

Research into the ageing experiences of different migrant groups shows a need for more culturally appropriate delivery of public services

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*The recognition of an increasingly multicultural and ageing population has led to a growing policy interest in how different migrant groups experience the ageing process within European cities. **Shereen Hussein** reports on research into the perceptions and needs associated with old age among Turkish communities in London.*



The latest UK census shows that more than half of London's population identified their ethnicity to be something other than 'White British'. With one in six people in the UK aged 65 or over, this entails a great need to understand what old age means for different groups and its implications for long term care needs. How are long term care needs influenced and shaped by ethnicity and migration histories? What are their 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 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 72.3 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 over here.

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 though many had 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 reaching a personal sense of old age, they felt a sudden need to speak English and understand the health and social care system. This had direct implications for their feelings and overall quality of life, from nostalgia for homeland, isolation to almost a loss of identity in some cases.

The link between ageing and belonging was a major theme: Turkish migrants' stories were full of adjustment, 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 biographies. These feelings were particularly exasperated by limited language skills and knowledge of services and entitlements. The majority had abstract expectations from their families and communities, which are not always met for largely pragmatic reasons. Such expectations were bidirectional with older people, particularly women, expected to provide a considerable amount 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.

Lack of understanding of health and social care services combined with weak English language skills left many dismissive 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 for 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. This was particularly true when older people had off spring who had grown up in the UK who could act as interpreters and help them navigate 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. Not only do they highlight 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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