

Subjective and structural
barriers older migrants face
when accessing and receiving
health and care services

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A case study: Older Turkish Migrants

- Sometimes coined as ‘invisible minorities’
- Differences and similarities
 - Subgroups: Turks, Cypriots and Kurds
 - Migration history
 - Labour market participation
 - Social networks and kinship structure
 - Cross-national ties

The research

- Interviews and focus group discussions with:
 - Older Turkish migrants
 - 66 participants (34 women, 32 men; mean age of 72.3 years; 13 Turkish, 24 Cypriot and 29 Alevi or Kurds)
 - Turkish care workers and Turkish community care coordinators
 - 32 participants

At the beginning ...

- Pre-migration history
- Motives and process of migration
- I had heard from my friend that the tailors earn good money in London. But I was illiterate; I had never gone to primary school however I learnt it [making dresses] by myself. I took my little daughter and came to London. Next day I began to work in a garment workshop. (Evren, 72 old Turkish woman)

Crossing through youthful years

- Level of engagement with the wider society
- Work and family life
- Identity .. Is it linked to geographical location or a state of
 - How congruent are 'home' and 'place' in ones' perception
 - Transnational belongings
 - Mobility (transit and diasporic)

Work is much more .. but also much less

‘Next day [after arriving to London] I began to work in a garment workshop. I did not have to speak English because everyone here spoke Turkish. My friend had arranged a room for us.’ .(Evren)

‘I have been living in England for 35 years; I am illiterate, I did not go to elementary school because there was not a school in our village. I had worked as a ‘chef’ in a Turkish restaurant for 21 years. I did not know English except ‘yes’ and ‘no’. I had never need for speaking English.’ (Aktas, 66 years Alevi man)

Enclave economies

- Safety net and support mechanisms
- No need to adopt or change culture, behaviour or language
- Collective community support
- But ... the protective bubble is not always good
 - Prolonged isolation
 - Inter-dependency
 - Empowerment (and lack of it)

The ageing journey

- Virtual vs. real proximities
- Social Construct of ageing
- Belonging and identity
- The way 'home' is constructed and experienced
- Adjustment and nostalgia
- The role of family and inter-generation relations
- Relative and absolute exclusion from wider society

Ageing process

- 'Silent' ageing
- Continued reliance on a closed network
- Little awareness of 'outside' facilities and activities
- More influenced by country of origin (through cable TV and community associations) than by wider society of actual place of ageing
- Sudden realization of age with onset of disease or self-dictated cease of employment

Perhaps an unplanned arrival

- Acceptance of losses (as of the work role and importance within the Turkish community)
- Limited resources and abilities creating a sense of helplessness.
- Limited language skills
 - barriers acting on at least three levels: pre, during and post communications
- Onset of disease
- Social isolation and loneliness

Invisible and Recognised Care needs

- Large gaps between actual health needs and perceived care needs
 - May lead to crisis situations and intensive care needs
- Importance of culturally sensitive services and perceptions of limited choices
- Social construct of ageing
 - Lack of physical activities
 - Awareness of own needs

Support mechanisms

- Role and availability of close family especially spouses and offspring
 - Expectations of the family system and realities
 - culturally defined rights and duties
- Where to go, who to ask and what could be done ...
- Self-esteem and empowerment
- Gender differences

Preference to stay in one's comfort zone

- *'I feel more comfortable, safe and secure with Turkish care workers' (Aisha, 73 years Alevi woman)*
- *"My Company [home care agency] always sends me care workers from different countries (Spanish, Russian, Jamaican, Somali). They treat me bad and have negative attitudes. I would prefer Turkish women, they would know my needs more. (As'ad, 85 years Turkish man)*

Family ties and bi-directional benefits

- Nefisa was a 102 old Turkish woman who lives with her daughter (Suraya) and son-in-law. She used to receive formal care through a home care agency but she was quite dissatisfied with the service she received. Nefisa was then offered a personal budget through which she has asked Suraya to look after her, she also received housing from the local council where both of them lived. Both Nefisa and Suraya spoke broken English and they seemed to have little knowledge about suitable services in their local area.

Care and support

- Expectations of the family system
 - Inline with other research on collectivistic societies
- Inter-changeable care responsibilities from and for older people
- Family is an important block in care provision- BUT this is not always available
 - Generational relocation
 - Inability to provide care
 - Dementia
 - Complex care needs etc.

When the assumed doesn't work

- *'They [son and daughter-in-law] don't give me any respect as a person, I feel very alone in my home. I never go out, I am always at home and front of the TV'. (Frieda 83 years Turkish woman)*
- Neglect and emotional abuse
- The complexities of family relations
- How and with whom to voice concerns and to which results

Formal support

- Some were dismissal of available ‘formal’ or outside the family circle activities and services
- Fear of the unknown and different
 - Lack of awareness
- Referencing ‘bad stories’
 - Quickly exchanged and emphasised
 - The power of closed social networks in exchanging information
 - But their limitations in reflecting the wider experience of other older people.

Care responsibility and the welfare state

- The majority of older people perceived the ‘UK Government’ as main player in long term care provision
 - *I am so grateful to the English government for providing me with care*
- *However, there are clear barriers*
 - *They [the Government] think that our elderly people stay with us, but this is not always possible (Turkish Care Co-ordinator)*

Barriers to access and receiving care

- Language barriers
 - *'We don't know what are our benefits or rights due to language barriers'* (Woman, 74)
 - *'I don't know English and I can not explain my problem'* (Woman, 63)
- Cultural preferences; especially if they do not require long term care
 - *I feel more comfortable, safe and secure with Turkish people* (woman, 60)

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

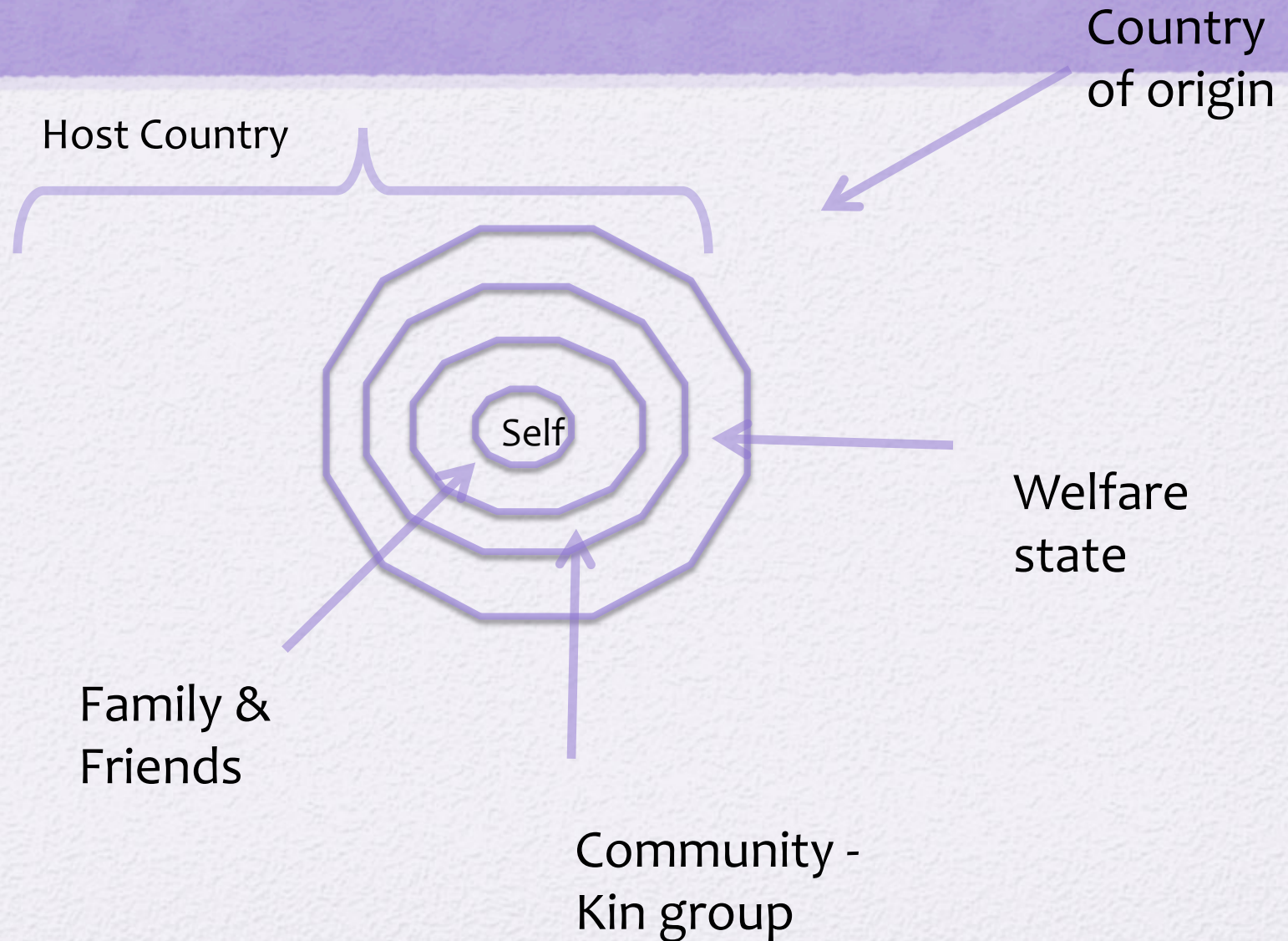
Cultural issues

- 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

The role of culture centres

- An important part of older Turkish men and women
- However, fewer activities for women
- Link to the outside world, especially in relation to information on health and care services
- However, not always have the latest information and understanding of new policies
- More efforts are needed to create opportunities of wider community involvement through collaboration with culture centres

Web of networks



Social and economic implications

- 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
- Psychological well-being

Subjective barriers to accessing help

- Assumptions
- Fear
- Belonging – us and them
- Awareness and knowledge
- Inter-dependency
- Lack of voice

Structural barrier

- Language
- Reaching out
- Lack of opportunities to integrate
- Accessibility of services
- Availability of accessible information
- Person-centered practice

Key points

- The difference between ‘social location’ and wider ‘geographical location’
- Generational ‘solidarity’ is manifested through family expectations and a strong role of cultural centres
- Old age identity influenced by country of origin more than host country despite decades of residency
- Considerable cost implications with value for early intervention and preventative measures
- Yet the welfare state is assumed ‘actual’ responsibility for care provision

Messages to practice

- 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
- Respect migrant's own identity and don't make too many assumptions

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Thank you

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