

## Ageing Turkish migrants in European cities experience worrying levels of social isolation which can limit their access to health and social care services.

Blog Admin

*As Europe's population ages, the substantial differences in access to health and social care services are becoming more and more apparent. [Shereen Hussein](#) looks at Turkish immigrants in London, finding that they often lack the English skills or knowledge about services and entitlements to access the care that they need as they age. More work is needed to tackle this social isolation and to help this community access health services.*



With one in six people in the UK aged 65 or over, the ageing population is one of the greatest policy changes we currently face. Taken alongside the latest UK census figures which show that more than half of London's population identified their ethnicity not to be 'White British', it is clear that London is no exception to the increasing policy interest in migrants ageing in different European cities. Now, there is a great need to understand what old age means for different groups and what are the implications on long term care needs.

Looking specifically at ageing Turkish migrants in London, their long term care needs are influenced and shaped by their ethnicity and migration histories. A lack of understanding of health and social care services, combined with weak English, have implications for social policy and practice. While Turkish migrants are not as large a proportion of the UK migrant population as they are in other European countries such as Germany, they are a sizeable part of some migrant communities, especially in London. Turkish migrants are usually identified as 'invisible minorities', due to the usual lack of visible social markers.

Along with Dr Sema Oglak from Dokuz Eylül University, Turkey, we are conducting [research](#) aiming to understand the perceptions and needs associated with old age among the Turkish communities in London. Early in 2012, we talked to 66 Turkish older people and 32 formal and informal Turkish carers in London. Our older Turkish participants aged from 60 to 102 years with an average age of about 72 years. They came from three distinct groups, Turkish Cypriot, mainland Turks and Alevi/Kurds with different immigration histories, background and experiences. Some came to the UK as early as the 1950s when Cyprus was part of the commonwealth and their entry to the UK were not distinguished from those of Greek Cypriots. Others came from mainly rural areas in mainland Turkey with no or very little education to work in the striving Turkish ethnic economy. The majority of Alevi/Kurds, on the other hand, came as refugees, escaping trauma and persecution. Although these distinct groups are separate in their homeland, we found that ethnic divisions are less apparent in the UK.

We were keen to understand what old age means to different people and how their migration journeys affected their perception of old age and their long term care needs. One common theme across all participants is that old age seems to have taken many by surprise. We found that the majority came to the UK with a hope of a 'better life', but once arrived they worked, socialised and interacted largely within their 'own' communities with little need to learn the English language even that many have been in the UK for over 50 years. They worked, either formally or informally, as tailors or chefs, serving the Turkish community. However, once they left this labour market, usually due to self-constructed old age, they felt a sudden need to speak English and understand the health and social care system. These had direct implications on their feelings and overall quality of life, from nostalgia for homeland, isolation to an almost loss of identity.

Ageing and belonging was a major theme, Turkish migrants' stories were full of adjustments, compromise, settlement and nostalgia. Their ageing process was paralleled with a transition from labour

and community participation to almost no participation in the wider society. Many had a sense of limited ability in their choice of ageing place, which, they felt, is inconsistent with their life experiences up until that point. These feelings were particularly exasperated by limited language skills and knowledge of services and entitlements. Most had abstract expectations from their families and communities, which are not always met due to pragmatic reasons. Such expectations move in both directions, with older people, particularly women, expected to provide considerable part of childcare. Additionally, many older women felt further isolation within their communities due to the lack of social activities dedicated to Turkish older women, unlike older men who are usually served by local and community cafes.

A lack of understanding of health and social care services combined by weak English language left many to dismiss of the availability of 'suitable' formal care services. Those who had used some formal services felt that their cultural needs were not always adequately addressed but some were reluctant to discuss their needs fully with those from outside their community. When needing care or activities suitable to their age, they showed clear preference to those provided by Turkish community organisers, where language barriers were also minimised. Some, however, explicitly indicated their preference to receive care and support from outside the Turkish community, if they had acquired better language skills. These were particular when older people have off spring grown up in the UK who acted as interpreters and navigators in the complex care system.

Our findings have wide implications for services and resonate with the experience of other older Black and Minority Ethnic communities in the UK. They highlight not only the need for more culturally appropriate services, but also the importance of the family unit in care provision, which cannot always be assumed. The level of social isolation expressed by many older Turkish migrants is worrying and calls for greater efforts to raise awareness of existing support and facilitate access and participation, including volunteering, among older Turkish communities. There is a need to work with the whole Turkish community including younger and older members to bridge some of the language and care barriers. Such social interventions are likely to prove cost-effective by reducing the need for expensive crisis and intensive care services.

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*Note: This article gives the views of the author, and not the position of EUROPP – European Politics and Policy, nor of the London School of Economics.*

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## About the author

### **Shereen Hussein** - *King's College London*

Dr Shereen Hussein is a Senior Research Fellow at the Social Care Workforce Research Unit, King's College London. She is a Fellow of the National Institute of Health Research School for Social Care and was recently commissioned by the World Bank to review the multiple roles of women in providing long-term care in Russia.



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