuses on multiple and mutually interacting aspects including struggle against poverty, discrimination and exclusion and, on this basis, increasing their welfare, wellbeing and participation.

The conceptual tools and indicators used in social inclusion policies are shaped by two main approaches that focus, respectively, on causal processes (poverty, discrimination, exclusion), and outcomes (child welfare and wellbeing). In the processes of conceptualization of the factors causing social exclusion, and monitoring and evaluation through indicators, three interrelated concepts can be identified, namely, poverty, discrimination and exclusion. One of the most important causes of the social exclusion of children is the poverty they experience in the early stages of their lives. In addition to poverty, factors such as regional disparities, family structure and ethnic identity also play a crucial role in the discrimination and exclusion experienced by children. Based on these factors, children may encounter inequalities and unfairness in access to care and resources, as well as to education and health services.

While the poverty, discrimination and exclusion experienced by children are generally addressed within the context of the family that the child is born into and is raised up, another approach focuses on the impact of all these factors on children, through the concepts of child welfare and child wellbeing. The processes of poverty, discrimination and exclusion negatively affect children's wellbeing and physical, cognitive, emotional and social development. Indicators on children's participation

in different areas of social life are closely related to indicators on child welfare and child well-being. In addition to indicators of children's access to care and material resources, subjective indicators on their self-development and participation opportunities are crucial for the assessment of the social inclusion of children. In order to promote the well-being of children and to combat child poverty and social exclusion, integrated multi-dimensional strategies should be developed at both national and sub-national levels.

As a country which has an emphasis on the social (welfare) state in its Constitution, and which has ratified the Convention on the Rights of the Child, Turkey is under the commitment to develop children's rights in a multi-dimensional perspective. The concluding observations adopted by the UN Committee on the Rights of the Child in 2012, however, criticize the lack of a regular and periodic data collection system to identify areas such as child poverty and wellbeing, child labour, children with disabilities, as well as harm and risk factors, which should be disaggregated on the basis of sex, age, geographic location and socio-economic conditions. While there have recently been improvements in the situation of children as well as services provided for children in Turkey, there are still significant problems that should be underlined, including poverty, nutrition, child labour, participation in education, quality of education, integrated approach to health, children deprived of parental care, violence, children involved in crime, adolescent health, youth participation and involvement, early and forced marriage, transition from school to work, registration, preparedness for disasters and environment (UNICEF 2012). Moreover, there are significant problems concerning the provision of high quality and affordable early childhood and education (ECEC) in Turkey, which is a key element in investing in children both because it plays a crucial role in children's development and well-being, and it increases parents' access to employment and adequate income. These include significant regional differences in provision and quality of the service, increasing accessibility and affordability, providing care services mostly for children above 3, improving quality, better targeting of poorer families and children from the most disadvantaged backgrounds and more remote and rural areas, and taking more account of diverse working patterns (Frazer and Marlier 2014).

As a response, the National Strategy Document on Children's Rights was prepared by the Ministry of Family and Social Policies and adopted on 10 December 2013 (ASPB 2013). With this document, Turkey sets out its objective in terms of promoting child well-being as follows:

> "In order to enable the oversight of measures concerning children's rights, it is necessary that statistical data, services and other developments relating to children be monitored at the country level. Statistics on children in Turkey are followed up by the general statistical studies officially conducted by Turkstat. The institutions providing services to children also have their data banks relating to their own work. However, a comprehensive data collection system and a directly responsible unit for the collection of all statistics relating to children, disaggregated on the basis of age, sex, socio-economic status, etc., and monitoring all child well-being indicators, do not exist. Important coordination problems are encountered, in particular, in the national reports on children's rights, during the processes of national data collection and gathering the relevant data and information from all the institutions providing services to children."

A number of indicators are available to monitor the situation of children in Turkey. The Ministry of Interior, in collaboration with Turkstat, developed 25 integrated quality of life indicators in 2007, in line with Millennium Development Goals (MDGs) and EU children's inclusion indicators, as part of the Children First project. The indicators on care services and support include: (i) the rate of children of 48–71 months benefiting from preschool education; (ii) the number and rate of persons of 0–17 age group under protection and care; and (iii) the number and rate of persons of 0–17 age group waiting for protection and care.

This study argues that these indicators need to be multi-dimensional and diversified, and based on a child-centred approach, in order to enhance the social inclusion of children. These indicators are grouped under the three categories of (i) centre-based preschool and extra-curricular care; (ii) home-based childcare and (iii) institutionalized protection and care (see Table 1). It should be noted, however, that these categories are largely overlapping with each other, and that this categorization is primarily for analytical purposes. The indicators identified under these three categories aim to assess the quality and quantity of care services provided for children of different age groups and with different needs. Due to the gaps in data resources, indicators enabling quantitative assessment are more predominant than those relating to qualitative evaluations. Based on similar reasons, the evaluation analyses of official policy documents, too, present the numbers of institutions providing services or the number of beneficiaries as indicators. As long as the differences between needs and provided services, as well as the quality of services, are not taken into account, these numbers do not constitute meaningful information. For instance, the number of children benefiting from private crèches and day care centres and the changes in this number over years merely provides the information that the number of children benefiting from these services is increasing.

Indicators on care services and policies offer important insights into the experiences of household poverty, discrimination faced by the family and the child, and social exclusion. Children's access to ECEC services gives important ideas about the resources

Table 1. Care services for children in Turkey.

Care services for children
Pre-school childcare services
(1) centre-based preschool education and ECEC (very limited public provision, very limited quota for children 'in need')
(2) monthly salaries to retired or nonworking grandmothers who are taking care of their grandchildren during the working day (financial support to home-based care from grandmother)
(3) monthly stipend to working mothers to pay for a professional nanny during the working day (financial support to home-based care from a professional caregiver) (not part of the social policy system, currently implemented through a special project)
Extra-curricular/institutional care for school children (Mainly private care arrangements)
Institutional support, care and protection for families 'in need'
(1) Financial transfers (Social and Economic Support Services, SED) to families 'in need' and **protective measures** such as counselling/guidance measures, education measures, health measures, care measures, housing measures
a) Temporary social and economic support services (once a year)
b) Long-term social and economic support services (financial support for at least one year)
(2) Care and Protection Measures
a) Out of institution protection such as foster care (financial support to foster families), adoption, etc.
b) Institutional protection for different age groups

families have, as well as the resources they allocate for their children. Care indicators are crucial in terms of identifying children under risk of social exclusion and developing social policies to enable their inclusion. The quality of care services provided by institutions needs to be measured through indicators such as the number of children per staff, and/or the educational qualifications of caregiving staff. At the same time, child welfare and wellbeing indicators, focusing on health, education, risk behaviour and social relations can also be used to assess the quality of care services. For instance, self-assessment of children who live with protective families, their psychological well-being, can demonstrate how this care service affects their health. An approach focused on the subjective well-being of the child demonstrates the necessity of considering objective and subjective indicators in an integrated manner.

Persons with disabilities

The strong interlinkages between poverty, social exclusion and disability are often underlined in academic research and reports of international organizations. At the international level, entities such as United Nations, World Health Organization (WHO) and European Union have taken significant initiatives towards the development of social policies and indicators to improve and monitor the situation of PWD, particularly in the light of the guidance provided by the UN Convention on the Rights of Persons with Disabilities (UNCRPD). The main objective of these initiatives concerns regular and comprehensive data collection with a view to facilitating policy-making, monitoring and evaluation processes. Turkey, on the other hand, faces significant problems in developing effective social inclusion indicators to measure the full and effective participation of PWD in social life and to constitute the basis of social policies with this aim.

The UNCRPD (UN 2006), which was adopted in 2006 and entered into force in 2008, defines the PWD to include 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.' The WHO (2011) states that disability is an umbrella term incorporating impairment, activity limitations and participation restrictions. While an impairment refers to problems in body function or structure, an activity limitation is defined as a difficulty encountered by an individual in executing a task or action; and participation restriction is a problem experienced by an individual in involvement in life situations. What all these definitions have in common is that disability is not only, even predominantly, a health problem, but it is a complex phenomenon that reflects the interaction between the bodily features of the individual and the characteristics of the society in which s/he lives. In other words, the most important problem faced by the PWD is not the disability they have; rather, it is their access to resources such as education, health, employment, as well as social and legal support systems.

The European Disability Strategy for 2010–2020 (EC 2010) aims to remove the environmental and attitudinal barriers concerning disability and identifies eight areas of action in this respect, including accessibility, participation, equality, employment, education and training, social protection, health and external action. One of the most significant among those is 'accessibility,' underlining the equal access of the PWD to the

physical environment, transport, ICT and other services. The concept of 'participation', on the other hand, points to the fact that the PWD still face a variety of challenges in terms of enjoying their fundamental rights (including freedom of movement, ability to choose where and how to live, voting, full access to cultural, sportive and leisure activities) and fully participating in society. Finally, the concept of 'equality' refers to the discrimination experienced by the PWD, with particularly worrying implications for women and children with disabilities.

What all this implies is that the social inclusion of the PWD should be addressed as a multi-faceted and multi-dimensional issue, which necessitates an integrated and comprehensive approach to a variety of factors intervening with their full and effective participation in society. Ensuring the equal participation of the PWD in society through education and training, employment, health, accessibility, care and social assistance should be the fundamental objective of social inclusion policies. In this respect, the development of social inclusion indicators in Turkey in the areas of care and social assistance towards the PWD carries particular importance to ensure these objectives.

The PWD constitutes one of the most disadvantaged and vulnerable sections of society in Turkey, which faces the highest risk of poverty, discrimination and inequality of opportunities, as recognized in the official strategy documents and programmes of relevant ministries (see, for example,MFSP 2012). The areas where the PWD face the highest rates of discrimination include employment and working life, followed by education and training, participation in social life, leisure and recreation activities, access to information, and access to health and justice. The most important problem in this respect, however, concerns lack of accurate and reliable data on PWD, which is an undisputable precondition for the diagnosis of existing problems and needs of this group and formulation of effective social policies for their social inclusion. The most significant survey on PWD conducted in Turkey so far dates back to 2002 (DIE 2004), which reveals the extent of the problem. The survey offers important findings on the number, rate, socio-economic profile, problems in social life, expectations, type of disability, the reason of disability, as well as regional differences, while also including those with chronic illnesses to this group. On the other hand, the fact that this survey was conducted only once and not repeated in later years results in the use of outdated data and renders the establishment of a regular monitoring mechanism all the more difficult.

In terms of care services and policies targeting the PWD, it is possible to identify three main clusters, similar to those identified for children and the elderly, including formal/institutional care services, home-based care facilities and financial support and assistance provided for PWD (See Table 2). The most important point regarding care services for PWD is to assess whether they are able to receive the benefits or services based on their different specific needs. Moreover, the family- rather than the institution-based provision of public social assistance to PWD constitutes a crucial question mark in relation to social policies targeting this group. According to Yılmaz and Yentürk (2017, 67–69), while public expenditure for the PWD has recorded an exponential increase between 2006 and 2016, from 0.25 to 0.70% of GDP, this mainly consisted of cash transfer schemes targeting households with PWD living in poverty. Moreover, cash transfers related to PWD constitutes 76% of all public expenditure on disability (ibid., 70–71).

Table 2. Care services for persons with disabilities in Turkey.

Care services for PWD
Home-based care services
Disability care allowance/support for home-based care provided for families of PWD with 50% disability degree
Social assistance
Disability Income provided to PWD and their families proving at least 40% disability degree, the amount changing according to the degree of disability and age (provided to family members of PWD below the age of 18)
Institutional care
Hope Houses, health and rehabilitation centres, special centres, etc.
Care services provided daily or continuously on the basis of need or demand, also including professionals helping PWD at home

In particular, it is essential that individuals receive the services they need in accordance with their type and degree of disability (i.e. personal support, home-based care, institutional care, special rehabilitation services). Similarly, social assistance and support for the PWD should be provided on the basis of their specific needs and the type and degree of disability. While the data on social assistance provided for this group also suffers from the fact that they are conceived within the assistance provided for households, which does not allow the development of indicators enabling a thorough assessment of the extent of which the care-receivers can benefit from this and its tangible effects for reducing the social exclusion of the PWD, the data on the PWD have a further shortcoming implied by their outdated nature with regards to the changes that the social security system has been undergoing in recent years.

Among the main targets and priorities set by the Strategic Plan of the Ministry of Family and Social Policies (MFSP 2012), those relating to the care of the PWD include (i) to continue with home-based care practices; to improve the care services for the PWD by providing training to family members receiving home-based care benefits; and (ii) to increase the number of Hope Houses (Umut Evleri) as a means of institutional care. What this shows is a clear tendency for home-based care, with official documents setting the objective to increase the coverage of PWD benefiting from this facility. The main evidence of this tendency comes with the Strategic Plan, which established a number of quantitative targets and indicators concerning the PWD. While there is only one specific indicator concerning the increase in the number of PWD receiving institutional day care services with respect to the previous year by 10% between 2013 and 2017, there are a number of indicators and targets in relation to increasing the share of the family- or home-based care services for PWD. These include: (i) increase in the number of PWD receiving home-based care support services with respect to the previous year (by 100% for 2013, and 50% for the following years until 2017); (2) the number of PWD benefiting from home-based care (from 460.000 in 2013 to 640.000 in 2017); (3) the number of family members of PWD receiving training on home-based care (15.000 each year from 2013 to 2017); and (4) the rate of PWD switching back from institutional to home-based care (at least 2% for 2013–2015 and at least 1% for 2016–2017).

It is clear that efficient social inclusion policies for the PWD should be based on clearly defined indicators and should incorporate a multi-dimensional and integrated perspective to ensure their participation in different areas of social life. In this respect, while the most urgent priority remains to address the problem of lack of data, quality care policies should be developed that take into account the different needs of different

groups of PWD, and that allow an assessment of the quality and extent in which those who need these policies can actually benefit from them. What is important is to develop regular monitoring and evaluation mechanisms that assess the extent to which care services are accessible for the PWD, as well as the extent to which these services lead to an improvement in their lives. The problem concerning the lack of regularly updated data should be immediately addressed by not only improving the possibilities of data collection (i.e. by regularly conducting surveys on disability, incorporating disability-related components to regularly held surveys and studies, and enhancing coordination between statistical surveys and administrative records), but also by raising the awareness of the PWD themselves on the issue (i.e. by developing measures to motivate PWD to register themselves). Finally, the fact that care policies and services for this group are increasingly underlining home-based care points to the familialization of these policies at the cost of neglecting the caregivers and the needs of the direct correspondents of these policies.

The elderly

Today, across the world, people live longer, healthier and more productive than they ever have (UNECE 2016). Different from the previous two groups, and due to changes in the demographic structure entailed by ageing society and increasing life expectancy, the main social policy focus on the elderly in the last two decades has increasingly been the participation of the elderly in the economic life and labour market, through concepts such as 'active ageing', 'grey economy', 'flexicurity', aiming at the integration of the 'healthy' elderly into the workforce. This has been triggered by the reconceptualization by the WHO of age groups, postponing 'old age' at later stages of the life course. All these have led to a paradigm shift in terms of the perception of old age mainly from a focus on the care needs of the elderly, prevalent in the 1980s and 1990s, to a concern with how to maintain the elderly longer, in a 'self-sufficient' and 'active' way in society, without constituting a burden for the welfare state (Rechel et al. 2013; Watt 2004; Goetschy 2001; Tros 2004; Leichsenring and Alaszewski 2004). However, ageing is often associated with functional disorders, illnesses and social exclusion, which requires effective social policies on the basis of social inclusion and rights, and services oriented for the elderly (UNECE 2016). It is well known that old age is closely connected to poverty and social exclusion, as the rates of poverty among old people are higher than the rest of the population, and risk of social exclusion significantly increases with age.[5]

Ageing is, again, a concept which must be addressed taking into account the interaction between the social processes and the spiritual and biological capacity of the individuals. In the ageing process, each individual has (i) a biological time which refers to the body physically, (ii) a spiritual time which refers to the mental capabilities, (iii) and a social time which refers to the age-related cultural norms, values and expectations of roles (Giddens 2006; UNECE 2016). Although biological ageing occurs in line with the chronological age, it is experienced differently by individuals based on genetic factors, lifestyle and social environment. A long and healthy life, made possible by increased life expectancy and improving health technologies, is very important in

terms of both the life quality of the individual and the organisation of the elderly care services (WHO 2015).

Turkey is a society which looks after their elderly with their traditions and customs (Yüksel and Kocaman 2007). It is common and widespread that the elderly live with their children, while the ones who live apart are in close contact. According to data from 2016,[6] 81% of the elderly (above the age of 65) lives with their family, while 18% lives alone (77% of whom are women). Only 0.4% receive institutional care. Only 8% of individuals state that they prefer institutional care when they get to an age that they cannot look after themselves. These figures suggest that the family is culturally conceived as the main provider of services and support for the elderly, and formal and institutional care services are quite underdeveloped. While several policies and programs targeting the elderly have been developed in recent years, the need for social services and social assistance are significantly increasing due to a variety of factors such as growing urbanization, migration, poverty and changes in the family structure. Also, important problems emerging from the disorganized nature of institutional and financial structures are underlined as major obstacles to the implementation of social services (Yüksel and Kocaman 2007).

In terms of elderly care, official policy and strategy documents in Turkey do not clearly establish targets and indicators, nor are there effective monitoring and evaluation mechanisms on this issue. While there is no specific survey on the elderly, which should be conducted on a regular basis, the data on the elderly can be obtained through various surveys conducted by Turkstat, including Income and Living Conditions, Life Satisfaction, Health Survey, and Family Structure Survey, as they all contain data on age. The lack of a specific focus on the elderly of these surveys, however, does not allow the development of effective policies identifying and responding to the different and specific needs of the elderly. This gap, however, has been identified by the relevant authorities and several studies are undergoing in this respect. For instance, there is a recent work on adapting the SHARE (Survey of Health, Ageing and Retirement in Europe) and GGS (Generations and Gender Survey) conducted by Eurostat across the EU to Turkey. Moreover, there has been an increasing emphasis on identifying the social, economic, cultural and health profile of the elderly population. The continuity of these efforts is essential for ensuring the monitoring and evaluation of the policies and indicators. Apart from the continuity issue, the quality of surveys and studies, and their responsiveness to the specific needs of the elderly is crucial for ensuring the reliability and efficiency of indicators. An additional problem is that, since administrative records of the various institutions, such as the Ministry of Health and Ministry of Family and Social Policies, are not kept in an integrated and detailed manner, it is difficult to monitor and follow up existing data and policies, in order to estimate the numbers of care institutions and elderly in need of care. Once again, therefore, a strong collaboration is needed between the various governmental and non-governmental institutions and agencies responsible, not only for the elderly but also for health care and disability, as well as between those and Turkstat, in order to develop and implement integrated and comprehensive policies.

In Turkey, too, there has been a shift in emphasis for 'active ageing,' as exemplified by the 2017–2020 Active Ageing Strategy Document, which underlines that policies focusing on care and rehabilitation services are now outdated and limited in the context

of current demographic change and needs. Policies should, therefore, aim at preventing the problems that may emerge with ageing, and mitigate their negative implications through the development of an 'active ageing' policy approach. The National Action Plan on Ageing adopted in 2013, developed on the basis of the 2002 Madrid International Ageing Action Plan, emphasizes three main areas for policy development, namely, ageing and development, promotion of health and welfare in old age, and provision of supportive environments. The main objective in all these fields, parallel to the objectives of the Ageing Study Group of UNECE, should be to ensure the full and active participation of the elderly to economic and social life by taking into consideration their needs, choices and capabilities. On the basis of this new perspective and the work of the study group, UNECE (UN Economic Commission for Europe) has developed an Active Ageing Index, which aims to measure the unused potential of countries in terms of active and healthy ageing. This index is made up of four indicators, namely, (i) employment, (ii) social participation, (iii) independent living, and (iv) capacity for active ageing. Across the EU, the scores obtained from this Index range from 44.8 (Sweden) to 27.7 (Greece). A pilot study conducted in Turkey in 2014 within this framework has set its score at 27.4, which shows that there are still important gaps in enabling the elderly to use their full potential.

Care policies towards the elderly in Turkey have increasingly emphasized the importance of home care services, while there is also a slight emphasis on increasing the number and quality of institutional care (See Table 3). The 10th Development Plan (Ministry of Development 2013), for instance, puts the objective of diversifying and increasing elderly care services within their home context, without 'taking them away from their social environment.' The 11th Development Plan (Ministry of Development 2017), in its turn, addresses the elderly under five main themes, namely, active ageing, social inclusion, development of institutional infrastructure, data sources on ageing, and care models for the elderly. The objective concerning active ageing includes the preservation of the autonomy and independence of old individuals through labour force participation and contribution to society. While the instruments to achieve this objective are quite wide-ranging, they all have in common an emphasis on the development of new skills through lifelong learning opportunities, as well as preparation of individuals for retirement and old age. In terms of social inclusion, the Plan aims to promote social inclusion through equal opportunities and decent living standards, as well as mutual respect and solidarity. To ensure this, sufficient income (including proposals for minimum income), social security, access to health and social services and job opportunities are seen as key. Finally, in terms of care services for the elderly, the objective is set to diagnose need and needy individuals on the basis of an assessment of household income, provision of services to all who are in need of care, consideration

Table 3. Care services for the elderly in Turkey.

Care services for elderly
(1) Support/social assistance to family/home-based elderly care
(2) Financial support to family members
(3) Health services provision at home
Daycare services for elderly with specific illnesses such as dementia and Alzheimer, nursing homes and rehabilitation centres provided by the state, municipalities and private institutions

of individual difference in the planning and provision of services, as well as the development of a case management model to increase access to services. Moreover, the Plan emphasizes that the elderly who have limited physical mobility indicate that they prefer to live with their children or in their own homes, a changing demand which places the importance of developing home-based care facilities for this group.

Accordingly, home-based care is presented as the most important measure in promoting the social inclusion of the elderly with their own social relations and social environment (relatives, neighbours and friends). This, however, requires psycho-social support for family members, coordination with health professionals and development of home support services (for housework, cooking, personal care, shopping and transport). In the face of increasing the caring needs of the elderly, along with the increase of the elderly population, the state aims to establish a 'care insurance system' based on care insurance and complementary insurances. It is important to underline that, in a society like Turkey where intergenerational solidarity and support is quite strong, elderly care policies, which focus predominantly on home-based care, rather than seeking ways to improve institutional care possibilities, risks rendering invisible the care labour within the family, and neglects the responsibility as well as the intensive physical and emotional labour of women in this respect. Moreover, this policy choice associates the socialization of the elderly directly to the family members, which limits their social inclusion to their relations with the family.

Conclusion: familialization of care policies

There are a number of important points that emerge from the analysis above. First, it appears that there is a clear problem of lack of data in Turkey concerning all these groups, which hamper the development of effective social inclusion policies. Secondly, the analysis points to a lack of policy tools and instruments to assess the existing assistance and services for these groups, that could make comparative evaluations possible. In Turkey, policy and decision-makers in public institutions involved in social inclusion policies do not adopt an evidence-based approach, which has important social inclusion implications for the three groups concerned. Certainly, the development of international social inclusion indicators is crucial to enable cross-country comparisons and to allow the evaluation of the position of Turkey in the field of social inclusion in comparison with other countries of similar levels of economic development. However, social inclusion can have different facets and characteristics depending on the cultural and historical trajectory of a country, as well as a different perception along these lines. In this respect, it is important to identify the dimensions of social inclusion specific to Turkey and to develop efficient indicators to measure those. For this purpose, the most important step would be the establishment of continuous, reliable and comparable data sets, which require detailed data collection in order to be transposed into effective social inclusion indicators and policies. The development of these datasets carries utmost importance for the production of statistics and indicators which are comprehensive, comparable, measurable and suitable for monitoring in time series.

Furthermore, there are important gaps and challenges concerning administrative data, particularly in relation to the elderly and PWD. The use of administrative data is crucial to enable continuous access to updated data, and therefore all relevant

institutions should ensure the existence of variables to provide standardized and comparable data in collaboration with Turkstat. It can be clearly observed that the collection of measurable and quantifiable data is essential for the development of social inclusion indicators. However, the multi-dimensional nature of social inclusion requires paying attention to both quantity and quality and therefore should be based on both quantitative and qualitative data, although the measurement of quality poses its own challenges and would be less open to international comparisons.

Another important point relates to the definition of the measurement unit as 'individual' or 'household', as this may hamper the attainment of accurate information on the direct beneficiaries of care services and policies, their satisfaction with such services as well as the implications for their caregivers. In general, a direct association between the access of the household, on the one hand, and individuals (children, the elderly, PWD), on the other, may not always reflect the practice and may render inequalities within the family invisible. Therefore, the formulation of social policies and social inclusion indicators should be based on an individual-based measurement tool and perspective.

For all the groups, the identification of the extent and nature of the accessibility of services, as well as the follow up of whether they lead to improvement in the lives of care-receivers, appears amongst the most urgent needs. The follow up of this improvement is quite challenging, but can still be possible through the development of efficient and regular monitoring and evaluation mechanisms. Still, it should be kept in mind that the numbers obtained through indicators do not yield much information about quality. The quality of services provided in areas such as care, education, health and employment is as important as the number of individuals benefiting from these services and requires monitoring and evaluation mechanisms adopted for this purpose.

Finally, and perhaps most importantly, the above analysis points to an increasing 'familialization' of care policies in Turkey, where the role of the family in the provision of care is underlined and consolidated across the policy initiatives adopted for this purpose. The existing policies and measures mainly focus on the causal processes of social exclusion through objectives such as reducing poverty and providing care, mostly home-based, for the 'disadvantaged.' However, a more outcome-focused approach, focusing on the individual, would be necessary to improve individual welfare and wellbeing and to assess the quality of the measures developed for this purpose. Moreover, the services are provided to 'families,' on the basis of households, and not to 'individuals', on the basis of a rights-based approach. The three groups concerned face challenges in voicing their rights and organized on the basis of their own demands, although to different extents, which leads to other groups, mainly policy-makers, to demand services on their behalf. This is mostly the case for children and the elderly, and certainly impedes the development of social inclusion policies that focus on these groups' own needs and choices.

The fact that care services are provided on the basis of household bears a two-fold shortcoming. First, it impedes a thorough evaluation of how the beneficiaries of these services are affected, and whether the services lead to any improvements in their lives. Second, it renders the labour provided within the family, namely that of women, for their dependent members invisible. In this respect, it reproduces the already existing gender inequalities within the family. What the analysis

shows is that Turkey's care regime is firmly moving from an '*implicit familialism*' model, where the state neither offers de-familialization possibilities nor actively supports the caring function of the family through any kind of familialistic policy, to a form of 'supported familialism,' where the family is predominantly supported through a range of financial measures. This model, however, is uniquely marked by a paradoxical policy approach, in which conservative family understanding and gender politics go hand in hand with an increasing emphasis on care issues, despite a significant shortage of public provision and mainly through consolidating the role of the family in care provision. The family is still and increasingly the primary caretaker since there are no alternatives at hand, and since the government policies and measures are increasingly oriented towards home- and family-based care. Policies in this field place all the burden on the families, while they remain very limited in providing the necessary support for this purpose. This limited support, moreover, is only conceived within the 'cash-for-care' terms, without relying on any other effective instruments and measures to relieve the burden of care for families, namely women, and/or providing social and emotional support, as well as entailing them with the necessary information and skills. This is because care is predominantly conceived by policy-makers as support for 'accompanying' those who need care, without considering the quality and effects of care policies and services; as well as the implications for the physical, emotional and intellectual development of both care-receivers and caregivers. What this picture shows are that care policies in Turkey have important social exclusion implications, for both the care-receivers and caregivers and adds a fourth group of the 'invisible' that should be targeted by social inclusion policies, namely, women.

Notes

1. For the sake of clarity, this paper focuses on care policies targeting children in the 0–6 age group, namely, children in the pre-school phase who are in need of care and who are at the centre of discussions on early childhood education and care.
2. Technical Assistance for Increasing the Institutional Capacity of the Ministry of Family and Social Policy in the Field of Social Inclusion Policies, *Action 2.1. Development of Social Inclusion Indicators and Monitoring, Data Collection and Evaluation Methods*. Ankara, 2016 (EuropeAid/136,124/IH/SER/TR).
3. Including Ministries of Family and Social Policies, Health, National Education, Labour, and their relevant units .
4. UN Convention on the Rights of the Child, defines a 'child' as 'a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger' (Article 1). http://www.unicef.org/turkey/crc/_cr23c.html#art1.
5. Nevertheless, it must be underlined that this statement is generally the case for countries with developing welfare states, whereas, in countries with well-established public pension systems, the rate of income poverty among the elderly is generally lower than that of the overall population.
6. ADNKS, 2016 (Address based population registration system).

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes on contributors

Ayşe İdil Aybars is an Associate Professor of Sociology and Chair of the Social Policy Master's Program at the Middle East Technical University, Ankara (PhD. in Social Sciences, University of Ulster, UK, 2007; MSc in European Studies, London School of Economics and Political Science (LSE), UK, 2002; MS (2001) and BS (1999) in Sociology, Middle East Technical University, Turkey). Her research and teaching focuses on social policy in the EU and Turkey, sociology of EU, and media and communication studies. She has published articles in journals such as *Comparative European Politics*, *Social Policy & Administration*, and *Industrial Relations Journal*; and book chapters in edited volumes such as *Gender and the Open Method of Coordination: Perspectives on Law, Governance and Equality in the EU*, and *European Union Non-Discrimination Law and Intersectionality: Investigating the Triangle of Racial, Gender and Disability Discrimination*. She has been involved in various research projects aiming to promote social inclusion and gender equality in Turkey, funded by EU, UNFPA, FAO, UNICEF and other national and international organizations.

Fatma Umut Beşpınar is Associate Professor of Sociology at the Middle East Technical University, Ankara (Ph.D. in Sociology, University of Texas at Austin, USA, 2007; MA in Sociology, Middle East Technical University, Ankara, 2001; BS in Sociology, Middle East Technical University, Ankara, 1998). Her areas of interest are development, social policy, gender and women studies, women's labor force participation, family and work. She has published chapters in edited volumes such as *Women in the Middle East and North Africa: Agents of Change; Routledge Handbook of Modern Turkey; Migration, Family and Social Position: Contributions to Education, Gender and Care Dynamics; Turkey and the Politics of National Identity: Social, Economic and Cultural Transformation* and *Gender and Sexuality in Muslim Cultures* and articles in such journals Women Studies International Forum; New Technology, Work and Employment;*Journal of Middle East Women's Studies* and *Community, Work & Family*. She worked as a researcher and expert for many national and international agencies such as WB, IOM, UNDP and UNICEF.

Sibel Kalaycıoğlu (Prof. Dr.) owns a Ph.D. in Sociology and Social Anthropology from the University of Kent at Canterbury, UK. She is the Chair of the Department of Sociology of METU and the president of Turkish Sociological Association. Her research interests focus on analysis of class and gender inequalities, measuring socio-economic status and social mobility, migration, intergenerational relations, welfare regime in Turkey focusing on social networks, ageing and care, women's employment in informal sector and various issues like poverty and social exclusion indicators, citizenship and civil society initiatives related to sustainable development. Also she has conducted field research on social impact assessment of irrigation and dam projects in the South Eastern Region of Turkey. One of her major interests is sociology of disasters mainly focusing on social vulnerability of disadvantaged groups on which she has worked in joint projects with some municipalities in large cities like Istanbul and Eskişehir. She has participated and coordinated various social research funded by international institutions such as World Bank, UNFPA, UNDP and EU. She has also coordinated various national projects funded by Turkish Scientific Research Council and by some government departments. She has many publications in journals and books, national and international, related to her research areas.

References

Ager, A., and A. Strang. 2008. "Understanding Integration: A Conceptual Framework." *Journal of Refugee Studies* 21 (2): 166–191.

Akkan, B. 2018. "The Politics of Care in Turkey: Sacred Familialism in a Changing Political Context." *Social Politics: International Studies in Gender, State & Society* 25 (1): 72–91. doi:10.1093/sp/jxx011.

Anttonen, A., and J. Sipilä. 1996. "European Social Care Services: Is It Possible to Identify Models?" *Journal of European Social Policy* 6 (2): 87–100. doi:10.1177/095892879600600201.

ASPB (T.C. Aile Ve Sosyal Politikalar Bakanlığı). 2013. *Ulusal Çocuk Hakları Strateji Belgesi Ve Eylem Planı 2013–2017*. Report. Ankara: Aile ve Sosyal Politikalar Bakanlığı.

Atkinson, T., B. Cantillon, E. Marlier, and B. Nolan. 2002. *Social Indicators: The EU and Social Inclusion*. Oxford: OUP Oxford.

Atkinson, T., and E. Marlier. 2010. *Analysing and Measuring Social Inclusion in a Global Context*. New York: United Nations.

Berghman, J. 1995. Social Exclusion in Europe. *policy Context and Analytical Framework* .G. Room (ed.) Beyond the Threshold: The Measurement and Analysis of Social Exclusion. Bristol: Policy Press.

Bettio, F., and J. Plantenga. 2004. "Comparing Care Regimes in Europe." *Feminist Economics* 10 (1): 85–113. doi:10.1080/1354570042000198245.

Candaş, A., and Y. Silier. 2014. "Quietly Reverting Public Matters into Private Troubles: Gendered and Class-Based Consequences of Care Policies in Turkey." *Social Politics: International Studies in Gender, State & Society* 21 (1): 103–123. doi:10.1093/sp/jxt018.

Da Roit, B. 2007. "Changing Intergenerational Solidarities within Families in a Mediterranean Welfare State." *Current Sociology* 55 (2): 251–269. doi:10.1177/0011392107073306.

Da Roit, B. D., and B. Le Bihan. 2010. "Similar and yet so Different: Cash-for-Care in Six European Countries' Long-Term Care Policies." *The Milbank Quarterly* 88 (3): 286–309. doi:10.1111/j.1468-0009.2010.00601.x.

Devlet İstatistik Enstitüsü (DİE). 2004. *Türkiye Özürlüler Araştırması 2002*. Ankara: State Institute of Statistics Printing Division.

Duffy, K. 1995. *Social Exclusion and Human Dignity in Europe: Background Report for the Proposed Initiative by the Council of Europe*. Strasbourg: Council of Europe.

Ellingsæter, A. L., R. H. Kitterød, and J. Lyngstad. 2017. "Universalising Childcare, Changing Mothers' Attitudes: Policy Feedback in Norway." *Journal of Social Policy* 46 (1): 149–173. doi:10.1017/s0047279416000349.

Esping-Andersen, G. 1999. *Social Foundations o f Postindustrial Economies*. Oxford: OUP.

European Commission (EC). 2010. *European Disability Strategy 2010–2020: A Renewed Commitment to a Barrier-Free Europe*. Communication from the European Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Brussels, COM(2010) 636 final .

Frazer, H., and E. Marlier. 2014. *Investing in Children: Breaking the Cycle of Disadvantage: A Study of National Policies*. Synthesis Report. Publications Office of the European Union.

Giambona, F., and E. Vassallo. 2014. "Composite Indicator Of Social Inclusion for European Countries." *Social Indicators Research* 116 (1): 269–293. doi: 10.1007/s11205-013-0274-2.

Giddens, A. 2006. *Sociology*. Cambridge: Polity Press.

Goetschy, J. 2001. "The European Employment Strategy from Amsterdam to Stockholm: Has It Reached Its Cruising Speed?" *Industrial Relations Journal* 32 (5): 401–418. doi:10.1111/1468-2338.00208.

İlkkaracan, İ., K. Kim, and T. Kaya. 2015. *The Impact of Public Investment in Social Care Services on Employment, Gender Equality and Poverty: The Turkish Case*. Istanbul: Istanbul Technical University Women's Studies Center and The Levy Economics Institute.

Kılıç, A. 2010. "Gender, Family and Children at the Crossroads of Social Policy Reform in Turkey: Alternating between Familialism and Individualism." In: Ajzenstadt M., Gal J. (eds) *Children, Gender and Families in Mediterranean Welfare States. Children's Well-Being: Indicators and Research*, vol 2., Dordrecht: Springer.

Kumlin, S., and I. Stadelmann-Steffen. 2014. *How Welfare States Shape the Democratic Public: Policy Feedback, Participation, Voting, and Attitudes*. Cheltenham: Edward Elgar.

Kvist, J. 2015. "A Framework for Social Investment Strategies: Integrating Generational, Life Course and Gender Perspectives in the EU Social Investment Strategy." Comparative European Politics 13 (1): 131–149.

Labonté, R., K. Mohindra, and T. Schrecker. 2011. "The Growing Impact of Globalization for Health and Public Health Practice." *Annual Review of Public Health* 32 (1): 263–283. doi:10.1146/annurev-publhealth-031210-101225.

Leichsenring, K., and A. M. Alaszewski. 2004. *Providing Integrated Health and Social Care for Older Persons: A European Overview of Issues at Stake*. Aldershot, Hants: Ashgate.

Leitner, S. 2003. "Varieties of Familialism: The Caring Function of the Family in Comparative Perspective." *European Societies* 5 (4): 353–375. doi:10.1080/1461669032000127642.

Levitas, R. 1996. "The Concept of Social Exclusion and the New Durkheimian Hegemony." *Critical Social Policy* 16 (46): 5–20. doi:10.1177/026101839601604601.

Levitas, R. 1998. "Social Exclusion in the New Breadline Britain Survey." In J. Bradshaw, D. Gordon, R. Levitas, S. Middleton, C. Pantazis, S. Payne and P. Townsend (eds.) *Perceptions of Poverty and Social Exclusion: Report on Preparatory Research*, Unviersity of Bristol: Townsend Centre for International Poverty Research. .

Lewis, J. 2007. "Gender, Ageing and the 'New Social Settlement' Settlement' the Importance of Developing a Holistic Approach to Care Policies." *Current Sociology* 55 (2): 271–286. doi:10.1177/0011392107073314.

Mejer, L. 2000. *Social Exclusion in the EU Member States*. Luxembourg: Eurostat.

Ministry of Development of the Republic of Turkey. 2013. *10th Development Plan 2014–2018*. Report. Ankara: Ministry of Development.

Ministry of Development of the Republic of Turkey (2017) *11th Development Plan 2019-2023*. Ankara: Ministry of Development

Ministry of Family and Social Policies of the Republic of Turkey. 2012. *Strategic Plan 2013–2017*. Report. Ankara.

Pickard, L., R. Wittenberg, A. Comas-Herrera, B. Davies, and R. Darton. 2000. "Relying on Informal Care in the New Century? Informal Care for Elderly People in England to 2031." *Ageing and Society* 20 (6): 745–772. doi:10.1017/s0144686x01007978.

Rechel, B., E. Grundy, J.-M. Robine, J. P. Jonathan Cylus, C. K. Mackenbach, and M. McKee. 2013. "Ageing in the European Union." *Lancet* 381: 1312–1322. doi:10.1016/S0140-6736(12)62087-X.

Room, G. 1995. *Beyond the Threshold: The Measurement and Analysis of Social Exclusion*. Bristol: Policy Press.

Saraceno, C. 2010. "Social Inequalities in Facing Old-Age Dependency: A Bi-Generational Perspective." *Journal of European Social Policy* 20 (1): 32–44. doi:10.1177/0958928709352540.

Sen, A. 1998. "Mortality as an Indicator of Economic Success and Failure." *The Economic Journal* 108 (446): 1–25. doi:10.1111/1468-0297.00270.

Tros, F. 2004. "Towards '"Flexicurity" in Policies for the Older Workers in EU-countries?" *Proceedings of IREC Conference*, 26–28. doi:10.1021/jf0347665

UN. 2010. *Analysing and Measuring Social Inclusion in a Global Context*. Department Of Economic and Social Affairs, St/esa/325. New York: United Nations.

UN, General Assembly. 2006. *Convention on the Rights of Persons with Disabilities and Optional Protocol*. A/RES/61/106. Accessed 1 May 2018. http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf .

UNECE. 2016. *Country Report: Republic of Turkey*. Report. Accessed 20 May 2018. https://www.unece.org/fileadmin/DAM/pau/age/country_rpts/2017/TUR_report.pdf

Ungerson, C. 2003. "Commodified Care Work in European Labour Markets." *European Societies* 5 (4): 377–396. doi:10.1080/1461669032000127651.

UNICEF. 2012. *Türkiye'de Çocuk Ve Genç Nüfusun Durumunun Analizi*. Report. Accessed 1 May 2018. https://abdigm.meb.gov.tr/projeler/ois/egitim/033.pdf

UNICEF. 2016. *Social Inclusion of Children: The Case for Support*. Report. Accessed 20 May 2018. https://www.unicef.org/publicpartnerships/files/SocialInclusionTheCaseForSupport.pdf

Watt, A. 2004. "Reform of the European Employment Strategy after Five Years: A Change of Course or Merely of Presentation?" *European Journal of Industrial Relations* 10 (2): 117–137. doi:10.1177/0959680104044187.

WHO. 2011. *World Report on Disability*. Report. Malta: World Health Organization Publications.
WHO. 2015. World Report on Ageing and Health. Luxembourg: World Health Organization.
Wilson, L. 2006. "Developing a Model for the Measurement of Social Inclusion and Social Capital in Regional Australia." *Social Indicators Research* 75 (3): 335–360. doi:10.1007/s11205-004-2527-6.
Yazıcı, B. 2012. "The Return to the Family: Welfare, State, and Politics of the Family in Turkey." *Anthropological Quarterly* 85 (1): 103–140. doi:10.1353/anq.2012.0013.
Yılmaz, V., and N. Yentürk. 2017. "Türkiye'de Engellilere Yönelik Kamu Harcamalarının On Yıllık Seyri." *ÇAlışma Ve Toplum* 2017/1: 59–74.
Yüksel, Y., and T. Kocaman. 2007. "Ageing Population, Social Services and Assistance in Turkey." *Aile Ve Toplum* 3: 57–64. 12th ser.