

Equalities Board Research Project

Ageing Equally within Chinese Communities?

Louise Wong
February 2020

This research is an Equalities Board research project, and is part of a programme of “Ageing Equally?” research commissioned by Ambition for Ageing.

Ambition for Ageing is a Greater Manchester wide cross-sector partnership, led by GMCVO and funded by the National Lottery Community Fund, aimed at creating more age friendly places by connecting communities and people through the creation of relationships development of existing assets and putting older people at the heart of designing the places they live.

Acknowledgments

I would like to express my sincere gratitude to the participants who took part in this research project, especially those we never met before. I am indebted to them for placing their trust in me to talk openly about their experiences and encounters with their communities.

I would like to extend my gratitude to all the volunteers who attended the workshop training, and introduced me to their networks of family and friends in order to arrange and conduct interviews.

I would particularly like to thank the following people: Denise Megson for delivering workshop training Dr Sam Yu's feedback and comments on data analysis; David Yu support Mandarin speaking interview transcription; Julian Hill for delivering playwright sessions; and Radio Sheung Lok presenters, Edwin Jung, Robert Liu, Denise Megson, Lizhen Mei, TuyetLinh Tang, Cindy Su and Suzanna Wong for disseminating the research findings on Radio Sheung Lok programmes.

Special thanks to Patrick Steele for reading the drafts and in seeing a number of amended versions. Special thanks are also due to Ellie Nixon for providing ongoing feedback and support to this project. Last but not least, I would like to thank Ambition for Ageing for funding this research project, and the support of the staff and members of the Equalities Board for allowing and enabling Chinese voices to be heard in this way.

Summary

A total of 44 Chinese older people aged between 59 and 99 years old participated in this research project in order to explore their ideal views of ageing well and the realities that they encounter in their daily life activities. One to one interviews were carried out on 35 participants, and 10 participants took part in a focus group interview (one of these participants took part in both).

The findings show that participants believe that ageing well is when a person reaches a mental state of feeling at ease and pleasure 安樂, lives a quiet and peaceful lifestyle 平淡; he or she is carefree and has nothing to worry about. Three basic elements necessary to cushion older people from vulnerability are: good health, financial security and being looked after by family, and are essential towards older age. To some extent, some participants believe these three elements are cause and effect or fate.

However, ageing well or not also depends on the particular circumstances that the older person encounters, such as poor health or the death of a family member or friends. Furthermore, language barriers and inadequate support hinders them from gaining access to mainstream services, thus widening the gap of ageing well among older people. Having their own safe community space (Sheung Lok Centre) from which they can collectively visit other amenities is very important.

Contents

Acknowledgement	3
Summary	4
1 Introduction and Background to the Research	6
2 Research Process	7
3 Methods	7
4 Data Collection	8
5 Data Analysis	8
6 Ethical Considerations	8
7 Result	9
7.1 Profile of the Participants	9
7.2 One to One Interviews	17
7.3 Focus Group Interview	26
8 Discussion	29
9 Recommendation	32
10 Dissemination	33
References	34
Appendix 1 Interview questions	35
Appendix 2 Consent Form	36
Appendix3 Participants Demographic Monitoring Questions English Version	37
Appendix 4 Participants Demographic Monitoring Questions Chinese Version	41

1: Introduction and Background to the Research

Unlike other ethnic groups, the Chinese population is scattered in and around the main cities across the UK because of the occupational concentration in the Chinese food takeaway and Chinese restaurant trade. Manchester is among English cities with highest Chinese population (Manchester Evening News, 2017). According to the 2011 census, there were 400,000 Chinese people in England and Wales, which makes up around 0.7% of the population. There are an estimated 14,000 Chinese people living in Manchester, and about 2,000 Cantonese speakers living in Manchester (Manchester City Council, 2018). Also a large population of older people live within the Manchester City Centre, Ardwick and Longsight wards. Many of them speak only Cantonese and have communication barriers with non Chinese speaking communities (AfA 2018, 2019).

The majority of Chinese older people came to the UK between the 1960s and 1980s; they have now reached pension age, and many of them have become old and frail. It should be noted that Chinese people value older people with all their wisdom gained from life experience, so they should be respected and not taught by younger generations. As the Chinese proverb says “having a senior in the family is as having treasure in the house”. It is also a Chinese tradition that children are obliged to look after their parents, and if there is a lack of support from them, senior members of the family will feel a loss of face as this represents their social position and prestige (Hsiao, Klimidis, Minas, and Tan, 2006).

Chinese older people come from different countries, and the aspect of the particular language that they speak also has an impact on their identity (Wai Yin 2019). Also there are issues of stigma and discrimination against Chinese older people with long term health conditions, disabilities, people with learning difficulties, or the experience of mental health problems within their community (AfA, 2019). In this respect, the purpose of this research project is to explore, for hard to reach Chinese people, whether or not they are ageing equally within their communities. An intersectional approach will be used in this research to explore these issues for Chinese older people that come from different countries.

This research is based on and expands the previous Equalities Board (EB) research projects (AfA, 2018; 2019), which focused on Chinese older people with long term health conditions, disabilities, or the experience of mental health problems, and their encounters within their communities.

Therefore the aims of this research are to:

- Explore the expectations and Chinese traditional beliefs of growing old and staying well.
- Find out about the difficulties that Chinese older disadvantaged groups encounter in daily life activities.
- Investigate the key elements that can reduce the gap between their expectations and their real life experiences
- Look into the gaps in services provided in order to reduce isolation and loneliness.

2: Research Process

In order to outreach the hard to reach Chinese disadvantaged groups, and to raise awareness of the factors of social isolation and loneliness among older people, the initial design of the project was to recruit volunteers from different networks within their particular groups and to train them as co-researchers to conduct interviews, transcription, and data analysis.

A workshop on social isolation was held on 22nd May 2019. The purpose of the workshop was not only to raise awareness of the risk factors of social isolation among older people, but it also created an opportunity to provide background information on this project and to recruit volunteer researchers.

A total of 15 participants attended this workshop, and 6 of them expressed interest in becoming volunteer researchers. Further interview recording training was then held on the 13th June 2019. Five volunteers attended this training. However, after the training, volunteers expressed their worries in the feedback session. All of them found the training was interesting, but that the recording equipment was difficult to use. They were also concerned that with only a couple of training sessions, they would not be confident to carry out interviews on their own; more importantly, because they were so close to their network members, it was inappropriate to act as “researcher” and to carry out the interviews. Consequently, all of the volunteers withdrew their involvement in the project. However, they continued to support the project by inviting their network members to take part in the research interviews.

With the intention to reach out to the wider Chinese communities and to recruit potential participants, a disability awareness workshop was held on 10th September 2019. The workshop was facilitated by Denise Megson (Nursing Lecturer from Salford University). A total of 22 older Chinese people attended this workshop.

Although volunteer researchers were not able to recruit from these two workshops, however, it did achieve the aims of raising awareness of social isolation and loneliness among older people especially disadvantaged groups. The two workshops also helped to generate specific research questions (see Appendix 1).

3: Methods

In order to develop a deeper understanding that participants encounter in their daily life activities, and to investigate in-depth the heart of the problems from participants' viewpoints, a qualitative research method was employed in this research project. One to one semi-structured interviews and a focus group interview were conducted. The interviews were all audio recorded. All participants were also asked to complete a demographic monitoring form (see Appendix 3 & 4).

4: Data Collection

Participants were recruited through an open invitation to older Chinese people from their volunteers' neighbourhood, and through their networks of family and friends.

35 one to one interviews were conducted between October and early December 2019: 12 interviews were conducted in the interviewees own homes; due to the interview environment in their own home, their partner could not be excluded from taking part in this research project. Therefore, two couples had a joint interview.

2 of the interviews were carried out at Wai Yin Headquarters, and 21 interviews took place at Sheung Lok Wellbeing Centre. The length of the interviews ranged between 20 to 45 minutes. Only one interview was conducted in Mandarin; the remaining 34 interviews were conducted in Cantonese.

A carers' focus group was carried out on 3rd December; 10 carers took part in this focus group interview. Among them, one carer had already taken part in a one to one interview. The length of the focus group interview was 50 minutes, and it was conducted in Cantonese.

Informed consent was gained from each participant (see Appendix 2), and all the interviews were captured on audio-tape recording.

5: Data Analysis

Interviews were transcribed into written Chinese. All personal information was removed in the process of transcription. Thematic analysis (Braun and Clarke, 2006) was used for data analysis in order to identify themes from participants' experiences, their perceptions, attitudes and experiences of ageing. Dr Sam Yu, Associate Professor of Hong Kong Baptist University) was invited to be an independent research advisor, in order to reduce research bias during the process of data analysis.

6: Ethical Considerations

All participation in this research was entirely voluntary. Informed consent was obtained from all participants (See Appendix 2). They could freely withdraw or modify their consent and can ask for the destruction of all or part of the data to which they have contributed. All participants were made anonymous; any information obtained was kept strictly confidential, and all personal details were removed so identification could not be made. Typed notes, transcription and electronic audio files were stored on a password protected computer.

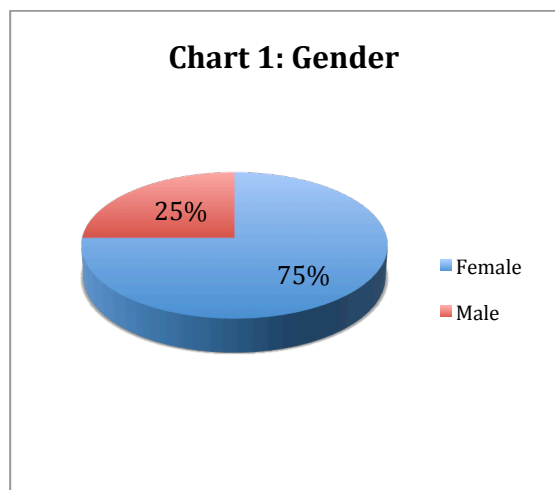
Participants would receive further support from Wai Yin Kwan Wai mental health project if they feel distressed or are upset after the interview. One participant felt very upset so the interview was terminated and the participant was referred to our Kwan Wai Project for further support.

7: Results

7.1 Profile of the Participants

7.1.1 Gender

A total of 44 participants took part in this research project, 11 males and 33 females, and for all of them the gender was the same as the one registered at birth (see Chart 1).



7.1.2 Age

The age of the participants ranged from 59 to 99 years old (see Chart 2).

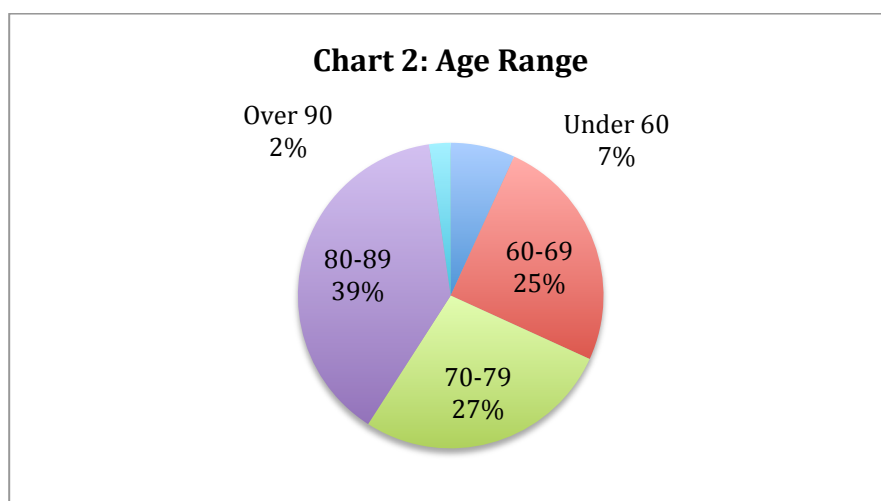
3 (7%) under 60 years old

11 (25%) aged between 60-69

12 (27%) aged between 70-79

17 (39%) aged between 80-89

1 (2%) over 90 years old



7.1.3 Country of Origin

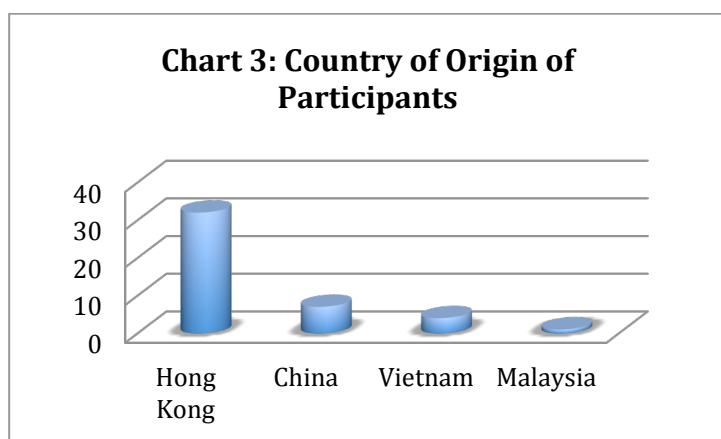
The participants came from four countries in South East Asia (see Chart 3)

32 (73%) participants came from Hong Kong

7 (16%) came from China

4 (9%) came from Vietnam

1 (2%) came from Malaysia (see Chart 3)



7.1.4 Language used for communication

7.1.4.1 Language usually spoken

Participants were asked which language they spoke most of the time during the day (see Chart 4).

36(82%) speak Cantonese

1(2%) speaks Mandarin

2(5%) speak Hakka

1(2%) speaks English

1(2%) speaks both Cantonese and Mandarin

1(2%) speaks both Sun Hui and Cantonese

2(5%) speak both Vietnamese and Cantonese

7.1.4.2 Preferable language for communication

They were also asked which language they prefer to speak when communicating with other people (see Chart 4 also).

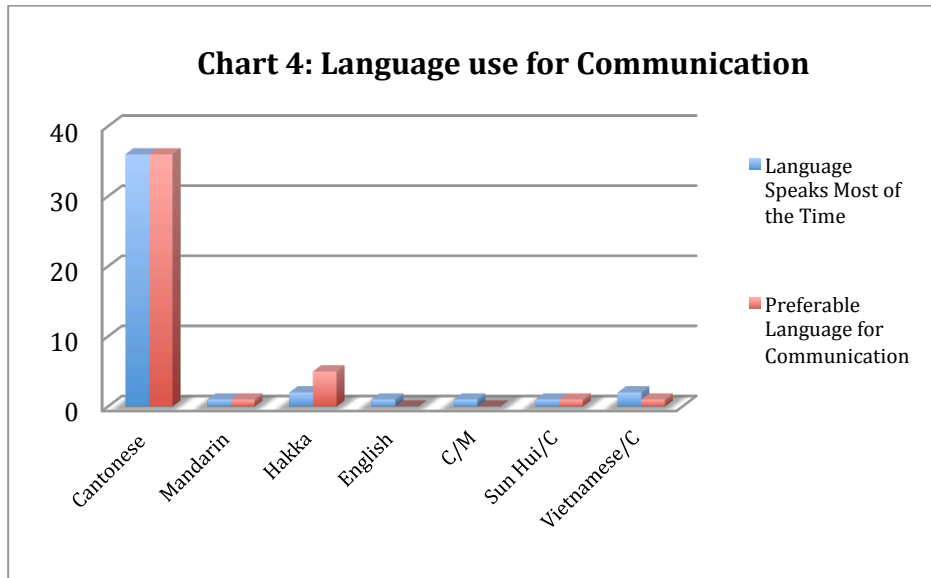
36 (82%) prefer speaking in Cantonese

1 (2%) prefers speaking in Mandarin

5 (12%) prefer speaking in Hakka

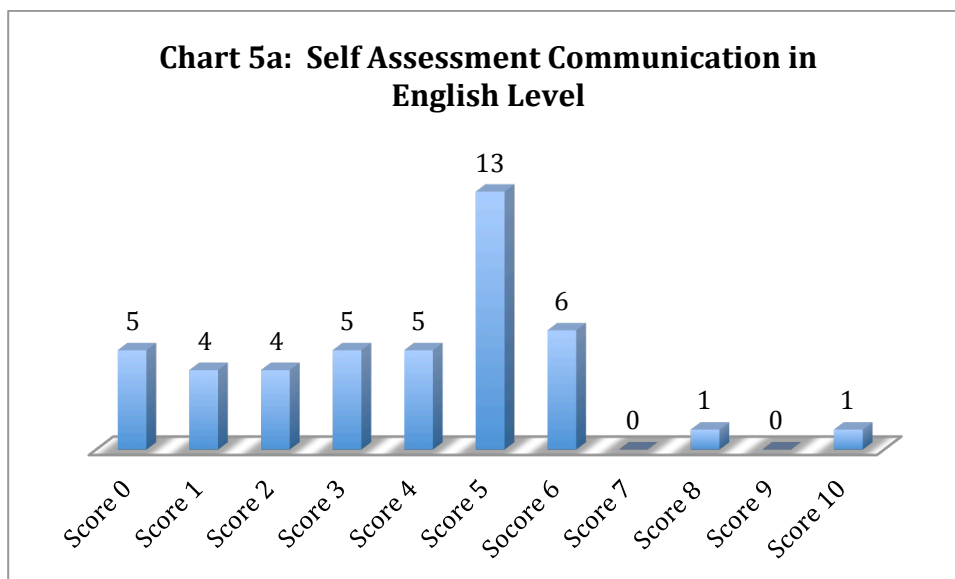
1 (2%) prefers speaking in either Sun Hui or Cantonese

1 (2%) prefers speaking in either Vietnamese or Cantonese

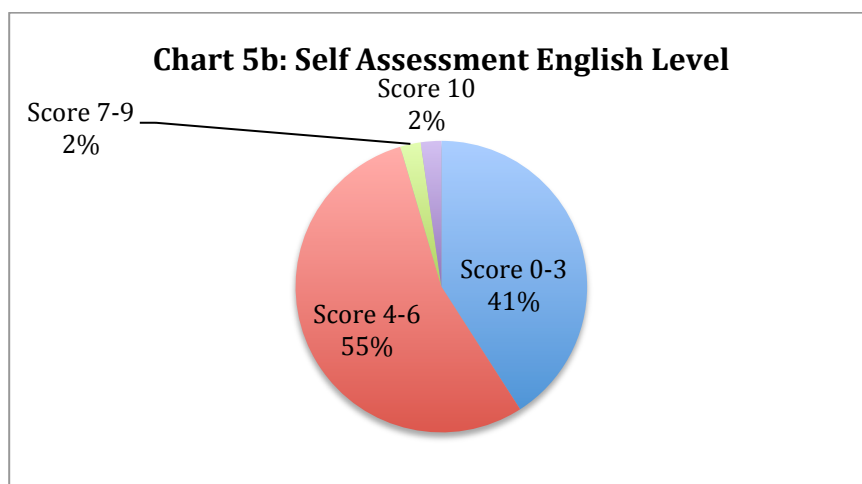


7.1.5 Self assessment of English level

Participants were asked to self assess their level of English proficiency from no English (0) to fluent in English (10), (see Chart 5a)



From their self assessment, it also indicates 18 (41%) score 3 or under, which means that they have great difficulties in communication in English, 24 (55%) score between 4-6, so they need a lot of help for interpreting letters and going to see doctors; 1 (2%) score 7-9 and above, which is fairly comfortable speaking English, and 1 (2%) scores 10, which is fluent in English (see Chart 5b)



7.1.6 The length of time living in the U.K.

The length of time participants were living in the U.K. ranged from 12 to 63 years (see Chart 6)

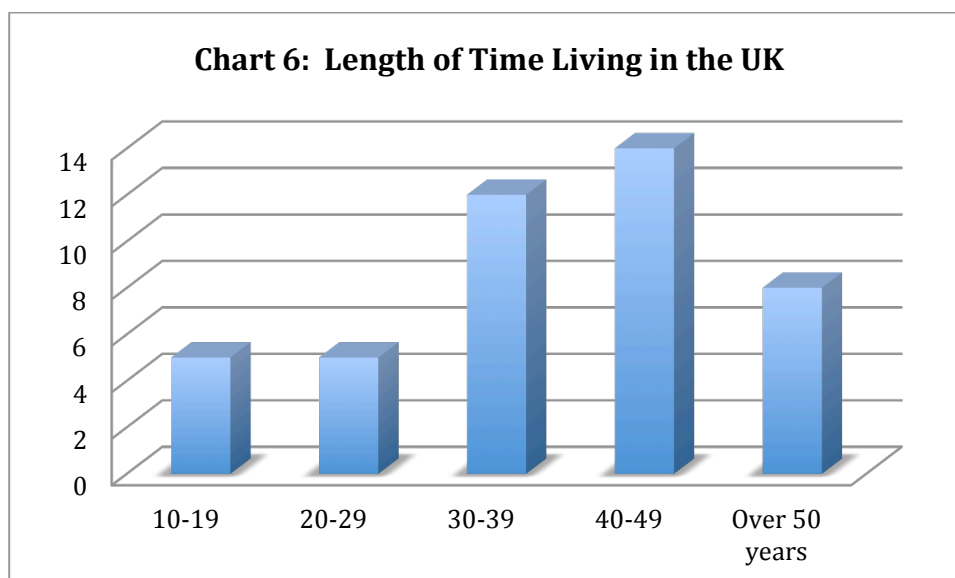
5 (12%) lives in the UK 12-19 years

5 (12%) 20-29 years

12 (27%) 30-39 years

14 (32%) 40-49 years

8 (17%) over 50 years



7.1.7 The place and duration of residence

Participants were asked where they live (see Chart 7a)

33 (75%) participants live in Manchester

2 (4%) live in Salford

3 (7%) live in Rochdale

1 (2%) live in Bury

2 (5%) live in Tameside

2 (5%) live in Stockport

1 (2%) live in Cheshire

The duration of residence in their local area ranged from 1 to 49 years (see Chart 7b)

14 (32%) of participants lived for fewer than 10 years at their current address

6 (14%) lived there for between 10-19 years

18 (41%) lived there for between 20-29 years

5 (11%) lived there for between 30-39 years

1 (2%) lived there for between 40-49 years (see Chart 7b)

Chart 7a: Residents' Areas

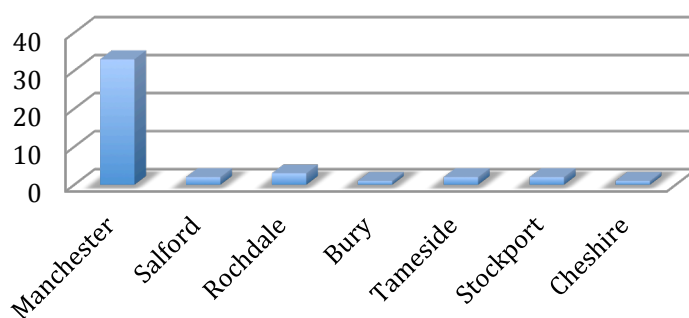
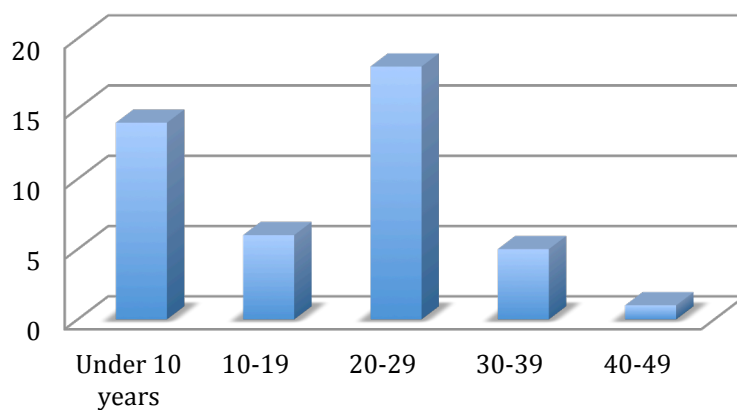


Chart 7b: Length of Residence



7.1.8 Educational Level

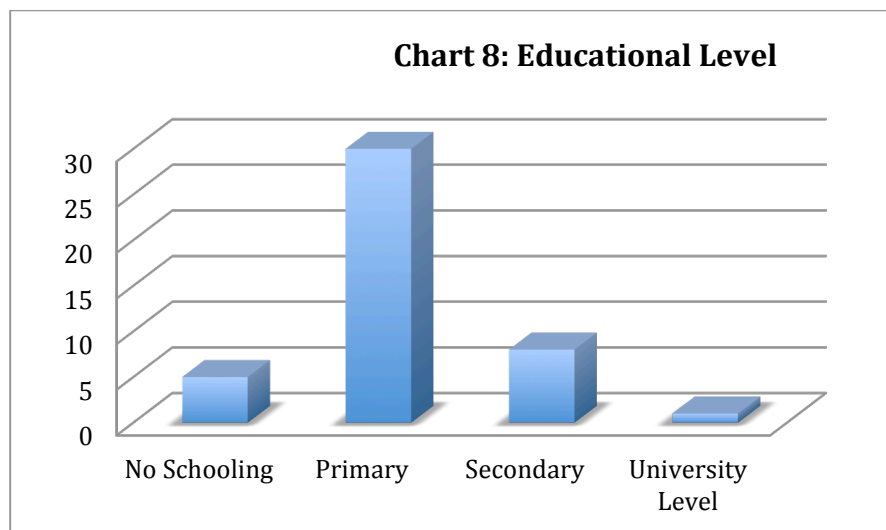
Participants were also asked their educational levels (see Chart 8)

5 (12%) of the participants said that they never attended school

30 (68%) studied up to primary level

8 (18%) achieved secondary level

1 (2%) achieved university level

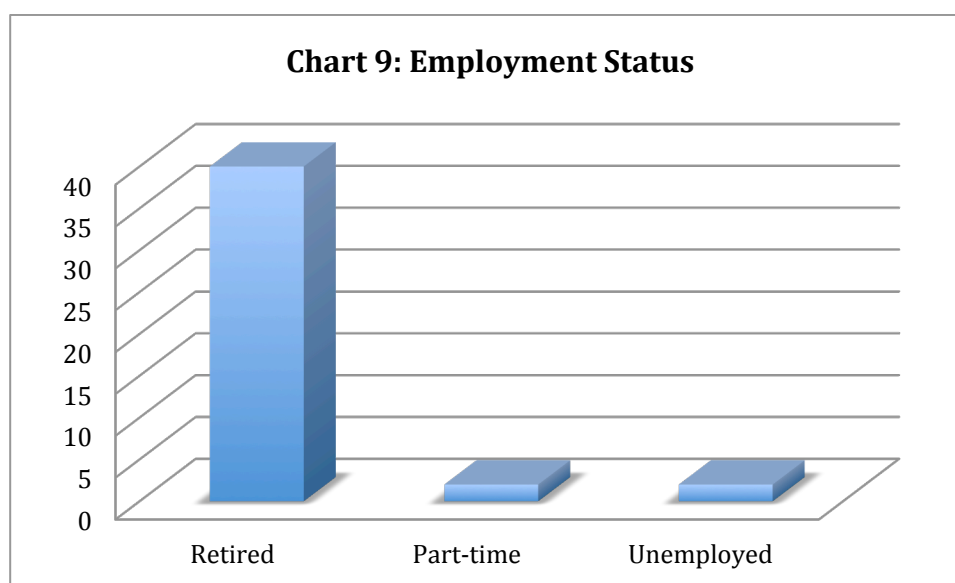


7.1.9 Employment Status

Participants were asked their employment status (see Chart 9)

Among these 44 participants, 8 (18%) of them were under age 66.

40 (90%) of the participants were retired; only 2 (5%) participants work part-time and 2 (5%) of participants were unemployed.



7.1.10 Religious Faith

On the question of religion (see Chart 10)

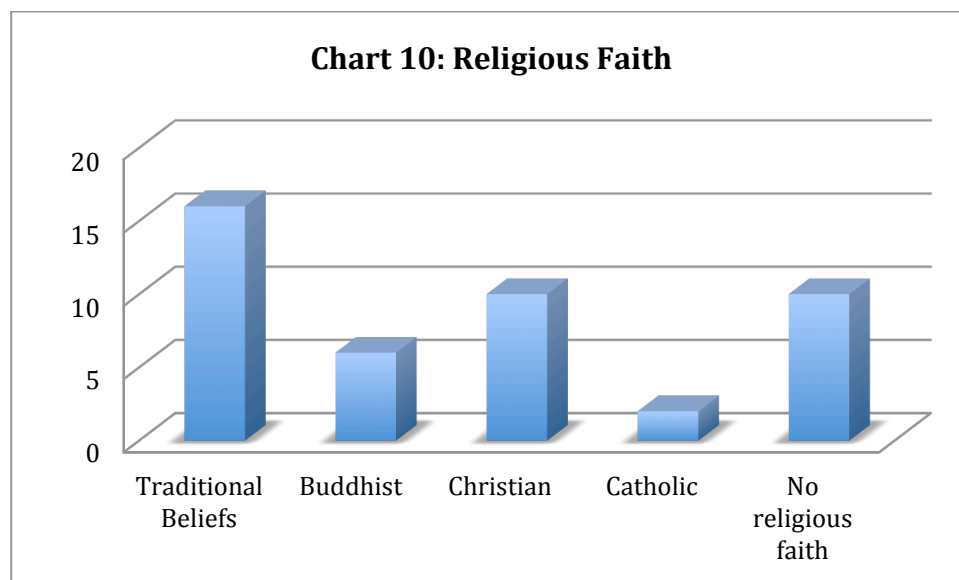
16 (36%) of participants practise Chinese traditional worship

6 (14%) are Buddhist

10 (23%) are Christian

2 (4%) are Catholic

10 (23%) have no religious faith



7.1.11 Marital Status and Sexual Orientation

When asked about marital status and sexual orientation (see Chart 11)

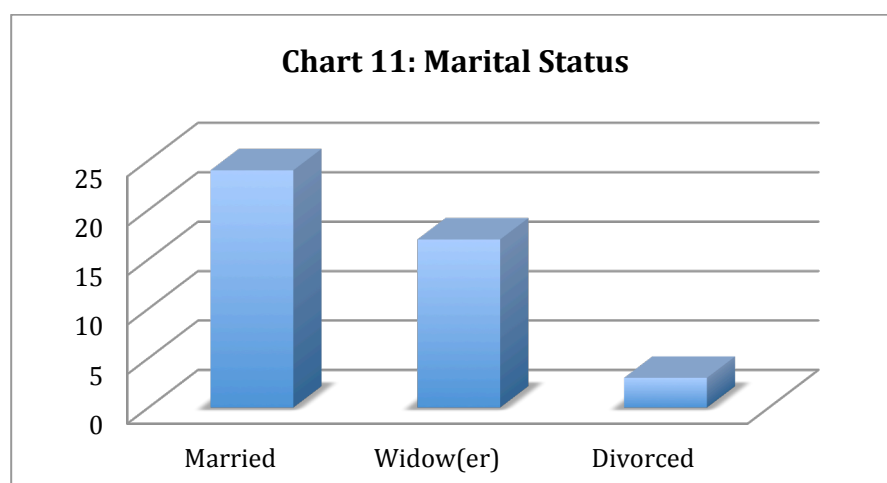
24(55%) of participants are married

17 (39%) are widowed

2(4%) are divorced

1 (2%) is single

And all participants consider themselves to be heterosexual.



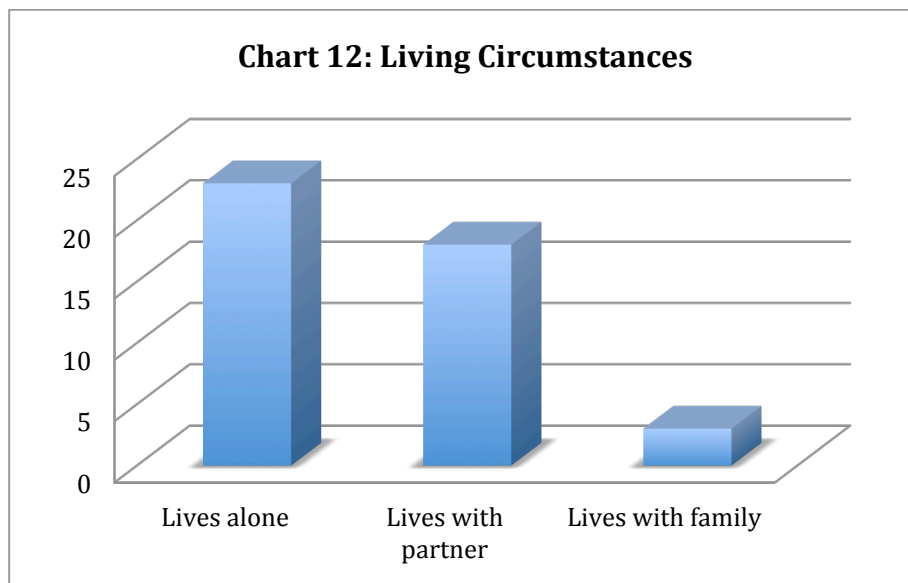
7.1.12 Living Circumstances

Participants were also asked about their living circumstances (see Chart 12)

23 (52%) participants live alone

18 (41%) live with their partner

And only 3 (7%) live with their families

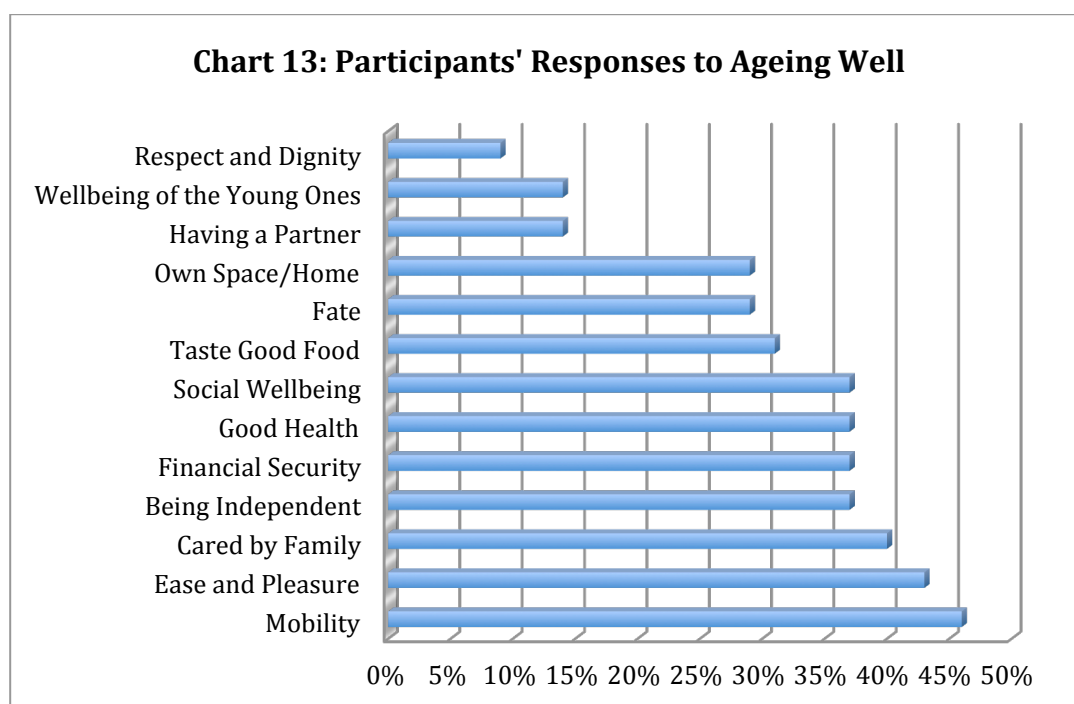


7.2 One to one interviews

35 participants (9 males and 26 females) took part in one to one interviews. Their ages were between 59 and 99 years old.

7.2.1 The concept of ageing well

Participants were asked about their ideals in ageing well, and their responses are below (see Chart 13)



16 (46%) said in ageing well, a person needs to be able to go out and about to enjoy life in old age. The term “able to walk and run 行得走得” was commonly used by participants.

15 (43%) said having a quiet and peaceful life, being happy everything is smooth and safe, and having no worries.

14 (40%) said that ageing well is when they are looked after by their family, especially those who show filial piety to their parents.

13 (37%) said ageing well means not being a burden on other people. The person is able to look after themselves, and in daily life there is no need to rely on or be supported by other people.

13 (37%) expressed financial security as essential to meet their basic needs. They used the term “saving up grain for use in famine 積穀防饑”, which means people should save up some money for use in old age.

13 (37%) said that having good health is essential to carry on daily activities in old age; this may include reliance on the national health care system and having a good doctor to look after their health problems.

13 (37%) said that ageing well means to maintain their social wellbeing, so that they are able to enjoy life. The person should be able to find someone to talk to, go out to meet friends and can join enjoyable activities.

11(31%) said that it is not only just receiving food to meet their basic needs, but able to eat or taste the food that they want to eat.

11 (31%) expressed that somehow ageing well is derived from a cause and effect, and to some extent it is determined by one's destiny. However, they believe happiness is accumulated by doing good things or helping other people.

10 (29%) said that in this era, to enjoy life in older age, the person should have their own space. Although they expect to be looked after by their children, but they prefer independent living, and nursing homes are not an option.

5 (14%) said having a partner to accompany them until the end of their life is an ideal of ageing well.

5(14%) said it is equally true to have young ones around, as their children aged as well, therefore, the wellbeing of their young ones is also considered important for ageing well.

3 (9%) said that respect and to preserve dignity of older people is essential for ageing well.

From these in-depth interviews, it is revealed that participants believe that ageing well is when a person reaches a mental state of feeling at ease and pleasure 安樂, lives a quiet and peaceful lifestyle 平淡; he or she is carefree and has nothing to worry about. A person should also free their mind from being stubborn, go with the flow and take it easy. In order to live happily without any worries, all the basic needs must be met. That means an older person is able to go out and about, looking after him/herself and have their own home. In this respect, financial security is essential and the source of income is derived from saving up from a young age.

ID2: "All I want is safety steady; everything is smooth safety till the end of my life, having two meals regularly, and have some saving. Two meals for the day and a lodge for the night (日求兩餐夜求一宿)" (88 years old male)

ID6: "Having a shelter, a quiet and peaceful life, I don't need any more exciting lifestyle." (61 years old female)

ID8: "When you are young, you don't know what lie in the future, and this is why we say, "saving up grain for famine 積穀防饑". If you didn't save up when you are young, how can you have a good life in the future?" (78 years old female)

Furthermore, older people require good health to maintain their independence, so that they can look after themselves, and not be a burden to their family. Together with financial security, they will be able to go out and about enjoying their old age lifestyles.

ID17: “(Ageing well) it is simple, no debt collector at your front door, and no sick person in your house.” (74 years old male)

ID26: “at the end of the day having it (money), life is better, you can buy what you want to eat, and you can go to see a private doctor.” (69 years male)

Family is also one of the crucial elements that contribute to ageing well. Participants also stressed that it is important to have a family around that supports by them by living in harmony; especially if a couple is able to stay together to the end of their lives, the children are all sound and well and show filial piety to their parents.

ID18: “Ageing well is that me and my wife will be able to walk to the end of our life together, living in our free care home with some money to spend.” (67 years old male)

ID20: “I wish my children are sound and well, they can look after me. It is important have my own family treat me well. If my family not treat me well even giving you “dragon meat” to eat, it is tasteless.” (82 years female)

ID9: “Ageing well is no needs to worry about “two meals 两餐”, having their own warm home, no arguments between husband and wife, living comfortably and eating good food. After meals they can go out ...air out with friends, joining activities and learning new things enrich our knowledge, and other spare time going for a holiday.” (64 years old female)

Participants put emphases on maintaining their status and being respected as vital for living happily into old age. It is particularly important in the case of end of life care.

ID10: “I think ageing well is receiving respect from other people, the dignity of the older people, I think it is really important, no matter how old and frail you are, the dignity...especially for a good death...I witnessed the pain of the dying patients in a nursing home, but their dignity was preserved. It is very important.” (80 years old female)

Participants believe that there are three essential elements: good health, financial security, and being looked after by family are essential contributors to ageing well; to some extent, some participants believe that these three elements are “cause and effect” or derived from traditional beliefs. In order to lift the ill fate of the person, they must be kind and do no harm to other people.

ID31: “Aging well is to cultivate oneself to be kind 修行, don’t do any bad things. Your fate has been determined when you were born.” (77 years old female)

7.2.2 Health condition of the participants

Participants were asked whether or not they have any illness or long term health conditions. They may have more than one illness or health condition, but only stated the particular health conditions that affected them most (see Chart 14).

From the in-depth interviews and observation of these 35 participants, 15 (43%) stated that they had difficult in walking without an aid, and among them, one was a bedridden participant.

13 (37%) said that they had diabetes

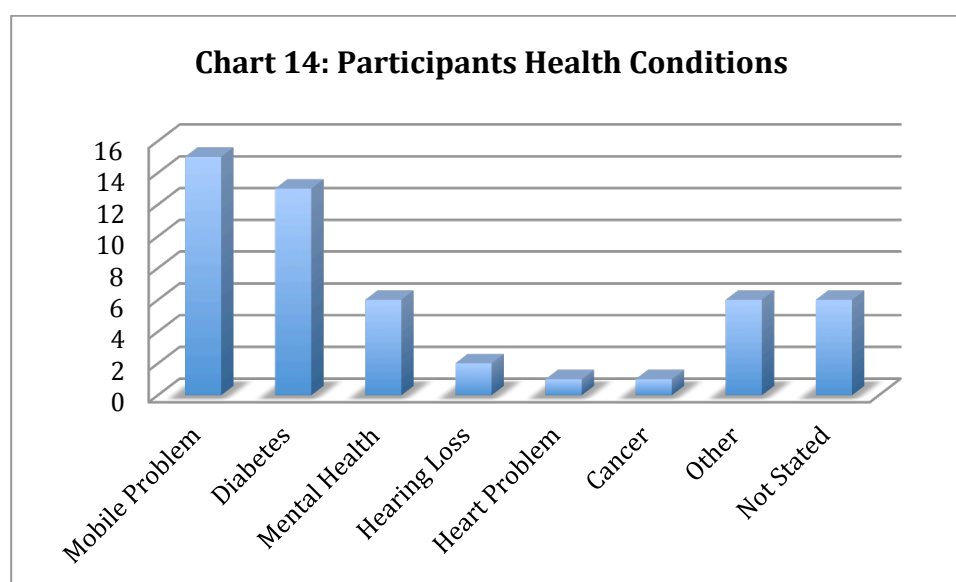
6 (17%) experienced mental health problem

1(3%) had heart problems

1 (3%) suffered from cancer

6(17%) had other long term health conditions, such as asthma or back pain

6 (17%) did not state if they have any health problems



7.2.3 Health and Employment

As mentioned in 7.2.1, participants expressed that one of the factors of ageing well is that the person has no mobility problems, and this implies the person is also in good health. It is also important for people enable to work in their full capacity so that they can save up for future retirement. However, in 7.1.9 the data shows that almost 20% of the participants of working age were either working part-time, unemployed or took an early retirement, and this was the result of their work circumstances such as working long hours in catering industry or due to a change of environment settling into the U.K.

ID6: I did not know (how to look after myself) when I was young, now I have a lot of illness...We need to go to bed early...not to eat so much rubbish (not healthy food). (61 year old unemployed woman with a long term health condition)

7.2.4 Wellbeing in relation to Communication

Despite their long term health conditions, participants tried their best to use self-help and be independent. Nevertheless, participants felt that effective communication was crucial to maintain wellbeing. Sometimes they felt feelings of powerless and helplessness when they could not handle situations where confidence is required in speaking English, for example to make a complaint.

ID28: "The most difficulty is living environment, especially asking for a repair (in the house)...I have been waiting all day... eight times they gave me the appointment did not turn up...I just feel helplessness..." (59 years old female, self assess English level score 3)

ID3: "...the bus was very crowded... I am nearly eighty...standing there...no one giving up their seat...I did not know what happening, I fell... a big lump on my head...they picked me up...took me to hospital...I went to (Chinese) solicitor...small case...they won't deal with it." (83 years old female, self assess English level score 2)

As mentioned in 5.1.5 more than half of the participants need language support for interpreting letters and going to see doctors. This is particular true for old and frail participants that rely on the support of their family members.

ID31: "I don't know all the alphabet, only use body language...my daughter-in-law help interpreting letters...I can go to see doctors by myself only if they provide me with an interpreter...anything happens (in the clinic) I will call my daughter-in-law and my daughter." (77 years old female; self assessed English level score 0)

ID14: "...I know they should do it, but they are working, can't ask a day off for my appointment. It is OK just for once, but for so many appointments." (71 years old female; self assessed English level score 0)

ID24: "...hospital appointment will send to my daughter. I have three daughters, one of them must come!" (81 years old female; self assessed English level score 1)

ID26: "...going to see doctor, my husband will help me, but if he leave (die) before me, then I will turn to my daughter, but 3 hours drive! I will die before she comes, I don't need an interpreter anymore by then." (70 years old female; self assessed English level score 5)

As shown in 7.1.4, Chinese is the language that participants speak most of the time during the day, and this also reveals that daily life activities are restricted to Chinese speaking communities.

Participants were also asked whether or not they would join in activities that are held at non Chinese organisations.

It turned out that among these 35 participants, only 7(19%) of them had experience in joining events held by non Chinese speaking organisations.

The language barrier is one of the reasons that hinder participants from enjoying activities or events run by English speaking facilitators without interpreters. Another reason is that they do not have confidence in going to an unfamiliar venue without company. However, just over half 19 (51%) participants said that they would like to participate in a variety of activities only if language support was available and they could meet with familiar faces in the group. Nevertheless, participants expressed that interaction within these group activity would also raise concerns of potentially stressful situations.

ID8: "It is not about being fluent or not fluent (in speaking English). I can talk to an English speaking person, but I don't like a silence, that means I need to respond." (78 years old female, self assessed English level score 4)

11 (30%) of them said that they would not join any activities run by non Chinese organisations, even with language support; they expressed that either they did not have time or they felt there was not a need to socialise with non Chinese speaking communities because most of the time they are engaged with in Chinese speaking communities.

ID13: "I never to go on non Chinese speaking event...I can't communicate, don't understand, it is so boring." (67 years old female, self assessed English level score 6)

ID11: "I used to go to the pub, not now...can't drink (due to health problem)" (69 years old male, self assessed English level score 6)

ID12: "I don't need to go to non Chinese places. I don't have direct contact with them or need to join social activities with non Chinese speaking people." (68 years old female, self assessed English level score 6)

7.2.5 Respect and Dignity

Participants were asked their opinion of the Chinese proverb "having a senior member in the family is the same as having a treasure in the house" (see Table 1). For some participants, this is a sensitive question and causes distress. 7 participants were not asked or did not respond to this question. The reason for not asking was due to the participant's particular circumstances, such as childless or their children had disabilities or died.

Table 1: Responses to Opinion of Senior as a Treasure in the House	
Support childcare / look after children's house	7
Valued their knowledge/ life experience	5
Not a burden	4
Show filial piety/ appreciation	4
Have money	3
Need to blend in situations	3
In need	2
Don't respond	7

Participants realised that it is an old traditional way of thought to maintain older people's status within the family.

They understand the implications of this proverb: the senior is valued by their younger generation for their contribution to the family and because of their wisdom together with much life experience; in return children will show filial piety to them. Participants have mixed feelings about the implications of this proverb and their circumstances.

ID18: "Of course, the mother is a mediator, my wife is the number one to solve the conflicts, because we have our life experience." (67 years old male)

ID19: "The senior has experience looking after children especially when children are not well so can give advice to young mothers" (84 years old male)

ID6: "It was in the past, because we were taught to respect our seniors in the family. Children brought up here, they have no sense of hierarchy within the family. (61 years old female)

ID2: "This is the old traditional thought that children will be able to look after their parents. Nowadays ...we just need to look after our own selves... I have four children: one in Liverpool, one in Leeds, one in Australia, one in heaven, how can they look after me?" (88 years old male)

ID32: "I think it is true, because I feel valued by my daughters, they won't abandon me. After my daughter gave birth to her child, she wanted me to teach her how to recover after child birth." (61 years old female)

As Table 1 shows, in reality participants feel that they are valued only because they are available to help their children with childcare or to look after their house when their children going for holiday.

Participants think that it's only when children show filial piety to their parents and or appreciate the support obtained from their parents that they themselves can be regarded as treasure. In contrast, participants actually feel that they will be a burden to their children if they seek support from them.

ID17: "A treasure is that (ed. Grandparents) able to look after the grandchildren, so they (ed. Parents) can go to work. (Laugh)" (74 years old male)

ID9: "All elderly wants to live with their children at home...but they have their family...only if they appreciated what you have done to them, then you are their treasure, if not, you are only weed. "(64 years old female)

ID28: "when you still have an ability to work then you are a treasure, but if you have long term health condition, then you are only grass." (59 years old female)

ID14: "It was in the past! Now only if the old one has money. If not, they need to take time off then taking you to see doctor, how can you be respected as a treasure!" (71 years old female)

Furthermore, participants feel that new technology is changing with each passing day, and they feel inadequate to catch up with the latest technology, such as using mobile phones and internet so in reverse, they need help from their children.

ID35: "They are living in a different era, they don't need to ask us for information...we ask them." (60 years old male)

Despite these negative thoughts on ageing, participants feel that it is important for individuals to realise the importance of resilience to cope with circumstances and have a positive attitude towards life even towards a very old age.

ID25: "I think I am a treasure to them, they might not think in this way...being a father nowadays, can't be so stubborn to show your authority." (69 years old male)

ID27: "I am so happy to hear from my son, he said to me, "mum, I am very lucky, because at my age, I still have a mother and I can help her cutting her toe nails!" (99 years old female)

7.2.6 Companionship and Loneliness

In 7.1.12, the data shows that almost half of the participants still lived with their partners. Among these 35 participants however, 7(20%) of them are carers. As mentioned before, having a partner who is living healthily towards old age is one of the conditions of ageing well, but it is also an obligation to look after their loved ones when they are ill. Therefore a strong guilty feeling attaches to carers if they have to leave the cared for to someone else.

Int: "...you can go out when they (the care workers) come?"

ID2: "No, I can't do it."

Int: "Are you worried?"

ID2: "I am not worry. They come to look after my wife, I go out enjoy life? I should feel sorry for them to look after my wife. If I want to enjoy the activities and leave my wife for someone to look after, it can't be right! Is that right? How can I leave her and going out alone?" (Int- interviewer; ID2 88 years old male)

Furthermore, in 7.1.11, the data shows that almost 40% of the participants in this research are in widowhood and half of the participants are living on their own. They anticipate as ageing, they will eventually be on their own. On one hand they want to be independent, able to look after themselves, but on the other hand, they have a negative feeling about life if it means being on their own.

ID11: "When you reach 70s, 80s, basically it is not lonely or not, every old person will feel lonely... at the end of the day, you will be alone." (69 years old male)

Participants were asked whether or not that they could find someone to talk to. Participants understand talking to someone will help and improve their mental wellbeing. However, it

would be difficult to find someone whom they can trust and have empathy on their specific situation.

One 82 years old female carer was very distressed, when she was asked if she could find anyone to talk to about her husband moving to a nursing home. She broke into tears and the interview was terminated.

ID10: "The biggest enemy is loneliness. Don't let yourself feeling lonely, if not, you will think too much nonsense...and this is why I have emotional problem." (80 years old widow)

ID5: "When you are old, it will be good to have someone to talk to, this make you feel less anxiety. Just like me now almost four and a half year, only me in the house, it so boring." (83 years old female carer, husband in a nursing home)

ID4: "I am getting old, can't moving round very well, also worry saying something bad, so very difficult to meet friend." (85 years old male with mental health issue)

ID35: "...with my personality, I won't share my worry to anyone...keep inside...inside...don't know which corner inside..." (60 years old male carer)

However, some of them are able to find an alternative to ease their worry, for example, by going to see a counsellor or communicating with their friends through the internet.

ID26: "It is difficult to find someone really understand you and listening to you...I wasn't happy, I paid to see a counsellor." (70 years old female)

ID2: "Now the mobile is very convenient, can use WeChat. They (my friend) know that I don't have time, so, only I call them when I have time." (88 years old male carer)

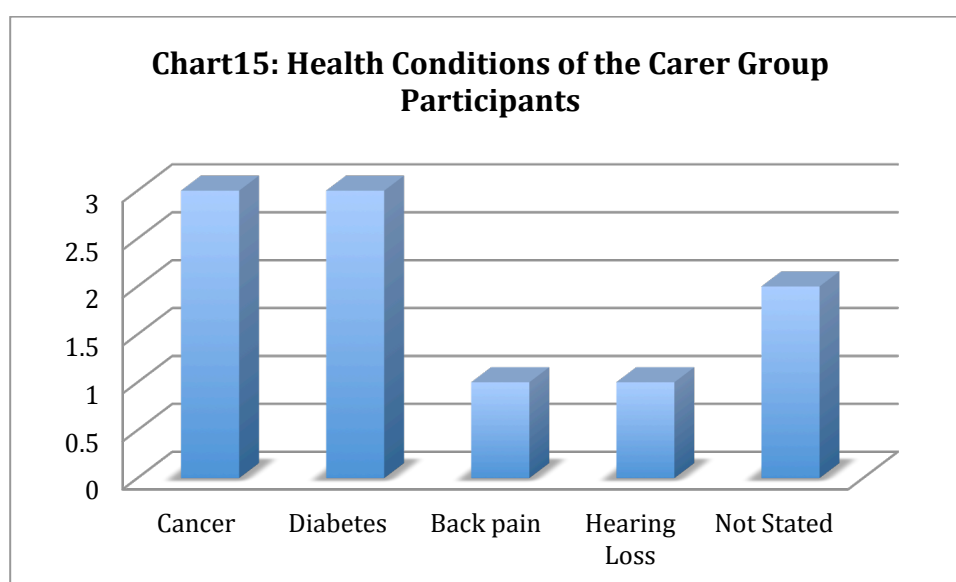
7.3 Focus Group Interview

In order to gain insights into older people's lived-experience, especially carers, a focus group interview was carried out on the 3rd December 2019.

The carer focus group participants were recruited from the service users of the Sheung Lok Centre. 10 participants (2 males and 8 females) took part in this focus group interview. Among them 8 were carers and 2 were cared for. Due to the cared for requiring constant attention, it was difficult to exclude them from taking part in this focus group interview, and one carer also took part in a one-to-one interview. The focus group was conducted in the Cantonese language.

Their ages ranged between 65 and 84 years old. Among these 10 participants, 3 suffered from cancer; 3 had diabetes; 1 had hearing loss; 1 had back pain and 2 did not state if they have any health problems (see Chart 15).

A number of themes were identified and are reported below.



7.3.1 The ideal of ageing well

In the first instance, the group believe that ageing well is defined as a person in good health, having a comfortable life, financially secure, and not being a burden on others. They also believe that ageing well is a blessing(福氣), and this is accumulated from the past as a result of being kind and doing no harm to other people.

7.3.2 Communication

Self assessment scores were recorded in terms of their levels of confidence, between 0-6. The language barrier makes it difficult to gain access to mainstream services and this was their greatest worry, especially in gaining access health services or in cases of emergency.

GID39: "You can't ask them (the children) to help."(80 years old female)

GID41: "...the best way is to provide more interpreters...that means when we are ill, we can say something, no need to point (use body language)...but the interpreting must be accurate... the worst time was when I said pain, and the interpreter said I had no pain!"(76 years old male)

ID5: "Emergency alarm, you need to speak English, I don't speak English, it is useless."

GID36: "I don't even know how to use normal phone."

GID41: "Emergency needs to wait 15 minutes..."

(Arguing and heated discussion about individual experiences – ID5 83 years old female; GID36 80 years old female; GID41 76 years old male)

7.3.3 Independence and being cared for

Worry about becoming a burden on the children was a major concern because married children have their own family who need to earn their living supporting their family. The participants foresee, rather negatively that they would spend their end of lives in a nursing home. They also have a very negative impression about staying in a nursing home, and this negative feeling was from their experiences of visiting nursing homes or hearing of other older people living in nursing homes.

GID40: "Going to the nursing home is better than have a fall and nobody know that I died at home."

GID38: "After two years (in a nursing home), you need to prepare packing up (die)."

GID41: "Yes, you have someone looking after you, but God know whether it is a good service!"

GID40: "At that time you won't know anything!"

GID41: "If you pay, you will have a better service..."

Int: "Is this mean ageing well if people going to a nursing?"

GID41: "No, because first you have no one looking after you, you are forced to be there, there (nursing home) calls a "dying home".

GID36: "I am not worry, I have prepare my coffin..."

(There followed a discussion of what is a good death and a timely death between group members – GID36 80 years old female; GID38 70 years old female; GID40 76 years old female; GID41 76 years old male; Int-interviewer)

7.3.4 Socialising and Dignity

Participants expressed that people do not really understand the needs of the cared for. When carers join an activity, the cared for cannot be separated or excluded from joining activities with them. They, the carers, felt that they are often excluded, because many activities were not suitable for the cared for.

GID37: "We'll be happier if we can join more activities."

GID36: "Outings, the first thing to concern is where to find the toilets, they don't understand older people's need..."

GID43: "but look, he can't walk, how can you go? When my husband still could walk a little bit, they have told me, "don't come, you can't walk fast!"

GID39: "If you don't go out social, how will you know where to find activities to join?"

(GID 36- 80 years old female; GID37-65 years old female; GID39 – 80 years old female; GID43 – 84 years old female)

7.3.5 Isolation and Loneliness

Focus group participants share the same views of the one to one interview participants that they have difficulties engaging or taking part in events or activities held by their local areas, mainly due to language barriers and their carer's role.

Participants also find very hard to talk to someone about their health, their role and experience of being a carer, especially for male participants.

Int: "Can you find someone to talk about your real feelings, tell the truth?"

GID41: "Tell the truth feeling? I am honest to you, 8 out of 10 is truth, and the rest of 2 don't talk. Now I tell you the last 2, now all of you can understand my real experience..."

(Continues with his unpleasant experience fleeing from Vietnam and experience of discrimination working with Chinese people)

7.3.6 Carer Right and Information

Participants expressed that due to the language barriers, they only obtained help and support from Chinese community organisations. They have no idea of what carers are entitled to or what alternative support is available from other organisations.

GID37: "It is blank, because I have no idea what type of benefits, what is benefit for him (cared for) and what is carer benefits?...If we know, we can enjoy life more, because we don't speak English."

8: Discussion

Participants reveal that in order to live happily in old age, the person should reach a particular state of mind feeling “On Lok 安樂”, which means the person has nothing to worry about, and to enjoy the rest of their life in a calm and peaceful way. This fundamentally depends on whether or not the older people can have control over their lives, in terms of capability to live independently and to solve their own problems. Having good health, financial security and feeling cared for and valued by other people, especially from family members are crucial elements contributing to ageing well.

As mentioned this project is based on and expands on the previous Equalities Board research, and for this reason it will be useful to make comparisons with the EB short research (EBSR) project “On LokWo – A safe and Happy Home” (AfA, 2019). This research share some similar findings to EBSR in that a good diet and exercise are important for staying well.

When discussing food, due to their health problems, a few of them mentioned consuming tonic foods to improve health, as they anticipate ill health with ageing. Staying well means to keep the body moving, which allows them to go out and about, so that they will be able to buy some food that they like to eat, and the taste of culturally appropriate food is a keen desire, especially for in patients or nursing home residents.

As Chart 16 shows, the age of participants in this research overall is on average some 10 years older than the EBSR research participants. In respect of employment status, both researches also share the finding that Chinese people aged between 55 and 66 years old, are working part-time, unemployed or taking an early retirement. Many Chinese people work long hours in the catering industry, they have little opportunity to explore their interests or develop skills to create job opportunities; in addition to language barriers, it is restricting them from gaining access to local communities. This not only limits their opportunities to develop a second career in older age, or to join activities that they interested in, but also increases isolation from their own local community. Evidence from the ‘Crossing the Borders’ project has shown that providing participants with interpreters, and to have someone accompany them, will encourage them to join non Chinese speaking events held by non Chinese organisations.

Furthermore, the evidence collected from interviews and direct observation, found that almost half of the participants had some level of mobility problems. They felt that many of the wellbeing activities were not meant for them, and they also felt that they were excluded due to their disability and not being valued by their community.

In contrast with the EBSR research, for this project, more participants live on their own or with their partner, and fewer live with their families (see Chart 17). On the one hand, they enjoy having their own physical space that reduces conflict between family members; on the other hand, there is an increase in anxiety due to language barriers and health problems. Although they said that they did not expect children to show filial piety to them, in reality they rely on younger family members to support them for hospital or GP appointments. Because close family do not live near them, help is not always available, and stress accumulates together with a feeling of a burden to their family, and this is especially true for old and frail carers. Despite the accumulated distress they encounter, few of them are able to find a trustworthy person to talk to.

From the in-depth interviews, among the 17 widowed, 6 of them stated that they struggle in the bereavement process, yet due to language barriers there were no mainstream services to support them through this difficult time.

A good death is regarded as a blessing. Financial security will enable participants to pay for better care services, especially end of life care. Their foremost concern is an absence of care and to die alone at home. They do not feel safe with the installation of community alarms due to communication problems. They are also terrified by their experience of contact with nursing homes and a lack of knowledge of the financial implications and entitlement of care they can receive.

There are mixed feelings about the younger generation's perspectives regarding respect to seniors in the family and in the society as a whole. Participants feel inadequate concerning adoption of the latest technology. Also the knowledge from their life experiences is not up to date and valued by the younger generation; in reverse they have to ask the younger generation to provide them with the latest information, for example using the internet. However, they feel that as long as they can contribute, they should receive respect and their dignity is preserved. As a 99 years woman said, the happiest thing for her is her son saying that he is the luckiest person in the world, because he still has a mother and can help her to cut her toe nails.

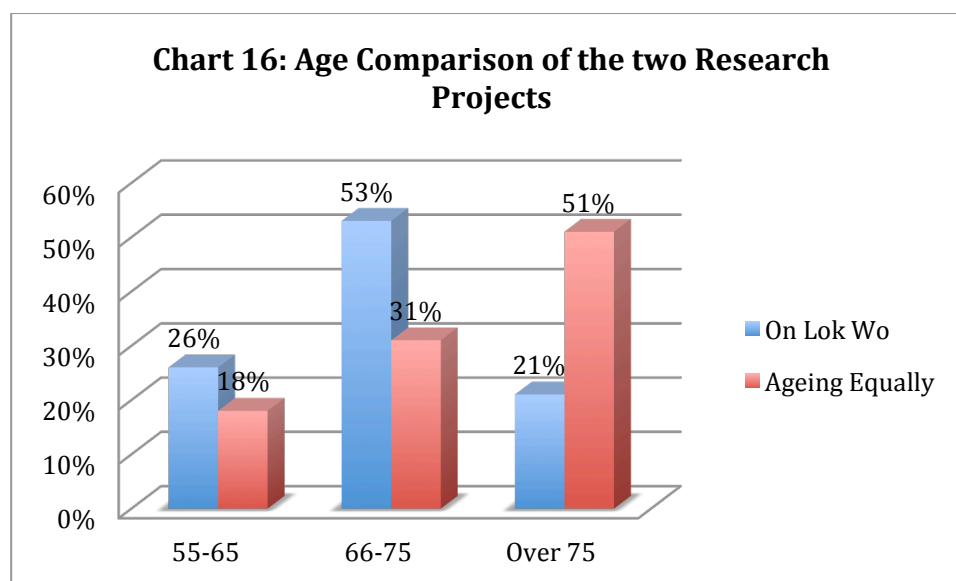
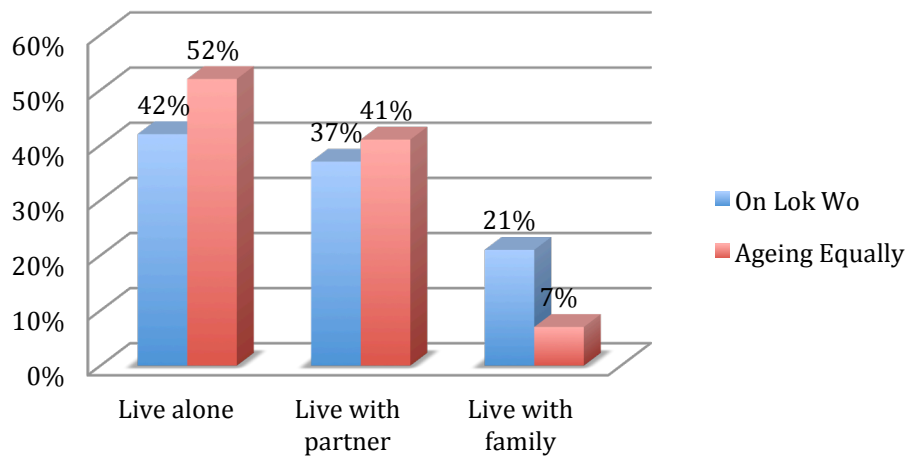


Chart 17: Comparison of Living Circumstances



9: Recommendations

In order to reduce the gap between older Chinese people's ideal way of ageing well and the reality that they encounter in their daily lives, it is recommended that they are empowered and supported in their engagement in social networks by developing four aspects:

- Improve their English and ICT skills
- Collaborate with local organisations
- Provide them with culturally appropriate services and activities
- Deliver specific training to staff and volunteers

9.1 Improved English and IT skills

It would be achieved by:

- Providing practical and interesting English classes
- A tailor make course to raise awareness of the latest information technology, including social media, and to improve their ICT skills
- Setting up a self-help group to share their learning processes (English and ICT), and the group is supported by an English / IT teacher

9.2 Collaboration with local organisations

This includes:

- Organising interest groups and providing extra care such as transport and workers to support attendance at activities for service users
- Sharing resources to provide a Chinese speaking counselling service

9.3: Culturally appropriate activities and services

This includes:

- Health and social care information workshops such as health promotion information and welfare rights information
- Sit in service to support carers in Chinese speaking organisations
- Healthy Eating Club led by service users to provide opportunities to demonstrate their skills
- Befriending services set up specifically for Chinese elderly

9.4: Staff and volunteer training

This is also needed in order to raise their awareness of the specific physical and social needs of older people. Thus, an age friendly environment would be created that supports Chinese older people to fully participate in their local areas. A community safe space such as the Sheung Lok Centre provides a springboard from which older Chinese people can collectively access other facilities and amenities in their local areas, and mainstream services.

10: Dissemination

These findings are disseminated through different channels and methods. A series of programmes discussing the research process and findings are broadcast from Radio Sheung Lok on All FM 96.9. A written report can also be found at Ambition for Ageing and on the Wai Yin Society website.

References:

Braun, V. and Clarke, V. (2006) Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3:2, 77-101. Routledge.

AfA (2018) Equalities Board Research Sat Cung 失聰 – Exploring the needs of hard of hearing Chinese older people. Ambition for Ageing Equalities Board research project.

AfA (2019) Equalities Board Research On LokWo 安樂窩 - A Safe and Happy Home. Ambition for Ageing Equalities Board research project.

Hsiao, F., Klimidis, S., Minas, H. and Tan, E. (2006) Cultural Attribution of Mental Health Suffering in Chinese Societies: the Views of Chinese Patients with Mental Illness and their Caregivers, *MENTAL HEALTH*, Blackwell Publishing Ltd.

Manchester City Council (2018) Mid Year Estimates Revised (A02_2016_MYErev_report.pdf)
https://secure.manchester.gov.uk/downloads/download/4220/public_intelligence_population_publications
(Accessed 14 January 2010)

Manchester Evening News (2017) Manchester among English cities with highest Chinese population.
<https://www.manchestereveningnews.co.uk/news/greater-manchester-news/manchester-most-chinese-born-residents-12513018> (Accessed 14th January 2020)

Wai Yin (2019) Crossing the Borders. Crossing the Borders Project funded by the National Lottery

Appendix 1

Research Interview Questions

1: In your opinions, what does ageing well mean to you?

在你看來，安老對你意味著什麼？

2: Can you do it? 你做得到嗎？

Prompt: How? If not why?為什麼不能做到？

- Explore concept of diet and exercise 探索飲食和運動的概念
- Explore motivation / engaging in activities 探索參與的動機/參與活動關鍵和因素
- Explore social network 探索社交網絡
- Explore long term health condition * demographic core question
探索長期健康狀況* 人口分佈的關鍵問題

3: Can you find someone when you feel the need?

當你想跟其他人交談時，你可以找到傾訴對象嗎？

- Prompt - Trustworthy?
- Explore new technology

4: Can you find someone to accompany you when you feel you need to? (i.e. hospital appointments; activities

- Explore their expectations of family members
- Explore if they willing to pay someone
- Explore if the person needs a carer / or the person is a carer * demographic core question

5: What did you want to do in the past?

- Explore their interests and hobbies and opportunity to rediscover their old interests
- Explore their skills

6: Do you think that you can catch up the latest technology?

- Explore their worries and difficulties

7: What is your opinion of the Chinese proverb “having a senior member in the family as if having a treasure in the house”?

- Explore self esteem
- Explore opportunities of contribution / integration to society

Appendix 2: Consent Form

平等安老研究

Ambition for Ageing Research – Ageing Equally?

同意書

Consent Form

請在方格內打‘x’

Please put a cross 'X' in the box

1. 本人確認已閱讀並理解上述研究的資料，並有機會發問問題。
I had read the document, which describes this research project and I have the opportunity to ask questions.

☐

2. 我明白我的參與是自願的; 我可以在任何時候退出，
而無須給予任何理由，並且不會影響我參與慧妍社活動。

☐

I understand that my participation is voluntary; I can withdraw at any time without giving any reasons and it will not affect my involvement in other Wai Yin activities.

3. 我同意參加上述研究。
I agree to take part in this research project.

☐

服務使用者姓名

簽名

日期

Name of the service user

Signature

Date

調查員姓名

簽名

日期

Name of the researcher

Signature

Date

Appendix 3: Participants Demographic Monitoring Questions English Version

Please could you tell us a little about yourself? It is important for us to understand if people from all backgrounds and communities are able to access Ambition for Ageing. If you do not wish to provide this information, please tick 'prefer not to say'.

After you complete this form, please put it into the provided envelope.

Thank You

Background Information

1: What is your year of birth? (e.g. 1953) _____

2: I identify my gender as:

Male	
Female	
Self-definition	
Prefer not to say	

3: Is your gender the same as registered at birth?

Yes	
No	
Prefer not to say	

4: Where were you born?

Hong Kong	
Mainland China	
Malaysia	
Vietnam	
Other (please specify)	

5: How would you rate your English when you communicate with English speaking persons?

0 – not at all

10 – no problem at all

0____1____2____3____4____5____6____7____8____9____10

6: What language do you speak most of the time when you communicate with other people

7: What language do you prefer to speak when you communicate with other people?

8: Where do you live?

Bury		Salford	
Bolton		Tameside	
Manchester		Wigan	
Oldham		Somewhere else	
Rochdale		(Please specify)	

9: How long you have been living in England? How many years have you lived in your area?

_____/_____

10: What is your highest level of education?

No schooling	
Primary	
GCSE /O-level or equivalent /post-14 apprenticeship	
A level or equivalent /post -16 apprenticeship	
Degree level or equivalent	
Postgraduate degree level or equivalent	
Prefer not to say	

11: What is your current employment status?

Employed full-time		Unemployed	
Employed part-time		Self-employed	
Retired		Prefer not to say	

12: What is your religion?

Buddhist	
Christian	
Traditional Chinese worship	
No religion	
Other (please state)	
Prefer not to say	

13: I consider myself to be...

Bisexual	
Gay	
Heterosexual (Straight)	
Lesbian	
Prefer not to say	

14: What is your marital status?

Co-habiting	
Divorced	
Married / civil partnered	
Single	
Widow or widower	
Prefer not to say	

15: Who do you live with?

Live alone	
Living with partner	
Living with other family members	
Residential accommodation	
Prefer not to say	
Other (please state)	

Appendix4: Participants Demographic Monitoring Questions Chinese Version

你可否告訴我們一些有關你自己的資料？

對於我們來，了解來自不同背景和不同社區的人，對為“長者雄心計劃”Ambition for Ageing 是非常重要的。

如果你不願提供這些資，請刻錄不願作答

背景資料

1: 你的出生年份是在那一年? (例如 1953) _____

2: 我確定我的性別是:

男	
女	
自己決定	
不願作答	

3: 你的性別與出生註冊時相同嗎?

相同	
不相同	
不願作答	

4:你在那裡出生?

香港	
中國內陸	
馬來西亞	
越南	
其他(請述明)	

5: 如果你要跟操英語的人溝通, 你如何評估你的溝通情況?

0- 無法溝通

10- 完全沒有問題

0___1___2___3___4___5___6___7___8___9___10

6: 當你與其他人交談時, 大部份時間你會說哪種語言?

7: 與其他人交談時, 你喜歡說哪種語言?

8: 你住在那裡?

Bury		Salford	
Bolton		Tameside	
Manchester		Wigan	
Oldham		其他地方(請述明)	
Rochdale			

9: 你在英國住了多久? 你在居住的地區住了多少年?

_____ / _____

10: 你最高學歷是...

從未上學	
小學 Primary	
中學畢業 / 學徒訓練	
中六 A level 或專業訓練	
大學或專上學院畢業 Degree level or equivalent	
研究生學位或同等學歷	
不願作答	

11: 你現在的工作情況

僱用全職		失業	
僱用兼職		自僱人士	
退休		不願作答	

12: 你有沒有宗教信仰?

佛教徒	
基督徒	
傳統式信仰(拜神)	
無宗教信仰	
其他(請述明)	
不願作答	

13: 我認為自己是...

雙性戀	
同性戀者	
異性戀	
女同性戀	
不願作答	

14: 你的婚姻狀況如何?

同居	
離婚	
已婚合法伴侶	
單身	
寡婦或鰥夫	
不願作答	

15: 你跟誰住在一起?

獨居	
與伙伴共住	
與家人共住	
安老院舍	
不願作答	
其他(請述明)	

