

Better
Health
Briefing

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**Health
experiences
of Chinese
people in
the UK**

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Key messages

- 1 The Chinese community in the UK is a heterogeneous ethnic group
- 2 General assumptions made about Chinese people have affected understanding of their needs for health and social care services
- 3 Chinese people tend to adopt mixed approaches to health and illness
- 4 Chinese older people, women and middle-aged men working in the family catering industry are among the most vulnerable to exclusion from health services
- 5 Insensitivity to Chinese people's needs on the part of mainstream health services has had negative consequences
- 6 To improve practice, there needs to be a better understanding of Chinese people's health beliefs and health-seeking strategies; greater opportunities for user involvement and influence in health and social care services; and more innovative measures to facilitate access and assure quality.

Introduction

Chinese people have a long history in the UK, but have a relatively low take-up rate in health and social care services. Health professionals have little understanding of their conception of health and illness. Their health needs are sometimes masked by myths and stereotypes and by other barriers to access. This paper outlines some of these barriers and highlights Chinese people's diverse approaches to health and illness. It advocates more choice and participation in their health and social care.

1

Diversity within the Chinese community

According to the 2001 Census, there are approximately 250,000 Chinese people in the UK. About three quarters of these are migrants, and the rest were born here. Most migrants came to the UK in the three major waves of immigration (Wong, 2006). The first took place in the 1950s when young men from the rural areas of Hong Kong came to earn a living in laundries and, later, in the catering trade. The second occurred during the 1970s and 1980s when the dependants of the first generation of immigrants came for family reunion. This coincided with the arrival of the Chinese 'boat people' escaping from the war in Vietnam. Thirdly, in the last two decades, there has been substantial immigration of people from Mainland China. Some are professionals who come to study and then stay to work. Many others come from the poor Fujian province to work illegally or to seek asylum.

Chinese people have therefore migrated to the UK with different purposes and brought with them different languages and experiences. Although most of the earlier generations have worked as catering workers, more and more British-born Chinese or new Chinese migrants have entered different professions. Due to their heterogeneous backgrounds, Chinese people tend to have different health needs and experiences.

General assumptions about the influence of traditional culture

2

Over the decades, there has been a general belief that Chinese people are bound by certain common cultural values. This is illustrated in the following two quotations from the 1980s and 2000s respectively:

The Chinese community is still fairly conservative in nature, sticking well within its own created socio-economic subculture. It is mainly family oriented and hence many of the traditional Chinese values still hold. The insistence, for example, on hard work, self-reliance, low profile, virtual non-competition in the current job market, lack of lobbying on behalf of the community at local government or national level, not asking anything from the host community has led to this introversion.

(Home Affairs Committee, 1985, p. 14)

Since Confucian thought has dominated the Chinese way of life for 2,000 years, it is unlikely to cease its influence – even after two or three generations of participation in British society.

(BBC Gloucestershire, 2008)

Given China's long history of civilisation, the comments above certainly carry some truth. Whether they can fully reflect the cultural characteristics of Chinese people in present times is another matter. For instance, both empirical and historical evidence shows that the influence of traditional family values has been overestimated. Chinese people may feel obliged to look after their older family members, but constraints on family finance and time have meant that such responsibilities are not always manageable (Chiu and Yu, 2001).

Overemphasis on traditional values may lead easily to two contestable assumptions: first, that it is Chinese people's choice not to integrate into the rest of society; and second, that Chinese people know best, and can meet, the needs of their community members. Both assumptions risk ignoring those who are in need of support that is not available within the Chinese community. Au and Siew (1997), for example, comment that some professionals tend to refer mental health patients to the Chinese community, whether or not the latter is adequately equipped to deliver the care required.

Chinese people's diverse approaches to health and illness

3

To establish a more realistic understanding of the health experiences of Chinese people, it is necessary to explore the different ways in which they manage health and illness.

Studies have shown that Chinese people have diverse approaches to health and illness. Jovchelovitch and Gervais (1999) argue that traditional health beliefs, such as balance and harmony, are still central to them. Statistically, Chinese people are the ethnic group most likely to use complementary and alternative medicine (NHS Health and Social Care Information Centre, 2005). Nevertheless, Wong's (2006) study in Burton and Southeast Staffordshire shows that many

Resources 1

Useful websites

The Chinese Mental Health Association

www.cmha.org.uk

This organisation specialises in providing community-based mental health assistance and support to the Chinese community in the UK. The website provides information about service provision and mental health issues, and contains audio-visual materials of the Chinese Oral History Project.

The Chinese National Healthy Living Centre

www.cnhlc.org.uk

The Centre aims to promote healthy living and to provide access to health services for the Chinese community in the UK. The website provides information on the services and projects of the Centre, and also links to websites of many Chinese and related organisations. There are useful materials for downloading in the sections on Past Activities and Resources. The Centre also has a health information website at www.healthinchinese.net

The Joseph Rowntree Foundation

www.jrf.org.uk

This is an independent organisation aiming to combat poverty, promote empowerment and contribute to community building. Its website contains a wide range of useful materials on minority ethnic older people (including reports of two projects on Chinese older people) and user involvement. Many of the publications can be downloaded from the website.

Chinese people regard their GP as the first person to turn to for help when they are ill, while Chau and Yu's (1999) study in Sheffield reports that the majority of the Chinese women respondents had used mainstream health services.

Underpinning these diverse approaches are certain perceptions of Chinese and Western medicine. For instance, some Chinese women in Chau and Yu's (1999) study pointed out that Chinese and Western medicine were each effective in different circumstances. The former was believed to be gentler and good for prevention of illness and restoration of health, whereas the latter was considered to be more powerful and therefore necessary for acute diseases.

Gervais and Jovchelovitch (1998) argue that Chinese people do not consider that their traditional medical knowledge and beliefs clash with Western biomedicine. As reported in Yu's (2000) study in Glasgow, some Chinese older people regarded food (both Chinese and Western) as essential in maintaining a balanced body. They tried to apply their traditional framework to determine the potential harms and benefits of Western food. Some shared a common view that Western foods such as fish and chips, cola and coffee were unhealthy because they could cause excessive heat, wetness and dryness respectively. They also felt that Western medicines might disrupt the body's equilibrium by causing excessive dryness and cold. Nevertheless, some Western foods, such as celery and salad, were believed to be effective in dealing with excess heat in the body.

This discussion suggests that Chinese people have different approaches to promoting their health: some prefer mainstream services; some favour traditional medicine; others adopt a mixed approach of both; yet others use Western methods but understand them within a Chinese framework (Yu, forthcoming).

4

Exclusion from health services

The Chinese population appears to make the least use of health services of all black and minority ethnic groups in the UK (Rudat, 1994). This may be due to lower levels of certain diseases among Chinese people. For instance, the Health Survey for England 2004 found that the prevalence of long-standing illness was just over 20 per cent among Chinese people, compared to 43 per cent in the general population. Chinese people also tend to have less cardiovascular disease: 5.3 per cent among Chinese men and women compared to around 13 per cent in the general population (NHS Health and Social Care Information Centre, 2005).

However, other studies show that some Chinese people, such as older people, women and middle-aged men in the family catering business, are more likely than others to be excluded from health services. Yu (2000) found that many Chinese older people suffered from negative emotions and low self-image. About half of the respondents felt sad most of the time, one third did not like their life in the UK and two thirds thought they were useless. Because many Chinese older people have worked long and unsociable hours for years in Chinese restaurants and take-away shops, they have had limited opportunities to develop their English language skills and little experience of communicating with the rest of society, especially in formal contexts. Many respondents in Yu's study had experienced difficulties in using services as a result of language barriers, lack of information and access problems. Some said:

I don't know even a single English word, how can I use the services? I will use what they give me.

Of course, the more services the better. But I hate filling in forms. I also hate asking people to fill in forms for me. If you ask people for help, you will become their burden and sooner or later annoy them.

(Yu, 2000, p. v)

Compared with older people, Chinese women working in the family catering business may have more experience of contact with mainstream health professionals. As the main carers in the family, they have to negotiate services when family members are in need. However, social isolation is significant among Chinese women. Tran (2006)

notes that the Chinese population is the most dispersed minority ethnic group in the UK. Many families are scattered in smaller towns or neighbourhoods, where they run take-away shops, and are therefore isolated from each other. Chau and Yu's (1999) study found that many Chinese women felt lonely and helpless at times. In terms of their health needs, many said they did not know whether or not they were healthy. They regarded their physical condition as acceptable as long as they could work in the shop and be with their family.

The health needs of Chinese men have not been well researched or recorded. Yu (2000) interviewed ten middle-aged Chinese men. Eight of these were in the Chinese catering trade. By identifying themselves as the main financial contributor in the family, the majority were constantly anxious about the uncertainty of their business or job, and felt isolated in handling the family's financial problems. This is related to the fact that about 20 per cent of Chinese take-away shops are unable to sustain their business (*Herald Europe*, 1998). In terms of health, many worried about work-related illnesses such as arthritis, respiratory diseases and upper limb disorders. These interviewees cited ill health as a main cause of involuntary early retirement among Chinese people.

Insensitivity in mainstream health services

5

Many mainstream health professionals are unaware that Chinese people's health experiences and use of health services are affected by complex factors, including traditional health beliefs, settlement patterns and family roles. For example, many have regarded interpretation as a key measure to break down language barriers. However, negative experiences with interpretation services include unavailability of the service, not knowing of its existence, and poor quality of interpretation, resulting in inaccurate diagnoses and inadequate explanations of treatment (Mind, 2008). Some Chinese women have also reported difficulties in communicating with health professionals, because the latter may not have the same understanding of their illness. For example, many Chinese women would share the belief that dizziness is caused by 'wind' inside the body, and that a sore throat is due to excessive internal heat. These concepts would be difficult for Western biomedical professionals to understand, let alone to accept (Chau and Yu, 2002, 2004).

A survey on self-reported experiences of patients from black and minority ethnic groups (Healthcare Commission, 2008) notes that Chinese people are less likely than other groups to give positive responses to their experiences of health services, and seemed to find it more difficult to communicate effectively with health professionals. They were more likely to respond negatively when asked whether they could understand the answers given by doctors (in both inpatient and outpatient services) to important questions, and, in accident and emergency services, to questions regarding information about the purposes of a medicine and its side-effect. These findings are alarming because they could lead to serious, if not fatal, consequences. They may also explain why Chinese respondents in the same study were less likely to trust and have confidence in health professionals, or to feel respected and involved in decision making in the treatment and care process.

Resources 2

Examples of good practice

The Chinese Disability and Carers Support Scheme

www.cnhlc.org.uk

The scheme is run by the Chinese National Healthy Living Centre. It aims to provide support and information for Chinese carers in a culturally appropriate environment, and to raise awareness and influence policy on issues concerning Chinese carers. It is a partnership project between the Centre and Carers London. Through a Chinese-speaking outreach worker, the latter provides information on policies and services, and support in the delivery of the carers' forum and other events.

The Lai Yin Association

The Association aims to provide emotional and practical support to Chinese women and their families in Sheffield. It was formed by a group of women volunteers and has been managed mainly by women from the catering business. It provides a platform for Chinese women to speak out about their concerns in a caring and understanding environment. The Association can be contacted at laiyinassociation@hotmail.com or The Mount Pleasant Community Centre, Sharrow Lane, Sheffield S11 8AE.

The 'Shared Expectations, Shared Commitment' Project

This was an action-oriented and participant-focused project aiming to enable Chinese older people to influence policy and practice at national and local levels. Chinese older people from eight cities have taken part in the formulation of a joint statement of Chinese older people. Three local groups in London, Manchester and South Yorkshire were formed respectively to evaluate existing services through research and pilot service programmes. The details have been reported in Chau (2007).

6

How to improve the quality of services*A better understanding of health beliefs and health-seeking strategies*

The influence of tradition on Chinese people is a complex issue. It is inappropriate to assume that Chinese people are homogeneously influenced by certain cultural values, yet the relevance of traditional health beliefs should not be underestimated. For a better understanding of the needs of different cultural groups, Congress and Kung proposed using a culturagram, covering ten areas:

- ¥ reasons for relocating;
- ¥ legal status;
- ¥ time in community;
- ¥ language spoken at home and in the community;
- ¥ health beliefs;
- ¥ crisis events;
- ¥ holidays and special events;
- ¥ contact with cultural and religious institutions;
- ¥ values about education and work;
- ¥ values about family structure: power, hierarchy, rules, subsystems and boundaries.

(Congress and Kung, 2005, pp. 4 5)

Although developed as a family assessment tool, this framework may help explore the complexity of the health experiences of Chinese people or other minority ethnic groups.

Opportunities for user involvement and influence

To understand their needs and to generate positive experiences for Chinese people, there is no better way than them speaking for themselves. User involvement is essential in health services. Carter and Beresford (2000, pp. 13 14) identify five types of support that enable users to become involved:

- ¥ support for personal development;
- ¥ support to develop skills;
- ¥ practical support;
- ¥ support for equal opportunities;
- ¥ support to get together and work in groups.

These have been tried out successfully in an action research project where local groups of Chinese older people were involved in running English courses, researching needs of frail older people and studying policies on Chinese older carers (see Chau, 2007; also Resources).

In addition, Butt and O Neil (2004, p. 18) note standards for involvement in research set by older people themselves. Examples include:

- ¥ being involved right from the start in initiatives;
- ¥ having more than just one or two token members in a consultation group;
- ¥ meeting regularly and having regular updates on progress;
- ¥ being supported in the process and not simply left with a series of inaccessible papers to read.

These criteria could be applied to health services to assess the quality of user involvement.

Innovative services

Many of the issues mentioned in this paper are not new. In the 1980s, a comprehensive consultation on the circumstances of Chinese people was conducted by the Home Affairs Committee (1985). Similar concerns were raised then, but not many have been dealt with using practical measures. In a study by Chau (2007, extracted from pp. 28 35), some older people suggested various innovative services, such as:

- ¥ a 24-hour Chinese (Cantonese, Mandarin and Hakka) emergency helpline or a Chinese language option in existing emergency services;
- ¥ a hotline to provide advice and referral services for Chinese older people in domestic and daily life matters;

- ¥ more face-to-face and verbal methods, telephone enquiry services, or outreach workers to introduce health and social care services, citizens rights and welfare services;
- ¥ measures to reduce demand on family carers by promoting social reintegration of patients recovering from mental health problems or other serious illnesses.

Many of these services are regarded by Chinese people as cost-effective and useful in combating isolation.

In addition, useful recommendations made in other studies (see Tran, 2006; Wong, 2006) include:

- ¥ widely accessible information;
- ¥ flexible GP opening hours or out-of-hours services;
- ¥ Chinese community centres partnering with other voluntary or statutory organisations to launch events or projects that encourage mutual understanding;
- ¥ Chinese community centres making use of resources of the Chinese National Healthy Living Centre (see Resources).

Finally, community workers in Chinese organisations should update themselves with current policy and practice, and act as a bridge to enable their community to fully utilise and benefit from new developments in mainstream services.

Examples include the recently introduced Personalisation Care and Individual Budgets, which emphasise the preferences of individuals and control over their care arrangements (Department of Health/Care Services Improvement Partnership, 2008); and the *Practical Guide to Ethnic Monitoring in the NHS and Social Care* (DH/Health and Social Care Information Centre/NHS Employers, 2005). Staff can work with service users to apply ideas from the Guide, evaluate current services and identify areas for improvement.

Conclusion

Putting People First was introduced by the Government to promote collaboration across the public sector to improve care services (Department of Health/Care Services Improvement Partnership, 2008). Amongst other things, it emphasises: maximising access to universal services; facilitating people to make their own choices and positive contributions towards their health and well-being; person-centred approaches; and personalisation of services and support. To make the objectives a reality, these policies should stress better understanding of people. This paper has highlighted key characteristics of the Chinese community, such as heterogeneity, diverse approaches to health and illness, the patterns of settlement and economic activities of some, and how these affect their access to services. Evidence shows that mainstream services are not sufficiently sensitive to Chinese people's health beliefs. Moreover, barriers hinder their access to services. Hence, in order to translate the ideas of Putting People First into practice, it is essential to increase health professionals' awareness of the health beliefs of Chinese people; provide support for Chinese people to use diverse strategies to promote their health; and ensure that they have opportunities and resources to influence health and social care services. All these measures will enable Chinese people to access better services and to have better control over their health and well-being.

Resources 3

The Wai Yin Chinese Women Society

www.waiyin.org.uk

The Society aims to promote benefits for Chinese women and families in Greater Manchester. It provides a wide range of services, such as adult education, elderly services, employment services, volunteer opportunities, mental health services, and carers support. The management committee is composed mainly of Chinese women volunteers and service users. It is a successful example of Chinese women working together to combat their social isolation, and to serve other members of the Chinese community.

The Wing Hong Chinese Elderly Project

www.winghong.org

The project aims to provide equal opportunity in access to social, health, welfare and housing services for the elderly Chinese in Glasgow. Its service areas include health advocacy, support in applications for welfare benefits, interpretation, funeral and bereavement support, counselling/befriending and home support. As the Management Committee is composed mainly of Chinese older volunteers, the project has demonstrated effective involvement of older Chinese people in the management, planning and delivery of services.

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