

Examining Impacts of House Care Services (HCS) on Socio - Economic Status of Families Who Have Individual with Disabilities: Konya Sample

¹Musa ÖZATA,²Bilal Erdoğan and ³Mehmet Kirlioğlu

¹Department of Health Management, Selcuk University, Faculty of Health Sciences

²Ministry of Family and Social Policy, Social Worker

³Department of Social Work, Selcuk University, Faculty of Health Sciences

Abstract: Home care services (HCS), a new model of Ministry of Family and Social Policies in disability service field started to be applied in 2006 and has pervaded during this elapsed time. According to statistics of Feb-2013, it is determined that 408.165 disabled individuals are receiving home care service. Thanks to this service model, the viewpoint to disabled individuals has changed; families that previously hide their disabled relative begin to care for them in a better condition and to fulfill their need on time. Home care services contribute to sustain the relationship of disabled individuals, their families and society healthier. Aim of this study is to determine effects of home care services on disabled individuals and their families' socio-economic status. A Questionnaire form was developed by researcher to collect the opinions of families receiving home care service. Data were gathered by interviewing face to face with families of disabled individuals that inhabit in Konya. Statistical analyses were done by using SPSS program. Percent and number calculation in descriptive statistics, Marginal Homogeneity test and McNemar test. According to findings, values before receiving HCS and after receiving HCS were compared in terms of families' knowledge about caring, joining social activities with their disables, joining to any non-governmental organizations, fulfilling primary need of disabled individuals and expectance intended for future of disabled individuals. It was found that all variables change in a positive way after receiving CHS.

Key words: Home Caring Wage • Disability • Family • Socio-Demographic Status

INTRODUCTION

Disability describes as failure to keeping up the requirements of normal life as a result of dysfunction or function loss of a person's physical, mental, spiritual and social properties continuously or a certain extent [1]. According to World Health Organization data, 10 % of developed countries population and 12 % of developing countries population are disabled. In our country, the disabled people ratio makes up %12.29 of the total population based on the "Turkey Disabled Research", which was carried out by the Prime Ministry Department of Administration of the Disabled. %2.6 of that ratio is orthopedic, visual, speech and language handicapped, hearing impaired and mentally challenged. Also, %9.7 of that population have chronic diseases [2].

The presence of a person with disabilities is a situation that affects family members' lives, feelings and behaviors negatively [3]. Having a disabled person, caused psychological, social and economic problems for family members because, taking care of a disable person is troublous, difficult and costly process and the family members spend most of their revenues for this purpose. In addition, mother, father or another individuals, who take care of the disable person, break from social life and they have to consort with the disabled for twenty four hours.

In order to solve problems, *the problems of families who has disabled members, annihilating the factors that isolate them from the society, providing moral and material support to the families and developing projects for make the families to be involved to social programs.*

Corresponding Author: Musa ÖZATA, Department of Health Management, Selcuk University, Faculty of Health Sciences

It is thought that, in this context, in our country, a home care service (HCS), which has been put into practice since 2006 by the Ministry of Family and Social Policies, make a major contribution to solve these problems because, subsistence wage is paid to the families every month to meet the needs of disabled person and this payment, enables the families to breathe again for economically. In addition, the families who are granted that payment, are informed about disabled care, are provided psycho - social support and are provided moral support via guidance services.

Disabled Person's and His / Her Family's Problems:

In daily life, there are lots of issues that annoy people, reduce their quality of life and lead them to have a negative view of their lives. One of those issues is, having a disabled person. At these modern days, even having a normal child requires changes, having a disabled child bring with more extensive and long term changing. A disabled child inclusion to family causes lots of stress for mother and father, taking long time to accept the child, having problems about compliance within the family and community. We can group problems of families who have disabled person under four headings as emotional, social, economic, physical problems.

In generally, the families who have disabled person are under pressure and they live with emotional traumas. A disabled person who came to world have created "shock effect" for the family. Because having a disabled child, means loss of idealized child [4]. It is difficult to accept a disabled child. Parents deny this situation for a while and accuse each other. Moreover, some people from family's social environment also accuse them. The next step is espousing and solution seeking. Now, family members should arrange their remaining lives according to disabled person's special needs [5].

Difficulties in the development stages of disabled person and heavy responsibilities of caring create a sense of burnout for the child and the mothers who have primary responsibility to take care of the child. Based on the researches, it is emphasized that possibility of getting into depression for disabled child's mother is more than normal child's mother [5]. Burnout feeling and high stress level generate mental disorders for mothers. Especially mothers, can feel responsibility about the unhappiness around them and her child disability [6]. Another emotional problem of families with disabled child is future anxiety. Being dependent on someone else, causes the

families to worry about them logically. They are always querying in their whole life about who will take care of the disabled person when they die. If they are not supported from their social environment while solving the problems, this increases parents' future anxiety [7].

Disabled persons generally face to face with important problems like education, employment, transportation and health problems in their daily lives and they have difficulties about involving the community. On the other hand, it is seen that people have fallacies and negative feelings about disabled persons so they behave in a wrong way. In fact, most of the problems arise from factors other than them. Discrimination and prejudgments for disabled are the primary factors [2]. Exhibition different development process from normal children, most of the time having inability to express and control herself / himself because of disability, causes nervousness in social environment. Curious eyes of social environment to disabled person, causes complicated feelings like guilt, blamed for families and disabled person. Therefore, families try to hide their disabled children from their social environment. Families have been limited their social relationships because of protecting, not effected from reactions and damaging less [4].

One of the challenges for not integrate into society is poverty. Disability and poverty has two dimensions. Disability is reason and result of poverty [8]. The special requirements such as medical treatment, care, nutrition, transportation, special education and physiotherapy needs of disabled people cause economical difficulties for them. Economical difficulties impair the relationships within the family. Daily care service of disabled person, who cannot meet her /his self-care needs independently, imposes financial responsibility [9]. In addition, disabled people cannot participate to working life in our country. Despite the legal regulations, this issue continues in the same way. For instance, 77.8 % of the disabled population cannot participate to labor [10].

Not adjust the physical environment for the disabled people; mobilization of disabled is a factor that effect social and working life. Especially, the technological developments make daily life easily in many areas. It has been become possible moving independently for disabled person via using specially developed technological devices. However, physical environment should rearrange for using these technological tools. For example, apartment entrance, elevator and sidewalk must be suitable for using battery powered wheelchair which

provides independent movement. Otherwise, it is impossible to move without someone's help for disabled [10].

Caring Services to Disable People: Caring is helping to people who need of care in the provision, re-fulfillment and compliance of physical, psychological and social activities and functions which have vital importance. Caring service covers all kind of services which are given under the purpose of sustaining life of people in need of care in normal conditions as far as possible and protecting their health [11]. Care dependency in cases of long-term care needs can occur in three ways: congenital disability and advancing age and subsequent accident or illness like stroke, dementia...etc [12, 13].

In the world, care services are given in two ways as informal and formal care. Informal care described as care services are given by family members, relatives and neighbors voluntarily without money often [12]. Formal care is, the services given by professional care experts and / or semi - skilled social care staff in return for a fee. The increase in women's labor force participation rate and the change in family structure cause reduction in informal care services given by family members. Besides that, preferring to stay at home with regards to quality of life, multifaceted care requirement and similar reasons cause taking place experts in specific areas or semi skilled care staffs in return for a fee (formal) in this area as well as family members (informal) [14].

In parallel to increasing the demand of multifaceted care of individuals in need of care, the number of organizations providing home care is also increased as well as institutional care (nursing homes and senior centers). In Turkey, while rising needs of the elderly and disabled, family structure is also changed like developed countries; SBE requirements at formal and informal care services is increased. Especially, there are difficulties about the number and quality of trained and experienced staff regarding of giving care services to the individuals in need of care. The personnel who have basic education about subject cannot provide desired level of care and also it is inevitable to harm the country's economy in the sense of misapplication, lack of communication and ethically [14]. In recent years, various institutions and organizations have role for training care personnel in order to solve care problem in our country. For example, some private educational institutions organized in elder care specialist courses and certificate corporations like

public institutions such as "elder and sick care" in İstanbul Metropolitan Municipality Art and Vocational Training Courses (İSMEK), National Education Health Education Foundation (MESEV), Social Services and Child Protection Agency (SHÇEK) and Social Assistance and Social Solidary Foundations (e.g. Sincan). Meanwhile, "Elder and Patient Care Staff Training Program" is provided by Public Education Centers within the Ministry of National Education (MEB) and "Elder and Patient Care Program" within the frame of Strengthening the Vocational Education and Training Project (MEGEP) which is a four-year high school level education is given [14].

Home Care Services: Home Care Service, which is the new service model of Ministry of Family and Social Policies, have been put into practice since 2006 and the usage has been expanded rapidly from that day in field of disability services. Within the context of "Identification of Disabled People in Need of Care and Defining Principles of Health Care Services Regulation" which has been put into force via publishing in Official Gazette No. 26244 dated 30.07.2006, which based on total income, if the average income amount for the number of individuals in the home is less than 2/3 of net minimum wage, home care fees is paid to providing care to people with disabilities.

Administrative chiefs, health organizations, village headmen, law enforcement officers and municipal police officers can report to Provincial / District Directorate of Family and Social Policies benefit from care services behalf of disabled people who need care to. In addition, other public institutions and organizations, citizens, disabled individuals and their relatives can also report. Following notification of disabled people or the person who report, pre-interview is made in directorate and under the request of disabled person, Care Services Request Form is filled.

Disabled individuals who are need in care are determined by Care Services Evaluation Committee via filling care report on disables' house or nursing centers. After the examination and control, it is defined what kind of care service the disable need with the care report by committee. Care report contains average monthly income based on disable person or number of individual who need in care, health and psycho-social situation of the disable person and her / his family, care need of disabled person, type of care service that disable person needs and determination of care service model.

According to the data from May 2013, 408.165 disabled person in our country benefit from home care services [15]. At the end of 2013, 513.000 people are expected to home care fee based on 2011 - 2013 Strategy and Action Plan of Disabled and Elderly Services General Directorate. Home Care Services is useful social care model from the point of protecting disables' psycho-social health, providing socio-economic support to disabled people's family. Point of view to disabled people has been changed, the families who hide disable individual at home, care their disables at better conditions and the needs of disables fulfill on time because of this new service model. Home care service provide significant contribution to sustaining more healthy relations between disabled, her / his families and community relations; by this means, it is seen that disabled and her / his family integrate easily with various segments of society.

MATERIALS AND METHODS

Importance and Purpose of the Research: This study is descriptive study and the purpose is investigation the effect of Home Care Service (HCS) application to disabled person and her / his family's social - economic conditions. As a result of literature review, no study was found to be made about the effects of this service model to disables' and their families' social - economic conditions. This study is aimed to resolve the lack of information about that subject.

Research Universe and Sampling: Research Universe is 5102 families, who get home care services, live Selçuklu, Meram ve Karatay district which are belongs to city of Konya. The below formula has been used for identifying the sample size [16] and as a conclusion at least 168 families can represent the universe. 214 families are also investigated who accept to join research in order to achieve more knowledge about the families in this study.

$$n = \frac{N.t^2.p.q}{d^2.(N-1)+t^2.p.q}$$

$$n = \frac{N.t^2.p.q}{d^2.(N-1)+t^2.p.q} = \frac{5102.(1,96)^2.(0,13.0,87)}{(0,05)^2.(5102-1)+(1,96)^2.(0,13.0,87)}$$

=168 families.

(N=Universe n= Sample size, t=Table t value, p= Examined the frequency of events, q= Not Examined the frequency of events, d=Deviation)

Data Collection Tool Used in Research: The questionnaire developed by the researchers was use in order to collect the data. The process of creating form, Konya Provincial Directorate of Family and Social Policy records and literature is used. The questionnaire form contains questions such as, disabilities' and their families' socio - demographic characteristics, housing situation, participation of social life, education, family knowledge about caring and HCS system expectations. At the questionnaire, "independent" responses refer the disabilities can move alone, "partially dependent" responses refer disabilities need partially help and "dependent" responses refer need fully help of people who care them is required for disabilities.

Collecting and Evaluating Data on Research: Research was made in 2012, face to face interview techniques were used between the disabilities and their families who uses home care services and the researcher. In the initial phase of the research, 20 pre trial activities occurred on 20 families and the questions which were not understood are rearranged. The research data transferred to computer and Marginal Homogeneity, Mc Neam Tests and descriptive statistics were made via using SPSS 20.0 package program.

RESULTS

In this section, the findings which belong to the families who get home care service were presented and accepted to join the research.

Demographic information which belongs to individuals who are responsible for caring disable in the family is located on Table 1. As it is seen on table, 173 of people (80.8%) are women and 41 (19.2%) of people are men. When we look at the age distribution, 28 of them (13.1%) are between 20 - 29 age group, 98 of them (45.8%) are between 30 - 39 age group, 76 of them (35.5%) between 40 - 49 age group and 12 of them (5.6%) are 50 - 60 age group. 165 (77.1 %) of disable relatives under research are housewives, 7(3.3%) of them are government employee, 18 (8.4 %) of them are employee, 4 (1.9 %) of them are tradesman, 10 (4.7 %) of them are in other occupation groups. In terms of relativity to disable 167 of people (78.0%) are mother, 35 of them (16.4 %) are father, 4 of them (1.9 %) are husband or wife, 4 of them are (1.9 %) are close relatives and 4 of them (1.9 %) are other people. It is seen, 197 (92.1 %) of relatives of disables are married, 6 (2.8 %) of them are single, 11 of them (5.1 %) are divorced.

Table 1: Socio Demographic Characteristics of People Who Take Care of Disabled Person

Gender	Number	Percentage (%)	Social Security Condition	Number	Percentage (%)
Woman	173	80.8	Green card	54	25.2
Man	41	19.2	Social Insurance Institution	82	38.3
Age	Number	Percentage (%)	Social Security Organization for Artisans and the Self-Employed	46	21.5
20-29	28	13.1	Government Retirement Fund	10	4.7
30-39	98	45.8	Non- existence	22	10.3
40-49	76	35.5	Income Statue	Number	Percentage (%)
50-60	12	5.6	0-500	36	16.8
Job	Number	Percentage (%)	501-1000	167	78.0
Housewife	165	77.1	1001-2500	11	5.1
Government Employee	7	3.3	Make Savings Conditions	Number	Percentage (%)
Employee	18	8.4	Yes	50	23.4
Tradesman	4	1.9	No	164	76.6
Farmer	10	4.7	Taking 2022 Disabled Salary?	Number	Percentage (%)
Other	10	4.7	Yes	84	39.3
Relativity Degree	Number	Percentage (%)	No	130	60.7
Mother	167	78.0	Clothing	42	19.6
Father	35	16.4	Types of Expenditures for Disable Person	Number	Percentage (%)
Husband or Wife	4	1.9	Food	106	49.5
Relative	4	1.9	Health	50	23.4
Other	4	1.9	Clothing	42	19.6
Marital Status	Number	Percentage (%)	Other	16	7.5
Married	197	92.1	Where does spend income generally	Number	Percentage (%)
Single	6	2.8	Food	94	43.9
Divorced	11	5.1	Clothing	26	12.1
Education	Number	Percentage (%)	Rent	30	14.0
Illiterates	35	16.4	Health	52	24.3
Literates	43	20.1	Other	12	5.6
Elementary	109	50.9			
High School	25	11.7	TOTAL	214	100
University	2	0.9			

When we look at the educational status of disable relatives, 35 (16.4 %) of them are illiterates, 43 (20.1 %) of them are literates, 109 (50.9 %) of them are graduated from elementary school, 25 (11.7 %) of them are graduated from high school, 2 (0.9 %) of them are graduated from university. Social Security Conditions are analyzed, 54 (25.2 %) of them have green card, 82 (38.3 %) of them belongs to Social Insurance Institution, 46 (21.5 %) of them belongs to Social Security Organization for Artisans and the Self-Employed, 10 (4.7 %) of them belongs to Government Retirement Fund and 22 (10.3 %) of them has not any social security issue. When we analyzed income status of families who are subject to research, 36 (16.8 %) of them states 0 - 500 TL income group, 167 (78.0 %) of them states 501 - 1000 TL income group, 11 (5.1 %) of them states 1001 - 2500 TL income group. 50 (23.4 %) of the families say Yes and 164 (76.6 %) of them say no to the question about whether making saving for the future or not. the utilization from disability fee under Law No. 2222 is analyzed, it is observed that 84 (39.3 %) of them are utilized from 2022 disabled fee and 130 (60.7 %) are not

utilized it. The question of what kind of expenditures were made for disabled person, 106 (49.5 %) of the families spent for food, 50 (23.4 %) of them for health, 42 (19.6 %) of them for clothing, 16 (7.5 %) of them for other requirements. It is determined that 94 (43.9 %) of the families who are subject to research spent major part of their income for food, 26 (12.1%) of them spent it for cloth, 30 (14.0%) of them spent it for rent, 52 (24.3%) of them spent it for health and, 12 (5.6%) of them spent it for other expenditures.

The Expectations from HCS and the change that comes from HCS from the with regards to the families who join the research take place at Table 2. 116 (54.2 %) of the families found HCS sufficient, 74 (34.6 %) of them found it partially sufficient and 24 (11.2 %) of them found it insufficient. The question of whether HCS increase the quality of life or not, 114 (67.3 %) of the participants answered as yes, 70 (32.7 %) of them, answered as no. About what kind of services can provided related with HCS subject, 38 (17.8 %) of the participants stated giving health benefits, 36 (16.8 %) of them stated training

Table 2: The Information about Evaluation of Home Care Services

Thinking Quality of Life is Increased After HCS		
	Number	Percentage (%)
Yes	144	76.3
No	70	32.7
Find HCS Sufficient		
	Number	Percentage (%)
Sufficient	116	54.2
Partially Sufficient	74	34.6
Insufficient	24	11.2
Kind of Services Expectations Related With HCS		
	Number	Percentage (%)
Current services are sufficient	80	37.4
Care fee should be raised.	42	19.6
Health Benefits Should be Made	38	17.8
Training Support Should be Given	36	16.8
Other	18	8.4
Total	214	100.0

Table 3: The Information about Disable's Primary Needs Before and After Using HCS

The Situation of Fulfilling the Primary Needs (food - cloth etc.) of Disabled Before HCS		
	Number	Percentage (%)
I would meet my needs.	44	20.6
I would meet my needs partially.	100	46.7
I would not meet my needs.	70	32.7
The Situation of Fulfilling the Primary Needs (food - cloth etc.) of Disabled After HCS		
	Number	Percentage (%)
I meet my needs.	138	64.5
I meet my needs partially.	48	22.4
I do not meet my needs.	28	13.1
Total	214	100.0
Marginal Homogeneity (MH) Test		
MH Ave:256,0	MH Std Dev.: 7.681	MH Value: 8.853 p: 0.00

Table 4: The findings of living in the same house and having a car before and after using HCS

Living in the Same House Before Using HCS			
	Number	Percentage (%)	
Yes	164	76.6	
No	50	23.4	
Living in the Same House After Using HCS			
	Number	Percentage (%)	
Yes	104	48.6	
No	110	51.4	
Having a Car or not Before Using HCS			
	Number	Percentage (%)	
Yes	52	24.3	
No	162	75.7	
Having a Car or not After Using HCS			
	Number	Percentage (%)	
Yes	54	25.2	
No	160	74.8	
Total	214	100.0	
Investigation of Differences between Groups (McNeamar Test)			
Living in the Same House Before and After Using HCS		Having a Car or not Before and After Using HCS	
Chi Square	P	Chi Square	p
43.513	0.000	1.2	0.832

support, 42 (16.8 %) of them stated care fees should be raised, 80 (37.41 %) of them stated current services are sufficient and 18 (8.4 %) of them stated other services should be provided.

According to the Table 3, it is seen that 44 (20.6 %) of the families can fulfill the needs of disabled before using HCS, 100 (46.7 %) of them could meet their needs partially and 70 (32.7 %) of them could not meet the needs, after using HCS, 138 (64.5 %) of the families can fulfill the needs of disabled person, 48 (22.4 %) of them can fulfill their needs partially and 28 (13.1 %) of them cannot fulfill their needs. In order to test whether there is a difference between before and after using HCS about meeting the primary needs of disabled person, Marginal Homogeneity method is used. Based on the results, the difference between before and after values is meaningful as statistical ($p < 0.001$) and it is seen that the needs can be meet at a higher rate after using HCS.

The information about houses they live and the cars they have taken place in Table 4. It is understood that 164 (76.6 %) of the families live in the same house, 50 (23.4 %) of them do not live in the same house before using HCS. After using HCS, 104 (48.6 %) of the families live in the same house, 110 (51.4 %) of them live in a different house. In other words, 60 families changed their house and live in a better house. Before using HCS, the question about whether they have a car or not, 52 (24.3 %) of them answers as yes, 162 (75.7 %) of them answers as no. When we look at the situation after using home care services, it is seen, 54 (25.2 %) of them have their own car, 160 (74.8 %) of them have not their own car. In order to test whether there is a difference between before and after using HCS, MC Neamar Test is implemented. Based on the test results, the difference between living in the same house before and after using HCS is meaningful as statistical ($p < 0.001$) and it is understood that there is not any statistical meaningful difference for having a car. ($p < 0.05$)

As it can seen on Table 5, it is understood that 50 (23.4 %) of the families, who participate to the research, join social activities (cinema, theater, wedding ceremony etc.) with disable, 54 (25.2 %) of them participate partially and 110 (51.4 %) of them do not participate before using HCS; after using HCS, 58 (27.1 %) of the families participate, 78 (36.4 %) of them participate partially and 78 (36.4 %) of them do not participate. When we look at presentence in society, it is observed that, before using HCS, 58 (27.1 %) of the families never presence in society, 64 of them (29.9 %) take place at not sufficient level, 40 (18.7 %) of them are belongs to partially sufficient level,

Table 5: The Information of Socio - Cultural Life of the Families who Participated the Research

Participating Social Activities with Disabled Status Before Using HCS	Number	Percentage (%)		
I would participate	50	23.4		
I would participate partially	54	25.2		
I would not participate	110	51.4		
Participating Social Activities with Disabled Status After Using HCS	Number	Percentage (%)		
I participate	58	27.1		
I participate partially	78	36.4		
I do not participate	78	36.4		
The Presence of Disabilities in Society Status Before HCS	Number	Percentage (%)		
Never	58	27.1		
Not Sufficient	64	29.9		
Partially Sufficient	40	18.7		
Sufficient	52	24.3		
The Presence of Disabilities in Society Status After HCS	Number	Percentage (%)		
Never	28	13.1		
Not sufficient	60	28.0		
Partially sufficient	60	28.0		
Sufficient	66	30.8		
Total	214	100.0		
Information Status that Family Have about Caring Disable Before HCS	Number	Percentage (%)		
Not have enough information	122	57.0		
Have partially information	62	29.0		
Have sufficient information	30	14.0		
Information Status that Family Have about Caring Disable After HCS	Number	Percentage (%)		
Not have enough information	52	24.3		
Have partially information	77	36.0		
Have sufficient information	85	39.7		
Prospects for the Future of Disable Status Before HCS	Number	Percentage (%)		
Positive	26	12.1		
Partly Positive	80	37.4		
Negative	108	50.5		
Prospects for the Future of Disable Status After HCS	Number	Percentage (%)		
Positive	110	51.4		
Partly Positive	82	38.3		
Negative	22	10.3		
Marginal Homogeneity Test				
	Participating Social Activities	Presence in Society	Information about DisabledCare	Prospect for Future of Disable
MH Average	124.000	189.000	214.500	285.000
MH Standard Deviation	5.000	6.671	6.946	8.337
MH Value	4.000	-5.846	-8.998	10.196
P	0.000	0.000	0.000	0.000

Table 6: The Information on Membership Status to Non - Governmental Organization before and after Using HSC

The Membership Status to Non-Governmental Organization Before Using HSC	Number	Percentage (%)		
Yes	8	3.7		
No	206	96.3		
The Membership Status to Non-Governmental Organization After Using HSC	Number	Percentage (%)		
Yes	20	9.3		
No	194	90.7		
Total	214	100.0		
McNemar Test				
The Membership Status to Non-Governmental Organization Before Using HSC	The Membership Status to Non - Governmental Organization After Using HSC		Chi Square	p
	Yes	No		
Yes	8	0	3.513	0.000
No	12	194		

52 (24.3 %) of them are belongs to sufficient level; after using HCS, 28 (13.1 %) of them never presence in society, 60 of them (28.0 %) take place at not sufficient level, 60 (28.0%) of them are belongs to partially sufficient level, 66 (30.8%) of them are belongs to sufficient level. Before using HSC, it is understood that, 122 (57 %) of the families have not enough information about disable caring subject, 62 (29.0 %) of them have partial information, 30 (14.0 %) of them have enough information; after using HSC, 52 (24.3 %) of the families have not enough information about disable caring subject, 77 (36.0 %) of them have partial information, 85 (39.7 %) of them have enough information. When we look at the families' prospect for the future of disable, it is seen that, before using HSC, 26 (12.1 %) of the families are positive, 80 (37.4 %) of the families are uncertain and 108 (50.5 %) of them have negative prospect; after using HSC, 110 (51.4 %) of the families are positive, 82 (38.3 %) of the families are uncertain and 22 (10.3 %) of them have negative prospect. In order to test the differences between before and after using HSC, participating social activities, presence of disabilities in society, information about disable care and prospects about disable's future, Marginal Homogeneity method is used. According to test records, in terms of each four variables, difference between before and after values is meaningful for statistic. (p<0.001)

As it is seen on Table 6, it is determined before using HSC, 8 (3.7 %) of the families are member of non - governmental organizations, 206 (96.3 %) of them, are not member of non - governmental organizations, after using HSC, 20 (9.3 %) of the families are member of non -

governmental organizations, 194 (90.7 %) of them, are not member of them. In order to, test whether there is a difference between before and after using HSC, Mc Neamar Test was made. According to the test results, there is a statistical meaningful difference between the situation of being member to non - governmental organization before and after using HSC. ($p < 0.001$)

DISCUSSION

As a result of literature review, no study was found to be made for evaluating the result of House Care Services. (HSC) With this research, the effects of house care implementation to disables' and their families' social - economical conditions.

Analyzing social - demographic characteristics, it is seen that 173 (80.8 %) of the participants of research, are women, 98 (45.8 %) of the participants are 30 - 39 age group, 165 (77.10 %) of them are housewives, 167 (78 %) of care giving people basically are mother, 197 (92.1 %) of disable's relatives are married and 109 (50.9 %) of them graduated from elementary school. As finding out from questionnaire results, disables are cared by majorly mothers and housewives and their education level is low. Findings are parallel with findings of [17, 18, 19]. It is significant finding that the person providing care is mother and housewives. It is possible that the thought of house works and special areas of families are natural work of women, can be the reason of women provides care. Besides that, it is indicated that they seem more appropriate for giving care services, because the opinion of women behave more compassionate and more sensitive, they have ability to establish strong relationships and they can struggle the difficulties of care giving functions better when compared to men [19].

The research also contains, the social security status, income status, making saving conditions of families who participate to study, benefiting from Law no. 2022 and, spending income findings. Hereunder, It is found that 192 (89.7 %) of the families has income between 501 - 1000 TL, 164 (78 %) of them do not make any saving for the future, 130 (60.7 %) of them do not benefit from disable fee Law no. 2022, major part of their income spend for food (43.9 %) and similarly, spending to majorly food (49.5 %) and health (23.4 %) for disabled. The findings are, disables' families have social security in general, however, large portion of income spend for only food, cloth and health. It is a major problem that, income spends for basic needs and cannot spend for integration of disabilities in social life.

The expectations of HCS practice and changes in their lives with HCS also take place at the research. 76.3 % of the families think that *quality of their lives is increased* after HCS and 88.8 % the major part, find HCS sufficient or partially sufficient. 19.6 % of the families demand that care fee should be raised, 17.8 % of them demand be made health benefits and 16.8 % of them prefer training support. Before using HSC, 20.6 of the families can fulfill the primary needs of disables before 20.6 %, after using HSC the rate raised to 64.5 %. In order to test difference between before and after using HCS whether meeting the disable's primary needs or not, Marginal Homogeneity Method has been used. Based on the results, the difference between before and after values is meaningful as statistical ($p < 0.001$). It is clear that, most of the families are satisfied with the services provided and think that this service increase quality of their lives. Thus, "the thesis [20] which the aim of Home Care Services is minimizing the effects of disability at the same time increasing the quality of life and living conditions" is confirmed.

When we analyzed the information about having a car and the house families are living, it is ascertained that 164 (76.6 %) of them, live in the same house before using HCS, 104 (48.6 %) of them continue to living the same house after using HCS. Their answer of having a car before using HCS, 52 (24.3 %) of the families is yes, after using HCS, 54 (25.2 %) answers as yes. With the aim of testing there is difference between before and after using HCS, MCNeamar Test was implemented. According to the test results, there is a statistical meaningful difference living in the same house before and after using HCS ($p < 0.001$), it has been found that there is no meaningful difference for having a car. ($p > 0.05$). The result of improvement of families' economic situations, 60 families move to better house, can be considered positive results of the service.

When we look at participating of families to social activities, presence of disabilities in society, information status those families have about self - caring disable, prospects for the future of disable, membership of non - governmental organizations, it is understood that, significant positive differences occurs. The ratio of families who do not join social activities is 51.4 %, was decreased to 36.4 % after using HCS and social activity participation rate increased significantly. In the same way, there is a major increase about disability presence in society. Answering to this question as sufficient and partially sufficient rate is increase to 58.8 % from 43 %. Before using HSC, 3.7 % of the families are a member of non - governmental organizations, after using HSC this

rate, enhance to 9.3 %. Before using HSC, 50.5 % of the families stated that they have negative prospect for the disable's future, after using HSC, it is decrease 10.3 %. Before using HCS, the information about disable's caring; rate of 57.0 % is insufficient, however after HSC, this rate declined to 24.3 %. The tests also presents, the difference between before and after values is meaningful as statistical. Based on these information, we can say, HCS practices made important changes of social lives of families who participate questionnaire.

As a consequence, positive changes about social - economic situations of disables and the families who have disable member have happened via HCS practices. *Through this service, the quality of families has increased, primary needs of individuals have fulfilled easily, some of the families has begun to live in better environments, expectations about disables' future have become more positive, individuals with disabilities and their families participation in social life have increased. Likewise, it is seen that, the information of families, who care with the information they had learned from inside the family and close relatives, about caring disable has been increased via HSC committee home visits and follow up and informing processes that the committee made time to time.*

CONCLUSION

Research results shows that there are many positive results of HCS system. However, the aim of making the service more effective and improving the quality of families' lives, the issues that should be done can be listed as follows:

- The level of presence in the society of the families who have individual with disable has been increased after using HCS, however it is not sufficient. The mechanisms should be established for providing faster integration between families and society.
- Most of the disables cannot get out of house without their caregiver and they cannot presence in any social environment. For this reason, it is important to create psycho - social support systems for disables and their care giver families.
- The majority of care givers are women and especially mothers. Social supports, knowledge and consciousness based trainings should be given on the purpose of women and mothers should be stronger

- It is thought that informing the families about caring techniques by the committee members who visit the family periodically would be useful.
- For more qualified care and eliminating fatigue due to living with disable, centers where disables can stay as temporarily should be formed or current centers is provided for them to use.

REFERENCE

1. Akıncı, A., 1999. Özürlü Çocuğa Sahip Anne, Babaların Umutsuzluk Düzeylerinin Belirlenmesi, Doktora Tezi, Hacettepe Üniversitesi Sağlık Bilimleri Enstitüsü, Ankara.
2. Özida, 2011. Özürlülüğün Ölçülmesinde Metodolojik Yaklaşımlar ve 2002 Türkiye Özürlüler Araştırması. <http://www.ozida.gov.tr/ozveri/ov2/ov2ozurlulugunolcul>.
3. Darıca, N., Ü. Abdioğlu and Ş. Gümüşçü, 2000. Otizm Ve Otistik Çocuklar, Özgür Yayınları, pp: 138-143.
4. Sarı Yıldırım, H., 2007. Zihinsel Özürlü Çocuğu Olan Ailelerde Aile Yüklenmesi, Cumhuriyet Üniversitesi HemŞirelik Yüksekokulu Dergisi, 11(2): 33-40.
5. Ergin, D., 2007. Özürlü Çocuğa Sahip Ebeveynlerin Depresyon Düzeyi Ve Etkileyen Faktörlerin Belirlenmesi, Atatürk Üniversitesi HemŞirelik Yüksekokulu Dergisi, 9(1): 41-47.
6. Kılıç, S., 2009. Fiziksel Özürlü Çocuğun Evde Bakım Gereksiniminin Aileye Etkisi, Yüksek Lisans Tezi Marmara Üniversitesi Sağlık Bilimleri Enstitüsü Çocuk Sağlığı ve Hastalıkları HemŞireliği Anabilim Dalı, İstanbul.
7. Altuğ, Ö.S., 2006. Zihinsel Özürlü Çocuk Sahibi Ailelerin Yaşadıkları Güçlüklerin İncelenmesi. Aile Ve Toplum Dergisi, 9: 69-79.
8. Özgökçeler, S., 2006. Sosyal Dışlanma Sorunsalı Ve Özürlülerin Sosyal Politikası Bağlamında Değerlendirilmesi, Yüksek Lisans Tezi, Uludağ Üniversitesi Sosyal Bilimler Enstitüsü Çalışma Ekonomisi ve Endüstri İlişkileri Anabilim Dalı, Bursa.
9. Şçek. 2010. Sosyal Hizmet Terminolojisi Kitapçığı, SHÇEK Yayınları, pp: 13-33.
10. Can, T. and A. Kitiş, 2009. Çevresel Durum Özürlüyü Nasıl Etkiler, Öz-Veri Dergisi, 6: 5-13.
11. Seyyar, A., 2007. Sosyal Hizmetlerde Bakım Terimleri, Şefkatli Eller Yayınevi, pp: 108-113.
12. Pijl, M., 1994. When Private Care Goes Public, Averbury, European Center Vienna, pp: 4-7.

13. Mackenbach, J., M. Avendario, C. Looman and A.K. Ranberg, 2005. Health Problems Among The Elderly In Europe: First Results Of The Share Project, Erasmus MC University, Brussels.
14. Ođlak, S., 2007. Uzun Süreli Evde Bakım Hizmetleri ve Bakım Sigortası, Turkish Journal Of Geriatrics, 10(2): 100-108.
15. Engelli ve Yaşlı Hizmetleri Genel Müdürlüğü, 2013. Engelli Bireylere İlişkin İstatistikî Bilgiler, Araştırma Geliştirme ve Proje Dairesi Başkanlığı, pp: 1-22.
16. Sümbülođlu, V. and K. Sümbülođlu, 2004. Sağlık Bilimlerinde Araştırma Yöntemleri, Hatibođlu Basım ve Yayım, pp: 20-45.
17. Akça Kılıç, N. and S. Taşçı, 2005. 65 Yaş Üstü Bireylere Bakım Verenlerin Yaşadıkları Sorunların Belirlenmesi, Sağlık Bilimleri Dergisi, 14: 30-36.
18. Mulatilo, M., T. Taupau, E. Lokapeta and M.A. Petrini, 2000. Teaching Families To Be Caregivers For The Elderly, Nursing And Health Sciences, 2: 51-58.
19. Bilgili, N., 2006. Yaşlı Bireye Bakım Verenlerin Yaşadıkları Sosyal Sorunlar. 5. Ulusal Geriatri Kongresi Kitabı, pp: 87-90.
20. Tanlı, S., 1996. Evde Bakım Hizmetlerinin Firmalaştırılması: Bir İletme Planı Önerisi, Yüksek Lisans Tezi, İstanbul, İ. Ü. Sosyal Bilimler Enstitüsü, İstanbul.