UNITED NATIONS DEVELOPMENT PROGRAMME

CARING FOR THE FUTURE

Insights from Türkiye:
A Review of the Care System

CARING FOR THE FUTURE

Insights from Türkiye:

A Review of the Care System

Disclaimer

The views expressed in this publication do not necessarily reflect those of the United Nations, including UNDP, or its Member States. While reasonable efforts have been made to ensure accuracy, UNDP bears no responsibility for errors, omissions or the content of external sources. The use of names or boundaries does not imply UN endorsement or opinion.

About UNDP

The United Nations Development Programme (UNDP) is the leading UN organisation fighting injustice caused by poverty, inequality, and climate change. Working with a wide network of experts and partners in 170 countries and territories, we help to create integrated, long-term solutions for people and the planet.

Find out more about us at undp.org/Türkiye or follow @UNDPTürkiye on social networks.

© UNDP 2026. All rights reserved. The contents and information of this report may be reproduced elsewhere in whole and/or in part, provided the source is acknowledged.

Source Citation:
'Caring for the Future. Insights from Türkiye: A Review of the Care System', UNDP, 2026.

Acknowledgements

We extend our deepest gratitude to the Ministry of Family and Social Services and other agencies, organisations and individuals in Türkiye for their invaluable support throughout the preparation of this country report. Their collaboration was instrumental in the successful execution of this comprehensive study, providing us with the essential support, insights and access necessary to conduct a thorough analysis.

This Türkiye country report was developed as part of a broader regional initiative, which also included country analyses from Moldova, North Macedonia, Ukraine and Uzbekistan. Together, these analyses contributed to the development of a multi-country report through a collaborative process led by the UNDP Istanbul Regional Hub (IRH).

The survey questionnaires and methodology were prepared by UNDP Istanbul Regional Hub staff—Rowena Jones and Ilaria Mariotti from the Gender Equality Team, and Greg McTaggart and Xinyue Song from the Inclusive Growth Team—with technical leadership provided by Ilaria Mariotti and Greg McTaggart. The overall direction and strategic guidance for the regional exercise were provided by Vesna Djuteska Bisheva and Corneliu Eftodi at the Istanbul Regional Hub. Members of the Gender Equality and Inclusive Growth Teams in each participating country office worked closely with the IRH team to ensure consistency and quality across all reports.

In Türkiye, dedicated colleagues collaborated to prepare this detailed country report. The team supervised on-the-ground data collection, and organised discussions. Their efforts ensured that the data collected was robust, context-specific, and accurately reflected local realities, resulting in a comprehensive overview of the care system in Türkiye.

Türkiye Country Team:
Saniye Dedeoğlu (Muğla Sıtkı Kocman University), Aslı Şahankaya Adar (İstanbul Beykent University) and Aslı Coban and Isıl Erdemli (UNDP Türkiye).

We are deeply grateful for the careful reading, constructive feedback, and valuable insights provided by Professor Çağla Ünlütürk Ulutaş (Pamukkale University) and Professor Reyhan Atasü Topçuoğlu (Hacettepe University), which have significantly enhanced the depth and clarity of this country report.

We would also like to thank Erkam Akalin (UNDP) and Xiaoyin Zhang for their skillful design work, and Subhasree Patra for her meticulous editing, all of whom have contributed greatly to the final presentation and accessibility of this report.

Finally, our sincere appreciation goes to all other colleagues who have supported this process at various stages. Their dedication and assistance have been essential in bringing this project to completion.

Table of Contents

Introduction 06
1. Governance of Care Systems 07
1.1 Policy Frameworks and Legislative Regulations 08
1.2 The Institutional Structure of Care Services 12
1.3 Care Leave and Flexible Work Policies 15
2. Assessment of Care Service Availability, Accessibility, Adequacy, and Quality 17
2.1 Current Levels of Accessibility and Affordability of Care Services 18
2.2 Minimum Standards for the Provision of Care Services 24
3. Impact of Unpaid Care on Women's Socioeconomic Status 26
4. Distribution in Care Work 29
5. Quality and Conditions of Paid Care Work 29
6. Social Security and Care Work 33
6.1 Social Security System and Care 33
6.2 Social Transfers for Care 34
7. Skills Development and Training 36
8. Financial and Fiscal Space for Care 38
Conclusions 40
Policy Recommendations 41
Endnotes 46

Definitions and Conceptual Approaches

For the purposes of this report, our focus is on care aspects related to childcare, elder care and disability care. In specific contexts where it is prevalent, we also address domestic work. Healthcare aspects are included only insofar as they pertain to the wellbeing of people with disabilities and elderly individuals, particularly where social care and healthcare dimensions are closely intertwined and cannot be separated.

Care work includes both 1) direct, personal, and relational care activities, such as feeding a baby or nursing an ill parent; and 2) indirect care activities or domestic work, such as cooking and cleaning. Care work entails both paid and unpaid forms.

Paid care is when a person providing social care receives payment for the service they provide. The payment received may be made by a government, a for-profit organisation, a not-for-profit organisation or by the recipient of the care, either directly themselves or by a family member.

Unpaid care is provided on a pro-bono basis, often by an immediate family member or an acquaintance of the care recipient.

In this report, people providing care will be referred to as **'caregivers'**. If they are providing care on a paid basis, they will be referred to as **'care workers'** or **'paid caregivers'**, to distinguish them from unpaid caregivers. Those who receive care from a caregiver are referred to in the report as **'care recipients'**.

Care economy refers to the paid and unpaid work and services that support caregiving in all its forms. **Care system**[1] refers to the set of interrelated components that shape how care is organised, delivered, and valued within society. These components include legal and policy frameworks, services, financing, social and physical infrastructure, programmes, standards and training, governance and administration, and social norms. A **comprehensive care system** integrates these elements in a coherent and intentional manner to establish a new social organisation of care – one that supports people and the environment, and that seeks to recognise, reduce, redistribute, reward, and represent care work. This approach is grounded in equality, intersectionality, and human rights, and promotes shared responsibility for care among women and men, households, the State, the market, families, and communities.

Childcare is the care and supervision of children provided by the child's parent(s) or guardian(s), or by paid caregivers. It includes services that support a child's social, emotional, intellectual and physical development and can take place in various settings such as homes, daycare centres, or educational institutions. In this report, we also refer to **Early Childhood Education and Care (ECEC)**, to mean any regulated arrangement that provides education and care for children from birth to compulsory primary school age.

Elderly care (or elder care) refers to a broad range of services designed to help older adults live as comfortably and independently as possible. This can include assistance with daily activities, transportation, personal care and sometimes medical care, either at home or in specialised facilities.

Disability care is a set of services and supports aimed at helping people with disabilities live as independently as possible. It may include personal assistance, help with daily living tasks, transportation, communication support and access to community resources, tailored to the individual's needs.

Domestic work is work performed in, or for, a household, encompassing a wide range of tasks such as cleaning, cooking, laundry, ironing, shopping, gardening, and driving. Domestic work also includes care responsibilities – providing direct care for children, elderly individuals, people with disabilities, or those who are ill within the home. In this report, we place particular emphasis on the care components of domestic work, while acknowledging that it is often challenging to distinguish between household chores and caregiving responsibilities.

Social care and social services are services that support individuals' wellbeing and inclusion, such as access to essential health care, education, housing, and care for children, the elderly, or people with disabilities. They form one of the pillars of social protection, together with social assistance, social insurance and labour market programmes. The UN defines **social protection** as the set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their life cycles, with a particular emphasis towards vulnerable groups. Social protection can be provided in cash or in-kind, through non-contributory, budget-financed schemes providing universal, categorical, or poverty-targeted benefits (social assistance), contributory schemes (social insurance), and by building human capital, productive assets and access to jobs.[2]

Social security refers to a system of policies and programmes aimed at providing economic support and protection to individuals in various life circumstances such as illness, unemployment, old age, disability, and family responsibilities. It is guided by the 'ILO Social Security (Minimum Standards) Convention, 1952 (No. 102)', which sets minimum standards for nine branches of social security.

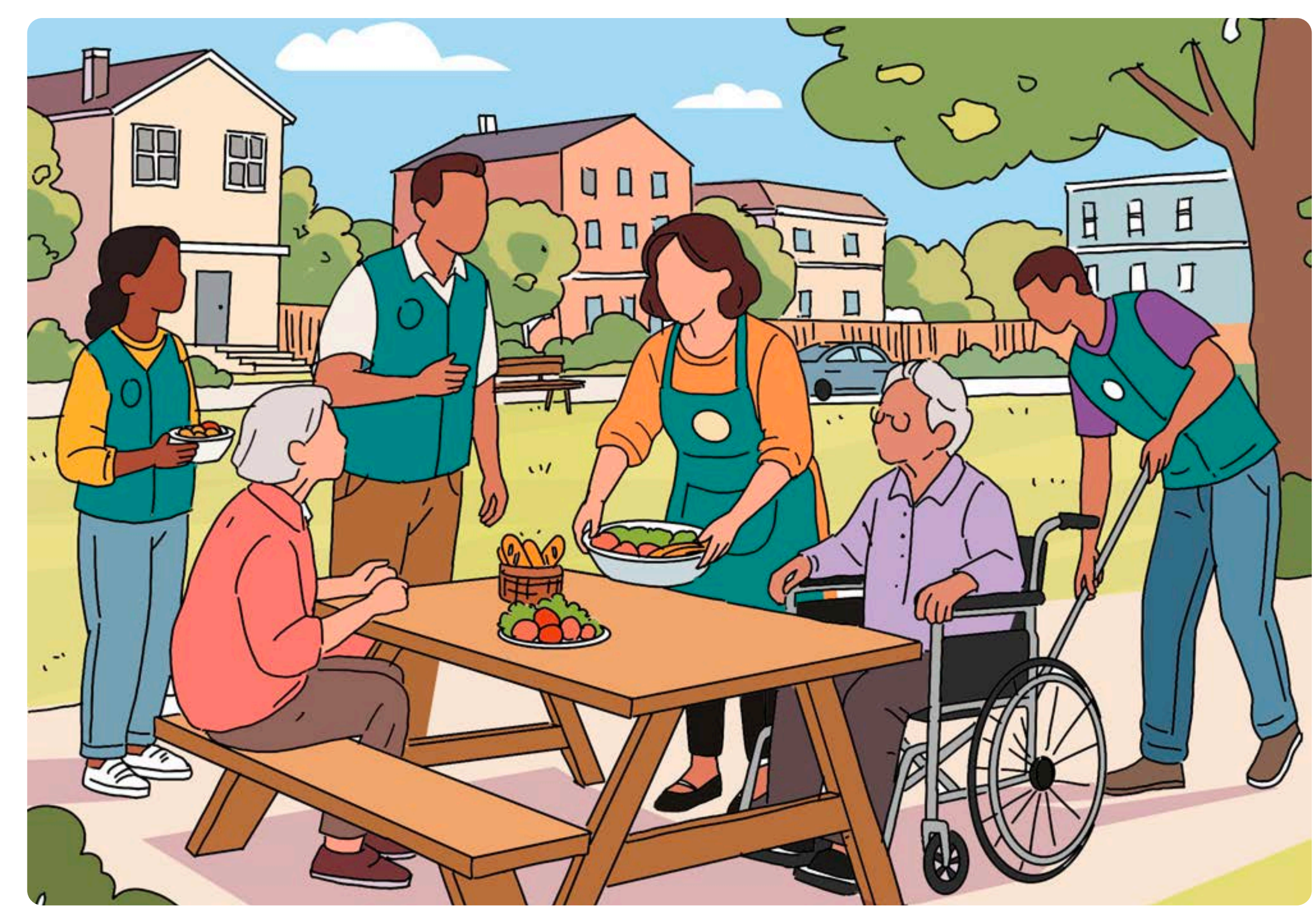
Social assistance and **social insurance** are two main pillars of social security and play an important role in social care, since they provide financial and other types of support to caregivers (both paid and unpaid) and individual care recipients. The adequacy or otherwise of this support is examined in this report.

Social assistance is aid funded by the State budget and, in some cases, donor funding. It provides direct income support to individuals and families who are not covered by social insurance, or who do not qualify for social insurance benefits. Social assistance aims to alleviate poverty and provide a safety net for the most vulnerable members of society. Non-monetary assistance is also a component of social assistance.

Social insurance is typically funded through contributions from employers and in most cases employees. It is designed to protect individuals against certain risks and economic insecurities such as illness, unemployment, and old age, and to ensure income continuity during maternity and family care. However, in many countries, these contributions are insufficient to fully fund benefits, leading to State budget subsidies. Only employees of contributing employers are usually eligible for social insurance. Those without employers can make voluntary contributions, but few do, rendering them ineligible for social insurance and reliant on social assistance. Social insurance schemes often require a minimum period of contributions, and those who do not meet this requirement are moved to social assistance programmes, which offer less generous benefits and are often subject to means-testing. Means-testing aims to exclude the financially well-off, but it often results in exclusion errors, leaving some in the bottom income quintiles without social assistance while some in the top quintiles receive it.

All these dimensions have been analysed and discussed through a tailored approach that systematically examines how the provision of care services (paid and unpaid), the legal frameworks that govern them, and all related aspects impact **women's empowerment.** This approach recognises that women disproportionately shoulder the burden of unpaid care work, limiting their participation in the labour market, contributing to persistent pay gaps and distorting a country's economy. By focusing on both the distribution of care responsibilities within households and the accessibility, affordability, and quality of formal care services, the analysis highlights how care arrangements shape women's economic opportunities and social status.

Such approach also considers how legal and policy frameworks can either perpetuate or help dismantle structural inequalities, for example by ensuring social protection rights, promoting equal sharing of care tasks and improving protections and working conditions for (predominantly women) paid care workers. Ultimately, the analysis demonstrates that advancing women's empowerment requires addressing the undervaluation of care work, the unequal division of care responsibilities through coordinated policy, legal and service delivery reforms and reform of social security systems.



Introduction

Türkiye's recent economic growth has contributed considerably to its elimination of extreme and relative poverty, as evidenced by the fact that it was ranked 45th among 193 countries on the Human Development Index (HDI) in 2022. In addition, school enrollment rates, along with several health indicators, have considerably improved.[3] Despite this progress, persistent challenges remain: overall, men enjoy a higher level of human development than women, so when the HDI is adjusted for gender equality, Türkiye's ranking drops to 63rd among 166 countries.[4]

Moreover, with a 2023 average age of 34, the economy struggles to generate a sufficient number of decent jobs for a growing and young population. The OECD average unemployment rate in 2022 was 5.1 percent, but Türkiye's was 10.6 percent.[5] Additionally, the labour force participation gap between men and women remains pronounced, reflecting ongoing challenges in achieving parity in the workforce.[6] In 2024, the labour force participation rates for men and women showed a significant disparity: men had a participation rate of 71.4 percent, above the OECD average of 68.4 percent, while women's participation rate stood at 36.3 percent, the lowest among OECD countries and far below the OECD average of 53.2 percent. However, women's participation rate has risen considerably from 27.4 percent in 2010, highlighting some progress, albeit from a much lower base compared to men[7]. In addition, Türkiye's rate of income inequality is one of the highest amongst OECD countries.[8]

According to UN DESA, the total population in Türkiye is projected to increase from 86.09 million in 2020 to 91.05 million in 2040. While the population of children aged 0–4 is projected to drop from 6.57 million to 4.74 million (decreasing by 28 percent), the population of individuals aged 65 and over is projected to almost double from 7.72 million to 15.18 million (increasing by 97 percent).[9] While a decrease in the population of children aged 0–4 may temporarily ease care burdens, an increase in the elderly population underscores a sustained demand for care services, particularly for long-term care. This need is especially pressing for elderly individuals living alone, who account for one-quarter of households with elderly members.

The anticipated increase in demand for care services in the coming years underscores the urgent need for State actors to provide social protection, including care services. Momentum around the care economy is growing. The 'Eleventh Development Plan (2019–2023)'[10] emphasises the need for expanding accessible, high-quality and affordable care services for children, individuals with disabilities and the elderly, which indicates that the projected increase in care needs are being addressed at the policy level. The 'Twelfth Development Plan (2024–2028)'[11] recognises the need for care services as part of its 'qualified people, strong family, healthy society' axis and calls for improvement in both the quality and quantity of child, elderly and disability care. The Ministry of Family and Social Affairs' Women's Empowerment Strategy Document and Action Plan 2024–2028'[12] and the Ministry of Labour and Social Security's 'National Employment Strategy'[13] both encompass care.[14]

Despite these commitments, the current situation indicates that care continues to be positioned primarily as a family responsibility, while the social care service sector, providing care for children, older individuals and persons with disabilities, remains underdeveloped.[15] Home-based and residential or institutional care do not meet current needs and the care system relies heavily on unpaid, family-based care, the brunt of which falls upon women due to prevailing social norms. As a result, women in the family often remain outside the labour market. Unpaid care work is a major factor contributing to women's low workforce participation rates.[16] Even in cases and sectors where women's workforce participation is substantial, the care burdens of working women are often shouldered by women domestic workers, typically employed informally.

Current policies and the 'Twelfth Development Plan' emphasise increasing women's labour force participation as a key objective. However, these efforts do not fully address the equally critical need to recognise, reduce and redistribute women's unpaid care burden, which remains a significant barrier to their economic engagement. For instance, while the 'Twelfth Development Plan' does prioritise elderly care services, it places greater emphasis on home-based care as part of the broader care delivery model. This approach runs the risk of shifting the responsibility for care back to households and, in many cases, to women. By doing so, it does not fully address the systemic challenges women face in balancing paid and unpaid work.

Discussions on increasing women's labour force participation seem to centre on education and skills development, based on the underlying assumption that women lack the education and skills necessary for the labour market. However, this overlooks the multiple factors that hinder women's participation in the labour market, access to labour market–oriented education and training in the first place, including social and cultural norms surrounding women's employment, the burden of care responsibilities and time poverty. While the Eleventh and Twelfth Development Plans refer to care, they do not specifically acknowledge the role of domestic work in the economy, even though they do call for the formalisation of informal work (Article 408.3) and extension of social security coverage to part-time workers (Article 405.2).

The Plans' economic development strategy prioritises traditional industrial sectors over the care economy as drivers of economic and social growth. By framing care as a social cost rather than an economic investment, they fail to acknowledge the essential role of both unpaid and paid care work in sustaining a healthy and sustainable economy. Recognising care as a key economic driver and a shared State responsibility would be crucial steps toward transforming the care economy.[17]

1. Governance of Care Systems

The governance of care systems can be categorised into two main components: policy frameworks and regulations, and institutional structures. Policy frameworks and regulations define the responsibilities of ministries or institutions regarding care policies and their implementation and the oversight of care services for children, persons with disabilities and the elderly.

Institutional structures focus on how care services are delivered to their respective target groups and through which institutions these services are provided. The Ministry of National Education (MoNE) and the Ministry of Family and Social Services (MoFSS) play central roles in the governance and provision of care services (Table 1).

Table 1. Roles and Responsibilities of the Ministry of National Education (Mone) and the Ministry of Family and Social Services (MOFSS) in the Governance of Care Systems

Category	Ministry of National Education (MoNE)	Ministry of Family and Social Services (MoFSS)
Main Focus /Target Group(s)	+ Children aged 3-6 years (pre-school age)	+ Children aged 0-6 years, elderly, and people with disabilities
Service Licensing and Provision	+ Directly operates public childcare and education centres + Grants licences to both public and private providers	+ Does not directly operate care centres + Grants licences to both public and private providers
Regulatory Role	+ Regulates the minimum standards required for public institutions, private sector employers, trade unions, and local governments to establish care centres + Defines the minimum qualification requirements for staff + Sets standards for the provision of care services	

When a private childcare centre is authorised by MoNE or MoFSS, funding is provided by the service users (mostly parents with children aged 0–6 years). The funding arrangements for institutions authorised by MoNE and MoFSS are specified in the institutions' own regulations. Although childcare services are these ministries' responsibility, service providers may vary and operate based on the legal regulations governing their service provision.

A range of actors, including public and private institutions, local governments, NGOs, trade unions and cooperatives, are responsible for providing care services to the elderly, persons with disabilities and children. Public institutions play a particularly important role as both policymakers and service providers. Other actors are involved in policymaking but are primarily service providers.

In recent years, local governments and private institutions have stepped in to supplement the public supply of care services and respond to rising demand. However, institutional care provision remains extremely limited for some groups and is increasingly focused on family-based care, positioning women as the primary agents of reproduction, caregiving and family-related responsibilities.[18] Children aged 0–3, pre-school-aged children, the elderly and persons with disabilities continue to face challenges in accessing sufficiently frequent care of adequate quality. This gap is particularly pronounced in the availability of free or affordably priced care services.

1.1 Policy Frameworks and Legislative Regulations

Early Childcare and Education

The primary legal and policy frameworks regulating the care service provision of various institutions are the 'Pre-school Education and Primary Education Institutions Regulation'[19] under MoNE and the 'Establishing and Operating Private Nurseries, Day Care Centres and Children's Clubs'[20] regulation under MoFSS. The 'Pre-school Education and Primary Education Institutions Regulation' outlines the principles, standards and operational requirements for public and private pre-school institutions affiliated with the national education system and defines curricula, teacher qualifications, infrastructure and inspection mechanisms to ensure quality and consistency across early education settings. Meanwhile, the 'Regulation on Establishing and Operating Private Nurseries, Day Care Centres, and Children's Clubs' regulates services catering to children under 66 months of age, focusing on health, safety, caregiving standards and licensing procedures for private providers. These overarching regulations are complemented by more specific legal instruments, discussed in later sections.

Employers

Private Sector

Under Article 13 of 'Regulation on Employment Conditions of Pregnant or Nursing Women, Nursing Rooms and Child Care Dormitories',[21] private workplaces with more than 150 women of any age or marital status must establish a dormitory, childcare centre or nursery near the workplace but separate from the work area to care for children aged 0–6 and provide space for nursing employees to breastfeed their children. Employers with more than 150 women employees offer these services exclusively for the children of their own employees. However, since most workplaces are small or medium-sized enterprises, very few businesses meet this threshold. As a result, the regulation applies to a small number of businesses and fails to provide coverage to most of the workforce.[22]

Public Sector

Public workplaces must provide childcare services if there are at least 50 children aged 0–72 months among their employees' families. When capacity decreases by 20 percent, they may accept children of staff from other institutions (Article 19, Law No. 2487)[23]—a decision that is within the purview of the senior management of the institution providing the childcare. Inversely, if the number of employees' children aged 0–72 months in a public institution is below 50, that institution is not obligated to establish a daycare centre ('Regulation on Child Care Centres to be Opened by Public Institutions and Organisations', Article 2, Law No. 2487).[24]

Figure 1: Regulations on the Establishment of Nurseries

Private Sector

Private workplaces with 150 or more women must establish childcare or nursery near workplace.

Public Sector

Public workplaces with 50 children aged 0-72 months among employees' families must provide childcare services.

Trade Unions

Trade unions can establish and manage nurseries and daycare centres to benefit members and their families[25]. Associations and foundations may also operate kindergartens and daycare centres providing childcare services. Although there is no specific legal regulation governing this, trade unions can establish childcare centres for members' children by including childcare provisions in their bylaws. They can also play a role in collective labour agreements by adding provisions on establishing childcare centres at workplaces or providing childcare cash assistance for their members. For example, in paragraph (g) of Article 5 of the Health-Sen bylaw, the following statement is included: "Establishes, assists in the establishment and operates social facilities such as education, health, vacation, rest, club, guesthouse, daycare, dormitory, sports, etc., for its members and their families."[26]

Local Government

There is no comprehensive legislation governing the provision of childcare services by local governments. Until 2007, municipalities could establish nurseries or daycare centres for childcare services, but this authority was revoked in 2007 by the Constitutional Court, which deemed childcare services a national rather than a local concern.[27] This created uncertainty for municipalities seeking to establish pre-school care and educational institutions. Nevertheless, there is no obstacle to municipalities providing such services on the basis of their social service obligations. Under Article 2464 of the Municipal Revenues Law, municipalities must allocate one percent of their revenue to social services. Local governments, under the scope of social service, can provide early childhood care and educational services either directly, under MoFSS and MoNE supervision, or through various collaborations. Under Article 14 of Municipality Law No. 5393, municipalities face no barrier to creating expenditure items to meet children's social and cultural needs and to providing these services. Nonetheless, it is clear that a well-defined legal framework governing municipal roles in childcare provision is still needed.

Elderly Care

MoFSS has legal regulatory responsibility for elderly care under four important regulations.

The 'Regulation on Nursing Homes and Nursing Homes Elderly Care and Rehabilitation'[28] aims to identify elderly individuals over the age of 60, ensure they benefit from care and rehabilitation services, define the type and quality of services to be provided and regulate the duties, authorities and responsibilities of the personnel.

The 'Regulation on Private Nursing Homes and Nursing Homes and Elderly Care Centres'[29] sets procedures and principles for the establishment, service standards, personnel conditions, operation, fees, inspection, transfer and closure of nursing homes and elderly care centres opened by natural and private legal entities. Nursing homes are defined as social service institutions with a minimum capacity of 20, operating 24 hours a day to protect and care for healthy elderly individuals in a peaceful environment and meet their social, physical and moral needs, while elderly care centres are defined as social service institutions with a minimum capacity of 20, providing 24-hour residential care services for both healthy elderly individuals and those requiring special care in different sections of the same building.

The 'Regulation on the Establishment and Operation Principles of Nursing Homes to be Opened within Public Institutions and Organisations'[30] aims to establish the principles for the opening, operation, physical conditions, personnel requirements, inspection and supervision of nursing homes to be opened within public institutions and organisations, in line with current legislation, and to ensure that these nursing homes provide services that meet contemporary standards. This regulation covers nursing homes established or to be established within general and special-budgeted institutions, municipalities, revolving fund organisations created by these institutions, State economic enterprises and other State enterprises established by special laws.

The 'Regulation on Day Care and Home Care Services in Elderly Service Centres'[31] establishes comprehensive guidelines for the establishment, operation, staffing, physical conditions, inspection and oversight of elderly daycare centres. The regulation applies to elderly service centres operated by public institutions, municipalities, civil society organisations and eligible private entities. It covers operational criteria, such as service plans, staffing qualifications, service scope and delivery (including social, psychological and minor medical support), oversight mechanisms, admission procedures and fee structures—all designed to provide day-centered care that enables family caregivers to rest, socialise and keep elderly family members integrated within their family environments.

Table 2. Summary of Key Regulations Governing Elderly Care Institutions and Services in Türkiye

Regulation	Main Purpose
Regulation on Nursing Homes and Nursing Homes Elderly Care and Rehabilitation	+ Defines the principles for identifying the elderly individuals in need, providing care and rehabilitation services, setting service quality standards, and regulating the duties and responsibilities of staff.
Regulation on Private Nursing Homes and Nursing Homes and Elderly Care Centres	+ Sets procedures and principles for the establishment, services standards, personnel conditions, operation, fees, inspection, transfer and closure of institutions.
Regulation on the Establishment and Operation Principles of Nursing Homes to be Opened within Public Institutions and Organisations	+ Establishes the principles for the opening, operation, physical conditions, personnel requirements, inspection and supervision of nursing homes to be opened within public institutions and organisations, in line with current legations, and ensures services meet these standards.
Regulation on Day Care and Home Care Services in Elderly Service Centres	+ Defines standards for establishing and operating care centres, including staffing, service scope, admission, and oversight, to support family caregivers and elderly integration.

Efforts to address elderly care gained prominence with the publication of the 'National Action Plan on Aging and the Status of the Elderly' by the Ministry of Development in 2007. The Plan sought to improve lifelong health and wellbeing of the elderly, ensure full access to healthcare and care services, train caregivers and healthcare workers, address the elderly's mental health needs and support caregivers. The General Directorate of Disabled and Elderly Services under MoFSS prepared the implementation plan in coordination with public institutions, universities, non-governmental organisations and local administrations as implementing actors.[32] The General Directorate has played a transformative role in the implementation of elderly and disability care services, social policies and programmes, particularly for low-income households unable to meet care demands financially or physically. It manages social assistance mechanisms, provides institutional care services or home care assistance for those in need and oversees regulations related to eligibility for social aid and conditions for accessing free or low-cost care services.

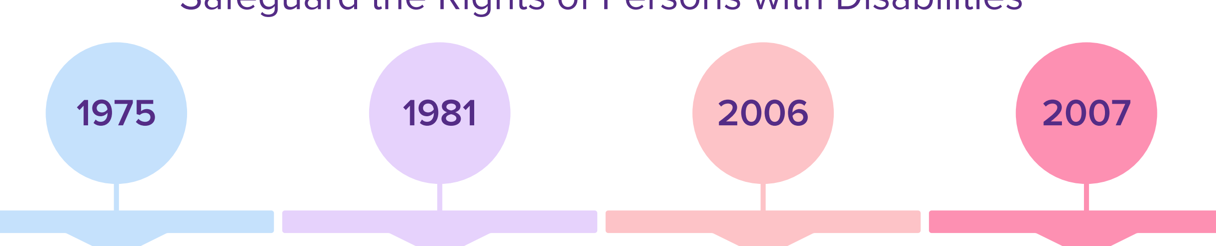
In alignment with the 'Population and Aging' section of the 'Eleventh Development Plan', the 'National Action Plan on the Rights of the Elderly for 2023–2025' aims to strengthen long-term care services promoting active and healthy lives for elderly individuals. It includes plans to enhance community-based care services, especially home care services, and to improve the quality and capacity of daycare centres.[33]

Active aging policies have expanded significantly since 2012—declared as the 'year of active aging'. In terms of care policies, active aging envisions older individuals aging in their own living environments within supportive social networks. A study on perceptions of active aging among elderly individuals revealed that those receiving home care support alongside their families reported significantly higher levels of independence, health, economic security, intergenerational solidarity and respect compared to those residing in nursing homes, resulting in an overall higher perception of active aging.[34] The development and implementation of active aging policies, with a focus on promoting community-based care models and making institutional care a last resort, were also highlighted in the Turkish Grand National Assembly's (TGNA) report from the Aging Commission in 2023.[35] This approach is an alternative to a passive aging experience and offers a solution that allows older individuals to age with dignity and wellbeing, providing them with the opportunity to spend their later years in comfort without being separated from their families and social networks.

Disability Care

Türkiye's social policies and legal frameworks for persons with disabilities were introduced relatively recently. An important milestone in international efforts to safeguard the rights of persons with disabilities was the adoption of the 'Declaration on the Rights of Disabled Persons' by the United Nations in 1975. Türkiye signed this Declaration in 1981. Later, the United Nations 'Convention on the Rights of Persons with Disabilities' was adopted in 2006, and Türkiye signed this Convention in 2007. Although Türkiye has aligned its disability rights legislation with international standards, this alignment occurred later than in some other contexts. The institutional structures responsible for coordinating services for persons with disabilities operated under various names from 1982 through the 1990s. The Social Services and Child Protection Agency (SHÇEK) provided core services, limited to care and shelter, without addressing disability issues separately. The need for a separate law on persons with disabilities was raised at the First National Disability Council in 1999, but it was not until 2005 that the 'Law on the Rights of Disabled Persons' (Law No. 5378) was enacted.

Figure 2. Milestones in International Efforts to Safeguard the Rights of Persons with Disabilities



United Nations
Adopted the Declaration on the Rights of Disabled Persons

Türkiye
Signed the Declaration on the Rights of Disabled Persons

United Nations
Adopted the Convention on the Rights of Persons with Disabilities (CRPD)

Türkiye
Signed the Convention on the Rights of Persons with Disabilities

Today, MoFSS is the primary regulatory and implementing institution for disability-related social policies. Within it, the General Directorate of Services for Persons with Disabilities and the Elderly manages preparation, implementation and supervision of these policies.

The main regulations governing institutional care services for persons with disabilities are the 'Regulation on Care Centres of Official Institutions and Organisations for Disabled Individuals in Need of Care',[36] and the 'Regulation on Special Care Centers for Persons with Disabilities'[37].

Both regulations establish procedures and principles for granting opening permits, work conditions, staffing requirements, inspections and fee structures and payments for care centres serving people with disabilities. The first regulation applies to centres opened within official institutions and organisations, excluding the Directorate-General of Social Services and the Child Protection Agency, while the second regulation applies to special care centres operated by natural persons and private legal entities.

The 'Regulation on Special Care Centers for Persons with Disabilities'[38] sets detailed rules for the establishment and operation of both non-residential (daycare) and residential care facilities for people with disabilities. It defines the criteria for obtaining opening permits, specifies staff qualifications and service standards, governs physical conditions and facilities, outlines individual care-plan requirements and regulates admission, fee structures, inspection and oversight procedures. This regulation applies to both private entities and public institutions, covering the full range of care services—personal care and psychosocial support, hourly or daytime assistance at the centre or in the home through approved care teams—all aligned with contemporary minimum standards for quality, safety and professional staffing.

Article 651 of the 'Twelfth Development Plan' under the section 'Qualified People, Healthy Families, and Strong Society' emphasises the inclusion of all segments of society, including persons with disabilities, through expanded and enhanced social assistance and services and improved general living standards. In the section 'Disability Services', key policies and measures include expanding and enhancing daytime care services for individuals with disabilities (Article 754.1), increasing the capacity and availability of temporary care services for persons with disabilities in order to support family caregivers (Article 754.2), diversifying and expanding home care support services (Article 754.3), ensuring that services provided to persons with disabilities are tailored to their individual needs and that they can participate independently in social life (Article 755), developing a care financing model and integrating it into the social security system (Article 755.1), improving the quantity and quality of the care service workforce (Article 757), and establishing professional qualification standards for caregivers working in care institutions (Article 757.1).

These policies and measures are crucial for ensuring the provision of care services for all persons with disabilities in need of care while also improving the quality of the services. Despite these measures, recent data indicates that disability care service capacity remains insufficient.[39] The lack of a detailed and systematic data collection and publication system for disability-related statistics, along with a reliance on individual studies instead, further highlights the need to strengthen care service capacity for persons with disabilities.

Domestic Work

The provisions of the 'Employment Contracts and General Provisions of the Turkish Code of Obligations No. 6098' apply to domestic work and domestic workers. The Code has 55 detailed provisions (Articles 393–447) regarding working conditions for general service contracts, including domestic work, covering a wide range of issues such as sexual harassment, occupational health and safety conditions, overtime and part-time work. It obliges employers to take all necessary measures to ensure occupational health and safety in the workplace, prevent psychological and sexual harassment and provide adequate tools and equipment. It also requires workers to comply with all measures related to occupational health and safety. However, beyond these provisions, the Code does not introduce additional or specific regulations for domestic work, making it difficult to address issues like irregular hours, unclear tasks and occupational health and safety in home environments. Enforcement is challenging due to the private nature of domestic work, limited inspections and domestic workers' fear of retaliation when reporting violations. Additionally, domestic workers are often excluded from social security benefits and face barriers in accessing legal remedies, leaving them vulnerable to exploitation and abuse. These gaps in the Code and its enforcement fail to adequately protect domestic workers' rights and create risks for both workers and employers. This shortcoming poses significant risks both for workers, who are left without the guarantee of a healthy and safe working environment, and for employers, who may be held liable for damages suffered by workers during, or as a result of, their duties unless the employer can prove absence of fault.[40]

Regulations for International Care Workers

In Türkiye, the legal framework governing international domestic workers is shaped by a combination of labour laws, immigration regulations and specific provisions for foreign employment. The primary legislation, Law No. 4817 "Work Permits for Foreigners" (2003), establishes the foundation for foreign workers, including those in domestic services, to obtain work permits. However, it restricts work permits to foreign workers recruited from abroad, aiming to attract qualified labour to enhance Türkiye's economic and human capital. Over time, additional regulations, such as the 'Council of Ministers Decision' (2012)[41] and a circular (ensuing a Ministry of Interior decision) from the General Directorate of Security (2012), introduced flexibility by allowing foreign workers already in Türkiye to apply for work permits domestically and offering a one-time amnesty for undocumented domestic workers. These measures aimed to reduce informality in the sector and bring foreign workers into the formal system. The International Labour Force Law No. 6735 (2016) further streamlined the process, providing a comprehensive framework for work permits and clarifying the rights and obligations of foreign labour. Foreign caregivers, for example, can only be employed under specific conditions, such as when caring for children under 14, elderly persons over 65 or individuals with certified medical conditions. Employers are required to pay at least the minimum wage and make social security contributions. Since most foreign care workers do work without work permits, they are not protected by the existing laws.

The challenges faced by international domestic workers in Türkiye are further compounded by their isolated working conditions and dependence on employers' sponsorship. Work permits are typically tied to a specific employer and if the employment contract is terminated, the employer can cancel the permit online. While workers can seek new employment and reapply for permits, the process leaves them in a precarious position. Countries like South Africa and Hong Kong[42] have implemented more comprehensive protection for domestic workers. In Türkiye, the absence of specific legislation addressing the unique vulnerabilities of domestic workers, combined with their exclusion from Labour Law No. 4857, underscores the need for reforms to ensure fair and safe working conditions for this often-overlooked segment of the workforce.

The fragmented regulatory framework and service provision in Türkiye's care sector highlight the need for greater coordination, efficiency and policy cohesion, for instance, through the establishment of a dedicated National Care Services Body. Currently, multiple ministries, local governments and community organisations oversee various aspects of care services, leading to inefficiencies and gaps in service delivery. Establishing a centralised body would facilitate inter-ministerial alignment, streamline policies and create a more integrated approach to care provision. Additionally, this body could play a critical role in data collection and analysis, ensuring comprehensive monitoring of service quality, demand assessment and evidence-based policymaking for childcare, elderly care and disability services. The creation of a dedicated National Care Services Body would ultimately strengthen Türkiye's care infrastructure, improve service accessibility and promote a more sustainable and equitable care system.

1.2 The Institutional Structure of Care Services

The central government in Türkiye plays a leading role in providing and regulating childcare, elderly care and disability care services, primarily through MoNE and MoFSS. In early childcare and education, responsibilities are divided between MoNE and MoFSS through the separation of the domains of care and education.

For elderly care, MoFSS manages public nursing homes, elderly living homes and active living centres, while private facilities cater to individuals aged 55 and above. Disability care is provided through home care allowances for families and support from public and private centres, offering specialised services tailored to specific needs. Despite these efforts, service provision remains insufficient to meet demand, with significant gaps in availability, particularly for children under 3, the elderly, or individuals with disabilities in need of care.

The governance of care services has increasingly shifted towards local-level responses, with municipalities playing a growing role in addressing community-specific care needs. This trend highlights their importance in ensuring accessible and tailored services for residents.

In recent years, municipal services have emerged as a key alternative to fill gaps, particularly for persons with disabilities and the elderly. These services are generally categorised into three main areas:

+ In-home care, which includes essential support, such as meal delivery and bed baths.
+ Health support, which includes doctor visits, nursing care and the provision of health-related information.
+ Preventive healthcare, which includes training, counseling and awareness programmes.

Additionally, municipalities provide critical home care support for the elderly, including cleaning, healthcare services and minor home repairs, to enhance living conditions and promote dignified aging at home. They also facilitate transportation services for the elderly and persons with disabilities, helping them access hospitals, schools and rehabilitation centres. Beyond institutional care centres, municipalities offer a variety of non-institutional services, such as counseling, psychological support and temporary care, ensuring a more comprehensive approach to caregiving.

Municipalities are also becoming central actors in childcare services, in alignment with their role in addressing community-specific requirements and enhancing local service provisions tailored to residents' needs. Initiatives like the Istanbul Metropolitan Municipality's Yuvamız İstanbul,[43] which aims to establish daycare centres in every neighborhood, illustrate this growing role.

Beyond municipal action, a diverse set of public and private actors—including MoFSS, MoNE, the private sector, Organised Industrial Zones (OIZs), and trade unions—are establishing or supporting childcare facilities. MoFSS-licensed services, MoNE's early childhood education infrastructure, workplace childcare facilities operated by private-sector actors, OIZ-led initiatives, and trade-union-supported services together form a diversified ecosystem, generating different models and partnership arrangements that expand Türkiye's experience base.[44]

However, despite this growing range of institutional and non-institutional practices, professional care services[45] still fall short of meeting the needs of children and other care recipients, particularly the elderly and people with disabilities. This shortfall largely reflects a prevailing approach that prioritises family responsibility and home-based care over investment in public or private services. As a result, while both public and private centres contribute to service provision, limited investment in formal care has constrained the development of more robust, accessible, and comprehensive services.

Childcare Services

Care services in Türkiye are mainly provided by public institutions and, to a limited extent, by private institutions and local governments.[46] MoNE's kindergartens and pre-school classes serve only specific age groups, with kindergartens serving children aged 36–68 months and pre-school classes serving children aged 57–68 months. MoNE's childcare centres are funded by the State, but parents may contribute to support their children's basic needs during school terms. With almost 32,000 schools serving around 1,805,000 children,[47] MoNE is the largest provider of childcare services. It also supervises and grants licenses to private kindergartens and pre-schools.

For the 2022–2023 school year, 2,267 MoFSS-licensed daycare centres served 85,541 children aged 0–68 months.[48] Since MoNE kindergartens and pre-school classes serve only children aged 36–68 months, children aged 0–36 months are served exclusively by MoFSS-licensed private daycare centres and nurseries, as well as centres and nurseries established by private and public employers or trade unions for their employees or members. The availability of daycare and nursery services and the option of a private or public provider for children aged 0–36 months are significantly more limited than those for children aged 36–68 months. Since centres and nurseries established by employers or trade unions must meet specific criteria (e.g., with regard to the employment status of the parents and the number of children or beneficiaries), the overall availability of care services for this age group is even more restricted.

In addition to daycare and nursery services, regulations allow for the establishment of 'children's clubs' for after-school care for children.[49] They may operate within an institution licensed by MoNE or MoFSS, as well as by municipalities, which also run their own children's clubs. The exact number of children's clubs and the number of children they serve is unknown. Age restrictions for children's clubs vary across different institutions. For example, while one children's club may serve children aged 7–14 years, another may serve children aged 3–5 years.[50,51]

The primary goal of MoNE's services to pre-school-aged children is to ensure their physical, mental and emotional development and prepare them for primary school.[52] A major criticism of MoNE is its focus on education rather than childcare, as it leaves children aged 0–36 months without support. The fact that MoNE's early childhood education programmes are based on the cognitive, linguistic, social and emotional characteristics of children in the age groups of 36–48, 48–60 and 60–72 months explains why MoNE does not provide care services for children under age 3.

The provision of childcare services is currently insufficient to meet the needs of children, especially those in the age group of 0–2 years, and their families. Turkish Statistical Institute's (TurkStat) 'Family Structure Survey 2016' showed that 86 percent of children aged 0–5 years were cared for by their mothers and 7.4 percent by their grandmothers. Only 2.8 percent received care in nurseries or kindergartens.[53] A more recent 'Family Structure Survey 2021' reveals similar trends, with an even lower reliance on professional care services: 96.7 percent of children were cared for by household members; 1.4 percent received unpaid care from non-household members; 1.2 percent were cared for free of charge by organisations or institutions; and only 0.7 percent received paid care services.[54]

Elderly Care Services

Public and private care centres in Türkiye offer conventional elderly care services. Public facilities include nursing homes and elderly living homes[55] under the General Directorate of Services for the Disabled and Elderly of MoFSS, as well as nursing homes and daycare centres operated by municipalities and other public institutions. Additionally, active living centres for the elderly, operating under provincial directorates affiliated with MoFSS, provide opportunities for social engagement and activity. While these facilities are not care centres in the traditional sense, they help elderly individuals remain active and socially connected through various daytime programmes.

Nursing homes offer protection, care and social and psychological support for the elderly. Protection primarily focuses on safeguarding residents' health and wellbeing, while individuals facing legal issues receive assistance through the legal consultancy of the General Directorate. The application and admission procedures for these centres are governed by the 'Regulation on Nursing Homes and Nursing Homes Elderly Care and Rehabilitation Centres'.[56]

Figure 3. Admission Requirements for Public Nursing Homes

- Applicants must be at least 60 years old.
- Applicants must be mentally healthy.
- Applicants must be free from infectious diseases.
- Applicants must not have a problem with alcohol or drug addiction.
- Applicants' economic or social deprivation must be verified by a Social Investigation Report.
- Admission is granted only after eligibility has been verified.

*These facilities provide 24-hour residential care and must accommodate a minimum of 20 residents.

The basic distinction between private and public nursing homes is that private centres admit individuals aged 55 and above, while in public elderly care centres, the age limit is 60. In exceptional cases, applicants under 55 may be admitted to a facility based on a social assessment report, the responsible director's recommendation and provincial directorate approval. Both public and private nursing homes provide comprehensive care through regular health screenings, physiotherapy, psychosocial support and personalised activities, complemented by tailored meal plans to meet individual nutritional needs.

Elderly living homes are an initiative launched in 2021 in affiliation with nursing homes and are designed for elderly persons who qualify for nursing home care but prefer a more independent, community-based setting. In these homes, three to four elderly people of the same sex or an elderly couple may live together in a shared residence. This model promotes social engagement, offering an alternative to traditional, large-scale elderly care centres. All services are managed by the institution's administration, with the provision of daily housekeeping, meal preparation and personal care. To be eligible for elderly living homes, one must be at least 60 years old, experience social and/or economic deprivation, be in need of care and protection, face adjustment issues, seek a change of environment, have lost a spouse while residing in a nursing home and be incapable of performing daily living activities independently. Meeting all the eligibility criteria is mandatory for admission to a centre.[57]

MoFSS, municipalities and civil society organisations provide daycare services to the elderly to serve them during the daytime. They are intended to give family caregivers time for themselves and their social lives while ensuring that the elderly individual receiving care stays connected to the family environment.[58]

Disability Care Services

Care services for persons with disabilities are administered through three main modalities: institutional care in residential centres, daycare services[59] provided by care centres, and home-based care support.[60] The primary goal of MoFSS is to ensure that persons with disabilities continue living in a family environment. Caregiver allowances or cash-assistance is offered to support this goal and encourage families to care for persons with disabilities at home. A large number of people benefit from cash transfers targeting people with disabilities and their caregivers.[61]

Care services for persons with disabilities are provided by both public and private centres. They may offer services tailored to specific disability groups or provide services for multiple groups within the same centre. According to regulations,[62] centres may have separate gardens and buildings designated for different types of disabilities. These centres can serve individuals with mental, physical or psychological disabilities, either individually or collectively. Although it is possible to maintain distinct blocks or buildings for each disability group, in practice, many centres, particularly in metropolitan areas, serve multiple groups simultaneously within the same space.

Care services are provided based on the specific needs of persons with disabilities and include personal care services, protection and supervision against potential dangers, and psychosocial support services. These services encompass both personal care and psychosocial support to enhance the wellbeing and quality of life of persons with disabilities.

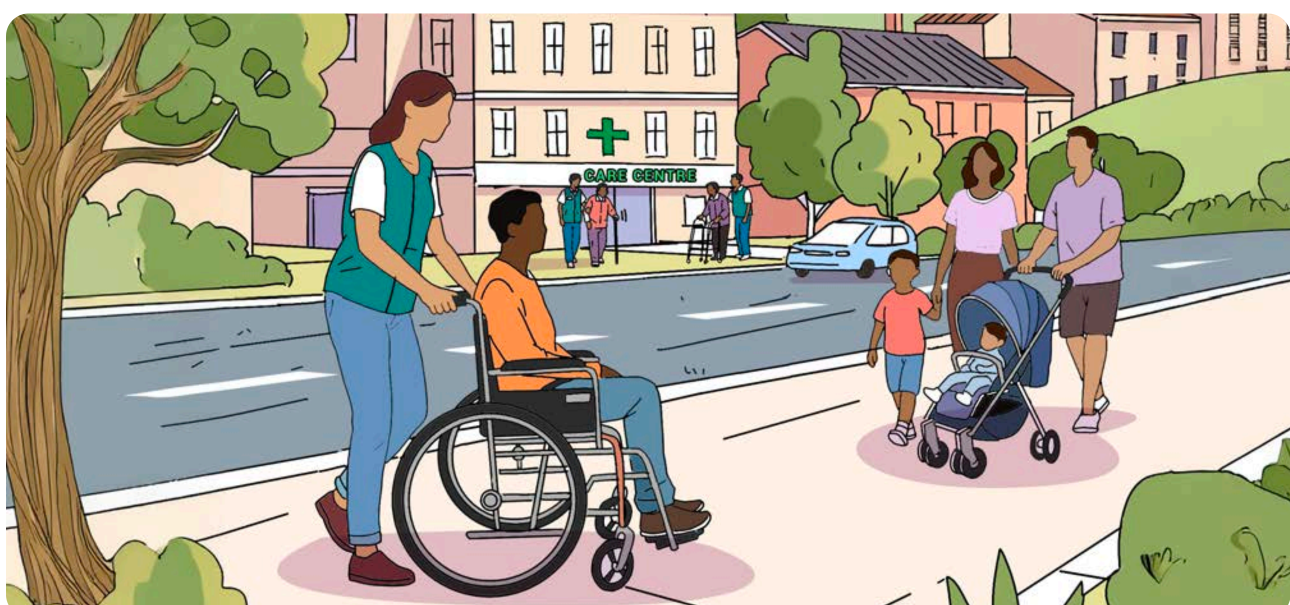
Services may be delivered through individual or group work methods. Their goal is to help persons with disabilities accept their condition and environment, gain knowledge, receive support for areas of development and, along with the families, access social rights and available resources. The services also aim to help families of persons with disabilities to accept the disability and become informed. In addition, these services help overcome negative emotions, such as feelings of abandonment, rejection, hopelessness and loneliness, and prevent issues like depression and stress, as well as difficulties in accepting the disability, suicidal thoughts or a perceived lack of affection.

In addition, care services include social, cultural, artistic and sports activities aimed at promoting independent living and social integration and participation, along with necessary companionship services to enable this participation, among persons with disabilities. Daycare services are also available, offering transportation from home, participation in workshops and opportunities for socialisation.

Public care centres for people with disabilities accept individuals based on age and sex as specified in their operating licenses. They may serve the following age groups: 0–6 years, 7–12 years, 13–18 years and 19 years and above. These centres may be mixed-sex for those up to the age of 12, but they must be single-sex for those who are 13 years old or older.[63]

Private care centres serve broader age groups and provide care for those aged 0–12 years, 13–18 years and 19 years and above. They can be mixed-sex for those up to age 12, but as in public centres, others must be single-sex. While regulations clarify that services can be provided separately for different age groups, in practice, some centres serve both 0+ and 19+ age groups together.[64]

Persons with disabilities can pay for private care services themselves or receive financial support from family members or third parties. Private centres must allocate up to three percent of their total capacity to offer free or discounted services to people with disabilities from low-income families. MoFSS covers the cost of its services after evaluating care recipients' eligibility for free or discounted services.[65]



1.3 Care Leave and Flexible Work Policies

In Türkiye, childcare-related leave policies are shaped by separate regulations for employees and public servants,[66] revealing significant disparities in entitlements. While maternity leave is universally provided, public servants benefit from more comprehensive support, including receipt of full salary during maternity leave, in contrast to employees who receive reduced payments through social security. Paternity leave remains minimal, reflecting a broader societal expectation that women bear the primary responsibility for childcare. Parental leave, though available, is unpaid and unevenly distributed, with public servants enjoying greater flexibility than employees in the public and private sectors. Breastfeeding leave and part-time work options further highlight the categorical divide between public servants and others, often leaving the others, especially men, with limited opportunities to share caregiving duties. These policies may, in practice, reinforce existing disparities and maintain childcare arrangements that place a disproportionate responsibility on women, which can limit progress towards a more balanced sharing of family responsibilities.

Maternity Leave

Maternity leave is granted for 16 weeks, comprising the eight weeks before and the eight weeks after childbirth, for both employees and public servants, as outlined in Labour Law No. 4857[67] (Article 74) and Public Servant Law No. 657[68], respectively. While the duration of paid maternity leave is the same, there are significant differences in how payments are administered. Public servants receive their full salary directly from their employing institution. In contrast, employees do not receive their regular salary but are instead paid a temporary incapacity benefit equivalent to two-thirds of their daily earnings by the Social Security Institution (SSI). These payments can be disbursed monthly or as a lump sum at the end of the leave period, underscoring a disparity in financial support between public servants and employees.

Maternity leave is non-transferable for both employees and public servants. For multiple births, a woman is granted an extra two weeks on top of the eight weeks before delivery. If she works up until three weeks before the delivery—at her request, and with the approval of her physician—the remaining time is added to the rest period after delivery.

Paternity Leave

Public servant men are granted 10 days of paid paternity leave, while employees in the private and public sector are granted five days of paid paternity leave.

Parental Leave

Parental leave policies in Türkiye differ by sex and employment category. Unpaid leave is the norm in both the public and private sectors. If both parents are public servants, they are both eligible to take parental leave. Women are entitled to up to 24 months of unpaid leave following their paid maternity leave, though they forfeit breastfeeding leave during this period. Public servant men also have the right to up to 24 months of unpaid leave, starting from the child's birth. In contrast, employees' parental leave is more restrictive, with parental leave for women being limited to six months of unpaid leave. No parental leave is available for employee fathers. This disparity highlights the unequal distribution of caregiving responsibilities and the limited support for employees, particularly men, in balancing work and family life.

Adoption Leave

When a child under the age of 3 is adopted, either one of the adoptive parents or the sole adopter—whether an employee or a public servant—is granted eight weeks of paid leave from the official date the child is placed with the family. In addition, adoptive parents working as public servants may take up to 24 months of unpaid leave. If both parents are public servants, they may, upon request, take this unpaid leave in two consecutive periods, provided the total duration does not exceed 24 months. For adoptive parents working as employees, up to six months of unpaid leave may be taken following the eight weeks of paid leave.

Breastfeeding Leave

Women public servants are entitled to breastfeeding leave following the end of their maternity leave: three hours per day during the first six months and 1.5 hours per day during the subsequent six months, for a total of one year. Women employees are entitled to 1.5 hours of breastfeeding leave per day for up to one year from the birth of their child. Breastfeeding leave may also be taken on a weekly basis. In both categories, women determine how to allocate and schedule this time, which is counted as part of their daily working hours. A mother entitled to 1.5 hours of breastfeeding leave per day may choose to take one full day off each week instead of using the daily allowance. All breastfeeding leave is paid. Mothers acting as caregivers, particularly foster mothers, are not permitted to take leave under these provisions. Adoptive mothers can use breastfeeding leave if their child is under one year of age.

Parental leave for families with a child with a disability or chronic illness

Each parent is entitled to up to 10 days of paid leave per year, either in one block or in segments, to accompany their child for treatment related to a disability or chronic illness, based on a medical report. This leave may be taken by only one working parent at a time.

Table 3. Summary of Care Leave Policies in Türkiye

Type of Leave	Civil Servants	Public (non-civil servants) and private employees	Payment
Maternity Leave	+ 16 weeks (8 before and 8 after childbirth) + Full salary paid directly by employing institution	+ 16 weeks (8 before and 8 after childbirth) + Paid a temporary incapacity benefit equivalent to two-thirds of daily earnings by SSI	+ Paid
Paternity Leave	+ 10 days	+ 5 days	+ Paid
Parental Leave	+ Up to 24 months for both parents	+ Up to 6 months for women + No parental leave available for fathers	+ Unpaid
Adoption Leave	+ 8 weeks paid, if the child is under 3 + 24 months of unpaid parental leave	+ 8 weeks paid, if the child is under 3 + 6 months unpaid	+ Paid and unpaid

Flexible Work Opportunities

In Türkiye, post-maternity part-time and half-time work arrangements are regulated under Labour Law No. 4857 for employees and Civil Servant Law No. 657 and related legislation for public servants. These rights aim to help women balance professional and family responsibilities, enabling them to spend more time caring for their children while supporting continued employment. Part-time and half-time arrangements do not apply to employee fathers.

Half-Time Work

Under Labour Law No. 4857, women employees have the right to work half-time after childbirth for 60 days after the first birth, 120 days after the second birth, and 180 days after the third and subsequent births. In the case of multiple births, an additional 30 days is added to these periods. If the child is born with a disability, the duration is extended to 360 days. During this period, the woman employee continues to receive her full salary while working for half of her standard daily working hours. However, if a woman chooses this option, she forfeits the right to breastfeeding leave. The half-time work allowance is a benefit paid by the National Employment Agency (İŞKUR) to offset income loss for employees who work half-time after childbirth.[69] This allowance aims to help employees maintain earnings close to the income level they had when working full-time.

Public servants, under Law No. 657, have the right to work half-time until their child reaches the age of compulsory schooling. Mothers may do so after the completion of their maternity leave, and fathers may do so after paternity leave. The Law stipulates that they will receive half of their usual salary during this period. On 18 July 2025, the 'Regulation on the Exercise of the Right of Part-Time Work for Civil Servants' entered into force, implementing Article 43 (Additional) of Law No. 657.[70]

Part-Time Work

Part-time work is regulated under Law No. 4857 and applies only to employees. After the completion of maternity-related leaves, one of the parents may work part-time until their child reaches primary school age (6 years). Part-time work is defined as employment performed by the employee at the workplace, for up to two-thirds of the working hours of a full-time employee in a comparable role. The employer is responsible for paying the employee's wages and insurance premiums during the agreed period. While this right is available to all parents, certain conditions must be met to benefit from this arrangement. If one parent is already working part-time, the other working spouse cannot request part-time work. However, this condition is waived in case where continuous care and treatment is required for a parent's illness or when adopting a child under the age of three. This provision in Turkish legislation adopts a neutral regulatory approach that enables fathers to take on caregiving responsibilities. As a result, a father may work part-time to support childcare once the mother has completed her maternity leave. Part-time work arrangements are not applicable to public servants.

Dependant Care Leave

Dependant care leave allows public servants to take time off when a close family member (parent, spouse, child or sibling) faces a life-threatening condition due to a serious accident or prolonged illness, as verified by a medical board report. The initial leave period is limited to three months but can be extended under the same conditions to a maximum of six months per case. During dependant care leave, public servants retain their salary and personal rights but must return to work immediately when the need for caregiving ends. There is a need to extend dependant care leave to employees and to provide flexible working arrangements and options for employees and public servants alike to enable them to care for dependants family members.

The organisation of care leave in Türkiye aligns with the family-centred structure of the welfare state and home-based care, and managing caregiving responsibilities through leave provisions rather than care services, with a primary focus on childcare. While this approach may potentially be a more economical alternative to care services for governments, it may carry implications that could deepen existing inequalities. On the other hand, family-friendly and flexible work arrangements—when supported by increased investment in care services and implemented in a way that encourages fathers' and men family members' participation in caregiving—can help promote a reduction and a more equitable distribution of unpaid care responsibilities between women and men. Additionally, they can strengthen family bonds, such as those between fathers and children. Current arrangements are likely to perpetuate inequalities: they predominantly offer leave to women, provide limited paternity leave and restrict access to some types of leaves to exclusively one parent. These arrangements, influenced by prevailing social norms, often result in women continuing to be the primary caregivers.

2. Assessment of Care Service Availability, Accessibility, Adequacy and Quality

The foremost priority for care services should be comprehensive accessibility—ensuring that services are physically, financially and socially within reach for those who need them. However, accessibility alone does not guarantee effective care provision. Services must also be available in sufficient supply to meet demand, be affordable across different income groups and be of high quality, meeting essential standards of safety, reliability and effectiveness. The adequacy of care services depends not only on their availability but also on their financial sustainability for families and their ability to meet the needs and expectations of recipients. This section examines these key aspects, identifies existing gaps and suggests potential entry points for reform.

Demand for care services is currently higher in urban areas than in rural regions. In rural regions, caregiving is predominantly managed by women within households, reflecting lower women's labour force participation and the persistence of traditional roles.[71] The prevalence of extended family structures in rural communities also fosters greater intergenerational dependency, with family members from younger generations often taking on the responsibility of caring for elderly family members. In contrast, urban areas typically feature nuclear family structures, higher rates of women's workforce participation and greater availability of care services. These factors make urban households more likely than rural households to utilise care centre services for children, the elderly and persons with disabilities. Research by Guduk and Ankara found that individuals living in city centres and districts were almost five percent more likely to select institutional care over home care compared to their counterparts living in villages. In addition, all other regional categories were more likely to select institutional care compared to individuals living in Eastern Anatolia.[72]

Despite the higher utilisation of care centre services in urban areas, several barriers continue to limit their access and discourage families from relying on care centres. Key challenges include insufficient capacity in public care facilities, a mismatch between service locations and areasof highest demand, and the high cost of private care services. Care facilities are often established in areas with relatively low demand rather than in regions where the need is most acute. This reflects a fundamental optimisation problem in providing public care services, which undermines their effectiveness and accessibility in urban settings. Indeed, findings from the Economic and Social Integration Project (EKOSEP) and the Internal Migration Integration Project (IGEP), both coordinated by the Economic Policy Research Foundation of Türkiye (TEPAV), reveal a significant service–location mismatch: the presence of disability care centres is just 8.6 percent in Istanbul, 2.5 percent in Izmir and a mere 0.3 percent in Bursa.[73] These figures underscore a critical optimisation problem in the spatial distribution of care facilities.

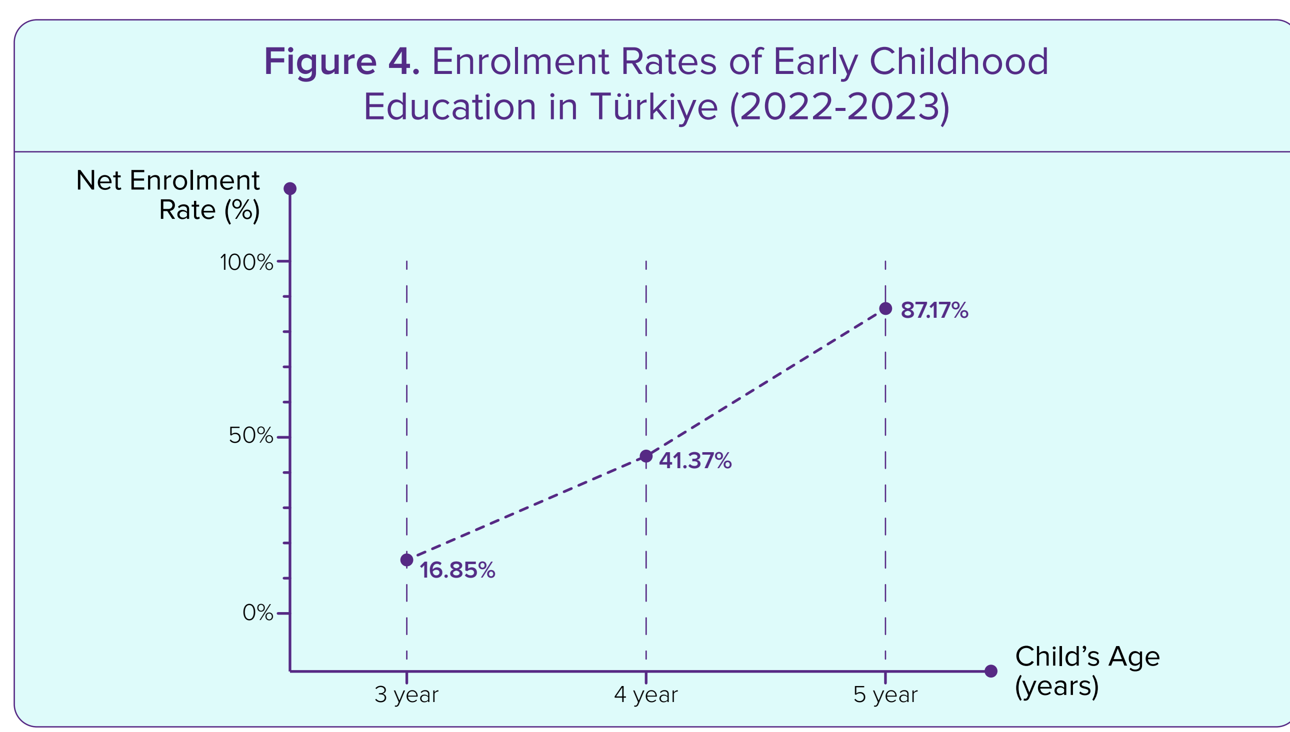
2.1 Current Levels of Accessibility and Affordability of Care Services

Early Childcare and Education Services

Accessibility and Availability

As noted earlier, existing care services are insufficient to meet current demand. Studies show that quality early childhood education improves educational and social outcomes, reducing the likelihood of repeating grades and improving chances of completing primary and secondary school and being raised as literate and socially and emotionally developed children.[74] While the number of children in pre-school education has improved in recent years and the 'Eleventh Development Plan' called for one year of universal pre-primary education, Türkiye still lags significantly behind the OECD average.[75] MoNE data shows that Turkish net enrolment rates for the 2022–2023 educational year progressively increase as children grow older, with enrolment rates significantly higher for older age groups. At age 3, the enrolment rate is relatively low at 16.85 percent, with minimal differences between boys and girls (16.82 percent for boys and 16.87 percent for girls). By age 4, the enrolment rate rises to 41.37 percent, showing a substantial increase. By age 5, the enrolment rate reaches 87.17 percent, reflecting near-universal enrolment in early childhood education (Figure 4). The combined net enrolment rates are 52.21 percent for ages 3–5 and 64.68 percent for ages 4–5, reflecting stronger participation in pre-school education in the years just before primary school.[76] MoNE does not provide data for the age group of 0–2 years. According to OECD data, the enrolment rate for 2-year-old children in Türkiye was 2 percent in 2022, well below the OECD average of 42 percent.[77] Evidently, public services for children aged 0–2 years are virtually non-existent in Türkiye. The ILO Global Care Policy Portal[78] estimates that the childcare policy gap in Türkiye amounts to 68.1 months, or roughly 5.7 years. This indicates that families receive minimal public support for childcare for nearly six years, leaving them to cover the costs and arrangements privately. When adjusted to a full-rate equivalent, which accounts for variations in benefit generosity, the gap remains similarly wide at 69.3 months, or approximately 5.8 years. This significant gap highlights a prolonged period during which families, particularly mothers, bear the primary responsibility for childcare without sufficient public provisions or financial support.

Figure 4. Enrolment Rates of Early Childhood Education in Türkiye (2022-2023)



To support early childcare and education, several OECD countries provide not only institutional childcare and educational services but also cheques and vouchers as part of nursery support provisions to encourage the participation of children aged 0–2 years in early childhood education and care.[79]

Table 4 shows that approximately 80 percent of ECEC services in Türkiye were administered in the public sector in 2022–2023, indicating that ECEC predominantly operates within a public framework. Table 5 shows that the number of children in pre-school education has remained around 1.9–2 million since 2021. Notably, more boys than girls participate in pre-school education, and this gap in pre-school education appears persistent.

Table 4: Number of Schools and Enrolled Students, Ages 3–5 (2021-2022 and 2022-2023)

Category	Subcategory	Schools (2021-2022)		Schools (2022-2023)		Number of students (2021-2022)		Number of students (2022-2023)	
		Public	Private	Public	Private	Public	Private	Public	Private
Pre-school education (A+B)		29,099	7,545	31,955	7,871	1,527,051	357,953	1,681,705	373,645
Organisations not affiliated with MoNE (A = A1+A2), of which:		4,831	2,248	5,416	2,275	135,813	89,819	163,138	85,842
	Organisations established under Article 191 of Law No. 657 (A1)	180		172		8,441		8,721	
	Community-based organisations (A2)	4,651		5,244		127,258		154,417	
Organisations affiliated with MoNE (B)		24,268	5,297	26,539	5,596	1,391,238	268,134	1,518,567	287,803
MoFSS-affiliated nurseries and care homes			2,242		2,267		89,586		85,541
Nurseries subject to the Labour Law			6		8		222		301

Source: MoNE (2023), National Education Statistics, Formal Education 2021–2022 and 2022–2023.

Table 5: Number of Schools and Students Participating in Pre-School Education (Total and Public)

	2023-2024		2022-2023		2022-2021	
	Total	MoNE-affiliated (public)	Total	MoNE-affiliated (public)	Total	MoNE-affiliated (public)
Schools	39,957	25,607	39,826	26,539	36,644	24,268
Pupils	1,954,202	1,437,008	2,055,350	1,518,567	1,885,004	1,391,238
Boys	1,009,120	740,271	1,064,089	784,818	975,006	716,578
Girls	945,082	696,737	991,261	733,749	909,998	67,466
Teachers	121,986	74,212	121,786	73,388	107,171	65,778

Source: MoNE (2023), National Education Statistics, Formal Education 2021–2022, 2022–2023, 2023–2024.

MoNE is the primary public provider of ECEC through its pre-school classes for 4– and 5–year olds. NGOs and certain public and private institutions also extend childcare services to their employees or the broader public on a limited scale. Nurseries affiliated with the Presidency of Religious Affairs also provide ECEC for children aged 4 to 6.[80] Municipalities are also increasingly becoming providers of early childcare services, opening more nursery places for residents and earning recognition for their low-cost, high-quality services for working families.[81] However, their exact outreach is unknown and may be limited.

Other childcare providers include private and public sector employers. While the private sector is legally required to provide childcare facilities when employing more than 150 women, only eight private sector employers comply.[82] Public institutions such as ministries and universities operate 172 childcare centres to serve their own employees' children, serving 8,721 children in 2023—an increase from 109 centres serving 6,450 children in 2013.[83] This expansion in the number of childcare facilities reflects a growing recognition among public employers of the critical importance of childcare. However, despite this progress, the current availability of such services remains insufficient to meet families' needs.

There are limitations to childcare provided in centres. Overall, services are not available for all age groups, and operating hours often do not align with mothers' needs. Public providers typically offer limited service hours, and

access to facilities is constrained, with some neighbourhoods requiring long commutes to reach them. Specifically, MoNE services are half-day activities catering more to educational needs than childcare, serving primarily 4– and 5–year-olds to supplement their education before compulsory schooling at age 6.

As discussed, MoNE's services are primarily education-focused and do not address the care needs of children aged 0–2, who require care-oriented support. Türkiye's low women's labour force participation rate is not only a result of social norms and stereotypes but also exacerbated by a structural lack of childcare services and infrastructure. Parents face limited options: paying for private childcare, relying on grandparents or, most commonly, mothers leaving the workforce entirely to care for their children. This systemic gap in childcare services significantly contributes to the persistently low women's labour force participation.

Affordability

MoNE provides free childcare services for children aged 3–5 years.[84] Fees for private childcare centres for children aged 0–6 years vary depending on location and the scope of offered services. However, information regarding the cost structures of private childcare centres for children aged 0–2 years remains unavailable.

News on childcare centre fees shared in the media[85] is the only source for examining the affordability of childcare centres for working families in the 2024–2025 academic year. Rising inflation and increased cost of living have put significant financial strain on both unemployed and working individuals, particularly affecting access to affordable childcare services. The cost of daycare centres has surged to such an extent that it now exceeds the minimum wage, creating a barrier for many families. For example, one mother reported that her daycare expenses for the 2024–2025 academic year amounted to 15,000 TL per month—nearly her entire monthly salary of 17,002 TL (the 2024 net minimum wage) and even exceeding it when factoring in additional expenses[86]—forcing her to consider leaving employment to care for her child.

Private nursery fees vary significantly based on location, facilities, educational programmes and class size, with some centres charging up to 35,000 TL per month for bilingual education. Nationwide, monthly costs range from 13,000 TL to 50,000 TL. The highest daycare fees are concentrated in major cities like Istanbul and Izmir, while fees in provinces affected by the February 2023 earthquakes are relatively lower, though still burdensome for many families.[87]

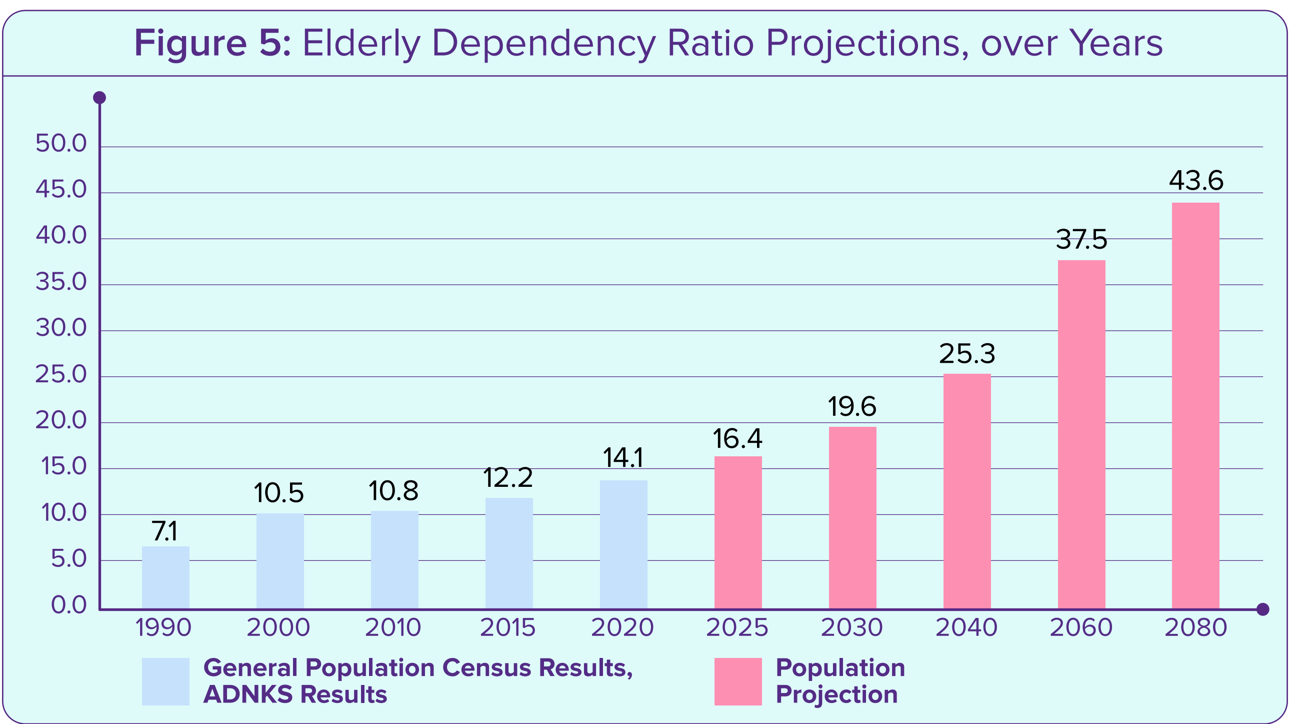
The affordability crisis in Türkiye's daycare sector underscores a systemic issue rooted in high operational costs and insufficient public investment in early childhood education. While daycare owners and educators express frustration over the situation, the primary burden falls on families,[88] particularly mothers, who are forced to choose between paying exorbitant fees, relying on informal care networks or exiting the workforce altogether. Addressing this crisis requires comprehensive policy interventions, including subsidies for low-income families, increased public investment in childcare infrastructure and fair wages for educators. Offering tax credits to families, particularly low-income households, for utilisation of private childcare centres could also be a strategy for the improvement of accessibility and affordability of childcare services.

In conclusion, although MoNE often appears in discussions of public childcare, it does not operate nurseries. The overall public supply of childcare services from MoNE, municipalities and other institutions remains inadequate to meet demand. This shortage is particularly acute for nurseries and centres serving children aged 0–2, where MoNE offers no free services. Although municipalities remain the only providers of affordable public nursery services, their limited capacity cannot address current growing needs, leaving a critical gap in early childhood care and education.

Elderly care services

Accessibility and Availability

One of Türkiye's most defining demographic features is its aging population. The elderly dependency ratio—the number of elderly people aged 65 and over for every 100 economically active people aged 15–64 years—has risen from 5.7 in 1950 and 10.8 in 2010 to 15 in 2023. The projections in Figure 5 show significant and continuing increase of the dependency ratio over the coming years: 19.6 in 2030, 25.3 in 2040, 37.5 in 2050 and 43.6 in 2080. These projections suggest that the demand for elderly care will continue to rise.



Source: Grand National Assembly of Türkiye (GNAoT), General population census results using ADNKS (address-based population registration system), 2023

Despite growing demand, progress in expanding elderly care services has been limited, with no significant increase in the number of care centres in the last 13 years. Table 6 shows only a marginal growth of 63 in the number of public elderly care centres since 2012. While the number of elderly living homes, where several elderly individuals of the same sex reside together, grew between 2012 and 2017, these facilities have nearly disappeared over the past four years. Additionally, the number of elderly individuals receiving services from ministries and local administrations outside MoFSS has stagnated since 2012 (Table 7), despite a growing elderly population and an increasing elderly dependency ratio.

Table 6: Number of Institutions for Elderly Care Services

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Public nursing homes	106	115	124	131	140	144	146	153	158	165	169	168	169
Private nursing homes	167	183	185	196	207	216	226	241	261	263	266	267	270
Elderly living homes	9	21	25	40	41	47	41	30	25	8	5	6	4
Others (affiliated with other ministries and local governments)	22	23	23	22	23	24	24	26	23	21	21	22	20
Daycare centres								27	31	32	38	36	41

Source: MoFSS Statistical Bulletin, 2024.

Table 7: Number of People Receiving Services in Elderly Care Centres

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Public nursing homes	10,961	11,293	11,688	12,202	14,439	13,692	13,888	13,885	12,105	12,686	14,115	14,644	14,701
Private nursing homes	6,350	7,476	7,588	8,323	8,775	9,200	9,702	10,560	10,744	11,558	12,580	13,266	13,310
Elderly living homes	34	100	99	154	157	164	148	121	90	25	15	32	14
Others (affiliated with other ministries and local governments)	1,975	2,005	2.005	2,576	2,649	2,947	2,905	2,881	2,399	1,731	1,822	1,947	1,903
Daycare centres									382	532	538	765	740

Source: MoFSS Statistical Bulletin, 2024.

While the number of elderly individuals served by public nursing homes increased from around 10,900 in 2012 to 14,700 in 2024, private nursing homes more than doubled the number they served over the same period. Although private facilities have grown significantly in number and proportion, the overall number of elderly individuals benefitting from these services remains relatively low compared to the number of individuals served by a lower number of public facilities. Private care might be an expensive option for those living on pensions. The capacity of public elderly care centres is insufficient to meet the growing demand, leading to long waiting lists for applicants. This shortage stems from a policy framework that prioritises a home-based care model, which disproportionately relies on women's unpaid labour to meet the care needs of the elderly. Consequently, expanding access to elderly care services, particularly institutional care, has become an increasingly urgent issue.

In 2019, MoFSS began opening daycare centres for the elderly. These centres aim to support elderly individuals unable to live at home independently by improving their living conditions and assisting with daily activities. Additionally, daytime care centres provide social, physical and psychological support, helping seniors spend their free time productively, address their health and social needs and receive guidance and professional counselling. By organising activity groups based on their interests, these centres enrich social interactions and strengthen family bonds, ultimately enhancing the quality of life for the elderly. By the end of 2023, 36 daycare and active-aging centres were serving 765 elderly individuals.[89]

Affordability

Public and private elderly care centres charge significantly different fees. In nursing homes operated by the Ministry of Family and Social Policies, fees are determined based on the individual's income level and social needs. Services are completely free for individuals with very low or no income. Individuals who live on pensions or social assistance may be required to pay a percentage of their income, typically ranging between 30 percent and 50 percent. Extra services, such as specialised healthcare support or special dietary requirements, may be subject to separate charges.[90] Maximum and minimum fees for private elderly care centres are determined by MoFSS provincial commissions. Ankara's base fee for private elderly care centres in 2024 was 5,277.35 TL per month (including 10 percent VAT), while the maximum fee was 45,140.65 TL.[91]

Affordability remains a significant challenge for many elderly individuals and pensioners. The minimum monthly pension was 12,500 TL in the second half of 2024.[92] Public nursing homes face long waiting lists and struggle to meet the growing demand, leaving many elderly individuals without access to affordable care options. The stated fees are only the base cost and can rise considerably based on factors such as room type (single or shared), necessary medical care and supplies, rehabilitation programmes and special dietary needs.[93]

Given public nursing homes' inability to meet demand, fostering collaboration between public and private facilities could offer a viable institutional solution for the expansion of elderly care services.[94] Additionally, tax incentives for private nursing homes offering free or reduced-fee accommodation to elderly individuals could enhance access for those in need, encouraging private facilities to support low-income or disadvantaged elderly individuals, as well as promoting a more inclusive care system by reducing financial barriers.

Disability Care Services

Accessibility and Availability

A 2023 MoFSS report showed 2,511,950 persons with disabilities registered and alive in the National Disability System—1,414,643 men and 1,097,307 women, including 775,012 with severe disabilities. These numbers exclude those who had not applied to authorised hospitals to receive a Disability Health Board Report or had not applied for government services.[95]

MoFSS data (Table 8) reveals that care services are provided to persons with disabilities in public or private care and rehabilitation centres, daycare centres and Umutevi (Hope Homes). Between 2012 and 2024, the number of public centres increased by 26 (32.5 percent) while the number of private centres rose by 174 (117.6 percent). Although there has not been a significant increase in the number of centres offering daycare services since 2012, 458 new disability care and rehabilitation centres have been opened. Hope Homes represent another area of growth. They offer public services that allow individuals with disabilities needing care to live in independent houses or apartments for better social integration and active participation in community life. To qualify for a Hope Home, an individual must need institutional care. Those meeting this requirement receive services in Homes with 4–6 residents, supported by a caregiver and supervised by professional staff. In 2024, there were 145 Hope Homes.[96]

Table 8: Number of Care Centres for People with Disabilities

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Disability care and rehabilitation centres (public)	80	81	85	87	93	97	97	104	104	104	107	106	106
Disability care and rehabilitation centres (private)	148	147	149	156	161	196	231	257	286	294	305	312	322
Disability daycare centres (public)	7	6	5	5	6	6	7	72	125	129	134	137	137
Umutevi (Hope Homes) (public)	17	48	86	111	128	137	146	149	152	144	149	149	145

Source: MoFSS Statistical Bulletin, 2024.

The number of people benefitting from care services has been rising (Table 9), more significantly in private care centres. Between 2012 and 2024, private disability care and rehabilitation centres grew rapidly, increasing the number of people served from 9,565 in 2012 to 30,435 in 2024. Public centres peaked with serving 8,077 people, before stabilizing around 7,000. Public daycare centres expanded significantly after 2019, reaching 1,929 people with disabilities in 2024. Hope Homes increased in number and capacity to provide services to 862 recipients in 2020, but the number of care recipients declined to 594 in 2024. Overall, private sector services expanded while public services experienced fluctuations.

Table 9: Number of People with Disabilities Benefitting from Care Services

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Disability care and rehabilitation centres (public)	5,112	5,451	5,827	6,204	6,670	7,240	7,745	8,077	7,918	7,211	7,387	7,003	7,076
Disablility care and rehabilitation centres (private)	9,565	10,169	10,319	10,823	11,923	14,080	17,264	20,382	21,455	25,346	26,766	28,876	30,435
Disability day care centres (public)	460	441	457	432	411	459	440	748	768	1,233	1,622	1,703	1,929
Umutevi (Hope Homes) (public)	107	288	504	666	768	828	838	844	862	654	654	654	594

Source: MoFSS Statistical Bulletin, 2024.

According to the National Disability Data System, as of June 2021, there were 2,511,950 persons with disabilities, including 775,012 with severe disabilities. This means that only 1.4 percent of individuals with disabilities in need of care had access to care services provided in the above-mentioned centres, while just 0.4 percent received public care.[97]

Many individuals in need of care are placed on waiting lists. This indicates a need for expanded infrastructure, additional resources and increased funding to better support vulnerable populations. The quality of services presents another major challenge. In a survey of 354 residents of elderly and disability care centres, dissatisfaction with the quality of service was cited as a reason for wanting to leave these facilities, while lack of financial resources and adequate physical environments at relatives' homes were mentioned as reasons for residents to remain in these centres.[98]

Due to long waiting lists at public care centres, MoFSS covers the cost of private care services for individuals who are economically and socially disadvantaged. Furthermore, private care centres must accept a certain number of individuals with disabilities free of charge, as determined by the provincial directorate of MoFSS. This number must be at least three percent of the total number of served individuals with disabilities and include only those who do not meet MoFSS's financial support criteria and whose care fees are as a result not covered by MoFSS.[99]

It is also important to acknowledge one of the key structural tensions in Türkiye's system—the lack of a continuum between institutional care and home-based support for individuals with severe disabilities requiring care 24 hours a day, seven days a week. Under the current model, long-term intensive care is largely provided within families, with women bearing the majority of care responsibilities, while access to public support and alternative care options remains limited, placing strain on both caregivers and the rights and wellbeing of persons with disabilities.[100]

Affordability

Public care services from MoFSS's centres are free for individuals with physical, mental or psychological disabilities who are unable to fulfil the recurring necessities of daily life, regardless of their income status.[101] For private care centres, minimum fees for disability care services are set annually by a regional commission that is chaired by the deputy governor and includes the provincial director, treasurer or head of the tax office, representatives from the provincial Chamber of Commerce and municipal administration, as well as a representative selected by private care centres within the province. For 2024, the MoFSS pricing commission set the following monthly rates for Istanbul:[102]

+ **Residential (24 hours a day):** 10,532.335 TL (including 10 percent VAT)
+ **Day care (8 hours per day):** 5,211.173 TL (including 10 percent VAT)
+ **Day care (4 hours per day):** 2,633.136 TL (including 10 percent VAT)
+ **At-home care by a professional caregiver (3 hours per day):** 5,266.173 TL (including 10 percent VAT)

Given the high cost of care, it becomes nearly impossible for a family living on minimum wage to afford residential care for a family member with disabilities or other types of care for relatives. Additional challenges—parental separation (common among families with children with disabilities) and the care burden on women, who often leave the workforce and lose income and career opportunities to provide care—further exacerbate financial strain. In all such cases, household income is likely to decline, making it even more difficult for families to afford the minimum fees required for access to care centres.

Domestic Care Workers

Families unable to access institutional care services often hire domestic workers to assist not only with household chores but also with elderly care, childcare and disability care. While this arrangement offers a more personalised form of care, it also underscores significant gaps in the availability, accessibility and affordability of formal professional services provided in centres. The sector remains largely unregulated, with domestic care workers often employed informally and without legal protections. In the absence of clear legal frameworks, job descriptions and responsibilities are shaped by personal relationships and the employer's discretion. This lack of oversight results in inconsistent service standards, with no standardised qualifications or monitoring mechanisms in place. As a result, both caregivers and care recipients face risks, including uncertain working conditions for caregivers and potentially inadequate or variable quality of care for recipients.

2.2 Minimum Standards for the Provision of Care Services

Childcare Services

MoFSS regulations for nurseries and daycare centres serving children aged 0–6 and MoNE regulations for pre-schools serving children aged 3–6 define minimum standards for childcare centres. These regulations establish similar minimum standards for the provision of childcare and education services.

A childcare centre must meet specific location and equipment requirements in order to operate. Standards pertaining to the building and the garden require childcare centres to be located in quiet, safe areas free from traffic hazards and air pollution and in accessible buildings that can accommodate play. There must be at least two square metres of green space per child, as well as separate, well-lit and easily ventilated rooms for breastfeeding, crawling, diaper changing and play for toddlers. Standards pertaining to the indoor space require each child to have access to at least two square metres of floor space and six cubic metres of air, with one toilet and sink for every 10 children. A centre's director is responsible for maintaining coordination with the relevant authorities and managing administrative, financial, and technical operations. Directors must have at least a bachelor's degree and pre-school teacher training.[103]

Childcare centres shall operate year-round, barring public holidays, remaining available during the summer for working parents. They are advised to operate for at least 12 hours—from 7 a.m. to 7 p.m.—or longer, to accommodate long commuting times in large cities and to consider remaining open on Saturdays to support working parents. However, in practice, childcare centre hours typically vary depending on the city in which they are located and parental demand, generally operating between 9 a.m. and 5 p.m.[104] Families requesting extended hours for their children are generally expected to pay the teachers' overtime wages. Childcare centres intending to extend their operations beyond regular weekday service hours, including evenings and weekends, must submit a formal request to provincial directorates outlining their reasons and specifying their intended hours. Approval for continued services during these extended hours depends on the provincial directorate's endorsement and authorisation from the governor's office.

MoFSS inspects private pre-schools serving children aged 0–6, while MoNE inspects public pre-schools serving children aged 3–6. In 2014, MoNE delegated the supervision of pre-school teachers to school principals. A study examining supervision reports on pre-school education indicates that minimum standards for physical environments and safety are generally met in kindergarten settings. However, it highlights that private kindergartens surpass public schools in terms of security measures, educational environments, teaching materials and the use of technology in education. Families prioritise security, and private institutions take this into account when evaluating school preferences.[105]

Regulations governing private daycare centres set qualification standards for staff and assistant personnel. The number of staff members in a nursery varies depending on the number of enrolled children. To ensure service quality, there should be a minimum of two teachers—one responsible teacher and one assistant teacher—for every 20 children in classrooms for children aged 3–6 and a minimum of two individuals—one responsible teacher and one assistant caregiver—for every 10 children in classrooms for children aged 0–3. Beyond classroom teachers and supervisors, nurseries also employ administrative staff and technical support staff responsible for guidance, health, cleaning, food services, repairs and transportation.[106]

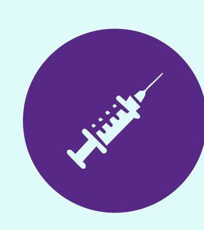
Elderly Care Services

MoFSS regulates elderly care homes to ensure safe, supportive and dignified environments for residents. Facilities must meet strict standards for accessibility, safety, hygiene and space, ensuring that they are suitable for individuals with varying levels of mobility and care needs. The minimum staffing requirements for care centres are defined in terms of the number and qualifications of employees. Mandatory staff include a director, social worker, psychologist, doctor, physiotherapist, dietitian, nurse, elderly care staff and other staff. The director must hold at least a four-year higher education degree. Directors cannot serve more than one care facility and are prohibited from engaging in other employment during working hours.[107]

Staff qualifications, which are closely monitored, require trained caregivers, healthcare professionals and social workers and an adequate staff-to-resident ratio. Homes must provide essential healthcare services, medication management and rehabilitative programmes, such as physiotherapy, to support residents' physical and mental wellbeing. At least one doctor, either full-time or scheduled for specific hours or days, must be employed for every 100 residents. One nurse must be employed for every 50 residents, and one caregiver must be employed for every 15 residents.

Figure 6: Staffing Ratios for Elderly Care

DOCTOR
for every 100 residents



NURSE
for every 50 residents

CAREGIVER
for every 15 residents

Specialised care units require mandatory employment of one nurse for every 10 residents and one caregiver for every five residents.[108] These requirements aim to ensure adequate professional care tailored to elderly residents' needs, particularly in specialised settings. In centres providing elderly care services under MoFSS, elderly care technicians are employed to ensure the continuation of elderly individuals' daily life activities.

Elderly care centres consider social and psychological wellbeing of the elderly to be a core focus and encourage recreational activities, counselling and family interaction. Regular inspections by MoFSS ensure compliance, while feedback mechanisms allow residents and families to report concerns. Ethical considerations, such as privacy, autonomy and end-of-life care, are prioritised. However, demand for elderly care homes often exceeds capacity, leading to waiting lists and underscoring the need for expansion of resources and infrastructure to meet the growing needs of an aging population.

Daycare centres for the elderly are established in compliance with regulatory criteria set by MoFSS.[109] These centres are required to provide ample space for the elderly to relax and engage in social interactions, along with designated rooms and exercise halls for rehabilitation and physical therapy and a nurse's office and examination areas for delivery of essential healthcare services. Additionally, a kitchen and dining hall must be included to ensure that nutritious meals are prepared under the supervision of a dietitian.

Each daycare centre should have a centre director to oversee operations, along with a social worker or psychologist to provide psychosocial support. A nurse or healthcare personnel is responsible for monitoring the health conditions of elderly individuals, managing their medications and administering necessary medical interventions. A physiotherapist develops exercise and rehabilitation programmes to enhance mobility and overall physical wellbeing. An elderly care assistant helps seniors with daily living activities, including hygiene, nutrition and personal care. A cook and support staff ensure that meals meet dietary needs while maintaining the cleanliness of the facility. Additionally, security and technical personnel are responsible for ensuring the safety and maintenance of the centre. This well-structured staffing model is designed to offer elderly individuals comprehensive care and support in a safe, comfortable and nurturing environment.

Home care services for the elderly, as regulated by the MoFSS[110], are designed to support elderly individuals who require assistance with daily activities but prefer to remain in their own homes. These services aim to improve the quality of their life by providing essential healthcare, personal care and social support while allowing them to maintain their independence. Home care includes assistance with personal hygiene, nutrition, mobility and medication management and seeks to ensure that elderly individuals receive the necessary care in a familiar and comfortable environment. Additionally, psychological and social support services are offered to enhance emotional wellbeing and prevent social isolation.

A structured team of professionals, which includes social workers or psychologists providing psychosocial support and assessing individual needs, delivers home care services to the elderly. Nurses or healthcare personnel monitor health conditions, administer medical treatments and manage medications, while elderly care assistants assist with daily activities, such as hygiene, dressing and

meal preparation. Physiotherapists develop rehabilitation programmes to maintain the elderly's mobility and physical wellbeing, and caregivers collaborate with families to educate them on elderly care practices and provide guidance on maintaining a safe home environment. This comprehensive home care model ensures that elderly individuals receive quality care tailored to their needs while remaining in the comfort of their own homes.

Care Services for Persons with Disabilities

The 2006 regulation for care centres run by public institutions[111] and the 2016 regulation for private care centres for persons with disabilities[112] define the minimum standards for care services for persons with disabilities. Both regulations outline similar physical requirements for care centres: they must be located in quiet, pollution-free, easily accessible and organised residential areas far from industrial zones and unhealthy establishments. Accessibility is a key requirement for buildings' usage and structure, and accessibility requirements include door dimensions, elevator availability (for buildings with more than two floors) and wheelchair ramps. Since 2020, these accessibility standards are mandatory.

Centres for persons with disabilities must also meet several physical criteria: they must be housed in non-wooden buildings not exceeding four floors and comply with accessibility standards tailored to the needs of different groups. Their rooms must allow natural lighting and ventilation; floor materials must be safe and easy to clean; and adequate safety precautions should be in place for ventilation systems and staircases. The centre should also provide at least two square metres of space per person with disabilities and have a garden not smaller than the mandatory total area of the centre's sleeping rooms.

Professional staff, medical personnel and caregivers, in addition to a responsible director, are required to work in these centres. Day centres are required to assign one professional and one medical staff member for every 36 individuals and one caregiver for every six individuals. Residential centres should have one professional and one medical staff member for every 36 individuals between 8 a.m. and 4 p.m. and a healthcare worker as the night supervisor. Centres offering residential services must operate 24 hours a day, seven days a week, with a minimum of three staff members on duty at all times.

Focus group discussions indicate that high turnover rates in disability care centres arise when workers view caregiving as a temporary job and leave after short periods. Many caregivers are women with just an MoNE certification, while young educated professionals take these jobs only temporarily, often as a stepping stone before military service or further education. As a result, they leave at the earliest opportunity.

Hiring managers tend to prioritise caregiving experience and compassion over formal education, favouring certified women over more qualified candidates. Private care centres frequently hire stay-at-home women with only a basic certification of at least 400 hours of MoNE-approved training. According to Article 3 of the 'Regulation on Special Care Centres for Disabled Individuals', caregiver personnel must have either an associate degree in a relevant field or a caregiving certificate approved by MoNE.[113] Those without formal education are mandated to obtain this certificate to work in private disability care centres. However, this reliance on certification rather than comprehensive education results in a lack of professional qualifications, negatively affecting the quality of care provided, particularly for individuals with special needs, such as those with visual and hearing impairments. Moreover, the short duration and modular structure of certificate programmes fail to equip workers with sufficient practical skills, forcing them to learn through trial and error, which introduces risks in care delivery. The certification system is used as a stopgap measure to address workforce shortages due to the insufficient number of associate degree graduates in the field.[114] However, while it helps fill the staffing gap, it does not effectively enhance caregiving competencies.

Focus group discussions have also emphasised that many caregivers in disability care centres have previously worked with children without disabilities and lack necessary training for the provision of care to individuals with disabilities. This generalised approach fails to address the specialised needs of individuals with disabilities, underscoring an urgent need for targeted training programmes and competency-based hiring in institutional care settings.

3. Impact of Unpaid Care on Women's Socioeconomic Status

Unpaid care work refers to non-remunerated activities such as cooking, cleaning, and providing physical or emotional support to household or family members. As a result of the persistent social norms and constructions, women are expected to be the main providers of unpaid care. Prevailing social norms, which are widespread globally and particularly pronounced in Türkiye, allocate household roles and responsibilities to family members based on sex, age and seniority. This involves linking unpaid domestic and care responsibilities with motherhood and wifehood and assigning external labour market participation to men.[115]

Time-use survey data for 2014–2015 (Table 10) on paid and unpaid work confirms these patterns and highlights a stark division of labour between women and men.[116] Overall, men spent significantly more time on paid work (a daily average of 4 hours and 24 minutes) compared to women (a daily average of 1 hour and 16 minutes). Among employed individuals, men worked longer hours of 6 hours and 25 minutes daily, while women worked for 4 hours and 32 minutes daily. Conversely, unpaid labour—household chores and caregiving—was overwhelmingly shouldered by women, who spent an average of 4 hours and 35 minutes daily on such tasks while men contributed only 53 minutes. Even employed women dedicated 3 hours and 31 minutes to unpaid work, while employed men dedicated 31 minutes to unpaid work. This imbalance was even more pronounced among non-working individuals, with non-working women engaging in nearly five hours of unpaid work, while non-working men contributed just over an hour. These disparities reflect deeply rooted social norms that continue to place the burden of domestic labour primarily on women, regardless of their employment status.

Table 10: Hours Spent on Paid and Unpaid Care Work by Men and Women, Aged 15 and over, 2014–2015

Activity	Total		Employed		Non-working	
	Men	Women	Men	Women	Men	Women
Paid work	04:24	01:16	06:25	04:32	00:22	00:04
Unpaid work	00:53	04:35	00:31	03:31	01:04	04:59

Source: TurkStat (2015), Time Use Survey, 2014–2015.

A more recent survey of 2,407 people conducted during the COVID-19 pandemic confirmed the same trends that were seen in the decade-old data, revealing that an increasing burden of unpaid work is disproportionately carried by women. Women's total workload—paid and unpaid work combined—exceeded men's total workload. For employed women, this increase was especially pronounced, with simultaneous increases in both paid and unpaid work. Despite the widening disparity in the amount of time spent on unpaid and total work during the pandemic, men's unpaid work time rose substantially in relative terms.[117] Similarly, research by İlkkaracan and Memiş in 2021 offers valuable empirical insights into the intensification of women's unpaid workload and the shifting gap in care responsibilities during lockdown in Türkiye.[118]

Women's domestic roles and caring responsibilities profoundly affect their labour market participation. This large burden of care and lack of institutional support have serious consequences. First, women's labour market participation is among the world's lowest and is the lowest among OECD countries. The World Bank database reports that in 2024, the labour force participation rate for women aged 15 and above was 53.2 percent across OECD countries, compared to 36.3 percent in Türkiye. For men, Türkiye recorded a labour force participation rate of 71.4 percent, slightly above the OECD average of 68.4 percent.[119] In 2022, Turkish women spent 19.1 years in the labour market, while men spent 39.0 years.[120]

Second, women withdraw from the labour market when they have children. According to the results of the Household Labour Force Survey, the employment rate for individuals in the 25–49 age group with children under the age of three in their households was 59.8 percent in 2014 and 60.5 percent in 2022. However, the employment rate of women aged 25–49 years with children under the age of three living in their households was 28.0 percent in 2022.[121] Ekiz Gökmen argues that the limited availability of public care services and the high cost of private care centres were among the main factors leading women with caregiving responsibilities in the household to take unpaid leave or withdraw from employment entirely.[122] Employment is a cornerstone of women's empowerment, yet caregiving responsibilities compel many to exit the workforce or engage in reduced working hours, hampering career progression, increasing socio-economic vulnerability and limiting economic self-sufficiency.

Many women consequently opt for part-time or flexible work arrangements to balance caregiving duties, particularly childcare and household responsibilities.[123] This often comes at the cost of career progression, access to higher-paying jobs and economic security, further perpetuating wage gaps between women and men in the labour market. The disproportionate share of unpaid care responsibilities borne by women not only influences their labour market participation but also pushes many into informal employment. Recent figures show that in 2024, 34.9 percent of women worked in informal jobs, while the rate for men was 24.2 percent.[124] The need for flexibility in balancing work and caregiving often leads women to accept lower-paid, less secure jobs with little or no social protection. For example, many women work in agriculture because it allows them to return home every few hours to feed their children. Similarly, home-based textile workers, who are paid per unit produced, constantly juggle their productivity with childcare demands, limiting their overall earnings. These trade-offs reinforce economic inequalities, concentrating women in precarious work offering fewer opportunities for financial independence and career advancement.[125] While nearly 10 million women cited household chores as their reason for not being in the workforce, no men did.[126] Similarly, a notable percentage of women part-time workers attribute their employment status to family caregiving responsibilities. Women are disproportionately found in home-based employment, part-time and unpaid work, especially in rural areas.

Nearly two million young women aged 15–24 were classified as 'Not in Education, Employment or Training' (NEET) in 2022, compared to one million men in the same age group. Among these women, one-third were university graduates. This disparity—while observed in other countries as well—points to broader structural and social factors and appears particularly pronounced in Türkiye, whereby periods outside education and employment may, for some young women, coincide with socially expected life transitions related to family formation. Such patterns can be understood in the context of long-standing social norms that influence educational and labour market trajectories and shape expectations regarding women's roles in economic and social life.[127] The high proportion of educated women among NEETs represents missed opportunities to leverage skills in the labour market, further reinforcing inequalities between women and men in the workforce and societal structures. In addition, the motherhood wage penalty[128] is extremely high in Türkiye, reaching around 30 percent. In this context, we also observe that young NEET women face the challenge of being unable to gain work experience and become unemployed long-term due to caregiving responsibilities. While facilitating their return to employment is critical, it is equally important to provide support for women with caregiving duties across all life stages and trajectories.[129]

Research highlights the interconnection between women's caregiving roles and their labour market activity. Only 16.6 percent of employed women use professional care services. Among employed women with children under 15, 12.8 percent use care centres, while 3.3 percent use paid home care and 0.6 percent use both. Among employed women who do not use childcare services, 62.3 percent reported that they or their spouse provide care.[130] It is common for family members, such as grandparents, aunts or neighbours, to provide caregiving support. If such support is not available, women often temporarily or permanently leave the workforce.

Assigning caregiving responsibilities primarily to women often means relying on family-based unpaid or semi-compensated informal paid care work. This arrangement exposes both caregivers (mainly women) and care recipients to heightened risks, as this care takes place in private homes with minimal oversight and limited or no connection to external support systems.

4. Distribution in Care Work

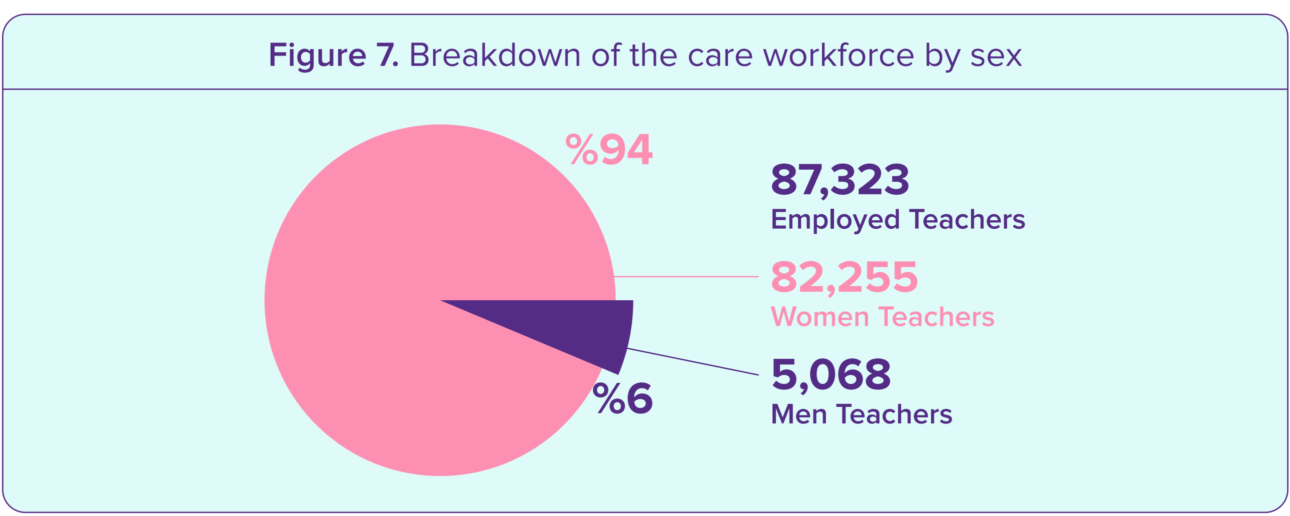
Paid care work in both formal and informal sectors is performed predominantly by women, who make up the vast majority of the care workforce. This is particularly evident in childcare and domestic work, where societal norms and cultural expectations frame caregiving as an extension of women's traditional unpaid responsibilities. These dynamics reinforce the perception that care work is inherently feminine, marginalise men's participation and perpetuate deeply ingrained divisions in women's and men's roles.

In informal care work, particularly among domestic and international care workers, women are disproportionately represented, often facing low wages, precarious working conditions, and limited career opportunities.[131] Even within the formal sector, care work is undervalued and underpaid, reflecting broader societal biases that devalue traditionally 'feminine' occupations.[132] These conditions confine women to economic vulnerability and hinder their financial empowerment, further entrenching inequalities between women and men.[133]

These dynamics of paid care work are clearly reflected in the composition of the childcare and domestic care sectors, where women overwhelmingly dominate the workforce. For example, in the childcare sector, MoNE reported that during the 2022–2023 academic year, a total of 87,323 teachers were employed in pre-school education across public and private institutions, of whom 82,255—or 94 percent—were women[134] (Figure 7). However, the data did not clarify whether this included assistant teachers or care staff in nurseries, which raises the possibility of even more pronounced disparities.

The domestic care sector, including informal caregivers and home-based domestic workers, is highly feminised. Güler estimated that over 200,000 domestic workers were employed in Türkiye in 2021, with more than 90 percent being women.[135] Many were older women with limited alternative employment opportunities, and 36.6 percent were aged 45–54.[136] This underscores the disproportionate representation of women in both formal and informal paid care roles and illustrates how societal norms and economic vulnerabilities channel them into caregiving positions, often in low-paid or precarious jobs, reinforcing inequalities in the labour market.

Figure 7. Breakdown of the care workforce by sex



5. Quality and Conditions of Paid Care Work

Care workers' working conditions vary significantly based on their employment status, sector and skill level. Formal care workers, such as teachers and licensed healthcare providers, typically enjoy greater job security, social protections and regulated working conditions. In contrast, informal care workers, including domestic workers and unregistered caregivers, often experience precarious employment, low wages and limited or no access to legal rights. This disparity underscores how employment status and skill level shape care workers' experiences and vulnerabilities. While some professional care workers are formally employed in nurseries, nursing homes and rehabilitation centres, the majority of paid care work remains informal and takes place within private households, where workers lack labour protections and social security benefits.[137]

Childcare Workers

Childcare services are provided by both public and private sectors, with significant differences in working conditions. Childcare workers in public daycare centres are employed under the Civil Servants Law (Law No. 657),[138] which provides them with high job security. Their working hours are generally 40 hours a week, and their salaries are determined by government pay scales. Public daycare workers benefit from social security rights, including health insurance, severance pay and paid annual leave. Overtime is rarely required, and additional compensation is provided for extra teaching hours. However, large class sizes in public daycare centres can significantly increase employees' workload.[139] In private daycare centres, workers are typically hired under private contracts, resulting in lower job security.

Their working hours often exceed 45 hours per week, and overtime is common but rarely compensated. Private sector salaries are generally lower than in public daycare centres and vary considerably, with teachers earning between 27,000 TL and 57,000 TL per month in 2025. Social benefits in private daycare centres are limited, and incomplete or unpaid social security contributions are frequently reported.[140]

Salaries for childcare workers vary depending on their role, experience and sector. An estimated comparison of 2025 salaries is shown in Table 11.

Table 11: Salaries for Childcare Workers (TL), 2024

Position	Public Sector Salary	Private Sector Salary
Nursery teacher/ child educator	54,442.18 - 55,115.42	27,800 - 56,700
Child development specialist	59,949.03	24,300 - 40,100

Source: Memurlar.Net, 'Memur Maaşı Hesaplama—Temmuz 2025 Memur Maaşı Ne Kadar Oldu?' and Eleman.Net, 'How Much Salary Does a Teacher Earn?'

One of the biggest challenges childcare workers face is excessive workload. In the private sector, teachers often take on additional caregiving responsibilities, such as feeding and cleaning children, without extra compensation. Due to a lack of support staff, they may struggle to provide adequate individual attention to children, which may contribute to burnout and stress.

In public daycare centres, large class sizes create similar difficulties: teachers find it difficult to meet each child's individual needs, and this negatively affects their motivation and job satisfaction.[141]

Public daycare teachers have an advantage with regard to job security: their employment is protected under government regulations, making job termination rare. In contrast, private daycare workers often have short-term contracts that may not be renewed, placing them at a higher risk of job loss. Some private daycare centres have also been reported to employ workers without proper social security coverage.[142]

Elderly Care Workers

Elderly care services are provided through public and private nursing homes, with workers facing significant differences in employment conditions, salaries and challenges. These centres employ professionals nurses, elderly care technicians, social workers, psychologists, physiotherapists and support staff, all of whom play a crucial role in maintaining the wellbeing of elderly residents.

Public nursing homes operated by MoFSS hire staff under the Civil Servants Law (Law No. 657), offering higher job security. Standard working hours are typically 40 hours per week on shift-based schedules. Workers receive better salaries and social benefits, including pensions, paid leave and health insurance. However, staff shortages often create heavy workloads, leading to stress and burnout. While additional compensation for overtime is available, budget limitations sometimes restrict these payments. Even within public institutions, where salaries may be slightly higher, precarity persists as many workers are employed through private recruitment agencies on annual contracts with long probation periods, lower pay and lack social insurance or retirement benefits.[143]

Private nursing homes operate under private contracts, resulting in lower job security and less stable employment conditions. Workers often work over 45 hours per week with unpaid overtime. Salaries are significantly lower than in the public sector, and many workers lack proper health insurance or pension contributions. Unregulated working conditions, staff shortages and excessive workloads are common in the private sector.[144]

Salaries for elderly care workers vary depending on experience, position and sector (Table 12). Public sector employees earn considerably more and enjoy better benefits. Private sector salaries are often close to the minimum wage, and many private sector workers do not receive compensation for overtime despite long shifts.[145]

Table 12: Estimated 2024 Salaries for Elderly Care Workers (TL)

Position	Public sector salary	Private sector salary
Nurse	35,000 - 45,000	25,000 - 35,000
Elderly care technician	30,000 - 40,000	20,000 - 30,000
Social worker/psychologist	40,000 - 50,000	25,000 - 40,000
Cleaning and kitchen staff	Minimum wage or slightly above	Minimum wage (~17,002)

Source: Kariyer.net, '2024 Memur ve Emekli Memur Zammı Belli Oldu'.

Excessive workload leading to burnout and emotional distress is a major challenge in the elderly care sector. Many workers suffer from exhaustion from long hours and physically demanding tasks. Turnover rates are particularly high in private nursing homes with lower salaries and job security. Additionally, some private nursing homes have been reported for labour violations, such as unpaid wages and missing social security contributions.[146]

Disability Care Workers

Disability care centres employ a diverse range of professionals, each playing a crucial role in providing medical, psychological and social support to residents. Medical and health professionals employed by these centres include doctors specialising in physical therapy, neurology or psychiatry who provide medical care and oversee treatment plans; nurses administering medications, monitoring patients' health conditions and assisting in daily medical care; physiotherapists who work on mobility improvement and rehabilitation exercises; and occupational therapists who help individuals with disabilities develop essential daily life skills.

Social workers assisting individuals with disabilities often experience some of the most precarious working conditions. Their work requires full-time commitment and shift-based schedules to address clients' continuous needs. High turnover rates are a persistent issue. Social workers in this sector typically remain in their roles for an average of two years, while private caregivers tend to stay for only one year. The physically and emotionally demanding nature of working with individuals with severe disabilities is a significant factor contributing to this attrition.[147]

Care and support staff play a vital role in assisting disability care centre residents with their daily needs. Disability care technicians provide support with personal hygiene, feeding, mobility and other daily activities. Social workers ensure that residents receive the appropriate care and connect them with necessary community resources. Psychologists and counsellors offer emotional and psychological support to residents and their families. Special Education teachers provide cognitive and developmental training to those with intellectual disabilities, helping them to enhance their skills and independence.

Administrative and operational staff ensure the smooth running of disability care centres. Facility managers and administrators oversee operations and ensure compliance with government regulations. Cleaning, kitchen and maintenance staff contribute to the upkeep of the centre, providing essential services that support both residents and the staff.

Focus group discussions have highlighted that in private disability care centres, workers are employed under private contracts and as a result face lower job security. They often work long hours exceeding 45 hours per week, and overtime is frequently unpaid. Salaries are significantly lower than in the public sector, and many workers lack proper health insurance or pension contributions. Private disability care centres are frequently understaffed, leading to excessive workloads, emotional stress and high turnover rates.

Employees in both public and private sector disability care face physical and emotional challenges, as they work closely with individuals with severe disabilities. This often leads to mental health issues, burnout and job dissatisfaction.

Domestic Workers

Domestic workers perform various household tasks and services in private homes, often providing families or individuals with essential support for household maintenance and daily life. Responsibilities can include cleaning, cooking, childcare, elderly care, gardening and other household chores. They may be day labourers performing cleaning and other household chores for one or more employers or care workers working as live-in or daily carers for regular employers. Many jobs are informal and lack concrete job descriptions.

Domestic work is characterised by a high level of informality and limited legal protection. The estimated number of domestic workers was 273,253 in 2019, decreasing to 214,757 in 2020 (Code 97[148] and Code 81[149]).

Of the 214,757 domestic workers recorded in 2020, **93,068** were self-employed while **121,689** were employed by others. Around **90 percent** of them were women, and many were migrant workers.

Despite the essential role they play in households, the vast majority of them work informally, lacking social security coverage and labour law protection.[150]

Domestic workers are employed on an hourly, daily or permanent basis. Some work as live-in help within their employer's household, with varying employment arrangements. Live-in domestic workers typically have particularly demanding schedules, as their work and personal space intertwine and lead to longer working hours and limited personal time.

Domestic workers find jobs through both formal and informal channels, reflecting the largely unregulated nature of the sector. The most common method used to find jobs are word-of-mouth and personal referrals from family, friends and former employers. This informal hiring process applies to various types of domestic work, as trust between employer and employee is often established through social networks. Scholars, such as Bora, discuss how employers and domestic workers—women from different socioeconomic backgrounds—form a quasi-family relationship resembling that between an older sister and a younger sister. In this dynamic, domestic workers are often framed as 'part of the family' and refer to their employer as abla (older sister).[151] While this relationship may create a sense of familiarity, it also serves to mask labour exploitation, blurring professional boundaries and leading to longer working hours without clear contractual agreements.

Domestic workers and employers have increasingly begun to connect through online job portals (e.g., armut.com), Facebook groups, WhatsApp communities and local classified websites. Domestic workers can register on various online platforms and mobile applications to search for jobs, post their own advertisements or submit proposals in response to existing job postings. They can also create profiles to connect with individuals looking to hire someone.[152] Additionally, some find employment through private agencies that act as intermediaries between workers and households. However, these agencies are often unregulated, leading to challenges, such as high commission fees, lack of contracts and job insecurity.[153] It has also been observed that domestic workers who secure jobs through these platforms often prefer to communicate directly with employers instead of continuing to use these platforms, as this arrangement allows them to bypass platform fees and directly receive full payment. However, this practice still falls under informal employment, as workers remain without legal protections or formal contracts.

Güler's study[154] highlights the challenging and precarious working conditions of domestic workers, emphasising that the lack of clearly job definitions is a key factor contributing to job insecurity and exploitation. Many domestic workers, particularly live-in employees, are expected to be on call 24 hours a day, seven days a week, without fixed shifts, as their tasks rather than a set schedule often determine the end of their workday. This makes it difficult for them to plan their personal lives. Many also express frustration over long commuting distances, which significantly extend their total working hours. This unpaid travel time should be considered when evaluating wages and working conditions, as it further burdens workers who are already underpaid and overworked. Another major issue highlighted in the study is the problem of living conditions of live-in domestic workers, which are often poor and inadequate. Many experience invasive surveillance by employers, resulting in a violation of their privacy and personal boundaries. Mistreatment, violence and harassment remain widespread within the sector, leaving many vulnerable and without legal protections.

Domestic workers face many physical, biological, chemical and psychosocial occupational health and safety risks. Most work accidents in the sector involve falling, slipping or injury. Muscle and skeletal diseases, respiratory diseases and the risk of contagion are among the most prevalent problems.[155]

Despite the existence of minimum wage standards, the uncertainty surrounding job responsibilities and working hours leads to unstable earnings for domestic workers. This is especially severe for daily workers, whose irregular employment results in inconsistent and unpredictable income, further exacerbating financial insecurity. Studies on wages by Pinedo Caro[156] showed an hourly wage of 10.3 TL for domestic workers in 2019. Based on a 45-hour workweek, this fell below the legal minimum wage, underscoring their financial vulnerability.[157]

International Care Workers

Migrant women from Uzbekistan, Turkmenistan, Ethiopia, Uganda, Kenya, Indonesia and the Philippines are predominantly employed in the domestic care services sector. The work permits of domestic workers are regulated under the International Labour Force Law No. 6735. Official records indicate 15,122 domestic service workers with work permits in 2023.[158] Further disaggregation of data is not available, making it hard to identify the number of migrant women working in the care sector. Industry experts estimate that—given the predominantly informal nature of domestic services and the fact that a significant number of migrant women are employed in informal arrangements—there could be between 1 million and 3 million unregistered workers.[159]

Wages generally vary by nationality. Filipinos, who speak English and usually have childcare training, lead the salary scale with monthly wages of around 800–1,200 USD in 2021.[160] This trend in childcare also applies to foreign labour workers from Indonesia and Nepal. Georgians work mainly in elderly care, sick care and domestic work and earned monthly wages of around 600–800 USD in 2021. Uzbeks and Turkmens tend to work in patient and elderly care services, as their knowledge of Turkish and their ability to adapt quickly are seen as advantages. Africans are at the bottom of the labour market, with monthly wages of 500–600 USD in 2021.[161]

Most international workers are employed as live-in care workers. Compared to daily workers, they enjoy more stable incomes. When employment is arranged through agencies and formal contracts, they typically receive minimum wage. However, cash payments are often higher for jobs secured through personal connections without formal contracts, as no social security contributions are deducted.[162]

The wages of workers formally employed through work permits were regulated until October 2024 at 150 percent of the minimum wage for domestic workers by the 'Regulation on Implementation of International Workforce Law'[163]. In October 2024, this was amended to be equal to the minimum wage. This aimed to assist efforts to combat unregistered employment. In practice, domestic work wages are determined by market dynamics. Although wage increases reflect prevailing market rates, their implementation depends on employer discretion. Women often have limited bargaining power, and those employed informally on a daily basis by cleaning companies typically earn lower wages.

Migrant domestic workers face precarious working conditions shaped by informal employment, legal uncertainty and socioeconomic vulnerabilities. According to research by Eraliev et al. in 2024, many migrant women from Uzbekistan and other Central Asian countries enter Türkiye for domestic work, often recruited through informal networks or digital platforms.[164] They often lack legal work permits, exposing them to wage theft, long working hours and poor living conditions. Similarly, research by Gundacker et al. in 2024 points to gaps in labour protections for migrant domestic workers within Türkiye's migration policy framework, which may expose this group to vulnerabilities in working conditions, including exploitation, and social exclusion.[165] In particular, the lack of contracts and social security is likely to leave many without recourse in cases of abuse or non-payment.

The high concentration of migrant women in domestic work may further increase the vulnerabilities they experience. Alkan and Kamasak note in their research in 2024 that migrant domestic workers, particularly women, face not only economic hardships but also isolation and psychological stress due to their live-in work arrangements.[166] In addition, Ryazantsev and Sydygalieva emphasise in their 2024 research that informal employment through personal connections limits workers' bargaining power, making it difficult to negotiate fair wages and decent working conditions.[167] Research by Çakın and AlMajdalawi in 2024 highlights social exclusion and discrimination among Syrian domestic workers, who experience additional barriers due to their refugee status.[168] The lack of legal recognition and restricted access to social services further perpetuates the cycle of vulnerability for migrant workers.

Health and safety concerns also pose significant challenges for domestic workers. Research by Yürümezoğlu and Çamveren in 2025 examines the physical and mental health risks—including long hours, strenuous labour and limited access to healthcare—that are associated with domestic work.[169] Many migrant workers avoid seeking medical attention for fear of deportation or job loss. Additionally, research by Görmüş in 2024 highlights the stark wage disparities between Turkish and migrant domestic workers, underscoring the economic precarity faced by migrants in this sector.[170] Addressing these issues requires policy reforms, such as the formalization of domestic work, enforcement of labour rights and expanded access to healthcare and social protections for all workers, regardless of their migrant status.

6. Social Security and Care Work

6.1 Social Security System and Care

Türkiye's social security system is administered by the Social Security Institute (SSI).[171] It oversees the implementation of legal provisions for different categories of employees, including workers under service contracts, the self-employed and those in public administration.[172] SSI is responsible for collecting premiums for short-term, long-term and universal health insurances, ensuring that anticipated payments and expenditures are effectively managed. Employment-related contributions are shared among employees, employers and the State, which covers one-quarter of the invalidity, old-age, survivor and universal health insurance premiums collected by the SSI each month. Additionally, social benefits for vulnerable groups who do not contribute to the system are financed through State resources, extending social protection to those in need.

The social security framework provides coverage to dependent family members. Spouses and children up to certain ages can benefit from actively employed workers' health insurances. Unemployed women not enrolled in their own social security schemes can access healthcare services through spouses' insurance as dependent beneficiaries. This structure ensures that homemakers with no direct contributions receive essential healthcare services. Additionally, widows whose deceased spouses were registered social security contributors receive financial support through pensions that help sustain their livelihoods.[173]

The social security system extends financial support to dependents of deceased insured workers through survivor benefits, but there are notable differences in how boys and girls benefit from these provisions. Under current regulations, daughters of a deceased contributor can receive survivor pensions for life, provided they remain unmarried and unemployed. In contrast, sons are eligible for these benefits only until age 18 or up to age 25 if pursuing higher education.

These provisions can be read, at least in part, as protective responses to inequalities observed on the ground—especially the risk that women may be pressured into early/undesired marriages or precarious work in the absence of reliable income. However, unless paired with wider reforms that promote equality in care and employment and strengthen women's pathways into decent work, such measures may ultimately entrench, rather than reduce, existing disparities by reinforcing dependency-based forms of social protection and dampening incentives for formal labour market participation.

6.2 Social Transfers for Care

Social transfers are one of the pillars of care provision, generally supporting home-based care through cash assistance. The main institutional approach to long-term care focuses on providing financial support to caregivers of the elderly and persons with disabilities. Under the 2005 'Law on Disabled People' and its bylaw,[174] persons with disabilities, elderly individuals or their caregivers are granted means-tested benefits to ensure adequate care.

MoFSS provides another form of means-tested social assistance to destitute and single individuals over the age of 65 requiring care, as well as to parents of children with disabilities under the age of 18 (Law No. 2022).[175] The number of beneficiaries has varied over time. In 2024, over 700,000 individuals aged 65 and above and over 74,000 parents of persons with disabilities benefitted from the scheme (Table 13).[176] In the same year, the monthly payment was 4,181.63 TL for elderly persons and 3,338.06 TL for parents of children with disabilities under 18 years of age.[177]

MoFSS supports home-based care through social transfers under the programme 'Integrated Care Services Model'. The programme provides cash assistance to individuals with disabilities and their caregivers (Table 13). People with a disability of at least 40 percent disability and have a per capita household income that is less than one-third of the net minimum wage (5,667.33 TL as of 2024) receive disability allowances. Disability allowance are offered to two categories of people with disability—those with a disability of 40–69 percent and those with a disability of 70 percent or more. Those with a 40–69 percent disability received 3,338.06 TL in 2024, and those with a disability of 70 percent or more received 5,007.08 TL.[178]

Table 13: Number of Social Transfers and Beneficiaries

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Disability allowance	530,720	579,703	600,470	605,394	623,765	613,480	621,934	623,840	617,031	616,548	616,026	618,249	540,439
Allowance for parents of a child with a disability	70,968	82,684	87,084	87,562	91,478	94,268	93,003	96,210	95,540	98,116	100,812	99,900	74,246
Old-age pension	829,853	690,071	629,590	601,793	620,019	618,162	709,590	805,432	825,573	836,665	828,360	812,694	737,837
Caregiver allowance	400,347	427,434	450,031	464,741	481,141	499,130	506,725	514,158	535,805	530,812	560,693	560,060	542,619

Source: MoFSS Statistics Bulletin 2024

Persons with disabilities are also supported through discounts on certain goods, such as water and electricity, and tax reductions on items such as cars. However, no legislation governs these benefits, and the discounts are at the discretion of the relevant municipalities and private companies.

A caregiver allowance is a monthly care allowance provided to the caregiver (a relative or a legal guardian) of an elderly person with disabilities who has at least a disability of 50 percent, is unable to maintain an independent life, and is fully dependent. To qualify, an income test based on the household's total income and the number of individuals for whom the household is responsible must demonstrate that the average monthly income per person is less than two-thirds of the net monthly minimum wage.

As of July 2024, caregivers in Türkiye received a monthly allowance of 9,007 TL, which amounted to 53 percent of the net minimum wage for that year. The maximum age to receive this caregiver allowance is 73 years. However, social norms place a greater burden on elderly women, who continue caring for relatives with disabilities even at this advanced age, while men are less likely to take on this responsibility.[179]

Once caregivers turn 74, they no longer remain eligible for this allowance. If they have no other income, they can apply for social benefits available to individuals over 65. These payments are considered social benefits, which means that they do not include social security contributions. However, caregivers have the option to pay their own social security premiums, allowing their caregiving period to count toward retirement benefits.

Data from Household Labour Force Survey (HLFS) reveals that 81.7 percent of care allowance beneficiaries are married women, of whom over 70 percent are over 40 years old. Many have completed only primary school or received no formal education at all. This limited educational background not only restricts their access to better-paying and more secure jobs but also underscores the socio-cultural dynamics at play. It suggests that many of them may come from traditional family environments where education, particularly for women, is not prioritised. Their employment options are therefore likely shaped by necessity rather than choice. Consequently, their limited qualifications and traditional family roles likely influence their participation in low-paid and undervalued caregiving roles.[180]

While caregiver allowance is a step forward in recognising care work and a partial compensation for otherwise unpaid work, it is a small stipend that neither fully compensates women for their labour nor enables them to participate in social security. It also does not address the consequences of the burden of care, such as time poverty or impact on one's physical and mental wellbeing. While care-related social transfers may offer short-term financial relief, especially for families where women are already out of the workforce, their design and implementation should consider longer-term social and economic effects. In particular, such measures may contribute to women continuing in traditional caregiving roles, with implications for their labour market participation. Over the longer term, this approach is unlikely to fully support women's employment or economic empowerment, nor to ensure consistent access to quality professional care for the elderly and people with disabilities.

Childcare Services Through Social Security Institute

From April 2019 to September 2022, the Social Security Institute (SSI) implemented a project named 'Supporting Registered Women's Employment through INSTA-CARE' in seven provinces. The project helped women with young children who were at risk of dropping out of employment due to their childcare responsibilities to participate in, return to, or remain in formal employment. Through a monthly care support grant of 330–350 USD, a mother could send their child to a childcare, such as a nursery, kindergarten or day care centre, or employ a babysitter at home. In the latter case, an allowance was also provided for the care worker to receive formal childcare training. The impact analysis revealed that the grant not only helped women remain in employment but also helped care workers to be registered. The project supported the formal employment of more than 10,000 women.[181] However, for the project to be sustainable and for its impact to be fully realised, the care support needs to be supported by legal regulations and institutional structures as a social policy tool.[182]

Care workers

As discussed, access to social security diverges sharply between care workers employed in formal and informal economies. Care workers employed in the formal economy, such as public daycare teachers, nurses and elderly care professionals employed in government-run institutions, generally benefit from greater employment security, regulated working hours and access to social protections, including pensions, paid leave and health insurance. In contrast, care workers in the informal economy face deeply precarious employment conditions. Their work is largely unregulated, and most lack formal contracts, legal protections and social security coverage.

Domestic workers, including migrants and Turkish nationals, are legally entitled to social security benefits. However, in practice, many remain unregistered and lack access to full protection from SSI. A recent study indicates that nearly 90 percent of domestic workers work informally, lacking social security coverage and labour law protections.[183]

Formally employed domestic workers are considered employees under Law No. 5510 on Social Security and General Health Insurance, with coverage depending on working hours and employment type:

+ Full-time domestic workers (working 10 days or more per month for a single employer) must be registered under the General Social Security System by their employer, thereby becoming entitled to health insurance, old-age pension, maternity benefits, and disability and survivor pensions. Contributions are paid jointly by employers and employees, with the State subsidising certain insurance types.

+ Part-time/casual domestic workers (working less than 10 days per month) receive only occupational accident and disease insurance (Article 6 of Law No. 5510)[184] without health coverage, pension rights, or other long-term benefits. Employers pay lower contributions, which reduces workers' costs but limits their protections. Domestic workers working less than 10 days per month can obtain long-term and health insurances by paying their own contributions.[185]

While Türkiye's social security system theoretically includes domestic workers, many remain unprotected due to informal employment and limited enforcement. Strengthening regulatory oversight, simplifying registration and incentivising formal employment are crucial steps toward ensuring better social security access for domestic workers.

7. Skills Development and Training

The quality of care services in Türkiye—whether for children, the elderly or persons with disabilities—depends heavily on the training, qualifications, and working conditions of care workers. In recent years, Türkiye has expanded its formal education infrastructure in this field, with undergraduate and associate degree programmes providing structured, regulated and competency-based training for various caregiving professions. These programmes, particularly those in elderly care, social work, and childcare, offer a reliable path toward professionalisation and are generally well-aligned with national standards under the supervision of the Council of Higher Education (YÖK).

Figure 8. Education, Certification and Employment Pathways in Care Work

Pathway	Type of education	Certification	Level of work	Potential workplaces	Notes
Non-formal education and certification	Courses offered by the Ministry of National Education (e.g., public education centres, vocational training centres) and MYK exam	MoNE certificate and MYK vocational qualification certificate (level 3–4)	Occupational practitioner	Home-based care, nurseries, daycare centres, nursing homes and private care institutions	MYK certification confers eligibility for SGK incentives and is officially recognised via the e-government portal
Formal education	Vocational high schools, vocational schools of higher education or university degree programmes	Diploma (high school, associate or bachelor's degree)	Professional expert	Public and private institutions, municipalities, pre-school facilities and care-related projects	Broader employment opportunities; some graduates may enter public service through the KPSS exam

MoNE: Ministry of National Education
MYK: Vocational Qualifications Authority (Mesleki Yeterlilik Kurumu)
SGK: Social Security Institution
KPSS: Public Personnel Selection Exam (for government positions)

Source: Authors' elaboration based on available data

Alongside formal education, a growing number of certificate-based training programmes—particularly in elderly care, patient care, and home care—are being offered by private institutions, NGOs and online platforms. These certificate-based training programmes vary significantly in content, duration and quality. Unlike university programmes, there is currently no standardised accreditation or oversight mechanism to ensure consistency in curriculum or instructional quality across institutions providing these certifications. This fragmented and unregulated landscape results in varying levels of preparedness among graduates, especially in sectors where certification may be the only qualification required to enter the profession.

As Türkiye's care needs continue to grow due to demographic changes and social shifts, ensuring a well-trained and professional care workforce becomes increasingly critical. The sections that follow outline the current training and staffing structures in key areas of the care economy— childcare services, elderly care, disability care and home-based care—highlighting both the strengths of formal education programmes and the challenges posed by unstandardised certificate-based training programmes.

Social Workers

To qualify as a social worker, individuals must complete a bachelor's degree in Social Work from a Faculty of Health Sciences or a Faculty of Economics and Administrative Sciences. In addition to theoretical knowledge, social work students must develop practical skills and professional ethics through field training. Students also undergo an apprenticeship period during their second, third and fourth years of study, applying methods such as social casework, social group work and community work. These account for around 40 percent of their total education. However, key informants raised concerns in interviews that social work curricula are heavily weighted towards theoretical knowledge, with insufficient emphasis on hands-on application and real-world problem-solving. The disconnect between theory and practice leaves graduates less prepared to meet the complex challenges encountered in their professional roles.[186]

Social workers employed by MoFSS participate in planning, implementing and evaluating social service programmes. They oversee public and private daycare centres, nurseries, children's homes and foster care facilities. Additionally, they work in hospitals, rehabilitation centres, elderly care facilities, prisons, juvenile detention centres and police child protection units. Graduates also have the right to establish private daycare centres, nurseries and elderly care homes.[187]

Childcare Services

Staffing requirements for nurseries are well-defined by national legislation. Under MoFSS regulations,[188] nurseries with over 100 children must have a director and an assistant director while smaller nurseries require only a director. The director oversees administration, finances and regulatory compliance and must hold at least a bachelor's degree or high school diploma with relevant experience.

Teachers in nurseries follow age-specific curricula set by the relevant ministry and are responsible for ensuring children's nutrition, hygiene and educational development. Teachers must hold a pre-school education degree, while assistant teachers must graduate from vocational high schools specialising in child development.

Care personnel responsible for supporting children's self-care needs must have completed compulsory education and obtained a childcare certificate from MoNE. However, graduates of girls' vocational high schools specialiszing in childcare are exempt from this certification requirement.[189]

Public daycare workers are generally able to access professional training programmes organised by MoNE, which helps improve their career prospects. In contrast, private daycare teachers often lack access to structured training and must rely on personal efforts and financial resources for professional development.

Elderly Care Services

The staffing requirements for elderly care centres are regulated by law,[190] specifying the minimum number and qualifications of employees. Each facility must employ a director, social worker, psychologist, doctor, physiotherapist, dietitian, nurse and elderly care personnel. Eighty-nine universities offer two-year associate programme[191] in Elderly Care, granting graduates the title of 'Elderly Care Technician'.[192] These two-year vocational programmes equip students with the necessary theoretical knowledge and practical skills to provide high-quality elderly care services in both public and private institutions, including geriatric centres, rehabilitation facilities, nursing homes and private healthcare organisations offering home care services. Through a combination of theoretical coursework and hands-on training, students gain practical experience that prepares them to work in hospitals, home care services and social care institutions. The curriculum emphasises professional ethics, caregiving techniques and applied training, ensuring that graduates are well-equipped to deliver comprehensive and compassionate elderly care.

In addition to the degree programmes, there are certificate programmes on elderly and patient care. For example, Boğaziçi Institute offers a certification programme entitled 'Patient Care and Elderly Care Course'. It provides online training, and participants achieving a 70 percent success rate in the final exam are awarded a certificate.[193] Similarly, Anadolu University offers a comparable online training programme, where achieving a 50 percent success rate in the exam is sufficient to obtain certification. These programmes are open to everyone and are not degree programmes. Holders of either certificate can work as elderly care technicians or caregivers.

Care Services for Persons with Disabilities

The staff requirements for disability care centres are regulated by law[194] and are focused on educational and training requirements. Caregivers must have a high school diploma in child development, disability or elderly care; an associate degree in a related field; or at least 400 hours of modular MoNE-approved care training.[195]

In both public and private care centres, in-service training programmes are systematically organised for staff to enhance service quality. Each employee is required to complete at least 10 hours of annual training, with the initial session conducted within three months of the start date of their employment. MoNE oversees the development of training content and implementation guidelines, ensuring standardisation. Additionally, a sample programme is maintained for reference and quality assurance.

The centres also serve as training hubs for future professionals, offering structured internship programmes for students in fields such as psychology, social work, child development, physiotherapy, occupational therapy, gerontology, nursing and health sciences. Eligible students from universities, vocational schools or high schools apply for internship through their departments, and their applications are processed by the provincial directorate before receiving final approval from the centre. Once accepted, interns engage in supervised observation and practical training alongside qualified professionals. While interns cannot work independently or replace staff, they strengthen the centre's educational mission and contribute to the development of a skilled, well-prepared care workforce.

Directors of disability care centres must have a relevant professional or medical degree or two years of experience in the field, along with 400 hours of training in disability care services. Institutions serving children (0–18 years) must employ child development specialists or psychologists.[196] A key issue in the sector is the flexibility in caregiver qualifications that enables individuals with minimal formal education to enter the field with basic certification. Given the physical and emotional demands of disability and elderly care, practical training should be expanded to better prepare care workers.

Many care personnel, especially in private institutions, do not receive adequate in-service training in caring for individuals with disabilities or illnesses. This lack of structured in-service training contributes to a high turnover rate. In 2020, in response to key insights from key informant interviews, a two-day in-service training programme covering palliative care, wound management, abuse prevention and psychiatric disorders in elderly patients was introduced for MoFSS care personnel. Expanding these training programmes is crucial for improving professional development and ensuring high-quality care services.

Home Care Services

Home care services are typically provided by municipalities or public institutions. Home care services provide essential nursing and non-medical support to individuals who are bedridden or unable to meet their own needs independently. The sector includes home care nurses, home care technicians and home care workers.

To become a home care nurse, individuals must graduate from a university nursing programme, have at least one year of nursing experience and complete a 160-hour home care nursing certification programme[197] combining theoretical education, laboratory practice, field home visits and intensive care field training.[198]

Home care technicians must graduate from university healthcare programmes or obtain home care certificates. Holders of elderly care technician certificates can also provide specialised home care, in addition to working in elderly care centres. Home care workers provide assistance with daily tasks, companionship and personal care. Their training is typically conducted by private companies or associations specialising in care services and lasts around 500 hours, with certificates being MoNE-approved. To access training, caregivers must have at least a primary school education.

8. Financial and Fiscal Space for Care

Türkiye has significantly increased its public expenditures in recent years, with expenditure projected to rise from 1.751 trillion TL in 2022 to 14.731 trillion TL in 2025.[199] The budget allocated to social expenditures increased from 104.2 billion TL in 2022[200] to 650.9 billion TL in the 2025 budget,[201] reflecting a strategic effort to strengthen social safety nets, particularly for vulnerable populations. However, despite these nominal increases, social assistance as a percentage of GDP has remained relatively stable, indicating that rising social expenditures are largely influenced by inflation and economic conditions rather than a proportionate expansion of support.

Although Türkiye's social protection system has expanded, the fragmented structure of care services and social assistance presents challenges in ensuring equitable access and efficient resource allocation. Transfers to pension and social security systems remain a significant budget component, yet the share of government contributions to social security has been declining despite a rising number of retirees. The WHO's Türkiye Country Case Study on the Integrated Delivery of Long-Term Care underscores the need for a more integrated and inclusive care financing model and the role of data-driven policy reforms in enhancing coverage, sustainability and effectiveness.[202] Moving forward, ensuring the adaptability of social assistance mechanisms to economic fluctuations and the integration of care services across institutions will be crucial for strengthening Türkiye's fiscal space for care.

Table 14: Development of Social Expenditure (Billion TL)

	2018	2019	2020	2021	2022	2023[203]	2024[204]
Education	141.8	161.8	170.3	209.5	389.4	811.5	1,468.0
Health	134.2	164.5	207.4	292.1	481.8	956.8	1,650.1
Social protection	337.6	412.3	510.9	594.6	920.1	1,992.8	3,340.5
Pensions and other expenses	301.1	368.9	447.3	508.4	774.9	1,709.3	2,897.1
Social assistance and non-contributory payments	32.9	39.1	59	79	135	265.8	419.4
Direct income support payments	3.5	4.1	4.6	7.1	10.3	17.7	24
Total	613.6	738.6	888.6	1,096.0	1,791.3	3,761.2	6,458.6

Source: Strategy and Budget Directorate of the Republic of Turkey, '2024 Presidential Annual Programme'.

Although the social assistance item in the budget appears to have increased by approximately 1.5 to 2 times annually in nominal terms compared to the previous year, the increase has not been significant or proportional when viewed as a share of GDP. According to the '2024 Presidential Annual Programme' prepared by the Strategy and Budget Directorate of the Presidency of the Republic of Türkiye,[205] social assistance and non-contributory payments under social protection expenditures have grown by approximately 1.5 to 2 times annually in nominal terms since 2021. However, these expenditures accounted for only 0.9 percent of GDP in 2022 and are projected to correspond to 1 percent of GDP in 2023 and 2024, indicating no significant proportional growth (Table 15).

Table 15: Ratio of Social Expenditures to GDP (Percentage)

	2018	2019	2020	2021	2022	2023[206]	2024[207]
Education	3.8	3.7	3.4	2.9	2.6	3.2	3.6
Health	3.6	3.8	4.1	4	3.2	3.8	4
Social protection	9	9.5	10.1	8.2	6.1	7.8	8.1
Pensions and other expenses	8	8.5	8.9	7	5.2	6.7	7
Social assistance and non-contributory payments	0.9	0.9	1.2	1.1	0.9	1	1
Direct income support payments	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Total	16.3	17.1	17.6	15.1	11.9	14.8	15.7

Source: Strategy and Budget Directorate of the Republic of Turkey, '2024 Presidential Annual Programme'.

The increase in the social assistance budget is directly linked to economic conditions. Such an increase is not surprising in an environment where inflation remains significantly above the global average, eroding real incomes, diminishing purchasing power, deepening poverty and exacerbating income inequality. As a result, when evaluating this increase, it is essential to consider purchasing power, the number of individuals or households covered, as well as their overall effectiveness.

Social assistance programmes are primarily implemented under Law No. 3294, which defines 'those in need' as 'individuals without social security whose per capita household income is less than one-third of the net minimum wage upon income assessment'.[208] According to the '2024 Activity Report' of the Ministry of Family and Social Services,[209] 4,574,684 households benefitted from social assistance programmes, including those offering:

+ Pensions for elderly individuals over the age of 65.
+ Disability and caregiver allowances.
+ Social assistance for widowed women.
+ Conditional cash transfers for school-age children, pre-school children and pregnant women in households identified as 'in need' under the law.

These programmes collectively aim to provide targeted and sustained support to vulnerable groups, including persons with disabilities or elderly individuals who are unable to take care of themselves.

The Türkiye Family Support Programme (TFSP), launched in June 2022, provided cash assistance to 3.6 million households from 2022 to 2024 before concluding in January 2025.[210] The cash assistance provided by TFSP was based on per capita household income thresholds. According to the 2022 Activity Report of the Ministry of Family and Social Services, the monthly cash assistance ranged from a minimum of 850 TL to a maximum of 1,250 TL, depending on per capita household income levels.[211] Payment amounts remained unchanged throughout the programme. However, the criteria used to determine these payments, including decisions made by the Board of Trustees of the Social Assistance and Solidarity Foundations (SYDV), as well as factors such as urban scale, household size and composition, resulted in support levels falling short of providing a basic standard of living for poor households. The payments were insufficient in both amount and duration to address the realities of costs of living.

When analysing these figures, it is crucial to keep in mind that Türkiye has a social assistance system built on a 'categorical' approach, where many assistance mechanisms are designed around the concept of family status. This means that individuals who fall outside the family status category and do not fall into categories such as those relating to old age, disability or widowhood but are still in need or living in poverty might often be excluded from existing social assistance mechanisms. For example, single mothers who are divorced or abandoned by their spouses cannot benefit from the same social assistance programmes as widowed women, even if they share identical economic conditions. As a result, in addition to the aforementioned challenges related to the adequacy of benefits, Türkiye's categorical approach to social assistance constrains the overall coverage and inclusiveness of such programmes. While initiatives such as TFSP and other targeted assistance initiatives aim to provide direct financial aid to millions of households, their categorical approach to social assistance often leads to the exclusion of certain vulnerable groups, such as single mothers who do not meet current eligibility criteria. Consequently, when evaluating coverage, targeting and adequacy of social assistance expenditures and programmes, it is essential to identify and address structural gaps, thereby strengthening the reach and effectiveness of social assistance mechanisms.

The 2024 Presidential Annual Programme outlines plans for a social support system designed to include every individual, featuring social assistance programmes customised to meet specific needs. Consequently, the resources allocated for 2024 social expenditures were increased to 497 billion TL.[212] Within this scope, 64.1 billion TL was allocated for monthly allowances for elderly citizens over 65, individuals with disabilities in need of care, and their caregivers; 56.2 billion TL was allocated for support to home care services for individuals with disabilities; the number of special education pre-schools increased from 146 to 362; and more than one million units of teaching material have been distributed to schools under the 'Special Materials for Special Children' project. These measures aim to strengthen social protection mechanisms, improve accessibility to essential services and address the diverse needs of vulnerable groups across society.

Another way to understand the budget is to examine the trends of transfers from the central government budget to SSI. The scale budget transfers to pay about 16 million retirees is significant. The projected 2025 transfers from the budget to SSI amount to 1.8 trillion TL—approximately 12.4 percent of the budget and 3 percent of GDP. However, the share of transfers within the budget has been significantly declining. In 2016, they were 18.3 percent; in 2020, they peaked at 20.4 percent; but by 2023, a year marked by the implementation of liberal retirement provisions, they had dropped to 13.3 percent. The share of SGK transfers in GDP terms is expected to decrease from 4.1 percent in 2016 and a peak of 4.9 percent in 2020 to a projected figure of 3 percent in 2025. Notably, this decline is expected to occur despite a significant increase in the number of retirees. The number of retirees increased from 11.1 million in 2016 to 15.6 million in 2024—an increase of 40 percent. In other words, while the shares of the budget and the GDP allocated to transfers should have increased proportionally with an increased number of retirees, the opposite is expected to occur, resulting in a decline.[213]

Conclusions

Globally, care is an essential need, particularly during infancy and old age. For persons with disabilities, however, the need for care exists regardless of age. The widespread need for care within society underscores its dual nature as both an individual necessity and a societal demand. Care work—whether paid or unpaid—represents a shared responsibility that engages the State, the market, and families, while addressing the needs and experiences of both care recipients and caregivers.

Caregiving in Türkiye—as in many parts of the world—is widely perceived as primarily a responsibility of women, regardless of education or income level. This expectation has profound implications for women's wellbeing, economic participation and engagement with the labour market. Despite its essential role in society, care work remains undervalued, offering limited career prospects and professional growth. Addressing deeply rooted social norms that associate caregiving primarily with women and encouraging the greater participation of men in the sector are crucial steps towards a more equitable care system. Recognising the value of care work and increasing investment in the care sector are essential for both societal wellbeing and women's economic empowerment.

Care services are primarily available for children aged 3–5, while services for children under two remain insufficient. The government does not directly provide early childhood care services for children of this age group, with municipalities, the private sector, employers and trade unions only partially covering this critical need. Expanding accessible, high-quality childcare services is essential to alleviate the caregiving burden on women and support equality in the workforce.

Accessing public elderly care services is challenging due to numerous prerequisites, including the need to be over 60 years old, have the ability to perform daily activities independently, maintain sound mental health, and experience social and economic hardship. The extensive documentation requirements to prove eligibility create additional barriers, making it difficult for many elderly individuals to access these services. Limited facility capacity, particularly in regions with high demand, further restricts availability. Additionally, many elderly individuals prefer to remain with their families, leading to emotional reluctance among relatives when considering institutional care.

To support elderly care at home, the government provides cash-for-care transfers to family members or close relatives who take on caregiving responsibilities. However, this system raises concerns about both women's economic empowerment and the quality of care provided. Many informal caregivers lack access to professional training and career development opportunities in the care sector, while home-based professional care services remain limited. Strengthening institutional capacity is therefore essential for ensuring accessible, high-quality elderly care and offering a range of service options allowing elderly individuals and caregivers to combine different types of care based on need.

Disability care often requires specialised support, making professional care vital. However, disability care centres frequently house individuals of varying age groups in the same facility or even the same space, raising significant concerns about the quality of care. These centres often resemble 'barrack-style' institutions and lack the necessary tools and spaces to address specific disabilities, further undermining the quality of services.

Given the limited availability and high costs of care services, home care has become not just an alternative but a necessity for children, the elderly and persons with disabilities. The inadequacy of free or affordable public services, combined with the high cost of private care, makes home-based caregiving the most accessible option for many families. Additionally, social assistance programmes designed to support home care have further caused its role to shift from that of a fallback solution to that of a preferred choice. However, institutional care should not be regarded as the default solution for elderly and disability care. Instead, priority should be given to daycare and home-based care for individuals who do not require 24-hour support. At the same time, the expansion of home-based care services should be carefully designed to avoid placing additional caregiving demands on families, particularly on women, who already bear a disproportionate share of unpaid care work. Rather, home-based care should be structured around professional support services—including formal daycare programmes and professional home care—to ensure quality of care and equitable distribution of caregiving responsibilities.

Social norms significantly influence caregiving decisions as many families continue to view having family members staying home as the best solution, ensuring that individuals remain within their communities. While this approach aligns with cultural expectations, a more sustainable model would involve expanding access to professional home care services rather than relying solely on unpaid family members. Daycare centres and active aging centres can also serve as valuable complementary support options and help to relieve the caregiving burden.

Cash-for-care programmes allow women caregivers to receive financial compensation for work they have traditionally performed unpaid, increasing its visibility and recognition. However, the design and implementation of these programmes require careful consideration, as they may inadvertently reinforce existing caregiving roles within households, with implications for women's time use and participation beyond the home. To create a more balanced and sustainable care system, it is essential to strengthen professional home care services and diversify caregiving responsibilities beyond just family members.

Care deficits persist across all socio-economic groups, and the lack of accessible care services forces many women, regardless of their economic or educational background, into informal and irregular employment or unpaid caregiving roles.

The limited availability of paid care jobs with fair wages and decent working conditions further exacerbates these challenges. Poor working conditions in the care sector discourage men from entering the profession, reinforcing the undervaluation of both care work and women's labour.

Caregiving allowances, which are predominantly means-tested, cover only a small fraction of individuals in need and are often insufficient to provide sustainable support. Eligibility criteria for these benefits reflect a care policy rooted in traditional family structures, which confines caregiving to the private sphere and places the primary caregiving burden on women.

Addressing these systemic gaps requires expanding access to quality care services, improving working conditions in the sector and promoting a more equitable distribution of unpaid care responsibilities between women and men.

Policy Recommendations

This section offers a list of recommendations for national and local stakeholders in Türkiye. They are intended to address structural gaps, enhance the governance and financing of care services, promote equality and improve the quality, accessibility and sustainability of care provision in Türkiye. Each recommendation is informed by evidence on current care needs, service coverage and the social and economic impact of both paid and unpaid care work.

Improving Governance of the Care System

Coordinate Care Policies and Establish a National Care Services Body

Regulation and delivery of care services are currently fragmented across multiple ministries, local governments and community organisations. To ensure cohesive and inclusive care service provision, a dedicated National Care Services Body should be established. This body would have the following responsibilities:

+ Aligning inter-ministerial departments, streamlining policies and promoting a cohesive approach to care service provision.

+ Centralising and enhancing data collection on care services and care needs, particularly for children, elderly individuals and persons with disabilities.

+ Regularly analysing care data to monitor service coverage, identify gaps and unmet demand, monitor quality and accessibility and reveal patterns in care responsibilities and needs across groups.

Promote Care Leave Policies that Advance Equality Between Women and Men

Given Türkiye's current policy landscape, where care responsibilities are primarily positioned within the family and disproportionately fall on women, it is crucial to expand care leave policies for both women and men within public and private sectors. This would help reduce the 'childhood care gap' existing between the end of statutory parental leave and the start of free or compulsory early childhood education, which often places a care burden on families, especially women. The following actions are recommended:

+ Encourage private employers to establish childcare facilities by amending existing regulations, for example, by lowering the current threshold of '150 women employees' and replacing it with '150 total employees' for mandatory daycare provision, to ensure that more workplaces offer comprehensive childcare support.

+ Expand mandatory paid paternity leave and align its duration for both employees and public servants.

+ Incentivise equal sharing of parental leave to reduce disparities in caregiving responsibilities and promote equality in the workplace. Incentives for equal sharing of parental leave could look like conditional care transfer programmes that encourage men's involvement in caregiving and challenge social norms that associate care primarily—or solely—with women. Consider introducing care leave options tailored to men, such as feeding leave for adoptive children.

+ Foster the adoption of care-supportive and flexible work arrangements for both men and women within the public and private sectors.

Strengthen Local Government Roles

Article 2464 of the 'Municipal Revenues Law' mandates that municipalities allocate one percent of their revenue to social services to demonstrate their active role in service provision. However, the 2007 Constitutional Court decision to revoke municipal authority to deliver childcare services significantly weakened their capacity to provide care. Reinstating and enhancing municipalities' role in childcare provision are essential to ensuring accessible, community-based services that respond to local needs. The following actions are recommended:

+ Restore the local government's authority to deliver childcare services, with support from a robust and clear legal framework and a sustainable financing mechanism.

+ Strengthen the local government's work and oversight mechanisms to effectively address community-specific needs.

Enhancing Availability, Accessibility, Adequacy and Quality of Care Services

Expand Care Services For Young Children

Access to care for children aged 0–36 months remains limited, placing a significant burden on families and increasing reliance on informal care arrangements. While initiatives like INSTACARE have made progress in addressing these gaps, their project-based nature limits long-term impact. Developing sustainable, systemic solutions is crucial to ensuring continued and reliable care services for young children. The following actions are recommended:

+ Expand coverage for the age group of 0–36 months to alleviate caregiving pressures and better support working families. MoNE could provide care services through its nationwide school network and easy access to qualified personnel by introducing the care component of its services to pre-school children, while MoFSS could provide its own services to children aged 0–36.

+ Flexibly organise care services to match the needs of working families and promote better work–life balance.

+ Develop regulatory frameworks encouraging collaboration between the public and private sectors for service provision, while maintaining affordability.

Financial Support For Care Services

Public care services remain limited in coverage and availability, leaving many families without adequate options. As a result, those who cannot afford private care often face significant challenges in securing support and may fall outside the scope of public assistance if they are not classified as low-income. Targeted financial mechanisms should include subsidies, tax credits or direct assistance to support both childcare and elderly care needs. The following actions are recommended:

+ Implement financial assistance programmes to ensure that low- and middle-income families have access to affordable high-quality care services. Policy support should extend beyond recipients to service providers, helping to make care services affordable for all. Current means-tested subsidies leave a coverage gap for middle-income households, which calls for provider-side support to ensure broader accessibility.

+ Strengthen social security coverage for family caregivers currently supported through social transfer programmes, ensuring access to formal benefits. Policy measures should prioritise expanding professional care services rather than relying on care allowances that risk reinforcing inequalities and limiting women's participation in the labour market.

Scale Up Community-based Care Models

As the demand for elderly and disability care continues to grow, there is an increasing need for accessible and sustainable alternatives to institutional care. Scaling up community-based care models can help meet this demand by providing flexible, locally grounded services that enable individuals to receive support within their homes or communities. The following actions are recommended:

+ Increase the capacity and coverage of both public and private elderly care facilities to meet the rising demand for elderly care services while ensuring high-quality and affordable services.

+ Expand and diversify care centres for persons with disabilities, such as daycare programmes, home-based care, and specialised support, to reduce reliance on institutional care and broaden the range of services to meet varied and complex needs while ensuring that caregiving burden does not fall on women family members.

Combating Social Norms and Stereotypes

Support Caregivers' Entry, Re-Entry and Endurance in the Workforce

Caregiving is a key factor limiting women's labour force participation, with current policies primarily focusing on (up)skilling women without addressing structural barriers, such as unpaid care burdens. To facilitate a smoother transition back into the workforce, the following actions are recommended:

+ Expand re-skilling, up-skilling and vocational training programmes, specifically for caregivers who have taken time off for family responsibilities.

+ Provide return-to-work incentives, including tax breaks for employers hiring women re-entering the workforce.

Shift Attitudes and Stereotypes on Care Work

Traditional roles influencing caregiving arrangements are prevalent across many societies worldwide and are particularly visible in Türkiye, where they continue to shape how care responsibilities are shared. Existing policy approaches have not yet fully addressed the social expectations that associate care primarily with women. To foster behavioural change, nationwide awareness campaigns promoting shared caregiving should be launched in schools, workplaces and the media, encouraging boys and men to view caregiving as a collective responsibility.

Improving Quality and Conditions of Paid and Unpaid Care Work

Improve Rights of Domestic Workers

To enhance the rights and working conditions of domestic workers and ensure their equitable treatment, the following key measures should be implemented:

+ Ensure that domestic workers—currently regulated under the Turkish Code of Obligations—are covered under the Labour Law. This will provide them with the same legal rights and protections as all other workers, help address informal employment practices and strengthen legal safeguards.

+ Explore ratifying ILO Convention No. 189 'Decent Work for Domestic Workers' and C190 'Violence and Harassment Convention', ensuring that national regulations meet international labour standards and provide comprehensive protections for domestic workers.

+ Ensure that regulations mandate standardised employment contracts for domestic workers, clearly defining working conditions, duties, rights, and responsibilities, to protect both workers and employers while promoting fair and transparent employment practices.

Establish a National Certification and Accreditation System for Care Workers

Care work qualifications vary significantly, with flexible entry requirements allowing minimally trained personnel—especially in disability and elderly care—to enter the field. This leads to inconsistent service quality and weak professional recognition. The following actions are recommended:

+ Standardise certification levels across all care professions, enforcing clearly defined minimum education and training requirements across both public and private institutions.

+ Introduce a national accreditation system that links certification with career progression, wage increases and formal employment pathways.

+ Implement mandatory re-certification every five years, ensuring care professionals remain up to date with evolving industry standards and best practices.

+ Design training programmes for caregiver allowance receivers to support their wellbeing and care activities.

Strengthen Practical Training and Continuous Professional Development

Many care training programmes remain overly theoretical, with limited hands-on experience. Additionally, private-sector care personnel often lack structured in-service training, leading to high turnover rates and lower care quality. The following actions are recommended:

+ Expand practical training by requiring at least 50 percent of coursework in caregiver education programmes to involve internships, clinical placements or supervised caregiving rotations.

+ Implement mandatory in-service training programmes, including annual refresher courses on palliative care, psychiatric care, wound management and abuse prevention, once care personnel is fully trained.

+ Provide financial incentives, such as subsidies and tax credits, for private institutions to invest in ongoing staff training and professional development.

Expand Digital and Hybrid Learning Opportunities for Care Professionals

Many training programmes remain classroom-based, limiting access for working professionals and those in remote areas. Digital learning can support the delivery of theoretical components in care training pathways, improve accessibility and serve as a useful format for refresher courses. The following actions are recommended:

+ Promote flexible hybrid certification models meeting national and international certification standards by expanding and enhancing e-learning platforms that offer online and blended theoretical training complemented by robust in-person practical training ensuring hands-on skills.

+ Increase access to online and hybrid training by providing scholarships, financial incentives and targeted digital literacy support, especially for care workers in rural and underserved areas, ensuring they can benefit from flexible learning modalities.

Recognising Care as a Policy and Programmatic Priority

Türkiye's current economic planning does not fully recognise the care economy as an engine of growth. The 'Twelfth Development Plan' prioritises women's labour force participation but does not directly address care burdens. To address this gap, there is a need to position care services as essential to economic resilience. Calls for systemic investment in care infrastructure should enable workforce inclusion. The following actions are recommended:

+ Recognise both unpaid and paid care work as vital economic contributions, emphasise their societal value, and treat them as strategic investments to enhance wellbeing, productivity and long-term economic resilience.

+ Ensure that the development of care infrastructure is integrated with public and private sector investment plans.

Future Financing and Sustainability

Strengthen the Financing and Sustainability of Care Services

Effective and sustainable care systems rely on robust evidence-based financing mechanisms that ensure affordability, accessibility and quality for all. It is critical to conduct comprehensive analyses of funding models and implement targeted investment strategies that mobilise public, private and innovative resources. These steps will secure the future sustainability of Türkiye's care system and expand support for families, service providers and caregivers. The following actions are recommended:

+ Conduct a systematic review of how care policies are integrated within national social protection models (education, health, social security and care), identifying gaps in funding, allocation and access.

+ Launch expert-led studies to evaluate existing financing channels, including public funding and private sector contributions, while exploring and adapting international best practices and exploring innovative tools. Use the findings to inform policy reforms that ensure sustainable, predictable and adequate funding for care services and comprehensive social protection for caregivers.

+ Provide subsidies or tax credits for low-income families to access private childcare, elderly and disability care services.

+ Offer tax incentives and subsidies to businesses that provide on-site childcare and eldercare support to boost workforce retention and productivity.

+ Increase public investment and funding to municipal and community-based care services, recognising their role in filling service gaps.

+ Implement financial assistance programmes to support both recipients and service providers, ensuring broad access to high-quality care.

+ Expand financial support for daycare and home-based childcare, reducing reliance on informal and unregulated care arrangements.

+ Introduce subsidies enabling low-income pensioners to access institutional and home-based elderly care.

+ Leverage public–private partnerships (PPPs) to broaden both access and affordability of care services.

Data-Driven Policy Development, Planning and Monitoring

To formulate effective and targeted care policies, it is recommended that efforts shift from solely documenting unpaid care work to the systematic monitoring and evaluation of care gaps. This approach should inform strategic investment and service planning to address unmet care needs. Moreover, the ongoing valuation and tracking of unpaid care work's economic contribution should be institutionalised as a sub-indicator within care policy frameworks. The 'Twelfth Development Plan' acknowledges care needs but does not adopt a systematic approach to unpaid labour and its economic value. To address this, the following measures are recommended:

Establish a Comprehensive Disability Data Collection and Monitoring System:

+ **Disability Data:** Establish a centralised and standardised disability data framework to address the lack of a detailed and systematic data collection and publication system for disability-related statistics. Currently, reliance on individual studies leads to fragmented, inconsistent and insufficient data, making it difficult to accurately assess care service capacity and the needs of persons with disabilities.

+ **Data on Domestic Workers:** Develop a national registry for domestic workers, ensuring that data on both formal and informal workers, including employment status, wages, working conditions and access to social security, is systematically recorded.

Conduct Updated, Nationally Representative Time-Use Surveys:

Türkiye has conducted time-use surveys twice so far—in 2006 and 2014. There is a need to conduct an updated national survey. The following actions are recommended:

+ Expand data collection to capture informal caregiving contributions—including care provided by grandmothers, domestic workers and extended family members—and recognise their economic and social value.

+ Regularly assess the economic value of unpaid care through these surveys, using the data to inform social protection schemes that fairly compensate caregiving work.

+ Institutionalise time-use surveys within national data collection efforts, ensuring they are integrated with household labour force surveys and social policy reviews. This aligns with the need for systematic monitoring identified in this document.

+ Use time-use survey data to quantify the contribution of unpaid work to the economy, addressing the documented underestimation of caregiving's economic impact in Türkiye.

Comprehensive Data Collection on Care Services:

Türkiye's current data on formal care service provision is limited, particularly with regard to coverage for children aged 0–2 and elderly care services. To improve policy effectiveness, the following actions are recommended:

+ Develop a national care economy database that tracks care service needs, coverage rates, accessibility and outcomes, aligned with existing social policy initiatives.

+ Expand data collection to include insights on elderly and disability care, given the documented gaps in care services and Türkiye's aging population trend.

+ Address existing gaps in service availability data, particularly for low-income families, rural areas and marginalised groups facing barriers to accessing quality care services.

Monitoring Accessibility and Quality of Care Services:

Despite policy commitments, professional care services remain insufficient, with limited availability and affordability in both childcare and elderly and disability care sectors. To ensure equitable access to quality care, the following actions are recommended:

+ Establish mechanisms to evaluate the accessibility and quality of care services, particularly in rural and underserved areas, where reliance on unpaid family care remains disproportionately high.

+ Monitor the effectiveness of social policies aimed at formalising and expanding care services, ensuring public investments prioritise accessibility and affordability instead of shifting care burdens onto families.

+ Regularly assess the impact of new policies, such as subsidised childcare programmes and elderly home-care initiatives, ensuring they effectively reduce caregiving burdens on women.

Endnotes

1 United Nations (2024). Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda. UN System Policy Paper. Available at: https://unsdg.un.org/resources/transforming-care-systems-un-system-policy-paper.

2 This definition was established within the framework of the Inter-Agency Social Protection Assessment (ISPA) tools development, an initiative of the Social Protection Inter-Agency Cooperation Board (SPIAC-B) that brings together representatives of international organisations and bilateral institutions to enhance coordination and advocacy related to social protection.

3 Directorate for Education and Skills, OECD Education Policy Perspectives (2023). Taking Stock of Education Reforms for Access and Quality in Türkiye. Available at: https://www.oecd-ilibrary.org/docserver/5ea7657e-en.pdf?expires=1730729759&id=id&accname=guest&checksum=CEE10DEE0AE1A64CB169233E8569222E. (accessed in November 2024).

4 UNDP (2024). Human Development Report 2023–24. Available at: https://hdr.undp.org/content/human-development-report-2023-24.

5 OECD (2023). OECD Employment and Labour Market Statistics. Labour market statistics: labour force statistics by sex and age.

6 The persistent inequality is also significant in the difference between the unemployment rates of young women and young men. In 2024, Türkiye's overall unemployment among adults 15 and over hovered around 8.7 percent, with a substantial gap: men = 7.1 percent, women = 11.8 percent. The youth (aged 15–24) faced a significantly higher unemployment rate at 16.3 percent, rising sharply to 22.3 percent for young women, compared to 13.1 percent for young men. One aspect of this is that women are either not hired due to anticipated caregiving responsibilities or are unable to find jobs that fit within working hours or commuting times that would allow them to manage the 'double shift'.

7 World Bank (2025). Data Bank, Gender Statistics. Available at: https://databank.worldbank.org/source/gender-statistics.

8 OECD (2023). Income Inequality. doi: 10.1787/459aa7f1-en (accessed in October 2023). The Income Distribution Statistics Report, published by the Turkish Statistical Institute in 2023, states that the wealthiest 20 percent of the population saw their share of total income rise from 48 percent in 2022 to 48.7 percent in 2023, while during the same period, the poorest 20 percent saw theirs slightly increase from 6 percent to 6.1 percent.

9 United Nations, Department of Economic and Social Affairs, Population Division (2024). World Population Prospects 2024. Available at: https://population.un.org/wpp/downloads?folder=Standard%20Projections&group=Population.

10 Decision of the Grand National Assembly of Türkiye, Decision No. 1225, 18.07.2019, 'Eleventh Development Plan (2019–2023)'. Available at: https://www.sbb.gov.tr/wp-content/uploads/2022/07/Eleventh_Development_Plan_2019-2023.pdf.

11 Decision of the Grand National Assembly of Türkiye, Decision No. 1396, 31.10.2023, 'Twelfth Development Plan (2024–-2028)'. Available at: https://www.sbb.gov.tr/wp-content/uploads/2025/03/Twelfth-Development-Plan_2024-2028.pdf.

12 MoFSS (2024). Kadinin Güçlenmesi Strateji Belgesi Ve Eylem Plani 2024–2028. Available at: https://www.aile.gov.tr/media/158302/kadinin-guclenmesi-strateji-belgesi-ve-eylem-plani-2024-2028.pdf.

13 Ministry of Labour and Social Security. National Employment Strategy. Available at: https://www.csgb.gov.tr/cgm/dokumanlar/ulusal-istihdam-stratejisi/.

14 'The Care Action Plan (2011–2013)' represents the first policy initiative aimed at developing a national action plan for care services in Türkiye, although the plan was never implemented. It also marks the first time the concept of 'care insurance' was introduced in an official public document. Notably, it included the following action: "Preparatory work will be carried out in the area of care assurance models and care insurance, including the identification of financing methods, actuarial calculations, and the definition of key actors in the system." Available at: https://www.aile.gov.tr/media/33773/bakim-hizmetleri-stratejisi-ve-eylem-plani-2011-2013.doc.

15 Care Work and Care Jobs for the Future of Decent Work, published by the International Labour Organization in 2018, demonstrates on page 124 that Türkiye invests less than one percent of its public expenditure on selected care policies, such as pre-primary education, long-term care services and benefits, and maternity, disability and injury benefits.. According to research by Gültekin et al. (2024), the investment needed to close the gap in ECEC services in Türkiye is estimated to be 1.95 percent of its GDP. For short-term care services, this figure is projected to be 1.24 percent of its GDP, while for long-term care services, it is estimated to be 0.12 percent of its GDP. Available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf.

16 For example, Gokmen's 2022 study concludes from time-use survey data that access to care services and time spent caring for dependent household members are the most important factors influencing women's employment probability in Türkiye.

17 Chemical, medical, electronic, machinery, electrical and automotive sectors are identified as priority sectors. Other industries that have been mentioned are textile, leather, metal, furniture, agriculture, defence and tourism industries.

18 Erdoğdu, S. and Toksöz, G. (2013). The Visible Face of Women's Invisible Labour: Domestic Workers in Turkey. ILO Working Papers.

19 MoNE, Official Gazette No. 29072, 26.07.2014, 'Pre-school Education and Primary Education Institutions Regulation'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=19942&MevzuatTur=7&MevzuatTertip=5.

20 Milnistry of Family and Social Policies, Gazette No. 29342, 30.04.2015, 'Establishing and Operating Private Nurseries, Day Care Centres and Children's Clubs'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=20718&MevzuatTur=7&MevzuatTertip=5.

21 MoNE, Gazette No. 28737, 16.08.2013, 'Regulation on Employment Conditions of Pregnant or Nursing Women, Nursing Rooms and Childcare Dormitories'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=18728&MevzuatTur=7&MevzuatTertip=5.

22 According to Small and Medium Sized Enterprise Statistics, 2023 (TurkStat 2024), enterprises with fewer than 250 employees accounted for 99.7 percent of all businesses. Similarly, data indicates that out of a total of 2,160,062 enterprises, only 11,568 (or 0.5 percent) employed more than 150 people (SSI 2023). As a result, this regulation applies to only a very small share of workplaces.

23 'Kamu Kurum ve Kuruluşlarinca Açilacak Çocuk Bakimevleri Hakkinda Yönetmelik'. Available at: https://www.mevzuat.gov.tr/MevzuatMetin/3.5.8712197.pdf.

24 Ibid.

25 Trade unions can carry out the establishment and management of childcare services in accordance with the provisions of 'Private Nurseries and Day Care Centres and Private Children's Clubs Regulation on Establishment and Operation Principles'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=20718&MevzuatTur=7&MevzuatTertip=5.

26 ''Sağlık-Sen (Health Labour Union) (n.d.). Main Statute. Available at: https://www.sagliksen.org.tr/cdn/uploads/cloud/0e973f7d4817af5787f34aaa31924568.pdf.''

27 Dedeoğlu, S. and Şahankaya, A. (2024). Caring Piously: New Institutionalisation of Childcare Services in Turkey. Social Policy and Society. Available at: https://doi.org/10.1017/S1474746422000574.

28 Presidency of the Republic of Turkey, Official Gazette No. 24325, 21.02.2001, 'Regulation on Nursing Homes and Nursing Homes Elderly Care and Rehabilitation'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=4414&MevzuatTur=7&MevzuatTertip=5.

29 Presidency of the Republic of Turkey, Official Gazette No. 26960, 07.08.2008, 'Regulation on Private Nursing Homes and Nursing Homes and Elderly Care Centres'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=12317&MevzuatTur=7&MevzuatTertip=5.

30 General Directorate of Disabled and Elderly Services, 'Regulation on the Establishment and Operation Principles of Nursing Homes to be Opened within Public Institutions and Organisations'. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/kamu-kurum-ve-kuruluslari-bunyesinde-acilacak-huzurevlerinin-kurulus-ve-isleyis-esaslari-hakkinda-yonetmelik/.

31 General Directorate of Disabled and Elderly Services, Official Gazette No. 26960, 07.08.2008, 'Regulation on Day Care and Home Care Services to be Provided in Elderly Service CentersCentres'. Available at: https://aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/yasli-hizmet-merkezlerinde-sunulacak-gunduzlu-bakim-ile-evde-bakim-hizmetleri-hakkinda-yonetmelik?utm._

32 Özmete, E. and Hussein, S. (2017). Türkiye'de yaşlı bakım hizmetleri raporu: Avrupa'dan en iyi uygulama örnekleri ve Türkiye için bir model tasarımı. Ankara, ProGo Tasarım&Basım.

33 MoFSS (2023). Yaşlı hakları ulusal eylem planı 2023–2025. Available at: https://www.aile.gov.tr/media/133624/yasli_haklari_ulusal_eylem_plani.pdf.

34 Genç, Y., Pak, M. and Pehlivan, M. (2018). 'Aktif Yaşlanma Politikası: Huzurevinde Kalan ve Evde Bakım Aylığı ile Ailesinin Yanında Desteklenen Yaşlı Bireylerin Aktif Yaşlanma Algısı', The Journal of Academic Social Science Studies, 68, 299–320.

35 The Grand National Assembly (2023). Report on Aging and Elderly.

36 General Directorate of Social Services and Child Protection Agency, Official Gazette No. 26244, 30.07.2006, 'Regulation on Care Centres of Official Institutions and Organisations for Disabled Individuals in Need of Care'. Available at: https://www.resmigazete.gov.tr/eskiler/2006/07/20060730-2.htm.

37 Ministry of Family and Social Policies, Official Gazette No. 29878, 04.11.2016, 'Regulation on Special Care Centres for Persons with Disabilities. Available at: https://www.resmigazete.gov.tr/eskiler/2016/11/20161104-2.htm.

38 Ibid.

39 Sağlık-Der (2021). Ulusal yeterliliklerin geliştirilmesi kapsamında gerçekleştirilen engelli ve yaşlı bakımı alanında sektör analizi.

40 Erdoğdu, S. and Toksöz, G. (2013). The Visible Face of Women's Invisible Labour: Domestic Workers in Turkey. ILO Working Papers.

41 Prime Ministry General Directorate of Legislation Development and Publication, Decision No. 2011/2306, Official Gazette No. 28094, 24.10.2011, 'Council of Ministers Decision'. Available at: https://www.resmigazete.gov.tr/eskiler/2011/10/20111024-9.htm.

42 International Labour Organization (2013). Domestic Workers across the World: Global and Regional Statistics and the Extend of Legal Protection.

43 Yuvamiz Istanbul. Available at: https://yuvamiz.ibb.istanbul/.

44 UNDP (2025). The Transformative Power of Care for Industry: Applicable and Sustainable Models and Partnerships for Early Childhood Care and Education Services in Organized Industrial Zones in Türkiye. Available at: https://www.undp.org/turkiye/publications/transformative-power-care-industry-applicable-and-sustainable-models-and-partnerships-early-childhood-care-and-education.

45 Throughout this report, we refer to 'professional care and services' to mean services provided by professional personnel, including those in institutional and daycare centres.

46 Local governments fund childcare services through their social service expenditures, which are drawn from their total budgets and financed by the central government. Consequently, although they function as public administrative bodies, local governments are also recognised as distinct institutional corporate entities responsible for delivering care services.

47 MoNE (2023). Milli Eğitim İstatistikleri 2022-2023 Örgün Eğitim. Available at: https://sgb.meb.gov.tr/www/icerik_goruntule.php?KNO=508.

48 Ibid.

49 Ministry of Family and Social Policies, Gazette No. 29342, 30.04.2015, 'Establishing and Operating Private Nurseries, Day Care Centres and Children's Clubs'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=20718&MevzuatTur=7&MevzuatTertip=5.

50 Ankara Metropolitan Municipality. 'Children's Clubs'. Available at: https://www.ankara.bel.tr/kadin-ve-aile-hizmetleri/cocuk-hizmetleri/cocuk-kulupleri.

51 Izmir Metropolitan Municipality. 'Services for Families'. Available at : https://www.izmir.bel.tr/tr/Projeler/2639/4.

52 MoNE (2013). Okul Öncesi Eğitim Programı. Available at: https://mufredat.meb.gov.tr/Dosyalar/20195712275243-okuloncesi_egitimprogrami.pdf.

53 TurkStat (2017). Family Structure Survey 2016. Available at: https://data.tuik.gov.tr/Bulten/Index?p=Aile-Yapisi-Arastirmasi-2016-21869.

54 TurkStat (2021). Family Structure Survey 2021. Available at: https://www.tuik.gov.tr/media/announcements/turkiye_aile_yapisi_ara%C5%9Ftirmasi_2021.pdf.

55 These homes, where residents receive care and services, offer independent living arrangements for couples or individuals and provide private flats within the Ministry's premises.

56 Presidency of the Republic of Turkey, Official Gazette No. 24325, 21.02.2001, 'Regulation on Nursing Homes and Nursing Homes Elderly Care and Rehabilitation Centres'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=4414&MevzuatTur=7&MevzuatTertip=5.

57 Türkiye Cumhuriyeti Aile Ve Sosyal Hizmetler Bakanliği. 'Yaşlilara Yönelik Hizmetlerimiz: Yaşli Yaşam Evleri'. Available at: https://www.aile.gov.tr/media/169944/5-1-2-yasli-yasam-evleri.pdf

58 General Directorate of Disabled and Elderly Care Services, Official Gazette No. 26960, 07.08.2008, 'Regulation on Day Care and Home Care Services to be Provided in Elderly Services Centres'. Available at: https://aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/yasli-hizmet-merkezlerinde-sunulacak-gunduzlu-bakim-ile-evde-bakim-hizmetleri-hakkinda-yonetmelik?utm._

59 Daycare service is a daytime service model offered on a full-time or part-time basis to individuals with disabilities and is designed to allow family caregivers time for themselves and their social lives while ensuring that the care recipient remains integrated with their family environment. Under this model, the person with a disability spends a designated portion of the day at the centre.

60 Home care service is a service provided by the Provincial Directorates of Family and Social Services. Its aim is to ensure that individuals with disabilities can actively participate in all areas of social life while receiving the necessary care within their family settings and avoiding isolation from their social and physical environments.

61 See Section 6.2 for a discussion on social transfers.

62 'Regulation on Special Care Centres for Persons with Disabilities', Article 21.3. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/engelli-bireylere-yonelik-ozel-bakim-merkezleri-yonetmeligi/; 'Care Centres of Official Institutions and Organisations for Disabled Individuals in Need of Care', Article 14. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/bakima-muhtac-ozurlulere-yonelik-resmi-kurum-ve-kuruluslar-bakim-merkezleri-yonetmeligi/.

63 General Directorate of Disabled and Elderly Services, Official Gazette No. 26244, 30.07.2006, Article 14, 'Care Centres of Official Institutions and Organisations for Disabled Individuals in Need of Care'. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/bakima-muhtac-ozurlulere-yonelik-resmi-kurum-ve-kuruluslar-bakim-merkezleri-yonetmeligi/.

64 General Directorate of Disabled and Elderly Services, Official Gazette No. 29878, 04.11.2016, Article 21.2–21.3, 'The Regulation on Special Care Centers for Persons with Disabilities'. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/engelli-bireylere-yonelik-ozel-bakim-merkezleri-yonetmeligi/.

65 General Directorate of Disabled and Elderly Services, Official Gazette No. 29878, 04.11.2016, Article 50.4, 'The Regulation on Special Care Centres for Persons with Disabilities'. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/engelli-bireylere-yonelik-ozel-bakim-merkezleri-yonetmeligi/.

66 We refer to employees as those working with an employment contract and employed not only in the private sector but also in the public sector, with rights and entitlements governed by Labour Law No. 4857. Public servants, on the other hand, are governed by Civil Servants Law No. 657.

67 Labour Law of the Republic of Türkiye, Law No. 4857, 22.05.2003. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=4857&MevzuatTur=1&MevzuatTertip=5.

68 Labour Law of the Republic of Türkiye, Law No. 657, 14.07.1965. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=657&MevzuatTur=1&MevzuatTertip=5.

69 In 2023, İŞKUR data shows that 3,704 individuals benefitted from half-time payments.

70 Presidency of the Republic of Turkey, Official Gazette No. 32959, 18.07.2025, 'Regulation on the Exercise of the Right of Part-Time Work for Civil Servants'. Available at: https://www.resmigazete.gov.tr/eskiler/2025/07/20250718-24.pdf.

71 Against this background, it is important to emphasise that intensive urban migration and the aging of the rural population have generated a growing demand for elderly care. The outmigration of young people from rural regions has led to a rising number of elderly individuals living alone in these regions. Nevertheless, this care gap remains largely overlooked in both policy and research.

72 Guduk, O. and Ankara, H.G. (2022). 'Factors Affecting Long-Term Care Preferences in Turkey'. Annals of Geriatric Medicine and Research 26, no. 4: 330–339. Available at: https://doi.org/10.4235/agmr.22.0088.

73 TEPAV (2010). Sosyal Hizmetlerin Sunumunda Kademeleme: TEPAV Yönetişim Çalışmaları Araştırma Raporu.

74 UNICEF (2019). A World Ready to Learn: Advocacy Brief.

75 83 percent of children aged 3–5 were enrolled in early childhood education (ECE) programmes across OECD countries in 2022. Available at: https://www.oecd.org/en/publications/education-at-a-glance-2022_3197152b-en.html.

76 MoNE (2023). Milli Eğitim İstatistikleri 2022-2023 Örgün Eğitim. Available at: https://sgb.meb.gov.tr/www/icerik_goruntule.php?KNO=508.

77 OECD (2024). Education at a Glance 2024: OECD Indicators. Figure B1.2 'Enrolment rates of young children, by age, (2022)'. Available at: https://oecdch.art/7711e3afdd.

78 ILO Global Care Policy Portal. Available at: https://webapps.ilo.org/globalcare?language=en#country:TUR.

79 OECD (2025). Reducing Inequalities by Investing in Early Childhood Education and Care. Available at: https://www.oecd.org/en/publications/2025/01/reducing-inequalities-by-investing-in-early-childhood-education-and-care_a0fd3f31/full-report/supporting-participation-in-early-childhood-education-and-care-for-all-children_3d65804a.html?utm._

80 For a detailed analysis, see Dedeoğlu, S. and Şahankaya, A. (2024). 'Caring Piously: New Institutionalisation of Childcare Services in Turkey'. Social Policy and Society. Available at: https://doi.org/10.1017/S1474746422000574. The analysis shows that stringent requirements—especially those related to space— make establishing childcare facilities costly and challenging. At the same time, a regulatory loophole allows religious schools, which are not subject to regulations on the quality or content of care, to step in and meet the needs of lower-income families with greater flexibility.

81 Dedeoğlu, S. (2023). Feasibility Study of Early Childhood Care and Education Services in Adana and Mersin Provinces, unpublished report, Livelihood Programme, ILO Türkiye.

82 MoNE (2023). Milli Eğitim İstatistikleri 2022–2023 Örgün Eğitim. Available at: https://sgb.meb.gov.tr/www/icerik_goruntule.php?KNO=508.

83 Dedeoğlu, S., Adar, A. Şahankaya and Sırali, Y. (2021). Supporting Women's Employment through Institutional Collaboration on Early Childhood Care and Education, ILO and EBRD. Available at: https://www.ilo.org/publications/supporting-womens-employment-through-institutional-collaboration-early.

84 In accordance with Article 67 of MoNE's 'Regulation on Pre-school and Primary Education Institutions', the Contribution Fee Determination Commission for Pre-school Education Institutions has unanimously decided on the maximum contribution fees to be applied in public pre-school educational institutions for the 2025–2026 academic year. The maximum contribution fee has been set at 2,300 TL for institutions offering meal services and at 1,000 TL for those without meal services. It should be noted that these fees apply to half-day programmes; in cases of full-day enrolment, higher contribution fees may apply. Please see:
MoNE (2025). Resmi Okul Öncesi Eğitim Kurumlarında Uygulanacak 2025–2026 Eğitim Öğretim Yılı Eğitime Katkı Payı. Available at: https://istanbul.meb.gov.tr/www/resmi-okul-oncesi-egitim-kurumlarinda-uygulanacak-2025-2026-egitim-ogretim-yili-egitime-katki-payi/icerik/5831.

85 Economim (2024). Nursery prices skyrocket, leaving minimum wage behind. Available at: https://www.ekonomim.com/ekonomi/kres-fiyatlari-ucusa-cikti-asgari-ucreti-geride-birakti-haberi-745282.

86 Ekonomim (2024). Kreş Fiyatları Uçuşsa Çıktı Asgari Üceti Geride Bıraktı. Available at: https://www.ekonomim.com/ekonomi/kres-fiyatlari-ucusa-cikti-asgari-ucreti-geride-birakti-haberi-745282.

87 Ibid.

88 Ibid.

89 MoFSS (2020). Engelli ve Yaşlı Gündüz Yaşam Merkezleri Yeniden Hizmet Vermeye Başladı. Available at: https://www.aile.gov.tr/eyhgm/haberler/engelli-ve-yasli-gunduz-yasam-merkezleri-yeniden-hizmet-vermeye-basladi/.

90 General Directorate of Disabled and Elderly Services, 'The Regulation on Nursing Homes and Elderly Care and Rehabilitation Centres', Article 62a. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/huzurevleri-ile-huzurevi-yasli-bakim-ve-rehabilitasyon-merkezleri-yonetmeligi/; Huzurevi (2025). Nursing Home Prices. Available at: https://www.huzureviyaslibakimevi.com/huzurevi/huzurevi-fiyatlari/.

91 MoFSS, 02.01.2024, 'Fees for Private Nursing Homes and Elderly Care Centres'. Available at: https://www.aile.gov.tr/ankara/duyurular/ozel-huzurevleri-ve-yasli-bakim-merkezlerinde-2024-yili-ucretleri/.

92 Social Security Consultants Association (2025). How much did pensions increase in January 2025 and what was the minimum pension? Available at: https://www.sgmd.org.tr/2025-yili-ocak-ayinda-emekli-maaslari-ne-kadar-artti-ve-en-dusuk-emekli-maasi-ne-kadar-oldu/295#:~:text=EN%20D%C3%9C%C5%9E%C3%9CK%20EMEKL%C4%B0%20AYLI%C4%9EI%20M%C4%B0KTARI,12%20bin%20500%20TL'dir.

93 Huzurevi (2024). Elderly Home Care Prices. Available at: https://www.huzureviyaslibakimevi.com/yasli-bakim-evi/yasli-bakim-evi-fiyatlari/.

94 Özar, Ş., and Memiş, E. (2024). 'Feministler İçin Yeni Bir Mücadele Alanı: Yaşlı Kadın Yoksulluğu'. Kültür ve Siyasette Feminist Yaklaşımlar, 45, 57–80. This study explores elderly women's poverty and the feminization of care responsibilities in different caregiving settings in Türkiye. Note that recent studies flag widespread old-age poverty, so private care centres are not an option for many elderly individuals.

95 MoFSS (2023). Engelli ve Yaşlı İstatistik Bülteni. Available at: https://aile.gov.tr/media/135432/eyhgm_istatistik_bulteni_nisan_23.pdf.

96 MoFSS (2024). MoFSS Statistics Bulletin (Haziran). Available at: https://www.aile.gov.tr/sgbd/istatistik-sayfalari/aylik-istatistik-bulteni/

97 Ibid.

98 Elibol, F. and Kılıçer, T. (2019). 'Service Quality in Disabled Care Centres in Turkey'. Sosyal Politika Çalişmalari Dergisi. Available at: https://dergipark.org.tr/tr/download/article-file/742086.

99 General Directorate of Disabled and Elderly Services, Article 50.4, Official Gazette No. 29878, 04.11.2016, 'Regulation on Private Care Centres for Disabled Individuals'. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/engelli-bireylere-yonelik-ozel-bakim-merkezleri-yonetmeligi/.

100 Atasü-Topcuoğlu, R. (2022). 'Gender Inequality, the Welfare State, Disability, and Distorted Commodification of Care in Turkey'. New Perspectives on Turkey, 66, 61–87. Available at: https://doi.org/10.1017/npt.2020.35.

101 MoFSS, 'Disabled Care Service'. Available at: https://www.aile.gov.tr/sss/engelli-ve-yasli-hizmetleri-genel-mudurlugu/engelli-bakim-hizmeti/.

102 Ücret Tespit Komisyonu Karari (2023). 2024 Yili İstanbul İli Özel Bakim Merkezleri. Available at: https://www.aile.gov.tr/media/150340/ucret-tespiti-komisyonu-2024.pdf.

103 Presidency of the Republic of Turkey, Official Gazette No. 19658, 08.12.1987, 'Children's Services to be Opened by Public institutions and Organisations Regulation on Nursing Homes'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=8712197&MevzuatTur=3&MevzuatTertip=5; Presidency of the Republic of Turkey, Official Gazette No. 29342, 30.04.2015, 'Private Nursery and Day Care Centres and Private Children's Clubs Regulation on Establishment and Operation Principles'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=20718&MevzuatTur=7&MevzuatTertip=5;
Presidency of the Republic of Turkey, Official Gazette No. 29072, 26.07.2014. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=19942&MevzuatTur=7&MevzuatTertip=5.

104 Dedeoğlu, S., Adar, A. Şahankaya and Sırali, Y. (2021). Supporting Women's Employment through Institutional Collaboration on Early Childhood Care and Education. ILO and EBRD. Available at: https://www.ilo.org/publications/supporting-womens-employment-through-institutional-collaboration-early.

105 Turan, F. (2016). 'Okul öncesi eğitim kurumlarında eğitim öğretim faaliyetlerinin denetimi'. IJOESSE, 7(23), 94–119.

106 Presidency of the Republic of Turkey, Official Gazette No. 29342, 30.04.2015, 'Private Nursery and Day Care Centres and Private Children's Clubs Regulation on Establishment and Operation Principles'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=20718&MevzuatTur=7&MevzuatTertip=5.

107 Presidency of the Republic of Turkey, Official Gazette No. 24325, 21.02.2001, 'Regulation on Nursing Homes and Nursing Home Elderly Care and Rehabilitation Centres'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=4414&MevzuatTur=7&MevzuatTertip=5;
Presidency of the Republic of Turkey, Official Gazette No. 26960, 07.08.2008, 'Regulation on Private Nursing Homes and Nursing Homes and Elderly Care Centres'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=12317&MevzuatTur=7&MevzuatTertip=5.

108 Presidency of the Republic of Turkey, Official Gazette No. 24325, 21.02.2001, 'Regulation on Nursing Homes and Nursing Home Elderly Care and Rehabilitation Centres'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=4414&MevzuatTur=7&MevzuatTertip=5;
Presidency of the Republic of Turkey, Official Gazette No. 26960, 07.08.2008, 'Regulation on Private Nursing Homes and Nursing Homes and Elderly Care Centres'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=12317&MevzuatTur=7&MevzuatTertip=5.

109 General Directorate of Disabled and Elderly Services, Official Gazette No. 26960, 07.08.2008, 'Regulation on Day Care and Home Care Services to be Provided in Elderly Service Centres'. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/yasli-hizmet-merkezlerinde-sunulacak-gunduzlu-bakim-ile-evde-bakim-hizmetleri-hakkinda-yonetmelik/.

110 Ibid.

111 General Directorate of Social Services and Child Protection Agency, No. 26244, 30.07.2006, 'Regulation on Public Institution for Disabled People in Need of Care and Organisations Care Centres Regulation'. Available at: https://www.resmigazete.gov.tr/eskiler/2006/07/20060730-2.htm.

112 Ministry of Family and Social Policies, No. 29878, 04.11.2016, 'Regulation on Special Care Centres for Disabled Individuals'. Available at: https://www.resmigazete.gov.tr/eskiler/2016/11/20161104-2.htm.

113 Ministry of Family and Social Policies, No. 29878, 04.11.2016, 'Regulation on Special Care Centres for Disabled Individuals'. Available at: https://www.resmigazete.gov.tr/eskiler/2016/11/20161104-2.htm.

114 Danış, M. Z. (2011). 'The General Features of Caregivers in Institutional Settings and the Problems they Confront'. Yalova Sosyal Bilimler Dergisi, 2, 170–183.

115 Kandiyoti, D. (1988). 'Bargaining with Patriarchy'. Gender and Society, 2(3), 274–290;
Dedeoğlu, S. (2000). 'Toplumsal cinsiyet rolleri açısından Türkiye'de aile ve kadın emeği'. Toplum ve Bilim Dergisi, 86, 139–170.

116 TurkStat (2015). Paid and Unpaid Work by Gender. Time Use Survey, 2014–2015.

117 UNDP (2020). Gender Gaps in the Care Economy during the COVID-19 Pandemic in Turkey. Available at: https://www.undp.org/Türkiye/publications/gender-gaps-care-economy-during-covid-19-pandemic-turkey.

118 İlkkaracan, İ. and Memiş, E. (2021). 'Transformations in the Gender Gap in Paid and Unpaid Work during the Covid-19 Pandemic: Findings from Turkey'. Feminist Economics, 27(1-2), 288-309.

119 World Bank (2025). Data Bank, Gender Statistics. Available at: https://databank.worldbank.org/source/gender-statistics.

120 TurkStat. (2023). The Results of Address-Based Population Registration System.

121 TurkStat (2023). Women in Statistics, 2023. Available at: https://data.tuik.gov.tr/Bulten/Index?p=Women-in-Statistics-2023-53675&dil=2.

122 Ekiz Gökmen, C. (2022). 'A New Perspective on Women's Care Burden and Employment in Turkey', New Perspective on Turkey, 66, 11-34.

123 Bütün, M. (2010). Toplumsal cinsiyet eşitliği perspektifinden çocuk bakım hizmetleri: Farklı ülke uygulamaları (Uzmanlık tezi), Kadının Statüsü Genel Müdürlüğü.

124 ILOStat (2024). Informal Employment Rate by Sex Group. Available at: https://ilostat.ilo.org/data/country-profiles/.

125 ILO (2020). Home Bounded—Global Outreach: Home-Based Workers in Turkey, ILO Working Paper 21.

126 DİSK/Genel-İş Emek Araştırma Dairesi (2025). Kadın Emeği Raporu. Available at: https://www.cloudsdomain.com/uploads/dosya/48423.pdf.

127 Tatoğlu, T. (2022). Türkiye'de Kadınların İşgücüne Katılımının Düşük Kalma Sebepleri. Available at: https://www.bbvaresearch.com/en/publicaciones/turkiye-drivers-of-low-female-labor-force-participation-in-turkiye/.

128 Motherhood wage penalty, which reflects the wage gap between mothers and non-mothers, reveals striking results when considered alongside the 'fatherhood wage gap' between fathers and non-fathers. With a 29.6 percent wage gap between mothers and non-mothers, Türkiye has the highest motherhood wage penalty among high-, low- and middle-income countries. Turkish women pay the highest price for motherhood, earning nearly 30 percent less than women without children and often face permanent exclusion from the labour market. See
ILO (2018). Turkish Women Pay the Highest Price for Motherhood. Available at: https://www.ilo.org/tr/resource/news/anne-olmanin-bedelini-en-agir-calisan-turk-kadini-oduyor.

129 UNDP (2025). Beyaz Kitap — Türkiye'de NEET Genç Kadınlar için Politika Önerileri. Available at: https://www.undp.org/tr/Türkiye/publications/beyaz-kitap-Türkiyede-neet-genc-kadinlar-icin-politika-onerileri-belgesi.

130 TurkStat (2018). Reconciliation Between Work and Family Life. Available at: https://data.tuik.gov.tr/Bulten/Index?p=Is-ve-Aile-Yasaminin-Uyumu-II.-Ceyrek:-Nisan---Haziran,-2018-27859.

131 Gökbayrak, Ş. (2009). 'Refah devletinin dönüşümü ve bakım hizmetlerinin görünmez emekçileri göçmen kadınlar', Çalışma ve Toplum Dergisi, 2(21): 55-82.

132 Hochschild, A. (2007). Global Care Crisis: A Mother and Child's-Eye View. Available at: https://www.academia.edu/85776307/Global_Care_Crisis_Mother_and_childs_eye_view.

133 Toksöz, G. (2012). Kalkınmada kadın emeği. Ankara: Varlık Yayınları.

134 MoNE (2023). Milli Eğitim İstatistikleri 2022-2023 Örgün Eğitim. Available at: https://sgb.meb.gov.tr/www/icerik_goruntule.php?KNO=508.

135 Güler, C. (2021). Ev işçiliğinin Türkiye'deki görünümü: Kapsam, boyut ve sorunlar, ILO Raporu. Available at: https://www.ilo.org/tr/publications/ev-i%CC%87%C5%9F%C3%A7ili%C4%9Finin-t%C3%BCrkiye%E2%80%99deki-g%C3%B6r%C3%BCn%C3%BCm%C3%BC-kapsam-boyut-ve-sorunlar%C4%B1-ara%C5%9Ft%C4%B1rma.

136 Pinedo Caro, the primary source of this data, is cited in:
Güler, C. (2021). Ev işçiliğinin Türkiye'deki görünümü: Kapsam, boyut ve sorunlar, ILO Raporu. Available at: https://www.ilo.org/tr/publications/ev-i%CC%87%C5%9F%C3%A7ili%C4%9Finin-t%C3%BCrkiye%E2%80%99deki-g%C3%B6r%C3%BCn%C3%BCm%C3%BC-kapsam-boyut-ve-sorunlar%C4%B1-ara%C5%9Ft%C4%B1rma.

137 Dedeoğlu, S. (2024). The Development of a Joint UN Program on the Care Economy in Türkiye: The Desk Review, unpublished report.

138 Regulation on Nursing Homes and Nursing Homes Elderly Care and Rehabilitation, Official Gazette No. 24325, 21.02.2001. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=4414&MevzuatTur=7&MevzuatTertip=5.

139 UNICEF Türkiye (2021). Türkiye'de erken çocukluk eğitimi ve bakım hizmetleri üzerine durum analizi. Available at: https://www.unicef.org/Türkiye/en/media/18961/file/Systematic%20Analysis%20of%20ECE%20-%20EN.pdf.pdf.

140 Atasü-Topçuoğlu, R (2022). 'Gender Inequality, the Welfare State, Disability, and Distorted Commodification of Care in Turkey'. New Perspectives on Turkey 66: 61-87.

141 Deniz, U. H. and Aykar, A. N. (2023). 'Türkiye ve İrlanda'da özel anaokullarında çalışan okul öncesi öğretmenlerinin çalışma koşullarının karşılaştırılması', Mersin Üniversitesi Eğitim Fakültesi Dergisi, 19(1), 68-85. Available at: https://doi.org/10.17860/mersinefd.1372519.

142 Dedeoğlu, S. and Şahankaya, A. (2024). 'Caring Piously: New Institutionalisation of Childcare Services in Turkey'. Social Policy and Society. Available at: https://doi.org/10.1017/S1474746422000574.

143 Berkman, K. (2019). 'Yaşli Bakim Hizmetlerinin Bakim Hizmeti Çalişanlari Ve Yaşli Bireyler Bakiş Açisiyla Değerlendirilmesi: Denizli İli Alan Çalişmasi'. Journal of International Social Research. Available at: berkman_kerem-libre.pdf.

144 Yavuz, S. (2023). Understanding the Convergent Experiences of Home-Based Eldercare Workers in Different Welfare Regimes: A Multiple Case Study of Sweden and Türkiye, unpublished master thesis, Lund University. Available at: https://lup.lub.lu.se/luur/download?func=downloadFile&recordOId=9135620&fileOId=9135621.

145 Gazete Duvar (2020). Huzurevlerinde 14 gün aralıksız çalışanlar anlatıyor: Psikolojimiz bozuldu. Available at: https://www.gazeteduvar.com.tr/huzurevlerinde-14-gun-araliksiz-calisanlar-anlatiyor-psikolojimiz-bozuldu-haber-1515643;
Haberler.com (2020). Huzurevi alım şartları nelerdir? Devlet huzurevi çalışanları ve maaşları. Available at: https://www.haberler.com/soguk-haber/huzurevi-alim-sartlari-nelerdir-devlet-13380904-haberi/.

146 Özmete, E. (2016). 'Yaşlı Bakım İşinin Psiko-Sosyal Riski: Kurumsal Yaşlı Bakımında Çalışanların Stres Nedenlerinin Tükenmişlik ve İş Tatmini Düzeylerinin Değerlendirilmesi', C.Ü. İktisadi ve İdari Bilimler Dergisi, 17, 1, 243–264.

147 Arslantatar, İ. and Atasü, T. (2021). 'Duchenne Musküler Distrofili hastalarına bakım veren aile üyelerinin bakım yükü ve aile yılmazlık düzeyleri arasındaki ilişki', Tıbbi Sosyal Hizmet Dergisi, 17, 14–37.

148 United Nations (2008). International Standard Industrial Classification of All Economic Activities (ISIC), Rev. 4, Code 97, 'Activities of Households as Employers of Domestic Personnel'.

149 Eurostat (2008). NACE Rev.2, N81, 'Services to Buildings and Landscape Activities'.

150 Güler, C. (2021). Ev işçiliğinin Türkiye'deki görünümü: Kapsam, boyut ve sorunlar, ILO Raporu. Available at: https://www.ilo.org/tr/publications/ev-i%CC%87%C5%9F%C3%A7ili%C4%9Finin-t%C3%BCrkiye%E2%80%99deki-g%C3%B6r%C3%BCn%C3%BCm%C3%BC-kapsam-boyut-ve-sorunlar%C4%B1-ara%C5%9Ft%C4%B1rma.

151 Bora, A. (2010). Kadınların Sınıfı: Ücretli Ev Emeği ve Kadın Öznelliğinin İnşası. Istanbul: İletişim Yayınları.

152 Güler, C. (2021). Ev işçiliğinin Türkiye'deki görünümü: Kapsam, boyut ve sorunlar, ILO Raporu. Available at: https://www.ilo.org/tr/publications/ev-i%CC%87%C5%9F%C3%A7ili%C4%9Finin-t%C3%BCrkiye%E2%80%99deki-g%C3%B6r%C3%BCn%C3%BCm%C3%BC-kapsam-boyut-ve-sorunlar%C4%B1-ara%C5%9Ft%C4%B1rma.

153 Ibid.

154 Ibid.

155 Ibid.

156 Pinedo Caro, the primary source of this data, is cited in: Güler, C. (2021). Ev işçiliğinin Türkiye'deki görünümü: Kapsam, boyut ve sorunlar, ILO Raporu. Available at: https://www.ilo.org/tr/publications/ev-i%CC%87%C5%9F%C3%A7ili%C4%9Finin-t%C3%BCrkiye%E2%80%99deki-g%C3%B6r%C3%BCn%C3%BCm%C3%BC-kapsam-boyut-ve-sorunlar%C4%B1-ara%C5%9Ft%C4%B1rma.

157 Güler, C. (2021). Ev işçiliğinin Türkiye'deki görünümü: Kapsam, boyut ve sorunlar, ILO Raporu. Available at: https://www.ilo.org/tr/publications/ev-i%CC%87%C5%9F%C3%A7ili%C4%9Finin-t%C3%BCrkiye%E2%80%99deki-g%C3%B6r%C3%BCn%C3%BCm%C3%BC-kapsam-boyut-ve-sorunlar%C4%B1-ara%C5%9Ft%C4%B1rma.

158 In 2023, MoLSS (Ministry of Labour and Social Security) issued 239,835 work permits to foreigners. Although no sex-disaggregated data by sector is available, 66,299 women (27.6 percent of total) were granted work permits. Please see: https://www.csgb.gov.tr/%C4%B1statistikler/calisma-hayati-%C4%B1statistikleri/resmi-%C4%B1statistik-programi/yabancilarin-calisma-%C4%B1zinleri/.

159 Teke Llyod, A. and Gördük, T. (2024). Ev İçi Bakım ve Bakım Hizmetleri Sektörü Araştırma Raporu: MIGRATION4WORK, unpublished report. (The report was prepared as part of the M4W project for capacity building of MoLSS, DG International Workforce.)

160 Gürson, M. A. (2021). Corporeal Bodies Beyond Borders: Experiences of Migrant Filipina Nannies in Turkey (master's thesis). Middle East Technical University.

161 Teke Llyod, A. and Gördük, T. (2024). Ev İçi Bakım ve Bakım Hizmetleri Sektörü Araştırma Raporu: MIGRATION4WORK, unpublished report. (The report was prepared as part of the M4W project for capacity building of MoLSS, DG International Workforce.)

162 Erdoğdu, S. and G. Toksöz (2013). 'The Visible Face of Women's Invisible Labour: Domestic Workers in Turkey', ILO Working Papers.

163 'Updated Work Permit Evaluation Criteria in Türkiye'. Available at: https://www.sozercizmeci.com.tr/updated-work-permit-evaluation-criteria-in-turkiye/#_ftn1 (accessed in October 2025).

164 Eraliev et al. (2024). 'Legal, Illegal, and Digital: Uzbek Migrants in Russia and Turkey'. Osteuropa, Issue No. 8–10, 147–163. Available at: https://portal.research.lu.se/en/publications/legal-illegal-digital-usbekische-migranten-in-russland-und-der-t%C3%BC/.

165 Gundacker et al. (2024). 'Unequal access to protection? Selection patters over arrival cohorts of Syrians seeking refuge in Lebanon, Turkey, and Germany'. Available at: https://www.frontiersin.org/journals/human-dynamics/articles/10.3389/fhumd.2023.1171885/full.

166 Alkan, D. and Kamasak, R. (2024). 'Releasing the untapped potential of highly skilled migrants through global diversity management: evidence from firms in Turkey'. Available at: https://www.researchgate.net/profile/Rifat-Kamasak/publication/385525113_3_Releasing_the_untapped_potential_of_highly_skilled_migrants_through_global_diversity_management_evidence_from_firms_in_Turkey/links/672933d6ecbbde716b5845fa/3-Releasing-the-untapp.

167 Ryazantsev, S. V. and Sydygalieva, B. A. (2024). 'New Trends in Migration from Kyrgyzstan to the Russian Federation'. Available at: https://journals.rcsi.science/2782-2303/article/view/268265.

168 AlMajdalawi, R. and Çakın, B. (2024). 'Unsettled Ground, Unsettled Lives: The Ontological (In)securities of Syrian Refugees in the Shadow of Turkey's 2023 Earthquake'. Journal on Migration and Human Security, Vol. 13(2), 257–275. Available at: https://journals.sagepub.com/doi/pdf/10.1177/23315024241291830.

169 Yürümezoğlu, H. and Çamveren, H. (2024). 'Why are Turkish nurses migrating? A mixed-methods study'. International Nursing Review. Available at: https://onlinelibrary.wiley.com/doi/pdf/10.1111/inr.13019.

170 Görmüş, A. (2024). 'Long-Term Youth Unemployment in Turkey: Findings from the Labour Force Statistics'. Alanya Academic Review Journal, Vol 8, No. 2, 412–426. Available at: https://dergipark.org.tr/en/download/article-file/3056523.

171 To standardise and harmonise insurance schemes across all groups, the Social Insurance and Universal Health Insurance Law No. 5510 was introduced as part of the Social Security Reform. Designed with the principle of sustainability in mind, the law established common standards and norms within a unified social security framework. It was enacted by the Grand National Assembly of Türkiye in 2006 and came into force on 1 October 2008.

172 Before this unification, the social security framework consisted of separate institutions, including:
+ The Social Insurance Institution (established under Law No. 4958): Responsible for workers employed under service contracts, subject to Laws No. 506 and 2925.
+ The Social Security Institution for Craftsmen, Tradesmen, and Other Self-Employed (established under Law No. 1479): Covering self-employed individuals under Laws No. 1479 and 2926.
+ The Republic of Türkiye Retirement Fund (established under Law No. 5434): Serving public administration employees, governed by Laws No. 5434, 657, 1005, 3292 and 2022. These institutions, along with their respective responsibilities, were integrated into the SSI to streamline operations and create a unified system.

173 Presidency of the Republic of Turkey, Official Gazette No. 26200, 16.06.2006, Article 3.10, Law No. 5510 on Social Insurance and General Health Insurance. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=5510&MevzuatTur=1&MevzuatTertip=5.

174 Bakıma Muhtaç Özürlülerin Tesbiti ve Bakım Hizmeti Esaslarının Belirlenmesine İlişkin Yönetmelik, Official Gazette No. 26244, 30.07.2006.

175 Presidency of the Republic of Turkey, Official Gazette Number 15642, 10.07.1976, "Law on Providing Monthly Pensions to Needy, Weak, and Orphans Offered to Turkish Citizens Over 65 Years of Age. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=2022&MevzuatTur=1&MevzuatTertip=5.

176 MoFSS (2024). MoFSS Statistics Bulletin (Haziran). Available at: https://www.aile.gov.tr/sgbd/istatistik-sayfalari/aylik-istatistik-bulteni/ (accessed in September 2024).

177 MoFSS (2024). Yaşlılara, Engellilere Yönelik Sosyal Yardımlar. Available at: https://www.aile.tr/media/171219/yasli09072024.pdf.

178 Ibid.

179 Ministry of Family and Social Services (2024). Minister of Family and Social Services Göktaş: "Currently, 555,000 of our citizens benefit from Home Care Assistance." Available at: https://www.aile.gov.tr/haberler/aile-ve-sosyal-hizmetler-bakanimiz-goktas-hali-hazirda-555-bin-vatandasimiz-evde-bakim-yardimindan-yararlaniyor/.

180 Dedeoğlu, S. (2024). The Development of a Joint UN Program on the Care Economy in Türkiye: The Desk Review, unpublished report.

181 SSI (2022). Eğitimli Çocuk Bakıcılarının Teşviki Yoluyla Kayıtlı Kadın İstihdamının Desteklenmesi Projesi (EDU-CARE) Politika Öneri.

182 SSI (2025). Eğitimli Bakıcılar Yoğuyla Kadın İstihdamının Desteklenmesi Projesi. Available at: https://www.sgkcalisanannedestegi.org/files/kitapcik.pdf; https://www.sgkcalisanannedestegi.org/index.

183 Güler, C. (2021). Ev işçiliğinin Türkiye'deki görünümü: Kapsam, boyut ve sorunlar (ILO Raporu). Available at: https://www.ilo.org/tr/publications/ev-i%CC%87%C5%9F%C3%A7ili%C4%9Finin-t%C3%BCrkiye%E2%80%99deki-g%C3%B6r%C3%BCn%C3%BCm%C3%BC-kapsam-boyut-ve-sorunlar%C4%B1-ara%C5%9Ft%C4%B1rma.

184 'Sosyal Sıgotalar Ve Genel Sağlik Sıgortasi Kanunu', Law No. 5510, 31.05.2006. Available at : https://www.mevzuat.gov.tr/MevzuatMetin/1.5.5510.pdf.

185 The social security system in Türkiye allows workers to pay their own premiums through a type of insurance called 'voluntary insurance'. This type of insurance enables individuals to voluntarily continue their coverage for disability, old age, and survivor's insurance, as well as general health insurance, and allows them to complete the required number of premium payment days needed for retirement.

186 Kariyer (2025). Sosyal Hizmet Uzmanı Nedir, Nasıl Olunur? Available at: https://www.kariyer.net/pozisyonlar/sosyal+hizmet+uzmani/nedir.

187 Ibid.

188 Presidency of the Republic of Turkey, Official Gazette No. 29342, 30.04.2015, 'Private Nursery and Day Care Centres and Private Children's Clubs Regulation on Establishment and Operation Principles'. Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=20718&MevzuatTur=7&MevzuatTertip=5.

189 Presidency of the Republic of Turkey, Official Gazette No. 29342, 30.04.2015, 'Private Nursery and Day Care Centres and Private Children's Clubs Regulation on Establishment and Operation Principles'. Available at: 'https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=20718&MevzuatTur=7&MevzuatTertip=5; Presidency of the Republic of Turkey, Official Gazette No. 19658, 08.12.1987, 'Children's Services to be Opened by Public Institutions and Organisations Regulation on Nursing Homes', Available at: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=8712197&MevzuatTur=3&MevzuatTertip=5.

190 General Directorate of Disabled and Elderly Services, Official Gazette No. 26960, 07.08.2008, 'The Regulation on Private Nursing Homes and Elderly Care Centres'. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/ozel-huzurevleri-ile-huzurevi-yasli-bakim-merkezleri-yonetmeligi/;
General Directorate of Disabled and Elderly Services, 'The Regulation on Nursing Homes and Elderly Care and Rehabilitation'. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/huzurevleri-ile-huzurevi-yasli-bakim-ve-rehabilitasyon-merkezleri-yonetmeligi/.

191 An associate degree is an academic degree typically awarded by certain universities after the completion of a two-year programme. It is often used as a stepping stone to a bachelor's degree but can also prepare students for certain entry-level careers in fields such as healthcare, technology, business and education.

192 YÖK (2025). Yaşlı Bakımı Programı Bulunan Bütün Üniversiteler. Available at: https://yokatlas.yok.gov.tr/onlisans-program.php?b=30123.

193 Boğaziçi (2025). Hasta Bakıcı ve Yaşlı Bakımı Kursu. Available at: https://boenstitu.com/online-egitimler/hasta-bakici-ve-yasli-bakimi-kursu.

194 General Directorate of Disabled and Elderly Services, Official Gazette No. 29878, 04.11.2016, 'The Regulation on Private Care Centres for Persons with Disabilities. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/engelli-bireylere-yonelik-ozel-bakim-merkezleri-yonetmeligi/.

195 Attendees should have at least a high school diploma to attend these courses.

196 MoFSS, Official Gazette No. 29878, 04.11.2016, 'The Regulation on Private Care Centres for Persons with Disabilities'. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/yonetmelikler/engelli-bireylere-yonelik-ozel-bakim-merkezleri-yonetmeligi/.

197 A 160-hour home care nursing certification programme typically comprises 52 hours of theoretical education, 28 hours of laboratory practice, 16 hours of field home visits and 64 hours of intensive care field practice.

198 Boğaziçi Enstitüsü (2021). Nasıl Evde Bakım Hemşiresi Olunur? Evde Bakım Hemşiresi Ne İş Yapar. Available at: https://boenstitu.com/meslek/sayisal/evde-bakim-hemsiresi.

199 Presidency of Strategy and Budget (2022). Vatandaşın Bütçe Rehberi 2022 Yılı Bütçesi. Available at: https://www.sbb.gov.tr/wp-content/uploads/2022/03/2022_Vatandasin-Butce-Rehberi.pdf;
Presidency of Strategy and Budget (2025). 2025 Yılı Merkezi Yönetim Bütçe Kanunu Teklifi ve Bağlı Cetveller. Available at: https://www.sbb.gov.tr/wp-content/uploads/2024/10/2025-Yili-Merkezi-Yonetim-Butce-Kanun-Teklifi-ve-Bagli-Cetveller.pdf;
Presidency of Strategy and Budget (2025). Vatandaşın Bütçe Rehberi 2025 Yılı Bütçesi. Available at: https://www.sbb.gov.tr/wp-content/uploads/2025/01/2025-Vatandasin-Butce-Rehberi.pdf.

200 Presidency of Strategy and Budget (2022). Vatandaşın Bütçe Rehberi 2022 Yılı Bütçesi. Available at: https://www.sbb.gov.tr/wp-content/uploads/2022/03/2022_Vatandasin-Butce-Rehberi.pdf;
Presidency of Strategy and Budget (2022). 2024 Yılı Cumhurbaşkanlığı Yıllık Programı 2022_Yili_Merkezi_Yonetim_Butce_Kanunu_Teklifi_ve_Bagli_Cetveller.pdf.

201 Presidency of Strategy and Budget (2025). Vatandaşın Bütçe Rehberi 2025 Yılı Bütçesi. Available at: https://www.sbb.gov.tr/wp-content/uploads/2025/01/2025-Vatandasin-Butce-Rehberi.pdf.

202 WHO (2021). Turkey Country Case Study on the Integrated Delivery of Long-Term Care. Copenhagen: WHO Regional Office for Europe.

203 estimate

204 programme

205 Strategy and Budget Directorate of the Republic of Turkey, '2024 Presidential Annual Programme'. Available at: https://www.sbb.gov.tr/wp-content/uploads/2023/10/2024-Yili-Cumhurbaskanligi-Yillik-Programi.pdf.

206 estimate

207 programme

208 General Directorate of Disabled and Elderly Services, Law No. 3294, 29.05.1986, 'Law on the Promotion of Social Assistance and Solidarity'. Available at: https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/kanunlar/sosyal-yardimlasma-ve-dayanismayi-tesvik-kanunu/.

209 Türkiye Cumhuriyeti Aile Sosyal Hizmetler Bakanliği (2025). '2024 Yili Faaliyet Raporu'. Available at: https://www.aile.gov.tr/media/197323/faaliyet-raporu-2024_son_28-02-2025.pdf.

210 Newspaper Oksijen (2025). 3.6 million households in Türkiye are "extremely poor". Available at: https://gazeteoksijen.com/turkiye/turkiyede-36-milyon-hane-asiri-yoksul-236512.

211 Aile ve Sosyal Hizmetler Bakanliği. 2022 Yili Faaliyet Raporu. Available at: https://www.aile.gov.tr/media/129482/ashb_2022-idare-faaliyet-raporu.pdf.

212 Strateji ve Bütçe Başkanliği (2024). Vatandaşin Bütçe Rehberi. Available at: https://www.sbb.gov.tr/wp-content/uploads/2024/01/2024-VatandasinButce-Rehberi.pdf;
Strateji ve Bütçe Başkanliği (2024). 2024 Cumhurbaşkanliği Yillik Programi. Available at: https://www.sbb.gov.tr/wp-content/uploads/2023/10/2024-Yili-Cumhurbaskanligi-Yillik-Programi.pdf.

213 The author's analysis is based on data from SBB, SGK and the Ministry of Treasury and Finance.

United Nations Development Programme
UNDP Istanbul Regional Hub

Key Plaza
Abide-i Hürriyet Cd No:142, 34381
Şişli/İstanbul, Türkiye
www.undp.org/eurasia
x.com/undpeurasia