

RESEARCH ARTICLE

Care Relations and Negotiation of Independence within the Context of Migration (The Case of the Turkish Community in London)

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Abstract

Despite its centrality to social care discourse, independence remains an understudied notion, especially in regard to care relations of older adults. This is especially important in the context of global migration, changing family dynamics, and reformation of care policies in the global North that adds to the complexity of the notion of independence and experience of it amongst migrant older adults. Drawing on 62 semi-structured individual interviews with the older Turkish migrants in London and service providers for the community, the paper seeks to present an understanding of older Turkish adults 'negotiating of independence in relation to social networks as informal supports and formal care supports within the community. It is argued that independence is a fluid and complex concept influenced by communities' and individuals' attitudes and one which is constantly being negotiated within available formal and informal supports. Findings also show variation in conceptualization of independence and experiences of it amongst different groups of the Turkish community in London according to migration origin, migration path, time of arrival to the UK, and levels of adaptation to British society.

Keywords: Care relations • International migration • Ageing • Independence • Ethnic minority older adults

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With the increased diversification of the aging population in the Global North, there has been a mounting interest in academic research to investigate older migrants' access to health and social care services (e.g., Böcker & Hunter, 2017; Ciobanu et al., 2017; Halberg et al., 2022; Hunter, 2018; Koehn & Badger, 2015; Zontini & Reynolds, 2007).

Formal and informal care have historically been treated as dichotomous entities, creating two strands of the literature one concerned with older migrants' access to health and social care services (e.g. Bowes & Dar, 2000; Szczepura, 2005; Torres & Karl, 2015) and the other with informal care exchanged within the family and kin support networks (e.g. Brandhorst, 2020; Victor et al., 2018; Zontini, 2007). In the studies concerned with family and care relations of older migrants, Eastern societies are depicted as with a collectivistic culture, whereas Western societies are pictured as individualistic cultures. This understanding is reflected in attitudes of individuals towards care responsibilities, where filial piety is observed within Eastern societies (e.g. Burholt et al., 2018; Dykstra & Fokkema, 2012; Jones et al., 2011; Scharlach et al., 2006). However, dichotomization of collectivistic and individualistic care attitudes potentially leads to homogenization of older migrants and attribution of their underutilization of formal care services to their cultural preferences and ethnic otherness that priorities informal care over formal care supports (Torres, 2006; Zubair & Norris, 2015).

Older migrants' position in regard to formal and informal care supports and their agency in utilization of them or prioritizing one to another is highly determined by their personal capacities interacting with changing family dynamics and social institutions after migration (Arora et al., 2020; Wali & Renzaho, 2018). Four categories of older migrants are identified in the scholarly work on ageing and migration. The first category includes those affected by the international migration who follow their younger family members abroad. The second group of older migrants is made up of relatively affluent international retirement migrants or amenity seeking migrants for whom considerations such as higher standard of living has been the motivation for migration in old age. The third category concerns labor migrants who moved from the Global South to North to supply the labor market and subsequently aged in place and the fourth category is retirement return migrants who decide to return to their homeland after spending their working lives abroad (Lulle & King, 2015; Warnes et al., 2004).

The latter two groups are considered as a single category in the majority of the research. Since retirement return migration does not necessarily have to be a permanent physical move and can entail more flexible kinds of mobility such as ongoing travelling between homeland and host society (e.g. Carling & Erdal, 2014; Hunter, 2018). The term "ethnic minority older adults" is often used in reference to the latter group which is reflective of the relative disadvantage social position of this group of older migrants compared to lifestyle migrants (e.g. Ciobanu et al., 2017; Knowles & Harper, 2009).

Language barriers (Hussein, 2013), material deprivation and structural barriers (Caner & Pedersen, 2019) are examples of factors mentioned in the literature hindering access to formal care amongst ethnic minority older adults.

Family breakdown and intergenerational conflicts are recognized as common post-migration processes associated with acculturation (Ayika et al., 2018; Merz et al., 2009) negatively influencing migrant older adults' access to informal social support in the host society. Moving from a collectivist culture to a more individualistic society and differences in the rates and paces of integration to the host society between generations are identified as the main factors leading to intergenerational conflicts amongst migrant families within the northern European and American context (Kagitçibasi et al., 2010; Thomson & Crul 2007). Tezcan (2018) in a study of older Turkish migrants in Germany shows the impact of intergenerational conflict on older adults' decreased access to informal social support in the host country that propels compensatory strategies such as circular migration between Germany and Turkey. Better access to social security and health care than the country of origin in the aforementioned study and other research (Ciobanu et al., 2017; Hunter, 2018) has been identified as one the important factors preventing ethnic minority older adults' permanent move to their country of origin.

Provision of formal social care in western industrial societies has been alongside a shift in the policy sphere, promoting active and successful aging that expects older adults to be self-reliant (Cylus et al., 2019; Crowther et al., 2002; Waldman-Levi et al., 2015). In this sense, older adults are considered as active agents able to make informed decisions around their health and social care arrangements (Gilleard & Higgs, 2017; Harding, 2022). However, the complexity of access to such support and making a balance between formal and informal care in the era of international migration and globalization has not received enough attention. This could be specifically challenging for ethnic minority older adults who have poorer access to personal resources such as finances, education, and competency in the host society's language in comparison with other groups of older migrants (Warnes et al., 2004).

Current research is a step towards filling this gap by scrutinizing the care relations of the Turkish community in London, as a former group of labor migrants ageing in the UK and their negotiation of access to informal and formal care. The literature examining the communities from Turkey in the UK mostly portrays them as a hidden, invisible or silent community (Dedeoglu, 2014). One of the main reasons put forward for this invisibility is stereotypes around the self-sufficiency of the community and strong kinship and social networks (Mehmet Ali, 2001) which has resulted in little recognition of older Turkish adults' actual care needs. The following section introduces the case study of this research in more details.

Turkish Community in London

The Turkish community in London is very heterogeneous. Usually, in research, they are divided into three groups: Turkish Cypriots, Kurdish Alevi and mainland Turks (Atay, 2010; D'Angelo et al., 2013; Enneli et al., 2005). Each community has its own migratory trends, across different periods of time triggered by political upheaval and economic crisis in the country of origin (Simsek, 2012). Turkish Cypriots are pioneer migrants to the UK due to the colonial ties with Britain. The earliest arrival of Turkish Cypriots to the UK goes back to the 1920s. This trend intensified during the 1950s and 1960s (Taylor, 2009). The first wave of migration of Turks from mainland Turkey to the UK (in the late 1960s and 70s) was principally for economic reasons, supplying the workforce in industries such as textile (Dedeoglu, 2014). The second wave of migration was in the 1980s following the military coup in Turkey with some seeking political asylum including the Kurdish and Alevi (Dedeoglu, 2014). Today, ethnic and religious minorities of Turkey and former labor migrants are overrepresented amongst the older Turkish community in the UK (Sirkeci et al., 2016). Despite differences in migration history, ethnic identity, religion and political beliefs, today the community maintains a dense residential and occupational presence in certain areas of north London such as Hackney, Haringey (Enneli et al., 2005) and Enfield (Kings et al., 2008) where the fieldwork of this research was undertaken (Yazdanpanahi & Woolrych, 2023).

Research Design and Methods

An interpretive approach to qualitative case study methodology guided the research design. 48 semi-structured individual interviews with Turkish adults aged over 50 years old, born in Turkey or Cyprus, and living in London were conducted. The data collection took place between March and December 2017. The length of the interviews varied from 21 to 50 minutes, with the average being 32 minutes. The interviews took place at community centers in the greater London area. The interviews started with general questions about the participants' background information and continued with questions revolving around their family situation and care relations, community support, and navigation of health and social care services in the UK.

The age range of the migrant sample of this study varied from 50 to 87, with the average age being 64. The majority of participants originated from mainland Turkey (31) of whom (14) associated themselves with Kurdish heritage in addition to Turkish and the rest had Cypriot nationality. All participants were first-generation migrants. The number of female participants was twice that of male respondents due to the higher rates of participation in the research among older adults visiting associations, which were more popular with female members of the community (30/15). The number of married female respondents (14) was slightly lower than that of widowed and divorced

ones (16). While 7 of the male participants were married, 8 of them were either widowed or divorced.

In addition to interviews with older migrants, 14 semi-structured interviews with professional service providers for the community were also conducted to capture their knowledge and expertise in delivering care-related services to older Turkish migrants. The sample included formal care workers from Turkish backgrounds and managers, coordinators, advisors, and chief executive officers of all not-for-profit associations and organizations that provide services to older Turkish adults (including Cypriot associations with Turkish Cypriot clients and Kurdish associations with Kurdish clients from Turkey). Interview lengths with professionals varied from 20 to 48 minutes. Amongst professional service provider interviewees, five were male and eight were female. Their experience of working in the organization varied from four to 41 years.

Ethical approval was obtained from the Research Ethics Committee of Heriot-Watt University before the commencement of the data collection. Participants provided either oral or written consent before the interviews, and to protect participants' confidentiality, pseudonyms were used in quotations. All interviews were conducted in Turkish, then transcribed and translated into English. Interview transcripts with older migrants and professional service providers were kept in two separate databases, and Braun and Clarke's (2006) six-stage model of thematic analysis was applied separately to each dataset. The first stage in analyzing each dataset started with familiarization with the data, including reading and re-reading the transcribed interviews. In the second stage, open coding was performed in Nvivo to generate initial codes. The generated codes were checked by members of the research team to establish intercoder reliability. The third stage, searching for themes, involved sorting the different codes into potential themes and subthemes. In the fourth stage, the generated themes and sub-themes were reviewed in several group meetings with the members of the research team until agreement was achieved. This stage also included constant reference to the existing literature to support the themes. After implementation of the first four stages in two different timeframes, for the fifth stage, i.e., defining and naming themes, the generated themes from two datasets were combined into a single dataset to identify similarities and differences, and potentials for convergence, to generate the final set of themes. The last stage, the production of the final report, involved describing the themes using quotes from interviews with older migrants and professional service providers for the community.

Findings

Three key themes emerged from the data and we consider these: “Social networks as an informal source of support”, “care expectations and negotiation of independence with social networks” and “Challenges in accessing formal care services”.

Social Networks as an Informal Source of Support

The patterns of social networks of older Turkish adults were dependent on many factors such as their place of origin, cultural background, the reason for migration, educational level, and marital and socioeconomic status (Yazdanpanahi & Hussein, 2021, p. 8). Social relationships varied significantly in terms of levels of closeness and intimacy, their quality (e.g. evidence of intergenerational conflict), function (e.g. for social exchange) and structure (e.g. size, compositions, levels of contact and proximity) (Antonucci et al., 2014). For the majority of older Turkish adults, family members (spouse, children and grand-children) were situated in the first place in the hierarchy of social networks, based on the significance of the relationship and frequency of contact. This was followed by relatives and neighbours in the second and third places (Yazdanpanahi & Hussein, 2021). Importantly, the nature of these relationships changed across the life-course, assuming different levels of significance in old age, altering the terrain within which independence is negotiated.

Families and relatives of the majority of participants were living in the UK, most of the time in close proximity to where the Turkish community tends to live the most such as the London boroughs of Hackney, Haringey and Enfield (Dedeoglu, 2014; Simsek, 2012). Dedeoglu (2014) relates this to the chain migration pattern of the Turkish community to London. However, this was not the case for all participants especially those who have migrated to the UK for educational purposes or solo migrants who operate outside of the chain migration pattern. This group is less likely to live in areas with a high concentration of the Turkish community and exhibit different patterns of social networks which are not reliant on family and relatives in the UK.

For the majority of respondents intergenerational support from children and grandchildren was regarded as an important source of support in old age persuading them to stay in the UK despite their desire to age in Turkey and Cyprus (Yazdanpanahi & Hussein, 2021, p.8). Yet close family relationships were not always reliable and often changed over time. Changing family relationships after coming to the UK, divorce and family breakdown, and intergenerational conflict were identified as some of the causes leading to feelings of loneliness and helplessness among some Turkish adults in later life.

In the later stages of life, the significance of family relationships tends to grow as there is an increased reliance on the younger generation of the family for both functional and emotional support (Thomas et al., 2017). This is particularly true for ethnic minority

older adults, as they may have greater filial expectations from their children in accordance with the cultural norms of their country of origin (Guo et al., 2020). The following quote by a professional interviewee indicates the gaps in intergenerational attitudes inside the Turkish community, negatively influencing older Turkish adults' experience of ageing in London:

Intergenerational conflict is high. They have some problems with the younger generation, because their cultural expectations from the younger generation are different from British society. But attitudes and behaviour of people who have been born and raised here is different. For example, in case of respect, in our culture we call everyone with "abla" and "abi" words. You cannot call anyone with his/her first name even if he/she is 1 year older than you. But here people call each other by their first name even if he/she is 20 years older than him. It sometimes creates problems for us in case of respect... I mean their expectations are different from cultural viewpoint (Chief executive officer of a Turkish association).

It is also worth noting that the quality and type of intergenerational relationships varies across different groups of the Turkish community in London depending on their time of arrival in the UK and their levels of adaptation to the British society. The quote below from the coordinator of a Kurdish association shows the different types of intergenerational relationships existing within the community and the struggle to retain strong familial relationships:

Since our community is still closed, intergenerational relationships are continuing... Still there are relationships between grand-parents and grand-children, uncle and aunts. Still our children do not call their aunts, uncles with their first name. But here; children call everybody by their name even their grand-parents [...] These ties might even fade after 15-20 years. We will become like Turkish Cypriots... Now grandchildren in that community are calling their grandparents by their first name. They are like European families (Coordinator of a Kurdish association).

After family and relatives, neighbours are an important part of older Turkish adults' social network. In the traditional Anatolian culture, neighbors had an important place in the social wellbeing of older adults, preventing isolation and providing instrumental support in absence of the family members. Although, still, neighbors are often considered as a source of support (mainly instrumental) in rural areas of Turkey and small towns, receiving instrumental support from neighbors is less common in Metropolitan areas of Turkey (Erkip, 2010; Erman, 1997; Koca & Karasozen, 2011).

The majority of participants believed that neighbourly relationships were either very weak or did not exist in London. The participants said that they had a closer relationship with their Turkish neighbours compared to neighbours from other nationalities, due to the lack of English language skills amongst participants and cross-cultural differences in norms governing neighbourly relations.

I have English neighbours, they are very nice people but since we cannot speak English, we only say "hello, how are you?" when we see each other in the garden. But we as Turkish people come and go to each other's home ... (Female, 60 years old, 28 years in London)

Some interviewees believed that neighbourly relationships between Turks in the UK were not as strong as Turkey:

...There are Turkish people in my neighbourhood but we do not come and go to each other's home [...] There are no longer relationships between people...they have forgotten all their values (Male, 66 years old, 33 years in London).

In the social networks of some older Turkish adults, friends also had a significant role. Although having friends had a very important role in the wellbeing of older Turkish adults, these relationships were not necessarily seen as a source of instrumental support in old age. However, they were a potential source of emotional support and psychological wellbeing for a number of participants. Some participants made friends through Turkish and other civil society organizations. For participants living alone, friends were an important source of support in the absence of attachments to the local community and neighbourly relationships. The quote below is from a male participant in his mid-60s who was living outside of London and did not feel supported in his neighbourhood. He used to travel on a daily basis to an association in north London to meet his friends:

There is not really any other place than here (association) that I can feel supported. I have three to five friends here that I can always rely on them. The only place that we meet is here (Male, 58 years old, 34 years in London).

The majority of respondents did not have any friends. This was especially more common among female older adults who had not worked in the UK and were housewives. Many retired male and female participants also talked about losing work contacts and colleagues after retirement. Empirical studies on older adults' social network in aging and gerontological studies confirm the negative association between age and the number of contacts associated with retirement and declining health (Kauppi et al., 202; Kemperman et al., 2019; Röhr et al., 2020). Literature around older migrants' social network similarly refers to smaller network size amongst female older adults especially, in terms of inter-ethnic ties (Dietzel-Papakyriakou & Olbermann, 1996; Stark & Seibel, 2022).

It is also worth noting that the degree of reliance on friends for instrumental or social support was different among the three groups of the Turkish community in London depending on their length of residency in the UK and adaptation level to the host society. Spending time with non-kin support networks was more common among Turkish Cypriots compared to later arrival groups to the UK. Kurdish Alevies were more likely to spend their time with family and expect instrumental support from their kin networks in their old age. The longer length of residency was associated with more time for adaptation to the host society and adoption of some of the cultural values of the UK society which has different attitudes towards family relationships than Turkish

culture. Other factors such as culture of the place of origin, socio-economic status and marital and occupation situation (Groenou & Tilburg, 2003) were also influential in Turkish/Kurdish older adults' relationship with family and non-kin networks, expectations and dependency on them in old age.

The social networks of older Turkish adults living in London portrayed potential sources of informal social support in old age and the evolution of these relationships during the life course especially in the context of migration.

Care Expectations and Negotiation of Independence with Social Networks

For the majority of older Turkish adults, the sense of security of living close to their children was the primary reason for staying in the UK. Children were regarded as an important source of emotional and instrumental support, providing companionship and helping them to navigate the services and environments in the UK. However, many respondents were concerned about their excessive dependency on their children in later years of life. Fear of being a burden on their children was common among almost all participants in the research especially migrants from mainland Turkey who were the first-generation experiencing aging out of their homeland:

I do not want to be a burden on anybody, including my children (Male, 50 years old, married, Turk from mainland Turkey, 21 years in London).

I do not know who will look after me in my old age. The only thing is that I do not want to be a burden on my children. They will get married soon or later. I do not want to create problems for and distress them. I hope that I will never find myself in that situation ... (Male, 66 years old, married, Kurdish Alevi, 36 years in the UK) (Yazdanpanahi & Hussein, 2021, p. 9).

Many participants referred to the cultural differences between generations as the main reason, making them uncertain about receiving care from their children in the future:

I have to be realistic. I do not think that in the future they will be the same [...] our generation did whatever they could do for their parents [...] I do not think that our children will give care to us... (Male, 69 years old, married, Turk from mainland Turkey, 18 years in London).

Some participants were nostalgic for old family connections and respect and care received by their ancestors:

Older adults in the past had an ideal life. In the past, there was an older adult in the corner of every house [...] But unfortunately, there are not anymore such family connections (Female, married, 57 years old, Turkish Cypriot, born in London).

Respect towards older people has historically been a strong family value in Turkish culture (Nauck & Klaus, 2008). Within this cultural context, young people were expected to show respect to their parents across the course of their life. The result of

contact between western and traditional cultures has been the emergence of a hybrid system of beliefs and family values (Kavas & Thornton, 2013) in which respect for age and authority still has an important status in the family and society (Altun & Ersoy, 1998). In this cultural context, older members of the family as carriers of traditional values of society, play a very important role in bringing the whole family together and in passing on these values to younger generations (Kalaycioğlu & Rittersberger-Tiliç, 2000). However, in the case of the Turkish community in Western societies, a schism in intergenerational values appears to exist preventing older adults from fulfilling their traditional roles in the family (Tezcan, 2018).

Fading family traditions such as filial piety, perceived precarity of family relations and fears of being an excessive burden on their children made many participants rethink their expectations from their children, conceptualization of independence in old age, and the balance between formal and informal care in later years of life. Many participants expected that they would receive care from the formal institutions in their old age and help them to be independent:

In my old age, I expect the government to give care to me. My child will never do that (Male, married, Turk from mainland Turkey, 51 years old, 28 years in London).

I expect government to give care to me. There is not any government like UK government. I trust it (Male, divorced, 66 years old, Kurdish Alevi, 26 years in London).

Only in a few cases, participants explicitly expected their children to give care to them. Filial piety values were more alive amongst Turkish families with stronger religious beliefs and those who had migrated from rural areas of Turkey. Length of residency in the UK and levels of adaptation to the British society were also influential in participants' attitudes towards care and expectations from their children. (Yazdanpanahi & Hussein, 2021, p.9). The quotes below from two participants show continuing expectations of children as carers among some members of the community, reinforcing the diversity in attitudes towards care and filial obligations among the community:

I expect my children to look after me in my old age. They are very good; I am sure they will look after me. I hope God place kindness in their hearts. If God grants them kindness and love to Islam, they will look after me (Female, widowed, 60 years old, 28 years in London) (Yazdanpanahi & Hussein, 2021, p. 9).

In our customs, deference towards family and parents is endless, to look after them absolutely one person in the family should accept this responsibility and normally, this responsibility is assigned to the youngest person in the family (Male, married, 52 years old, Kurdish Alevi, 7 years in the UK).

In the absence of family support, the care received by neighbours and friends was considered supplementary to formal care services and governmental support. Although

in Turkey neighbourly relations especially in villages and small cities often formed support for older adults, many participants had not developed such close relationships with their Turkish neighbours in London or did not have any friends in London. Many participants believed that these relationships are in most cases superficial relationships that cannot be relied on in difficult times. Participants living alone were very conscious of keeping reciprocal relations with neighbours to avoid feelings of being imposed on others as the following participant states:

I do not like going from one door to another. This building is 24 floors and on each floor there are Turkish people. I speak with everyone and they respond to me, they invite me to go to their home and I do too; but I do not like to knock on their door and wait until they come to my home. It makes me feel like a beggar.... (Female, 81 years old, living alone).

Relationships between Turkish neighbours in many cases was confined to greetings in the neighbourhood or occasional visits at home. Only in one case a Turkish neighbour provided instrumental support for a disabled Turkish older adult living alone at home which was facilitated by a Turkish association. The act of care giving here involved home maintenance and cooking for the participant rather than personal care (e.g., help with taking a shower) that required more intimate care and a closer relationship with the individual. The quote below from a female respondent represents majority of older Turkish adults' care expectations from their Turkish neighbours in London:

When I become sick, my neighbours ask me how am I and if I need anything? But I do not expect more than this. All of them are occupied with their own life and problems. Of course, you should not expect your neighbours to do more than this for you. Everybody has his/her own concerns (Female, 52 years old, 15 years in London).

The above findings refer to the challenges faced by the traditional informal webs of social support. Among the Turkish community in London, changing lifestyles and relationships means that there was more desire for independence and fewer expectations from family members and other informal social support networks to provide the types of care required. This indicates a more prominent role in formal care.

Challenges in Accessing the Formal Care

One of the significant challenges in recognising formal care is the definition of the care concept itself. The concept of formal care does not have a clear status for the community. It results in misunderstandings between the caregiver and the care recipient. The following extract of an interview with a Turkish care worker explains the conflict between a care system focused on undertaking specific care tasks and the need for humanitarian aspects of care giving which are important in the lives of older Turkish adults:

My current client had always had foreign care-givers, when I first met her, she was very surprised, she just stared at me for a while and when I said “Good morning” she clapped her hands from happiness and said “oh, finally I have someone that can understand my language and we can sit and talk together,” more than a care-giver, they need a friend, someone that can listen to them... after a while, they become like your family, but in foreigners there is not such a thing. You go to their house and do your tasks as they are instructed in the daily program of the company and leave their house. For sure, they do not request you something more; even a glass of water. If you do not talk with them, they will not ask you why you do not talk...but in our Turkish culture there is not such a thing. You enter their house as a human-being (with emotions). They will treat you as a guest. Like her daughter or a friend, they will do the tasks together (Female Care Worker, Mainland Turkey, 9 years in the sector).

Cultural differences between caregivers and older adults often resulted in conflict and dissatisfaction with the care services provided. Often caregivers failed to interpret the needs of older Turkish adults, resulting in significant frustration with the care services provided. This is made more complex with the perceived insularity of the community which often makes it difficult for formal care givers to gain access. Moreover, there is a lack of Turkish staff in the care-giving sector because the role of care-giving is not given prominent status within the community and seen as low paid, menial work:

Since we are a much-closed community, when a caregiver is from another background, it can create stress for our older adults. They want someone from their own background to come to their house. But many times, it cannot be possible. There are not enough Turkish carers, because Turkish people do not work in the care sector much. It is related to our culture because we disregard some jobs (Advisor of a Cypriot Women’s association).

Interviews with older adults made it clear that language should not be regarded as the sole factor in determining the match between the caregiver and the care receiver. Sometimes, even cultural differences between the three groups of Turkish communities in London (Turks/Kurds from mainland Turkey and Turkish Cypriots) prevented effective communication between care-givers and older adults:

They sent a carer from Cyprus. Cypriots are also different... There are Kurds for example. They are different, too. They sent me a Cypriot woman based on the assumption that she speaks Turkish but we could not get along well... (Female, 55 years old, 26 years in London).

In identifying barriers to receiving adequate care by older Turkish adults, some professionals referred to a lack of budget allocated to the sector, limited working hours and low wages for care workers:

The care system is a sector that there is not much funding in it... half an hour is very insufficient for helping an older adult to get up from bed and take a shower...even entrance of the care-giver to the client’s house and moving towards her/his home takes around 5 mins. ...but since wages are low, government funding is low, nobody can get enough care hours (Manager of a private care company).

However, for some older adults the high costs of formal care services and mismatch between type of services provided, hours of work, and costs were a hinderance to utilization of these services:

I was sent a caregiver from the council [...] Caregiver was not trained...she was not able to look after me. The price was so expensive for that service. I told them to not send her to my house. She only washes my feet that she cannot do it well. I can put my legs in a tube of water myself and by moving them they are washed, there is no need for a caregiver! (Male, 73 years old, 25 years in London).

Some professionals mentioned a lack of information among older Turkish adults about care-providing organizations which is indicative of the lack of communication between these organizations and older Turkish adults resulting in a lack of awareness about different care options and compromising choice within the care process:

...In the past, local authority and central government used to cover expenses of care receiving at home but now... this budget depends on you. Let's think that you are in a hospital and want to be discharged... They tell you there are these organizations that give care at home, which one would you like to select? But when you do not have knowledge of these organizations, you cannot select one (Coordinator of an Alevi association).

The often-long bureaucratic process to apply for a care-giver was also a barrier for some older Turkish adults to receive care as and when it is needed:

The process is longer in this way, for example, take myself as example. I am looking for a care-giver for my mother. But it takes around 6 weeks to apply from council from the time that they fill the application form. It takes for council 6 weeks to send a social worker to assess my mother's situation. But if it is an emergency situation and I am looking for a care-giver now, inevitably I have to come to the organization and ask for a private care-giver (Manager of a Cypriot Association).

Discussion

The experience of ageing and care within the Turkish community in London is profoundly shaped by the phenomenon of migration. This complex process is associated with an ongoing adaptation to a novel socio-cultural environment, entailing dynamic shifts in family structures, social relationships, and engagement with unfamiliar social institutions that diverge from those in migrants' country of origin. This influenced older Turkish adults' experience of care and interpretation of independence in relation to their social networks. Less dependency on familial care and more reliance on formal care and governmental support in the UK often created a dilemma for participants in negotiating independence in relation to social networks and formal institutions.

Changing family relations as a result of migration pushed older adults to seek out of home supports for care. However, family remained an important part of the care received in old age as emotional ties between family members still played a significant role in the lives of respondents (Chirkov et al., 2003; Kara, 2007). This supports the major tenets of the theory of family change (Kagitcibasi, 1996, 2007) proposing that modernization of traditional interdependent cultures develops a family model of emotional interdependence which is associated with declining material interdependencies and with rising personal autonomy. As a result, functional dependency on children or other members of the social network was associated with burdensome feelings among the majority of older Turkish adults living in London. However emotional dependency and the need for frequent visits from children and grandchildren were still identified as being very important in terms of maintaining psychological health for older Turkish adults. The emphasis on independence in the narratives of participants could be indicative of increased functional dependency on younger generations of the family after migration due to a lack of personal resources such as English language and IT skills to navigate the services and supports independently, on the one hand (Pot et al., 2020) and changing family relations and increased expectations from older adults to be independent in accordance with the dominant discourse in the host society, on the other hand (Plath, 2009).

The findings regarding participants' non-kin relationships mirrored those observed in their intergenerational relationships. From the discussions in the findings section, it is evident that non-kin connections were not robust enough to serve as a significant source of support and care. For participants whose social networks leaned more heavily on non-kin ties, neighbours and friends primarily offered companionship, as discussed by Philipson and colleagues (1999). The literature indicates that non-kin caregivers primarily assist with the practical, non-personal aspects of daily life for older adults, such as household maintenance (Lapierre & Keating, 2013) and transportation (Shaw, 2005). In our sample only in one case a disabled participant received regular help with home maintenance from neighbours that was arranged by a Turkish association rather than being a spontaneous help.

Although it can be argued that older Turkish adults in London are experiencing a shift in community values making them remake a balance between informal and formal support after migration, conceptualization of care and independence, and levels of access to formal and informal care supports is not the same among all members of the community. We discussed three different groups of the community and how an earlier time of arrival to the UK was associated with higher levels of adaptation to British society. However, it would be naïve to conclude that Turkish Cypriots were experiencing lower degrees of intergenerational tensions and better navigated formal care services compared to Kurdish Alevies or vice versa. As Dedeoglu (2014) points out these three groups are not homogeneous and can be divided further by ideological and political sub-culture (p. 72). Different socio-economic positions, places of origin, means and

motivations for migration, physical health conditions, social networks and living arrangements (Groenou & Tilburg, 2003) are additional factors creating diverse experiences of care and varied capacities for achieving independence amongst older adults belonging to the aforementioned categories.

These shifts in family values and increased expectations from older Turkish adults to reduce their dependency on formal and informal care have coincided with a shift in social care policy towards a more consumer-oriented approach in recent decades, emphasizing the ability of older adults to make informed choices (Clarke et al., 2008; Ward et al., 2020). Person-centred care has been a central theme in this policy rhetoric, focusing on increasing personal choice and autonomy (Kogan et al., 2016). However, in practice, marketization and privatization of care and decreased governmental support, have a detrimental impact on vulnerable groups (O'Dwyer, 2013) especially, older adults from ethnic minority backgrounds that often happen to have lower levels of financial security, education and knowledge about different health care options available for them, compromising real choice and preventing true person-centred care from being achieved (Suurmond et al., 2016; Williams & Rucker, 2000). Language and cultural barriers in communication between caregivers and recipients and lack of clarity in the definition of care as recurring themes in older Turkish adults and formal care providers' accounts further indicate the inefficiency of the current marketized and standardized models of care provision that do not take individuals' psychological, cultural and social needs into account (Glasdam et al., 2013).

Conclusion

Changing family relationships, social structures and aging policies demand constant negotiations on migrant older adults' behalf to achieve the desired levels of independence in old age. These complexities are felt more strongly for ethnic minority older adults, who have fewer resources and capacities to maintain independence due to multiple forms of deprivation and structural barriers. Social care policies have a crucial role in easing the burden on older adults by reducing their extra dependency on their social networks and providing better access to health and social care services in the host society. Hence, more culturally sensitive care policies tailored to individuals' resources, demands, and capabilities are required to help diverse groups of older adults to achieve their desired levels of independence.

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References

- Antonucci, T. C., Ajrouch, K. J., & Birditt, K. S. (2014). The convoy model: Explaining social relations from a multidisciplinary perspective. *The Gerontologist*, *54*(1), 82–92. <https://doi.org/10.1093/geront/gnt118>
- Arora, S., Straiton, M., Bergland, A., Rechel, B., & Debesay, J. (2020). Renegotiating formal and informal care while ageing abroad: Older Pakistani women’s healthcare access, preferences and expectations in Norway. *Journal of Migration and Health*, *1-2*, 100002. <https://doi.org/10.1016/j.jmh.2020.100002>
- Atay, T. (2010). Ethnicity within ethnicity’ among the Turkish-Speaking immigrants in London. *Insight Turkey*, *12*(1), 123–138. <https://www.insightturkey.com/articles/ethnicity-within-ethnicity-among-the-turkish-speaking-immigrants-in-london>
- Ayika, D., Dunc, T., Firdaus, R., & Mapedzahama, V. (2018). A qualitative exploration of post-migration family dynamics and intergenerational relationships. *Sage Open*, *8*(4), 2158244018811752.
- Barker, J. C. (2002). Neighbors, friends, and other Nonkin caregivers of community-living dependent elders. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *57*(3), S158–S167. <https://doi.org/10.1093/geronb/57.3.s158>
- Böcker, A., & Hunter, A. (2017). Legislating for transnational ageing: A challenge to the logics of the welfare state. *European Journal of Ageing*, *14*, 353–363.
- Bowes, A. M., & Dar, N. S. (2000). Researching social care for minority ethnic older people: Implications of some Scottish research. *British Journal of Social Work*, *30*(3), 305–321.
- Brandhorst, R. (2020). A regimes-of-mobility-and-welfare approach: The impact of migration and welfare policies on transnational social support networks of older migrants in Australia. *Journal of Family Research*, *32*(3), 495–513.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Burholt, V., Dobbs, C., & Victor, C. (2018). Social support networks of older migrants in England and Wales: The role of collectivist culture. *Ageing & Society*, *38*(7), 1453–1477.
- Carling, J., & Erdal, M. B. (2014). Return migration and transnationalism: How are the two connected? *International Migration*, *52*(6), 2–12.
- Chirkov, V., Ryan, R. M., Kim, Y., & Kaplan, U. (2003). Differentiating autonomy from individualism and independence: A self-determination theory perspective on internalization of cultural orientations and well-being. *Journal Of Personality and Social Psychology*, *84*(1), 97.
- Ciobanu, R. O., Fokkema, T., & Nedelcu, M. (2017). Ageing as a migrant: Vulnerabilities, agency and policy implications. *Journal of Ethnic and Migration Studies*, *43*(2), 164–181.
- Clarke, J., Newman, J., & Westmarland, L. (2008). The antagonisms of choice: New labour and the reform of public services. *Social Policy and Society*, *7*(2), 245–253.
- Crowther, M. R., Parker, M. W., Achenbaum, W. A., Larimore, W. L., & Koenig, H. G. (2002). Rowe and Kahn’s model of successful aging revisited. *The Gerontologist*, *42*(5), 613–620. <https://doi.org/10.1093/geront/42.5.613>
- Cylus, J., Figueras, J., & Normand, C. (2019). *Will population ageing spell the end of the welfare state? A review of evidence and policy options*. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/331978>

- D'Angelo, A., Galip, O., & Kaye, N. (2013). Welfare needs of Turkish and Kurdish communities in London. https://daymer.org/s/2541/i/Link1_DayMer_-_Welfare_Needs_of_Turkish_and_Kurdish_Communities.pdf.
- Dedeoglu, S. (2014). *Migrants, work and social integration: Women's labour in the Turkish ethnic economy*. Springer.
- Dietzel-Papakyriakou, M., & Olbermann, E. (1996). Social networks of elderly migrants: On the relevance of familial and intra-ethnic support. *Zeitschrift für Gerontologie und Geriatrie*, 29(1), 34–41.
- Dykstra, P. A., & Fokkema, T. (2012). Norms of filial obligation in the Netherlands. *Population*, 67(1), 97–122.
- Enneli, P., Modood, T., & Bradley, H. (2005). *Young Turks and Kurds: A set of 'invisible' disadvantaged groups*. Joseph Rowntree Foundation. <https://www.jrf.org.uk/report/young-turks-and-kurds-set-invisible-disadvantaged-groups>.
- Erkip, F. (2010). Community and neighborhood relations in Ankara: An urban–suburban contrast. *Cities*, 27(2), 96–102.
- Erman, T. (1997). Squatter (gecekondu) housing versus apartment housing: Turkish rural-to-urban migrant residents' perspectives. *Habitat International*, 21(1), 91–106.
- Ersoy, N., & Altun, I. (1998). Professional and personal values of nursing in Turkey. *Eubios Journal of Asian and International Bioethics*, 8(3), 72–83.
- Gilleard, C., & Higgs, P. (2017). Ageing and the limiting conditions of the body. *The Elderly*, 21–35. <https://doi.org/10.4324/9781315240046-4>
- Gilbert, G. H., Stoller, E. P., Duncan, R. P., Earls, J. L., & Campbell, A. M. (2000). Dental self-care among dentate adults: Contrasting problem-oriented dental attenders and regular dental attenders. *Special care in Dentistry*, 20(4), 155–163.
- Glasdam, S., Oeye, C., & Thrysoe, L. (2015). Patients' participation in decision-making in the medical field - 'projectification' of patients in a neoliberal framed healthcare system. *Nursing Philosophy*, 16(4), 226–238. <https://doi.org/10.1111/nup.12092>
- Guo, M., Byram, E., & Dong, X. (2020). Filial expectation among Chinese immigrants in the United States of America: A cohort comparison. *Ageing and Society*, 40(10), 2266–2286. <https://doi.org/10.1017/s0144686x1900059x>
- Halberg, N., Larsen, T. S., & Holen, M. (2022). Ethnic minority patients in healthcare from a Scandinavian welfare perspective: The case of Denmark. *Nursing Inquiry*, 29(1), e12457.
- Harding, A. J. (2022). Older people, information-giving and active agency practices in health, social care and housing: Theory, evidence and reflections. *Ageing and Society*, 1–13. <https://doi.org/10.1017/s0144686x21001884>
- Hunter, A. (2018). *Retirement home? Ageing migrant workers in France and the question of return*. Springer Nature.
- Hussein, S. (2013, February 21). *Ageing Turkish migrants in European cities experience worrying levels of social isolation which can limit their access to health and social care services*. EUROPP. <https://blogs.lse.ac.uk/europpblog/2013/02/18/ageing-turkish-migrants-london-europe/>.
- Jones, P. S., Lee, J. W., & Zhang, X. E. (2011). Clarifying and measuring filial concepts across five cultural groups. *Research in Nursing & Health*, 34(4), 310–326.
- Kagitcibasi, C. (1996). The autonomous-relational self. *European Psychologist*, 1(3), 180–186.

- Kagıtcıbası, C. (2007). *Family, self, and human development across cultures: Theory and applications*. Routledge.
- Kagıtcıbası, C., Ataca, B., & Diri, A. (2010). Intergenerational relationships in the family: Ethnic, socioeconomic, and country variations in Germany, Israel, Palestine, and Turkey. *Journal of Cross-Cultural Psychology, 41*(5-6), 652–670.
- Kalaycıoğlu, S., & Rittersberger-Tiliç, H. (2000). *Gündelikçi kadınlar*. Su Yayınları.
- Kara, M. A. (2007). Applicability of the principle of respect for autonomy: The perspective of Turkey. *Journal of Medical Ethics, 33*(11), 627–630.
- Karasozen, R., & Koca, G. (2011). Participation of users in traditional and modern Turkish settlements. *Journal of Civil Engineering and Architecture, 5*(10), 937–942.
- Kauppi, M., Virtanen, M., Pentti, J., Aalto, V., Kivimäki, M., Vahtera, J., & Stenholm, S. (2021). Social network ties before and after retirement: A cohort study. *European Journal of Ageing, 18*(4), 503–512. <https://doi.org/10.1007/s10433-021-00604-y>
- Kings, R., Thomson, M., Mai, N., & Keles, Y. (2008). ‘Turks’ in the UK: Problems of definition and the partial relevance of policy. *Journal of Immigrant & Refugee Studies, 6*(3), 423–434. <https://doi.org/10.1080/15362940802371895>
- Knowles, C., & Harper, D. (2009). *Hong Kong: Migrant lives, landscapes, and journeys*. University of Chicago Press.
- Kogan, A. C., Wilber, K., & Mosqueda, L. (2016). Person-centered care for older adults with chronic conditions and functional impairment: A systematic literature review. *Journal of the American Geriatrics Society, 64*(1), e1-e7.
- Lapierre, T., & Keating, N. (2013). Characteristics and contributions of non-kin carers of older people: A closer look at friends and neighbours. *Ageing and Society, 33*(8), 1442–1468. <https://doi.org/10.1017/S0144686X12000736>
- Mehmet Ali, A. (2001). *Turkish speaking communities and education: No delight*. Fatal.
- Merz, E. M., Consedine, N. S., Schulze, H. J., & Schuengel, C. (2009). Wellbeing of adult children and ageing parents: Associations with intergenerational support and relationship quality. *Ageing & Society, 29*(5), 783–802.
- Nauck, B., & Klaus, D. (2008). Family change in Turkey: Peasant society, Islam, and the revolution “from above”. In R. Jayakody, A. Thornton, & W. Axinn (Eds.), *International family change. ideational perspectives* (pp. 281–312). Lawrence Erlbaum.
- O’Dwyer C. (2013). Official conceptualizations of person-centered care: which person counts? *Journal of aging studies, 27*(3), 233–242. <https://doi.org/10.1016/j.jaging.2013.03.003>
- Phillipson, C., Bernard, M., Phillips, J., & Ogg, J. (1999). Older people’s experiences of community life: Patterns of neighbouring in three urban areas. *The Sociological Review, 47*(4), 715–743.
- Plath, D. (2009). International policy perspectives on independence in old age. *Journal of Aging & Social Policy, 21*(2), 209–223.
- Pot, A., Keijzer, M., & De Bot, K. (2020). The language barrier in migrant aging. *International Journal of Bilingual Education and Bilingualism, 23*(9), 1139–1157.
- Röhr, S., Reininghaus, U., & Riedel-Heller, S. G. (2020). Mental wellbeing in the German old age population largely unaltered during COVID-19 lockdown: Results of a representative survey. *BMC Geriatrics, 20*(1), 1–12.

- Shaw, B. A. (2005). Anticipated support from neighbors and physical functioning during later life. *Research on Aging, 27*(5), 503–525. <https://doi.org/10.1177/0164027505277884>
- Simsek, D. (2012). *Identity formation of Cypriot Turkish, Kurdish and Turkish young people in London in a transnational context* (Doctoral dissertation). City University London.
- Sirkeci I. (2017, May 16). Migration from Turkey to the UK — IMI. International Migration Institute (IMI) — IMI. <https://www.migrationinstitute.org/blog/migration-from-turkey-to-the-uk>
- Stark, T. H., & Seibel, V. (2022). Inter-ethnic relationships in social networks and their effect on the resilience of ethnically diverse societies. In E. Lazega, T. A. B. Snijders, & R. P. M. Wittek (Eds.), *A research agenda for social networks and social resilience* (pp. 59–72). Edward Elgar.
- Stoller, E. P., & Earl, L. L. (1983). Help with activities of everyday life: Sources of support for the noninstitutionalized elderly. *The Gerontologist, 23*(1), 64–70.
- Suurmond, J., Rosenmöller, D. L., El Mesbahi, H., Lamkaddem, M., & Essink-Bot, M. L. (2016). Barriers in access to home care services among ethnic minority and Dutch elderly—A qualitative study. *International Journal of Nursing Studies, 54*, 23–35.
- Taylor, H. (2009). *Narratives of loss, longing and daily life: The meaning of home for Cypriot refugees in London* (Doctoral dissertation). University of East London.
- Tezcan, T. (2018). On the move in search of health and care: Circular migration and family conflict amongst older Turkish immigrants in Germany. *Journal Of Aging Studies, 46*, 82–92.
- Thomson, M., & Crul, M. (2007). The second generation in Europe and the United States: How is the transatlantic debate relevant for further research on the European second generation? *Journal Of Ethnic and Migration Studies, 33*(7), 1025–1041.
- Torres, S. (2006). Different ways of understanding the construct of successful aging: Iranian immigrants speak about what aging well means to them. *Journal of Cross-Cultural Gerontology, 21*, 1–23.
- Victor, C. R., Maria, Z., & Wendy, M. (2018). Families and caring in South Asian communities, In A. Walker (Ed.), *The new dynamics of ageing* (Volume 2). <https://doi.org/10.1332/policypress/9781447314783.003.0006>
- Warnes, A. M., Friedrich, K., Kellaher, L., & Torres, S. (2004). The diversity and welfare of older migrants in Europe. *Ageing & Society, 24*(3), 307–326.
- Waldman-Levi, A., Erez, A. B. H., & Katz, N. (2015). Healthy aging is reflected in well-being, participation, playfulness, and cognitive-emotional functioning. *Healthy Aging Research, 4*(8), 1–7.
- Wali, N., & Renzaho, A. (2018). “Our riches are our family”, the changing family dynamics & social capital for new migrant families in Australia. *PloS One, 13*(12), e0209421. <https://doi.org/10.1371/journal.pone.0209421>
- Williams, D. R., & Rucker, T. D. (2000). Understanding and addressing racial disparities in health care. *Health Care Financing Review, 21*(4), 75–90.
- Yazdanpanahi, M., & Hussein, S. (2021). Sustainable ageing: Supporting healthy ageing and independence amongst older Turkish migrants in the UK. *Sustainability, 13*(18), 10387. <https://doi.org/10.3390/su131810387>
- Yazdanpanahi, M., & Woolrych, R. (2023). Neighborhood environment, healthy aging, and social participation among ethnic minority adults over 50: The case of the Turkish-Speaking community in London. *Housing and Society, 50*(2), 206–227.
- Zontini, E. (2007). Continuity and change in transnational Italian families: The caring practices of second-generation women. *Journal of Ethnic and Migration Studies, 33*(7), 1103–1119.

Zontini, E., & Reynolds, T. (2007). Ethnicity, families and social capital: Caring relationships across Italian and Caribbean transnational families. *International Review of Sociology—Revue Internationale de Sociologie*, 17(2), 257–277.

Zubair, M., & Norris, M. (2015). Perspectives on ageing, later life and ethnicity: Ageing research in ethnic minority contexts. *Ageing & Society*, 35(5), 897–916.