ELDERLY INSTITUTIONS

Definition and Introduction

Old age begins when a person becomes unable to contribute usefully to social life and becomes unfit for production.

The root of the aging problem stems from social isolation, particularly from the increasing marginalization of the elderly in large urban environments. All around the world, due to advances in medicine and social services, the number of elderly individuals who no longer contribute to production is steadily increasing. As a result, a large portion of the population requires close care and attention.

In social policy, old age involves the issue of caring for a non-productive, underprivileged class. Since it is often difficult to allocate funds for this group, public interest and engagement are essential for the success of any initiatives. Without public support, it becomes a challenging task to implement effective programs for elder care.

Institutional Care

In a country, care for the elderly should not be considered solely in terms of institutions. Institutional care should run parallel to home care. It should be reserved only for cases that genuinely require it—such as individuals who are severely disabled, chronically ill, or extremely frail, and thus require continuous attention.

Particularly in our country, the lack of guaranteed incomes for all citizens is a major obstacle to implementing a solid eldercare policy. Without secure future income, developing long-term eldercare infrastructure becomes difficult.

The Type of Institution

In the global literature on eldercare, debates continue over whether small or large facilities are better suited for the elderly—yet no definitive conclusion has been reached. In the UK, the Ministry of Health recommends small institutions with a maximum of 25 residents. However, the County Councils continue to build and operate homes for 51 residents.

The reason is simple: the larger the institution, the easier and more cost-effective it is to manage. For an elderly home to be economically sustainable, it must be sufficiently large.

In the UK, there are elderly homes housing 200 to 300 people together, and across all such homes, between 5,000 to 7,000 individuals receive care.

Large institutions are expected to persist into the future due to four key reasons:

1. Economies of scale – As mentioned above, large institutions are more economical. If the same level of care were attempted through small institutions, the realization of such a program would take many years.

2. Social preference – In Western societies, most elderly residents are men who prefer living in communities. Large institutions allow broader social interactions, friendships, and events like concerts and film screenings. These facilities also suit people who desire more autonomy than what smaller, tightly knit institutions can offer.

3. Tolerance for challenging residents – Although many residents prefer large institutions for their care quality and social atmosphere, even individuals who are difficult to live with or have been rejected by family and friends can be accommodated here. In smaller institutions, such residents can quickly disrupt the environment, whereas large facilities absorb these individuals more easily.

4. Better staffing and services – Larger institutions often have well-trained nursing staff, strong administrative structures, and healthcare-like services, making the care of age-related conditions easier and more effective.

However, it's worth noting that renovating or modernizing large institutions presents significant challenges for both residents and management.

Location of the Institution

According to experiences from other countries, eldercare institutions should be located in or near the city center, easily accessible by public transport. They must not be isolated from the regular social environment.

By doing so, elderly residents can still go shopping, meet with old friends and relatives, and maintain social engagement. A study conducted in the Netherlands found that 80–90% of elderly people wished to maintain contact with their former friends, while only 10–20% expressed a desire to maintain communication with official or voluntary caregivers.

Thus, while the institution should be centrally located or nearby, it must also meet the following criteria:

a. A minimum of 2 dönüms (approximately half an acre) of land for a facility accommodating 51 residents.

b. Low noise levels in the surrounding area.

c. A pleasant environment, ideally overlooking a park or scenic view.

d. Free from coal smoke, humidity, fog, and unpleasant odors.

e. Protection of privacy for the residents.

If land is obtained far from the city to reduce cost or meet medical requirements, or if large complexes are built, the elderly risk becoming isolated from normal life, making it difficult for them to stay physically and mentally healthy.

Characteristics of a 51-Person Institution

All residential, resting, and administrative functions should be concentrated within two floors. Having more than two floors may tire and discourage elderly residents.

For a 51-person facility, the following room structure is recommended: 33 single rooms, 9 double rooms, 3 single rooms for on-site personnel. No additional rooms should be allocated beyond what is necessary for essential staff.

Given that elderly people tend to be conservative—especially in our country—it is advisable to build separate facilities for men and women rather than mixed-gender ones. If mixed housing is considered, married couples can share a double room. Otherwise, such rooms should be designated for sisters, brothers, or close friends.

Each facility should have 4 or 5 sitting rooms, one of which should be used as a library. These rooms allow residents to socialize with friends of their choosing and also enable communal activities.

One of these sitting rooms should be set up for religious worship and gatherings, and another should be slightly larger to accommodate concerts and film screenings. The rooms should have large windows opening to a garden or park, providing a pleasant view for the residents.

For administration and medical staff, offices should be located on the first floor, preferably on either side of the entrance, with a large elevator centrally located and directly across from the main door. The elevator should: Have seats and handrails for support, Stay open long enough for an elderly person to get in or out safely, Be well-lit and made of light-colored materials

A comfortable and wide staircase should connect the first and second floors. Handrails should run along one side of the corridors.

At the far end of the first floor, a canteen is recommended where residents can enjoy tea, coffee, or snacks at their own expense and host their guests.

Each floor should also have a utility room where residents can do small chores like ironing or make tea and coffee for themselves.

Lastly, the institution should include a workshop where residents can engage in productive activities during their free time.

A minimum two-decare garden is essential for the facility. This garden should be well-maintained and filled with flowers throughout all seasons, ensuring it remains vibrant in both summer and winter. To manage and maintain this space, the institution will need: A gardener, An assistant gardener, A greenhouse (for plant cultivation and care), Separate housing (lodging) for the gardening staff, Additional staffing requirements include: One geriatric nurse for every ten residents, Sufficient number of cleaning personnel, laundry staff, and kitchen staff.

For the proper management of the facility, the following administrative personnel should be appointed: A director (female preferred), An assistant director, A typist, An administrative officer (This role may also be fulfilled by the assistant director), Cleaning personnel, Healthcare personnel, appropriate to the facility's structure and medical responsibilities. Among these, those whose presence within the building is essential at night should reside on-site. Others are not required to live in the facility.

The dining areas should be furnished not with long, canteen-style tables but with small tables and chairs, creating a more intimate and pleasant atmosphere. The service must reflect attention, courtesy, and cleanliness. The kitchen should be added to a suitable part of the first floor and must be sufficiently spacious and well-equipped to accommodate varied dietary needs.

Rooms and buildings should be neither too large nor too small. They must be reasonably modern. The building should have easy heating capabilities and proper ventilation systems. Since elderly residents may occupy restrooms for extended periods, adequate numbers of Western-style toilets and bathrooms must be provided on each floor and placed in appropriate locations.

Mixed-Gender Facilities

Experience in elderly care has shown that most people entering such facilities tend to be either predominantly male or female, forming the majority in each institution. In Western countries, some facilities are gender-specific, while others are co-ed (mixed-gender).

In our country, if facilities are to be designated by gender, we may consider building: Two facilities of 51 people each: one for women and one for men; Plus, for elderly couples, either: Two-story buildings with four apartments each, or Single-story duplexes (bungalows) without stairs. For such homes: Reasonable proportions must be observed; Safety precautions should be implemented in bathrooms and kitchens; The land area mentioned earlier should be the basis for each building.

Furnishing the Institution

The methods used in furnishing elderly care institutions have changed significantly compared to those before World War II. Sitting rooms are now furnished with high-backed Windsor chairs or armchairs, various sofas, and decorated with bright-colored curtains on the windows. Appealing and appropriate artworks are hung on the walls, and pots containing flowers from warm climates are placed in suitable spots.

Bedrooms should be equipped with a washbasin providing both hot and cold water, a wardrobe built into the wall, a single bed with a spring mattress and a wooden frame, a chest of drawers, a nightstand, a high-backed comfortable chair, light-colored curtains, a small light rug or prayer mat in front of the bed, and bright bedspreads with down pillows. Mattresses should be made of hair or rubber, or another material that provides the necessary flexibility.

Elderly residents should not be forced to wear standardized yellow or brown uniforms. If they prefer, they should be allowed to wear their own clothes. Should they formally request new clothing, they should be able to choose fabrics in colors they like and have garments tailored in styles of their choosing.

Implementation of Programs

A library should be established in one of the institution's common rooms, and daily and weekly newspapers and magazines should be regularly provided. Cooperation with the city's lending library services is also advisable.

Each residence should have at least one radio. Once television becomes widespread in our country, every building should also have at least one TV.

During the winter months, films should be regularly shown on designated days each week, and concerts should be held at regular intervals.

Some elderly individuals over the age of 65 can work full-time for another 5–6 years. After that, part-time work should be the norm.

To support the elderly, they can be taught simple crafts such as woodworking, basketry, carving, painting, and other handicrafts by instructors. Additionally, they can do simple tasks such as stuffing envelopes for pharmaceutical companies, capping medicine bottles, placing women's items in nylon bags, or working on small hand-operated looms in exchange for a modest allowance. These tasks give the elderly a sense of purpose and vitality. However, no elderly person should ever be forced to work. Handcrafted items should be regularly exhibited to maintain external engagement and the proceeds deposited into a fund to pay for concert, clergy, cinema, and excursion expenses.

On suitable days, trips to historical and touristic areas of the city should be organized, with concise educational explanations provided.

Most elderly individuals enjoy spending the winter months in seaside residences. Those staying in such homes should be brought to major cities at certain times of the year for a change of scenery, and those in the cities should be given the opportunity to rest by the sea.

Every two weeks, meetings should be held with representatives from the General Directorate of Social Services to exchange ideas on social standards and policies.