The involvement of Chinese older people in policy and practice

Aspirations and expectations

Ruby C M Chau

This report provides a unique insight into the active involvement of Chinese older people in research and the promotion of their quality of life through collective actions.

The aim was to support Chinese older people to develop a collective voice, influence policy and practice and reflect on their experiences. Three local working groups, in South Yorkshire, Manchester and London, adopted a different strategy to influence an area of services. The report includes participants’ original ideas, first-hand experiences and personal reflections, as they shared their hopes and frustrations and discussed the barriers to getting involved.

The study shows the development of effective measures for user involvement, an integral requirement for most social policies, and focuses on the process of involvement as well as the actual outcomes. The appendix ‘Shared Expectations, Shared Commitment – a Joint Statement of Chinese Older People’ reflects the expectations of 207 Chinese older people from eight cities and includes practical suggestions put forward by them.

The involvement of Chinese older people in policy and practice will be of interest to policy makers, service providers, researchers, social care professionals and those who work with older people from minority ethnic groups.
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Ruby C M Chau
The Joseph Rowntree Foundation has supported this project as part of its programme of research and innovative development projects, which it hopes will be of value to policy makers, practitioners and service users. The facts presented and views expressed in this report are, however, those of the author and not necessarily those of the Foundation.

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Dedication
To Professor Eric Sainsbury, JP, OBE and Mrs Audrey Sainsbury.

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It is the author’s privilege to write up this project, which has entailed the dedicated efforts of many people, young and old, and many organisations, some specifically for Chinese people and some with wider membership.

First of all are the efforts made by Chinese older people. Those who have taken part in the formulation of ‘Shared expectations, shared commitment – a joint statement of Chinese older people’ (the Joint Statement) have demonstrated care and respect towards each other. Their serious deliberation and enthusiastic discussion have made the document a success in reflecting the collective views of many Chinese older people. Members of the three local groups are all stars. They are full of ideas and adventurous spirit. Their commitment to and perseverance in the local projects has earned them not only a say in policy and practice, but also much respect from their friends, their community, funding organisations and service providers.

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Last but not least is the contribution of other members of the research team. Alan Walker, the project adviser, has never failed to find space in his busy schedule to give guidance and encouragement. Sam Yu, our external adviser, has a genuine interest in Chinese older people’s lives, and has taken a number of long-haul flights to join us at all major meetings. Marg Walker has been our lifeline every time we got stuck with any financial and administrative matters.
Executive summary

‘Shared expectations, shared commitment’ is an action-oriented and older-people-led study which took place from 2003 to 2005. It builds on two previous projects: ‘The caring needs of Chinese older people’ (Yu, 2000) and ‘Shared expectations, shared commitment – National Conference on Chinese Older People’ (Chau et al., 2002). The primary intention of the study was to work with Chinese older people in order to act upon the outcomes of the previous work. It has aimed to support Chinese older people to develop a collective voice, to influence policy and practice and to reflect on their experiences.

What has been achieved?

- ‘Shared expectations, shared commitment – a joint statement of Chinese older people’ has been developed (Appendix 1). The project involved 207 Chinese older people in eight cities. The statement contains ten common expectations and a series of suggestions for service providers, policy makers and Chinese older people. The statement reflects their shared views and also their diverse experiences in different localities or service areas.

- Three local Chinese older people’s working groups were set up in South Yorkshire, Manchester and London respectively. They have adopted different roles to influence the service areas of their choice. Each group has produced a booklet to report their work and to share their experiences (Appendices 2–4).

- A profile of involvement of Chinese older people has been established. A questionnaire was used to collect information about the personal characteristics and experiences of involvement from the 207 participants (Appendix 5).

- An evaluation of the experiences of the Chinese older people was conducted. Nine focus group meetings were organised at different stages of the project to enable participants to reflect on issues and concerns in the process of involvement.
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What has been found out?

- Chinese older people have demonstrated a broad definition of the concept of involvement. The concept ranges from individual effort in helping others in daily matters to collective initiatives of providing services and influencing local or national policy and practice.

- Chinese older people are able to be involved in social life in different ways. Many are already involved in various conventional ways both within the Chinese community and in the wider society. Examples include volunteering, voting at local and general elections, acting as members of management committees in Chinese organisations and taking part in consultation events on policies and services.

- With encouragement to do so, Chinese older people are able to take up different roles in involvement, such as decision makers, service providers, working partners and researchers.

- 'Ownership' is a key word in involving Chinese older people. They like to take part in activities which are agreeable and meaningful to them and in which they can have a significant involvement at all stages.

- Involvement is to a great extent a rational choice. Many have clear reasons for getting involved and expectations of what to achieve. They are aware of the potential gains and losses in the process.

- Reasons for involvement vary. Personal reasons include keeping oneself active, gaining information and seeing friends. Communal reasons are also cited, such as combating social isolation and bringing benefits to other Chinese older people and to future generations.

- ‘Respect’ is another key word. Chinese older people want to be respected as individuals. Their needs when involving, their contributions (whether big or small) and their underpinning good intentions should be recognised.

- Their involvement is not without difficulties. While language barriers are still regarded as a main hurdle, many also find difficulties in dealing with the relationship with key link persons who act as the go-between between the Chinese community and English-speaking organisations, with suspicion within the Chinese community, with the complex interpersonal relationships when vested interests are involved, and also with the disabling environments and discriminative attitudes in the host society.
Executive summary

There are gains and losses in the process. Gains include a sense of achievement, higher self-esteem, friendship, greater cohesiveness, respect and practical changes in services and older people’s lives. Examples of losses are time, money, energy and peace of mind.

Suggestions from discussion groups for enhancing the involvement of Chinese older people

- Both the Chinese and host communities should provide genuine opportunities for the involvement of Chinese older people. Their involvement should be maximised at all stages of policy formation and service provision.

- Both the Chinese and the host communities should seek to offset the disabling factors such as language barriers and patronising and discriminative attitudes which hamper the involvement of Chinese older people.

- Enabling factors should be in place in accordance with the abilities and preferences of Chinese older people. Practical support includes language back-up, skill training (e.g. management, research, funding application and networking), information, advocacy, transport and expenses. Personal support entails encouragement, understanding, appreciation, respect and a sense of equal partnership.

- Members of the Chinese community should recognise the contribution of older people who take part in all types of voluntary work and should avoid inappropriate adverse criticisms.

Suggestions from discussion groups for improving the lives of Chinese older people

- Local and national funding bodies should provide more and consistent resources for Chinese organisations to provide supportive services.

- Local authorities and the voluntary sector should provide more support to the Chinese community in the management of their services and organisations.

- English-speaking service providers should be more sensitive to the language and cultural needs of Chinese older people, i.e. respecting diversity.
All service providers, both within and outside the Chinese community, should provide services in a flexible and innovative manner to ensure equal access for all Chinese older people.

All service providers, both within and outside the Chinese community, should offer opportunities and support for Chinese older people to lead an active life through engaging them in adult learning, voluntary work and social activities.

**Additional suggestions from the research team, based on the implications of the above**

Policy makers and service providers should study ‘Shared expectations, shared commitment – a joint statement of Chinese older people’ carefully. They should use the ten common expectations as a yardstick to review existing policy and practice and to guide future planning. They should also examine the relevant suggestions and adopt them according to the local circumstances. In carrying out all these, Chinese older people should be involved as key and equal partners.

Chinese older people should make reference to the Joint Statement and the work of the local groups in this project, and work collectively to advocate for better and more suitable services in their local areas.

Note: Inevitably, the formulation of the suggestions lay with the research team, but their content was initiated by the respondents in the presence of members of the team. It is difficult to be sure of the effects of this presence of team members, but in this respect we have attempted to deal honestly with the material which the respondents fed to us and not to introduce a bias in reporting their contribution.
1 Introduction

‘A bowl of loose sand’ – this is how many Chinese people would describe their community, implying a lack of unity and cohesiveness. To a certain extent, this is a valid reflection of the Chinese community in Britain. However, it is not totally due to the choice of the people themselves.

As many studies have pointed out, Chinese people in Britain have heterogeneous backgrounds (e.g. Gervais and Jovchelovitch, 1998; Sproston et al., 1999; Yeung, 2003; Ng and Blair, 2004). They migrated to Britain from different places – Hong Kong, Mainland China, Malaysia and Vietnam, Singapore and other countries. They speak different languages – Cantonese, Mandarin, Hakka, Vietnamese, Toisan, just to name a few. To avoid keen business competition, many have to disperse to different parts of the country to set up their family restaurants and take-away businesses (Yu, 2000). Although Chinese people have settled in Britain for more than a century, they have been regarded as an invisible community in the political and social spheres (Yu, 2000). Little effort has been made to tackle the issues they are facing. This is reflected by the lack of progress in implementing the recommendations of the Home Affairs Committee in 1984/85 (Chau et al., 2002).

Against this background, many Chinese people think there is a need for a more united and powerful voice to reflect the concerns of their community. This has led to the development of a number of national and regional networks, such as the Chinese in Britain Forum, the National Chinese Healthy Living Centre, the London Chinese Community Network and the Manchester Oriental Organisations Alliance.

This view is echoed by several organisations (including some listed in Appendix 7). In the planning process of the National Conference on Chinese Older People in 2001, the research team visited and held consultation meetings with Chinese older people’s groups and Chinese organisations. The need for a united voice for Chinese older people was repeatedly mentioned. Subsequently, the idea of a joint statement evolved. The national conference was used as the first step to put this idea into action. The results of the group discussion at the conference were used as the first draft of ‘Shared expectations, shared commitment – a joint statement of Chinese older people’ (the Joint Statement).

As argued by the Older People’s Steering Group (2004), changes will only have impact if older people are meaningfully involved in designing and implementing them and in defining the desired outcomes. Similarly, the Joint Statement will not be effective if it does not reflect Chinese older people’s own views. It will not carry much
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meaning if Chinese older people are not fully involved in the defining, designing and implementing process.

Based on this principle, the present study was designed to be participatory. It has the following aims:

1. to enable Chinese older people to develop a collective voice
2. to provide opportunities and support for Chinese older people to be involved in influencing policy and practice
3. to facilitate and to enable Chinese older people to evaluate and to share their experiences of involvement
4. to explore the formulation of the Joint Statement as an effective approach to involve Chinese older people and to offer transferable insights in the involvement of older people from other minority ethnic communities.

It involves three main tasks. The first is to develop the 2001 version of the Joint Statement by involving Chinese older people in group discussion. The second is to set up local Chinese older people’s groups and to work closely with them on specific issues of their choice. The third is to evaluate the process of involvement through focus group discussion with members of local projects and with local Chinese older people reference groups (see Appendix 6).

This report gives an account of the process and the outcomes of the study. It is divided into six chapters. After this introduction, Chapter 2 examines the characteristics and the key messages in the Joint Statement. Chapter 3 focuses on the work of the local groups. It examines the different forms of involvement adopted by the groups and the issues faced by them in the process. Chapter 4 is an account of other involvement experiences of the participants and their concerns. Chapter 5 looks at the reasons for involvement, the gains and losses, and support required as reflected by the participants. Finally the concluding chapter identifies the lessons learnt, evaluates the effectiveness of the study and offers recommendations.

Most discussions in the project were conducted in Cantonese and occasionally in Mandarin and Hakka. The Joint Statement and all local reports were initially written in Chinese jointly by the participants and the research team. Therefore all direct quotations in the following chapters, the Joint Statement in Appendix 1 and reports of local groups in Appendices 2 to 4 are a translated version. As Chinese and English are two very different languages both grammatically and conceptually, translation
from one to the other has never been easy. Moreover, most participants were not used to putting forward their views in writing or open discussion. They did not always express themselves clearly even in their own languages. To compensate for this, members of the research team have repeatedly clarified and confirmed the ideas with the participants, but this has added more difficulties to the translation. In order to best capture the cultural and personal meanings, the research team has given priority to accuracy rather than style. Therefore some expressions and formats of presentation in the translated documents may be different from those in conventional English writing.
2 The Joint Statement

The notion of the Joint Statement carries two meanings. ‘Joint’ implies togetherness. ‘Statement’ represents the determination to make something known to the public. It took four drafts to reach the final version. The research team conducted three rounds of discussion. The first round was held at the national conference in 2001. The second round took place in 2004. The research team travelled to eight cities to carry out discussion with 16 groups. The final phase was the national endorsement meeting. At the meeting, the Joint Statement was approved by the participants. A full version of the statement has been included in Appendix 1.

This chapter discusses the characteristics of the document and key messages drawn from the Joint Statement.

There are three main characteristics, namely older-people-led, inclusiveness and a balance between collectiveness and particularity.

Older-people-led discussion

The whole discussion was led by the ideas of the Chinese older people involved. As mentioned in Appendix 6, the discussion started with six broad topics (health and social care; housing and transport; pension, benefits and living standards; older women’s needs and caring role; social contact and leisure time; and social rights and participation) which were identified by participants in the previous study as their main concerns. Participants in this project were encouraged to share their views and suggestions around these areas. Through discussion at the national conference in 2001 and in the 16 groups carried out in 2004, a list of older people’s views was accumulated. In order to maintain the originality of the views, the research team has kept its interference to a minimum throughout the process. On some occasions, the facilitators referred to the outcomes of previous group discussions to elicit the participants’ views. For presentation purposes, the research team has regrouped the opinions twice. But each revised version was brought back to participants for further discussion or endorsement. The aim was to provide participants with continuous opportunities for negotiation, revision and agreement (Carter and Beresford, 2000).

The complexity of ‘free’ discussion in the presence of the research team and the risk of unwitting bias have been mentioned in the note at the end of the executive summary. It is necessary to stress that the ideas presented to the research team were initiated by the members of the groups. The research team’s contribution was
to facilitate understanding within the groups (note internal language differences) and to feed ideas back to members for further thought and clarification.

Inclusiveness

The research team recruited older people from different localities, gender, language backgrounds and accommodation arrangements. In order to enable the participants to follow the discussion, a flip chart was used to record the views shared in the discussion. To secure opportunities for each participant to take part in the process, the facilitators regularly invited participants individually to express their opinions. The facilitators also repeatedly checked with each participant whether their views had been correctly reflected on the flip chart.

Collectiveness and particularity

A balance between collectiveness and particularity was stressed. Local circumstances are different and older people have diverse experiences. Therefore the research team has stressed the principles of ‘seeking a consensus, respecting differences’. The aim was to reach a consensus on the major expectations shared by all older people involved and to develop practical suggestions according to local conditions or interests of different groups. Therefore some suggestions in the statement are complementary to each other while some might point to different directions.

Key messages

The Joint Statement is a substantial document containing ten common expectations and more than 60 suggestions from the participants. The suggestions concern a wide range of services and organisations, including Chinese centres and organisations, medical and health services, caring services, housing services, adult learning services, social services, other public services, mass media, Chinese older people themselves and funding organisations. Despite the diversity of the suggestions, a number of key messages could be identified.

- **Chinese organisations as a main provider of supportive services.** As reflected in the Joint Statement, many Chinese older people expected Chinese organisations such as Chinese community centres to provide a wide range of supportive
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services, which have three major functions. The first is to enable Chinese older people to use services provided in English-speaking settings: examples are interpreting services, advocacy, assistance in application for welfare services and escorting to hospital. The second is to help Chinese older people to maintain contacts within their community and with the host society: examples are providing a venue for meeting friends, talks, shuttle transport services, outings, daily news summary and so on. Third, there were also expectations about personal and emotional care. Some Chinese older people suggested that Chinese community centres should provide home help, home visits, counselling, hair cutting and so on. They highlighted that Chinese organisations have better knowledge of their culture and their backgrounds. Most workers in these organisations are able to speak their languages. However, it has also been pointed out that there are aspects for improvement in these organisations. These include better financial and personnel management, a higher level of transparency in management, more suitable venues and facilities, flexibility in membership, consistency in quality of services among community centres and so on.

- Services provided in English-speaking settings are expected to be more sensitive. Many services have been discussed in the Joint Statement, including medical and health services, caring services, social services, housing provision, adult learning courses and others. This suggests that Chinese older people have found their quality of life closely related to the quality of these services. A number of expectations have been raised in the discussion. First, these services should be more sensitive to the language needs of Chinese older people. Services should employ more Chinese-speaking workers or interpreters. Second, these services should be more sensitive to their cultural characteristics. For instance, Chinese meals should be provided in hospitals, Chinese medicine should be available alongside Western medical treatment and more older people’s homes for Chinese older people should be set up. Moreover, these services should be more flexible and accessible. Some Chinese older people called for a simpler and quicker application process, easily understandable service contracts and Chinese-speaking outreach advisers to provide information and to help with service applications.

- Local measures for local needs. As discussed above, Chinese older people who took part in the formulation of the Joint Statement were from different cities. Although they had similar views on many issues, they were also aware of the different needs in different circumstances. For instance, there were lengthy discussions on whether there should be more or better resourced Chinese community centres. It was eventually accepted that the number and distribution of these centres should be decided according to local circumstances. This means smaller centres should be set up in areas with a smaller Chinese population and with limited access to services provided by Chinese organisations. On the other
hand, it is not necessary to establish more Chinese community centres if several are already available in certain areas. The focus in these areas would be to improve the resources and management of existing centres.

- **Chinese older people value personal growth.** Many of the suggestions in the Joint Statement are about opportunities for Chinese older people to maintain social contacts and to seek personal growth. For instance, a wide range of courses were proposed, such as English, handicrafts, first aid, t’ai chi and so on. There were also suggestions about supporting Chinese older people to take part in voluntary work, such as travelling and other allowances for volunteers and volunteer training. This is a clear indication that many Chinese older people are far from passive service recipients. Instead they value personal growth and opportunities to serve the community.

- **Equal access to services.** Equal access to services for Chinese older people is another clear message in the Joint Statement. Chinese older people should not be discriminated against because of their language, residence, ability or gender. Although the majority of Chinese older people involved in the formulation of the Joint Statement were Cantonese speakers, it was suggested and endorsed by participants that all language support services should include Mandarin and Hakka. It is included in the Joint Statement that outreach services and home visits should be provided for Chinese older people who live in remote areas or, because of illnesses or mobility problems, cannot attend services or join activities at Chinese community centres. When discussing services for older carers, some participants emphasised that the services should not be limited to older women, but should be open to both male and female carers because both groups are in need.

- **Innovation in services.** Many participants would like to see more innovative services. In fact, some have suggested a few which have gained a great deal of support from other Chinese older people. Examples include language options in the emergency services (such as the 999 helpline and the safety alarm), a Chinese hotline to provide advice and referral to Chinese older people on domestic and daily life matters, lowering the charges of the older people’s revised driving licence, and parking spaces for carers.

With the proactive contribution of participants in its formulation, the Joint Statement has had very positive feedback from Chinese older people. It was endorsed by 80 Chinese older people who attended the national endorsement meeting. In the evaluation questionnaire of this meeting, 50 (91 per cent) of the 55 people who responded said the discussion of the Joint Statement was good or very good. Forty-two (76 per cent) answered that the Joint Statement reflects the views of Chinese older people.
3  The local projects

The local projects were supplementary to the formulation of the Joint Statement. They were designed to provide Chinese older people with opportunities and support to influence one of the key areas identified in the previous study. Three local groups were developed in South Yorkshire, Manchester and London respectively. The South Yorkshire group chose to establish some home care services for frail older people. The Manchester group wanted to improve the lifelong learning services for Chinese older people. The focus of the London group was policies concerning Chinese older carers. The three groups have performed different roles in the process, including researcher, service provider and working partner of English-speaking service providers. Towards the end of the project, each group (with the assistance of the research team) produced a booklet to report their work, the outcomes and their experiences. The booklets have been distributed nationally to all Chinese organisations with an interest in older people. In addition, the groups were invited to the national meeting at which the Joint Statement was endorsed, to present their work and experiences.

This chapter discusses the characteristics of each group and some common issues faced by them in the process of involvement.

The South Yorkshire group: a service provider

Participants in this group were members or ex-members of the management committee of a Chinese older people’s club in the region. Acting on their request, both the group and the individuals are treated with anonymity in this study. The club has been established for a decade. In recent years, they have successfully developed an independent venue and received public funding to employ staff. Because they have been organising services, they are more experienced and have better knowledge of the needs of Chinese older people. When the research team approached them at the initial stage, they already had a clear idea of what they wanted to achieve. That was to set up a home care project for the frail older Chinese in their borough. Along this line, the research team worked with them to design the details of the service, to conduct a small qualitative study to collect information about the circumstances of the potential service users and to fill in the funding application form. In this process, the group has demonstrated extensive knowledge of the circumstances of Chinese older people in the borough. Their suggestions on the design of the service were often pragmatic and empathetic, taking into consideration older people’s daily life details. However, by the time the funding application form
The local projects was about to be completed, the club received the good news that they had received a major grant which would cover the costs of some home care services. Therefore the original plan of the group was suspended. The research team then turned their attention to reviewing their experiences of involvement in the club in the last ten years. Their experiences in the past and involvement in this study are both recorded in their report (Appendix 2).

The Manchester group: a working partner

The Manchester group comprised mainly users and ex-users of lifelong learning services. Although all of them had known each other before, they had never worked together as a group nor taken part in a research project. The members had a strong group identity. They called themselves the ‘Manchester Song Bai Life Long Learning Research Group’. This implied that they would be as persistent as ‘Song’ and ‘Bai’, two types of evergreen tree symbolising longevity in traditional Chinese culture. The members were very enthusiastic. They conducted a survey on Chinese older people’s views on lifelong learning services and developed a code of conduct and a best practice guide for service providers based on the findings. Finally they took part in designing and delivering a pilot English beginner course for older Chinese learners. The plan required a variety of skills, resources and expertise. Throughout the project, the group worked closely with the research team of this study and also a research team from the Wai Yin Chinese Women Society, which was coincidentally undertaking a study on user involvement and service provision for black and ethnic minorities in the North West. During the process of designing and delivering the pilot course, they worked with the Manchester College of Art and Technology (MANCAT). The approach of partnership seemed to work very well. The group completed all the tasks. At the same time they played an active part at every stage, including designing the questionnaire, conducting the interviews, analysing the data and formulating the best practice guide. They also worked alongside the tutor to design the English course, to act as classroom assistants and finally to initiate an evaluation with the learners. All these activities have been reported in their booklet (Appendix 3).

The London group: researchers

Members in the group were either carers or ex-carers. They shared similar experiences and emotions in providing care for their loved ones who were disabled or ill. Their empathy with each other and other older carers was the main driving force for them to take part in this project. As a member said:
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To let all carers know that they are not alone. Many other people are suffering from similar hardship. Our voice needs to be heard. This would make the government know about what kind of help would be useful. (Focus group discussion, London Working Group)

With the support of the research team, they undertook a small qualitative study, conducted the data analysis, identified good practices and derived suggestions accordingly. They then discussed the findings and the suggestions with service providers. From the study, it was found that the quality of life of the carers depended very much on the circumstances of those they were caring for. Therefore the group has emphasised improvement in policies and services for both the carers and those in need of care.

Language barriers

Many members of the local groups found that language barriers were still a main hindrance to their involvement in service provision. As listed in the booklet of the South Yorkshire group, the lack of a common language with the host society has generated difficulties in getting information, communicating directly with other organisations and applying for funding. The frustration was well depicted by an older man in the Birmingham Reference Group. He described himself as 'a quail in a fabric bag', which could never have a clear idea of what is going on in the outside world.

Insensitivity of the English-speaking communities

The difficulties resulting from language barriers were worsened by the insensitivity of the English communities. When recalling the experience of attending a national event concerning older people from minority ethnic communities, members of the London Working Group said there were no interpreting facilities. When the more English-literate members tried to explain the discussion to the rest of the group, there were a lot of unfriendly looks from the rest of the audience and cries of 'Sh! Sh!' (Booklet of the London Working Group). A member of the South Yorkshire Working Group also pointed out that, even when there was an interpreter, there was no guarantee that he or she could speak the right Chinese language (Focus group discussion, South Yorkshire Working Group).
Relationship with key link persons

Quinne and her colleagues (2003) have argued that many South Asian communities have to rely on a few key individuals who could work across agency and project boundaries. Because of language barriers, the situation in the Chinese community is more or less the same. Many group members said they had to rely on some key link persons to communicate with the host society. These people could be active volunteers, employees of Chinese organisations or Chinese-speaking workers in non-Chinese organisations. The feelings towards these link persons were mixed. On the one hand, they worried that these people would leave when the funding ceased or for other reasons. On the other hand, they did not always have a satisfactory relationship with them. When recalling the clash with an ex-volunteer, a member of the South Yorkshire group said:

Feeling frustrated and unfair but unable to air grievances when we come across helpers who are not trustworthy. Sometime we feel like ‘a dumb person eating huanglin’. (Huanglin is a fruit which looks nice but with a very bitter taste. This traditional saying implies only the person who is suffering understands the feeling.)
(Booklet of the South Yorkshire Working Group)

Moreover, the relationship was not clearly defined. A participant was a member of the management committee of a local Chinese organisation. He understood that the management committee was supposed to be the employer of the workers. However, because of his limited English, he was unable to comprehend most of the documents. He found it very difficult to perform this management role. Most of the time, he would say ‘yes’ to the workers’ proposals. He described himself as a rubber stamp. When he was asked to go with staff members to attend meetings conducted in English, he felt like ‘accompanying the crown prince to the school’. This means that he was just a humble follower, not the main player (Focus group discussion, London Reference Group).

Local projects as user-led initiatives

Carter and Beresford (2000) argue that user-led initiatives have certain advantages, including autonomy to determine the agenda, high level of control by the older people, independence, higher credibility with older people and less likelihood of being swayed by the interests of the agency. To a large extent, the local groups in this study have enjoyed most of these advantages. Although the research team has
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been involved in the discussion of the focus of the projects, the agenda was by and large set by the group members. For pragmatic reasons (such as venue), the groups were attached to various local organisations. Although their work was supported externally by the research team and the Joseph Rowntree Foundation, they had a high level of independence. Their work was very popular among Chinese older people. All the groups had no major difficulties in recruiting older people to take part in the interviews, survey or group discussion. The response to the English pilot course in Manchester was tremendous. Many older people wanted to be admitted throughout the time when it was under way. Subsequently, the course had to be expanded and continued after the departure of the research team.

Carter and Beresford (2000) also point out that user-led initiatives are disadvantaged in terms of funding and getting other support. Consequently, they can be restricted in achieving what they want to achieve. Similarly, the local projects had to face these problems, especially after the research team withdrew. It was particularly obvious in the case of the Manchester group. Conventional funding for lifelong learning services concentrates on people at working age (Liu and Chau, 2004). It would be very difficult for the group to obtain funding to carry on the English course no matter how popular it was.
4 Experiences of involvement

Despite the general impression that Chinese older people are not active in the public sphere, many of the participants in this study reported that they had been socially involved through different channels before. This chapter reports their experiences of involvement and examines issues they have encountered in the process.

Forms of involvement

As indicated in the profile of the participants (Appendix 5), many of them have been involved in conventional ways. The most common ones were registering as members of Chinese organisations, taking part in their activities and helping as volunteers. As far as involvement in the host society is concerned, some have voted at local and parliamentary elections and attended consultation events organised by the local authorities and other organisations. A few people living in an older people’s home discussed their experience as tenant representatives (Focus group discussion, Birmingham Reference Group). For some participants, involvement meant more than the above. When asked about experiences of involvement, some repeatedly mentioned how they had helped other older people (both Chinese and non-Chinese) with shopping, accompanying them to see the doctor, helping them cross the road and so on. Some mentioned going to English classes. One older woman interestingly discussed physical exercises such as t’ai chi and repeatedly emphasised their importance to older people. This may relate to what Carter and Beresford (2000) have observed: that older people’s ideas could be very different from the agenda set by the agency. This older woman saw important connections between involvement and physical exercise (Focus group discussion, Birmingham Reference Group).

Knowledge of involvement

Although many Chinese older people say they know very little about the host society, decades of residence in this country have given them a fair amount of general knowledge. When the research team asked them what channels they would use if they were going to campaign for a service or a facility for their community, many mentioned seeking support from MPs, liaison with local councils, applying for funding and signing petitions. When discussing the funding issues of Chinese centres, one older man mentioned that he had checked the annual reports of some centres to find out their sources of income (Focus group discussion, London Reference Group).
Some had taken part in similar processes and succeeded. A few who lived in an older people’s home reported that they had successfully stopped the landlord from suspending the post of security guard. Some mentioned that they had been involved in advocating for interpreting services and succeeded (Focus group discussion, Birmingham Reference Group).

Tokenism

Despite the many channels for getting involved, not all of them could provide genuine opportunities for Chinese older people to influence policy and practice. A member in the Manchester Working Group and a few other Chinese older people were once invited to taste the Chinese meals which were proposed for Chinese patients in a hospital. He was not impressed by the food at first sight and started to comment about the small quantity, the unavailability of rice (which is the staple food for many Chinese people), the inappropriate containers and so on. The person in charge replied that those areas were outside their evaluation. The Chinese man was not satisfied and continued to press for improvement in those aspects. Eventually, the person in charge said that, if Chinese patients were not happy with the meals, they could always switch back to their Western menu (Focus group discussion, Manchester Working Group). This might be yet another example of what Carter and Beresford (2000) refer to as tokenism.

Workers’ insensitivity to needs

Sometimes, Chinese older people are put off involvement because of the workers’ inability to cater for their emotional and physical needs. One older man mentioned that he once helped a Chinese organisation to prepare some food for a fundraising event. He worked from early morning till lunchtime. When he asked the worker if any lunch would be provided, the worker replied that they could help to arrange this if he would pay for it. He recalled this experience and still felt angry. As he said:

When I met the worker on the following day, I told her that was not acceptable ... and she would never find anyone to help her if she continues to treat volunteers in such manner ... She apologised and said it would not happen again.
(Focus group discussion, London Working Group)
Experiences of involvement

Other members had similar experiences. Some of their work was once described by a worker from another organisation as ‘nonsense’, despite the intention behind what was said to help to improve the quality of the outcomes (Focus group discussion, London Working Group).

Suspicion within the Chinese community

Many participants have experienced misunderstanding and mistrust from Chinese older people who were not as active as themselves. They were wrongly assumed to participate for money and fame. Alternatively, some were said to be stupid to do things that they could not get money for. Some were criticised heavily when the users were not satisfied with their service. Different participants reacted differently – one older man said:

This is all right. Criticisms bring improvements.
(Focus group discussion, London Reference Group)

But an older woman, who had been helping other older people with shopping and household chores, said:

But some people said I could earn money from doing this. I have been very angry in the last two years. I am giving up helping other older people.
(Focus group discussion, Birmingham Reference Group)

The disabling environment

As shown above, many Chinese older people are keen to be involved. However, the social atmosphere does not always match up to their enthusiasm. Factors such as language barriers, insensitivity in the English-speaking communities, difficult relationships with key link persons (as discussed in the previous chapter), tokenism, workers’ insensitivity to their needs and suspicion within the Chinese community have added up to create a disabling environment for the involvement of Chinese older people.
5 Aspirations, gains and losses

People setting up initiatives often assume that they know what issues older people will be willing to engage in. But experience shows them wrong …
(Thornton, 2000, p. 6)

Despite the fact that many service providers understand the advantages of getting older people involved and have been trying hard to involve them, not many have a clear idea of why older people become involved, why they continue and why they withdraw. Participants in this study have allowed the research team to find out some of the answers. This chapter focuses on the reasons why Chinese older people get involved and their perception of the gains and losses.

Reasons and aspirations

Reasons for Chinese older people getting involved vary. Some are personal and some are more communal.

Godfrey and Callaghan (2000, p. 6) found in their study that ‘one of the most challenging threats to older people is a loss of life purpose and boredom’. Many Chinese people have spent years in their family catering business. Retirement implies a double detachment from their community and the host society (Chau and Yu, 2000). They can no longer take an active role in the family. Their contact with the host society through the business would not be as frequent. Some participants told the research team that some of their friends spent all day on the street without any particular reason while some stayed in casinos for long hours and sometimes fell asleep there. An older man felt very sorry for these people. He preferred to take part in social activities and to engage in volunteer work (Focus group discussion, Manchester Working Group).

For some Chinese older people, involvement means more than fighting against their own boredom. They also want to help other Chinese older people to combat social isolation. As an older man said:

We are in the same generation. Life could be quite empty. It is not easy to join the social circle of the English people. We think we should get together … to solve problems when they arise, to organise some
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entertainment … to talk about our children, our family … it is better than sitting at home.
(Focus group discussion, South Yorkshire Working Group)

Some took part simply because they wanted to help. As an older woman said:

This is what we should do … Personally, I really want to help the older people … Some are in need … Those with mobility problems can't even get what they want to eat. I have to do my shopping anyway. So I offer to help them.
(Focus group discussion, Birmingham Reference Group)

Others had a more long-term view, wanting to develop something that would benefit later generations. A participant in the Manchester Working Group (Focus group discussion) described this as 'no past, no present', which means things one currently enjoys are built on the work of people in the past. Therefore he wanted to contribute his effort to bring benefits to later generations. This view is echoed by many in the South Yorkshire Working Group:

Everyone will get old. We organise this place now and hope that the younger generations could inherit this. It is like digging a well for them. They don't have to do it in the future.
(Focus group discussion, South Yorkshire Working Group)

Lastly, some participated because they were encouraged by friends or felt socially respected when they were invited. A very quiet older woman in the London Working Group, who had been looking after her sick husband for years, said she joined because of the encouragement of her friend. An older man who was in his nineties went to every local council event to which he was invited. As he said, invitation meant respect, therefore he would continue to go (Focus group discussion, Birmingham Reference Group).

Gains

‘The reality of old age is a constant … negotiation between losses and gains’ (Older People’s Steering Group, 2004, p. 13). This is also true for older people involved in issues of policy and practice. Many older people are aware of the gains and losses. Many are willing to contribute despite the losses. However, some withdraw when the costs are beyond their capacity to cope.
Similar to reasons for involvement, gains from involvement could be personal or communal. Most of the participants agreed that involvement in general benefits their health, social contact and general knowledge. These are reflected in the following quotations:

It's good to have a centre. We can gather together from time to time. It is boring to sit at home alone … They speak Chinese, speak our language … You learn more … like those talks, you would know much more.
(Focus group discussion, London Reference Group)

I have learnt a lot and become more open-minded.
(Focus group discussion, London Working Group)

Life has become more meaningful. Our health has improved.
(Booklet, South Yorkshire Working Group)

Some gained a great deal of joy from the benefits brought by their services. An older woman who had been helping in the luncheon club said:

Every time when we celebrate the traditional festivals, the older people will have a pot luck meal, everyone bring a special dish to share with each other … when we have excess food, we will deliver to those who have no mobility or are unable to cook … These are all I love and enjoy to see.
(Focus group discussion, South Yorkshire Working Group)

The Manchester Working Group has earned a great sense of achievement:

The documents and literature produced by the group, everything, I am not joking, are of very high standard … are presentable.
(Focus group discussion, Manchester Working Group)

Finally, some mentioned that, although they could not contribute much, their presence at activities could bring some positive effects to the Chinese centres. As an older woman said:

Yes, of course, more people come so they have more members. More members so they could apply for more funding … if nobody comes, there is no use for the centres to get the money.
(Focus group discussion, London Reference Group)
Losses

When asked about the costs of involvement, many participants responded without hesitation: ‘time, money and energy’. In fact, many have contributed more than these. Because of the lack of funding, some members of the South Yorkshire Working Group donated their own rice cookers and kitchen utensils to set up the luncheon club. They decorated the venue and installed most of the fixtures and equipment. They visited Chinese families one by one to ask for donations and also motivated their family members to be involved in all sorts of fundraising activities. Therefore one of the members said:

This older people club relies very much on these people [the active members]… unlimited contributions, not for any personal reward … this older people’s club would have been impossible without them …
(Focus group discussion, South Yorkshire Working Group)

For many, these costs were a comparatively minor concern. They were happy to contribute because they could see the value of their work. The matter bothering them most appeared to be the loss of peace of mind, especially in the face of other people’s misunderstanding and the complexity of dealing with people’s vested interests.

In Chinese centres, there are a lot of gossips and disagreements … Once I was asked to take part in an activity. They thought that I went because of money. How could they talk and think about me like that?
(Focus group discussion, London Reference Group)

We were all very simple minded before. This might be human nature. When it involves money, people start to think differently … We put our trust in someone and in return make ourselves targets of bullying.
(Focus group discussion, South Yorkshire Working Group)

During the project, the research team came across situations where some very active older people chose to withdraw because of tense human relationships. Some withdrew not only from their voluntary work, but also from the local Chinese community. Some older people gave up claiming expenses in order to avoid any misunderstanding of gaining money from voluntary work. An older woman in the London Working Group repeatedly mentioned an incident in which she had been accused by another Chinese woman as greedy. Despite her immobility and health problems, she refused to apply for any support from social services to avoid similar accusations.
The involvement of Chinese older people in policy and practice

The enabling factors

As discussed above, there are many reasons why Chinese older people get involved in social action. Most are quite sure about what they want to achieve or to gain in the process. There is limited need for policy makers or service providers to give them reasons to take part. They would be there if they thought something worth their effort. However, because of their personal limitations and the disabling social factors, support from the Chinese community and the host society would be important. Carter and Beresford (2000, pp. 13–14) have helpfully discussed five types of support which would be applicable to Chinese older people. They are:

■ **Support for personal development**: to increase people’s confidence, assertiveness and expectations. This is particularly important among Chinese older people. They have to be encouraged to be assertive in face of untrue criticisms in voicing their needs and opinions.

■ **Support to develop skills**: to participate fully and effectively and on their own terms. In this study, the research team has provided the participants, especially the local working groups, with training in various skills. These include skills in expressing ideas, research, dissemination, funding applications and working with professionals. There is clear evidence that they were able to acquire the skills and apply them in their work. To enable Chinese older people to become involved to a fuller extent, skill training should be extended to more groups and to a wider range. Skills in management, finance and networking would be a few that they need to develop if they are going to contribute fully to user-led services.

■ **Practical support**: including information, advocacy, transport and payment of expenses. Workers should proactively provide this type of support and encourage older people to claim what they are entitled to. In providing support, workers should be sensitive to older people’s emotional and physical needs, and avoid promoting a sense of inferiority.

■ **Support for equal opportunities**: to ensure equal access, regardless of age, race, gender, sexuality, disability and communication differences. This is particularly important. As mentioned at the start the Chinese community is very diverse. There are divisions based on class, gender, locality, place of origin, language, education levels, immigration status and so on. It is necessary for support to be inclusive and at the same time flexible enough to cater for different people’s interests and circumstances.
Support to get together and work in groups: as reflected by members of the local working groups, many services in Chinese community centres are provided on an individual basis. Older people go to the centres for certain classes or activities and are dismissed afterwards. There may not be any space for them to sit and chat. For some of them, the experience of working as a group has been new and exciting (Focus group discussion, Manchester Working Group).
6 Conclusions and recommendations

As the conclusion of this report, this chapter aims to achieve three tasks: to reiterate the key messages, to evaluate the effectiveness of the Joint Statement approach and to make recommendations.

Key messages

‘A bowl of loose sand’ – is this an accurate description of Chinese older people? The answer is yes and no. There may be reasons for Chinese older people to be non-cohesive, such as settlement patterns, heterogeneous backgrounds, social divisions and interpersonal tensions within the community. However, it does not mean that they cannot work collectively to generate a united voice. The Joint Statement provides clear evidence that Chinese older people, despite their differences, have shared concerns and are willing to make their concerns public. Moreover, the formulation process of the Joint Statement has also proved that they were concerned with each other’s needs. Nor does this mean that Chinese older people do not have the commitment and willingness to get involved in wider community affairs. Discussion in this report has showed that many Chinese older people are ready to contribute their money, time, energy and other things as long as they identify with the meaning of the activities. More than these, this study has also shown that Chinese older people have the ability to achieve and to play different roles in the process of involvement.

Effectiveness of the Joint Statement approach

The research team believes that the Joint Statement approach is worth extending to other Chinese or ethnic minorities. It has brought about meaningful involvement (Older People Steering Group, 2004, p. 5).

- The numbers of older people involved: this study has involved more than 200 older people from different backgrounds. If resources allow, there is potential to include even more.

- Their ability to influence the outcomes: the participants have a sense of ownership of the Joint Statement and the local projects. The Joint Statement was developed on the basis of individual views and endorsed collectively at the
Conclusions and recommendations

national meeting. The local working groups regarded the projects as their own responsibilities. As a member in the Manchester Working Group (Focus group discussion) said: ‘it is because we have spent time on research and we have tried out our suggestions’.

- **The resources to support them in becoming involved:** the study has provided support in many aspects. Tangible support included skill training, language back-up, administrative support, expenses, information and liaison with other organisations. Intangible support included encouragement, company in visiting and attending events organised by English-speaking organisations, ensuring equal opportunities for individual participants to take part, facilitating discussion and so on.

- **Their involvement throughout the whole process:** older people have been involved at all stages, including setting the agenda, revising and endorsing the Joint Statement, delivering the local projects, evaluating the activities and dissemination.

**Recommendations for enhancing the involvement of Chinese older people**

- Both the Chinese- and English-speaking communities should take this seriously. Genuine opportunities for involvement should be offered to Chinese older people.

- Both the Chinese- and English-speaking communities should remove the disabling factors which hamper the involvement of Chinese older people, such as language barriers, insensitivity to needs, and patronising and discriminatory attitudes.

- Enabling factors should be in place in accordance with the abilities and preferences of Chinese older people. These include support for personal development, support to develop skills, practice support, support for equal opportunities and support to get together and work in groups.

- Members of the Chinese community should recognise the contributions of older volunteers and avoid making unnecessary criticisms.
Recommendations for improving the lives of Chinese older people

- Policy makers and service providers should study carefully ‘Shared expectations, shared commitment – a joint statement of Chinese older people’. They should use the ten common expectations as a yardstick to review existing policy and practice and to guide future planning. They should also examine the relevant suggestions and adopt them according to the local circumstances. In carrying out all these, Chinese older people should be involved as a key and equal partner.

- Chinese older people should also read the Joint Statement carefully. They should identify suggestions that would benefit their lives and campaign for them at the local level. They should also ask local organisations for support in order to achieve their goals.

- Local and national funding organisations should recognise the special role of Chinese organisations in providing support for Chinese older people to use services provided by and to maintain contacts with the host society. More and consistent resources should be provided for these organisations to enable them to perform this role in a sustainable manner. They should also work in partnership with Chinese organisations to identify the needs of and to organise services for Chinese older people.

- Local authorities and the local voluntary sector should provide more support for Chinese organisations to improve their management. This could be achieved by providing training for members of management committees, legal advice, support in financial management and so on.

- English-speaking service providers should be more sensitive to the language and cultural needs of Chinese older people: for instance, to ensure availability of interpreters and to arrange Chinese meals in hospitals.

- Service providers in the Chinese community and host society should provide flexible and innovative services for Chinese older people. Chinese older people should be provided with the choice of using services provided by Chinese-speaking workers in other districts if they are not available in local areas. Innovative services suggested by Chinese older people, such as the language options in emergency services and hotline on domestic matters, should be implemented. This would help to overcome the geographical and language barriers in providing support for Chinese older people in different localities.
Conclusions and recommendations

- Organisations and service providers within and outside the Chinese community should ensure equal access to services for all Chinese older people. There should not be discrimination because of language, gender, disability/ability or residence.

- Both Chinese organisations and English-speaking service providers should encourage and support Chinese older people to lead an active life in the community by providing more opportunities for continuous learning, voluntary work and taking part in social activities.

- Chinese organisations should increase the transparency of their management. Measures such as regular reporting and consultation sessions should be in place to keep members and users informed about the development of services.

It is necessary to comment that many of the recommendations illustrate general principles which should govern the provision of services to all groups, whether indigenous or immigrants. One important aspect of this study has been to demonstrate how these principles are evidenced within a culture very different from the British.

It is recognised that there is an element of wishful thinking in the level of resources and funding implied in the respondents’ aspirations. Additionally, however, there is a challenge to resource managers concerning the most appropriate allocation of limited means.

At this point, mention has been made of a methodological issue: namely, how effective has the research team been in reducing to a minimum their influence on participants’ comments and responses. It is appropriate to add that all group reports were circulated in Chinese for the comments of participants, and adaptations made before the reports were translated into English for this research report.
References


Appendix 1: ‘Shared expectations, shared commitment – a joint statement of Chinese older people’

Introduction

We are a group of older Chinese composing of more than 210 people from eight cities in England and Scotland. With the assistance of the academic and research staff of the University of Sheffield and the financial support of the Joseph Rowntree Foundation, we have formulated the Joint Statement in the past year. The statement contains ten shared expectations. It also includes our suggestions to various sectors. We hope that the organisations or individuals concerned would share the commitments to enhance the quality of life of Chinese older people by materialising the suggestions, which suit the needs and circumstances of their service users.

Our expectations

1. Chinese older people should be provided with a wide range of services through Chinese centres.

2. Chinese older people should be provided with effective medical and health services.

3. Chinese older people should be provided with appropriate support in order to deal with emergencies or special situations.

4. Chinese older people in need should be provided with appropriate care.

5. Sufficient and suitable housing services should be available for Chinese older people.

6. Multiple channels should be in place to enable Chinese older people to maintain social contacts.

7. Support services should be provided to reduce the caring and emotional burdens of older Chinese carers.
8 Chinese older people should have the opportunities to pursue lifelong learning.

9 All services for Chinese older people should be provided in accordance with their cultural, language and individual circumstances.

10 Chinese older people should not be discriminated against and should be able to enjoy all the rights as citizens.

Our suggestions

I Chinese centres and organisations

1 To provide a wide range of services: such as advocacy; counselling; older people hotline (in Cantonese, Hakka and Mandarin); referrals; help with correspondence; welfare and service advice and application; accompanying older people to see doctors; accompanying older people in hospitals; interpretation (in doctors’ surgeries, hospitals, banks; in welfare applications; also includes telephone interpretation); talks (on topics such as dealing with emergencies, medical and health knowledge, healthy diet, financial management, use of interpreting services, domestic safety, welfare services, pensions, relationship with others and younger people); exercises; Chinese medical services; regular body check-up (at least once a month, including measurement of blood pressure and cholesterol level); organising visits to older people (especially those with limited mobility, living on their own and in hospitals); home help; short and long distance travelling (e.g. day trip to pick fruits and vegetables); leisure activities; a place for reading newspapers, watching television, playing games, chatting and exchanging information; luncheon club (at least twice a week, with food suitable for older people); personal care (e.g. hair cutting); transport services; outings; handicraft; daily news summary; volunteer training; interpreter/translator training; providing travelling and other allowances to volunteers.

2 Good management: effective fundraising; good record keeping; transparent services; being accountable to service users regarding centre expenses.

3 With suitable settings and facilities: stable venue which should not be changed every few years; with easy access, either on ground floor or with lifts; spacious, good ventilation; with equipment for physical exercises; with appropriate facilities to enable older people with declining hearing and eye sight to take part in activities.
4 Workers (including drivers) have to be friendly and can speak Cantonese, Mandarin and Hakka. Full-time worker should be appointed to serve older people. Workers should be able to establish a sense of belonging among older users.

5 Services should be flexible: allowing older people from other districts to use (especially when in urgent need); open during weekends; publicity should be face to face and not relying on leaflets only; can arrange interpreting services in a short time.

6 Consistent standard of services across Chinese centres in all districts.

7 Chinese centres and organisations should work together to advocate for services needed by Chinese older people, such as Chinese older people’s homes.

8 Annual or bi-annual national exchange events for Chinese people and workers, ideally in late spring, summer or early autumn.

9 The number and distribution of Chinese centres should be decided according to local circumstances.

II Medical and health services

1 To train and employ more Chinese or Chinese-speaking health workers: such as general practitioners and nurses (in every city and town), hospital doctors and medical staff, and dentists.

2 Free Chinese medical services should be included in the NHS, and provided through older people’s homes, community centres, or referred by general practitioners.

3 Chinese clinics should be set up in areas with large Chinese population (such as Chinatowns) to provide Chinese and Western medical treatments.

4 To use multiple methods and channels to provide medical and health information for Chinese older people: such as Chinese talks to teach older people first-aid skills and methods of self-rescue, and to encourage them to seek medical help as soon as they feel unwell.
Appendix 1

5 To provide interpreting services in hospitals, accident and emergency services and general medical consultations: interpreters should have professional training and medical and caring knowledge; be kind and patient; can speak Cantonese, Mandarin and Hakka and be punctual. They should contact the older service users to confirm time and place directly. The allocation of interpreters should be consistent. For example, there should be hospital-based interpreters.

6 Flexible services: Chinese doctors can serve or visit older patients outside their service areas, and to help older patients to advocate for more services.

7 Dentist services are needed by older people and should not be affected by privatisation.

8 Chinese meals should be provided for Chinese older people in hospitals.

III Caring services

1 To provide home help, home visits and Chinese meals for Chinese older people (especially those who live on their own or are housebound).

2 To provide free home help services with simple and quick application procedures.

3 To establish more or expand existing nursing homes; with Chinese doctors and nurses.

4 There should be Chinese workers providing direct help to older people who live on their own.

5 Nursing homes and caring homes should have simple service contracts which are easy to understand. Monitoring systems should be in place to assure the quality of the services.

6 The quality of meals delivered should be guaranteed through random check, effective monitoring measures and complaints procedures.

7 There should be workers helping older people to apply for facilities such as wheelchairs.
IV Housing services

1 To set up more Chinese older people’s homes.

2 To provide one-stop housing services for Chinese older people: homes with space for physical exercises, leisure activities, reading rooms, interpreting services, Chinese meals and Chinese or Chinese-speaking doctors and nurses.

3 To provide flexible services: housing units can be for renting or purchase; older people with needs but have not reached the eligible age should be allowed to apply; older tenants with financial difficulties should enjoy financial help with purchase of furniture and maintenance work; some of the services can be open to non-tenants.

4 The time of application and assessment should be shortened. Application procedures should be simple and easy to understand. Eligibility criteria should be relaxed to allow older people in better financial situations to apply.

5 Homes should be maintained regularly. Fire and emergency alarms should be examined regularly. Talks should be organised to teach tenants to use these facilities.

6 There should be Chinese workers in all older people’s homes with Chinese tenants. There should be Chinese workers on duty during weekends.

7 Charges (such as water charge) in older people’s home should not be too high.

8 Older Chinese tenants should be allowed to have sky television installed to watch Chinese TV programmes.

9 Housing services organisations (e.g. housing associations) should help older people to apply for funding to organise activities.

V Adult learning services

1 A wide range of courses should be provided for Chinese older people, such as English courses (especially English used in consulting doctors), handicrafts, physical exercises, t’ai chi, communication skills (Chinese and English) and first aid (delivered in Chinese).
2 Opportunities should be provided for Chinese older people to learn basic skills in an English-speaking environment, such as English, hygiene, health, survival skills and self-protection. There should be specialised workers offering help to Chinese older people.

3 Course contents, teaching methods and the physical setting should suit the needs of older people. Course contents should be simple, interesting, relaxing and with an emphasis on practical application to daily life. The setting should be spacious with good ventilation. Appropriate facilities should be in place to enable older people with declining hearing and eyesight to take part.

4 Teachers of English course should be able to speak Chinese.

5 Courses should be free of charge to encourage more Chinese older people to take part.

VI Social services

1 Chinese advice workers should be employed to assist Chinese older people in using medical, welfare and housing services. The workers should also reach out to the community to introduce services to older Chinese women.

2 There should be workers with appropriate knowledge to explain welfare policies to Chinese older people, women and carers. There should be Chinese social workers to provide assistance to carers, to follow up and inform carers promptly of the progress of application to services.

3 There should be measures to facilitate the social reintegration of Chinese people who have recovered from various illnesses. This would help to reduce the worries of their carers.

4 Allowances should be provided for volunteers who offer help to carers.

5 There should be social workers to provide proactive help to Chinese older women in solving problems, especially those who have to look after ill and/or disabled family members. They may feel lonely, helpless and stressed. There should be services for them.
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VII Other public services

1 To provide a 24-hour Chinese emergency helpline (including Cantonese, Mandarin and Hakka) or a Chinese language option in existing emergency services (such as the safety alarm services and the 999 emergency calls).

2 To set up a hotline to provide advice and referral to Chinese older people on domestic and daily life matters.

3 More face-to-face and verbal methods or telephone enquiry should be used to introduce services, rights, welfare and pensions to Chinese older people. There should be genuinely comprehensive and multiple Chinese channels (such as leaflets, videotapes, television and hotlines) to ensure Chinese older people could understand various services and their regulations.

4 Free transport services, with no time limit, for older people should be implemented. Shuttle services should also be provided to connect older people from their home to major public transport connection points.

5 Pensions should be available to those who take early retirement.

6 The revised fee for older people’s driving licence should be reduced to £10 or below.

7 Chinese older people should be taught to exercise their rights and should be helped to understand their rights and responsibilities. There should be more Chinese publicity on registration as voters.

8 There should be one or two Chinese councillors in each district.

9 The safety of Chinese older people should be secured. Younger people should be taught through education and other measures not to discriminate, harass or bully older people.

10 To provide parking spaces for carers.

11 To provide Chinese permanent cemeteries and funeral services.

12 Chinese older people should be taught how to deal with situations when they are ill treated (e.g. being abused by family members).
VIII  Mass media

1 To set up a local Chinese television channel.

2 Chinese television and radio services should provide more Cantonese and Hakka programmes and/or extend their broadcasting time.

IX  Chinese older people

1 Chinese older people should learn to advocate for their rights, e.g. rights to medical services and making complaints.

2 Chinese older people should do more exercises.

X  Funding organisations

1 To provide more resources to Chinese centres to provide direct services for Chinese people.

2 To provide resources to train Chinese workers to attain professional qualifications to serve the Chinese community.
Appendix 2: Report of the South Yorkshire Working Group

Prepared jointly by the South Yorkshire Working Group and Eva Liu.

1 Introduction

We are a group of Chinese older people from South Yorkshire. In December 2003 we participated in the ‘Shared expectations, shared commitment’ research project and formed our working group. During our participation, we have visited and interviewed some older Chinese people who were physically frail; we have learned to fill in a funding application form; we have reviewed our involvement history: ten years ago we were only passive service users, but now we have founded our own Chinese elders club.

This report contains a brief description of our involvement in the last ten years, our current situation, the outcome of our interview of the older Chinese people, and our reflection on the involvement.

2 Involvement history

In our borough, the Chinese population is not huge. However some of us have lived here for many years. There was no service particularly for Chinese older people until 1995 when some enthusiastic people made the arrangement for us to go to a luncheon club in a Jamaican church. Later we moved to the local Age Concern and had lunch and gathering there. Seeing the Chinese older people’s unmet needs, we eventually decided to set up a club for ourselves. In 2000 and 2001, several members of the elders club tried to apply for funding from the local council, and at the same time to set up the club’s own venue. In 2004 the venue was ready and opened for use. At that time, our club membership was already over 100.

3 Our current situations

Our club’s objectives are to advance and promote the activities and social welfare of the older members of the Chinese community in the local borough and outlying
areas and to seek to combat isolation, through the development of recreational and social activities.

The services the club has provided include luncheon club, singing group, health talks, home safety talks, training courses, citizen advice, cultural promotion and festival celebrations, tours and outings, home visits, free letter writing, free Internet access, computer editing/printing, and translation.

4 Interview findings

We have been organising volunteers to help some frail older people in the last few years. However, the services have been unstable and limited due to the lack of resources. In order to raise mainstream's awareness of older Chinese people’s needs, in the past few months we conducted home visits to 21 frail older people who have been supported by the club. The following are the findings of the interviews.

■ The average age of the interviewees was 78; the youngest was 62 and the oldest was 91.

■ Thirteen interviewees were female and eight were male.

■ One interviewee lived in a residential house for older people, two lived alone in their own house, and the rest lived with their spouse or children.

■ Twelve interviewees had worked in catering industry before retirement.

■ All interviewees have expressed the concern about insufficient interpreters and said they had to rely on their family or friends when they had to see a doctor/GP.

■ All interviewees had some chronic illnesses, such as diabetes, heart disease and arthritis.

■ The majority of the interviewees have reported mobility problems, three of them were in wheelchairs, one was blind, and to different extent they were all housebound.

■ Some of them used local council home help services, but found the services difficult to use because of the language and cultural barriers.
5 Reflection on involvement

At the beginning we were just passive service users. But in 1997 we voluntarily gathered together to serve other older Chinese and eventually became a service provider. When we look back at these years of getting involved, our feeling was quite mixed.

5.1 Reasons for involvement

Reasons of our involvement are simple; we just want to find a place for Chinese elders’ gathering to have some fun and support each other; we also want to offer such a venue for the later generations when they become older one day.

5.2 Difficulties in involvement

To achieve the above goals is not simple, we have come across many difficulties, and the major ones are:

■ Limited English leading to limited information.

■ Unable to communicate with the host society and organisations.

■ Without an English-speaking helper, it’s impossible for us to bid for any funding or resources.

■ Unable to manage the sophisticated documents in funding, legal and administrative matters.

■ Due to the language barriers, we are unable to maintain our independency on many occasions.

■ We are not always lucky enough to have the right person to help us and we are not able to make complaints in English; sometimes we feel like a dumb person eating huanglin. (Huanglin is a Chinese fruit which looks very pretty but has a very bitter taste. The saying implies only the person suffering knows the feeling.)
5.3 What have we devoted?

We have devoted lots of time, energy and money.

- We have been working as volunteers continuously and unconditionally for the club, sometimes we even bring our families to work for the club.

- We have tried to raise funding for our club by asking for donation from door to door.

- We use our personal fund to rent the venue and decorate it ourselves. We brought our own cooking utensils from home for the luncheon club to use.

- To raise the host society's awareness of our club, we participate in all kinds of meetings, conferences and training courses (which are usually delivered in English) even though we don’t understand a single word.

5.4 What have we gained?

We have gained a lot.

- We have sense of achievement when we work as a team aiming at the same goal. As a consequence, our health has been improved.

- We now have our own venue and the number of members has been increasing rapidly. Seeing the older people and their families or friends gathering happily at our club, we can tell they are no longer lonely and isolated. We feel happy that we have done the right things.

- As the club develops, we begin to be known by people inside and outside the Chinese community. We eventually are recognised by some funding organisations and service providers. We are very proud of ourselves.

6 Summary

We have achieved a lot during our involvement. It is not an easy job for us, especially in handling documents with our limited English. But we are determined to go on with the Chinese older people’s club. It’s not just for us, it is more for the
younger generation. Because we know how difficult it could be after you retire and suddenly feel you have nothing else to do but sit aimlessly at home. We want to have the club ready for the younger people, and we hope we can leave them something we are proud of and somewhere they can go to socialise in their later life.

Note: This report was originally produced in Chinese. Free copies are available from Dr Ruby Chau, Department of Sociological Studies, University of Sheffield, Sheffield S10 2TU.
Appendix 3: Report of the Manchester Working Group

Prepared jointly by the Manchester Working Group and Eva Liu.

1 Introduction

We are a group of older Chinese living in Manchester. In March 2004 we were invited to participate in the ‘Shared expectations, shared commitment’ research project. We then formed the lifelong learning research group. During our participation, we collected 80 Chinese older people’s opinions on lifelong learning services. Based on the information we developed a set of Code of Conduct of Lifelong Learning. Besides, we tailor-made a pilot English course for Chinese older people. The pilot course was well received; some older people who had never attended any English class began to learn English in our course. In this booklet we would share our experience and findings of our study.

This booklet contains the findings from our questionnaire survey, the pilot English course and Chinese older people’s expectations on lifelong learning services.

2 Findings from the Chinese older people lifelong learning questionnaire survey

The survey aimed to identify older Chinese people’s expectations on lifelong learning services. The target group was Chinese people who were over the age of 50. To conduct the survey, we delivered the questionnaires to the Chinese older people at the luncheon club at the Wai Yin Chinese Women Society, the Chinese Health Information Centre and the Chinese church in Manchester. We collected 67 completed questionnaires and 87 per cent of the participants had enrolled for an adult education course before.

The following are some of our findings. The first three figures are about participants’ age, the years they have lived in the UK and their education background.
The involvement of Chinese older people in policy and practice

Figure 1  Respondents' age

Note: The youngest participant was 52 years old and the oldest aged 87.

Figure 2  Respondents' years in the UK

Note: The years of residence in the UK ranged from eight to 47.
Appendix 3

Figure 3  Respondents’ education levels

Note: The 9 per cent under ‘Others’ includes evening schools, traditional Chinese private school and self-education.

Figures 4–7 are about respondents’ expectations on lifelong learning services.

Figure 4  Whether respondents would like to start a course at the basic level
The involvement of Chinese older people in policy and practice

Figure 5  Whether respondents prefer a course to be more theoretical or more practical

- Theoretical: 1%
- Practical: 61%
- Don’t mind: 6%
- Both: 19%
- No answer: 9%
- Invalid answer: 4%

Figure 6  Whether respondents expect the tutor to be able to speak the learners’ language

- Yes: 58%
- No: 4%
- Depends: 7%
- Don’t mind: 27%
- Invalid answer: 4%
- Don’t mind: 27%
Figure 7  Whether respondents expect to gain a certificate at the end of a course

Regarding the teaching methods, four items were the most popular among respondents (Table 1).

Table 1  Preferred teaching methods

<table>
<thead>
<tr>
<th></th>
<th>Number of respondents (n = 67)</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slower teaching pace and more revisions</td>
<td>39</td>
<td>58</td>
</tr>
<tr>
<td>More interaction between teacher and learners in class</td>
<td>29</td>
<td>43</td>
</tr>
<tr>
<td>Teacher knows about learners’ levels</td>
<td>25</td>
<td>37</td>
</tr>
<tr>
<td>Consistency in the teaching contents</td>
<td>22</td>
<td>32</td>
</tr>
</tbody>
</table>

Regarding the venue, the five options shown in Table 2 were most preferred.

Table 2  Venue: preferred options

<table>
<thead>
<tr>
<th></th>
<th>Number of respondents (n = 67)</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient light, ventilation, and appropriate indoor temperature</td>
<td>54</td>
<td>81</td>
</tr>
<tr>
<td>Easily accessible, with lift</td>
<td>36</td>
<td>54</td>
</tr>
<tr>
<td>Water/tea available</td>
<td>34</td>
<td>51</td>
</tr>
<tr>
<td>Appropriate teaching facilities</td>
<td>32</td>
<td>48</td>
</tr>
<tr>
<td>Located at where most older Chinese live</td>
<td>31</td>
<td>46</td>
</tr>
</tbody>
</table>
3 The pilot English course

Based on the information from the survey and our own experience as an older learner, we finally manage to design a pilot English course and ran it for older Chinese people after a series of meetings and discussions. The following are some key features of the course.

- **Target learners:** 13 older Chinese people, four of them had not attended any English class before, one of them did it once about 15 years ago, and the other eight tried an English class one year ago. The average age of the group was 74, with the age ranging from 64 to 83.

- **Objectives:** to raise the learners' interest and confidence in learning English; to enable the learners to tell some essential personal information in English, which is often required in their daily life in the UK.

- **Course duration:** ten sessions, 20 teaching hours.

- **Frequency of lessons:** two sessions per week and two hours per session.

- **Time of lessons:** 10 a.m.–12 noon on Thursday and Saturday.

- **Course tutor:** a bilingual tutor who had experience in teaching Chinese older people.

- **Five characteristics of the course:** the teaching methods and curriculum were decided by Chinese older people; the course promotion and enrolment were all done by Chinese older people; there were two older Chinese classroom assistants at the class; the course concentrated on listening and speaking daily English; lots of activities were adopted, such as pair or group work, singing and mild physical exercises.

At the end of the course, 12 learners took part in a course evaluation by filling in a self-assessment form. In the form the learners were asked to score themselves on a scale from 0 to 10, on how well they would perform certain tasks at the beginning and toward the end of the course. Score 0 meant the learner felt not being able to do the task at all, 10 meant the learners felt that s/he could do it very well. The average scores of the learners in different items are shown in Table 3.
Table 3  Average scores

<table>
<thead>
<tr>
<th>Tasks taught in the ten sessions</th>
<th>Before the course</th>
<th>After the course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saying one’s own name in English</td>
<td>4.33</td>
<td>9.67</td>
</tr>
<tr>
<td>Recognising one’s own English name</td>
<td>4.67</td>
<td>9.33</td>
</tr>
<tr>
<td>Telling one’s full address in English</td>
<td>1.50</td>
<td>7.83</td>
</tr>
<tr>
<td>Recognising one’s own address in English</td>
<td>2.17</td>
<td>7.17</td>
</tr>
<tr>
<td>Introducing friends in English</td>
<td>0.33</td>
<td>6.58</td>
</tr>
<tr>
<td>Counting from 1 to 10 in English</td>
<td>3.92</td>
<td>9.17</td>
</tr>
<tr>
<td>Telling one’s own phone number(s) in English</td>
<td>0.92</td>
<td>9.42</td>
</tr>
<tr>
<td>Listening and taking down English phone numbers</td>
<td>1.00</td>
<td>7.92</td>
</tr>
<tr>
<td>Hearing and telling different parts of human body in English</td>
<td>0.33</td>
<td>7.75</td>
</tr>
<tr>
<td>Greeting others in English</td>
<td>1.67</td>
<td>7.17</td>
</tr>
<tr>
<td>Saying goodbye in English</td>
<td>3.25</td>
<td>9.50</td>
</tr>
<tr>
<td>Average scores</td>
<td>2.19</td>
<td>8.32</td>
</tr>
</tbody>
</table>

Table 3 indicates that the learners have progressed very well, especially with the tasks of telling phone numbers and body parts. Since this was a self-assessment exercise, it also showed that the learners’ confidence in speaking English had become stronger.

4  Older Chinese people’s expectations on lifelong learning

After the survey and the pilot course, we summed up that Chinese older people have the following expectations on lifelong learning services.

(A) Most Chinese older people are interested in joining lifelong learning activities. Lifelong learning providers should provide a wide range of courses according to their interests, their needs, their learning abilities and standards.

- Courses should be specially designed to meet Chinese older people’s requirements; Chinese older people also expect the courses to be systematic.

- The courses are preferred to start from the basic level with certain degrees of flexibility, so learners with different levels could fit in the course. For basic-level courses, the teaching focus should vary between classes even within the same subject area, allowing the older people to choose the class according to their learning priorities.

- The courses should be practical, allowing older learners to apply what they have learnt to their everyday lives.
Chinese older people prefer long-term course. For example, English courses for older beginners should last for at least a year.

(B) Lifelong learning service providers should be aware of older learners' learning capacity, their preferred learning styles, and their physical constraints, in order to adjust the teaching methods.

Classes should be arranged in the morning or in early afternoon. Two lessons per week are optimal and a day off between the lessons is preferable. Tutors should adopt flexible teaching objectives and allow older learners the options to participate in the various kinds of assessments.

Tutors would need to adapt their pace of teaching for older learners. For example, in a two-hour English session, no more than five new words should be taught. Besides, a relaxing atmosphere is particularly important to older people. Some activities such as drawing pictures, singing songs, physical exercises and playing games in pairs or small groups would be helpful. Chinese older people prefer to learn with peers of similar ages and with similar levels of English. They would feel more encouraging and less pressurised.

Tutors’ encouragement, positive attitudes and patience would help to enhance older learners’ confidence in learning.

Keeping handouts and white-board writing simple and easy is an older-people-friendly approach. White-board drawing instead of white-board writing frees the older beginners from copying notes, which would help older learners to concentrate on listening and watching. Handouts with relevant drawings or diagrams for revision would be useful.

It is unsuitable to ask older beginners to learn to speak, to read, to listen and to write English at the same time. They prefer to learn speaking and listening first, and reading and writing (including the alphabet) at a later stage.

When presenting new materials to older Chinese learners, tutors should present in Chinese first and then English. In combination with body language and pictures, older Chinese people find it easier to understand. This would be particularly useful to older learners with hearing impairments.

Involvement helps older people to learn more effectively. Chinese older people would like to learn in pairs or small group activities. And the activities should be carried out in English instead of Chinese.
Appendix 3

(C) Lifelong learning services for Chinese older people should be provided in two languages.

- Tutors who teach Chinese older people should be able to speak and write Chinese. Teaching materials and handouts should be presented in both English and Chinese.

- For an English class of 12–14 Chinese older learners, it would be helpful to have two older Chinese with better English to be classroom assistants.

(D) Regarding the learning environment, Chinese older people think a convenient location and a healthy environment are the most important.

- Learning centres for older Chinese learners should not be too far away from the areas where most Chinese people live, or they should be close to where most Chinese people gather, for example, Chinatown.

- Classrooms for older people should be spacious, with good ventilation, appropriate temperature, and good light supply.

- To make it accessible for all older people, the classrooms should be either on ground floor or accessible by lifts.

5 Reflection on involvement

- We feel very proud that we have conducted a questionnaire survey, which was a new experience for us.

- We are very delighted that our pilot English course has attracted some older Chinese who have never attended any English course. We are happy that we have got very positive feedback from the learners.

- We feel more confident about ourselves when we find out that we can achieve something when we are involved and supported. We also find out that we can still work effectively and we believe our experience is worth sharing.

- We hope there would be more opportunities for us to get involved in the future. We hope we could contribute to the society via taking part in public issues.
6 Summary

This is the first time that we are involved in a research project like this. We find it meaningful. We are satisfied with this experience. We have gained a lot from it. We wish our experience could be tried out in places outside Manchester and shared with other people. Our pilot English course has come to the end now, but the older learners all wish to continue and more and more older people come to ask for enrolment. We really hope that our effort is not in vain, and hope it could enhance people's awareness that older people also have the needs and abilities to learn. Last but not the least, we also hope there are more opportunities for Chinese older people to be involved.

Note: This report was originally produced in Chinese. Free copies are available from Dr Ruby Chau, Department of Sociological Studies, University of Sheffield, Sheffield S10 2TU.
Appendix 4: Report of the London Working Group

Prepared jointly by the London Working Group and Eva Liu.

1 Introduction

We are a group of Chinese carers or ex-carers in London and we are all over 50 years old. In March 2004 we participated in the ‘Shared expectations, shared commitment’ research project of the Department of Sociological Studies at the University of Sheffield; we formed a Chinese older carers’ study group.

We have been in the group for nine months and during this period, we have:

- tried to gather information about the carer policies
- made a Chinese carers’ interview guideline
- interviewed 12 Chinese older carers or ex-carers in London
- visited two organisations in London that provided services for carers, and invited an adviser from the Carers London to give us a talk on services and policies
- analysed the data we had collected.

This booklet is a report of our work. It is based on the collected information about Chinese older carers, and ended with our suggestions on some relevant services or policies.

2 Our report – Chinese older carers

This report contains findings on Chinese older carers’ current circumstances, services identified as good practice by the Chinese older carers, and some suggestions on services and policies.
2.1 Those who were cared for

The carers who participated in our interview have all looked after members of their immediate family, such as their son, mother, wife, husband and mother-in-law. Those they cared for were suffering from various health problems including diabetes, hemiplegia, asthma, epilepsy, hypertension, paralysis, manic depression and schizophrenia, etc.

2.2 The carers’ frustrations

2.2.1 Frustrations in using some social services

- Some workers do not take the initiative to promote services or to make referrals.
- Some carers are not getting sufficient information about the services or policies.
- Some service providers sometimes provide incorrect or untrue information about their services.
- Once a service user is signed into a hostel, it is too difficult for him/her to move to another one.
- Faults or delays in assessment take place.
- Some of the carers feel that they have been racially discriminated.
- Quality in some services needs to be enhanced, for example some care homes or hostels.

2.2.2 Pressure from those they care for

- Their health is deteriorating.
- Some of those being cared feel so hopeless that they give up treatments and refuse to be co-operative, there are occasions that they become alcoholic.
- Some of those being cared for tend to convey their frustrations onto their carers, who as a result have become more stressed.
Many could not get a job and integrate into the society after recovery from the illness, which worries the carers.

2.2.3 The carers’ own unmet needs

The carers feel like being trapped in their house for years. Isolation as well as language barriers lead to the consequence that the carers find themselves unfamiliar with services and policies, and even their own neighbourhood.

Most of the older carers worry that once they pass away there would be nobody to look after their sick family members because access to a suitable hostel is difficult. Continuous worry makes the carers feel exhausted mentally and physically but do not know who they can turn to for help.

Long-term pressure and anxiety can badly affect carers’ health; this is more obvious for older carers, and many of the older carers need to be cared for after have the caring responsibility for others for years.

All the interviewed carers have expressed the long desire for a break, but they also feel unease if they have to leave their sick or disabled family member at home.

2.2.4 Pressures from families or the Chinese community

Traditionally, Chinese women are expected to play the caring role. Apart from taking care of the family member with special needs, many women carers have to look after the rest of their family. This has made the caring load overwhelming for them.

Some Chinese women carers feel that they are not getting much support, understand or sympathy from family members, relatives or friends.

Some diseases or disability always come with some stigmas in the Chinese community. Some people have difficulties to come to terms that certain diseases occur in the family.

Some carers are blamed by their family for the diseases that their family member is suffering from.
2.3 Feelings of the carers

- Many carers feel tired and tensed constantly.

- Many older carers feel guilty because they are unable to help the sick or disabled family members out of the circumstances. Some of them have been self-blaming for years, even after the person whom they had cared for passed away.

- The persons being cared for are the carers’ loved ones. The carers are eager to have them cured. The continuous stress and anxiety sometimes lead to desperate hope for a solution. Some carers describe this as ‘taking stones as magical tablets’, which implies they would simply try everything as long as there is the slightest hope for a permanent cure.

- Some women carers feel they are not respected and unvalued. They cannot find anyone to talk to because nobody cares for them. They feel unaccepted both inside and outside the Chinese community. They feel bitterly isolated.

2.4 Some good examples of services

- Some carers’ groups provide the carers with emotional support, information and knowledge on physical and psychological needs of those whom they care for and ways to improve communication with them.

- Some Chinese centres hold talks or training courses on health, hygiene and caring skills.

- Some home care workers can speak Chinese, understand Chinese culture and care about the service users.

- Chinese workers who follow up carers’ need assessment and help the non-English-speaking Chinese older carers to apply for welfares and relevant facilities.

- Doctors’ prescription is a very effective way to refer a patient to suitable services.

- Some Chinese centres and churches provide home visits and lunch-on-wheels for those under care and older carers.

- Some Chinese centres organise social activities for carers and those cared by them.
Some workers have a loving heart, and they know how to avoid hurting carers’ feeling.

The Carers London has an outreach worker, who can speak Chinese and knows carer policy well, to deliver talks to Chinese carers. This has helped a lot to improve Chinese community’s understanding about carer policy.

2.5 Some suggestions from the group and the carers

2.5.1 Suggestions on policies or services for people being cared for

- Carers need the support to ensure regular need assessment for their sick or disabled family member.

- Under a carer’s request, there should be some professional counsellors to visit the family member with special needs and to recommend counselling services according to the situations.

- Before signing a contract with a service provider, such as a hostel, a trial period of one week to one month should be allowed.

- A Chinese hostel is needed, where Chinese is spoken and Chinese culture and customs are understood by its workers.

2.5.2 Suggestions on carer policies or services

- To provide the Chinese carers with more courses on medicine, health care, etc., and the courses should be delivered in Cantonese.

- To promote counselling services for carers.

- The Chinese community needs some spokespersons as well as well-trained interpreters.

- To set up a Chinese carers’ self-help group.

- The Government should fund some employers to employ ex-patients, or to offer some short-term or part-time jobs for them.
There should be designated parking space for carers.

The 999 helpline should offer language options.

Letters to Chinese carers has Chinese heading telling the matters concerned.

There should be some workers, who know both the services and the contracts, to help a carer to sign a contract with a service provider.

More Chinese volunteers or Chinese-speaking social workers are needed.

Service providers, such as hospitals, GPs, community centres and social services, should work together more closely so that they could introduce services more effectively to carers.

Workers who serve Chinese older carers should try to learn more about the carers’ situations and be patient and caring.

Carer is a new concept for Chinese community, so the community needs supports to make carer policy and services known to its members.

Workers from Chinese community centres should take the initiative to learn about carer policy and services so that they can serve the Chinese carers better.

3 Summary

In the past several months, we have tried all our best to access carers who are in different situations. Due to various reasons such as our own commitments as a carer and interviewees’ limited time or health problems we have only completed 12 interviews. The group of carers who were able to afford the time or energy to participate in the interview are probably not in the worst situations when compared to other Chinese older carers. We are not claiming that our findings could be generalised to all Chinese older carers. However, we still present the information we have collected during these interviews and also our thoughts about the related issues. We hope we could say something about the Chinese older carers from our own perspective. We would be glad if our study could contribute to some improvement in the services or policies for carers, especially the Chinese older carers.
Appendix 4

At the end, we would to pass a piece of message from Carers London that they are currently delivering a free software for Chinese carers’ registration among the Chinese community. We would like to stress that we as Chinese carers should take the initiative to register. Carer registration is the first step to raise the public awareness of Chinese carers’ circumstance and their needs.

Note: This report was originally produced in Chinese. Free copies are available from Dr Ruby Chau, Department of Sociological Studies, University of Sheffield, Sheffield S10 2TU.
### Appendix 5: A profile of the participants ($n = 207$)

#### Table 1  Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>145</td>
<td>70.0</td>
</tr>
<tr>
<td>Male</td>
<td>62</td>
<td>30.0</td>
</tr>
<tr>
<td>Total</td>
<td>207</td>
<td>100.0</td>
</tr>
</tbody>
</table>

#### Table 2  Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>50–59</td>
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<td>0.5</td>
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<tr>
<td>Total</td>
<td>207</td>
<td>100.0</td>
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</tbody>
</table>

#### Table 3  Residential area

<table>
<thead>
<tr>
<th>Residential area</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>South England</td>
<td>62</td>
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<tr>
<td>Midlands</td>
<td>52</td>
<td>25.1</td>
</tr>
<tr>
<td>North England</td>
<td>72</td>
<td>34.8</td>
</tr>
<tr>
<td>Scotland</td>
<td>20</td>
<td>9.7</td>
</tr>
<tr>
<td>No answer</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Total</td>
<td>207</td>
<td>100.0</td>
</tr>
</tbody>
</table>

#### Table 4  Employment status

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In paid jobs</td>
<td>7</td>
<td>3.4</td>
</tr>
<tr>
<td>Not in paid job</td>
<td>195</td>
<td>94.2</td>
</tr>
<tr>
<td>Working irregularly</td>
<td>4</td>
<td>1.9</td>
</tr>
<tr>
<td>No answer</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Total</td>
<td>207</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### Table 5  Current or last occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catering worker</td>
<td>98</td>
<td>47.3</td>
</tr>
<tr>
<td>Housewife</td>
<td>46</td>
<td>22.2</td>
</tr>
<tr>
<td>Farmer</td>
<td>4</td>
<td>1.9</td>
</tr>
<tr>
<td>Factory worker</td>
<td>5</td>
<td>2.4</td>
</tr>
<tr>
<td>Office worker</td>
<td>9</td>
<td>4.3</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>7.7</td>
</tr>
<tr>
<td>No answer</td>
<td>29</td>
<td>14.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>207</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Table 6  Born in the UK

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>No</td>
<td>206</td>
<td>99.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>207</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Table 7  Years in the UK

<table>
<thead>
<tr>
<th>Years</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–9</td>
<td>6</td>
<td>2.9</td>
</tr>
<tr>
<td>10–19</td>
<td>16</td>
<td>7.7</td>
</tr>
<tr>
<td>20–29</td>
<td>48</td>
<td>23.2</td>
</tr>
<tr>
<td>30–39</td>
<td>85</td>
<td>41.1</td>
</tr>
<tr>
<td>40–49</td>
<td>45</td>
<td>21.7</td>
</tr>
<tr>
<td>50–59</td>
<td>6</td>
<td>2.9</td>
</tr>
<tr>
<td>No answer</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>207</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Table 8  Residence in other countries before moving to the UK

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hong Kong</td>
<td>140</td>
<td>67.6</td>
</tr>
<tr>
<td>Mainland China</td>
<td>36</td>
<td>17.4</td>
</tr>
<tr>
<td>Other Asian countries</td>
<td>8</td>
<td>3.9</td>
</tr>
<tr>
<td>Other European countries</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>USA</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Australia</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Invalid answers</td>
<td>40</td>
<td>19.3</td>
</tr>
<tr>
<td>No answer</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>
Table 9  Self-indicated English level

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Good</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Average</td>
<td>33</td>
<td>15.9</td>
</tr>
<tr>
<td>Poor</td>
<td>40</td>
<td>19.3</td>
</tr>
<tr>
<td>Very poor</td>
<td>129</td>
<td>62.3</td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Total</td>
<td>207</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 10  Main languages

<table>
<thead>
<tr>
<th>Language</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cantonese</td>
<td>138</td>
<td>66.7</td>
</tr>
<tr>
<td>Hakka</td>
<td>53</td>
<td>25.6</td>
</tr>
<tr>
<td>Mandarin</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Waitow</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Toisan</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Chinese (non-specified)</td>
<td>22</td>
<td>10.6</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>5</td>
<td>2.4</td>
</tr>
<tr>
<td>English</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>No answer</td>
<td>4</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Table 11  Experiences of involvement

<table>
<thead>
<tr>
<th>Experience</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of Chinese organisations</td>
<td>161</td>
<td>77.8</td>
</tr>
<tr>
<td>Volunteer of Chinese organisations</td>
<td>39</td>
<td>18.8</td>
</tr>
<tr>
<td>Voted at local elections</td>
<td>101</td>
<td>48.8</td>
</tr>
<tr>
<td>Voted at parliamentary elections</td>
<td>32</td>
<td>15.5</td>
</tr>
<tr>
<td>Attended consultation meetings of local authorities or other organisations</td>
<td>25</td>
<td>12.1</td>
</tr>
<tr>
<td>Committee member of local authorities or organisations outside the Chinese community</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Volunteer of organisations outside the Chinese community</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Other involvement</td>
<td>7</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Table 12  Opinion on opportunities for Chinese older people to express views in the UK

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient</td>
<td>62</td>
<td>30.0</td>
</tr>
<tr>
<td>Insufficient</td>
<td>113</td>
<td>54.6</td>
</tr>
<tr>
<td>Don’t know</td>
<td>22</td>
<td>10.6</td>
</tr>
<tr>
<td>No answer</td>
<td>9</td>
<td>4.3</td>
</tr>
<tr>
<td>Invalid answer</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Total</td>
<td>207</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Appendix 6: Project design and process

This project is action orientated. Chinese older people are at the centre throughout the process. It involves three main tasks: the formulation of a joint statement of Chinese older people at a national level; the constitution of three groups to act on local issues or specific concerns; and the evaluation of the process.

The Joint Statement

The idea of the Joint Statement evolved from the discussion with representatives from Chinese organisations and Chinese older people’s groups in the planning process of the national conference in 2001.

It took three rounds of discussion and four drafts to finalise the Joint Statement. The first-round discussion was conducted at the national conference in 2001 (Chau et al., 2002). One-hundred-and-fifty delegates (among them 95 Chinese older people) were divided into groups and asked to raise their major concerns in various areas including health and social care; housing and transport; pensions, benefits and living standards; older women’s needs and caring role, social contact and leisure time; and social rights and participation. The results of the discussion have been used as the first draft of the Joint Statement. Because the views collected were based on free-flow discussion, which unsurprisingly comprises a mixture of opinions of a different nature, it was difficult to use them as a guideline for further discussion. The research team has decided to group these opinions under eight major headings which reflect the common expectations, each accompanied by practical suggestions made by participants. This revised version became the second draft of the Joint Statement.

The second round of discussion took place between April and December 2004. It was conducted in 16 group sessions, in which a total of 207 Chinese older people were involved. To recruit, the research team contacted 47 Chinese older people’s groups and organisations, of which 13 agreed to take part (12 have been listed in Appendix 7 and one has chosen to remain anonymous). The research team visited 11 of these groups to explain the details of the project to the workers, the management committees, and in some cases directly to the older people who were at the drop-in services or group activities during our visit. Because of domestic circumstances, the researchers were unable to conduct a visit to the groups in Glasgow and Portsmouth prior to the group discussion. Communication with the two groups was mainly through the post, emails and telephone calls. With the help of the workers and the
management committees, the discussion sessions were set up mostly in the premises of these groups or in venues connected to them. Each discussion session lasted for 60 to 90 minutes. Oral consent was sought with participants individually. Confidentiality and anonymity were guaranteed at the beginning. Participants were then asked to consider the eight common expectations one by one and were encouraged to make practical suggestions accordingly. From time to time, the facilitator(s) checked with participants individually to ensure there were sufficient opportunities for each participant to express views. All group discussions were facilitated by members of the research team. The discussion was tape-recorded. Participants’ views were recorded on a flip chart, which could be seen by them to allow clarification and amendments throughout the discussion. At the end of the second-round discussion, more than 60 practical suggestions were collected. Although few amendments had been suggested to the eight common expectations, the research team decided to expand the list to ten expectations in the belief that it would better reflect the breadth of the participants’ opinions. Similar to the situation at the end of the first-round discussion, there were some uncertainties about how to categorise the heterogeneous suggestions. Subsequently, the research team decided to give up the categorisation by policy areas used in the first draft and to regroup the suggestions according to the sectors expected to carry out the changes. Moreover, as the suggestions were made largely according to the local circumstances or the immediate concerns of individual participants, not all of them are applicable universally and/or complementary to each other. Therefore, the research team has decided to seek consensus for the ten expectations only and to emphasise flexibility in the adoption of the suggestions according to local situations. This forms the third draft of the Joint Statement, which is composed of two parts: the ten common expectations and 61 suggestions grouped under ten different social or service sectors.

The last round of discussion took the form of a national endorsement meeting, which took place in March 2005. Older people and workers from the 13 organisations were invited to the meeting to revisit and to endorse the Joint Statement. Ninety-two people (including 80 older people) from seven organisations attended. By showing hands, participants endorsed the Joint Statement. Only a few amendments were made to the suggestions. The result of the discussion formed the fourth and final version of the document.

The local projects

The local projects are designed to provide Chinese older people with the opportunities and support to influence a specific policy area.
The recruitment started in December 2003. The research team contacted the workers and/or the management committees of three local Chinese organisations, namely the National Chinese Healthy Living Centre in London, the Wai Yin Chinese Women Society in Manchester and an anonymous group in South Yorkshire. They were approached mainly because collaborative relationships had been established through previous work connections. They were very supportive in providing assistance in recruitment and facilities for meetings. In February 2004, a group of six Chinese older people in South Yorkshire had the first planning meeting with the research team to look at local needs for social care. Subsequently, a group of seven (later expanded to nine) Chinese older carers and ex-carers in London and a group of ten Chinese older people in Manchester met for the first time in March 2005 to study issues around older carers and lifelong learning opportunities for older Chinese people respectively.

The group in South Yorkshire had 14 meetings. They conducted semi-structured interviews with 21 Chinese older people in the region to explore their needs and preferences for social care services. They visited two organisations in Liverpool that provided services for Chinese older people. They practised filling in funding application forms. They also reviewed their involvement in this project as well as their experiences as volunteers in the past. The group in London met 14 times. They visited 12 Chinese older carers and conducted systematic analysis on the data collected. They visited two organisations which provided services for Chinese carers. They also invited a worker from Carers London to discuss current carer policies and services. The group in Manchester had 18 meetings and a workshop on lifelong learning provision. They successfully interviewed 67 Chinese older people in a survey on their expectations of lifelong learning services. On the basis of the findings of the survey, they developed a code of conduct for service providers. They also initiated a 20-hour pilot English course for Chinese older people and delivered it jointly with the Manchester College of Art and Technology (MANCAT).

All the local groups completed their work in the early months of 2005. With the support of the research team, each group published a booklet to summarise the outcomes of their project and to share their views of involvement (Appendices 2 to 4). The groups were then invited to the national endorsement meeting in March 2005 to present their work and to share their feelings towards involvement. Although one of the groups was unable to attend because of a clash of date with their own activities, the presentations and the reports received very good feedback from the audience. As indicated in the evaluation questionnaire of the meeting, 47 (85 per cent) of the 55 people who filled in the evaluation questionnaire regarded the reports of the local projects as good or very good. Forty people (73 per cent) said they had learnt about involvement of older people from the local projects.
The involvement of Chinese older people in policy and practice

Similar to the formulation of the Joint Statement, an older-people-led approach was adopted in the local projects. Group members have been actively involved in making decisions, delivering tasks, organising activities and dissemination. A strong partnership has been built between the research team and the groups. The role of the research team was to provide the necessary support and to enable the group members to review and to learn from the experiences. Most group members have found the experiences very positive and the Manchester group has successfully sought to continue the pilot project for a year with the support of the Wai Yin Chinese Women Society and the MANCAT.

Evaluation

Evaluation of the experiences of involvement was carried out mainly by focus group discussion and evaluation questionnaires.

Nine focus groups were conducted at three stages. The first three were carried out with the three local working groups at the beginning of their projects. The aim was to examine members’ perception of involvement and past experiences. The second three were also carried out with the three local working groups, when their projects were coming to the end. The discussion was used to review their experiences in the group. The final three were undertaken with three reference groups: one in Manchester, one in Birmingham and one in London. Participants were recruited from the national endorsement meeting. Each group had ten to 12 older people. They were invited to discuss the major findings of the study and how the findings related to their overall experiences of involvement in Britain. The group discussion took place in May to June 2005.

Apart from the focus group discussion, the project was also evaluated by a questionnaire. A number of questions were included in the structured questionnaires of the participant profile and the national endorsement meeting. The participants were asked about the usefulness of the group discussion, the effectiveness of the Joint Statement in reflecting their views and their impression of the local projects. The results generated from the participant profile questionnaire indicate that 188 (90.8 per cent) out of the 207 people said they had sufficient opportunities to express their opinion in the group discussion. Of these 195 (94.2 per cent) found the group discussion useful. In the evaluation questionnaire of the national endorsement meeting, 50 (90.9 per cent) out of the 55 people who filled in the questionnaire found the discussion of the Joint Statement useful. Forty-two (76.4 per cent) of them thought that the Joint Statement could reflect the views of Chinese older people.
Appendix 7: List of organisations involved

Bishop Ho Ming Wah Chinese Community Centre, London
Carers London, London
Chinese Health Information Centre, Manchester
Chinese National Healthy Living Centre, London
Chinese People for People Society, Glasgow
Evergreen Agewell Day Care Project, Sheffield
Haringey Chinese Centre, London
Islington Chinese Association, London
Leeds Chinese Women’s Society, Leeds
Leicester Chinese Community Centre Elderly Club, Leicester
Manchester College of Art and Technology, Manchester
Portsmouth Chinese Women and Youth Centre, Portsmouth
Trident Housing Association, Birmingham
Wai Yin Chinese Women Society, Manchester