

OLDER TURKISH MIGRANTS'  
CARE NEEDS IN THE UK:  
CULTURAL ENCOUNTERS AND  
UNMET NEEDS

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# BACKGROUND

- ❖ Similar to other BME groups, older people from Turkish background are in the increase in the UK
- ❖ Three major Turkish migrants live and grow older in the UK
  - Mainland Turkish
  - Cypriot Turkish
  - Other, such as Kurds and Alevi (mainly refugees)
- ❖ Each with distinct culture and social norms that interacts and influence perception of ageing, care needs and preferences

# ABOUT THE RESEARCH

- ❖ Collaborative research between the Social Care Workforce Research Unit, King's College London and Dokuz Eylül University, Izmir
- ❖ Builds on previous work in the two institutions
- ❖ Examines two main elements:
  - The contribution of Turkish migrants to the social care workforce
  - The experience of older Turkish migrants as current and potential care users
- ❖ The current presentation focuses on the latter element

# CURRENT RESEARCH: AIMS

- ❖ To identify older Turkish migrants' perception of:
  - What constitute 'good' old age
  - Active ageing and healthy lifestyle
  - Current and potential care needs
  - Care service knowledge, access and preferences
  
- ❖ To examine the role of cultural and social norms in choices and preferences
  
- ❖ To identify areas of unmet needs

# METHODS

- ❖ Qualitative research
  - Interviews and focus group discussions
- ❖ From October 2011 to February 2012
- ❖ Initial sampling through community centers in London areas with large Turkish communities
  - Then snowballing
- ❖ Interviews mainly in Turkish and English language if needed
- ❖ Data collected from Turkish older people, care workers and other stakeholders involved with Turkish communities
  - Focus on data from older people
- ❖ Collecting information on actual health conditions, perceived health and care needs, well being and active ageing, and perceived responsibility of care among others

# SAMPLE

- ❖ A total of 66 participants; 55 years or older
  - Interviews with 30, non-care users
  - Interviews with 18, care users
  - 3 Focus groups with a total of 5 older people using community care services and 14 non-users
- ❖ 34 women; 32 men
- ❖ Mean age 72.3 years
- ❖ 13 Turkish, 24 Cypriot; 29 Alevi or Kurds Turks

# CULTURAL CONTEXT

- ❖ Different groups of Turkish migrants have different migratory history and circumstances with implications on language, culture and social preferences
- ❖ Turkish Cypriot Migration began, after the WWII, mainly for economic reasons
- ❖ Migration from mainland Turkey began during the 1970s, mainly from rural areas
- ❖ Alevi/Kurdish mainly migrated as Refugees for political reason in late 1980s, 1990s

# PERCEPTION OF AGEING

- ❖ Little awareness of the importance of active ageing
- ❖ Large gaps between actual health needs and perceived care needs
- ❖ Feelings of limited available activities that are culturally and socially suitable
- ❖ A strong sense of social isolation and perception of lack of suitable social activities; for some both within the immediate community or wider
- ❖ Some sense of patriarchic social practice within own communities
  - *'men go the the Cafe or Turkish Community but we [women] are not included in any Centre'* (62, female, not user)



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# AWARENESS OF CARE SERVICES

- ❖ Most non-care users rely on their family for care and company with limited autonomy or choice
- ❖ Older women usually provide care for their husbands, and other family members, which may limit their ability to look after their own health and wellbeing
- ❖ But some, whose children grew up in the UK, know more about suitable activities and potential services

# SOME WHO RECEIVE CARE

❖ *They [care workers] don't give me any respect and as a person, I feel very alone in my home. never go out, always at home and front of TV. (83 years old, female, care user)*

❖ While there is a feeling of unmet needs, when prompt, language barriers played an important role in the ability of this participant to request a more tailored, respectable treatment.

- Combined effect of communication difficulties and lack of awareness of rights

# CARE PREFERENCES

❖ *'I feel more comfortable, safe and secure with Turkish care workers'*  
(73 years old, female, care user)

❖ *" My Company always assign different countries care workers (Spanish, Russian, Jamaican, Somali) they treat me bad, negative attitudes. I would prefer Turkish women, they would know my needs more. The others work as superficially. they have to work 45 minute but they work only 15 minutes and go out. they do not cover my care needs. whereas, each day, comes different woman or men"* (85 years old, man, care user)



## BUT THIS DEPENDS ON INDIVIDUAL EXPERIENCE

❖ *'I am so grateful to the English government for providing me with care, I have a very good relationship with my care workers, who are not all Turkish. Good communication is a cornerstone in my relationship with them [care workers]. What I would be happy about is if I can have the chance to go with other older Turkish people in a tour around London, this would be really nice.'* (75, female, care user)

# COMMUNICATIONS AND LANGUAGE

- ❖ Main theme related to barriers to level of awareness of services, access and expressing preferences
- ❖ Language barriers are evident at least on three levels: pre, during and post communications in relation to health and care needs
  - Pre: awareness, putting off asking for help
  - During: communicating needs and preferences
  - Post: effect of feelings of being mistreated, misunderstood, or in some cases humiliated
- ❖ *'since I came to this care home (3 years ago) I have been insulted and mistreated especially by Russian and Bulgarian care workers. I don't have any family here in London and I would really prefer Turkish workers'. (84, man)*

## ISOLATION COMBINED WITH POOR ENGLISH LANGUAGE

❖ *I didn't take a bath for 2 months, my bathroom not convenient and safety. I don't know English and I can not explain my problem.'* (63, female, non-user)

❖ *We don't know what are our benefits or rights due to language barriers. If there are some rights for us we don't know completely, language reasons. We lived here for a long time but we had worked entirely with Turkish people as tailors.'*  
(75, female, non-user)

# SOCIAL ISOLATION

- ❖ A feeling of limited availability of 'suitable' activities that are culturally, language and age sensitive
- ❖ Many of older Turkish people interviewed did not acquire English language skills despite their residency in the UK for considerably long periods of time
- ❖ Social isolation at older age appears to be a continuation of limited involvement in the community during younger ages
- ❖ Many of those who worked during younger ages, worked within ethnic communities such as shops and restaurants with limited opportunities for improving English language

# CULTURAL ISSUES

- ❖ Some evidence of patriarchic, male dominant social interactions
  - Older women face a more socially isolated scenarios and are more dependent on off-spring and husbands
  - Few opportunities to participate in the wider community, through volunteering, for example
- ❖ Some fear to access health services:
  - Mainly for language barriers and a belief that translations are usually 'not good enough'; *'most of the translators from Cyprians and they don't speak in Turkish very well'*
  - But also for a belief that some services are not culturally suitable



# CONCLUSION

- ❖ High degree of social isolation, especially among women
- ❖ Lack of awareness of suitable activities, opportunities for engagements and facilities for active ageing
- ❖ Language barriers are significant, despite long periods of residency in the UK, with considerable implications
- ❖ Cumulative social isolation effects, particularly among those with lower qualification attainment and poor English language
- ❖ Great reliance on family members and close community

# WAYS FORWARD

- ❖ Considerable health cost implications
  - the importance of early interventions
  - few realised their actual health needs or the importance of active ageing on physical and mental well-being
  - Effect on younger Turkish people who usually provide informal care
- ❖ The need to work closely with communities
  - facilitate access to different social and healthy living activities
  - raise awareness of available services and the importance of quality of life in general
- ❖ Facilitate community activities that have benefits for broad aspects ; social, health and wellbeing; particularly for older women
- ❖ Work with Turkish second generations to improve knowledge and access for first generation migrants

# THANK YOU

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