PROJECT REPORT

Executive Summary

“TRAINING OF INFORMAL CAREGIVERS IN ELDERLY CARE (TRACE)”

JUNE, 2018

ANKARA, TURKEY
TRACE PROJECT TEAM

Coordinated by Başkent University Faculty of Health Sciences-Turkey

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PROJECT OVERVIEW

Aim of this project was to create a unique, innovative and interactive education module including software applications and written publications which will enhance the abilities of informal caregivers in elderly care, within the bio-psychological approach. With this project, it is intended to develop an educational methodology, having social perspectives, within the European Union (EU) to improve, share and apply qualified teaching, training, and learning strategies and experiences promoting social benefits and innovations. Adult people who take primary care of a 65-year-old and above individual with chronic diseases and have not received any training on the care of elderly people were the targeted.

The primary goals of the education module are as followed:

• To improve the knowledge of the informal caregivers in elderly care
• To enhance the abilities/skills and capabilities of the informal caregivers to cope with the health problems of their elderly people
• To ease the work load of the informal caregivers
• And eventually to improve the life quality of the elderly people and the informal caregivers.

Project included 7 work packages including literature review, needs analysis, development of training program, creating mobile applications, pilot testing, analysis of the impact of the training program and dissemination. Five transnational meetings and four short-term learning training teaching visits were performed during project period.

The training module aims at improving the informal caregivers' abilities and capabilities in elderly. Educational module topics were derived from qualitative interview data with 72 individuals from four countries. Under physical care and psychosocial issues modules seven subjects were defined: 1-Providing self-care; 2-Fall prevention, exercise, moving and transfer; 3- Firstaid, 4-Nutrition, 5-Psychosocial changes, 6-Communication with elderly, 7-Burnout and coping with stress. Total of seven hours’ educational contents were delivered as group education over three days. Four educational program were conducted with 31 participants and their evaluation were positive.

In this book we aimed to share some of the results we have reached and activities that have been done related to the project.
A SYSTEMATIC REVIEW
IS TRAINING HELPFUL FOR INFORMAL CAREGIVERS AND THEIR ELDERLY: A SYSTEMATIC REVIEW

The steady increase in the number of people suffering from chronic diseases and increasing life expectancy raises new demands on health care. At the same time, the need for informal caregivers is increasing. This study aims to perform a systematic review of the methodologies used to identify effect of different types of training on informal caregivers and their elderly.

MEDLINE (Pub Med), CINAHL and Ovid were searched from December 2016 until April 2017. The following keywords were used; “informal caregiver”, “training” “elderly”. Identified publications were screened by using the following inclusion criteria; systematic reviews, randomized controlled trials, prospective cohort and multicentre studies, English language full text journals, samples or interventions that included caregivers of elderly and published in last 10 years. Twenty-four studies (12 randomised control trials, 8 intervention studies and 4 systematic reviews) were included.

Most of the randomized controlled trials involved both caregivers and elderly. Pre-tests and post-tests were used in intervention studies (5 out of the 8 studies). ICT-based, psychosocial interventions on family caregivers’ education program for caregivers were applied. Caregivers following a supportive educative learning had a significantly better quality of life.

The findings of this systematic review suggest that support interventions for caregivers can be effective in reducing caregivers’ stress, with a consequent improvement of the quality of care. However, results are based on relatively small studies, reporting somewhat controversial findings supporting the need to perform further research in this field.
NEEDS ANALYSIS

INFORMAL CAREGIVERS IN ELDERLY CARE IN FOUR EUROPEAN COUNTRIES

According to the World Health Organization, by 2050, about 16 percent of the world's population will be elderly. Therefore, the need for care for the elderly has increased as never before. The informal care is a common way of caregiving and its demands are increasing in many countries. Providing informal care may affect caregivers’ lives in different ways such as physical and psychological health problems.

The aim of this study was to explore the experiences and needs of informal caregivers in four countries: Italy, Lithuania, Netherlands and Turkey. A qualitative research design was used in this study in four countries: Italy, Lithuania, the Netherlands and Turkey. The study was conducted under the funds of the European Union within the framework of the “TRACE: TRAining of Informal Caregivers in Elderly Care” project, financed by the Erasmus+ Strategic for adult education grand of agreement no. 2016-1-TR01-KA204-035090.

Informants of the qualitative research were adult people who take primary care of a 65-year-old and above individual with chronic diseases. A purposeful sampling was applied in each country. Data were collected from a total of 72 (Turkey: 24, Lithuania: 12, the Netherlands: 20 and Italy: 16) informal caregivers using the focus group or individual interview techniques. A semi-structured interview has been chosen as an instrument of the qualitative study. In all countries the interviews were conducted in their mother language. Before the interviews, a short data form was used to determine the 31 descriptive characteristics of the caregivers and the elderly. Inductive content analysis was performed to analyse the data in all countries. In order to ensure the validity and credibility of the study, researchers from all countries conducted their interviews, transcribed and analysed data.

The themes and categories were finalized after they were identified and merged. Final subthemes and themes of the study were established during the discussion between three experienced in the field of qualitative research peer researchers who agreed on the way in which the data was labelled. Demographic features of the Caregivers and the Elderly. The mean age of the caregivers was: 56.10. Most of them were female and close relatives of the elderly such as husband, daughter or daughter in law. Most of the elderly were female. The illnesses of the elderly were such as Diabetes, Hypertension, Alzheimer, Dementia, Chronic
heart disease, Parkinson’s disease, cancer, Chronic joint diseases, Mobility problems such as Arthrosis, Osteoporosis, Colon stoma care. Informal caregivers identified 5 subcategories that were common and different to the four countries. These issues were categorised under two categories as challenges and needs through the interview questions. The challenges of caregivers were analysed under three subcategories. The first subcategory is related with the management of disease and providing physical care of the elderly at home. The prevention and management of complications; this is the only theme that participants from Turkey stated. Both Turkish and Lithuanian caregivers indicated that they have difficulties on the management of inappropriate behaviours, physical care and falls of the elderly. The second subcategory is related with the management of cognitive and psychological state of the elderly. Turkish, Italian and Lithuanian participants stated that they have difficulties managing the elderlies’ loss and grief. Turkish participants stated that they have difficulties with feelings of fear of death and anxiety, while Lithuanian participants have problems with the adaptation of the elderly to home environment and orientation. The last subcategory of difficulties is the effects of caregiving on caregiver’s own life. The participants from all countries stated that they experience change in life style, they also suffer from psychological exhaustion and have difficulties in coping with emotions. Participants from Turkey, Lithuania and Italy described that they have problems in family relationships. Turkish and Italian participants stated that they experience sleep disturbances.

The needs of caregivers were also categorized under two subcategories. The first subcategory is related to the needs of care of the elderly. Turkish and Lithuanian participants expressed concerns about the management of physical care including pressure ulcers, falls and personal hygiene. Another problem is associated with the communication techniques for the elderly with dementia, the management of care and home environment for the elderly and the management of social issues is the themes that are common for the Netherlands, Lithuania and Turkey. Both Lithuanian and Turkish participants wanted to learn about the management of psychological symptoms of the elderly. The second subcategory is related to the needs of caregivers. Most of the participants from all countries wanted psychological and emotional support for themselves. Informal caregivers’ challenges derived from inability to manage the elderlies’ psychological and cognitive status as well as the changes in the caregivers’ life style and coping with emotions.
The needs of caregivers pointed out two aspects; management of physical and psychological care of the elderly and emotional, psychological support for themselves. The important and charming results of this present study is all the caregivers from all countries had difficulties managing their own life care and coping with emotions.
THE EDUCATIONAL MODULES

The training module aims at improving the informal caregivers' abilities and capabilities in elderly. Educational module topics were derived from qualitative interview data with 72 individuals from four countries. Under physical care and psychosocial issues modules seven subjects were defined:

<table>
<thead>
<tr>
<th>Subjects</th>
<th>General Aim /Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Providing self-care</td>
<td>To give caregivers basic knowledge in order to gain the skills in providing personal care for the elderly (bathing/hygiene, dressing, skin and wound care).</td>
</tr>
</tbody>
</table>
| 2. Falling, Lifting, Transferring and Exercise | -To inform about factors that will cause the fall in old people, to prevent fall, to teach exercises that can be done at home, to provide correct and safe house and environment conditions for fall prevention  
  -To provide caregivers with proper use of body mechanics; to teach safe and correct handling, lifting and walking techniques, and to give information about walking aids. |
| 3. Firstaid                     | -To be acquired basic knowledge and skills to the caregivers about some first aid practices that they can do in emergency situation.                                                                                       |
| 4. Nutrition                    | -To provide knowledge and skills about feeding elderly                                                                                                                                                                    |
| 5. Psychosocial changes         | -To be acquired basic knowledge about major psychosocial changes in elderly                                                                                                                                              |
| 6. Communication with elderly   | -To provide information about possible communication problems due to the disease and how to develop effective communication skills                                                                                        |
| 7. Burnout and coping with stress | To provide information about factors that may cause stress and burnout in caregivers and coping strategies.                                                                                                             |

Total of seven hours’ educational contents were delivered as group education over three days. Demographics, Caregiver Burden Inventory, Quality of Life (SF12) and Educational Program evaluation form were applied to collect data before and 3rd months after education.

Four educational programs were conducted with 31 participants. Mean age was 51.9 (range 26-78) years old. Majority of them were female (58.1%), married (80.6%) university graduates (35.5%). Relationship to the elderly was predominanly that of the child (son, daughter and daugher in law (86.2%).
The illnesses of the elderly were hypertension, diabetes mellitus, Alzheimer’s disease, other forms of dementia, chronic heart disease and others. Most of the elderly were dependent (32.5%) and partly depended (35.1%).

Participants stated the benefits from participating in this program were an increase in their awareness, a feeling that they were not alone and the sharing of problems with others experiencing the same difficulties, they became more patient with the elder person. Some participants also reflected that they realised their wrong knowledge about first aid practices.

Suggestions to improve online educational modules were ‘having interactive discussions and user friendly format’; ‘adding useful numbers and links for resources (emergency centers, geriatric centers, institutions providing social support).’
TRACE CONGRESS

International Congress on Multidisciplinary Approach to Elderly Health and Care’ held in Ankara, Turkey, 22-23 March 2018. This congress has been organised in partnership with the Erasmus University Medical Center-The Netherlands, Lithuanian University of Health Sciences-Lithuania, Sapienza University of Rome-Italy, International Federation of Respect for Older Persons, Geriatric Nursing Association, Etimesgut Municipality-Turkey and ImOnTech-Turkey.

The Congress offered two days of unprecedented scientific, educational, and networking opportunities for all stakeholders active in the field of elderly health and care around the world. Over 200 participants were attended; 100 abstract were received, 32 oral presentations were held, and 54 abstracts were presented as poster.

Congress Evaluation and Feedbacks*

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Range</th>
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<tbody>
<tr>
<td>Overall Satisfaction</td>
<td>4.4</td>
<td>3-5</td>
</tr>
<tr>
<td>Continuity for This Congress</td>
<td>4.8</td>
<td>4-5</td>
</tr>
<tr>
<td>Satisfaction From Speakers</td>
<td>4.3</td>
<td>3-5</td>
</tr>
<tr>
<td>Number of Foreign Speakers</td>
<td>4.4</td>
<td>3-5</td>
</tr>
<tr>
<td>Congress PR/Announcements Were Satisfactory</td>
<td>3.2</td>
<td>1-5</td>
</tr>
<tr>
<td>Congress Room And Venue</td>
<td>4.4</td>
<td>1-5</td>
</tr>
<tr>
<td>Duration</td>
<td>4.6</td>
<td>3-5</td>
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<tr>
<td>Website</td>
<td>4</td>
<td>1-5</td>
</tr>
<tr>
<td>Dates</td>
<td>4.4</td>
<td>3-5</td>
</tr>
<tr>
<td>Registration And Congress Materials</td>
<td>4.3</td>
<td>3-5</td>
</tr>
<tr>
<td>Foods And Drinks</td>
<td>4.3</td>
<td>3-5</td>
</tr>
<tr>
<td>Transportation</td>
<td>3.9</td>
<td>1-5</td>
</tr>
<tr>
<td>Scientific Level</td>
<td>4.4</td>
<td>2-5</td>
</tr>
<tr>
<td>Total Point for congress</td>
<td>88.6</td>
<td>70-100</td>
</tr>
</tbody>
</table>

*Scaled as 1: not satisfied to 5: very satisfied
### Congress Program  
22 March 2018

**09.00-09.45:** Registration

**09.45-10.30:** Opening Ceremony  
Prof. Şahin Kavuncubuç (Dean of Health Science Faculty)  
Prof. Ali Haberal (Rector of Başkent University)  
Prof. Mehmet Haberal FACS (Hon), FICS (Hon), FASA (Hon)  
Founder and Founder President, President of the Executive Supreme Board

**10.30-11.00:**  
Conference: Topic: Multidisciplinary Approach to Elderly Health and Care  
Keynote Speaker: Francesco Mattace Raso, The Netherlands

**11.00-12.30:**  
Panel: Topic: National Approach to Elderly Health Problems  
Chairs: Korkut Ersoy- Ömer Faruk Bilgin  
Rozemarijn van Bruchem-Visser, The Netherlands  
Saverio Pompili, Italy  
Aurelija Blazeviciene, Lithuania  
Yeşim Gökçe Kutsal, Turkey

**12.30-13.30:** Lunch

**13.30-15.00:**  
Panel: Meeting the needs of elderly: Issues on migration, nutrition and healthcare administration  
Chairs: Fatma Işıl Bulut & Coşkun Gürboğa  
Cultural Adaptation (Helga Rittersberger Tiliç, Turkey)  
Health and Nutrition (Emine Aksoydan, Turkey)  
Financial Issues (Orhan Koç, Turkey)  
Healthcare services for migrants (Sanne Franzen, The Netherlands)

**15.00-15.30:** Coffee Break

**15.30-17.00:** Oral Presentation Session-I  
(Prof. Dr. İhsan Doğramaci Conference Hall)  
Chairs: Baran Yosmaoğlu & Yeter Kitiş

**15.30-17.00:** Oral Presentation Session-II  
(Prof. Dr. Abdullah Demirtaş Hall)  
Chairs: Sevgisun Kapucu & Seda Attepe Özden

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### Congress Program  
23 March 2018

**09.00-10.30:** Oral Presentation Session-I  
(Prof. Dr. İhsan Doğramaci Conference Hall)  
Chairs: Ayşegül Güven & Ebru Akgün Çitak

**09.00-10.30:** Oral Presentation Session-II  
(Law Faculty Hall, Amfi 5)  
Chairs: Nalan Özhan Elbaş & Sevan Çetin

**10.30-11.00:** Coffee break

**11.00-12.30:** Panel: Burden and Needs in Elderly Care  
Chair: Nuran Akdemir & Stefano Eleuteri  
Caregivers’ role, burden and needs in elderly care (Michele Questa, Italy)  
Training for caregivers and people with dementia (Betty Birkenhager-Gillesse, The Netherlands)  
How do different cultural values influence the experience of being sick in the elderly patient (Abderrahman Karbila, The Netherlands)

**13.30-15.00:** Panel: Topic: Trace Project Outcomes  
Chairs: Gül Kızıltan & İlhan Tezel  
The TRACE Project (Sultan Kav, Turkey)  
The Systematic Review Effect on care givers (Aydın Aytar, Turkey)  
The Needs analyses (based on the interviews) (Alina Vaskelyte, Lithuania)  
The Educational Modules (Deniz Esen, Turkey)

**15.00-15.30:** Coffee Break

**15.30-16.00:**  
Conference: Topic: Technological innovations on Remote Elderly Health Care  
Chair: Hüseyin Doruk  
Keynote Speaker: Mehmet İlkin Naharç, Turkey

**16.00-17.00:** Closing Ceremony
NATIONAL APPROACH TO ELDERLY HEALTHCARE

THE NETHERLANDS

17.2 million people live in the Netherlands. Among them, there are people from over 200 different nationalities. 3.1 million Inhabitants of the Netherlands are immigrants. The average life expectancy is 75.5 years for men, and 81.4 years for women. 2.1 million inhabitants are over 65 years of age.

In the Netherlands, we have a unique health care system. It can be divided in different ways: "cure" vs "care" or "somatic" vs "mental". Furthermore, healthcare is distributed in three different echelons. The first echelon constitutes of general practitioners and physicians working in nursing homes (specialists in elderly care). This first echelon can decide to refer the patient to the second or third echelon (i.e. general or academic hospital). Different types of healthcare professionals take care of older people. When living at home, the general practitioner is in charge of medical issues, and professionals from the home-care provide the care that is needed. In Rotterdam alone, there are 302 general practitioners and 81 different organizations that provide home-care. When the elderly person is suffering from dementia, a case manager is involved to help out. Sometimes, it is no longer possible for an older person to live independently at home. Moving to a nursing home is the next step.

In the Netherlands, there are over a 1000 nursing homes, from 341 different organizations. Together, they provide care for almost 130.000 people. In a nursing home, specialists in elderly care are responsible for the medical care. There are separate wards for somatic and psychogeriatric care. In almost all Dutch hospitals (79 organizations, 121 locations) clinical geriatricians and internist specialized in elderly care are involved in the care and cure of elderly patients. Average stay in the hospital for all patients is 5 days. To ensure patients will receive the appropriate care following discharge, the transfer-professional will assess the care-needs of an individual patient and arrange that proper care is available upon discharge. Due to our mandatory health insurance, almost all forms of care are covered by either the basic insurance (Zorgverzekeringswet, ZVW) or the long-term nursing and care insurance (Wet Langdurige Zorg, WLZ). All Dutch residents are automatically insured by the government for WLZ, but they can choose their own basic healthcare insurance. 1 out of three Dutch residents of 16 years and older are informal caregivers, a total of 4.4 million people.
750,000 of them provide care for a period exceeding 2-3 months, at least 6 hours per week. 8.6% of informal caregivers (380,000 individuals) experience the caregiving as a serious burden, but 5 out of 6 enjoy the quality moments informal caregiving will yield.
ITALY

According to data from ISTAT (National Institute of Statistics, public research body); updated, the population present in Italy is estimated at 60.5 million, of which 48.6% are male and 51.4% are women; of which 5.01 million represents 8.3% of foreign residents. The most numerous foreigners are: 1.2 million Romania, 500 thousand Albania, 450 thousand Morocco, 300 thousand China, 230 thousand Ukraine. The decline in births continues, a process that has been underway since 2008. The number of births is less than half a million; of which 14% foreign. The deaths are over 615 thousand. In line with the growth trend of previous years, due to the aging of the population. A modest increase in the migratory flow with the Abroad 144 thousand units that compensate for the growth of acquisition of citizenship. A demographic aspect that makes one think is that the next births will not be enough to compensate for future deaths. We will have shares for the next years - 200 thousand, then go to -400 thousand in the medium and long term. "Uncertainty" increases along the forecast period, including fertility. Hoping for an increase for 2065 between 1.25 to 1.93 children per woman. The key element is survival, which is expected to increase and the average life would grow to 86.1 years for men and 90.2 years for women. Redefining "uncertainty", the guiding thread of this century. Elderly population, economic aspect.

Currently the average of over 65 pensioners (INPS data: National Social Security Institute) are 16.2 million of which 48% men and 52% women. The gap in gross pension income between men and women is evident. 3 pensioners out of 4 are still employed; with a degree of school education of which only 54% have obtained the middle school certificate. The monthly average pension contribution, an important figure for average survival, is equal to € 13 thousand per year. Withholding tax deductions, rates that affect the total. This figure is important for the "survival" of families with pensioners who are about 12.4 million. And in 26.5% of cases it represents the only source of income. The risk of poverty is very high for the elderly 23.4% who live alone or together with their children as a single parent. 4 Health status of the elderly. Life expectancy over the age of 65 in Italy, increases both genders compared to the European average, but after 75 years old, the elderly lose the conditions of guaranteed health and life expectancy, social recognition, and the conditions become worse. In fact, from 65 to 74 years of age chronic diseases are dealt with under the best conditions, even in respect of European data.
About one in two elderly suffers from at least one serious chronic illness or is multi-chronic; and rises to 59% over 80 years. 23.1% of elderly people have serious limits to ambulation (osteoporosis with accidental falls), with loss of autonomy and mainly due to the very old female population. Women report less frequently severe chronic illnesses, but more chronic illnesses (Alzheimer’s, Parkinson’s, diabetes, depression). Among the 80-year-olds they increase up to 58.6%. Accidental falls of the elderly. Falls are the most common adverse event in hospitals, community residences, homes and almost always affect "frail people", many of whom suffer from dementia. The risk of falling, although always present, is different for the various assistance settings. People who fall for the first time have a high risk of falling again in the same year and can report, as a consequence of the trauma, even serious damage, up to some deaths. Half of the elderly who report fracture of the femur are no longer able to ambulate, and 20% die from complications within 6 months. A study is represented, from sensitization to prevention, with the collaboration of residents, family caregivers, multidisciplinary team, doctors and nurses. To define together a Risk Management aimed at improving the quality of life and the safety of the frail elderly. Security based on learning from the error. A fall is always an adverse event, allow high costs for the health system, for the recovery of autonomy, for the right to "survival". The future. The Robot Caregiver enters the room. Although robots may seem like a good response to the growing need for health professionals and caregivers, I might consider it rather detrimental to the emotional and psychosocial well-being of anyone, not just the elderly. Humans need humans. The Senior will have a humanoid available that will take care of him, with an app remember to take a medicine, and with a remote click to lift it, and a multilingual program will read favorite books. The Pepper Robot, produced by Softbank Robotics.

The elderly will never stop needing human love. But can robot caregivers integrate with the care that their loved ones provide by relieving them of their workload? Where the elderly live, high-density architecture. The growing housing demand is forcing higher and more dense and distressing geometric living modules, where life is particular and architecture is survival. From a rural and agricultural housing model, with the large family around the grandfather / patriarch / frail elder is moved alone into solitude in these form homes. Only small traces of life and its condition of impotence, in the midst of a too large population, will create depression, isolation and even silent death.
LITHUANIA

In Lithuania, home treatment and nursing service is one of the preferential directions of the National Health Strategy. However, the system of home nursing has not been developed yet and the functions of nursing staff are of limited extent. The expenditure for long-term nursing in Lithuania is 5.8 % of all the costs for health care, i.e. two time less than in many countries in the EU. Currently, one service receiver is provided with not more than 20 outpatient-nursing services from budgetary resources of the Compulsory Social Insurance Fund (CSIF) in a calendar year. Such provided amount of the nursing service by 2171 community nurses and 570 social workers, employed in primary health care centres, does not ensure the meeting of the current nursing needs in the society. Thus, alongside professional health and social care, informal health care turns to be the most significant one.

The aim of this study was to analyse the preparation of informal caregivers, ensuring the care of the elderly at home in Lithuania. The conducted case study of the situation in Lithuania in terms of the preparation of informal caregivers for the care and nursing of the elderly at home. The case study is based on the effective legal acts and the review of the scientific research. In Lithuania, polimorbidity is characteristic to 73 % of the elderly. The nursing home care provided to such patients, turns into the key concept of nursing and affects a need for the growth of health care and long-term nursing service. Consequently, the assurance of the continuation in health care, focusing on a family and community, has become the key principal in the primary health care reform in Lithuania. For the elderly to get the certain service at home in Lithuania, there have to be determined regular special needs: special need for regular nursing or special need for regular care (help). Since the year 1998, the government fostered the provision of the general home care and social assistance services to the elderly with chronic diseases in order to provide them with qualitative home care. However, the greater attention was started to be paid to the development of home care since 2007 by the order of the Minister of Health, having approved “the Descriptor on the requirements of the nursing service provision in out-patient 7 facilities and at home”. In 2012, the Minister for Social Security and Labour, under the issued an order “Regarding the Approval of the Program of Integrated Care Development”. There has been approved the guideline of the National Nursing Policy for 2016-2025 and the development of social services that are also focused on the development of the Integrated Home Care / Assistance. However, differently
form the Nordic European countries, where there is popular formal qualitative service, provide by qualitative nursing staff, in Lithuania there is predominant informal caregiving (its extent has not been precisely estimate yet) and there is developing institutional nursing/care in health care establishments and home care, provided by the licensed health care facilities. Having analysed the situation, it was determined that for about 80 % of patients, residing at home, home care is assured not by health care specialists, but by informal caregivers. Nurses even with limited visits, take part in the nursing of a patient at home, try to facilitate the family members’ work, protect from the exhaustion after nursing with no breaks, 24 hours a day, and providing the patient with complex procedures. Having determined a special need for regular nursing or care, the person gains a right to the targeted compensations: targeted compensation for nursing costs, the extent of which is 2.5 of the basic pension and the targeted compensation for care (help), which is 0.5 of the basic pension for the people, who have reached the age of the elderly pension.

The caregiver and an informal caregiver may use this compensation for both nursing and care needs, to hire assistance or pay for the necessary nursing or care measures. In the year 2018, the State Sickness Funds, intend the development of the outpatient care services at home through the increase of the service number, provided to a person by health care homes (nursing homes) (from 20 to 24 in a calendar year) paid under the budgetary resources of the Compulsory Social Insurance Fund. The patients, after in-patient treatment service, who are ill with systemic diseases and disorders, and who are completely dependent or almost completely dependent on the other people’s assistance/caregiving, in one calendar month after every dispatch from in-patient facilities, will be able to be provide with additional 10 health care services at home under the budgetary resources of the Compulsory Social Insurance Fund.

In Lithuania, outpatient-nursing service is of a limited extent and this great load of care falls on family members, with no experiences, skills and specific knowledge, i.e. informal caregivers. There is requested the implementation of the integration process of formal and informal care/assistance in order to provide with qualitative long-term care at home.
TURKEY

The current population of Turkey is 80 million 810 thousand and 525 persons. In Turkey, life expectancy at birth was 78 years for total population, 75.3 years for men and 80.7 years for women. In general, women lived longer than men and the difference in life expectancy at birth was 5.4 years.

The Turkish Statistics Institution (TUIK) reports the percentage of those aged 65 and over in the general population in Turkey as 8.3% according to 2016 data. The elderly population (65 years and over) was 5 million 891 thousand 694 persons in 2013, it increased by 17% in the last five years and became 6 million 895 thousand 385 persons in 2017. While the proportion of the elderly population in the total population was 7.7% in 2013, it increased to 8.5% in 2017. This is expected to increase to 10.2% in 2023, 20.8% in 2050 and 27.7% in 2075 according to population projections. 44% of elderly population was males and 56% was females. This indicates that Turkey will be a country with an elderly population structure in 2023 (TUIK, 2018). Elderly dependency ratio, which means the number of elderly persons per hundred persons in working age, was 11.3% in 2013, this ratio increased to 12.6% in 2017.

According to the causes of death statistics, the number of elderly people who died from Alzheimer’s disease was 7 thousand 524 in 2012, it increased to 12 thousand 900 in 2016. The proportion of elderly people who died from Alzheimer’s disease was 3.4% in 2012, this proportion increased to 4.5% in 2016 (TUIK Elderly Statistics, 2017).

Older and higher risk age groups in Turkey are growing faster than age segments indicating expected increase in healthcare expenditure. Aging population indicates an increase in chronic conditions, suggesting potential increase in healthcare demand for complex, integrated, and long-term condition management. Turkish Private Healthcare Sector has grown in parallel with the development of healthcare services across Turkey over the years and is expected to continue to maintain this strong position in the upcoming period and transitions of qualified health personnel from public to private industry.

According to the Report on Health Education and Workforce in Turkey (Ministry of Health Health Statistics Year Book, 2016), a total of 871.334 healthcare professionals, of which 144.827 are medical doctors, 26.674 are dentists, 27.864 are pharmacists, 152.952 are nurses, 52.456 are midwives and 144.609 are other health personnel, are currently working in Turkey.
The Ministry of Health has continued to strengthen family medicine system since 2005. The family medicine system is believed to have a significant impact on the improvements in maternal/perinatal related morbidity and mortality. Currently, +95% of the population is registered with a family practitioner.

According to the “An Investigation of Turkish Family Structure: Proofs, Recommendations (AITFS)” report by the Ministry of Family and Social Policy, 66 percent of the elderly live either alone or just with their spouses. In Turkey, social care services for the elderly are basically provided by the General Directorate for Social Services and Child Protection Agency. This directorate was founded in 1983 and operates residential care homes, home-care services, day-care centres and rehabilitation services nationwide. There are two principal types of support: financial support and provision of social services.

Elderly or nursing homes and elderly care and rehabilitation services, in this sense, are the major institutional care services run by either the central or local government authorities. The total number of elderly/nursing homes are 384 (of them are 182 private; 144 under Ministry of Family and Social Policy) with the capacity of 31911 persons (https://eyh.aile.gov.tr/kuruluslarimiz/kuruluslarimiz-yasli/genel-mudurlugumuze-bagli-huzurevleri).
CONCLUSIONS AND FUTURE DIRECTIONS

This project aimed to create a unique, innovative and interactive education module including software applications and written publications to enhance the abilities of informal caregivers in elderly care, within the bio-psychological approach. The educational materials are available on the project website both in Turkish and English. At the local level educational programs for caregivers and interactions with stakeholders will continue to improve elderly care and informal caregivers knowledge.

This project provided overall impact on informal caregivers in elderly, local communities, educational institutions and national/international organizations to widen their horizons by experiencing different European cultures and expand their personal knowledge of different communities; learned different educational and health systems.

Informal caregivers involved in this project gained professional knowledge in elderly care; increased their self-awareness about the needs and care of the elderly; provided with knowledge and skills which will help them cope with problems encountered in elderly care; increased their understanding, tolerance and respect on elderly people; improved the life quality of the elderly people and their own life.

Local communities and organizations (Etimesgut Municipality, GerHemDer, ImOnTech and UYSAF) involved with international projects; have a deeper understanding of European development policies; and can take advantage of the developed materials for further career orientation.

As Educational Institutions, Başkent University, Erasmus University Medical Center, Sapienza University and Lithuanian University of Health Sciences were engaged in European collaborative team work and interdisciplinary cooperation. Faculty staff involved to this project improved their capacities by exchanging and sharing methods, good practices and ideas that enriched their professional expertise, thus participating in the lifelong learning process and fostering closer European links.
http://traceproje.eu/