

# Rescaling social care services: The case of district municipalities in Istanbul

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## Abstract

Social care is an immature welfare policy domain in Turkey, with three distinctive characteristics: the central role of the family, limited public expenditure, and low levels of institutionalization and professionalization. However, following local legislative reform in 2004, municipalities have become important actors in social care provision, initiating social care programs for local citizens. This article fills a gap in the existing literature by focusing on the smallest administrative units of the local welfare system: the district municipalities. The article explores and compares the emerging role of district municipalities in social care provision in selected districts of Istanbul to assess, in the context of an immature welfare system, how far they fulfill the principle of universal provision. It finds that while service provision capacity was increased by localization to an extent, the social care provision capacity that district municipalities developed is not sufficient to transform social care policies into one that conforms to the principle of universalism. Due to coordination problems and the wide service area defined by the law, district municipalities ‘pick and choose’ service beneficiaries, instead of ensuring equal access for all local citizens.

## Keywords

District municipalities, localization, social care, Turkey

## Introduction

Decentralization is a wide process of political and economic reform, which encourages the participation of local divisions of government. Decentralization encapsulates several elements, including fiscal, administrative, and political. In administrative decentralization, the functions performed by central government are transferred to geographically distinct administrative units (Robinson, 2007: 7–8). This article investigates administrative decentralization in the case of a single policy domain – social care – examining the delivery of social care services by district municipalities and its influence on equity of social care provisions. Since the object of inquiry is a specific policy domain within the administrative decentralization process, it is conceptualized as ‘localization’ of the service.

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The major questions that drive this research are as follows. How and to what extent does the localization process in social care services serve the ideal of equal access? Do the implications of municipal social care services for equity differ across district municipalities? If so, how can we explain these differences and similarities? With these questions in mind, the main objective of this article is to explore and compare the emerging role of district municipalities in social care provision in selected districts of Istanbul and to establish whether, in the context of Turkey's immature welfare system, this localization furthers the realization of universalism in social care.

The most debated issue in localization of a service provision is its implications for equity. In the course of service delivery, distribution and coordination problems may occur (Litvack et al., 1998: 5) and could impede equality of access for all citizens (Powell and Boyne, 2001). Distribution problems arise from the design and provision of service delivery models, which require investigation into eligibility criteria and the organization and coverage of services. There are two main dimensions of equity: equal access to services across different groups of the population *within* and *across* local government jurisdictions (Litvack et al., 1998: 8). Universal services are accessible to all citizens, regardless of their locality, identity, or socioeconomic position in society. Universalism is a precondition for promoting equality (Anttonen, 2002; Anttonen et al., 2012), providing equal access for different social groups to public services, and in return, promoting equality and solidarity within society. Thus, universality as a concept and principle will ensure equity in access to services. Although the meaning, content, and scope of the term 'universality' vary by circumstance and country (Anttonen, 2012), it provides an analytical context within which to investigate social policy implementations in various welfare domains.

Coordination problems, which influence inter-actor relations and service design, likewise affect equity of service provision. Resolving the relative roles of different institutions and ensuring actors' cooperation in providing services are key dimensions of coordination. Coordination and communication are essential for the authority to provide the necessary (Miller et al., 1995) and effective services. To analyze the implications of localization of social care policies for equity, this article focuses on inter-actor relations, service design, and service provision by district municipalities. Given the significant transformation of social policies in the last decade, the Turkish case is especially interesting for addressing the consequences of localization on service delivery. This is because in recent years, extensive amendments to the local government laws have effectively turned municipalities into instruments of social policy (Bayirbag, 2013). Moreover, although generally there is a clear tendency toward local provision in social policy, examining its implications in a developing country will make an important contribution to the literature, which has so far neglected this research area.

The social care programs of district municipalities include those targeting the elderly, people with disabilities, and children. Although these programs have proliferated in the last decade, their implications for equity are largely unexplored. For this study, four major districts of Istanbul were selected as case studies (Uskudar, Kadikoy, Beyoglu, and Sisli). All are administrative units at the same level of aggregation and enjoy the same formal status within the Turkish municipal system.

The findings in this article are based primarily on 16 face-to-face, semi-structured, in-depth interviews with municipal officials, ministry officials, and a municipal consultant, conducted between June 2016 and May 2017. The officials from the municipalities and the ministry are key policymakers and administrative staff who are responsible for the design, organization, and delivery of services (such as directors of municipal units or managers of social care programs). The interviewees are selected according to the purposeful sampling technique; they are 'information-rich' cases and provide insights about social care services of municipalities (Patton, 2002: 230). The semi-structured interviews made it possible for interviewees to raise issues that might have been missed by following rigid interview guidelines. The research also benefits from a

comprehensive review of legislation relating to local social care services, examining changes in the regulatory framework of municipalities and social care policies since the early 2000s. Secondary data sources – such as official statistical data and reports of interested parties, as well as online and print materials published by district municipalities in Istanbul – provided an overview of the coverage and extent of services. Annual reports of district municipalities (including fiscal year budgets and strategic reports) and the reports released by the Directorate General of Public Accounts enabled comparison of the financial dimension of social care services.

This qualitative study brings empirical insight into the social care programs of district municipalities in Turkey, while situating these programs in the broader context of the local welfare system of the country. The findings suggest how localization of policies could be designed to improve outputs, in terms of equity. The article is organized as follows. The following section provides some historical background, examining the institutional transformation in the local welfare system of Turkey, with particular emphasis on social care. The next section engages with the existing literature, presents a multidimensional approach to the analysis of equity in service provision, and deploys universalism as a broader concept to deliberate the localization of social care services. The following section, based on the empirical data, analyzes the social care programs of district municipalities in Istanbul according to three criteria – *eligibility criteria*, *organization and coverage of services*, and *service delivery models and inter-actor relations* – addressing their implications for equity. Finally, the conclusion argues that social care is a policy domain in which municipalities are engaged in limited policy innovation, though without complying with the principle of equal access to services.

## **Institutional transformation of the Turkish local welfare system**

### ***Increasing role of municipalities in social service delivery***

According to Wollmann's profiles of local government systems, a vertical profile refers to the intergovernmental status of local government in a nation-state that is largely determined by central-level legislation (e.g. tiers and territorial format, competences, and financial resources of the sub-national levels; Wollmann, 2000: 32). Turkey's institutional structure makes it a good example of the vertical profile. The intergovernmental status of local governments in Turkey is largely determined by central-level legislation. Until the 2000s, municipalities were majorly responsible for public infrastructure and urban development, and had limited room for maneuver in social policy. However, since local government reform started in 2004, dramatic changes have taken place. These changes include the devolution of some central state responsibilities to local governments, with municipalities becoming key actors in the area of social policy, particularly in social assistance and social care.

Existing studies focus on the relationship between social policy and metropolitan municipalities in the Turkish context (Erder and Incioglu, 2008), and district municipalities remain underexplored by social scientists. District municipalities are the first-tier municipalities and the smallest administrative bodies in the Turkish political system; they have the strongest ties with local citizens. District municipalities thus offer the best means of examining the relation between localization and equal access to services. Choosing these units of administration also affords the opportunity to examine the divergences and commonalities among districts within the same city.

Officially, local elections are held in Turkey every 5 years. Residents of the district municipalities directly elect the mayor and municipal council members. From the 2000s onward, the Turkish municipality system has experienced significant change. The local governance reform of 2004 transformed 16 provincial municipalities into metropolitan municipalities, with the

number increasing to 30 in 2013. All metropolitan municipality borders were expanded to the provincial borders (Cetin, 2015), and the duties, powers, and responsibilities of metropolitan municipalities have diversified.

The reforms strengthened the mandate of metropolitan municipalities vis-a-vis other local government units. Although the focus of these reforms was on metropolitan municipalities, they have also extended the powers and responsibilities of all levels of local governments in the field of social policy. Both the metropolitan municipalities and the district municipalities engage in the policy-making process according to their scale and status. The duties and responsibilities of the district municipalities extended from infrastructure services to social policies.

Two important factors have enabled municipalities to assume responsibility in the field of social care. The first factor is the legal changes. With the changing legal context, the responsibilities of the metropolitan district municipalities have dramatically increased, to include social care provisions (Law No. 5216, Article 18; Law No. 5393, Article 14). The second factor is the growing perception among municipal policymakers that social care is becoming a field of service competence for municipal authorities. Changing demographic trends and the increasing demand of local citizens for social care provisions also supported this shift and transformed social care into a popular service field. For these reasons, district municipalities initiated social care programs, which have now become an essential component of the local welfare systems. Despite the increasing role of municipalities in social care support, social care policy is one of the weakest components of the welfare system in Turkey.

### *Social care: A latecomer*

In addition to the three welfare regime types set by Esping-Andersen's (1990) seminal work, new regimes have been introduced to the literature over the years. A growing body of literature investigates the commonalities among countries clustered under the Southern European welfare regime type with regard to the role of family/women and the gendered outcomes of social policies, especially in the domain of social care (Ferrera, 1996; Naldini, 2004). Scholars have included Turkey in the discussion of the Southern European welfare regime typology (Bugra and Keyder, 2006; Gal, 2010; Gough, 1996; Saraceno, 2002).

The family-centric social care provision in Turkey is in line with the familialistic characteristic of the Southern European type of welfare regime. The social policy landscape in Turkey is defined by its family-centric, corporatist, and poorly institutionalized features. Most social spending is on pensions and healthcare, while social assistance expenditures are low compared to Organisation for Economic Co-operation and Development (OECD) countries (Bugra and Keyder, 2006; Uckardesler, 2015). The basic characteristics of the Turkish welfare system suggest it can be evaluated as a social insurance state.

Social care is a latecomer to policy debates in the Turkish context. From the foundation of the Republic of Turkey in 1923 until the 1960s, the main institution for social care was Darulaceze (Buz, 2016: 107; Ozbek, 1999). With roots in the late Ottoman period, this was almost the only institution to care for the poor, the needy, and the elderly. From the 1980s, the Turkish welfare state was structurally transformed. While social assistance expenditure increased dramatically in this period, social risks also proliferated. The establishment of the Agency of Social Services and Child Protection (SHCEK, Sosyal Hizmetler ve Çocuk Esirgeme Kurumu) and the Foundations of Social Assistance and Solidarity (SYDV, Sosyal Yardimlasma ve Dayanisma Vakfı) in 1986, as well as the rise in social assistance activities of municipalities for the poor, occurred in this context. In 2011, the duties of SHCEK under the Prime Minister's Office were transferred to the

Ministry of Family and Social Policy (MoFSP).<sup>1</sup> The level of institutionalization in the field of social care remained limited, and poverty-related social assistance programs were frequently used as a means to keep the poor (Yazici, 2008) or certain ethnic groups (Yoruk, 2012) under control.

In Turkey, care is still mainly undertaken within the family; at both cultural and political levels, it is considered a family responsibility. Institutionalization and professionalization of social care are immature, and care provision is predominantly carried out by women within the confines of the family. The main features of the social care domain in contemporary Turkey are as follows: low levels of public spending (Bugra and Adar, 2008), increasing familial cash-for-care arrangements (Gocmen, 2016; Yilmaz, 2011), and growing familialization and deepening gender inequalities (Akkan, 2018; Candas and Silier, 2013; Dedeoglu and Elveren, 2011; Yazici, 2012). Given the low levels of institutional coverage, the centrality of family, and limited public expenditure, scholars designate social care an ‘immature’ welfare domain in Turkey (Gocmen, 2016; Ilkkaracan et al., 2015).

Turkey’s expenditure on incapacity-related benefits increased slightly between 2000 and 2013, and cash-for-care arrangements grew in importance (Yilmaz, 2011; Yilmaz and Yenturk, 2017). According to the OECD’s Social Expenditure Database, overall public social spending in Turkey in 2014 was 13.5 percent of gross domestic product (GDP), while the OECD average that year was 21.1 percent. Incapacity-related benefits (such as care services, disability benefits, benefits accruing from occupational injury and accident legislation, employee sickness payments) in Turkey in 2013 amounted to only 0.3 percent of GDP compared to the OECD average of 2.1 percent (OECD, 2017). Clearly, the overall share of expenditure on incapacity-related benefits is still very low compared to the OECD average.

Aging populations, declining fertility rates, and family structures shifting toward the nuclear family are the pressures that affect the future of contemporary welfare states. In 2018, according to the Turkish Statistical Institute (TURKSTAT, 2018), single-family households made up 65.3 percent of total households. One-person households account for 16.1 percent of total households. The fertility rate, population increase, and increasing life expectancy are also relevant parameters in predicting demand for social care services. Among OECD countries, Turkey has a relatively low projected life expectancy rate for 2025 to 2030 (United Nations, 2009). Still, the gains in longevity achieved in recent decades are generally expected to continue in the future, and this will challenge the already existing care arrangements for all OECD countries, including Turkey.

In sum, before the reform period of the 2000s, the social care regime was largely built on family values and families were the main providers of care; thus, there was no substantial support from central government. However, in the first decade of the century, social care as a policy domain began to attract growing social, economic, and political attention, and local and central divisions of government started to pay increasing attention to social care provisions. Thus, in the early 2000s, the emerging role of municipalities in social care provisions coincided with programs newly initiated by central government. Centralizing and decentralizing processes of social care manifested themselves almost simultaneously. Policy initiatives from the center, such as the at-home care allowance, appeared almost in conjunction with the local government reform of this period. For example, the Ministry of Health as well as the Istanbul Metropolitan Municipality started to provide at-home medical care services concurrently.

Within this context, district municipalities have initiated social care programs in the last 10 years, which are increasing in scope and gaining public visibility. While the most widespread social policy tool that municipalities use is social assistance (Bugra and Candas, 2011: 522; Bugra and Keyder, 2006: 224), the webpages and advertisements of Istanbul district municipalities show that social care programs also constitute a significant part of their activities. These services are wide-ranging services for the elderly, the disabled, and children, especially home-care services and

emergency-assistance (button) services for the elderly. There is a clear need for research into this developing policy area. Here, though, the article focuses on the implications for equity of localizing social care services.

## **Measuring equity and defining universalism**

Universalism is one of the guiding principles for the provision of welfare in social policy. It is a complex concept, which has accrued multiple meanings in diverse contexts. Defining universalism is a challenging part of the debate. Anttonen's (2002) description – 'Universalism means that, basic social benefits and services are designed for all citizens, and in practice a large majority of citizens also use the benefits and services' (p. 71) – assumes the basic tenet of benefits and underlines that universal services should be provided for the whole population, not just certain groups, entailing no means testing in provision.

Andersen's (2012) more complex definition of universalism proposes that universal provisions be clearly defined and provide adequate benefits to all citizens in the same way, and that they should be financed by general taxes. Greve (2004), while in agreement with Andersen's combination of universal benefits with a tax-based financial underpinning, argues that universal benefits must also be determined on the basis of the right and ability to receive benefits. Thus, to provide a universal benefit, it is not sufficient to simply define the benefit as a right. The authority must also ensure that all citizens could receive the benefit.

Scholars also debate other features of universalism (Anttonen, 2002; Rauch and Vabo, 2008; Trydegard and Thorslund, 2010; Williams, 1992): such as policies that are not selective, not only for the poor (residual) or not means-tested, not based on individuals' contributions, irrespective of income and place of residence. From this point of view, whether universalism is strong or weak depends on the extent to which of these criteria are fulfilled. Unlike the principle of selectivism associated with income tests and provision to targeted parts of society, the ideal of universalism is associated with an egalitarian view of justice (Kluegel and Mateju, 1995; Vabo and Burau, 2011: 174). The concept of universalism suggests a new tool to measure equality in the spatial division: whether or not the spatial unit where a person resides is a factor in accessing the service. This spatial unit could be small (district), medium (city), or large (region or country). A quantitative measurement of service provision is not possible due to the shortage of data. However, a qualitative measurement of equity could be achieved by revisiting the concepts of distribution and coordination problems in service delivery (Litvack et al., 1998: 5).

This study takes the broadest meaning of universalism, proposed by Anttonen and Sipila (2014), to highlight the relationship between citizens' residence and their access to service provision. Anttonen and Sipila (2014) demonstrate that the essential core of universalism is 'all people' (p. 4). Universality of a benefit/provision indicates that it is available for all citizens and it will not differ from one district to another. Scholars argue that increased localization may lead to the possibility of local welfare systems moving away from universalism (Trydegard and Thorslund, 2010), and that may well cause local variations in welfare services (Burau and Kroger, 2004) or 'welfare municipalities' (Kroger, 1997, 2011). In their analysis of local variation in elderly care services in Sweden, Trydegard and Thorslund (2010) argue that the outcome of the tension between localization and universalism could be described as a multitude of welfare municipalities, since it is not possible to define a single typology of welfare municipality.

When examining the localization of social care, service standards and monitoring are also important dimensions. In some countries, the establishment of institutional bodies that set and monitor quality standards and beneficiary rights complements the localization of social care services. One example is the decentralized Scandinavian tax-funded care model; by providing both



high-quality service and equality of access, the services are affordable even for the poor and attractive enough to the middle class (Szebehely and Trydegard, 2012). The institutional mechanism that makes this possible is the public provision of services, with wide coverage and little local variation, aiming to ensure universal service provision.

Another example is the long-term care insurance model of Japan's quasi-government social care system. In 2000, Japan initiated reform with the objective of expanding local government responsibility in social care provision. Care managers and municipal ombudsmen play an important role in setting and monitoring the standards of local care services. All beneficiaries have a care manager to give advice on services and financing options, and many municipalities have established ombudsmen for long-term care insurance, in order to ensure quality of services and respond to complaints of service users (Campbell and Ikegami, 2003: 26–8). Both the Scandinavian and the Japanese models are examples of the localization of social care services accompanied by institutional mechanisms that ensure certain service standards. Despite the stark differences between the political and welfare systems in Turkey and those of the Nordic countries or Japan, this study benefits from the literature that identifies issues arising from the relationship between localization of social care provisions and realization of universalism. In particular, the Nordic literature on the increasing role of municipalities in social care provisions and their role in realizing universalism has introduced an important dimension in analyzing the services: coordination problems.

The term *coordination* refers to effective communication between local and central authorities, and the capability of these multiple state actors to provide services effectively in cooperation. Osborne's (1997) study of the coordination of public service provision by local and central authorities in the United Kingdom found that the organizational structures and their interaction are crucial. Since plural actors and structures (central authorities, local authorities, intergovernmental actors, etc.) are engaged in providing and managing public social care services, the relationship and coordination between these authorities affect the provision of services. Thus, in the delivery of local care services, cooperation between district municipalities and central government organizations is a key factor in quality and quantity of service delivery.

## **Assessing the care services of district municipalities in Istanbul**

Drawing on the information collected from the official reports and face-to-face semi-structured interviews with the directors of municipal units managing social care programs,<sup>2</sup> this section offers an analysis of the impact of localization on the prospect of equal access and efficient provision in social care policies. The data provided by the reports and interviews are analyzed using qualitative content analysis to identify the main features of the emerging local care services of district municipalities. It should be noted that the four districts of Istanbul (Kadikoy, Uskudar, Sisli, and Beyoglu) included in this analysis share similar socioeconomic development levels (Seker 2015). The analysis of equity is based upon the following aspects of the social care programs of the district municipalities studied: eligibility criteria, organization and coverage of services, and service delivery models and inter-actor relations. In addition, service standards and monitoring are included as important factors determining the organization and delivery of the social care programs.

### ***Eligibility criteria: Means testing and irregularity***

The social care services of the municipalities analyzed in this research are targeted programs, designed for the poor, and thus are not universal services. The application requirements of the municipalities vary, but means testing is an inseparable part of them. To meet the eligibility criteria in most instances, the applicant has to prove that she or he is living below the official poverty

threshold. Therefore, program design, eligibility criteria, and application processes for district municipalities' social care programs work in the same way as those of central government. Thus, social groups that are unable to access the social care services provided by the central state might also be ineligible for municipal care services, due to the tight eligibility criteria and selective design of the programs.

The means-testing process consists of two stages: (1) the evaluation of the applicant's eligibility based on her or his wealth, income, and social security records using an e-government information system database (called SOYBIS), and (2) the investigation of the applicant's household circumstances. A wide range of details – including land registration, house and automobile ownership, possession of a green card, or access to other public assistance programs and bursaries – can be extracted from SOYBIS (Sosyal Yardim Bilgi Sistemi, Integrated Social Assistance Information System). The second step of household investigation is generally used to compensate for the state's lack of knowledge with respect to the informal economy and actual living conditions.

Turkey is a country where the informal sector is very large – the rate of unregistered employment was realized as 32.5 percent for January 2017 (TURKSTAT, 2017). It is almost impossible for the state to monitor the revenue of each individual and household. Since it is hard for the state authorities to determine the actual revenue of the applicant, they investigate the goods and spending of the applicant by using means-testing practices.

Given the reliance of social care programs on targeting, all the district municipalities expressed interest in interviews, in using SOYBIS to conduct the first step of the online means-testing procedures. However, not all municipalities have access to SOYBIS. While municipalities run by the governing party do so, opposition-party-run municipalities claim that they are denied access. The difference between municipalities in accessing this system reveals the selective nature of relationships between local actors and central government.

### *Organization and coverage of services*

The major types of social care services provided by the district municipalities are as follows: elderly care services, care services for people with disabilities, childcare services, and cash-for-care services (see Table 1 in Appendix 1, for the full list of social care programs of district municipalities analyzed in this study). The table is based on the information collected in this research from official sources (webpages and annual reports of municipalities) and semi-structured interviews conducted with municipal employees.

Table 1 in Appendix 1 demonstrates that, among a set of social care programs, each district municipality selects a different set of programs to implement. As an example, spiritual care services<sup>3</sup> are only available in ruling-party (Justice and Development Party – *Adalet ve Kalkınma Partisi* [AKP])-run municipalities, while socio-psychological support is only available in the opposition-party (Republican People's Party – *Cumhuriyet Halk Partisi* [CHP])-run municipalities. Party political distinction also prevails in the design of cultural events. Most informants, though, indicated that the mayor's preference is the most decisive factor in determining which service will be provided. Regardless of the factors explaining service choices, the fact that district municipalities are able to pick and choose the targeted groups and the applicants in social care programs is notable.

There is a general perception among municipal employees that institutional care is a responsibility that belongs to central government. Interviewees also expressed the view that elderly people prefer home-based services. The study found that for these reasons, the district municipalities prefer to give home-based care services to elderly people or to open social centers to provide daily activity-based services. One of the interviewees from the AKP-run Uskudar Municipality expressed his opinions on elderly care beyond the institutional context as follows:



I do not think there should be anything like institutional care services. There should not be people in need of care in a society. Even if there are such individuals, it is necessary to establish a system that will address their needs within their families. One of the institutions that I both admire and I am upset about is the nursing homes. A nursing home is actually an insult to the tradition and the past of this community. (Informant – Uskudar Municipality)

In line with such views, Uskudar Municipality does not provide institutional care services for elderly people. It prefers to supply home-based care services for them and to organize social/cultural events, as well as provide in-kind benefits such as medical material support. In fact, no district municipality provides residential elderly care. In the interviews, the municipal employees stated that institutional care services are both difficult and costly. Instead, they prefer daily care programs, emergency button services, and non-regular services such as home-based care services or cash-for-care programs.

The interviews demonstrated that district municipalities predominantly provide social assistance. This is in line with other studies that show that social assistance replaces social care at the level of district municipalities (Altuntaş and Atasü-Topcuoglu, 2016; Yilmaz and Yenturk, 2017). As the informant below underlined several times in the interview, social assistance is provided in the form of non-regular payments and constitutes an activity area which is ambiguous and difficult to follow:

Allowances are paid by the district governorships. In summary, everything that is legally enacted is paid by the district governorship. We don't deal with laws; if a demand falls within the mandate of the existing law, we directly pass it to the district governorship. We are providing social assistance in the context of help or in the context of 'gift'. It is because the municipalities have no obligation. (Informant – Uskudar Municipality)

The word 'gift' illustrates an important dimension of the relationship between political authority and society (Bugra, 2012). It shows the lack of formal social policy intervention. My interviewees indicate that even though social assistance and social care services are defined in terms of the formal (local) welfare governance system, the provision of social assistance is not obligatory for municipalities. Accordingly, the bureaucrat still interprets them as 'gifts', demonstrating the charity culture, which prevails in the municipalities and enables them to select beneficiaries non-systematically.

Home-based care services have recently become a common service provided by almost all municipalities. All of the four municipalities studied confirmed that they provide home-based care services. Social care programs are popular and demand is very high, but the number of beneficiaries is necessarily restricted due to the limited supply, and continuity of services is not guaranteed.

The number of people benefiting from these home-based social care services varies between municipalities. According to the official numbers in the annual reports, in the first 7 months of 2015, the Uskudar Municipality provided a home-based doctor service to 336 elderly people and a home-based nursing service to 6618 elderly people. The municipality provided 1215 hot meals to homes of the elderly in the same period. According to my informant, a municipal official, the municipality also delivered home-cleaning, home-based care, and hairdressing service to a total of 600 households. In 2016, there were 47,809 people over the age of 65 in Uskudar, according to TURKSTAT, constituting nearly one-tenth of its population. Hence, the coverage of services is limited and insufficient.

In line with the immature nature of the social care component of the Turkish welfare regime, institutional and professional social care programs are largely absent from the municipalities. The

study finds that the district municipalities rely heavily on social assistance programs rather than care support. This is evident from both the official annual reports and balance sheets of the municipalities and the statements of the officials. One exception is the opposition-party-run Kadikoy Municipality's day care center. It is an institutional day-care center of the Kadikoy Municipality, providing daily care for elders and people with disabilities. The other three municipalities do not provide any institutional social care services or professional care support in the area of elderly or disabled care. However, in the domain of childcare there is a level of professional and institutional provision, as all municipalities provide kindergarten services.

The findings imply that home-based care services are common in all districts, signifying a policy innovation in the social care domain. Even though the service is delivered to a limited population, municipalities provide regular home-cleaning and self-care support for the elderly. These services differ from other programs in their selection of the category in need, and they do not necessarily target the poorer sectors of the elderly.

### *Service delivery models and inter-actor relations*

Each district municipality chooses to focus on a particular area of social care (the elderly, the disabled, children, women, health), generally according to the municipal administration's preferences. This demonstrates the lack of coordination among the municipalities in social care program design and provision, which could have accelerated the transfer of knowledge and mutual learning across different municipalities. The binding regulation is the Social Services Law No. 2828, enacted in 1983, which sets the service standards for all public and private social service providers. However, there is no specific regulation for municipalities, which could guarantee systematic service provision. The lack of effective auditing of these standards and the central government's exclusive focus on financial inspections overshadow the future of universalization of the social care service.

The research identifies the presence of different service delivery models in different social care programs and municipalities. All municipalities in this study, without exception, were found to be engaged in private–public partnerships with non-governmental organizations (NGOs) and/or private companies. Without party distinction, district municipalities commonly prefer to contract out social care services to third parties. This results in further variation in the service provision.

For example, an informant from the opposition-party-run Kadikoy Municipality reported that since they cannot provide cash support, they refer citizens to the ministry or the district governorship:

We do not have the authority to directly intervene or protect a child, or to take an elderly person directly to a nursing home. The principal responsible agency is the Ministry of Family and Social Policies, and we transfer citizens there. We have close communication and cooperation. (Informant – Kadikoy Municipality)

Interviews demonstrate that opportunities for district municipalities to collaborate with the metropolitan municipality or central state organizations are not evenly distributed. All municipalities coordinate with the metropolitan municipality and with the central state at some level. However, the content/extent of this coordination is strongly related to the political party in charge of the district municipality. Accordingly, CHP-run municipalities refer applicants to metropolitan municipality services if they do not offer the relevant service in-house, while AKP-run municipalities also provide services jointly with the metropolitan municipality.

Although there is a coordination problem at the municipal level, all the district municipalities, regardless of the political party in power, affirmed in the interviews their cooperation with central state institutions, such as the ministry, and with the district governorships. This cooperation helps

them to transfer some applicants to central state programs that could not be provided by the municipality itself for administrative or financial reasons.

## Conclusion

This article contributes to the challenging debate on localization, by analyzing the implications for equity of the social care programs provided by district municipalities of Istanbul. This case study of the social care programs of municipalities, based on a comprehensive review of policy documents and in-depth interviews with municipal officials, indicates that the social care provision capacity developed by district municipalities is insufficient to enable social care policies to achieve conformity with the principle of universalism. District municipalities introduced a wide variety of social care programs after their mandate for social provision was enlarged by the reform of the 2000s. However, the wide service area defined by the law – holding municipalities responsible for opening and operating all sorts of care facilities, as well as promoting and providing services – had negative impacts on service provisions. In particular, the articles of law on duties, powers, and responsibilities of district municipalities define a broad service area with no measure or boundary in providing care services. This leads to arbitrary mechanisms and outcomes that in turn recede from conforming to the principle of universalism.

The principle of equal access has been challenged by various factors. First, the discrepancy between the wide service area defined by law and the limited service capacity of district municipalities lead to local variation in services. The findings show that, since district municipalities have budget constraints and the law defines very broad responsibilities in the domain of social care, each district municipality adopts different models and gives weight to different sub-categories of social care. This results in local variation in service type and in restrictions on the number of people who can access social care programs. Second, extensive local variation in service type and distribution signals a coordination problem among municipalities and the absence of a supervising authority that could standardize services. The concept of ‘diverse welfare municipalities’ is appropriate to describe the social care programs of district municipalities in Turkey in light of this coordination problem. Due to these two factors, over time the role of district municipalities has become important despite disorganized components of social care policies.

The study also finds that the local variation in service types and the limited number of service users conflict with the principle of equal access to services for all citizens irrespective of their residence. The universalistic principle of equal access to social care programs for all citizens in the country is challenged by this local variation in service type and the limited number of the service users. The fact that district municipalities are able to ‘pick and choose’ the targeted groups and the applicants in social care programs demonstrates the discretionary nature of social care provisions in district municipalities.

While the similarity of the targeting mechanisms used by the public sector actors limits the population that can benefit from social care services, the district municipalities have also introduced innovative alternative social care programs, notably, home-based services for the elderly. These services target elderly people in need of care, without any means-testing requirement. However, the option of institutionalized care is still not available to them.

Thus, the Turkish case demonstrates that the principle of equal access in the welfare domain could be challenged in various ways by increasing localization, depending on the institutional design of the programs. The analysis shows that localization may increase service capacity to an extent, but it does not automatically realize equal access to social care programs for all citizens. The specific form that localization has taken in the case of Turkey, and its impact on equity, can be explained by the legislative framework that underpins the social care programs and institutional

capacity of district municipalities. The institutional lack of standardization and quality monitoring perpetuates the variations, leading to a non-universalist form of social care provision.

It is a fact that policymakers need to rethink about social care provision in the near future. Demographic challenges, changes in family structures, and the contemporary conditions of work indicate that traditional informal care structures are under increasing stress. This increases the pressure on policymakers and increases the visibility of the need for public provision of social care. Derived from the findings, in order to prevent local variations in service provision, the legislative framework must be revised, collaboration between municipalities must be strengthened, and the institutional standardization and monitoring must be improved. Taking into account all of these requires the cooperation of both local and central units of the government. However, since this research dealt with the local dimension of social care, future research must be conducted on the cooperation and distribution of responsibilities between different levels of government.

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### Notes

1. In 2018, the name of the Ministry of Family and Social Policy was changed to the Ministry of Family, Labor and Social Services.
2. All interviews were conducted in compliance with the ethical standards and good practice of the Ethical Committee of Bogazici University, Istanbul, Turkey, including the standards of confidentiality, permission, and procedural explanation.
3. The literature (e.g. Puchalski et al., 2009) generally evaluates spiritual care services in the context of palliative care services, which are complementary to health or care services, especially given to cancer patients. However, the spiritual care services provided by *Adalet ve Kalkinma Partisi* (AKP)-run municipalities stand outside this scope; they are not used as a complementary service and have a one-dimensional approach (Sunni Islam).

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## Appendix I

**Table 1.** A checklist of social care services in district municipalities in Istanbul, 2016–2017.

	Uskudar	Kadikoy	Beyoglu	Sisli
<b>Elderly care</b>				
Home-cleaning service	+	+	+	+
Home-based health service	+	–	–	+
Ambulance or transportation	+	+	+	+
Personal-care service (hairdresser)	+	+	+	+ <sup>a</sup>
Social cultural events	+	+	+	+
Day care center	–	+	–	–
Hot meal service to elderly	+	–	+	+
Aid in kind: disposable pads	+	+	+	+
Emergency button service	+	–	–	–
Spiritual care services	+	–	+ <sup>b</sup>	–
Cash allowance	+	+	+	+
<b>Disabled care</b>				
Private education and rehabilitation	+	+	–	+
Social-psychological support	–	+	–	+
Day care center	–	+	–	–
Disabled taxi or transportation	–	+	+	–
Aid in kind: wheelchair	+	+	+	+
Social/cultural events	+	+	+	+
Cash allowance	+	+	+	+
<b>Child care</b>				
Kindergarten	– <sup>c</sup>	+	+	+
Social/cultural events	+	+	+	+
Cash allowance	+	+	+	+
<b>Health-care service for LGBTI+</b>				
	–	–	–	+

LGBTI: lesbian, gay, bisexual, transgender, and intersex; NGO: non-governmental organization.

<sup>a</sup>Sisli Municipality provides this service in the social facility in Feriköy. It is not home-based, but they plan to provide this service in the homes of elderly citizens in the future.

<sup>b</sup>Although Beyoglu Municipality does not directly provide spiritual care services to citizens, the Metropolitan Municipality of Istanbul (according to its website) provides spiritual care services to people with disabilities in collaboration with Beyoglu Municipality: [https://www.ibb.istanbul/Uploads/2016/11/aranlik2015\\_istanbul\\_bulteni.pdf](https://www.ibb.istanbul/Uploads/2016/11/aranlik2015_istanbul_bulteni.pdf) (p. 27).

<sup>c</sup>Uskudar Municipality has a public–private partnership with a religiously motivated NGO (TOGEM (Toplumsal Gelişim Merkezi)). The municipality has no kindergarten but refers the children/applicants to this NGO's kindergarten in Uskudar.