EXPERIENCES OF AGEING AND SUPPORT NETWORKS FOR ACCESSING FORMAL CARE SERVICES AMONG OLDER CHINESE IMMIGRANTS IN ENGLAND: A GROUNDED THEORY STUDY

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PhD

2014

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A thesis submitted in partial fulfilment of the requirements of Northumbria University for the degree of Doctor of Philosophy

Research undertaken in the Faculty of Health and Life Sciences

June 2014

Abstract

The Chinese group is the fastest growing ethnic group in the UK; this group is ageing fast, with the number of older Chinese doubling in 8 years. The majority of older Chinese immigrants in the UK have low education levels and limited English proficiency, and were reported to have low service use rate, lack of social support, and poor emotional status. This suggests that they may have difficult ageing experiences. This research set out to understand the UK older Chinese immigrants' ageing experiences and coping strategies with the challenges of ageing, with a focus on the formal service use in their later life.

The research adopted grounded theory as methodology, and used semi-structured interviews for data collection. The research had two phases. The first phase was exploratory using, mainly, focus groups to investigate perceptions of ageing, and for orientation to the field. Based on the contextual data provided by the phase one study, the phase two study was more focused on the support network and its influences on services use. Here individual interviews with follow-ups were used to gain in-depth understanding. Together, 58 participants, including older Chinese immigrants (n=44), family members of older Chinese (n=9), staff from organizations that work with Chinese people (n=3), and acquaintance who provided support for older Chinese (n=2), were interviewed.

During phase two of the study, a group of key support providers who facilitated access to formal services for older Chinese were identified, and named as Bridge People. The outcomes of this research revealed that older Chinese immigrants used Bridge People, consisting of people from family, public sectors, Chinese community, and personal social network, to communicate with formal service providers. Older Chinese immigrants also rely on Bridge People to bridge other gaps in service delivery, such as lack of transportation, informational support, emotional support, and other cultural issues. In return, Bridge People gained trust and incurred power with older Chinese immigrants. Properties of Bridge People were identified as bilingual, bicultural, accessible, costless, and no social debt. Within the concept of Bridge People, each category provides a different combination of support, and older Chinese immigrants used this range of support in different combinations.

In this study new theory and knowledge were generated about older Chinese and their key support providers. The Bridge People network model highlights the importance of interactions between Bridge People and older Chinese immigrants in accessing and using formal services. As many factors, including limited information resources, availability, role, emotional attachment, confined the performance of Bridge People, there are implications for policy makers; namely the role and importance of Bridge People should be recognized across health, social care and housing provision for older people. To promote engagement and optimise service use by older Chinese, relevant support should also be provided to Bridge People.

Acknowledgements

I would like to express my deepest gratitude to my supervisors, Professor Glenda Cook and Professor Mima Cattan, for their patient guidance, enthusiastic encouragement and useful critiques of this research work. Without their valuable support, this thesis would not be possible. I would also like to express my great appreciation to Professor Charlotte Clarke and Dr Catherine Gibb, my first and second year supervisors, for their constructive suggestions during the planning and development of this research project.

I thank all the research participants who shared their stories and experiences, which constitutes the major part of this work. I am grateful to organisations and individuals that helped me with sampling and recruitment of research participants. I would like to offer my special thanks to Hou Junxia who encouraged me to pursue a PhD, and Chen Tianyao who conducted back-translation for this research. Last but not least, I thank my friends and family for their kindness and understanding throughout this process.

Declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others.

Any ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the School Ethics Committee external committee on 20/07/2011.

Name:

Signature:

Date:

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List of Abbreviations

AC: Adult Child
OC: Older Chinese
IBP: Institutional Bridge People
FBP: Familial Bridge People
SBP: Social Bridge People
PBP: Professional Bridge People

Chapter 1: Introduction

This thesis presents a grounded theory study conducted to explore ageing experiences and service-user experiences of older Chinese immigrants in the UK. The first chapter of the thesis begins by introducing the wider context of the research, which is the issue of ageing immigrants at international and national levels. Then the chapter provides a personal story which initiated the literature review of the research area, followed by a brief summary of the initial review which explains the rationale for this study. After introducing the research aims, the chapter ends with an overview of the structure of the thesis.

1.1 Research background

Due to the global ageing phenomena and the large flow of international immigrants, many studies have been carried out on the ageing population and migration, but few on the intersection of ageing and migration: ageing immigrants (Warnes *et al*., 2004). A report from the United Nations (2012) suggested that the dominant perception that immigrants are primarily younger people is no longer accurate. The report highlighted that international immigrants are overrepresented amongst the older population. A significant proportion of global international immigrants, 17 per cent, were people aged 60 and over, whereas the proportion in the general population was 11 per cent. Also, the number of older immigrants will keep rising as the overall number of immigrants increases (United Nations, 2012).

Population ageing challenges society's capacity to address the issues associated with demographic shifts and requires societal responses from decision-makers, service providers, and citizens to provide better opportunities for older people (Whittington, 2011). Older people are the main users of public health and social care services provided by the central government and, in the UK, the NHS (House of Commons, 2004), as they are more likely to have chronic diseases and disabilities than other age groups (Erens, Primatesta, and Prior, 2001). An ageing population would therefore result in greater demands on public services (Strübing, 2007), and require thorough understanding of the ageing experience to ensure appropriate care and service delivery for older people. In the meantime, additional consideration is required for the social and health inequalities that exist within older groups. As compared with people in other stages of life, there has been less attention on inequalities within older groups (Artazcoz and Rueda, 2007; Department of Health, 2002). As the older immigrant population is experiencing a rapid growth, the group is also suffering from poor availability and accessibility of health services (United

Nations, 2012), and has been described as ‘marginalised’ and ‘under-served’ (Doherty *et al*., 2004). Warnes *et al*. (2004) suggested that most older immigrants have a high level of need for financial support, social care, and medical treatment, as they have low assets and high morbidity.

Migration could have a negative impact on an individual’s health, including breakdown of family ties and social relations, economic difficulties, and limited access to health care systems (Biddle, Kennedy, and McDonald, 2007; Silveira and Ebrahim, 1998). Also, many of the immigrants moving during the 1960s had limited education, and the majority entered low-skilled and low-paid manual work (Warnes *et al*., 2004). When they aged, they were more likely to experience social exclusion due to language and cultural barriers, and tended to have much higher rates of poverty, more health problems, and more mental health problems than native older people (Aichberger *et al*., 2010; Ruspini, 2009; Solé‐Auró and Crimmins, 2008; Terrazas, 2009). Regardless of their numbers and poor status, older immigrants are often overlooked in policy developments, as policy-makers tend to focus on younger immigrants (Aichberger *et al*., 2010).

It has been suggested that although policy-makers acknowledge the diversity of the ageing population, ageing-in-place strategies have rarely addressed the diversity of cross-cultural experiences and understandings of ageing in ethnic minority communities (Li *et al*., 2010). In 2007, to better protect the human rights of older migrants, the Council of Europe issued the Recommendation 1796 (Council of Europe, 2007), which reemphasised the disadvantaged status of older immigrants in that they face ‘a particular risk of double discrimination’ because of their age and immigrant identity, and recommended state governments to make provision of care culturally appropriate.

The UK received a large number of immigrants after the Second World War, and is one of the top ten countries hosting the most international immigrants (Geddes and Boswell, 2011). Currently, for the first time in its history, Britain is facing the ageing of a large number of minority ethnic groups, as the immigrants that arrived after the Second World War are reaching old age (Willis, 2012). From 1990 to 2010, the number of immigrants aged 65 and over in the UK has doubled (United Nations, 2011). And it is projected that there still would be progressive ageing of minority ethnic groups in the future and a higher proportion of older people from these groups (Barnes, Parry, and Lakey, 2002).

The increase in the number and proportion of older people has significant implications for public services, as the substantial increase of older immigrants would have an even more significant impact on service provision. To raise awareness of ageing and people from vulnerable groups, in 2001, the National Service Framework for Older People

(Department of Health, 2001b) was published in the UK. In the same year, the Department of Health published an audit tool to develop services for older people from the BME groups (Department of Health, 2001a). However, facing the greater service needs, service providers working with older people found it difficult to involve people from BME communities, and some services were felt to be insufficiently responsive to the needs of BME groups (Personal Social Services Research Unit, 2010).

Nazroo (2006) examined the available evidence in health, age and socio-economic positions in minority ethnic groups in the UK, and concluded that ethnic inequalities are greatest in health and economic position for older people. A report published by the House of Commons (House of Commons, 2004) indicated that older people from BME groups are under-represented in research and public service use. Therefore understanding how service provision which could meet linguistic, cultural and religious needs is in its infancy. Nazroo (2006) held a similar point of view that there is a general paucity of research on the experiences of older people from BME groups in the UK, with a concern of inequality associated with both older age and ethnic minority status. The report from the House of Commons (2004) suggested that specific research will help develop services for older people from different ethnic minorities, because of the diversity existing in BME groups.

BME groups are not homogeneous, and there are significant differences between ethnic groups (Erens, Primatesta, and Prior, 2001; Sproston and Mindell, 2006). For example, there are important differences in assessments of care (Mead and Roland, 2009), and strong evidence of variation for admission to mental health services (Bhui *et al*., 2003) between ethnic groups. The considerable variations in service use among different ethnic groups differ not only in terms of level of use (Sproston *et al.*, 1999), but also in the variables that explain use (Ryu, Young, and Kwak, 2002). Future research therefore was recommended to study specific subgroups to capture this variation (Aroian, Wu, and Tran, 2005; Ryu *et al*., 2002).

1.2 Starting points

This study was initiated by my personal experience and research interest. During my Masters degree in the UK, I met an old Chinese couple who provided free accommodation and invited people to live with them. As their children all lived outside of Newcastle, they felt that they needed someone to support them with the language problems they experienced. For example they required support with explaining letters, especially important letters from government departments, answering phone calls, or writing letters for them. They worried about missing any important information, and wanted a full

understanding of it. To return the favour, they provided free accommodation. This was costless for them, as their children were no longer at home, and they had many empty rooms not in use. I reflected on these observations and concluded that some older Chinese people were experiencing many difficulties in their daily life. They tried to sort out their problems by developing some cost-effective supportive strategies. I read with interest some of the gerontology literature and noted that there was literature that reported on the way that older people develop supportive conditions that enable them to address the challenges they experience. In Arber and Ginn's model (1991), for example, there are three key resources that influence an older person's life and their level of independence: material resources, health resources, and caring resources. It was evident to me that the old Chinese couple were using their material resources to trade for caring resources. On one hand, this indicates the lack of caring resources; on the other hand, they sorted out a way to use minimal financial material resources to obtain caring resources. This led to my interest in the later life experiences of older Chinese immigrants: how they age in a country where language, culture, and care systems are different from China; and how they cope with changes in ageing.

In response to these issues, I carried out an initial literature review. The review showed that ageing immigrants are a fast-growing group in the UK (United Nations, 2011) who are likely to face inequalities in public service use, health, and economic position (Nazroo, 2006; House of Commons, 2004). However, there is a paucity of research in investigating their ageing experiences (Nazroo, 2006). The literature review also showed that the Chinese group in the UK was a special group in terms of service use. Compared to people from other ethnic groups, Chinese people tend to have a low usage rate of many healthcare and social services (Erens, Primatesta, and Prior, 2001; Sproston *et al*., 1999), while there is a lack of evidence about their service use experience. Though there are studies on service use of older Chinese in other countries (Aroian *et al*., 2005; Lai and Chau, 2007; Lun, 2004; Lun, 2011), those studies tend to be based on specific cultural and social contexts and the result may be inapplicable for the UK. Therefore, the research interest was narrowed down from general ageing experiences to a more specific area: service use. The detailed literature review on older Chinese immigrants in the UK is presented in chapter 2.

1.3 Aim of the study

After narrowing the research population down to Chinese people, a literature review on older Chinese in the UK was carried out to identify gaps in the existing literature, and an explicit study aim was formulated.

The aim of the study:

To develop understanding of the ageing experiences of the UK's older Chinese immigrants, with a particular focus on their use of health and social services in later life.

Objectives of the study:

1) To understand the ageing experience of older Chinese immigrants, and its influences on their health and social service use;
2) To explore the factors that influence older Chinese immigrants' access to and use of services;
3) To examine the interaction between older Chinese immigrants, their family members and supporters and how these relationships influence service use.

Service is a term that has a variety of meanings, and previous research tends to define it differently. Some research includes a person's individual behaviour, or help from families and friends, or herbalists and massage therapists as service use (Hochhausen, 2011; Ishikawa, Cardemil, and Falmagne, 2010; Spencer and Chen, 2004; Vega *et al*., 1999). To make it clear, this study focused on formal care services that health and social services provided through paid professionals, which are organised and supervised by professional institutions, and financed mostly by national insurance systems or directly by the individuals (Gannon and Davin, 2010). Health and social services in this report referred to formal services, not those provided by volunteer organisations or families or friends or CAM (complementary and alternative medicine) practitioners.

1.4 Structure of the thesis

This thesis will present the theory that derives from this study of ageing experiences and access to service use among older Chinese immigrants in the UK. The purpose of this chapter has been to introduce the derivation of the study aim, together with a brief description of the general research background, the goal of the project, and the route map of the thesis.

Chapter 2 presents the literature that was reviewed prior to the start of the study, together with a few new demographic data updated during the end of the study. The chapter begins with a discussion of the role of literature in this study. The literature review contains two parts. Part one provides the historical and political context, which is an extensive review of older Chinese, including their immigrant history and demographical characteristics. Part two focuses on health and social care services among older Chinese immigrants in the UK, and examines the influential factors on service use among older

Chinese in other countries. The review identifies gaps in the previous literature, and provides the rationale for conducting this study.

Chapter 3 explains the philosophical stances adopted in this research, that dominant part of which is pragmatism, and the minor part of which is symbolic interactionism. Chapter 3 also provides a rationale for the choice of methodology, grounded theory, which could enable the exploration of areas currently lacking in knowledge or evidence, and build a practical middle-range theory to suit the UK context. As grounded theory has different strands, the chapter also compares and critically discusses three main approaches, and gives a rationale for adopting a Straussian approach.

Chapter 4 provides a description of and rationale for the research design, data collection methods, data analysis procedures, and ethical considerations. Each section starts by explaining the specific research procedure, and then describes how this procedure was carried out in fieldwork, especially challenges in implementation, and reflection on those challenges. The chapter finishes with an evaluation of the research design, using Guba's (1981) model of trustworthiness as criteria.

Chapter 5 starts with three stories of older Chinese in different care settings to give the reader an integrated picture of older Chinese life, instead of discussion in segments. Then the chapter provides a brief review of immigration history which was found to strongly influence the perceptions of service provision among older Chinese. The major part of this chapter gives an insight into transitions in ageing experiences in relation to service use, and identifies the gaps between older Chinese individuals and services. The study then further explores the coping strategies of older Chinese. Only self-support is shown in this chapter, and the most important strategy, the use of a specific group of people (named as Bridge People) who facilitate access to services, is presented separately in chapter 6.

Chapter 6 specifically explores the use of Bridge People. The chapter provides a definition of the concept 'Bridge People', identifies the properties and functions of the concept, and explains the importance of the properties to older Chinese. Bridge People could be categorised into four subgroups, and each group has different characteristics and strengths and weakness in facilitating service access. The four subgroups of Bridge People are compared in their functions, and the quality and availability of support they provide. The strategies of using Bridge People, and gaps in Bridge People networks, are also presented.

Chapter 7 provides a critical discussion of the key findings in relation to the wider literature. The chapter first reviews the concept of Bridge People, and discusses the importance of

the Bridge People group. The chapter then moves on to discuss the property that Bridge People possess by relating them to other theories and models. The chapter also discusses each subgroup of Bridge People, and explores areas that can be or should be improved. Finally, taking the research findings into consideration, chapter 7 provides an overall evaluation of the study, and specifies the strengths and limitations of the study.

Chapter 8 provides a conclusion to the study, which draws together the main argument of the study and states its contribution to knowledge. The chapter also provides implications and recommendations for practice and future research.

Chapter 2 Initial literature review

In this chapter, a context for the research is provided, moving from the broader background to the more specific situation of the subject of the research. Before presenting the literature review, the rationale for conducting an initial review prior to the start of the study is provided. Then, a full picture of ageing immigrants is presented both at international and national levels to give readers an understanding of the demographic and political context. The review later narrows to focus on older Chinese in the UK, describing their immigration history and specific social and cultural characteristics. After placing the study within its context, a literature review of the more specific areas of service use, culture, care and support, was conducted to provide a rationale for conducting the research, and to inform the development of the research objectives and methodologies.

2.1 The role of the literature review in this study

This research adopted grounded theory as a methodology, and this is detailed in chapter 3. It is necessary to clarify the role of the literature review at the beginning of this chapter, as in a grounded theory study the issue of how and when to engage with existing literature is controversial. Some qualitative researchers suggest that the purpose of a literature review is to provide a theoretical underpinning to the study, to identify research topics, to provide the context and background about the current knowledge of the topic, and to stimulate new concepts for future investigation (Johnson and Christensen, 2010). A literature review is therefore considered to be an important process in qualitative research, and qualitative researchers are suggested to conduct a thorough literature review before collecting data (Creswell, 1994; Miles and Huberman, 1994; Yin, 1999). However, in a grounded theory study, a thorough literature review before the start of the study is controversial (Glaser, 1998; Glaser and Strauss, 1967; Holliday, 2007). One of characteristics of grounded theory which distinguishes it from other research methods is that it requires emerging categories and theories to be developed only from empirical data rather than from existing literature (Glaser and Strauss, 1967). Specifically, it is to discover relevant categories, and put together categories in new ways by making connections between categories (Strauss and Corbin, 1990). Glaser and Strauss, two founders of grounded theory, both object to the traditional approach in conducting a literature review, but they had a major disagreement about when to conduct the initial review.

Glaser (1992) advocated strict adherence to a purist position that grounded theorists must 'learn not to know', and avoid engagement with existing literature prior to entering the field. Glaser (1992, 1998) believed that an interest in the field of study should be sufficient, and rejected starting the research process with a research problem followed by research questions. For Glaser (1992, 1998), literature reviews in a substantive and research-relevant area should only be undertaken when the emerged theory is nearly completed. Otherwise, researchers may have preconceived ideas, conceptions and interpretations, which would contaminate data collection and analysis, and undermine the focus and quality of grounded theory research. Aside from the fundamental concern about the contamination to researchers engaging with the study with an open mind, Glaser (1998) also suggested that the traditional approach in conducting a literature review could be a waste of time, as which literature is relevant is unknown to researchers until the main concern emerges from participants. It is worth clarifying that Glaser does allow reading of the literature during the research, as long as it is in an area that is irrelevant to the research and will not contaminate the emerging theory. However, this suggestion seems contradictory to his statements about saving time. Charmaz (2006, p. 165) holds a similar view to Glaser that delaying the literature review can help 'to avoid importing preconceived ideas and imposing them on your work', and 'delaying the review encourages you to articulate your ideas'. Charmaz (2006) suggested that if the researcher is required to provide a literature review, researchers should conduct an independent analysis, such as developing their own categories and analytic relationship, before conducting the literature review.

Strauss, together with Corbin, has a more moderate view of performing a literature review before the study. Strauss and Corbin (1998) suggest that it is not necessary to review all the literature prior to a grounded theory study. Regarding literature reviews on previous theories, they (Strauss and Corbin, 1990) share the point with Glaser that steeping one's self in such literatures may constrain the researchers' creative efforts and inhibit the development of new theoretical constructs and ideas. Yet they (Strauss and Corbin, 1990, 2008) acknowledge that coming to the research situation with some background is important to researchers, and doing a literature review can help researchers to form research questions, design interview schedules, and obtain theoretical sensitivity. Also, rather than reviewing other existing theories until the emerged theory is nearly finished, Strauss and Corbin (1990, 1998) suggested researchers could check and examine existing categories when a pertinent category emerged from the empirical data. In the third edition of their book, Corbin (Corbin and Strauss, 2008) added that existing theoretical frameworks can help with determining the research methodology. Generally speaking, a literature review could be used during all phases of the research, including

during data collection and data analysis, as long as researchers do not allow it to block and get in the way of discovery (Strauss and Corbin, 1990, 1998).

The debate on the literature review in a grounded theory study is not only between Glaser and Strauss. Holton (2007, p.269) supported Glaser by stating that grounded theory researchers should 'enter the research field with no preconceived problem statement, interview protocols, or extensive review of literature'. Heath (2006, p. 519) also advocates that researchers should 'avoid imposing predetermined understanding and existing frameworks on the investigation'. However, this point of keeping an open mind and avoiding a prior literature review is heavily criticized and considered as unrealistic. Firstly, an open mind is not an empty mind (Coffey and Atkinson, 1996), but rather a mind that appreciates other theories (Urquhart, 2007) and allows new, even contradictory, findings to emerge from the raw data (Dunne, 2010; Strübing, 2007). After all, as Cutcliffe (2000) points out, researchers are not empty vessels, they have their own experiences and backgrounds. Secondly, an early review does have merits. It is commonly argued that undertaking an early review in a grounded theory research can provide the rationale for the study, ensure the study has not already been done, contextualize the study, and orientate researchers (Chiovitti and Piran, 2003; Coyne and Cowley, 2006; Creswell, 2012; Hutchinson, 2001; McCann and Clarke, 2003; McGhee, Marland, and Atkinson, 2007; Urquhart, 2007). Thirdly, It has been acknowledged that delaying the literature review until data analysis is finished is simply unworkable for many researchers (McCann and Clarke, 2003; McGhee *et al*., 2007; Nathaniel, 2006; S. Payne, 2007), especially PhD researchers (Dunne, 2010). Not only do researchers need literature reviews to design research, members from research and ethics committees also need a report with a literature review to provide a rationale for the study.

Taking these three points into consideration, a Straussian approach was adopted in this study with regard to the approach to the literature review. An initial literature review before data collection was undertaken to:

1) give a rationale for conducting the research, that is to identify the gap in previous studies and inform the formation of research questions;
2) provide background to the research area, that is to explore the demographic data and immigration history of older Chinese, and their service use at international and national levels, to help the understanding of the research context and research population;
3) determine a research methodology and look at research methods and research techniques in relevant studies to inform the research design;
4) formulate questions for initial interviews.

In addition to the initial review, literature reading was also conducted during data collection and data analysis. One of the reasons was that during data collection phenomenon not recognised before the study were discovered. Relevant background information was therefore needed to contextualize the study and to assist in theoretical sampling (Strauss and Corbin, 1990). Another reason was the need to update the demographic data presented in the literature review. The study was initiated in 2011, and the results of the 2011 census were released in 2012 when the research data collection was almost finished. To keep the literature review in this research up to date, and to have a more accurate snapshot of the research population and its characteristics, a second round of literature review was conducted when the research data analysis was almost completed. The literature that has been reviewed during data collection and data analysis, though being added in a later stage, is presented in this chapter to give readers a full picture. It should be noted that this chapter only includes a brief introduction and discussion to determine research methodology as suggested by Strauss and Corbin. A thorough comparison with other theories is presented in the discussion chapter.

2.2 Bibliographic overview

This bibliographic overview provides a historical and societal context for the study, and therefore enhances understanding of the research population. People's behaviours and beliefs are built from their past experience and the environmental context. Having some knowledge of people's background and understanding the research population in a wider context, therefore, could contribute to exploring the explanation for behaviours of research subjects in a more efficient way.

Among the increasingly growing ethnic groups in the UK, the Chinese group has the highest growth rate. Between 2001 and 2011 the Chinese immigrant population in the UK had a growth rate as high as 87%, compared to 3% within the UK-born population, and 53% in the non-UK-born population (Office for National Statistics, 2001, 2011b). Older people from the Chinese community also had the most rapid increase among all ethnic groups. From 2001 to 2009, only in 8 years, the number of Chinese people in the England aged over 65 almost doubled from 14,500 to 26,800, an increase that is much faster than the general population and any other ethnic groups (Office for National Statistics, 2011d). The increasing number of older Chinese people places greater demands on service provision. As stated in chapter 1, section 1.1, older people from BME groups have their own linguistic and cultural backgrounds and, consequently, special service needs, which is a challenge for service providers. Therefore, it is necessary for service providers to have an understanding of older Chinese groups that enables them to provide appropriate services. Yet Rochelle, Shardlow, and Ng (2009) pointed out that over the past few decades there

were limited documents on the experiences of Chinese immigrants, in particular those of the older Chinese immigrants. According to Rochelle, Shardlow, and Ng (2009), Chinese immigrants, regardless of the countries they immigrate to, have kept their distinct Chinese identity over the years, which may have resulted in abnormal ageing experiences. For example, traditional Chinese culture considers the family as a basic unit of society; whereas in Western societies the individual is the central unit of the society. Older Chinese living in Western countries therefore may find themselves caught up in the conflict between the two cultures (Chi, Chappell, and Lubben, 2001).

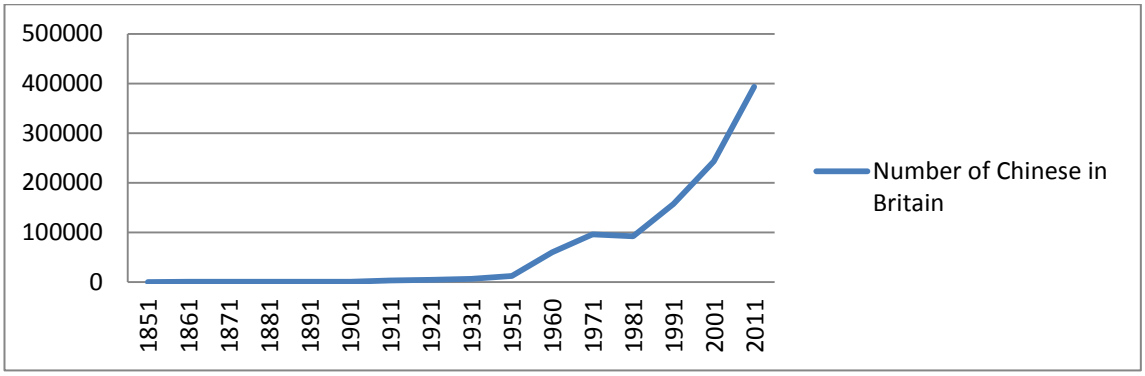
2.21 Immigration history

Chinese immigration around the world has a long history which can be traced to hundreds of years ago. Chinese immigrants at different periods have different geographic origins and socioeconomic status. The major Chinese migrations occurred since the 18th century and can be categorised into 4 patterns (Wang, 1991): 1) trader pattern (Huashang) refers to Chinese merchants, as well as their colleagues and family members, who moved to the area, primarily Southeast Asia for business, and then stayed on; 2) coolie pattern (Huagong) derives from the 19th century and early 20th century when this pattern was dominant. Unskilled, landless farmers from the south coastal area of China, primarily the Guangdong and Fujian Province, went to Northern America and Western Europe to escape their indigent lives. They were mainly employed in manual work after arriving, such as digging mines, washing clothes, and serving food; 3) sojourner pattern (Huaqiao) refers to intellectuals and professional immigrants. This pattern was dominant before the 1950s and was revived recently; 4) Chinese descent pattern (Huayi) includes descendants of Chinese whose families have been established overseas for several generations. People from each pattern have different characteristics, and immigration purposes. Among the 4 patterns, coolies are the most disadvantaged in terms of their social-economic status. Meanwhile, it should be noted that Chinese immigrants of the same pattern may have different lifestyles in different geographical areas. For example, in Southeast Asia and Cuba, Chinese immigrants adopted many methods that Chinese in other areas rarely have to accommodate within local life, such intermarrying local women (Wang, 2000; Lopez, 2013), while in Australia and North America the Chinese had to maintain a marginal life as a result of social exclusion (Wang, 2000).

In the UK, the first wave of Chinese immigration can be traced back to the 1850s (Chan, Cole, and Bowpitt, 2007a). Following a typical coolie pattern, Chinese seamen from the Guangdong Province of China were recruited as contract labourers to support the maritime trade in Asia in the 1850s. The number of Chinese in Britain at the time was relatively small, approximately 5973 in the year 1931.

The second wave of Chinese immigration was during the 1950s and 1960s, and primarily consisted of farmers who were from the rural area of Hong Kong and subsequently worked in the catering industry in the UK. Along with other non-white New Commonwealth immigrants, Chinese people from Hong Kong moved to the UK after the passing of the British Nationality Act 1948, which confirmed that all citizens of countries within the British Commonwealth could work and reside unrestrictedly in the UK and its islands (Modood and Salt, 2011). The vast majority of Chinese immigrants at the time were again in the coolie pattern. Most of them came from villages in the New Territories of Hong Kong, which is rural with low economic development (Home Affairs Committee, 1985). With poor education and little command of the English language they mainly worked in the catering industries. Parker (1999) believed that Hong Kong farmers immigrated into the UK after the war for three main reasons. First, soon after World War II and 8 years' war with Japan, the civil war in mainland China restarted and created a large number of refugees. Hong Kong farmers in the New Territories found job opportunities were sharply reduced due to the influx of refugees from mainland China. Second, rice prices dropped due to more importation from Thailand. The New Territory farmers who were primarily rice producers therefore found it was hard to earn a living in Hong Kong. Third, the British people appeared to show interest in exotic food after the years of wartime austerity, which provided a business and job opportunity for Chinese immigrants to run Chinese restaurants and takeaways abroad.

Figure 2.1 Growth of Chinese in Britain, 1851-2011 (Luk, 2008; Office for National Statistics, 2011d)



Following this, in the late 1960s after the Commonwealth Act 1962 was designed to restrain immigration but allowed the entry of dependants of workers, the majority of immigrants entered the UK as dependants for family reunion (Butler and Freeman, 1969; Luk, 2008). They had to live with their families in order to find employment, and Chinese restaurants became family-run businesses. Or to put it another way, unlike the other immigrant groups in Britain who first immigrated and then tried to find jobs, the Chinese

had their employment waiting for them when they arrived. Chinese people benefited from family business by having family members as workers which reduced expenditure, as family members could have longer working hours but less demands in salary (Luk, 2008). Those who arrived in the UK during mass immigration in the 1950s-1960s are now approaching retirement age, and thus contributing to the rapid growth of older Chinese immigrants in the UK (Policy Research Institute on Ageing and Ethnicity, 2004). A new wave of Chinese immigration occurred in recent years as a result of entry of dependents (Luk, 2008), and this primarily included Chinese students from mainland China, and middle class Hong Kong people (Chan, Cole, and Bowpitt, 2007).

The Chinese group in the UK today is not homogenous. There are Chinese people from Hong Kong, who mainly speak Cantonese, people from mainland China who mainly speak Mandarin, and also Chinese from other countries, such as Vietnam, Singapore, and Malay (Sproston *et al.*, 1999). Around 56% of Chinese in the UK have no religion, 20% are Christian, and about 13% are Buddhist (Office for National Statistics, 2011a). Regarding education and qualification, compared to other ethnic groups, the Chinese population is the most likely to have degrees, with nearly a quarter of both Chinese men and women having degrees, whereas only 15% of black African, and less than 20% of Indians, have degrees (Equality and Human Rights Commission, 2010). However, the proportion of Chinese immigrants who have no qualifications is also relatively high, at 28%, while the rate in the general population is 24% (Hills, 2010). This striking diversity also can be seen in the job market, as Chinese are the most likely to be employed in professional jobs, while 17% of Chinese work manually as chefs (Equality and Human Rights Commission, 2010).

Meanwhile, the UK Chinese are referred to as an invisible community (Rochelle, Shardlow, and Ng, 2009) and a hard-to-reach group (National Institute for Health and Clinical Excellence, 2012), in that they are inaccessible to most traditional and conventional methods (Whitnell, 2004) for reasons such as social circumstances, language, culture or lifestyle. Being labelled as invisible and hard-to-reach, Chinese people not only have difficulties in accessing services (National Institute for Health and Clinical Excellence, 2012), but also have been left out of various surveys. Sin (2004) believed the dispersed settlement pattern is one of the important reasons in making the correct representation of the UK Chinese particularly difficult, thus making them remain virtually invisible. Chinese people are also said to be less likely to make themselves heard. According to Jones (1998), Chinese seldom seek help from local or central government. They also make little claim on the state, such as welfare benefits (Chan *et al*., 2004; Chan, Cole, and Bowpitt, 2007b). The Chinese in the UK are also perceived as silent and invisible in the policy agenda. According to the Electoral Commission (2005), compared to a UK average of 8-

9%, about 30% of the UK Chinese were not registered on the electoral register to vote, which was the second lowest election registration rate of the different ethnic groups.

2.22 Characteristics of Chinese older immigrants

There is little up-to-date demographic data about older Chinese immigrants in the UK. Most of the statistical data of older Chinese derive from Sproston *et al*.'s survey on health and lifestyles of the Chinese population in England which was conducted in 1999. Some of the sections in Sproston *et al*.'s report, such as education, English proficiency, and social support, provided data in three age groups, which are 16-29, 30-49 and 50-74. The data on aged Chinese people from Sproston *et al*.'s study therefore is not precisely about older Chinese, as generally older people have been defined as people aged 60/65 and over (United Nations, 2001; Department of Health, 2007). The areas covered in the survey were not exactly the whole of England, but rather 7 areas in England (Greater London, the rest of the South East region, Greater Manchester, Merseyside, South Yorkshire, West Midlands, and West Yorkshire) that had been identified as having the highest proportion of Chinese people at the time. The other large quantitative survey on a national level was from Nazroo (1997): the fourth national survey of ethnic minorities, which was conducted in 1993 and 1994. Also, there were two Health Surveys for England especially focused on Black and Minority groups, one (Erens, Primatesta, and Prior, 2001) was conducted on behalf of the Department of Health in 1999, the other (Sproston and Mindell, 2006) on behalf of the National Centre for Social Research in 2004. Both surveys provided data about the health status of Chinese, but only the survey conducted in 1999 (Erens, Primatesta, and Prior, 2001) had sections about the service use of Chinese. Therefore, the review on service utilisation of older Chinese was largely based on the data from the earlier study.

Older Chinese in the UK are predominantly immigrants, as about 96% of them were born outside the UK (Sproston *et al*., 1999). Later-life international immigrants, according to the United Nations (2012) can be grouped into three categories: 1) immigrants who arrived in a country earlier in their life and have stayed on; 2) immigrants who move in later life as refugees; 3) immigrants who move to a country in later life with enough pension income and savings. Older immigrants worldwide are largely from the first category (Zhou, 1992; Geddes and Boswell, 2011; Zlotnik, 1999), and so are older Chinese immigrants in the UK (Luk, 2008). Most of the UK's older Chinese immigrants worked in the Chinese catering industry, particularly Chinese restaurants, in the past (Luk, 2008). They have very low level of education, and limited English proficiency. According to a survey in England, 33% of Chinese aged between 50 and 74 did not receive any formal education, and 14% of them left continuous full-time education at age 14 or under (see Figure 2.2 in next page)

(Sproston *et al*., 1999). 66% of older Chinese immigrants did not have any academic qualifications. For English language ability, 27% of older Chinese immigrants cannot speak English at all, 44% speak a little, 22% of older Chinese immigrants cannot understand spoken English at all, and 45% understand a little (see Figure 2.3). That is to say that nearly two thirds of older Chinese immigrants have very limited English skills.

Figure 2.2 Age on leaving continuous full time education (Sproston et al., 1999)

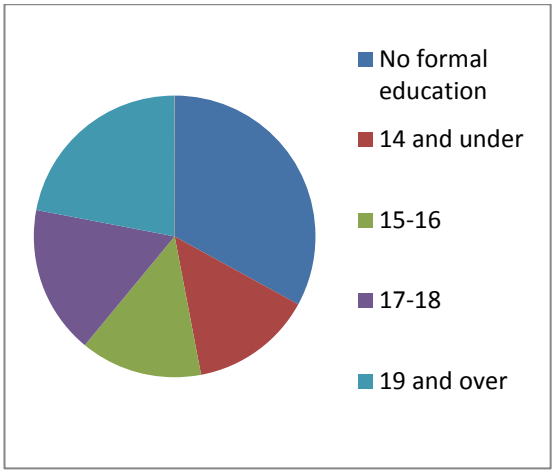
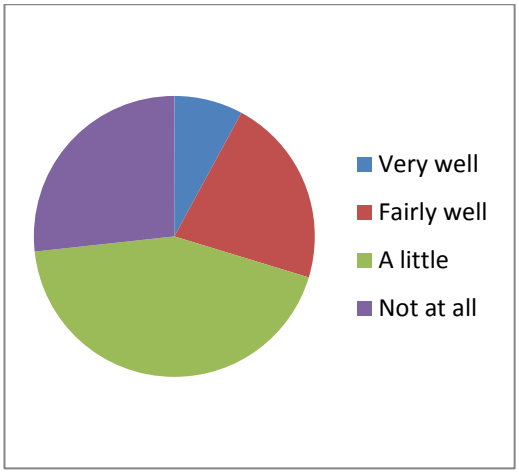


Figure 2.3 Self-rated ability to speak English (Sproston et al., 1999)



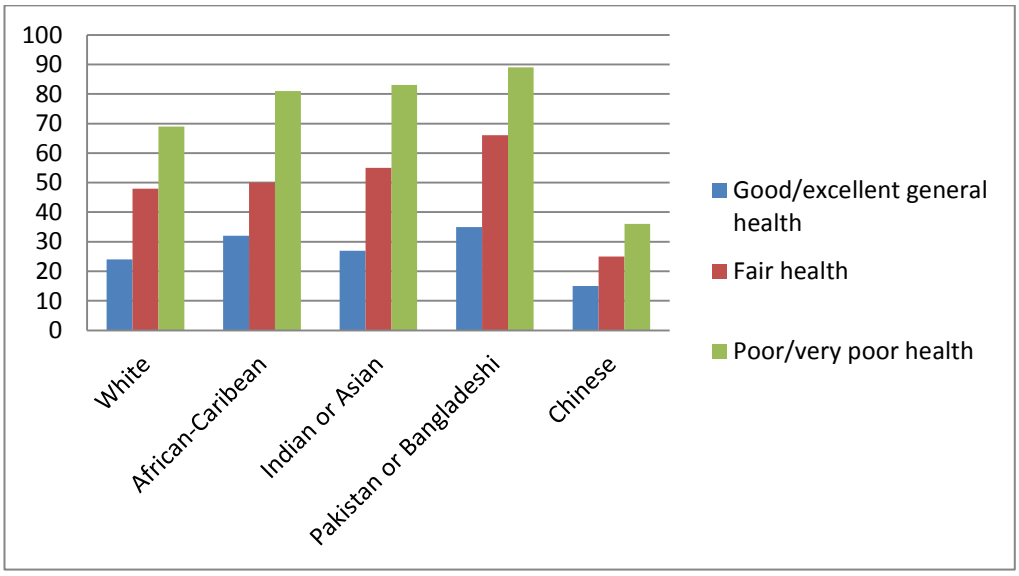
By examining previous research on older Chinese immigrants in the UK (Erens, Primatesta, and Prior, 2001; Laidlaw *et al*., 2010; Liao and McIlwaine, 1995; Sproston *et al*., 1999), it is clear that three main problems are experienced by older Chinese immigrants. These are: 1) low healthcare service utilisation; 2) poor emotion status; 3) lack of social support.

Among those aged over 55, all ethnic minority groups had similar or higher levels of outpatient attendance than those in the general population. The Chinese population is the only group that had a lower level than those in the general population (Erens, Primatesta, and Prior, 2001). In the fourth national survey (Nazroo, 1997), differences in consultation levels between white people and people in ethnic minority groups only became apparent in older age groups. In comparison with other age groups, older people in all groups, including the white group, were found to have an increased likelihood to report a GP visit within one month before the interview; and Chinese were again an exception (Nazroo, 1997). When comparing other ethnic groups and the general population with older Chinese immigrants it is evident that they are less likely to have a GP visit (Sproston *et al*., 1999).

Some have suggested that this low service usage may partly be due to the comparatively good health of Chinese people (Chau, 2008). For example, long-standing illness was at

59% among Chinese men aged over 55, compared to 67% in the general population aged over 55. Older Chinese immigrants also tend to have less cardiovascular disease: 20.1% among Chinese men and 14.7% among women compared to 29.4% and 23.5% in the general population (Sproston and Mindell, 2006). However, older Chinese immigrants had a higher prevalence in other illnesses, such as Type II diabetes: 16.1% among Chinese older men and 13.1% Chinese older women, compared to 9.3% and 6.9% among the general population aged over 55 (Sproston and Mindell, 2006). A survey in Glasgow showed that older Chinese immigrants had a much higher prevalence of long-term illness, but fewer GP consultations, compared with local Scottish people (Liao and McIlwaine, 1995). Surveys in England (Sproston *et al*., 1999) and the fourth national survey (Nazroo, 1997), found that, taking self-reported health into consideration, Chinese people still had the lowest rates of GP consultations and hospital in-patient stays (see Figure 2.4). But the studies did not address the reasons for different rates of use.

Figure 2.4 Proportion consulting a GP in the month before the interview, by self-assessed general health (Sproston *et al*., 1999)



Regarding mental health, older Chinese immigrants have been found to have the lowest rate of GP consultations in the past year about anxiety or depression or about mental, nervous or emotional problems, in comparison to other age and ethnic groups (Erens, Primatesta, and Prior, 2001; Laidlaw *et al*., 2010). However, relatively lower mental health service use rate was not caused by fewer mental health problems. Using secondary survey data, Victor, Burholt, and Martin (2012) examined loneliness among ethnic older people in Britain. The results showed that among ethnic groups, older Chinese immigrants are the most likely to report that they always feel lonely. Compared to other age groups in the Chinese population, older people were found to be more vulnerable in emotional status. Research (Liao and McIlwaine, 1995) on health status of Chinese people in Glasgow found that Chinese people have poorer emotional status and are more likely to

feel lonely. Chinese people aged over 65 have more emotional problems compared to younger generations, they are more likely to describe their mood as a little sad or very sad most of the time, and are bothered by feeling sad or depressed.

Meanwhile, only 33% of Chinese people aged between 55 to 74 reported to 'have social support', 31% of older Chinese immigrants had 'some lack of support', and 36% and 'severe lack of social support' (Sproston *et al*., 1999). In the same survey, it was found that Chinese people living in large families or large adult families were the most likely to have a low level of social support. This raised questions regarding how social support influences service use, and how families influence social support. Therefore, the literature review in the next section also examines the influences of social support and family support on service use.

2.3 Review of the research literature

After examining the demographic data and research on older Chinese immigrants in the UK, the focus is now drawn to the phenomenon of low service use rate and service use experiences. Another noticeable phenomenon of lacking social support was also considered in terms of its relationship with and influences on service use.

2.31 Health and social care service use

There is a lack of direct evidence of service use experiences in the UK's older Chinese. Therefore, service use of older Chinese immigrants worldwide is examined. One of the important reasons for low service use among Chinese immigrants and other immigrant groups has been attributed to language barriers (Aroian *et al*., 2005; Koehn, 2009; Lee, 2007; Li *et al*.,1999). In the UK, the NHS provides free interpretation services to all patients requiring this to enable them to attend medical appointments. Several Acts, especially the Race Relations (Amendment) Act 2000 and the Equality Act 2010, provide the statutory basis for the delivery of interpretation and translation services, making it imperative for organisations to provide language and communication support to ensure effective and appropriate communication between patients and clinicians and other health service professionals. Moreover, children of immigrants were found to take or share responsibility of providing language support to their parents (Chiu and Yu, 2001; Koehn, 2009). It seems that the public sector and family care have both addressed the language issue, and thus the language barriers that immigrants experience. But Collis, Stott, and Ross (2009) found that there is a lack of rigorous data collection on access to translation and interpretation services in health settings. Few studies address the experience of using interpretation services and language support within Chinese groups, and it is unclear how

the interpretation service and language support are delivered, and whether older Chinese immigrants have problems with accessing the services. Collis, Stott, and Ross (2009) stressed the importance of collecting information from immigrants accessing interpretation services in future research.

Aside from language barriers, there could be other factors that influence service use by older Chinese immigrants, although the results from the previous research may not be transferable to the UK context. A study on health care and social services among Chinese older immigrants in America (Aroian, Wu, and Tran, 2005) suggested that besides language barriers, long waits for appointment, transportation and cost, and cultural norms are also related to service use. Problems such as transportation, long waits for appointment and cost are also evident in the general population, but in the Chinese population, they were influenced by the nature and structure of the local Chinese immigrant community. Liu (2003) carried out a similar qualitative study on ageing service need and use among older Chinese Americans. Though the two studies had similar research aims, their results were very different. The results from the two studies only agreed one point that language is a barrier for service use. Liu (2003) concluded that individual characteristics (e,g. language abilities, driving abilities, education and occupational background, living arrangement and family role), perceptions of service need, availability, accessibility, and service source preference, are the influencing factors for service needs and service use. He also suggested professional older Chinese with a higher education background and good driving abilities did not actually need services. It was rather other older Chinese with disadvantaged characteristics who had service needs, and whom future research should pay attention to.

Another research study (Ma, 2000) from America on Chinese adults aged 25 and over provided additional different reasons for low service use, including lack of health care insurance, not understanding insurance coverage, preference for self-care, and distrusting Western medicine. A qualitative study on ethnic group seniors from Canada (Koehn, 2009), using focus group interviews, found that language barriers, immigration status, and limited awareness of the roles of the health authority, and of specific service providers, could be barriers to health care. Yet it should be noted that this research had a main concern with immigrants who moved to Canada in their old age. As the majority of UK's ethnic minority older people are long-domiciled immigrants (Policy Research Institute on Ageing and Ethnicity, 2004), there could be differences in immigration status and awareness of roles of service providers, and therefore the barriers identified by Koehn (2009) may not apply in the UK. A quantitative study (Lai and Chau, 2007) from Canada found that many factors could serve as predictors of service barriers, such as female gender, being single, being an immigrant from Hong Kong, shorter length of residency in

Canada, less adequate financial status, not having someone to trust and confide in, stronger identification with Chinese health beliefs, and not being self-identified as Canadian. Findings from these studies imply that low service utilisation among Chinese older immigrants is a complex issue, and are deeply connected with local circumstances.

To sum up, data from the Department of Health and two national surveys indicated that Chinese in the UK tend to have lower health care service use in comparison to people from other ethnic groups. This raises questions about the reasons for low service use. The surveys did not explore the service use experience among older Chinese in the UK, and the strategies they adopt to cope with the problems. Studies from other countries on Chinese people or minority people proposed a diverse range of influential factors. The factors suggested by each study are considerably different, which makes it difficult to use all of them to explain the situation in the UK. Meanwhile, the studies were conducted in other countries and influential factors are found to be rooted in the local context. The considerably different results derived from each study indicate that service use is a complex issue and varies in different countries. Outcomes therefore could not be simply applied in the UK as healthcare systems in each country are different, and the structure of the local Chinese community might also differ. This suggests that studies should be carried out in the UK to look into the local circumstances.

Meanwhile, though many older people need state welfare benefits to cope with ill-health or to supplement low incomes in retirement, it was reported that older people from BME groups have lower uptake of welfare services than white older people (Lindesay et al. 1997, Merrell et al. 2006; Rait and Illiffe, 2003). Moffatt and Mackintosh (2009) conducted research on older people from BME groups to explore perceptions of quality of welfare services, and barriers for using the services. The result identified three main barriers: knowledge of the welfare system, personal characteristics (eg. expectation, language), and caring responsibilities. The research mainly recruited south Asian participants, and failed to recruit older Chinese participants due to lack of liaison officers. Therefore there is a lack of voice from the older Chinese group. Considering that the barriers to social services identified by Moffatt and Mackintosh (2009) have similarities with barriers to health services, and that use of health care and social care could be intertwined, this research will explore the user experiences of both health and social care services.

2.32 Social support and service use

Social support was found to be an important factor that influences service use. As many older Asian Americans reported having difficulties accessing mainstream health and social care systems, a study in America using survey data (Lun, 2004) examined predictors of

service use among older Chinese. The result showed that two factors played an important role in influencing service use among older Chinese. One of the factors was perception of services, and the other was informal support. The previous section discussed the question of the experience of using children as interpreters, which suggests that there might be a link between social support and service use. This raises the question of how informal support influences service use among older Chinese immigrants. Chiu and Yu (2001) reported two surveys they carried out in 1991 and 1998 to examine the informal care provided in the Chinese community in London. They found that the majority of older Chinese immigrants lived with their children, and that Chinese families played an important role in providing care for older people, such as household management, social contact and personal care. They reported a level of difficulty in performing certain tasks. The study was limited to informal family care and did not explore issues such as the links between social support and service use or emotional status, or other gaps that have been identified in this chapter. Due to geographical dispersion of Chinese groups in the UK, Chiu and Yu (2001) did not use a randomised sampling method, but instead used purposive and snowball sampling methods. Older Chinese immigrants aged 60 and over were recruited as participants from the Chinese community centre, Chinatown, and fast-food shops. In the 1991 study, they interviewed 60 participants, and in the 1998 study 55 participants. Because of the small sample size and sampling methods, the results were biased somewhat against the most isolated.

Moreover, several studies were carried out 15 to 22 years ago. The circumstances and characteristics of Chinese people might have changed and be different from what is reported in the research. According to Blakemore and Boneham (1994) Asian communities have undergone a steady accumulation of changes in family life. Despite the persistence of cultural conservatism and family ties with the old country, no Asian community can remain in a completely static position. Therefore it is necessary to obtain new knowledge of older people and modify care in response to these changing needs.

After identifying the potential area of social support among older Chinese immigrants in the research, the concept of social support and its relationship with service use were examined. Social support was defined by Cohen, Gottlieb, and Underwood (2000) as the social resources that individuals perceive to be available or that are actually provided to them by non-professionals in the forms of both formal and informal support. Social support is one of many factors that may contribute to variations in the ageing process, such as mortality (Seeman, 1996), physical health (Vaillant *et al.*, 1998), risk of dementia (Fratiglioni, *et al*., 2000, 2004) and protection against loss of functional capacity in old age (Hagberg and Nordbeck, 2002). It comprises of multiple types of support (Gray, 2009): 1) emotional (having a person express sympathy, caring and acceptance of the individual,

sharing feelings), 2) instrumental or tangible (the provision of financial resources, household goods, transportation, and assistance with cooking, cleaning and shopping), 3) informational (knowledge and advice from others), 4) companionship (sense of belonging, having a person with whom to share activities such as going to movies, eating together and shopping) and 5) validation or giving an individual feedback about him/herself (Wong *et al* . 2005; Cohen *et al* . 2000). For people from ethnic groups, this also includes language support (Butt *et al*., 2002; Wong, Yoo, and Stewart, 2007).

Social support is closely related to emotional wellbeing (Laidlaw *et al*., 2010; Sood and Bakhshi, 2012). Older Chinese immigrants were found to lack social support, and have emotional issues (Sproston *et al*., 1999). Social support also influences utilisation of health care services, but the relationship between them is complex and uncertain (Tamers *et al.*, 2011). A study from the United States (Kouzis and Eaton, 1998) found that across all population groups, after adjustment for all variables such as sex, race, age and education, people who lack social support were more likely to visit the healthcare system. A study in 2004 had a similar result and found that public care services were more utilised by people embedded in restricted social networks (Litwin, 2004). While Willet *et al*. (2009) found that women who reported low levels of social support are less likely to see a doctor for a routine check-up. Also, in Deri's (2005) study, the case is even more complicated after taking language into account. By examining service utilization and social support in ethnic groups, such as Arabic, Chinese, German and Punjabi people in Canada, Deri found that whenhigh utilizing groups live in areas of high concentration of the same language group it is likely to increase access; while low utilizing groups living in areas of high concentration of the same language group are likely to have decreased access. Deri assumed that high utilizers know the system and are likely to encourage use, which increases utilization, therefore being surrounded by people from a group that know less about the healthcare system and are perhaps less likely to encourage service use, decreases service utilization.

In the area of providers of social support, research on older Chinese immigrants in California suggested that family and kin were perceived as the most satisfying sources of support (Tsai and Lopez, 1998). Research from Hong Kong also suggested that regarding instrumental and emotional support, family support contributes more to the life satisfaction of older adults than support given by friends (Yeung and Fung, 2007). Meanwhile, Glaser *et al*. (2009) addressed the importance of friends in social support study. They suggested that much research on social support has focused on the importance of family ties for social well-being in later life, but less research examined the influence of contact with non-family members such as friends and neighbours. A study on Korean immigrants showed that family support may not be better than support from friends, as older Korean

immigrants living with their children seemed to be more isolated than the respondents living in the senior building (Lee, 2007).

Additionally, social support is especially important for older people, as older people undergo transitional processes in their life and face multiple stressors, such as increased risk of chronic conditions, loss of functions, loss of sources of income, and loss of spouse (Tajvar *et al*., 2012). While social support, as stated above, has the potential to diminish the negative effect of loss of function, and contribute to emotional wellbeing, it could also assist older people to adapt to later life (Ng, Phillips, and Lee, 2002). Moriarty and Butt (2004) also believe social support plays a key role in understanding the ageing process. Societies are increasingly diverse, and family, community and institutional ties could influence the way that people adapt to these changes. As older Chinese people in the UK were reported to lack social support in the late 1990s (Sproston *et al*., 1999), it is worth exploring what social support exists in contemporary society, and how this support influences service use.

To summarise, social support is important to older people and influences service use in a complex and unclear way, which makes it an issue worthy of further investigation. There are few studies examining the social support among older Chinese immigrants. The only study examining family support among older Chinese in the UK is limited to the family care context, and does not explore the link between social support and service use. Also, the study was carried more than 15 years ago, and may no longer be relevant to contemporary society. Therefore, this research will also explore the influences of social support on service use among older Chinese immigrants in the UK.

2.33 Chinese philosophies and service use

Chinese culture as a barrier for service use among Chinese immigrants has been identified in much of the literature (Lai and Chau, 2007; Liu, 2003; Pang *et al.*, 2003; Torsch and Ma, 2000). Traditional Chinese culture has a significant role in informing Chinese people's character and behaviours, which results in the distinctiveness and differences of Chinese groups from other ethnic minority groups (Chen, 2001). Many studies on service use among Chinese people emphasise the importance of influences from Chinese culture and philosophies on service use, and examine this influence prior to the start of research (Koo, 2011; Rochelle, Shardlow, and Ng, 2009; Chiu and Yu, 2001). According to Yu (2009), Chinese immigrants in the UK are still organising their health and social care under the strong influence of Chinese culture. Therefore, it would be necessary to review Chinese culture and its influences on service use.

Chinese culture is not monolithic, and contains diverse traditions. Redfield (1953) grouped these traditions into two categories: the great and the little. The great tradition refers to philosophies, religions and theoretical principles that become the guiding principles for behaviours and morals. The little tradition is derived from the great tradition and encompasses the concepts of being practical, such as filial piety, reciprocity, benevolence, and self-respect. In Chinese Culture, three main historical philosophies constitute the great tradition (Redfield, 1953): Confucianism, Taoism, and Buddhism, among which Confucianism is most important philosophy in Chinese culture.

Confucianism has been an orthodox ideology since 200BC, and has directed social, political, educational, and moral beliefs and values in Chinese society. Though Taoism and Buddhism are also influential in China, Confucianism has remained the dominant position in Chinese culture for 2000 years. Confucianism advocates filial piety, loyalty, the maintenance of social order, self-restraint, self-respect, and self-blame, which have all become an important part of Chinese culture (Payne *et al.*, 2005). Confucianism sees personhood as a relational construct accompanied by roles and responsibilities (Tsai, 2001), and emphasizes that individuals should pursue a reasonable social life and establish a harmonious relationship with the family and the outside world. This theoretical standpoint leads to the tendency of collectivism in Chinese groups, and devalues individual autonomy.

One of the most important influences from Confucianism on service use of older Chinese is related to the notion of filial piety. Filial piety is the central pillar of Confucianism and Chinese culture (Hwang, 1999). It addresses the issues of the relationship between parents and children, and has significant implications for older Chinese and their later life. In Confucianism, both community and society are seen as a mere extension of the family. Family is the important element and the most basic unit of society, which makes the care of the individual family-centred (McLaughlin and Braun, 1998). Filial piety defines how people, especially older people in their later life, should be taken care of by their children. The definition of filial piety given by the oldest Chinese dictionary, which is believed to be dated from 3rd century BC (Karlgren, 1932), is ‘being good at serving parents’. Filial piety has been concluded as an obligation to provide adequate care to their parents especially when parents are in old age, while also showing respect and obedience to parents (Cheng, 1986; Chow, 2004). The first level of filial piety refers to the obligation of providing parents with the necessary materials, practical assistance, and financial support for the satisfaction of their physical needs and comforts, especially when parents are in old age. The second level of filial piety includes paying attention to parents’ wishes and obeying their preferences. The third level consists of making parents happy and bringing them honour and respect.

Currently, according to Chow (2004, p. 22), the value of filial piety remains relevant in East and South-east Asian societies, and is upheld as 'the most basic and fundamental value in regulating the relationship between parents and their children'. Research on filial piety in different areas, including China, Hong Kong, Taiwan, Singapore, Japan and South Korea, has showed that people in these areas still feel obliged to support their elderly parents, and that caring for older family members is still first and foremost a family responsibility (Chow, 2001; Hong, 2002; Kim and Maeda, 2001; Phua and Loh, 2008). For example, long-term health care was perceived primarily as a family responsibility, whereas institutionalized care was only seen as the last resort (Kim and Maeda, 2001). A study in the UK showed a similar result in that Chinese still had strong beliefs to live with their parents, and they were highly motivated to take care of older family members (Chiu and Yu, 2001).

Filial piety motivates children to provide care for their parents, but also causes a reliance on family care. Consequently, older Chinese may: 1) be reluctant to resort to external help from outside the family, and 2) tend to make joint decisions on service use with their families. Chau and Yu (2009) suggested that Chinese believing in Confucianism choose to rely on family and friends as their major strategy to promote health, meet their needs, and solve problems. A study from Chan, Cole, and Bowpitt (2007b) supported this point of view, and showed that Chinese in the UK are self-reliant. This self-reliance of Chinese people is based on the concept of the self-sufficiency of an individual or a nuclear family. According to Crabbe's theory (1987), emphasis on self-reliance and mutual help might lead to reluctance to acknowledge health problems. Pang *et al.* (2003) in their research found that culture hampers the decision of older Chinese to use external services, as they were reluctant to seek help from outsiders, such as healthcare professionals. Lai and Chau (2007) also reported that older Chinese felt ashamed and uncomfortable when asking for help. Meanwhile, it was found that among American Chinese, the degree of utilization of healthcare is dependent upon acceptance by both patient and his family, and family responsibilities could be a barrier for service use (Chen, 1994), which again stresses the importance of family in service use.

Another influence of Confucianism on health was based on the belief in the importance of harmony in the social environment (Chen, 2001). Due to the importance attached to satisfying social life in Confucianism, some Chinese believe in seeking harmony with the social environment to promote health and prevent illness.

Taoism was one of the major religions in ancient China, and can be traced back to 500 BC (Fung and Feng, 1997). It advocates the pursuit of harmony between human beings and nature (Chen, 2001). To achieve this, people should transcend from secular

perceptions, and keep a simple life and calm emotions (Yip, 2005). In contradiction to Confucianism, Taoism is prone to individualism and simplicity. Chau and Yu (2009) believed that this naturalistic and individualistic idea could influence people's help-seeking behaviours and health-promotion behaviours. On one hand, people may be reluctant to seek help from others but rather rely on oneself; on the other hand, people may prefer to let nature take its course, instead of looking for environmental or behavioural changes. This way of thinking sometimes holds a negative impact on people's health and social service use. In Vu's (1996) study an extreme case was reported that under the influence of Taoism a Chinese person refused to receive help from social workers after his business was ruined by gangsters. The Chinese person stated that he believed in Taoism and that fortune and hardship were two sides of the same coin, therefore he would rather get out of the conflict and have a peaceful mind.

Taoism also has direct and strong influence on people's health beliefs. Traditional Chinese medicine, which is still included in the national healthcare system in China, is based on the theoretical system of Taoism. Taoism promotes the belief that there are two properties in the universe: yin and yang, which are two opposing, meanwhile complementary, interconnected forces. Human health is regarded as harmony between yin and yang (Wong and Pang, 2000). Consequently, illness is caused by the imbalance between yin and yang. According Chau and Yu (2004), Chinese immigrants still hold this Chinese philosophy within their health beliefs, which may influence their health behaviours. Research on utilization of family physicians among Chinese immigrants in Canada (Wang, Rosenberg, and Lo, 2008) showed that many Chinese immigrants use traditional Chinese medicine as alternative and complementary medicine, and belief in the Taoism health system could cause difficulties in understanding when consulting Western doctors. Meanwhile, the disagreement in the theoretical system between traditional Chinese medicine and modern medicine may cause distrust in modern healthcare services among Chinese people who accept traditional Chinese theories (Aroian *et al*., 2005).

Aside from Confucianism and Taoism mentioned above, Buddhism may also have an influence on Chinese people's care and service use. One Buddhist belief is karma, meaning that good actions result in good results, and vice versa (Dwivedi, 2006). When the concept of karma is applied to health issues, Buddhist people believe that the disease is caused by their sin, and therefore they may have self-blame responses (Shih, 1996; Torsch and Ma, 2000). On the other hand, Buddhism gives a positive meaning to suffering, so that Buddhists may believe in receiving a reward after tolerating the unpleasant experiences caused by disease.

As can be seen, the family plays an important role in people's later life in traditional Chinese culture, and the family relationship may also influence service use. Therefore it is worth taking family relationship into consideration in this research. As presented in the sections above, service use involves a diverse range of factors, and the influence of those factors could be complex. Therefore, an exploration into ageing experiences to provide a full picture is needed. It becomes increasingly important to gain an insight and understanding into how older people perceive their ageing process and ageing experiences, as these perceptions can inform development of future service provision to ensure older people live with a better quality of life. Harwood *et al*. (2001) found that using closed-ended questions in an ageing pattern study may 'have accessed only partial accounts of age stereotypes in each of the cultures'. Therefore they suggested that future research should use open-ended methods in generating more comprehensive understanding of the cultural dimensions, which will have implications for the nature of ageing in each of the cultures. In such cases, it would worth using qualitative methods and open-ended evaluations to understand more about locally-defined representations of ageing processes.

Chapter summary

In this chapter, the growing ageing immigrant population in the global and UK context has been examined. Further review on UK's older Chinese immigrants, who are experiencing the fastest growth among ethnic groups, reveals that older Chinese immigrants have many difficulties in their later life, especially within service use and social support. Few studies have been carried out to understand their experiences and coping strategies in the UK. Though there are other studies conducted in different countries, the barriers stated were often influenced by local culture and healthcare systems, which might not be relevant within the UK setting. Therefore this research intends to gain understanding of the experiences of older Chinese in relation to service use and social support within the UK context.

Chapter 3: Methodology

The purpose of this chapter is to locate the research study within an appropriate research paradigm, and to present the rationale underpinning the chosen research methodology which informs the specific research methods and data analysis. The research aim will be reintroduced, before the rationale for research design, together with the performance of the research, will be presented and justified.

As presented in chapter 2, section 2.22, older Chinese immigrants in the UK have been identified as having low levels of use of health and social care services, low social support, and reduced levels of emotional status. Together these factors point to the possibility that this population may experience unmet service needs. This study therefore set out to explore older Chinese immigrants' ageing experiences to develop understanding of these individuals within the context of where they live and age, and then using this knowledge to explore their health and social service use, and the factors that influence their service use. The research data will also be used to build a theory regarding service access among older Chinese immigrants through understanding their perceptions, their experiences and behaviours. The research aim is to:

> Contribute to an understanding of the ageing experiences among the UK's older Chinese immigrants, with a particular focus on use of health and social services in older Chinese people's later life.

Specifically, the objectives of this study are:

1) To understand the ageing experience of older Chinese immigrants, and its influences on their health and social service use;
2) To explore the factors that influence older Chinese immigrants' access to and use of services;
3) To examine the interaction between older Chinese immigrants, their family members and supporters and how these relationships influence service use.

3.1 Qualitative paradigm

There are many factors that influence the choice of research approaches. Rather than using philosophical positions, it is suggested that the research question should inform the selection of the methodological approach that is used to conduct the research (Corbin and Strauss, 2008).

Qualitative research is most suitable to address 'why' and 'how' questions. It produces and analyses textual or non-numerical data (Avis, 2005). Qualitative research methods such as in-depth interviews, focus group discussions, content analysis, visual methods and life histories are most often applied to 1) new or not well-researched issues; 2) theory generation, theory development, theory qualification, and theory correction; 3) evaluation, policy advice, and action research; and 4) research directed at future issues (Bitsch, 2005). A good example of use of qualitative research would be to understand people's experiences of using health services and identify how those experiences and behaviour are shaped by the context of their lives, such as the social, economic, cultural or physical context in which they live (Hennink, Hutter, and Bailey, 2011). Qualitative approaches allow researchers to get at the inner experiences of participants in detail, to identify issues from the participants' perspectives, to determine how meanings are formed through and in culture, to understand interpretation of behaviours, and to discover rich explanations rather than test variables (Allen, Titsworth, and Hunt, 2009; Corbin and Strauss, 2008; Hennink *et al*., 2011). Also the process of rapport building in qualitative research can provide a comfortable atmosphere for participants to reveal their experiences and attitudes (Hennink *et al*., 2011)

Another significantly different option is the quantitative approach. Quantitative methods are used to measure objective facts and test objective theories (Creswell, 2009; Neuman, 2006). Quantitative methods are most effective when the content is constrained or controlled, and all the potential influences have been identified (Lakshman *et al*., 2000). As introduced in the literature review, a quantitative study (Laidlaw *et al*., 2010) on attitudes to ageing has already been carried out in this area. It indicated that Chinese immigrants' attitudes to ageing, including attitudes to psychological growth, psychosocial loss, and physical change, are almost as positive as native British people. This result only provides an incomplete understanding of the perceptions of ageing and there is a need for further explanation. Quantitative results can provide general understanding of a problem, such as the relationships among variables, but more detailed understanding of what the statistical tests or effect size actually mean is lacking (Creswell and Clark, 2011). Guba and Lincoln (1994) identified a number of critiques of the quantitative approach including: loss of context, exclusion of meaning and purpose, disjunction from local contexts, inapplicability of general data to individual cases and exclusion of the discovery dimension in inquiry.

In conclusion, the research aim of this study is to understand experiences of ageing and service use of older Chinese immigrants in England. This requires a qualitative approach (Hennink *et al*., 2011) on the basis of the arguments presented above. The requirements of exploring people's perceptions, describing and interpreting behaviours and identifying

factors could be met by qualitative approaches. Therefore a qualitative approach was chosen to conduct the research. Among different qualitative approaches, grounded theory was chosen. Grounded theory enables exploration of research subjects within a particular context and without imposing pre-existing models on investigation, thus inductively generating a theory for practical applications.

3.2 Philosophical stances

Philosophical stances are one of the factors that influence the design of research studies. Guba and Lincoln (1994) believed that researchers should consider three fundamental elements: ontology, epistemology and methodology. Ontology, or the theory of existence, is the major branch of metaphysical inquiry, and sometimes is regarded as a synonym of metaphysics. It concerned with the study of existence (Flew, 1984), asking 'what exists?' or 'what is the nature of reality?' (Creswell, 1998). Epistemology, the theory of knowledge, addresses the nature, sources, scope, derivation of knowledge, and reliability and validity of knowledge (Flew, 1984). It asks what can we know, how can we know it and, in the research context, what is the relationship between researchers and those being valued (Blocker and Hannaford, 1974, p. 85; Creswell, 1998; Lacey, 1976). As stated in the previous section, the research paradigm and methodology were chosen based on the research questions, as this research uses a problem-oriented approach of pragmatism.

In this research, the philosophical stances lie in pragmatism and symbolic interactionism. The primary philosophical stance adopted in this research is pragmatism, which is action-oriented and addresses the unification of knowledge and action. Under the influence of pragmatism, grounded theory was chosen as research methodology. There is a paucity of research exploring service access among older Chinese immigrants, and few theory developments linked to older immigrants (McDonald, 2011; Stanley, 2009). Therefore, grounded theory, which will be fully explained in section 3.3, was found to be the most appropriate methodology for this research. Meanwhile, this study aims to explore relationship and interactions between individuals, and between individuals and social institutions. Symbolic interactionism is an empirical social science perspective on the study of human group life and human conduct (Blumer, 1969), and underpins grounded theory. Therefore, following the primary philosophical stance in this research, pragmatism, symbolic interactionism was also included as part of the philosophical stance used in this research to guide grounded theory study specifically, and highlight meanings derived from relationships and interactions.

3.21 Pragmatism

Pragmatism is the theory of meaning and truth (Lacey, 1976). It derives from the work of Pierce, James, Mead, and Dewey (Cherryholmes, 1992), and stipulates that knowledge claims are seen as attached to actions, and what is right is what works (Benton and Craib, 2011). The role of knowledge is to be useful for action (Goran, 2012), and theories should be applied to practice (Dewey, 1929). It insists that the mind is always active in deciding what counts as knowledge. Pragmatists believe that knowledge and reality are derived from interaction among groups of individuals and the objects in their environment (Schuh and Barab, 2008). Truth is an agreement with reality, but this means that it is what works at the time (Hollis, 1994). Therefore actions should be significant and fundamental to study (Goldkuhl, 2004). Tashakkori and Teddlie (1998, p.30) further explained this viewpoint by suggesting that a pragmatist researcher should 'study what interests you and is of value to you, study in the different ways in which you deem appropriate, and use the results in ways that can bring about positive consequences within your value system.' Therefore, in pragmatism, the most important determinant of the research philosophy adopted is the research question, as researchers choose the most appropriate approach for answering particular questions and addressing the aims of the study (Saunders *et al*., 2011). This is the way in which many researchers choose research methods and research philosophical stances in practice. This action-focused philosophical perspective is not only consistent with my own philosophical stance, but also compatible with the methodology that this research adopted: grounded theory, which is an action- or interaction-oriented method for theory building (Strauss and Corbin, 1990).

In addition, pragmatism is regarded as a key influence in the development of grounded theory. One of the cofounders of grounded theory, Strauss, has a pragmatist background and stressed that pragmatism was a central component in his intellectual work (Bryant, 2009). The other co-founder, Glaser, though believed to be an objectivist, also admitted (Glaser, 1998) that grounded theory occupied a pragmatic position which went beyond other philosophical schools of thought. In pragmatism, all knowledge is in dynamic status, and is judged in terms of how useful it is for the knowing of subjects (Dewey, 1917). Consequently, for pragmatists, knowledge exists in the form of statements or theories which are seen as instruments, tools or coping mechanisms, not once-and-for-all-time truths. As Dewey (1929, p. 40) put it: 'we live in a world in process, the future, although continuous with the past is not its bare repetition'. This understanding of reality and knowledge coheres with the logical reasons for initiating this research, that reality and knowledge are dynamic, and therefore new research is needed to reveal the truth in the current social and cultural context and that a substantive theory should be built to explain empirical phenomenon, particularly in terms of a certain specific time and space. To put it

more clearly, this research did not use models built upon data from America, Australia, or other countries, but sought to build a substantive theory that was grounded in data from the UK. Meanwhile, grounded theory, the methodology designed to build a substantive theory, was developed based on the same instrumental and pragmatic view of truth (Age, 2011).

To summarise, pragmatism is adopted as the main philosophical stance in this research, because: 1) pragmatism allows researchers to be research problem-oriented, and research approaches should be determined by the problem to be addressed; 2) pragmatism is consistent with the researcher's understanding of knowledge; 3) pragmatism is compatible with research methodology, grounded, theory which was found to be the most appropriate methodology to fulfil the research aims.

3.22 Symbolic interactionism

Grounded theory is especially informed by symbolic interactionism, which has been defined as 'a social-theory of social action' (Bowers, 1988, p. 36). As the founder of symbolic interactionism, George Herbert Mead, was influenced by pragmatism, symbolic interactionism has also been regarded as an advancement of the philosophical thinking of pragmatism (Jeon, 2004). It has three major elements: self, the world, and social action. Blumer (1969, p. 2) described the three components as:

> *Human beings act towards things on the basis of the meanings they ascribe to those things.*
>
> *The meaning of such things is derived from, or arises out of, the social interaction that one has with others and the society.*
>
> *These meanings are handled in, and modified through, an interpretive process used by the person in dealing with things he/she encounters.*

As can be seen from the above, in symbolic interactionism 'meaning' is one of the major elements in understanding human behaviour, interactions and social processes. Meanwhile, for symbolic interactionists, the 'self' is a product of social interactions, and continually develops and redefines itself through interactions with other human beings and society (Mead and Morris, 1934). As one of the interpretivist perspectives, symbolic interactionism has a focus of interpreting the meaning that arose from individuals' actions and interactions. Schwandt (1994) suggested that the meanings arising from interactions between human beings can only be understood through interpretation, and therefore the role of a symbolic interactionist researcher is to interpret and explain the process by which meaning is developed and the nature of meanings that are experienced by participants within a particular context (Chenitz and Swanson, 1986; Morris, 1977).

Symbolic interactionism is a micro sociological theory, as it does not deal with larger questions concerning the shape of society, but rather looks at individuals' conduct in society and the relationships between individuals' perceptions, collective action and society. Symbolic interactionism has been criticized for not adequately recognizing subjective restraints on social actions, and ignoring influence from factors such as institutions, moral structures, and class struggles. Consequently it may result in the distortion of social phenomenon (Abercrombie, Hill, and Turner, 1986; Annells, 1996). However, symbolic interactionism does take wider circumstances into consideration. The mind, the person and the social world should not be understood separately. As mentioned above, one of the three major elements of symbolic interactionism is the 'world' (Blumer, 1969). Symbolic interactionists also stress the importance of an understanding of participants within a particular context, and how participants define their situations (Charmaz, 1995; Jeon, 2004). Informed by symbolic interactionism, this research sets out to explore different perceptions among people, and to explore social realities building upon these perceptions. Meanwhile, this research also emphasises the importance of interactions between human beings, and the context and circumstances from which experiences and meanings arise.

3.3 Grounded Theory

The methodology of this research is grounded theory, as developed by Glaser and Strauss (1967). In 1967 Glaser and Strauss published *The Discovery of Grounded Theory* to describe this methodology. They believed that neither traditional quantitative nor qualitative approaches has reduced 'the embarrassing gap between theory and empirical research', and criticized the lack of stress on the discovery of concepts grounded in the research data (Glaser and Strauss, 1967, p. vii). They insisted that theory should 'be usable in practical applications - prediction and explanations should be able to give the practitioner understanding and some control of situations' (Glaser and Strauss, 1967, p.3). Therefore, different from many other up-to-down research methods which use data to test and verify pre-existing theories, grounded theory starts from the bottom up, which emphasizes the need to 'build theory from data' (Corbin and Strauss, 2008, p. 1). To be more specific, it aims to develop inductive theories derived from data that is systematically gathered and systematically analysed through the research process (Strauss and Corbin, 1990, p. 12). Grounded theory refers to both the results of the research process, and the research process itself (Bryant and Charmaz, 2007). Therefore it is not only a research method, but is also seen as a methodology. Though it was stated that grounded theory accepts both qualitative and quantitative data (Glaser and Strauss, 1967), grounded theory is generally applied in qualitative research, and basically regarded as a qualitative research methodology (Thomas and James, 2006).

Grounded theory aims to develop middle-range theories to provide conceptual tools to interpret complex events and explain behaviour and processes, and thus facilitates further investigation and action of this phenomenon to related issues (Biggs, Lowenstein, and Hendricks, 2003; Charmaz, 2001). It is particularly useful in areas which have a paucity of knowledge about the phenomenon, or where there are few adequate existing theories to explain or predict a group's behaviour (Stanley, 2009). McDonald (2011) suggested that little research was conducted on older immigrants from a social science perspective, and there were even less studies that addressed theory development, which resulted in slow theory development in gerontology. McDonald (2011) also examined many research studies in ageing and immigration, and found that research was not guided by theory or attempted to develop theory, and few developments were applied to explain the lives of older immigrants. As a result, theories in gerontology have languished over the years, failing to catch the influence of immigration at a structural level or in its link to social, psychological, and family levels. Apart from the lack of theory and theory development in ageing and immigration, little is known about older Chinese' perceptions of ageing experience and, therefore, it would be suitable to use grounded theory to investigate the ageing process and service use of older Chinese, and therefore contribute to theory development in ageing and immigration.

Another reason for adopting grounded theory is that this research aims to develop a substantive theory to improve service provision for ageing immigrants, specifically, older Chinese, in the UK context. By analysing data from the Survey of Health Ageing and Retirement in 11 European countries (Denmark, France, Germany, Greece, the Netherlands, Austria, Belgium, Italy, Spain, Sweden, and Switzerland), differences in health service use among older immigrants were found across countries (Solé-Auró, Guillén, and Crimmins, 2012), suggesting further exploration within individual countries is required. As suggested in the literature review, within older Chinese immigrant groups factors that influence service use also vary across countries. The UK has its own health care and social care system and political climate. Older Chinese immigrants in the UK therefore may develop different characteristics and additional features of culture. All of these characteristics may affect older Chinese immigrants' service use, creating a different model for explaining how they conceptualise their need, and thus help to identify services that may address that need and their service use behaviour. Therefore this model will not necessarily verify existing theories or hypothesis. Grounded theory stresses practical applications, and enables a theory to be generated which is 'suited to its supposed uses' (Glaser and Strauss, 1967, p. 3). As Strauss and Corbin (1998, p.267) put it: 'the real merit of a substantive theory lies in its ability to speak specifically for the populations from which it was derived and to apply back to them.' Also, grounded theory makes explicit the reality of how individuals perceive their world and the way they interact

with others (Bluff, 2005, p. 149). Therefore grounded theory is chosen to offer insight, enhance understanding, and provide a meaningful guide to action (Strauss and Corbin, 1990).

3.4 Strauss, Glaser, and Charmaz

Grounded theory was developed by Glaser and Strauss. Over the years, developing their own perspectives and approaches of grounded theory, Glaser and Strauss went in two different directions, debating the real essence of grounded theory (Bitsch, 2005; Bluff, 2005). Other grounded theorists also developed their own grounded theory approaches. Now there are three distinct approaches (Creswell, 2005): constructivist (Charmaz, 2006), emergent (Glaser, 1992), and systematic (Strauss and Corbin, 1998). Regarding the choice of approach for conducting a grounded theory research, it is recommended by many grounded theorists (Cooney, 2010; Heath and Cowley, 2004; Jones and Noble, 2007) that grounded theory researchers should clearly state the version of grounded theory they use and adhere to its procedures, otherwise it may result in using two not necessarily compatible techniques, and damage the integrity of grounded theory. This research adopted the Straussian approach of grounded theory, following practical advice from Strauss and Corbin. The differences in three approaches and the reasons for the choice of the Straussian approach are presented below.

Philosophical stances

Glaser has a strong quantitative background, and is perceived by Annells (1996) and Charmaz (2000) to have an outlook close to positivism. He believes in objective external reality, and that the observer (researcher) should be neutral. In contrast, Strauss was influenced by the Chicago school which was rooted in pragmatism and adopted symbolic interactionism (Corbin and Strauss, 2008). Within this perspective, the behaviour of individuals and the roles they adopt are determined by how they interpret and give meaning to symbols (Blumer, 1971; Mead and Morris, 1934). Charmaz is a constructivist and an objectivist, who sees data and analysis as created from shared experiences and relationships from participants and other sources of data (Charmaz, 2006). In this approach, researchers are positioned as co-producer of data. Corbin and Strauss (2008) agreed with the constructivist view on the position of researchers, that research participants construct stories to explain and make sense of their experiences, and researchers construct concepts and theories out of these stories. Researchers reconstruct notions and viewpoints through interpretation of the event based upon their own personal history and biography.

Data analysis procedures

One of the main differences between Strauss and Glaser is their approach to data analysis: whether verification should be an outcome of grounded theory (Cooney, 2010). Glaser's approach to data analysis proposes two coding processes (theoretical and substantial), and relies on 18 theoretical coding families, also known as 18 code categories (Glaser, 1992). Strauss' approach is more systematic (open, axial, and selective) with clearer guidelines (Cooney, 2010).

Strauss' approach is suggested as more user-friendly and reassuring as it has procedural steps to follow. However, some authors criticise that the guide makes data analysis more difficult and untrue to the original version of grounded theory (Melia, 1996; Heath and Cowley, 2004; Glaser, 1992). Strauss and Corbin (Corbin and Strauss, 2008; Strauss and Corbin, 1998) are actually not against open approaches. They encourage researchers to trust their instincts and to not have to limit themselves to the data analysis procedures, as long as they suitable to their abilities. To ensure research validity and improve transparency in analytical processes, they suggested researchers overtly discuss and present procedural operations to show how the research was performed (Strauss and Corbin, 1990).

Approach to literature reviews

Due to their different philosophical stances, Strauss and Glaser hold different views on the need of a literature review before the study takes place. This shift was one of the factors underpinning the split between Glaser and Strauss (Dunne, 2010). Glaser (1992) and Charmaz (2006) reject the notion of an initial review, while Strauss and Corbin (2008) advocate an early review of relevant literature as long as researchers do not steep their studies in the literature review or force their data into pre-existing concepts. Discussions on the need of an initial review and rationale for the place of initial review were introduced at the beginning of chapter 2. The conclusion was that an initial review helps researchers to design and carry out the research, and researchers also need to meet the requirement of proposal writing to apply for project approval.

Verification

In the first edition of their publication on grounded theory, Glaser and Strauss (1967, p.1) both criticised the 'overemphasis in current sociology on the verification of theory'. Later Strauss and Corbin changed their position by suggesting a process of comparing concepts and their relationships against data during the research to examine accuracy and faithfulness (Strauss and Corbin, 1998). The researcher's interpretation is checked with participants and against the data as the study progresses (Corbin and Strauss, 2008). Glaser (1992) still adheres to his original perspective by stating that verification puts the

researcher in danger of forcing data, conducting a normative projection, which makes researchers feel compelled to theorise in a certain way, and could limit the possibilities and narrow the range of potential theory generation. Robrecht (1995) supported Glaser by stating that forcing data would occur when verification involves looking for data rather at it, because the constant comparison employed in grounded theory studies only emphasise minimising and maximising within comparisons, while checking ideas against data is straying from the original approach of constant comparison. A Straussian approach, however, was agreed by many grounded theorists and regarded as a type of reasoning and prevention of distortion, because it takes all possible explanations for the observed data into consideration, and then forms a hypothesis to confirm or disconfirm until researchers arrive at the most plausible interpretation of the observed data (Bryant and Charmaz, 2010; Heath and Cowley, 2004; Reichertz, 2007). A summary of 6 key differences between Charmaz, Glaser, and Strauss are shown below:

Table 3.1 A comparison of main approaches in Grounded theory

	Charmaz	**Glaser**	**Strauss**
Philosophical stances	Constructivism Objectivism	Positivism	Pragmatism
Initial review	No	No	Yes. But not a lot
Formulation of research question	-	Interest in the field Then emerge during data collection	Initial review Experience
Data analysis	Open (2006): Initial coding Focused coding theoretical coding	Open and emergent: (1978) Theoretical Substantial	Clear and systematic (1990): Open coding Axial coding Selective coding
	Constant comparisons		
Theoretical sampling	When some key concepts have been discovered	Begins after the first analytic session and continues throughout the research process	
Theory verification	No	No	Yes

This research employs a Straussian approach which includes conducting an initial literature review, more structured data analysis, and theory verification. The main reasons for this have been mentioned above: an initial review that Glaser opposes should be done to provide rationale for the study, ensure a contribution to knowledge, and persuade the research committee to approve the research proposal. Strauss' data analysis procedure is more structured and clear. Also verification suggested by Strauss and Corbin prevents misunderstanding and misinterpretation of observed data, which has the potential to enhance the rigour of the research. Aside from these two reasons, Strauss' version (1990) is suggested to be more scientific and is more widely used (Dey, 2004; Walker and Myrick, 2006). It pays attention to broader environmental factors (Cooney, 2010), and has compatibility with temporary thinking (McCann and Clarke, 2003). As presented in chapter 2, service use was reported to link to a variety of factors, which makes it necessary to look at a broad environment. Therefore, a Straussian approach was adopted in this research.

3.5 Critical challenges

Grounded theory has, however, been criticised elsewhere. Riessman (1990a) states that grounded theory methods were insufficient to respect the research participants and to reveal their experiences. Richardson (1993) found that completing a grounded theory analysis could be alienating and turned to literary forms. Richardson also observed that qualitative research reports are not as straightforward as their authors present them to be. Authors choose evidence selectively, clean up subjects' statements, unconsciously produce value-laden metaphors, assume omniscience, and bore readers (Richardson, 1993). Conrad (1990) and Riessman (1990b) suggest that the fracturing of data in grounded theory research might limit understanding because grounded theory researchers seek to conduct analysis rather than reveal the subject's experience in its fullness. Charmaz (2000) argues that such critics make wrong assumptions and explains that this strategy is a) to help researchers avoid remaining immersed in anecdotes and stories, and subconsciously adopt the participants' perspective; b) to help researchers who may be overwhelmed by large quantities of data; c) to create a way for researchers to organise and interpret data. The challenges in using grounded theory and how the problems were solved in this research will be presented in the following chapter.

Chapter summary

In this chapter, key philosophical stances underpinning this research have been explored. On the whole, a pragmatic action and research problem-oriented approach was adopted. Under this problem-oriented research paradigm, symbolic interactionism was also chosen to guide this research, as it is suitable to study complex issues and human perceptions. The research aim is to understand the ageing experiences and service use experiences from older Chinese immigrants' perspective. A qualitative approach that enables researchers to capture research subjects' inner experience and the meaning of the experience was thus selected. The research methodology is grounded theory, because it allows research subjects to be studied within a particular context, which ensures the fitness of the emerged theory and, consequently also ensures practical applications. Meanwhile the use of grounded theory can contribute to theory development which is needed in the area of older migrant research. Among the three approaches to grounded theory, Corbin and Strauss' version was followed because the initial review, data analysis, and theory verification suggested by Corbin and Strauss helped to enhance research rigor and trustworthiness. The next chapter will present detailed practical steps and discussion on the research design and research performance.

Chapter 4: Research design and implementation

The previous chapter described the overall research paradigm and rationale for adopting grounded theory as a research methodology. In this chapter, the construction of the research design and considerations regarding ethical issues and the position of the researcher are presented. Together with the explanation of the research design, the challenges in conducting the research fieldwork and data analysis, how the research dealt with the challenges, and reflections and discussion of the research process will be presented. The chapter concludes with a discussion of the strategies used to ensure the trustworthiness and rigour of the research.

4.1 Research procedure

This study had two stages to provide both breadth and depth in the investigation. Stage one was a preliminary study that provided breadth to theory development of older Chinese ageing experiences and service use, comprising of four focus group interviews and three individual interviews. Stage two provided depth in the investigation, consisting of in-depth individual interviews, including follow-up interviews. General issues identified in the focus group interviews were examined in detail to gain insight on the circumstances and contexts of older immigrants' access to and use of health and social care services. All of the focus group interviews and individual interviews were semi-structured, which gave freedom to participants to reveal the issues they thought were important, and meanwhile allowed exploration of relevant information.

4.11 Rationale for the two stages

Phase one was exploratory in nature to provide a broad insight on the current ageing experiences of older Chinese immigrants to orient the researcher to the field, and to develop interview schedules for phase two. The objective was to obtain an understanding of the cultural context and background rather than the detailed stories of each participant.

As stated in chapter 3, section 3.2, in symbolic interactionism, the philosophical stance that guides this research, interactions between human beings and the world are where meaning arises. This stresses the importance of contextual data. From a methodological perspective, grounded theorists believe that the world is complex, and events and certain

behaviours are the result of multiple factors interacting in complex ways (Corbin and Strauss, 2008). Therefore, it is important to capture as much of this complexity in the research as possible, and the experiences to be studied should not be separated from larger social, political, cultural, racial, and informational contexts and frameworks. Strauss and Corbin (1990) made this clear by stating that first round interviews should be open and exploratory. The purpose of this aspect of the research was to study perceptions of ageing, and service use and service needs. It was necessary to understand older Chinese immigrants' ageing experiences and perspectives of living in the UK. Also, there is a lack of research on older Chinese in the UK as most of the existing literature is more than ten years old and may not reflect the current circumstances of older Chinese in the UK. Therefore, an exploratory study was needed.

A previous research study on older Chinese immigrants' views on the influence of food on cancer (Payne *et al.*, 2008) also used a two-phase study. It used focus group interviews in phase one to identify people's understanding of cancer, and then used interviews in phase two to discover views on the significance of food in cancer care. By using an exploratory design, the researchers gained rich data and elicited a diverse range of perspectives. The initial data was used to guide the phase two interviews. This study adopted a similar research design, beginning with developing an understanding of social and cultural environment, before moving on to focus on the main objectives of the research: exploring the participants' access and use of health and social services. Using interview schedules developed from the phase one study, phase two obtained in-depth understanding of older Chinese' service use, and formal and informal support provided to enhance access to services. Phase two was also used to validate and explore data from phase one. Some categories which emerged from phase one, such as the use of TCM (Traditional Chinese Medicine) and communication problems within the family, were checked with participants from phase two to verify and enrich the categories. The basic data collection methods were similar to Payne *et al.*'s (2008) study in using focus groups for phase one and individual interviews in phase two. The interviews in phase two in this study were designed with follow-up interviews for further development of categories, accurate interpretation, and building rapport between the researcher and the participants. A detailed rationale for the research design is presented in the following sections.

Pilot study

Before initiating the research and conducting interviews, a pilot study was carried out to improve the research tool and interview questions. One adult child of older Chinese, and four gatekeepers from organizations working with Chinese people examined the invitation letter, information sheet, and research schedule. They confirmed that there were no inappropriate questions, and examined the research questions could be comprehended.

Two of them discussed research questions and provided information related to research topics.

4.12 Use of focus group interviews for stage one

Focus group interviews were chosen for phase one because they are considered to be particularly helpful in preliminary and exploratory stages of research studies to provide rich data (Morgan and Krueger, 1998). It is possible to elicit a diverse range of perspectives in focus group interviews, and these can provide a useful starting point for individual interviews that involve unfamiliar topics or informants. According to Morgan (1997), using one or two exploratory focus group interviews could reveal the range of the participants' thoughts and experiences before the first individual interview, following which individual interviews can bring depth and detail on topics that were only broadly discussed in group interviews.

Focus group interviews are also useful for developing interview schedules (Flick, 2002). They can generate more spontaneous expressive and emotional views than individual interviews, as group interaction can motivate expression of a variety of viewpoints and reduce the moderator's control over the interview (Kvale and Brinkmann, 2009). Research from Poulin *et al*. (2012) suggests that the focus group method has a synergy effect when dealing with older people with a shared history and lived experiences, and it is highly effective in revealing perceptions and explaining circumstances of life. The use of focus group interviews provides the opportunity to compare the responses of participants to others' perspectives. Also, they can reduce the difficulty for researchers to identify consistent and shared views within the group (Patton, 1990, pp.335-336). Also, focus group interviews have the benefits of group dynamics which stimulates discussion, helps to generate ideas and explores views in ways which would be more difficult in individual interviews.

It is worth noting that although focus group interviews stimulate the development of ideas and discussion, there are some drawbacks. Research on Chinese care-givers (Mahoney *et al.*, 2005) found that focus groups are uncomfortable when dealing with public disclosure in a community setting. It was also found that many Asian older adults were inhibited by sharing personal information in a group context (Knodel, 1995; Mehta, 2011). As such, focus group interviews might not be an appropriate method for collecting detailed personal information from older Asian participants. Therefore, it is more suitable to use focus group interviews and individual interviews in conjunction. The specific benefits of each method could complement the other. For the above mentioned reasons, focus group interviews were only performed in the preliminary stage.

In this research, focus group discussions provided rich data, for example, about transitions in the ageing process, and the type and range of support that participants need. Stage one interview topics were developed from the literature review (eg. Chiu and Yu, 2001; Erens, Primatesta, and Prior, 2001; Liao and McIlwaine, 1995; Sproston *et al*., 1999), and tended to be general questions, such as 'What are the great things of being old?' or 'What is important to you?' As a result these focus group interviews had the merits mentioned above.

Three more individual interviews were added to eliminate possible influences from non-participants presented during the focus group discussion. Older Chinese are cautious with strangers and not familiar with the concept of 'research', which did not make them very cooperative to participate in the research. When they agreed to take part in the interviews, they wanted to minimize any inconvenience. Many did not want to spare extra time on the interview, and would only do the interviews during the luncheon club. Some even refused to move to another table in case their seats were taken by others. Due to the limits of space and time, it was not possible to carry out three of the focus group interviews in a completely private and quiet room. They were performed in the common room in the organisation, and two were carried out in rooms with other people present, such as staff and relatives. One focus group was conducted in a room which was considered to be the quietest in the organisation, yet it still contained a volunteer nurse measuring blood pressure for patients in one area. The other focus group was conducted during lunch, and two middle-aged adults were present in the interview room. At the time the participants had no problem with other people being in the same room and talked in a casual way; and it was difficult to hear what other people were saying at the other side of the room. Therefore, it was assumed that the presence of others would not affect the quality of the interview. But later, under careful consideration and to be on the safe side, three one-to-one interviews were carried out with older Chinese immigrants individually using the stage one topic guide to avoid the possible influence of other people being present. Participants in individual interviews gave detailed answers to questions and more information about issues within their family.

In stage one, interviews with family members were carried out individually. Family members of Older Chinese immigrants are geographically dispersed and many had different time schedules because of their work. It was difficult to assemble them in one place at a specific time to attend focus group interviews. Therefore, instead of focus group interviews individual interviews, which allow more flexible interview times and meeting places, were carried out with family member participants.

4.13 Use of individual interviews for stage two

In stage two, the research methods changed to the use of individual interviews, as this aimed to develop in-depth understanding of the subject of the research. Michell (1999) used both focus group interviews and individual interviews in her research. She suggested that focus group interviews were a highly productive method which can actively facilitate discussions and address silenced experiences; whereas individual interviews enabled in-depth exploration of people's experience and identification of contributory factors, because only in individual interviews, participants reveal certain feelings and experiences which are central to understanding important aspects of their lives. One of the research objectives of this study was to explore the family relationship, and how this relationship influences service use by older people. Participants were asked about their families. This could be a sensitive topic for some participants, and they may not have wanted to talk about it with others. In China, a famous proverb states that domestic shame should not be disclosed outside the family (similar to expression that is used by British people: 'don't wash your dirty linen in public'). In this research, it was found that many older Chinese did not want to reveal any information that may implicate unsupportive family relationships. Therefore, a one-to-one interview was a suitable technique for stage two. Aside from allowing in-depth exploration on sensitive topics such as family relationships and health service user experiences, using individual interview ensures that answers are solely from the person being interviewed (Wimmer and Dominick, 2006), thus allowing participants to discuss their experiences without peer pressure, or being influenced by the views of others. Meanwhile, it gives participants sufficient time to tell their stories, and could obtain a large amount of detail.

In this research, there was an integration of the use of focus groups with individual interviews. Qualitative method triangulation is advocated as a strategy to achieve more comprehensive understandings of phenomena, and the integration of focus groups and individual interviews is recommended to enhance data richness and depth of inquiry (Lambert and Loiselle, 2008; Morgan, 1997). According to Lambert and Loiselle (2008), combining focus group and individual interview data makes three main contributions: enriches the interpretation of the structure of the phenomenon by identifying both individual and contextual circumstances surrounding the phenomenon; makes the research process productive as the initial understanding of the phenomenon guided the investigation of individuals and following individual data further developed the conceptualisation of the phenomenon; and it enhances the trustworthiness of the findings by examining the central characteristics of the phenomenon across focus group interviews and individual interviews.

The stage two interview schedule was developed by using stage one data. The questions in stage two were more focused on the role of the Chinese community, friends, and interpreters, specifically in relation to service use engagement, meanwhile questions regarding the influence of family care to service access were also included. Also, the interview structure was more interviewee-friendly. It included an opening on immigrant experience. One reason is that during the stage one exploratory study it was found that asking questions about immigration history was a good opening for the interviews, as participants tended to be confident when talking about a subject that they were familiar with. This reflects one of the basic principles that a starter research question should be easy for participants to answer (Morgan, 2012). Also older people tend to like to share their past experience, and this sharing helped to build rapport between participants and researchers. In addition, questions about immigration history were neither too sensitive, like family issues which participants might be reluctant to share with a relative stranger, nor too irrelevant to participants' personal life which may make following questions acquiring personal information abrupt. It is a question designed to introduce participants' personal experience but does not feel intrusive or sensitive. This allows the researcher to go deeper into the participants' personal life. Most importantly, the process of immigration is a change agent in itself, affecting peoples' roles, expectations and reciprocities (Ahmad, 1996). When commenting on the services and ageing experiences in the UK, participants from this research tended to compare the service provision and life in their homeland to the UK experience. Therefore, exploring immigration history helped to understand and explain their later life, current situation and the behaviours of older Chinese immigrants in general, which is also consistent with the philosophical stance that subjective meanings are forged both socially and historically. Though gerontology is primarily about adulthood and later life, it was argued that in theory researchers should not be constrained by any division of the life course. Otherwise, they might end up reinforcing certain fundamental prejudices in gerontological theory (Bytheway, 1997).

Interview language, or terms used in interview questions, were changed to suit the participants' background and to be easier for them to understand. An example is that in research questions the term 'culture differences' was used. Adult children participants and Chinese staff who examined research questions before the start of the interviews, had no difficulty in understanding the term. Older Chinese, however, could not understand the term which tended to be too conceptual for them. The term 'culture differences' was therefore changed into 'differences from British people'. Also, in stage two, six participants would only join the research with the condition that no voice recording would be made. Therefore, in the interviews with these six participants, detailed notes were taken instead of using a voice recorder. These incidents not only highlighted the importance of

confidentiality in research performance, but also raised the issue of trust and distrust, and made trust an important category in the data analysing process.

4.14 Rationale for follow-up interviews

In stage two, follow up interviews were performed to verify emerging themes. They were also used to clarify and expand on issues raised during the last interview, clarify statements in previous interviews to check the researcher's interpretation of the interviews, and build rapport. Grounded theory advocates that researchers should hold an open attitude to possible theoretical understandings, which requires returning to the field to test the relevance of ideas and interpretation, refine major categories, and stimulate further development (Charmaz and Henwood, 2007; Glaser and Strauss, 1967). Miles and Huberman (1994) also advocated the same approach from a qualitative study perspective. They suggested that getting feedback from participants was one of the most logical sources of corroboration, as participants are observant actors in the setting and know more than the researcher about the realities under investigation. This confirmation process may involve doing repeated interviews. Charmaz (2003), in her own grounded theory study, found that doing repeated interviews with the same participant helped to expand and develop the conceptual categories. Doing repeat interviews not only assists with theory development, but also helps to reflect on the data already collected. In a grounded theory study, Chiovitti and Piran (2003) used two-round interviews to develop a grass-roots theory of caring within psychiatric nursing practice. The second interview was mainly used to affirm, modify, add, clarify and elaborate on what was said in the first interview. They found that the second round interviews were effective in checking the subject area and verifying emerging theories.

Another reason for conducting repeat interviews was to build rapport and gain insight into participants' life. The research topics include health service use and family issues. As the Chinese community is an isolated group, and cautious with strangers, trust and rapport are important considerations when exploring certain areas which may be sensitive for the older Chinese. Murray *et al.* (2009) used serial interviews to explore patients' experiences and needs, and suggested that serial qualitative interviews are a convenient and efficient approach to facilitate discussion of sensitive and personal issues. The trust formed by repeated contact enables participants to discuss sensitive or embarrassing issues and allows more private accounts to emerge. In follow-up interviews participants may reveal information that was previously unspeakable.

Last but not least, individual interviews can be time-consuming, and participants might not be able to fully discuss their experiences in one interview. Meanwhile, participants might

miss some important viewpoints in the interview. Doing a second round interview gives them time to think through the issue, and add or modify information. Also, researchers would then have time to examine the first interview. Thus, if any possible area for development has been missed, researchers could expand the area in the second interview. Murray *et al.* (2009) suggested that repeating interviews could provide rich and contextualised data. In their research, they found that repeating interviews gave participants sufficient time to discuss their experiences and reveal the complexity of individual situations, which then help researchers to analyse the deficiencies of care and make suggestions to improve services.

4.15 Rationale for semi-structured interview

Interviews in both stages were semi-structured. There are three main types of interview: structured interview, semi-structured interview, and unstructured interview. The major differences among the three types of interviews lie in their degree of rigidity (Berg, 2004). Structured interviews, also known as closed interviews and standardised interviews, are defined by Nichols (1991) as a social survey, in which the range of possible answers of each standardised question are usually known in advance and prearranged answers are listed on the form for participants to choose. There is little flexibility in this approach, which does not allow probing for relevant information. This research was designed to use an open approach for exploration. Therefore, structured interviews were not appropriate for this research. In the opposite of structured interviews, unstructured interviews, there are no prearranged questions, and research guides are not necessarily followed. The interviewer in an unstructured interview neither guides participants' comments nor allows prior knowledge, ideas, or reading to influence the conduct of the interview (Rose, 1994). A semi-structured interview is placed in the middle of structured and unstructured interviews. It allows researchers to use a flexible topic guide, or a loose structure of open-ended questions (Al-Busaidi, 2008). Therefore, unstructured interviews give participants the freedom to reveal issues they think are important, which may be unexpected by researchers (Britten, 2008). This is consistent with basic ideas of grounded theory which lets participants influence the research direction. At the same time, the interviewer could add questions to explore issues deeper, which is especially important in a grounded theory study when themes begin to emerge. Considering the advantages mentioned above, semi-structured interviews were chosen for this research.

4.2 Target population

4.21 Chinese older immigrants

Criteria for participation of Chinese older immigrants included: 1) perceive oneself to be of Chinese ethnicity; 2) aged 60 or over; 3) migrated into the UK, that is: born outside the UK and currently live in the UK as residents. There was no time requirement on their stay in the UK but they should have settled in the UK as residents and are not travellers; 4) have mental capacity to consent to participate.

To define Chinese identity could be difficult as ethnic identity of the Chinese is complex and multi-dimensional, and is involved with culture-related activities, community ties, linkage with country of origin, and cultural identification (Lai, 2012). For example, Chinese may refer to people born in Greater China, including mainland China, Hong Kong, Taiwan, and Macau; meanwhile, it could also include people with remigration experiences or a Chinese ancestry, such as Malay-born Chinese or Singapore-born Chinese. In this research, Chinese people were identified as people who perceived themselves as Chinese. This descriptor was the same as has been used in UK national census (To which of the ethnic groups do you consider you belong?) (Scott, Pearce, and Goldblatt, 2001).

Older people in this research were defined as people aged 60 and older. At the moment, there is no standard chronological age to define the population referred to as older people. In gerontological research, various ages have been used to define older adults, including 55+, 60+, 65+ and 75+ (Stanley, 2009). The United Nations agreed cut-off is 60 years old or older to refer to the older population (United Nations, 2001). Sixty years old is also used as a line to divide younger and older people by demographers. In many developed countries, older people are defined as 65 or older because that is when people become eligible for old-age social security benefits (United Nations, 2012). In the UK, socially-constructed definition of old age includes people as young as 50, while other definitions come from the former official retirement age which was 60 for women and 65 for men (Department of Health, 2007). Socially constructed meanings of age involve the loss of roles accompanying physical decline as this is a significant factor in defining old age. Old age in many developing countries is seen to begin at the point when active contribution is no longer possible (Gorman, 1999). In China the official retirement age is 60 for men, 50 for women (55 for females working in government) (China Ministry of Labour and Social Security, 2010). In this research, consideration was given to the UN criteria and the UK and China's socially constructed definitions and official retirement ages, and older people that were recruited to the study met the definition of people over 60 years of age.

4.22 Key support providers in accessing services

As the study progressed, a group of people who provided support for older Chinese and played a key role in facilitating access to services were identified. They bridge the gap between older Chinese service users and services by addressing the lack of informational, linguistic, cultural, emotional, and other instrumental support that existed for these people. In recognition of the importance of the support they provided for older Chinese immigrants, the older participants were asked to nominate individuals who they perceived provided support to them in accessing services. These nominees were approached and invited to take part in the study. There were four subgroups of key support providers: familial, social, institutional, and professional. Recruitment of family members of older Chinese was different from the other groups of key support providers as family members were identified as research participants in phase one. While the rest of the key support provider participants were recruited in phase two.

The reasons for recruiting adult family members of older Chinese immigrants in phase one of the study were three-fold. Firstly, from a methodological perspective, it was believed that there are no simple explanations for certain experiences or situations, and grounded theorist researchers should obtain multiple perspectives on events and build variation into the analytic process (Corbin and Strauss, 2008). Secondly, as discussed in the literature review, in traditional Chinese culture the family plays an important role in people's later life. Previous studies suggested that family strongly influenced service use and service needs in ethnic older people, and that it was important to explore interdependence and family dynamics in research with ethnic older adults (Dixon-Woods, 2005; Koehn, 2009). Adult children are a major source of help for older immigrants (Lee, 2007), and older immigrants' physical and emotional wellbeing are largely impacted by their children (Poulin *et al*., 2012). In research on barriers to care services among ethnic minority older people in Canada, Koehn (2009) took the influence of family members and filial piety into consideration, and interviewed both older people and their families. Meanwhile, Chinese people living in large families or large adult families have also been reported to be the most likely to have a low level of social support (Sproston *et al*., 1999). This raises questions about the family relationship with Chinese families and how this influences older Chinese immigrants' emotions and service use. Therefore, there was a need to interview family members, as they could help to increase understanding of the older Chinese people's emotional needs and service use experience.

The adult family member participants and older Chinese immigrant participants did not necessarily need to be related, but it was preferable that young and old participants were from the same families. Interviewing different people from the same family enables the

researcher to explore the family member's perception of the older person's experience as well as their own perceptions and reactions, and thus examine the event or phenomenon with different perspectives within the same context.

In stage one of the research, Chinese older immigrants and children were not related to one another. One of the most important reasons was that, at the time, older Chinese participants were not familiar with the researcher at this point and, therefore, some were reluctant to introduce their children to 'a stranger'. For other Chinese older immigrants who were already friendly with the researcher, their children were not interested in the research and refused the invitation to attend. Under such situations, adult children participants were recruited through Chinese organisations. Staff helped to disseminate the research invitation letters. In stage two, with the help of older Chinese immigrants, their children were recruited.

The rest of the key support providers were recruited in phase two, after the emergence of the concept. They included workers from organisations or departments that worked for Chinese people in Newcastle, and Chinese who were reported to provide support to their friends to facilitate access to services. Considering the relatively small number of such people, more description about their characteristics might reveal their identity. This report will not show details about these people to ensure their contribution remains anonymous.

4.3 Participant recruitment

In this study, participants were mainly recruited through organisations that work with Chinese people. A few participants were recruited through personal contacts of existing participants. Details are described below.

4.31 Newcastle as study site

To study older Chinese immigrants, this research was based in the Newcastle area. There are 3 primary reasons for choosing Newcastle as a study site. First, Newcastle has a large Chinese community and therefore is able to provide sufficient participants for the research. According to the 2011 census, there are 6,037 Chinese living in Newcastle, accounting for 2.2% of the local population (Office for national statistics, 2011e). Second, I had lived in Newcastle for three years before the start of the study. I am familiar with the Chinese community in Newcastle, and have some personal contacts with people from the Chinese community, which could benefit research recruitment. Finally, investigating people from Newcastle enables an easier access to potential participants by saving time and travelling costs.

4.32 ‘High penetration’ sampling

‘High penetration’ sampling refers to sampling from areas with a high density of a particular group, which is an effective sampling method for dispersed and ‘hidden’ population groups (Vickers, Craig, and Atkin, 2012). Organisations that work with Chinese people, especially older Chinese immigrants, were chosen as sampling points to recruit older Chinese immigrants and their family members. Due to limits of time and resources, places with concentration of Chinese people, especially older Chinese immigrants, were chosen as sampling points. Meanwhile, snowball sampling was used as a complimentary method, and this will be introduced in following section.

Maclean and Campbell (2003), in their study in England, found that ethnic identities influenced the responses to recruitment methods. Local advertisements and media contact worked best in the majority white English community, while institutional and interpersonal contacts were most useful in recruiting minority ethnic groups. Minority research should therefore look at the specific ethnic identities and social networks to design a suitable recruitment strategy. Previous studies have stated that a major difficulty in researching UK Chinese people has been the lack of existing and easily accessible sampling frames (Baxter, 1990; Parker, 1995). Chinese are the most dispersed ethnic group in the country with the least visible residential concentration (Luk, 2008). There is no such a thing as Chinese residential centre, which causes difficulties for the recruitment of Chinese immigrants.

Laidlaw *et al*. (2010) suggested recruiting Chinese people, especially older Chinese immigrants, should be focused in Chinatown and through organisations that work with Chinese people. Chinatown is an area with a high concentration of Chinese people, a place for Chinese people to earn a living, and a meeting point for them to organize their informal networks. Many studies on Chinese immigrants have used members of Chinese organisations or Chinese community centres as sampling sites (Aroian *et al*., 2005; Chan *et al*., 2007a; Chiu and Yu, 2001; Rochelle, Shardlow, and Ng, 2009). Recruiting participants through organisations working with Chinese people does not only provide easy contact to participants, but also benefits researchers with invaluable support and consultation from the organisations during the data collection process (Laidlaw *et al*., 2010). In this study, the two biggest organisations working with Chinese people are both located in Chinatown in Newcastle upon Tyne, and performing as active Chinese community centre, which makes them especially suitable for recruitment. It should be noted that although recruiting Chinese through organisations brings convenience, it also excludes Chinese people who never attend Chinese community organisations (Chan *et al*., 2007a). In this research other sampling techniques, such as snowball sampling and

theoretical sampling, were employed and used to successfully recruit people who did not attend Chinese community organisations. The details of snowball sampling and theoretical sampling will be presented in following sections.

Also, Feldman *et al* (2008) suggested that the key issues for recruiting and retaining older people from culturally diverse backgrounds included having access to key local informants (described as well-known members of the community). Due to the researchers' knowledge of the Chinese community in Newcastle, key informants were identified as typically workers or leaders from Chinese organisations, reinforcing organisations suitable places for recruitment. Yancey *et al.* (2006) also suggested that working with community-based organisations has been frequently used in minority research as it provides potential facilitative relationships with trusted community leaders. Organisations that were chosen are discussed below (the names of organisations are anonymised for confidentiality reasons).

Organisation A and B are the two largest Chinese community organisations in the north east of England, and are well-known to Chinese who are living in the north east of England. Both organisations are located in Chinatown in Newcastle. Organisation A has around 100 older Chinese immigrants attending the lunch club every week. Organisation C has 80 older Chinese immigrants as members. Organisation D is a sheltered housing organisation with Chinese workers, and has 31 older Chinese immigrants as residents. Organisation E is a church group and also has a concentration of around 70 Chinese people. Aside from church services, it also provides services for immigrants and refugees, and visits hospitals, care homes and prisons. Organisation F is a voluntary organisation and registered charity. It aims to help frail, older and disabled people to live more independently within the community. Specifically, it has a Chinese part-time coordinator to deal with the Chinese community, thus recruiting older Chinese immigrants as service users. During data collection, there were more organisations that were suggested to have contact with Chinese. Therefore, those organisations were contacted as well. Most old Chinese that the organisations have contact with were from Hong Kong and arrived in the UK during 1950s and 1960s. Only two of the older Chinese were from mainland China. Altogether, 6 organisations helped with recruitment and served as sampling sites.

Recruitment of older Chinese immigrants started with organisation A. In the first visit, a focus group interview was not carried out. The older Chinese that attended organisation A luncheon club got to know me as a researcher. In a visit to the second Chinese organisation, organisation C, it was found that many older people were from organisation A. The members attended luncheon clubs held by the two organisations and were generally the same group of people. As I had already attended one luncheon club, the

older people in organisation C already knew me, which eased the recruitment there, and helped to build trust with potential participants.

Later, when meeting the participants referred by organisation F and participants from organisation E, it was found that many of these participants also attended the luncheon club. The Chinese group, though geographically dispersed, was a small community. One of the reasons for this was the relatively small number of the population. The other reason is possibly that there were not many activities for them to attend and, therefore, members of each organisation overlapped. Researching in a small community brought ethical issues, such as confidentiality and anonymity, which will be discussed in the following sections. It was found that people who attended luncheon clubs shared many of the same experiences about attending luncheon clubs and using support provided during luncheon clubs. Therefore, more organisations were contacted and snowball sampling was used, and participants who did not attend luncheon clubs were recruited. Their perceptions about luncheon clubs, and the life without informational and linguistic support provided at luncheon clubs, were studied to make comparisons and further develop the categories.

As can be seen above, aside from community-dwelling people, this research also recruited people who are living in sheltered hosing and using institutional care. The initial consideration was that as organisation D, a sheltered accommodation, was a place with a concentration of older Chinese immigrants, both Chinese community and Age UK in Newcastle recommended this organisation for recruitment. As there are around 6000 Chinese in Newcastle, and about 6% of Chinese are aged 65 and over in England (Office for National Statistics, 2011b), it can be estimated that there were around 368 older Chinese in Newcastle. Organisation D has over 31 older Chinese residents, which was about one tenth of the total older Chinese population in Newcastle. Therefore, older Chinese from organisation D were a group of people that should not be overlooked. People from mainstream care homes and sheltered housing were recruited as service users from organisation F. Recruiting these people is consistent with recruitment strategies, that recruiting people from a place with a high concentration of Chinese people and various organisations will increase sample diversity. Collected data showed that people using Chinese institutional care and mainstream English institutional care are two extremities in the emerged model, which enrich the concepts and further the theory development. Also, during data collection of this research, many participants displaying expectations in using organisation D services, and were concerned about living in care homes. The staff from the Chinese organisation stated that what older Chinese immigrants need most is accommodation with care from Chinese workers, which indicates there could be rich data in comparing Chinese and mainstream care services, and this could provide implications for service needs and service provision.

4.33 Snowball sampling

Snowball recruitment was employed in this research to increase the rate of recruitment, to enhance the diversity of the sample, to assist in establishing rapport with potential participants, and to save time. Later in the theoretical sampling process during which a core concept related to key support providers was emerged and developed, snowball sampling was used as a sampling technique to find and recruit key support providers, which will be introduced in following section. It has been suggested that research on older people from culturally diverse backgrounds should employ several strategies, such as snowballing and personal contacts, as the use of only one technique cannot ensure adequate diversity of the sample (Guba and Lincoln, 1994; Sixsmith, Boneham, and Goldring, 2003). Snowballing has also been found to be the most effective way to recruit participants (Tan, Ward, and Ziaian, 2010). According to Brown and Alexander (2004), recruiting older people from minority groups usually involves great effort to gain their trust and approval, and it can take a long time to build relationships and trust. Meanwhile, working with community partners and key informants enables researchers get potential participants through an already existing, trustable social network and develops a rapport linkage with those participants (Nichols *et al*., 2004). Also, as recruiting participants from social service agencies was likely to exclude people who do not use the services, it is therefore necessary to have additional techniques to complement high penetration sampling. Moreover, in stage two of this study older people and family member participants were expected to be recruited within the family unit. In this research, people from church groups recommended several potential participants, and people already participating in the study were asked to refer other Chinese older immigrants and their family members. Five of the 44 Chinese older immigrants and 4 of the 9 adult children were recruited using this alternative approach.

4.34 Theoretical sampling

Theoretical sampling is a particular method from grounded theory which is different from conventional sampling methods. It is based on concepts or themes derived from data, and aims to maximize opportunities to develop concepts in terms of their properties and dimensions, uncover variations, and identify relationships between concepts (Corbin and Strauss, 2008, p. 143). During data analysis, there will be gaps in data. For example, concepts vary in different conditions. Researchers in such situations would need to conduct theoretical sampling to fill the gaps, by purposely looking for and going to places, persons, and situations that will provide information about the concepts they want to learn more about (Corbin and Strauss, 2008). Theoretical sampling allows for discovery, and enables researchers to explore concepts in depth, and with more focus (Corbin and

Strauss, 2008). It allows researchers to go back to the field and collect data to refine theories by filling conceptual gaps in theories (Charmaz, 2000).

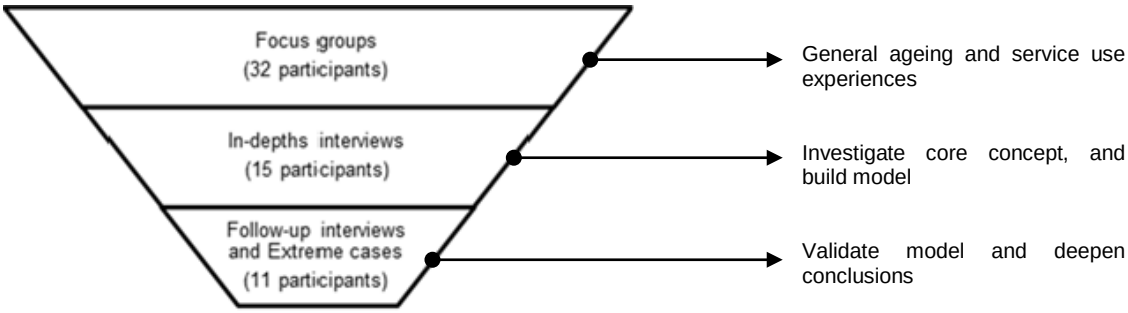
In this study, the concept related to key support providers was found to be a potential area for theory development. In phase one and the early stage of phase two, a group of people were frequently mentioned as supportive by older Chinese participants. They also expressed how they accessed services through these people, and how these people significantly influenced their service use. In the early stage, it was found that the main function of this group of people was to provide linguistic support. Later in the research it was identified that they did not only reduce language barriers, but they also provided other types of support such as cultural and instrumental support that older Chinese people need to access services. Key support providers nominated by older Chinese immigrant participants were recruited to the research to study the properties of this concept and the interactions between older Chinese immigrants and key support providers. Usually, at the end of interviews with older Chinese immigrants, participants were told about the concept of key support providers, and then were asked to name who they thought were key support providers. Most older Chinese immigrants did not nominate a certain person, but rather a group of people who shared characteristics. These included children, professional translators, and staff from the Chinese community.

Extreme case sampling, as part of theoretical sampling or purposive sampling was also used. Extreme cases could be defined as (Creswell and Clark, 2011; Teddlie and Yu, 2007) unusual cases involving individuals who are different in the first instance, and can provide different perspectives, sometimes at opposite ends of the spectrum, typically when the cases involve distinguished outcomes, failures or successes. Using extreme cases can be very useful in deepening and verifying conclusions (Miles and Huberman 1994). Extreme cases could also help to obtain a complex picture and a full understanding of the phenomenon under study (Creswell and Clark, 2011; Teddlie and Yu, 2007). Glaser and Strauss (1967) suggested the importance of analysing extreme cases throughout the research process as a guide to theoretical sampling. Examining outlying cases is an important strategy for helping to ensure that norms, themes or typical patterns of activity do not monopolize analysis to the point of ignoring atypical patterns or contradictory findings (Miles and Huberman 1994). In this research older Chinese living in English sheltered housing and care homes need to communicate with service providers on a daily basis, and the nature of their living conditions meant that they had limited access to key support providers. Older Chinese living in Chinese sheltered housing, on the other hand, always have access to a professional who is skilled in the support of older people. These two groups of older Chinese therefore were considered to be extreme cases, as the

former live closely with mainstream service providers and have limited access to key support providers, while the latter live closely with trained key support providers.

Data collection in this research adopted a funnel-like approach. This approach starts with broad and general questions, and moves to more specific and structured types of inquiry, so that researchers can gain increasing depth of understanding about the research topics and details of the participants' experiences (Bruce, 2007). The research questions in this study were also more and more focused, from exploring context and environment, to access to services, the influence and characteristics of key support providers, and verification of the research model. Interviews were conducted with 32 participants in phase one of the exploratory study, 21 participants were interviewed in in-depth interviews in phase two to enrich the core concept and develop the model, and 5 participants were interviewed as extreme cases to gain a deeper understanding and carry out final validation at the end of phase two. Data collection with extreme cases was also conducted during phase two to gain rich data and guide theoretical sampling. The illustration of funnel-like data collection is shown below in figure 4.1.

Figure 4.1 Funnel data collection approach



In conclusion, 4 focus group interviews and 33 individual interviews were performed, and 58 participants were recruited, among which 32 participants took part in focus group interviews (27 older Chinese, 5 adult children) and 26 participated in individual interviews (17 older Chinese, 4 adult children, 5 key support providers). All the older Chinese participants spoke Cantonese, though some spoke Hakka as their mother language. The majority of older Chinese participants had a low level of education, which is consistent with the statistics about older Chinese in general. Number of participants from each stage is shown in table 4.1, and detailed features of participants are shown in table 4.2 (see next page).

Table 4.1 Number of participants recruited in two stages

Number of participants	Stage One	Stage Two
Older Chinese immigrants	27	17
Family members	5	4
Staff from organizations that work with Chinese people	0	3
Acquaintance who provided support for older Chinese	0	2

Table 4.2 Features of research participants

	Number	Age	Gender		Education				Interview language		
			M	F	No	Primary School*	Secondary School	College	Cantonese	English	Mandarin
Older Chinese immigrants	44	Range: -60-86 Median: 73	18	26	11	29	4	0	44	0	0
Family members	9	Range: 22-53 Median: 33	3	6	0	0	5	4	6	3	0
Staff from organizations that work with Chinese people	3	-	2	1	0	0	0	3	1	0	2
Acquaintance who provided support for older Chinese	2	-	1	1	0	0	2	0	2	0	0

*Includes participants who only have been in primary school for a few years and did not finish.

4.4 Ethical considerations

The core moral principles for ethical research practice are respect for persons, beneficence (to maximize research benefits and minimize potential risks), and justice (Marshall and Rossman, 2011, p. 47; World Medical Association, 2008). Ethical issues that might arise in each step of research, from design, recruitment, data collection, data storage, data analysis, to writing and dissemination, were taken into consideration. In 2011, this research was assessed and received ethical approval from the School of Health, Community, and Education Studies Research Sub Committee of Northumbria University. Details of specific ethical considerations in this study and relevant preparation to avoid potential harms are introduced below.

Design: Qualitative research methods

This research employed qualitative research techniques including focus group interviews, in-depth individual interviews, and follow-up in-depth individual interviews. Those methods are used to gain people's perspectives, personal experiences, and feelings, and require researchers to establish rapport with participants. Consequently, the closeness and intimacy with participants this requires means researchers need to be very careful about confidentiality and anonymity (Hennink *et al*., 2011).

Design: Race and ethnicity

Blauner and Wellman (1973) believe that as inequalities in wealth and power exist between classes and racial groups, the processes of social research may express both race and class oppression, though this may be subtle and masked by professional ideologies (Anderson, 1993). Therefore conducting research with people from ethnic minority groups requires researchers to take additional issues into consideration, such as an understanding of race, culture, respecting of customs and practices to be culturally sensitive, meeting language requirements, and avoiding using devaluing, racist or

insensitive terminology in reporting (Hennink *et al*., 2011; Minority Ethnic Health Research Strategy Group, 2004).

I have the same ethnic identity as the participants, and therefore it could be argued that I meet the requirement for cultural competency and do not have language barriers with participants, and this reduced the occurrence of ethical issues in ethnic research. However, it has been noticed that aside from similarities in ethnic and linguistic background with the research participants, there are differences in background which may have raised ethical issues and required consideration and strategies to overcome. I do not have the same immigrant experiences as the research participants, and have a different level of education to that of most of the research participants, and this may raise issues of power and control. Maguire (1987) argued that researchers have control over the research project and 'knowledge creation', but rarely empower the groups that they study. Some believe that researchers have ultimate control over the research material, because they take away the data and have control over it (Cotterill, 1992; Ribbens and Edwards, 1998). This situation might be worse when the participants are from ethnic immigrants groups, as according to Marshall and Batten (2004) marginalised groups in western society lack power in academic environments. Crigger, Holcomb, and Weiss (2001) suggest that this power imbalance could be improved if researchers join the community rather than enter as experts or interlopers. Therefore, when performing the study, I tried to have casual talks with participants before the start of the interview to build the rapport and offset the possible pressure caused by any power imbalance.

Self-reflection has also been suggested as an effective way to decrease power differentials between researchers and participants (Bhopal, 2010). Researchers should be self-consciously reflexive, and deconstruct their own ideas to be critical about their own personal perceptions. Harding (1993) also encouraged researchers to examine their standpoint at every stage of the research, to ensure that it is the respondents' voice that is represented. When preparing the research questions, I reminded myself that I do not have similar immigrant experiences to the participants, and it was important to listen to participants and deconstruct my own ideas. I also tried to avoid letting preconceived ideas influence the research process by examining the research questions to ensure they reflect the main aim of the research, not my personal attitudes or values.

Recruitment: Gatekeepers

Gatekeepers, such as managers of organisations and community leaders, can act as key informants and therefore play an important role in participant recruitment. On the one hand they can increase the effectiveness of the project by increasing the recruitment rate and decreasing the time taken. Previous research shows that participants are much more

likely to participate when they are approached by someone they know or know of from their own community (Feldman *et al.*, 2008). On the other hand, gatekeepers have the ability to prevent access as well. In this research, gatekeepers were mainly the leaders of Chinese organisations who have contact with large numbers of Chinese people. They were contacted to gain permission to access potential participants and give advice on suitable people for the study. In such cases, researchers need to ensure that there is no coercion from gatekeepers (Hennink *et al*., 2011, p. 64). In this research, gatekeepers were reminded that participation was voluntary, and they transferred this information to potential participants. After having contact with potential participants, without the presence of gatekeepers, voluntary participation was explained again. Therefore participants of this research knew their rights and had opportunities to decline participation without possible coercion from gatekeepers.

Recruitment: Informed consent

This research used fully informed consent to ensure participants received sufficient information and there was no coercion or deception (Hennink *et al*., 2011, p. 64). The informed consent forms, including invitation letters, information sheets and consent forms were written in three languages: English, simplified Chinese, and traditional Chinese. Details of the language versions used in informed consent forms will be introduced in section 4.7. In this study, potential participants received invitation letters which gave a brief introduction of the research purpose, research methods and the procedure, along with their rights as a research participant. For those who agreed to participate in the research, they were given the information sheets and asked to read and sign the consent forms before the start of the interview. For those who were illiterate, an independent third party, usually a friend of the participant, read the information for the participant, and both signed the consent forms.

In practice, consent forms caused many problems in this research. As mentioned above, some participants were willing to participate in the research but became hesitant to attend the interview after being told about the consent forms. For example, before deciding about participation in the research, some older Chinese would like to know the questions that they would be asked about. All of them were willing to answer the questions after examining interview schedule, and even began to answer the questions when they examined the topic guide. However, some refused to take part in the research when they found they needed to sign consent forms. It was clearly not because they did not want to participate, but they were cautious of giving out signatures which is a formal provenance and, in their perception, could be used for illegal purposes. For those who did not want to sign consent forms they were offered an alternative — oral consent. Three people chose oral consent. However, 4 participants still declined to continue after showing interest in

the research because they neither wanted to sign consent forms or give oral consent. Similar problems with informed consent forms were reported from other minority research, as participants perceived signing consent forms as relinquishing their autonomy, rather than protecting their rights (Corbie-Smith *et al.*, 1999; Yancey, Ortega, and Kumanyika, 2006). The common reasons for this were mistrust of scientific investigators, and a lack of understanding of informed consent procedure (Freimuth *et al*., 2001; Herring *et al*., 2004).

Data collection: Ethical issues in including parents and children within the same family

In this research, older Chinese immigrants and their adult family members were recruited as participants. They were interviewed separately and talked about family care, except one interview where both the older Chinese and child suggested to be interviewed together. Confidentiality was particularly important in stage two as some participants were from the same family and needed to talk about family care. Therefore there was no disclosure of any information about the interviews to other family members. During the interviews with people within the same family, there was no information released about what had been said by other family members. In the thesis there was also no information that might disclose participants' identity to others, including their family members. Also, during the interview, questions regarding family care were carefully phrased to avoid potential embarrassment. For example, during the study, it was found that in the Chinese community some people still hold the belief that family should be the first resource of help, and resorting to people outside the family may suggest the incompetence of children or bad family relationships. Therefore when asking about the reasons for seeking support from people outside family, instead of 'Why didn't you use your children?', questions were phrased 'Between children and Chinese staff/interpreters, which one do you prefer? And why?'

Data collection: Focus group interviews

Focus group discussion involves several participants, and cannot ensure that other participants will keep answers strictly confidential. Therefore complete confidentiality of participants' statements in focus group interviews could not be guaranteed. Focus group interview participants were informed about this, and were told to respect the privacy of everyone in the group. When carrying out focus group interviews, sensitive questions were avoided. For example, family care in each participant's family could be sensitive as it concerns the person's private life, and one may not want to expose it in public. Therefore, questions regarding family care were asked in a general way, such as 'What should family care be like?' or 'What are the roles of family care do you think compared to health and social care from public sector?' Krueger (1994) grouped participants who may challenge group dynamics into four categories: experts, dominant talkers, shy participants, and

ramblers. Following the suggestions of Krueger (1994), before the start of each interview it was emphasized that 'there is no right or wrong answers', and that every participant is an expert in this topic, and this helped to create an open atmosphere. To encourage all participants to contribute to the discussion, other questioning techniques were also involved, such as shifting the attention from the dominant talkers or ramblers by asking for comments from other participants, asking questions directly to shy and quiet participants, and asking 'dittoing' participants to answer questions first.

Data collection: Dealing with emotions

Participants may recall certain experiences during interviews and become unexpectedly emotional (Hennink et al., 2011, p. 75). The researcher prepared a plan for such situations. If a participant was upset, the researcher planned to stop the interview, and gave the participant a chance to decide whether or not he/she wanted to stop completely, re-schedule the interview, or carry on. The participants were reminded that they could withdraw from the research at any time, and it is up to them whether to stop the interview or carry on. Also, the researcher provided participants with contact details of a manager in organization A/B (the two largest Chinese community organisations in the north east of England), or staff contact details from the Age UK in Newcastle. Any upset participant could then choose to talk to someone and get support. The individual's referred to above would have been contacted by the researcher before implementation of interviews, and confirmed that they were willing to provide support. If the participant required an interpreter they could have contacted Age UK, or asked the researcher for their assistance. No participant became emotional and therefore these actions were not performed.

Data storage

Information from participants was treated as confidential. Their names were anonymized and were replaced with numbers, such as 'Participant 34', in the report. Digital research data was encrypted using software *Rising* to prevent unauthorised access. Computers that store data were locked with passwords and firewall systems. Physical data was kept in a cabinet to which only the researcher had the key.

Dissemination

Participants were anonymized in the thesis and presentations. Other information or quotes from participants have been examined so that they could not be identified. During the fieldwork, it was found that the Chinese community in Newcastle, despite consisting of more than 6000 people, is quite small. Anonymity is not enough to protect participants' confidentiality. Some participants could be easily recognized by information which seems harmless when published in a large community. Therefore in this report potential

personally identifiable information, such as specific job title, education or country of origin, is not presented to protect participants' confidentiality.

4.5 Personal positioning

I am a Chinese person from China, and therefore have the same ethnic background as my participants. I speak Mandarin, Cantonese, and English, and can perform interviews with participants in these three languages without interpreters. Being a trilingual interviewer, I did not have to hire interpreters or wait for translation during interviews, which saved considerable time and money for the research. Understanding Chinese culture also allowed me to capture and understand participants' experiences and the complex dynamics of the participant's involvement (Guba and Lincoln, 1994). Other potential advantages of being a researcher with the same race include: easy access to participants and ease to gain trust and rapport (Anderson, 1993; Ochieng, 2010).

The ethnicity of the researcher could also bring other differences to the research, including within the research design and research results. Anderson (1993) suggested that minority researchers may generate questions that are different from those asked by majority group researchers, but it is not clear how it is different and whether this difference is good or not. There are ethnicity-of-interviewers effects in that participants tend to report more ethnic behaviours to interviewers from the same ethnic background, though the existence of these effects is complex influenced by both the ethnicity of population and the relevance of interview topics to the ethnicity (Reese *et al*., 1986).

The ethnicity of researcher, however, may have a negative and unintended impact on data collection. The most serious being misdirection, as the race of the interviewer and the nature of particular race-related topics may have emotional meanings in the interview (Gunaratnam, 2003). Other potential negative impacts include concerns from participants about issues concerning confidentiality, explanations from participants that are not detailed due to assumptions that there is shared knowledge, and the researcher making similar assumptions (Bhopal, 2010; Song and Parker, 1995). For example, in this research, a participant stated that his religion is Taoism. One might therefore assume that he believed in the philosophy of Taoism – the school of naturalists. However, it turned out that the participant was not a naturalist, he only used the Taoism book 'I-Ching' as guidance for divination. As I was aware of the possible effects brought by the ethnicity of interviewer, I paid more attention to data analysis principles, particularly to not to over-interpret.

4.6 Software

QSR NVivo 10 (QSR International, 2002) was used to store and organise data, and to assist data analysis. There are controversies over the use of CAQDAS (Computer assisted qualitative data analysis software). Some criticise it may result in software manipulation, and some are concerned that researchers may hold on to the software as a lifeline (Corbin and Strauss, 2008; Jones, 2007). In this research, this situation was avoided as the researcher was fully aware that CAQDAS is supportive to the analytic process and does not have the capability to do the thinking or data analysis on behalf of the researcher. It is the user who analyses the data, and software only assists this process.

The most important strength of using software alongside traditional data analysis is efficiency. CAQDAS enables researchers to carry out sorting procedures on large volumes of electronic data in a remarkably shorter time (Blocker and Hannaford, 1974). Though no certain number of interviews is required to reach saturation in grounded theory, 30-50 interviews are suggested or expected (Morse, 1994). Otherwise, researchers might find it difficult to develop theory. In grounded theory, it is also necessary to carry out microanalysis, sometimes known as line-by-line analysis (Strauss and Corbin, 1998). Large numbers of interviews bring a mass of data and microanalysis requires the researcher to look into data in great detail, which requires tremendous effort. CAQDAS is therefore especially helpful for grounded theory researchers to handle data, and speeds up the data analysis process. Use of CAQDAS also enhances quality, rigor, and trustworthiness of research by enabling researchers to retrace and examine analytic steps (Welsh, 2002). It motivates creativity as building relationships or axial views is easier (Corbin and Strauss, 2008). It brings rigor to data analysis as it can count the number of times that things occur and search for negative instances (Blocker and Hannaford, 1974). CAQDAS also benefits research validity in another way — by providing transparency of the analytic process. Previous grounded theorist researchers (Bringer, Johnston, and Brackenridge, 2004; Hutchison, Johnston, and Breckon, 2010; Johnston, 2006) have concluded that CAQDAS, such as Nvivo, allowed them to manage qualitative data in a transparent manner, as CAQDAS ultimately represents a complete record of the evolving grounded theory research process. Moreover, CAQDAS offers greater confidentiality. With CAQDAS, researchers do not need to print out the data as they do in traditional methods, and data will only available via a computer.

There are three main products of CAQDAS: ATLAS/ti, MAXQDA, and NVivo (Blocker and Hannaford, 1974). NVivo was chosen to facilitate data management. Anselm Strauss tried various CAQDAS, and found ATLAS/ti and NVivo especially good (Corbin and Strauss,

2008). NVivo is also recommended for grounded theory study because the design of NVivo was strongly influenced by grounded theory (Gibbs, 2002). Lastly, only NVivo is provided by the university.

There were 4 focus group interviews and 33 individual interviews with 58 participants in this study, and many of the interviews lasted over one hour, creating a large quantity of data. Nvivo was used to help manage the research data, and to facilitate data analysis, such as coding and drawing models. Thus, Nvivo was chosen to assist with data and code management. Within the first transcript, a traditional way of coding, colouring corresponding transcript on a hard copy, was performed to compare the differences. However, the number of colours was not enough for the codes generated as open coding was suggested (Strauss and Corbin, 1998) and an open mind was required. The colouring coding method therefore was not appropriate for conducting open coding, and was not used in this research.

New benefits and potential risks in using Nvivo were discovered in this research. In grounded theory, constant comparison is the basic data analysis method, and this requires frequent checks with previous codes and texts, and results in restructuring codes and building new links between codes and texts (Charmaz and Belgrave, 2003; Corbin and Strauss, 2008). With Nvivo, the researcher could easily make those changes whilst also keeping codes organised. Using Nvivo may be an efficient way to manage data and assist data analysis, but it may also have negative impacts on data analysis by allowing researchers to generate massive codes. When this happens, researchers should refine the categories and examine memos, as many ideas about the concepts and connections at the early stage may turn out to be redundant.

4.7 Translation

4.71 Translation of Informed Consent Form and Translational Validity

Informed consent forms, including invitation letters, information sheets and consent forms, were available in three versions: English, simplified Chinese, traditional Chinese. Simplified Chinese and traditional Chinese are two writing forms, in which the word characters are the same. Simplified Chinese is a simpler version of Traditional Chinese，with a reduction of the number of strokes per character (InterWorld Translations, 2006). The Simplified version is the standard writing form employed in mainland China and the Traditional form is mainly used in Taiwan and Hong Kong. Traditional Chinese and

simplified Chinese are best described as two different fonts. They are only different in writing style or character shape, and have no grammar or semantic difference.

As stated above, there is no grammar or semantic difference between traditional and simplified Chinese. Therefore there is no need to translate simplified Chinese into traditional Chinese. The only translation is between English and Chinese. The original informed consent form that was examined by School of HCES Ethics Subcommittee was written in English, and then translated into Chinese. To ensure semantic equivalence between the English version and the Chinese version, a back-translation procedure (Brislin, 1970; World Health Organisation, 2012b) was employed.

First, the English informed consent form was translated into Chinese by a person who speaks and writes both Chinese and English fluently, and has previous experience as a translator and interpreter. Following this, the translated Chinese version of the invitation letter and consent form, which was about 40% of the total translated documents, was back translated into English by an independent translator. The independent translator was a postgraduate student from mainland China who has translation experience in organisations and was unfamiliar with informed consent forms. The original and back-translated versions were examined by myself and my supervisor. In the two versions the wording is slightly different, but the meanings are the same.

4.72 Translation of interview questions

Interview questions were first designed in English and approved by the ethics committee. The questions were then translated into Chinese. However, though the translation was accurate, as family member participants and organisation managers understood them correctly and without difficulty, many older Chinese immigrant participants found some questions not easy to understand. Therefore, second-time ‘translation’ was undertaken: translate the Chinese version of the interview questions into a plainer language which older Chinese immigrants can easily understand. For example, some questions were focused on support from the Chinese community. In the Chinese language, community is 社区 (she qu). Many older Chinese participants have difficulties in understanding the notion of ‘community’. The word might be academic or formal for older Chinese. So 社区 (community) was changed into a simpler word: 团体 (groups). Older Chinese participants did not have a problem with this word.

4.73 Translation of data

Corbin and Strauss (2008, p. 320) suggest to only do minimal translation during the data analysis process, because there are considerable difficulties with capturing the nuance of meaning in translation. Not only might meanings be thus lost in translation, valuable time would also be lost in trying to translate all research materials. They suggest that for presentations and publications, key passages and codes could be translated, so that English-speaking audiences could have insight into the interviewees' dialogue and thought, and also the coding process.

There was no translation of interview transcriptions during the data analysis process. All the data collected, including verbatim transcription, interview notes, and field notes, were analysed and coded in their original interview language, usually Chinese. Only three interviews in English were coded under Chinese codes to make it possible to relate and integrate them with other codes and categories. Data, including codes, themes, and quotes, were only translated into English when reporting the findings.

The principles of translation in this research were: accuracy and understandablility. To achieve accuracy and understandability, this research employed a combination of translation techniques: literal translation and free translation. The strategy was to use literal translation if possible, but more often to use free translation or a combination of literal and free translation. The researcher had to deal with three main problems during the translation process: gaining conceptual equivalence, making texts understandable and comparability of grammatical forms (Birbili, 2000). Of these three problems, the last is less important. Picking up the full implications that a term carries and conveying the cultural connotations to audiences without misunderstanding appears to be essential in translation (Birbili, 2000).

Literal translation can do more justice to the texts needing to be translated and 'make one's reader understand the foreign mentality better' (Honig, 1997, p. 17). However, it may reduce readability. Free translation can involve misinterpreting the meaning and losing the information (Birbili, 2000). To ensure translation quality, a combination of techniques, including back translation, consultation and collaboration with other people, and pre-testing or piloting interviews has been employed. Using a combination of various techniques has been recommended for researchers. It is the 'best and most efficient way' to deal with translation problems (Birbili, 2000), because the weakness of one method could be offset by the strengths of the other (Birislin, Lonner, and Thorndike, 1973, p. 51).

4.8 Data analysis process

All collected data were transcribed and coded following a grounded theory approach. Coding in grounded theory was defined as 'naming segments of data with a label that simultaneous categorizes, summarises and accounts for each piece of data' (Chamaz, 2006, p.43). In this research, coding was performed in a three-stage approach suggested by Strauss and Corbin (2008, pp. 159,195; 1998, pp. 101,123,143):

- Open coding: to break data apart and delineate concepts - the words standing for ideas contained in data, and meanwhile to qualify properties and dimensions of concepts.
- Axial coding: to crosscut or relate categories - higher-level concepts containing lower-level concepts with shared properties, to each other.
- Selective coding: to integrate and refine the theory.

Below is an example of open coding. It features a section of text from an interview with participant 35 talking about his expectations for the future.

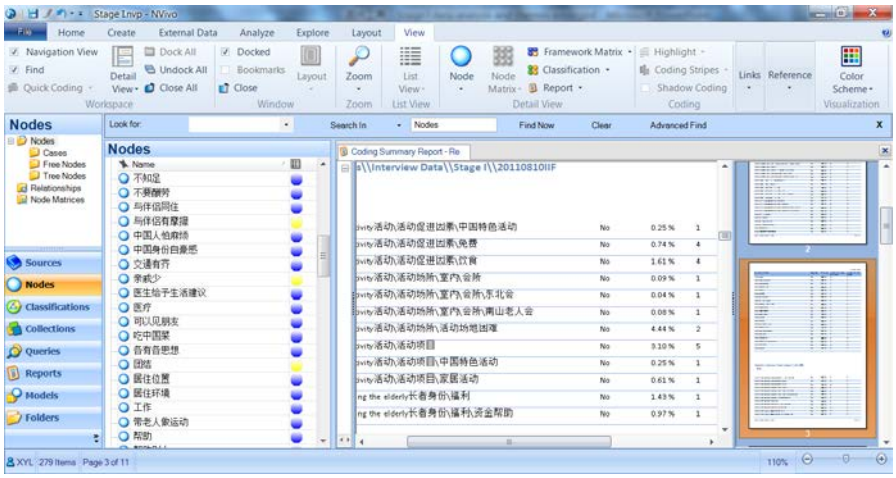
Figure 4.2 Example of open coding

I What about children, do you want to live with children, or on your own?	
R I think we would live separately, when I am 70. As children would have their own families, so it would be better live separately. The best plan would be: his house is here, and my house is next to it. When I am 70-80. The young don't want live with older people. You should understand them. If they get married, the couple, would have their own life. We, old couple, two old guys…	Give up traditional living arrangement Hope to live close with children; Seek balance between traditional and modern living arrangements Compromise to and understand modern living style Independence
I So you want an independent life, but meanwhile live close to your children	
R Yes, so I could be taken care of	
I What care?	
R If I'm old, over 70. Then I think I would need they take more care of me, not I take care of them. Now I could take care of them, depends on my health. If over 75, anything happens to my body, I could make a phone call, then the children could come, right?	Need care from children Need care when get ill
I What's your expectation for the future?	
R Hopes my children will be good, have a good job. I don't have any special expectation. I have enough money, no need	Care deeply about children Satisfied with current life
I So you think the welfare is enough?	
R The welfare is ok, enough. If the government give more, then it will be poor. Poor government is not good for the country. I think the welfare provided by British government is reasonable. Don't need to give all of it, give more will make the government out of money.	Satisfied with welfare Would like to save money for government; sense of citizenship

Nvivo software was employed to keep participants' own words. Coding was also informed by the research questions and initial review. As shown in Figure 4.3 (see next page), codes generated from interview transcripts were stored and grouped in Nvivo. Close attention was paid to constant comparisons. Memos were used to record analytical

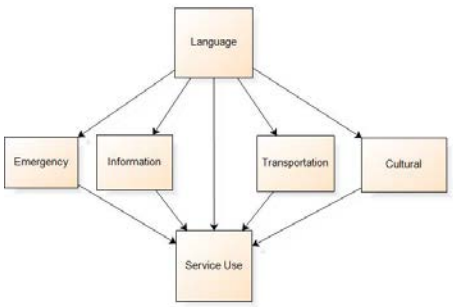
insights such as the interpretation of the transcript, new ideas concerning data, merging of codes into categories, interconnection between codes, and formation of the structure of the theory. Writing memos on codes helps to clarify research subjects (Chamaz, 2006) and open data exploration (Corbin and Strauss, 2008). Diagrams were also used to organise and present data in a systematic and concise way.

Figure 4.3 Codes in Nvivo



Further analysis was more focused on axial coding, that being building links between categories and developing overarching themes. Miles and Huberman (1994) also suggested that one of the tactics for the development of themes was to explore connections between categories. Meanwhile, storyline techniques were employed, which could help with data integration (Corbin and Strauss, 2008) and explain dimensions and conditions of categories (Scott and Howell, 2008). The findings chapter starts with stories of three participants, which were presented to give insight to the life of older Chinese, and were added into the storyline during data analysis. Many codes were created in the beginning of the data analysis. To link the codes, many models were built. Figure 4.4 below shows the model of having language as the main element that links all other categories, and a diagram was drawn to help build that model.

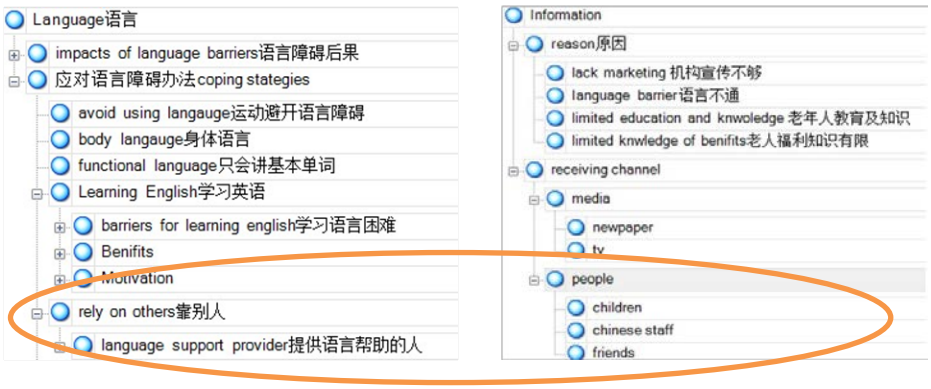
Figure 4.4 Model in test



Under each category, the cause, impacts, and coping strategies were listed. Later, it was found that coping strategies for the difficulties were frequently related to seeking help from other people (see Figure 4.5 in next page). Seeking help from those people seems to be the most important and efficient solution for older Chinese when they have difficulties in

accessing services. These people tend to have similarities in characteristics and functions. Thus the concept related to those people emerged, and concepts related to their roles and functions were reorganised to add in the new category. Theoretical sampling was used to enrich the concept. It was found that beyond essential support, such as linguistic and informational support, those key support providers also provided additional support that may not be indispensable in accessing services but could increase satisfaction of service use, such as advocacy and companionship. Therefore, the need for more support by older Chinese was discovered by exploring the concept related to key support providers.

Figure 4.5 Example of choosing a core category



Following this, the concept related to key support providers was chosen as a core category according to the criteria suggested by Corbin and Strauss (2008): 1) abstract (all other major categories can be related to it); 2) appear frequently in the data; 3) logical and consistent in the data; 4) in depth and exploratory power, as each of the other categories is related to it through statements of relationship. As mentioned above, key support providers relate to all the major difficulties that older Chinese encountered in accessing services. Also during the interviews, older Chinese participants frequently talked about how they get help or seek help from those people. Many positive or negative service use experiences tend to be caused by having or lacking key support providers. Then, by examining the steps that older Chinese take to approach services (awareness of available services, applying for services/contacting service providers for appointments, using services, getting feedback/results), it was found that all the steps also involved key support providers. As this concept meets the criteria, the concept involved with key support providers was chosen as the core category. When the core category emerged, data was examined to look for more variations that might be associated with key support providers. Participants were also contacted to verify the themes and to ask for their comments. This process helped to correct misunderstandings and misinterpretations that may have occurred during the interviews and data analysis. After all, theory is constructed from the data and should represent social reality as perceived by participants (Bluff, 2005). Glaser's (1998) 18 coding families also helped to explore the emerging concept, by

pointing out potential areas that could be investigated, such as causes, consequences, types, strategies and process. These coding families inspired the data investigation, and deepened the findings.

As mentioned in section 3.4, Strauss and Corbin (1998) believed that researchers could review literature during data analysis, and examine existing categories when a pertinent category emerged from empirical data. Therefore, relevant literature was examined to compare the categories emerging from this research. One of the properties of key support providers, 'No debt of gratitude', was replaced with 'No social debt', after comparison with the literature, as the latter better includes the meaning of the property and is more concise.

The final process was integrating and refining the theory. The typology of key support providers was formed. According to Bailey (1994), a well-constructed typology can be very effective in transforming the complexity of diverse cases into well-ordered sets of a few rather homogeneous types. Within the key support providers group, people share some common characteristics, but also have different characteristics. Therefore, key support providers were grouped into 4 types, and the interactions between older Chinese and each type of key support providers were depicted. Strategies and choices in using each type of key support providers were also added as a part of the theory.

4.9 Strategies used to ensure trustworthiness

Several strategies were employed to ensure trustworthiness of this research. Criteria are informed by Guba's (1981) model of trustworthiness, which is based on four main aspects: credibility, transferability, dependability, and confirmability.

Credibility in qualitative research deals with 'How congruent are the findings with reality?' (Merriam, 1998). Strategies that were used to enhance credibility include: prolonged engagement in the field, triangulation, tactics to help ensure honesty in informants, peer scrutiny of the research project, and verification of the investigator's emerging theories (Sheldon and Rasul, 2006; Stanley, 2009). In this study, data collection continued for approximately one and a half years. During the period, luncheon clubs attended by older Chinese were visited on many occasions. After several visits, familiarity was built up with the older Chinese present, creating trust and rapport, and meaning that visitors did not see me as stranger anymore. To triangulate the data, different data collection methods were employed, including individual interviews, and focus group interview. This research was able to include a relatively wide range of informants, including older Chinese, their family members, staff from the Chinese community, and friends of older Chinese. Individual perceptions and behaviours were verified, and a rich picture of attitudes, needs and behaviour were constructed. To ensure the honesty of participants, every participant

was informed of the issue of confidentiality, their right to withdraw without being judged, and there being no right or wrong answers to the questions. Peer examination was also used to ensure credibility. This involved discussion with supervisors, as well as colleagues, and presentations of initial findings at conferences. Verification of the theory was carried out with participants after the core category had emerged.

Transferability in qualitative research refers to the fact that the investigator has the responsibility to provide sufficient contextual information and descriptive data to enable the reader to make such a transfer (Firestone, 1993; Lincoln and Guba, 1985). In this study, a thorough description of sampling, recruitment, data collection methods, and data analysis, is presented so that reader can make a comparison with their own context and develop the transferability of the study.

Dependability has been suggested to be closely tied to credibility (Lincoln and Guba, 1985). Dense description of methods and process of study should be provided, so that future researchers can replicate the work. This chapter provides full details of the research design, the rationale for the design, and the implementation, including challenges encountered. This report also contains a reflective appraisal of the project by evaluating the effectiveness of the process, and this could benefit future work.

The concept of confirmability in qualitative research is the equivalent of positivists' concern to objectivity. Here, steps must be taken to ensure the work's findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of researchers. Detailed methodological description, audit trail and diagrams, could help to establish confirmability. Reflexivity, defined as 'self-examination', could also be used to make the researcher aware of their influence on data (DePoy, Gitlin, and Gitlin, 1998, p. 230). Mason (2002, p. 5) gave a detailed description of this as 'thinking critically about what you are doing and why, confronting and often challenging your own assumptions, and recognizing the extent to which your thought, actions and decisions shape how you research and what you see'.

Chapter summary

To be consistent with the adopted methodology, grounded theory, the research was designed to start with an open and exploratory study to capture the complexity of the research context. The study used qualitative methods of focus groups, individual interviews and repeated interviews within the data collection. The research was performed in two phases: the first for exploratory analysis, and the second for in-depth understanding. Following a discussion of the design of each research procedure, there are detailed

descriptions of the practical conduction of the research. The research data collected were electronically recorded, transcribed, and analysed in the original language. Techniques associated with grounded theory, such as theoretical sampling, constant comparison and line-by-line analysis, were used to ensure that the theories emerged are grounded in the data. Data collection and data analysis were intertwined in this grounded theory study to ensure that the empirical data guided the theory development.

Chapter 5: Findings

This chapter gives an introduction to the life course of the research participants, followed by three case studies to illustrate the themes presented. The chapter then reviews migration history and its impacts on the later life of older Chinese immigrants, particularly within family relationships and the access to service provision. Transitions in the ageing process, the challenges emerged from it, gaps in service use and relevant coping strategies are fully described.

5.1 Brief introduction of participants life trajectory

The majority of the older Chinese immigrants in this research were from Hong Kong and came to the UK in the 1950s and 1960s, with only one exception who came from mainland China in the 1980s. With a low level of education and a self-supported low level of English proficiency, these Hong Kong people came to the UK in pursuit of work opportunities, and primarily moved into catering industries. Many of them had to leave their children in Hong Kong for several years before they could reunite with their family. Working in Chinese restaurants or takeaways did not require them to use English during their long working hours, and consequently their acquisition of this language was impeded. They lacked motivation and time to learn English, to socialize with local British people, or to engage in leisure activities. These factors shaped their early year experiences and could still be seen in later life. When they aged, they continued to have a low level of English proficiency, and experienced difficulties in communicating with people or participating in activities outside of the Chinese community.

As these Chinese immigrants grew older, there was an increasing need for the use of health care services and certain social care services due declining physical functions, changed financial status and, on some occasion, declining family care caused by changes in their living arrangements. However, these Chinese immigrants reported that they faced difficulties in accessing and using public services. Meanwhile, they had more spare time but only limited leisure and social activities were available for them. To cope with language barriers, Chinese older immigrants developed several strategies and relied on other Chinese people to support them when there was a necessity to speak English. The group of people that older Chinese sought help from had unique characteristics, which will be described in detail in the following chapter.

For leisure activities, Chinese older immigrants do not have specific personal interests due to the busy work of their early years. They were also confined to non-English leisure activities because of language barriers. However, there are not many non-English or Chinese culture-sensitive leisure activities provided for older people in Newcastle. There are two weekly luncheon clubs which the participants stated were inadequate. The casino was popular among Chinese older immigrants, and many went there on a daily basis to spend most of their time.

Regarding social activities, Chinese older immigrants often experience physical and social isolation, which can lead to loneliness. As stated in the literature review, the Chinese group in the UK is the most dispersed group with the least visible residential concentration, and this is also the case for the Chinese community in Newcastle. To avoid business competition, Chinese immigrants working in the catering industry tended to live some distance away from other Chinese families. Hence they cannot meet Chinese friends easily. Also, as a result of the language barrier, they cannot communicate with people living nearby.

With different levels of dependency, Chinese older immigrants face more challenges when they move into sheltered housing or care homes, as they both need to communicate with staff and are less able to keep contact with the Chinese community. Compared with those living at home, they have more communication difficulties and lose more leisure and social activities. A special case is Chinese sheltered housing, which is designed for older Chinese immigrants and has a Chinese house manager. It eliminates the language barrier between Chinese residents and staff, provides language and information help, and enables companionship by keeping a group of older Chinese immigrants living together.

Furthermore, Chinese older immigrants may also experience changes in the parent-children relationship. Immigration processes and working in the catering industry had a negative impact on communication between Chinese older immigrants and their children. On the one hand, the children, with better competence in the new society, gained more power in families compared with traditional Chinese family structure. On the other hand, their children provided special support, such as help with language and business. This support also brings more communication and interaction between children and parents. The stories of three Chinese older immigrant participants with different levels of dependency are presented below, to help readers gain some sense about how older Chinese immigrants from this research experience ageing in relation to service use and service needs.

Story of Pak

Ms Pak is 86 years old and lives by herself. She came to the UK with her husband in 1966. They had three children when they came to the UK, but could only bring one with them. The other two children were left in Hong Kong for about 5 years before they came to the UK. Similar to most of the Chinese at the time, Ms Pak and her husband worked in a Chinese takeaway. They needed to prepare food for the takeaway before opening the business. Though takeaways opened at 6 pm and closed at 12 pm midnight, they had to get up at 11am, or sometimes 8 am. As she was working for such a long time each day she did not have time to communicate with local British people. She was not interested in learning English as well, because she did not need to use much English. Now, as an old woman, she thinks it is too late to learn English.

Ms Pak does not know much English. Her son, who lives in another part of the city, does most of her translation for her. Her son visits her every week to translate the letters that she has received. When she needs to see a doctor, her son would book appointments, accompany her to the clinic, and translate for her and the doctors. However, she tries to seek help from others when she wants to apply for social care. She thinks her son has work to do and would not have time for it.

Ms Pak keeps a structured life. After breakfast, she goes out to play on the slot machines, and then she goes to the casino in Chinatown to meet friends. Ms Pak does not gamble but only chats with her friends in the casino. After winning games, her friends would share the prize with her (vouchers for a free drum stick rice meal. She uses the voucher for lunch. Ms Pak leaves the casino between 2 to 3 pm to return home and watch Chinese TV episodes (most Chinese older immigrants have satellite TV receivers at home to receive channels from Hong Kong. The episodes can be viewed at London time 2 to 3 pm). When the TV episodes finish, it is time to cook for dinner. Ms Pak also attends luncheon club every Tuesday. She cannot go to the Thursday luncheon club because it is not close to bus station.

Ms Pak uses her own money to hire a Chinese cleaner. She thinks if she uses benefits from the government for housework, the cleaner would be an English-speaking person sent by the government. She would rather pay it herself, so that she can have someone who can understand her and chat with her. Ms Pak does not have plans for the future. She thinks her son will arrange anything for her if necessary.

Story of Wan

Ms Wan is 75 years old. She came with her husband to the UK, and worked in a Chinese restaurant. Now she lives in sheltered housing. Her communication with the house manager is limited to simple words, such as hello and thank you. When she needs help and needs to express more complex issues, she has to use body language. Because of the language barriers, she can neither talk nor chat with other residents living in the building. As she has no children, she relies on her friend from a Chinese organisation to help her with booking doctor appointments and translating letters. When there have been medical emergencies, she has pulled a red string for help. When she used this service, she could not speak English, and the paramedics could not understand her. They could only send her to hospital. Sometimes they had interpreters in hospital. There was a Chinese staff member who introduced her to this sheltered housing organisation, helped her with the application and comes to visit her. When the Chinese staff member was not available, Ms Wan indicated that she was helpless and isolated.

Ms Wan's daily activities include walking in the morning, and sometimes going to casinos or playing slot machines in the afternoon. She thinks entertainments are essential to her life and emotions. Otherwise, she is worried that she might go crazy if she is forced to stay in her room. Ms Wan has not been to the Chinese luncheon clubs for two years. Having diabetes and foot pain, Ms Wan feels that meals in the luncheon club are not suitable for her, and she does not want to bear the pain resulting from going there.

Though she has problems with using services and socializing, Ms Wan gave positive answers to general questions such as 'How do you think about your life now?' She thinks that the UK government provides good welfare, which is much better than that in Hong Kong, and that the house manager treats her well. The only unsatisfactory thing is that she cannot speak English or communicate with others. Talking about the future, Ms Wan worries about going to a care home, and she thinks that it will be horrible and miserable.

Story of Siu

Ms Siu's immigration history is similar to others. She came with her family to the UK and worked in a Chinese takeaway owned by her husband. Her job was to mash potatoes and make chips. Their business was very successful and she had to work hard. She thinks that her life after retirement is enjoyable as she can finally stop doing heavy work. She likes living in the UK because it has lovely weather, though she misses the food in Hong Kong which is fresher and of wider variety. She used to attend luncheon clubs and go to casinos every day. Now she is living in a care home and cannot go anywhere else. Her family come to see her every week, and her friends visit her occasionally.

Ms Siu always had Chinese food when she was living at home. She complained that the food in the care home was all British. The care home staff made an effort and cooked rice for her, but she indicated that the rice was not cooked properly. Consequently Ms Siu had diarrhoea for three days after eating it. After that, Ms Siu had to continue to have the British food. Her children brought her Chinese food every week during their visits. Language barriers are a big problem for Ms Siu. She has no-one to talk or chat to throughout the day. She also cannot communicate with the staff working in the care home. Most of the time, she had to wait for her children to explain her needs to the staff. There are not many entertainments for her to take part in. She watches TV, but she cannot understand the programmes as she does not know much English. She cannot read newspapers or magazines, including the Chinese one, because she is illiterate. What she does every day is exercise — walking in the corridors with the help of a walking frame. Her health is improving, as she can sometimes walk without the walking frame. She hopes that she will be able to move back and live with her son.

These stories illustrate several points: early immigration experiences have a continuing influence on well-being in later life; older Chinese have limited activities and live their daily life in such a way that seldom requires the use of English; many older Chinese have to rely heavily on others to deal with difficulties when accessing mainstream services; even with help from others, many older Chinese face difficulties in accessing services, and they have difficulties in interacting with others when they move into sheltered accommodation or residential care homes. Further details are presented in following sections.

5.2 Migration history

5.21 Reasons for migration and its impact on perceptions of services

Most of the Chinese older immigrant participants in this research came from New Territory, a rural area in Hong Kong. They were farmers with a low level of education and low socioeconomic status. The poor financial conditions made their lives difficult. Their low level of education restrained their opportunity to improve their life by changing jobs. Also, they could not afford education for their children, which had the potential for their children to replicate the poor socioeconomic conditions of their parents. These people were allowed to work in the UK, which provided a new working environment and opportunities for them to change their lives. They sought better jobs to attain a better economic status. When they came to the UK they worked in catering industries. This was one motivating factor for their migration to the UK. Other factors were to experience life in another society

and, for many female Chinese immigrants, to join their families, as illustrated by these examples:

> *"We lived in a village, doing farm work, and were poor. We couldn't feed the family, so we came to the UK." Participants 34, OC*

> *"My family's financial circumstances were not good; therefore I was not able to receive education… I was from New Territory, and my only chance is to come to the UK… No opportunities, no proper employment. I was not able to do business. My education was poor, and I didn't have funding. Most likely to still be a farmer, doing farm work." Participant 31, OC*

> *"It was so hard at the time; [we] even couldn't find food… miserable." Participant 46, OC*

> *"Chinese people have worked very hard here, so that children could have a better career." Participant 33, OC*

Migration and life in the country of origin were found to influence Chinese older immigrants' perceptions of life and services in the UK. The influences are:

1) Consider the life that they may have lived if they stayed in the country of origin and compare this with their life in the UK;

2) Use the social system in the country of origin as a benchmark against which health and social services in the UK can be judged.

When describing and judging their ageing experiences in the UK, Chinese older immigrants tended to compare their possible life in Hong Kong with their life in the UK. The extent to which they felt satisfaction in their later life in the UK was based on perceived differences between their life as a migrant and what they thought life would have been like if they had not moved to the UK. As mentioned above, they had low socioeconomic status in Hong Kong and had little opportunity to improve their situation. They assumed that if they stayed in Hong Kong they would have continued to be farmers and would have experienced even poorer financial status when their health and physical strength declined in later life. Therefore these Chinese older immigrants felt that they had improved their economic status by moving to the UK and were able to have a relatively better financial status in their later life. This personal achievement gave them satisfaction in later life For example, when participant 31 talked about later life in the UK, he did not directly answer the question, but reviewed his personal profile. Then he started to show his satisfaction towards life now by imagining life without immigration:

> *"We Chinese, basically came from Hong Kong, and did not have much education. Most of us were farmers in the village. Living here is already very happy… If I were in Hong Kong, I would not be able to afford my son to go to college…here, I don't need to pay for the tuition fees, the government pay for it…and even give stipends £1500 each year…this would not be possible if we stay in Hong Kong. Sometimes we say thank the Queen [laugh]." Participant 33, OC*

Chinese older immigrants' opinions on quality of services in the UK are also influenced by their views of public services and welfare in Hong Kong. They have knowledge of welfare in Hong Kong when they left the area. Though they stayed in the UK, they visited their home town occasionally and kept in contact with relatives and friends who live in Hong Kong. In this way they were able to maintain their knowledge of welfare and public services in today's Hong Kong. Their perceptions of services in the UK are based on a comparison of their counterparts' life experiences in Hong Kong. For participant 41, quality of life was directly linked with pension and social benefits that they received, and satisfaction with the amount of pension and benefit was based on a comparison with what occurs in Hong Kong:

> *Interviewer: "How do you think about the life now?"*
> *Participant 41: "Government gives me money, which is enough to buy food, to pay for rent, electricity bills, and phone bills."*
> *Interviewer: "You mean welfare is good?"*
> *Participant 41: "It is in the UK, of course it is good. It gives £100 or 200 [pension?] more than Hong Kong…and here, seeing a doctor is free."*

5.22 Working in the UK and the influence of occupation

Most of the Chinese older immigrant participants worked in catering industries, specifically Chinese restaurants and Chinese takeaways. This type of work has several characteristics: low requirements for English proficiency, long working hours, heavy workloads and late night working. Occupation shaped their lifestyle and behaviour at a younger age, and this consequently influenced their service use and service needs in their later life. First and most importantly, it influenced language proficiency. Working in Chinese restaurants meant they did not need high English skills, and long working hours limited opportunities for having social contact with local British people. These factors resulted in a lack of motivation to learn and improve English to a conversational level. Even when some Chinese had the motivation, because of long working hours they did not have adequate time to learn English, as illustrated by the following from participant 34:

> *"Work was so hard…I wanted to learn [English], but no time." Participant 34, OC*

As a result of insufficient motivation and insufficient time, most of these Chinese older immigrants have a low level of English proficiency even after 50 years of living in the UK. Language barriers were later found to have a negative impact on almost every aspect of their lives. Working in the catering industries also influenced their leisure activities. As they finished work at midnight when most shops had closed and only casinos were still open, Chinese immigrants working in catering industries only had a few choices and many chose to go to casinos for entertainment. They carried this habit into their later life. Moreover, their heavy workload had a negative impact on the parent-children relationship, which will be explained in detail in another chapter.

Many Chinese immigrants experienced racial discrimination in their early years in the UK, including verbal abuse, attacks, and non-payment of bills in restaurants. When they found some customers did not pay the bills, language barriers would make the situation worse. On one hand, they were not able to communicate with the customer, so they could not solve the problem by arguing. On the other hand, they found that the police were not able to help in such situations, as the police could not understand them and only listened to whom they could understand. Limited communication with the customers and a feeling of a lack of justice could easily lead to conflict.

> *"At that time, to be honest, we were always treated badly. There were racial discriminations. We had a restaurant. And four people came to have dinner. After finishing the dinner, three left. When we ask the last one to pay for the bills of four, [he said] "I do not know them"…police wouldn't help us, but help him. We do not know much English, and don't know how to explain." Participant 31, OC*

> *"They bullied us - had dinner but refused to pay…they kicked Chinese, hit Chinese on the street." Participant 38, OC*

Whilst those unpleasant experiences gave them a poor image of some British people, they did feel better when they aged and witnessed a decrease in racial discrimination. They are happy with current ethnic relations and now hold positive attitudes towards British people based on their comparison of present with previous experiences.

> *"The life in the early years was very different, now British people know more about Chinese." Participant 44, OC*

> *Participant 1: "Actually Westerners do not have racial discriminations. Every one of them is so kind."*
> *Participant 3 (agree with participant 1): "[Yeah] compared with the early years."*
> *Participant 2(agree with participant 2): "All [westerners] are good."*

5.3 Transitions in ageing process

Along with the ageing process, there are many transitions that older Chinese immigrants are aware of, and these are generally grouped into 5 areas: Physical Functions, Financial Status, Family Care, Formal Care and Daily Opportunities.

5.31 Declining physical function

The most recurrent issue that the participants discussed was the importance of health. The participants described their experience of deterioration in their health and they were concerned that their health would decline in the future. There were many comments on illness, such as *'When we were young, we didn't have pain in hands, knees, nothing like this. But older people are not like this, getting worse and worse' (Participant 14).* People also worried about their health declining in the future, as participant 13 said:

"Young people could have illness [without worrying]. Older people, are weak. When we get ill, with old age. Getting worse day by day. Qi and Blood are not that sufficient or active [concept from traditional medicine, refers to weakness and poor health]. Today get foot pain; tomorrow, hand pain; today, headache, worrying about the future…" Participant 13, OC

Participant 10 had concerns about family care. She was aware that her children would not be able to provide sufficient family care:

"I worry about getting unwell in future, worry that if I got some illness, like rheumatism, pains. And no one would take care of me. Children have grown up, they left home and need to work. Our older people, have no [care]." Participant 10, OC

Despite worrying about declining health, the participants generally had confidence in health care services in the UK, and this was largely due to the low upfront cost and considerate care. Comments from participant 28 covered the main points and were agreed by other participants from the same focus group:

"Here, people who are ill, do not need to go to take medicine, or make any payment after seeing the doctor. They would send someone to send it to your home [other participants showed agreement]. If one has any illness, they [providers] have the record for it. They would inform you, and contact you. Do not need ourselves [to remember with concern]. My wife needs to take many medicines every day, and they would send it to you on time. That is wherever we are, they care about you. Some people said, do your children care for you, take care of you? Here, it is the government [who care you]. If you have any problem, the hospital would send people to help you." Participant 28, OC

5.32 Financial status

Most of the older Chinese participants are retired, and do not have income other than a fixed pension. As their health declined, they do not feel they are able to work for additional income anymore. Therefore, they need to be careful with expenditure:

"I worried about the income. Actually [I have] no income, but only pensions from the government. This is 'check how much rice you have, and eat accordingly'. Use money exactly as much as the amount of money you have. Use £100 when it gives you £100. If it gives you £50, dreadful - £50 less." Participant 11, OC

Some participants mentioned that they live on a fixed pension and need to avoid expenditure other than essential living expenses, such as travelling. According to the participants, the pension was enough for food and accommodation, but not for other activities. Therefore, for those who do not have much savings, the way they live could be quite constrained. Participant 41 said that she no longer went back to Hong Kong, primarily due to financial constraints:

"I don't take plane any more, [air]sick. [It takes] thousands of pounds, for one travel. Where can I get that much money? No place to stay [in Hong Kong],

and no one knows me. Where to find the money? Two hundred pounds a week. How can I afford travelling by plane?" Participant 41, OC

Participant 11 complained about a lack of entertainment due to both financial constraints and declining health:

"It was happy to go travelling. But now it's different. Getting older. One is about money, can't go. Two is that the health is not that good, can't travel. Now it's terribly boring." Participant 11, OC

What comforted these older Chinese was the knowledge that their pensions were enough to support them and they could also get good social benefit. Participant 31 described his life: '*I'm living here and I feel enjoyable. One is that I'm living in the house provided by government, no rent. I don't need to pay council tax. All my income is my pension. I can maintain the life*.' Older Chinese participants mentioned the many benefits they received, such as a free TV license and free bus tickets. Aside from those benefits that were universally available through public sector funding, participant 29 added that there was welfare for older people from commercial industries:

"I will talk about other non-governmental welfare. Like train companies, older people could have a card, one third off. Besides this, if go for a movie or show, there are concession tickets, which are also very cheap. So there are many welfare not only from government, but also from commercial enterprises. The problem is whether you know how to get it or not." Participant 29, OC

5.33 Family and Living arrangements

Regarding family care, it was found that many older Chinese tried to attain a balance between traditional and new beliefs. As described in chapter 2, in Chinese culture children were expected to take filial responsibilities, one of which is living with and caring for their parents when they are in old age. However, the immigration process together with modern values has significantly changed this typical Chinese later life model, affecting the older generation's expectations of the younger generation in relation to family obligations. Changes in living arrangements is one of the most important results, as it affects various types of family care, such as household work, emergency help, companionship, and linguistic support. On one hand, Chinese immigrants in the UK still picture ideal later life in the traditional Chinese way, where ageing means time to devote to family life and be with children. As participant 42 put it: '*Personally, I would like to have the joy of family time. I am an ordinary person. I worked, and now it's the time to be with family*.' Participant 33 provided her definition of later-life which also stressed the importance of family. '*That is the later life: simple, ordinary, having a harmonious family, and having many visits and care from children'*.

On the other hand, Chinese immigrants have realised that it would be difficult and unrealistic to insist on having a typical Chinese later life in the UK and in modern society. There are three primary reasons for this. First, in a modern society, young people tend to be more independent and many leave homes and settle in other places rather than where their parents live. Second, in Western society, children aspire the live independent of their parents. This culture and social beliefs influence children who grow up and receive education in the UK. Older Chinese immigrants meanwhile become aware of the different cultural norms in the new country. Finally, in the UK there is better health and social care systems than China, therefore children can be released from the full responsibility of providing care for their parents. Participant 33 described how older Chinese immigrants gave up their traditional value of filial piety and changed their expectations to adapt to the social circumstances in the UK:

> *"But many [Chinese] older people, [their living arrangements] are not like our Chinese beliefs: four generations together. Not anymore. There used to be... You can't expect children to pay back to their parents. They can have a job and earn money by themselves [is good enough]. No such expectations. One is that the education [we received] is different. Another is that the UK's social welfare system is different [from that in China]. Dad and mom have got enough at such age, and don't need the children to support. The social welfare is good. I talked about the welfare before. There are so many types of welfare. And we don't need to worry." Participant 33, OC*

Participant 42 also believed that one should not stick to his traditional way of life but conform to local customs:

> *Participant 42: "Older people [here] are different from Chinese people. Older people [here] do not live with children, not like what is in China, like a family paradise. This depends on values, now I myself also accept that older people should not totally rely on young people…you can't live in the old Chinese way, three generations living together, it is not accepted in Western society."*
> *Interviewer: "You don't expect children to provide care?"*
> *Participant 42: "I do expect [care from children], but it's not realistic, we should be realistic."*

As a compromise, many described their ideal later life as living separately but close to their children. Participant 30 described this as:

> *"Most of us will be with children. Not saying that we must live with children, but you would want to live closely to your children. It's the human nature. I think Western people are thinking like this. You won't live with them, but live closely. So you can go visit them, see your grandchildren. This is the joy of family." Participant 30, OC*

5.331 Independence and freedom

The result of accepting some modern values is the increased importance attached to independence and freedom. Participant 10 stressed the importance of freedom:

> *"[I] don't want to be a burden for my children. Usually, because your children need to go to work, and won't be back till night. They are tired and need to*

sleep. The best would be a sheltered housing for Chinese, everyone lives together. If have any [emergency], pull the red string, someone would come for help. So when danger comes, just pull it, there would be someone to take you to see doctors. This would be the best, because firstly this would relieve the burden from children, secondly, everyone would need more freedom. People need freedom, which is the most important." Participant 10, OC

Other older people also appreciate the positive side of independence, and no longer think living with children is better. Participant 36 lives in Chinese sheltered housing and thinks living there is better for both generations:

"Young people have so many opinions. [When] they watch TV, you older people. He likes to watch that, and you want to watch that. And there were not many TVs. It is good, seeing each other occasionally, very happy. He possesses the TV and I can't watch it. [It was] my grandchildren [who take control of the TV]. I dare not switched it off. …now, everyone feels good." Participant 36, OC

With different beliefs towards family, older Chinese immigrants no longer adhere to traditional living arrangements. The relationship between Chinese parents and their children has also changed, which is a consequence of the immigration process.

5.332 Children and Parent-child relationship

Children play an important role in older Chinese immigrants' lives. Older Chinese immigrants find that the life of a childless Chinese is miserable. They are the main providers of care, including daily translation for their parents when they are available, emotional comfort, and other practical support. They are one of a few groups of people that older Chinese immigrants can talk to. The relationship between child and parent, and the child's availability for care, has a major impact on older Chinese immigrants' service use. The parent-child relationship in older Chinese immigrants' families is changing in three ways.

The first is 'distancing'. In previous sections, changes in living arrangements were highlighted. This resulted in geographical distancing between parents and children. The immigration process casts an emotional distancing effect on the parent-child relationship. It brings difficulties in communication between parents and children, which further widens the intergenerational gap. Three factors are related to this distancing effect: 1) Inadequate family time; 2) Cultural differences; 3) Language Barriers.

In the early years of immigration, many Chinese immigrants left their children in Hong Kong and came to the UK on their own. Some were parted from their children for years while others only had one or two children with them in the UK, as their heavy workload did not allow them to spend too much time taking care of the children. Many children were

therefore left in Hong Kong to be taken care of by their grandparents or other relatives. For those who brought children with them to the UK, or those whose children arrived later in the UK it was still a struggle to adjust to the new society due to work commitments. This placed constraints on the time that they could spend with their children. As the following quotations show, family separation and insufficient family time were found to be common among first generation Chinese immigrants:

> *"I came to the UK when I was 9 years old…my dad and mum came [to the UK] first, then me…dad and mum came to the UK about 7 or 8 years early than me." Participant 30, AC*

> *"My husband came [to the UK] first, 10 years [earlier than us]. Because my children were so small at the time, so I took care of my children on my own and brought them up. My parents-in-law were quite old, about their sixties or seventies at the time. I couldn't leave my children [to them]. So I stayed at home and brought children up. When I came [to the UK], my daughter was four years old. I couldn't leave her [in Hong Kong]. So [we] came. [Later] other older children came for schooling, so here they came…Only one child was with me [when I came to the UK]…others were taken care of by their grandparents in Hong Kong, in Sheung Shui area. I have an aunt living in Sheung Shui. She had a house. Children lived upstairs, adults lived downstairs." Participant 34, OC*

> *"Chinese people stayed in kitchen place at daytime, and for the night, just pillow — sleep, the business was very good at the time…we have little communication time with our children." Participant 33, OC*

Immigration also caused cultural differences between parents and children. Most of the Chinese immigrants' children were born or grew up in the UK. They received British education and were influenced by British culture. Older Chinese immigrants sometimes have misunderstandings and conflicts with their children due to differences in language and values. In hope of passing culture to the next generation, Chinese immigrants built Chinese schools and made sure that their children went to these schools. However, they do not feel their children know much about Chinese culture. Participants talked about the conflict that they experienced with their children, and how their expectations were not realised.

> *"Children are rebellious…they receive Western education here, and have lots of misunderstanding in communication, in language, with us." Participant 30, OC*

> *"At the time, we established a Chinese school. 1974. The school is still there, in operation…I want my children to know Chinese language…know Chinese disciplines." Participant 31, OC*

> *"My children attended Chinese school in 1970s, for 1 or 2 years, at first, they had a little bit interest …then, he said, 'I don't care [I'm not going].' So he doesn't know Chinese." Participant 32, OC*

Older Chinese immigrants may have language problems with their British-born children, which contributes to the distancing effect. People may assume that children who grow up in a bilingual environment will have bilingual skills. However, many children of Older Chinese immigrants, especially the young participants, reported that they have very limited knowledge of Chinese, and were unable to carry out translation tasks efficiently. There are potential communication difficulties between them and their parents. For example, one participant described his Chinese language level as that of a three or four year old Chinese. When he needs to say banana in Chinese, instead of 'hoeng ziu' he says 'ju ju'. He could only cope with basic conversation with his parents. However, they had problems in understanding complex issues.

> *"Because of my limited Cantonese, it's sometimes difficult to explain. He talks to another people, he may use pretty simple English, the sentence I use would be much longer. For me, would the same also in Cantonese. I will use my limited Cantonese to explain things. Maybe he wouldn't understand all of it. The same way he might not understand… so sometimes, when I can't communicate, it can be frustrating." Participant 53, AC*

Other factors that do not derive from the immigration process, and can be found in the general population, also influence and limit the communication between parents and children, such as generational gaps, children being busy with work, not living with children, and domestic issues.

> *"We don't have much to chat. It is all about past. You know, I and him [dad], not much…that is the last generation and this generation don't have [topics of conversation]." Participant 39, AC*

> *"My son was very busy…he hasn't come to visit for 4-5 weeks." Participant 50, OC*

The second way of changing is 'reversal'. Role reversal can be seen in the parent-child hierarchy. As the early immigrants had low levels of education and limited English proficiency, they were less competent in the new society. This incompetency impacts on their authority within the family. Participants indicated that they experienced a decrease in their authority. The children, on the other hand, are more likely to participate in education for a longer period of time and speak better English. They provide language support for their parents, and have their status elevated in the family. Traditionally in a Chinese family, children provide care but parents still have authority within the family. In the UK, because children were heavily relied on to provide additional language and information support, parents found their authority decreased. Therefore, role reversal in the parent-children relationship could be seen as a result of fulfilling the role of Bridge Person. Children have been relied on to deal with various arrangements. According to people's statements, children play a crucial role in business and their decision may influence their parents'

business. They also have power to make arrangements regarding selection of a care home for their parents.

> *"I deal with small things; big one, my children." Participant 35, OC*

> *"I ran business before retirement, but because my daughter and son-in-law moved to United States...I don't have choice but to give up my business…after they move out, I have nothing to rely on." Participant 31, OC*

> *"If I need to go to a care home, my son would arrange it for me." Participant 50, OC*

The third change is 'binding'. Support from children, including language, emotional, and instrumental support and, sometimes, business partnerships, increases the amount of interactions. In turn, this helps to bridge the gap between parent and children, and contributes to the binding of the parent-children relationship. Children were regarded as an important source of help. Participants stressed the importance of having children.

> *"So you should have some children when you are young,…otherwise, when you are old, no-one help or visit you." Participant 34, OC*

Important language support includes reading letters, making phone calls, interpreting when going to see a doctor, applying for benefits, helping to do business, and other issues that need communication in English.

> *"My English till now is still very poor. But it's not important now. My children already grow up. In my early age, it was very hard for me." Participant 35, OC*

Because of language barriers and culture differences, older Chinese immigrants in the UK do not have many friends. Nor do they have sufficient leisure activities. Their children are one of a few groups of people that they could talk to. Emotional support from children therefore has been extremely important for older Chinese immigrants. Also because of declining health and language problems, older Chinese immigrants feel safe when children are around. Emotional support could be companionship, visits and chat, having dinner together, and being with parents when they get ill.

> *"We would be very happy when they come back and have dinner with us." Participant 45, OC*

> *"You won't understand the misery, and the loneliness of older people. So young, you young people, listen more, and care about your parents." Participant 10, OC*

As many Chinese people work in the catering industry, some children and parents work together in family businesses, such as Chinese takeaways or Chinese restaurants.

> *"Some [children], cannot find a job working with local people, thus they work at their family's restaurant." Participant 30, OC*

This includes instrumental support like buying food, and help with transport. Transportation support has special significance for older Chinese immigrants. As they do not speak English, going to an unfamiliar place and taking public transportation is a great challenge for them. In such cases, they have to rely on transportation support from someone speaking the same language. It should be noted that receiving instrumental support is sometimes rather symbolic, and strongly connected with emotional support, for older Chinese. Many older Chinese appreciate the food and other goods given by children as it means they are caring for them, rather than simply relieving monetary pressures. For example, an old couple, when talking about their children, got very excited. They found the shoes their children bought for them and showed them to the researcher, saying that their children were not living with them, yet they cared about them and bought so many clothes, shoes and other things for them.

Though older Chinese can understand the situation, they accept physical or emotional distancing from their children passively. As shown above, older Chinese still have expectations towards living with and being supported by their children and family. The reliance on children and family is partly transferred to Chinese communities, where they seek family-like feeling and care to offset their family loss. People regard staff from Chinese organisations as friends, and referred to them, similar to their children, as 'one of us'. Participant 44 pointed out the Chinese community should be a big family:

> *"We left our home country and came here. Then everyone of us should be together, like a home, a big family. You come, I come, get together, if we want to talk, or have worries, or need helps." Participant 44, OC*

5.34 Shift in care pattern

Care is another important issue during the ageing process. Shift in care pattern was found to be more care from public sectors and less expectation of family care. Many participants agreed that for them ageing meant that they would have needs that could only be met by care services. This improvement in care was largely related to care from public sectors, such as social services designed for older people, social benefits for older people, priority seating, and concessions on tickets. For example, in a focus group discussion, participant 1's statement was agreed by the other participants*: 'Being an older person, the best part is medical care [that we are receiving]'.* In another focus group, another similar discussion occurred.

> *Participant 18: "Older people, in this country, have many priorities."*
> *Interviewer: "In which area?"*
> *Participants [answered together]: "Medical care."*
> *Participant 18: "If [older people] make a phone call to emergency department, he will let you in first."*

Compared with the many illustrations of improvement in care from public sector services, participants seldom mentioned improvement in family care for older people. Meanwhile, with the exception of emotional care, older Chinese immigrants did not expect care from their children. As discussed above, the typical Chinese way of spending later-life with family has changed when in the UK. Older Chinese immigrants have altered their beliefs towards the role of family in later life, as well as their expectations of family care. In Chinese culture, typical care from children included emotional care, instrumental support, financial support, and organising funerals for their parents. Now, older Chinese immigrants mostly expect emotional support and organisation of their funeral.

> *"I wouldn't dare think of care from children. Because they have a different life from us. We older people live at home, they come to stay for a while when they have time, and have dinner." Participant 45, OC*

> *"If I don't feel good and am sent to hospital, here I have someone I am most related to. They could come. If I pass away, he [my son] could deal with it." Participant 36, OC*

Instrumental and financial support is not essential anymore. Financial support is a part of Chinese culture as children are supposed to give money to their parents. In the UK some Chinese children still provide financial support to their parents, and others do not. Older Chinese immigrants show an understanding of this change, mainly because of social welfare providing additional financial resources.

> *"Chinese children of course need to show filial piety to their parents, if they have money, give some to their father and mother." Participant 32, OC*

> *"If children give us money, of course, it would be good. But we wouldn't mind if they don't…actually, brought up children, he has his own families. He needs to buy house, get married. You can't always take his [money]. This is reality. We older people, have some savings, so we slowly [use it]. And there is welfare from government, it's OK." Participant 12, OC*

5.35 Limited day opportunities and loneliness

Day opportunities include social and leisure activities which are deeply associated with emotional wellbeing. Older people have more spare time. Therefore when they could not find a way to spend time, such as participating activities or talking to friends and families, they could have a sense of loneliness. Declining in health combined with language barriers and a lack of leisure interests restrain their engagement in leisure, physical or social activities. There are other factors contributing to loneliness, including children's absence and individual personalities. As Chinese immigrants grow older, their children grow up and have to work, resulting in time away from their parents and increased loneliness in older Chinese. For example, participant 15 had a negative image of older

people, because they lacked opportunities for activities during the day: '*Older people, isn't that sitting here [sheltered housing] and have a chat? [We] have nothing to do'*.

Participant 10 indicated her concerns about declining physical functions in the future, and she anticipated this would cause her to feel lonely:

> *"When we can walk, we could come out and meet friends, which is ok. The worst would be having a mobility issue…friends could come to see you, but only for once or twice, can't be always. Right?...You won't know the pain - the loneliness of older people." Participant 10, OC*

Some participants linked family with emotional status, and one stated that living with children brought her happiness: *'My expectation is …children, and grandchildren, always be with me, and I [would feel] 'how jolly it is!"*. Another participant pointed out that living without children resulted in loneliness: *'Children have grown up. It's so lonely to stay at home by myself'*. This indicates a strong emotional reliance on children and, consequently, the importance of providing other forms of activities and support to relieve the negative feeling of living without children. It should be noted that living with children does not necessarily mean avoidance of loneliness. Children usually have to work during the day, and this means they cannot necessarily help their parents during the day. In field notes, it was recorded that an older Chinese participant used to live with her son, but felt bored and lonely when her son went to work.

By examining the characteristics of social events or social activities that older Chinese could attend to retain a social network, it was found that their choices were rather limited. First, there needs to be convenient transportation. Many older people would not like to walk for a long time, and prefer to go to somewhere close to public transport. Older Chinese immigrants also have prefer Chinatown, which they are familiar with, as it has Chinese shops and food materials they need. As participant 49 put it: '*Here is Chinatown, it easier, have convenient transportation. Otherwise, why so many Chinese want to live nearby Chinatown?'* Secondly, activities should be indoors. To be with friends, Chinese older immigrants need a venue to serve as a meeting point. Meeting friends not only gives older Chinese immigrants emotional comfort, but it is also an opportunity for them to exchange information, and seek language and other help. Weather in the UK can be frequently cold and it is not suitable for older people to stay outdoors for a long time. Participants emphasized the importance of having a meeting point, which should be indoors:

> *"If there is a place provided, then we would come." Participate 1, OC*

> *"Even if there is no games, we could chat with each other." Participant 2, OC*

"Now [we] Chinese are having retirement life. Just retire. Not getting together." Participant 44, OC

Thirdly, it should be inexpensive. As older people would like activities they could attend daily or frequently, the price for each attendance has to be very low, even free. Participant 2 stated that they would not go to any social clubs that charge entrance fees: *'Even just a room [as meeting point] would be ok. But if we need to pay to get in, then we won't go*.' Participant 16 explained that this is due to financial restraints. Attendance of a social club could be on a daily basis, whereas they are retired and would not be able to afford it. Participant 16 stated that: *'We would go every day, and if we need to pay for it, we are retired, where can we get the money?'* Fourthly, there should be long and flexible opening hours. When older Chinese are retired, they have more leisure time, and could stay in one place for a long time. Meanwhile, people do not want to be constrained, and would like to decide the time to attend and leave themselves. As participant 5 put it*: 'Don't say what time [we] should come, what time [we should] leave. Don't disturb others. If you like to stay and play, then stay longer. If don't, then leave*.' Finally, and most importantly, there should be no language barriers. As mentioned many times, most older Chinese have a low level of English proficiency. Activities in a different language would make it difficult to engage older Chinese immigrants and would limit their involvement.

To date there is no organisation that could provide activities that meet all the above requirements, except casinos. It is possible that either Chinese peoples' expectations for activities are shaped by services from casinos, or that casinos meet all activity needs of Chinese people. Going to casinos was found to be popular among Chinese older immigrants. Casinos are sometimes called an 'office', as many people go there on a daily basis and this is like going to the office to work. Though some people consider going to a casino and gambling is merely entertainment, it could be argued that the popularity of casinos among Chinese people suggests that other factors are influencing the centrality of this venue in their lives.. People do realize that there are risks to gambling. Some people emphasize that going to casinos is mainly for entertainment, and others do not gamble. They go to casinos to simply meet and talk with their friends. However, they cannot merely stay in the casinos without spending any money. They need to gamble occasionally, or have a gambler as a friend [this is from the field notes]. Participant 30 and 32 admitted that they went to casinos and 'played' games there. Both denied that it was gambling but stated it was entertainment:

"I don't gamble. I just go to casinos occasionally and gamble with friends, like for £10 or £8. We play together. Regardless of winning or losing, I just think it as entertainment." Participant 30, OC

"Play Mahjong. I sometimes go there [Casinos] to play. Not big game, not like gambling." Participant 32, OC

However for many Chinese who go to casinos there is the risk of gambling addiction which results in hardship. Two participants criticised going to casinos:

> *"Many Older Chinese immigrants got addicted. They go there every day…some of them could lose hundreds of pounds a day." Participant 30, AC*

> *"Some people: casino, casino. After losing money, still go there." Participant 24, OC*

Limited day opportunities not only cause loneliness, but also reduce the availability of support that older people need to access services. The influences of limited day opportunities are presented in chapter 6, section 6.33 and 6.34.

5.4 Identifying gaps

Older Chinese are generally satisfied with health care and social care in the UK because of the low cost and social benefits, especially when they compare these with the health and social care system in Hong Kong. However, beyond this satisfaction there are still some gaps between service users' needs and service provision, including issues relating to information, language, service delivery, instrumental support and culture.

5.41 Information

As mentioned above, one of the major changes that these individuals experienced through ageing is declining physical health and functions. Consequently, older Chinese immigrants were more attentive to adopting a healthy lifestyle. For example, in a focus group discussion, participant 2 stated that '*Men will age. But when we become old, there would be problems. Then we need to be careful, be careful with how we live'*. Participant 3 agreed with participant 2 and explained in detail that '*Activities, sleep, diet, and also keep an eye on exercises. Because health decline when we become old. And many illnesses arise* '.

It was mentioned that changes in health, or more specifically illness, serve as an alarm and a turning point for older people, reminding them of the importance of a healthy lifestyle and urging them to take action. In the following quotation participant 42 talked about his experience: '*I didn't pay attention [to diet and exercise] before. I felt my health was OK when I was working…but in the year that I retired, I was found to have diabetes. It was quite a heavy blow to me. Why I have such illness when I retire? So after that I made myself do exercise*'. Also they were aware of the need for health information. This includes information for maintaining health, and for understanding illness. An example of

this is participant 31 who, after receiving medical treatment and recovering from lymphoma, felt it was necessary to learn about the illness which was making him suffer so much. '*Because when I was ill, I had to struggle, all the time…I had chemotherapy. It was very hard. I had lymphoma, a cancer. After I finished the chemotherapy, I had to [struggle] all the time. I had this illness before; therefore I want to know about it.*' Meanwhile, there was a reported lack of knowledge of mental health problems. Participant 9 stated that '*One of their family member got XX [a mental health problem], the old couple knew nothing about it, …they didn't know how to get along with her, and didn't know how to handle it.'*

Aside from healthcare services, older Chinese also need information about social care services. In the focus group interviews, 4 participants talked about social benefits for house refurbishment, and it was evident that people had different levels of understanding and amounts of information regarding this social welfare. Even if people are aware of the service, they may not know how to apply, or understand the service provision correctly:

> *Participant 2: "Some people at our age, it's just they don't know how to apply [for help with refurbishment]. It's just someone they don't know how to apply. Our GP told us that if you still have high blood pressure, get someone else to paint the house for you. I said, ok."*
> *Participant 3: "Like my home, apply…refurbish [house], everything could be done."*
> *Participant 4: "Of course not. It depends on your situation. You have a house to live in, they just refund you the cost, you need to refurbish the house by yourself."*
> *Participant 5: "They don't refurbish for you."*

5.42 Language

Language barriers are the major problem in using service. This is apparent in many situations including acknowledging the services, applying for the services, using the services, and understanding the services' follow-up letters. Many social care and healthcare departments provide translation services for people who do not have English as their first language. Translation services are essential to enhance an individual's access to services. They ensure effective and appropriate communication between Chinese older immigrants and health service professionals. Translation services only cover the time when people need to talk to department officers and health professionals. Chinese older immigrants indicated that they need additional translation support before and after the interviews. The first difficulty begins with access to service information. Many people do not know the information about what services are available, and where and how to access them. Due to poor language proficiency, Chinese older immigrants cannot engage with English information. Sometimes, information comes to them by post. Some people hold the letters and wait for someone to translate for them. However, according to

participant 51, he has seen many people simply throw letters away when they feel that the letters do not look important. Another participant, 43, reported a case where people neglected letters leading to serious consequences:

> *"You can see they could not understand the letters, and some simply don't do anything with the letters…some people, handed me the letter [to translate] when they have already missed the day to go to the court. They feel there are too many letters, and regarded it as something might irrelevant to them, like an advertisement letter." Participant 43, IBP*

After they overcome difficulties of information, the next step to engaging with services is to book an appointment, which requires English-speaking skills. Chinese older immigrants will have to seek help and find someone to make phone calls for them. This problem is exacerbated by issues of transportation. People with mobility issues need support by an interpreter to book taxis. Also, if the department is in a place that Chinese older immigrants have not been to before, they would need someone to accompany them as they are not able to find their way by asking in English. After they arrive, some incidents that cause inconvenience may occur, as will be described in the section 'Interpreters and interpretation services in Healthcare'. After the interview, they would need translation support for letters from hospitals, which could be about their next appointment or an explanation of medical treatments. These inconveniences and difficulties do not only influence access to services, but have a significant impact on their emotional wellbeing and quality of life. Some people get nervous when they receive letters and get worried about seeking help which they consider to be bothering others.

Older Chinese living in English-supported housing, in particular, found language to be problematic as they had to communicate with English-speaking carers on a daily basis. Living in a care setting means being cared for by trained professional staff. However, older Chinese found difficulties in expressing their needs to staff. The only people who can help in such situations are the children of older people. Usually older Chinese have to wait for their children to come and explain to staff what they need. Below are two examples of how older Chinese are frustrated when communicating with carers in the care home.

> *"Sometimes my underwear, those bought from Hong Kong, were all gone. I asked him [carer]. [He was like] Don't know. Don't know where they threw. I let my daughter talk [to carer], I can't speak English… what can I do here - eating. Staff would cook for you, give you drink. Sometimes I take a walk. Here you can't communicate. You won't be able to understand what they say. British people. You won't understand anything." Participant 40, OC*

> *"And about language barrier, it's hard to tell what he needs, what he wants to eat. We would tried to tell them what he needs during visit…once dad told handyman to bring wonton, but he brought something totally different." Participant 39, AC*

People living in sheltered housing experience similar problems to those living in a care home. In many cases, they have to use body language when they need help from sheltered housing officers.

> *"Everything is good. Just don't know English is not good. House manager is very nice. He knows I can't speak [English]. [I can only say] alright. Like this." Participant 41, OC*

> *"If anything is broken, I go to the reception, and bring him to show him. Last time the shower was broken, I brought him in and showed him. After he saw it, he asked someone to fix it." Participant 48, OC*

Meanwhile, older Chinese used to make friends only with Chinese to avoid language barriers. However, in care homes, residents mainly speak English. Older Chinese immigrants with very limited English skills are not able to talk with other residents in care homes:

> *"Whom can I chat to? I can't communicate with British people." Participant 40, OC*

> *"They go to care homes but they can't speak English. And they are even more lonely. So no-one likes to go to care homes. They cry. Those who went to care homes cry there. Some who used to live in XX [a sheltered accommodation] went to [care homes]. There was a befriender used to visit her. The elderly went to care homes, so she visits her in the care home. But she cries every time [the befriender visit her], every time says she wants to go. Then I am familiar with the befriender, she told me, and said when she visited the old lady, she felt very sad. She felt very miserable and upset. And she doesn't want to do the visit anymore." Participant 49, SBP*

Although older Chinese living in sheltered housing are able to go out and meet friends, they still feel lonely because they live in single rooms on their own and, aside from the warden, no-one comes to visit and check on them.

> *"I can't say anything to the British people living next door. Just hello, hello, like this. What do they know [about me]? No-one would know if I die. I still can walk. If the British people come I wouldn't be able to say anything." Participant 41, OC*

Language barriers also exist in leisure activities. Older Chinese have their own forms of entertainment to avoid language problems, such as going to casinos, attending Chinese luncheon clubs and watching Chinese TV Channels. People in sheltered housing are still able to access this type of entertainment. Older Chinese in care homes, however, have more difficulties in continuing to engage in leisure activities. Their language problems are often unavoidable. They can no longer go to casinos or luncheon clubs due to their health problems as they require on-going care. Similarly, TV programmes, newspapers and magazines are in English, meaning Older Chinese immigrants will not be able to enjoy them. Even where there are Chinese newspapers and magazines, many older Chinese are not able to read them as one third of older Chinese are illiterate (Sproston *et al.*, 1999).

When activities are organised in care homes, if they are introduced in English, Older Chinese immigrants are not able to join in. Participant 40 complained that a newspaper was provided in her care home, but she was unable to read it as it was in English:

> *"I don't know what is on [in the TV]…English people read newspapers, there are newspapers downstairs. I can't. I can't read." Participant 40, OC*

5.43 Service delivery

Service delivery problems refer to the inflexibility of healthcare services. This was only reported by one participant. The participant, though generally satisfied with health care in the UK, mentioned that the health care system tends to be rigid and is not flexible. Later he showed his understanding of it, and suggested improvements. He said:

> *"I feel that [health care system] in the UK is much advanced than that in China. The system here, basically, I feel quite satisfied. Sometimes, from a different cultural perspective, we may think it's not developed well. For example, the appointment system. British are inflexible. [People] must make appointments, unless there is bleeding, or body temperature is over 38.5. But this is based on previous experience. Otherwise, the system would be chaotic. But sometimes, this makes jokes. Like once I was in XX [place], and had cardiac pain. I went to the hospital without hesitate, [and said to a nurse]: "Could you listen [do the cardiac auscultation], what is wrong, is it abnormal?" The nurse refused to let me see the doctor, [said] you need to make an appointment. I said it was my heart did not feel right. She said that today was fully booked. I went there on Wednesday; [the nurse said] the closest available date would be Friday. I was quite unhappy at the time — by Friday I could have already been dead. But I had no choice. I do not have the right to stop the doctors seeing the current patients to see me. Unless you are fainted, and call an ambulance to send you there. This is very different from [what] Chinese [do]. Chinese feel that you don't have a sense of flexibility, very rigid. But he [the UK] must have many experiences and lessons in the past, so he must do like this. Otherwise, some dishonest people, even only have aliment, could stop the doctors, then the hospital would be in a muddle."*

5.44 Instrumental support

Instrumental support mainly involves transportation and emergency support. Although people can take buses which stop at the hospital's location, there is always a distance from the bus stop to the hospital department. Some departments are far away from bus stops, making it a long walk for older people. As older people go to hospital when they are ill and weak, a long walk tends to be especially inconvenient and difficult for them. Also, taking taxis tend to be too expensive for older Chinese. Participant 34 complained that when she went to see the doctor she had to take a taxi, and this was quite expensive for her.

Many older Chinese do not speak English, meaning that interpreters need to be booked for them in advance of medical appointments. However, this is a problem when

emergency help is required, and even if they manage to call an ambulance they would not be able to talk to paramedics. Participant 10 made this point by praising the 'red string' in Chinese sheltered housing. Participant 39, an adult child, showed his concern for his parents as he seldom stays with them: *'Because he is living in a country where its primary language is English. If he is in needs of urgent help, or emergency for an issue, it's very important to be able to speak English'.*

5.46 Cultural differences

Inconvenience caused by cultural differences was frequently reported by older Chinese within English supported housing. Service providers from mainstream supported housing are not always aware of cultural issues or are incapable of meeting the cultural needs of older Chinese. For people living in care homes, they often complained about food. Older Chinese immigrants, despite having been in the UK for many years, still prefer Chinese food. However, Western cooks in care homes are not skilled in cooking Chinese food. Meanwhile, it was also believed that Chinese food contains more vegetables and is healthier than Western food. Participant 39 said that a lack of Chinese food was the only reason for his dad's dislike of care homes.

> *"There is a problem with care home in XX. It's just the culture differences. And because the food they provide is different from what my dad prefers to eat. That's the main reason why my dad does not want to go, to a care home. Apart from that, it's a good care home, but because there is an issue with the food. Because in English culture the meal is different, my dad prefers Chinese food and rice. My dad prefers home food from, it's just different from what we eat. Because from care home, my dad said during the meal, they had bread... and the food are all Western, the UK food, bread. That's why my father doesn't like care home. Chinese are more concerned about healthy food, more vegetables. In care home, they don't have special food for Chinese, and care home can't cook it." Participant 39, AC*

Staff in supported housing may not be aware of taboos in other cultures. Participant 48 reported that her neighbour passed away and she saw people carrying the dead body out, and this made her so scared that she could not go out of the room. This is because in Chinese culture when people pass away it is believed to be full of bad luck. People fear it and usually try to keep away from it.

> *"I only walk outside when the weather is good. Otherwise I would be staying in the room all day long which is not good. Now he [the neighbour] passed away, I can't go out. Scared. I would need to pass his room [if I go out]. So scared. How I wish I didn't see it when I came back. I wouldn't have known it. If they told me, I wouldn't be able to understand [because I don't understand English]." Participant 48, OC*

There are also negative attitudes towards living in care homes. In Chinese culture, parents are supposed to be with their children, and be taken care of by their children. Some people living in care homes feel is it similar to being abandoned by their children.

"We have to lie to her to send her to care home, telling her it won't be long." Participant 43, IBP

Participant 33 commented that there are positives side to living in supported housing, but felt some people still hold traditional attitudes towards living apart from their children:

"There is advantages and disadvantages [of living in care homes]. The advantages are that living apart, the conflicts would reduce, like conflicts when speaking to each other, many arguments reduces. But others hold different ideas, thinking that we, dad and mom, worked so hard to bring you up and you abandon me, throw me to the care homes. Some people don't like it. Some older people are thinking like this, that is 'You [the children] grow up, have feathers and wings'. Chinese like to say this, [children are like little birds, when they grow up, they] have feathers and wings, and want to fly away, don't want dad and mum anymore." Participant 33, OC

5.5 Self-support

To cope with the difficulties in using services, such as language barriers and a lack of information, older Chinese have developed strategies which could be divided into two forms: self-support and external support. Language barriers and lack of information do not only influence service use, but also daily life. Older Chinese develop coping methods. The self-support discussed below is therefore not only for accessing services, but also to help deal with other difficulties in life.

Most Chinese older immigrant participants did not speak good English and they had difficulties in communicating in English. The influence of language barriers could be found in nearly every aspect of the Chinese immigrants' lives, and the sections above have presented language barriers within public services. Language barriers also strongly affect older Chinese immigrants' daily life, such as social engagement and leisure activities, which in turn influence the service use and service needs older Chinese.

Language barriers limit a variety of possible activities. As a result of language barriers, Chinese older immigrants are not able to chat with English-speaking people, and thus limit their friends to Chinese groups. Also, because Chinese people are the most dispersed ethnic group and tend not to live together (to avoid business competition in early years), this creates more obstacles to making friends. Chinese older immigrants are not able to get emotional support from the neighbourhood. They can meet their Chinese friends only in a few places, which has a negative impact on socializing, and sometimes leads to social isolation and loneliness. For activities such as shopping, travelling and recreation, they have limited choices due to their language problems. For example, they do not buy products they do not know, they do not travel to places they have never been before and they do not like to go to English-based recreation activities. Participants also mentioned

that they never go to unfamiliar places unless their children accompany them, because they are not able to talk to bus drivers or ask for directions.

> *Participant 45: "I have received the invitation letters [for social events for older people]. ..But we can't speak or understand [English], then that's not interesting."*
> *Participant44: "Not interesting so we did not go anymore."*
> *Participant 45: "It was meant to be good — have some communications…[I am] very interested, but we found we could not understand when were there."*
>
> *"We can't talk much to local people. For example, when we meet our neighbours in the morning, we could say: "Hi, how are you, good morning", like this…I could do ten sentences, but more than ten is beyond my ability. We can't talk a lot, never deep conversations." Participant 44, OC*

To cope with language barriers, Chinese older immigrants develop several strategies, such as use functional or body language, learn English, avoid English and stay within the Chinese context, and seek help from others. The first three strategies could be concluded as self-support.

5.51 Tolerating

Many Chinese older immigrants struggling with English have to manage with limited and inadequate knowledge of English, such as using functional language and body language. Most Chinese older immigrants understand and can use basic conversational words, such as hello, thank you, alright, shopping, toilet and change. Meanwhile they use body language to improve understanding.

> *"She [grandma] points to her belly, and imitates grunting of hogs….and she really can manage to buy belly pork." Participant 9, AC*

However, in a healthcare context where complex issues are discussed, body language and functional language are not sufficient. Participant 41 could speak basic English words, such as hello, thank you, shopping, and alright. However, when she visited the doctor, this is not sufficient to understand what was said and to communicate her needs.

> *"I just know 'thank you', don't know other term. Seeing a doctor. When the doctor says 'you are alright', so that [means] I could leave. Right? They say 'alright', then it means I could go. I don't know what to say. I don't know anything." Participant 41, OC*

5.52 Coping

English plays an important role in an older Chinese immigrant's life. As mentioned above, many older Chinese immigrants have low English language ability and need language support, and learning English is one of the strategies to solve problems caused by language barriers. The Chinese ICT Centre provides free English classes for Chinese people, but only two older Chinese immigrants attended the class. Both were asked about

how they became involved in the class in the first instance, and how English study has affected them. As the majority of older Chinese immigrants do not attend English classes, it indicates that aside from motivation for learning English there are barriers hindering the study of English. Barriers for learning English include personal attitudes and other practical issues, such as unsuitable course design. Personal attitudes refer to assumptions from people about the effort needed to attend and the potential benefits of learning English. Although learning English improves English proficiency, it was still found that the two English learners had to use interpreters when accessing health and social care services. Barriers for learning English include lacking confidence, lacking motivation, perceiving study as difficult and unsuitable programme design.

One of the frequently mentioned reasons for not learning English was ‘I’m too old to learn’, which is concerned with decline in body functions and learning ability. There are three explanations or specific reasons that the participants gave for feeling too old to learn. The first lies in their perception that their memory was declining. Some participants believed that as people age their memory deteriorates, and ability to learn is not as good as young people. They suggested that they had missed their chance to study English and thus were not able to study. Another reason concerned physical conditions as participants stated that they have been speaking Chinese for so many decades that their tongues have only been used to speak Chinese. English pronunciations are different from Chinese and their tongues would not be capable to making English pronunciations properly. For example, participant 38 commented that *‘it’s a different way to use the tongue. Very difficult. If do anything, it would the people who can do it well. Children could learn it well. For me, it would be difficult’*. Meanwhile, people feel English is a difficult and complex subject to master. They derived this conclusion from their past experiences. Some had tried to speak English, yet their English remained poor. Therefore, many people believe that learning English is beyond their capability.

The third reason for being ‘too old to learn’ refers to a lack of motivation as older people don't think studying English is necessary. As most older people have retired and are not working anymore, they think they don't need English in their everyday life. Even if they learn English, they will not use it for as long as young people, and does not make it worth the effort. Some simply admitted that they are too lazy to learn. This may also refer to the effort people are willing to make, or could be a valuation from people on whether the effort would be worth it.

Beyond lacking confidence and motivation, there are also perceptions that obstruct the learning of English: perceiving study as suffering. Many older people have very limited English proficiency. If they learn English, they need to start from the very beginning, and

may learn very slowly. Thus, some feel it would be embarrassing to bother teachers and this would make teaching hard. Also, the English learning in the Chinese ICT centre was performed on the computer, and some older people believe that the computer is not good for health, and reading is not good for eyes. It was also reported that because of this reason, the partner of one participant decided not to study English and tried to stop the participant studying English. '*My husband had a look. Looked at the computer screen, and felt uncomfortable. So he didn't go to learn [English]. He said studying computer, what for? You don't go to work anymore. So old. Who would hire you? I said, for convenience. Daily life would be much more convenient. He said that I always lowered my head, sitting there, nearby a window, reading and writing. '[You] are going to be blind! I said I was not afraid of this*.' Some people think learning English is boring, and it would be a suffering to sit in the classroom, which is a further barrier to attending English classes.

Aside from negative attitudes that many older Chinese hold, the course design was also found to be not suitable for older Chinese. The English course given in the Chinese ICT centre is open to the general population and not specifically designed for older people. It requires basic literacy, English knowledge and computer skills. For older Chinese who are illiterate, learning English in such classes is impossible. *'I am illiterate, it's very difficult [to learn English and computer], I can't recognise any Chinese or English character' (Participant 34, Older Chinese*). Also, the English course provided at the Chinese ICT centre requires a certain level of English, as the course was designed to be studied in that language. Students need to learn English by answering questions in English. People who would like to attend the course need to pass a test to prove that they have a certain level of English proficiency. Those with a very low level of English skills would not be able to attend. At the same time, in the ICT centre, the English course was mostly carried on computer, as participants need to answer the questions on a computer. Participants need to have some computer skills. Many Chinese who do not use computers would find this as a new challenge. In addition, participant 34 also questioned the outcomes of English learning because of the limited class learning time. She said: *'I am not very smart…would feel embarrassed to trouble teachers so much. It's 【class】only one hour every Wednesday, how could it be enough?'*

However, many people realize the importance of English and the potential benefits of learning English. The majority of Chinese older immigrants do not intend to study English. Therefore, instead of motivation and perceived potential benefit, this study focused more on the factors that made the two Chinese older immigrants finally decide to learn English. The factors are: the leaving of children, recommendation from friends and short distance to the learning centre. Other factors motivating them to continue study are: to get certificates, get awards, personal enthusiasm for study and perceived potential benefits.

"My daughter moved out of the country, then I had to run the business. The first difficulty is to solve English problems. If I solve it, then I can do business by myself, and communicate with Westerners." Participant 31, OC

"A friend…took me there to have a look, after that, I registered. Then, it [learning centre] moved to the next door. I said it's so close, why not go there for study… it's just next door, I even don't need to carry an umbrella when snows, and could get there quickly." Participant 36, OC

After learning English, two participants were able to handle basic English conversations and low-level translation, such as dealing with transportation, filling out forms and they even could help other to read letters, which increased their independence. Participant 36 used to rely on others to renew her metro card, and couldn't find her way because of limited English, but now she is able to do this on her own:

"Like every year, my son lives in XX. I go there. Sometimes I really want to see my granddaughter. So I would visit them, using metro, metro card. Now I can buy it on myself. And after one year, they would post me a letter, I know I how to exchange for a new one. So I don't need to ask someone to be with me…sometimes, when I ask about directions. When they told me, I was able to understand. 'Go ahead [this sentence was in English]', so I know go ahead. 'turn left', 'turn right' at somewhere. So I know. Better than before that I didn't understand." Participant 36, OC

Participant 31 was so successful in his study of English that he could occasionally understand conversations during medical appointments if he prepared in advance. However, although he still needs interpreters to be present at medical appointments, he can help his friends with easy English translations. Learning English enhance people's ability to access and use services. Despite this, it does not overcome the language barriers, and these people still need to rely on support from others to use services when oral English is involved.

5.53 Avoiding

Avoiding refers to situations when older Chinese tried to stay within the Chinese context and avoid contact with mainstream service providers or information resources that were in English language. They resorted to available alternative resources that were based in the Chinese language, but these were limited, and only comprised of using Chinese medicine and the Chinese media.

Using TCM (Traditional Chinese Medicine) in the Chinese language may have two meanings: seeing a TCM doctor or using Chinese herbal medicine. Few participants reported seeing a TCM doctor. The main reason was that TCM is not included in health care system, and Chinese have to pay for it, which makes TCM unaffordable. Only one participant reported use of TCM. He bought medicated wine, which is used to relieve

muscle soreness. This medicated wine is similar to spray pain reliever, which is an over-the-counter medication. Participant 33 reported that some people used TCM when they found modern medicine does not work.

> *"Now there are still some people like to go for Chinese medicine. I have an old friend, over 90 years old, [has] facia nerve pains, in the face, [so he had] acupuncture. The surgery didn't work, and he could take medicine. So he took acupuncture, [cost him] thousands of pounds. But still does not work…some people got cancer here, not able to be cured, [they] want to have a try. They went back to Hong Kong, back to mainland China, to Guangzhou, go to see a famous [TCM] practitioner." Participant 33, OC*

From the two cases presented above, it can be seen that many Chinese people tended to use TCM as complementary medicine rather than alternative medicine. Also other older Chinese were taking modern medicines, therefore they were careful with the use of Chinese medicine as it may react with their current treatment. Another reason for not using Chinese medicine is that many people no longer believe in TCM, or are cautious about TCM. Participant 31 holds such a cautious attitude:

> *"I have never seriously gone to see a TCM doctor. The reason is not that I don't believe in TCM. But I won't take medicine without careful consideration. Because for the decades, I have been used to modern medicine. For myself, I am at high risk. Five doctors came to see me, only one of them were TCM doctor. I once asked. Seeing a TCM doctor, and he felt the pulse of mine. He said 'You are alright' that was my pulse was ok. I said that 'Do you know what illness I have? I am at high risk, I have cancer' he then told me frankly: 'Feeling the pulse won't detect it. It must be tested by medical equipment. If you have any problem, go back to hospitals in China. They would give you check carefully'. But going back to china for test, the cost is expensive. I don't need to spend any money here. So it has such problems in comparison [to modern medicine]." Participant 31, OC*

Another notable way of using TCM is using Chinese herbs to make soup, which is part of the unique cuisine culture of Canton. Herbs used in Chinese medicine, such as Astragalus root, Chinese rhubarb, Codonopsis root and Ginseng, are added to soup to give it tonic effects. The election of herbs for the soup is guided by TCM theory. The definition of 'using TCM' could therefore be ambiguous on such occasions, as on the one hand people are using these herbs to obtain the effects suggested by TCM, but on the other hand people are not using it to cure disease, but to maintain and promote health. The notion is similar to food supplements. Some participants taking this herbal soup stated that they are taking Chinese medicine, while some do not think using herbal medicine for making soup is using TCM.

> *Participant 2: "Actually we are using Chinese medicine."*
> *Participant 3: "We all bought it, for making soup."*

Participant 33, however, criticised the use of TCM and was against the use of TCM for treating disease. He used Chinese herbs to make soup under the guidance of TCM theory: '*I still make soups, sometimes herbal soups, sometimes stew things, many things, using*

TCM methods.' Also, in a focus group, two participants denied their use of TCM but admitted frequent use of Chinese herbs:

> *Interviewer："Do you use TCM?"*
> *Participant 15: "No, we just go to doctors"*
> *Participant 16: "If we need to see doctor, we go to hospitals."*
> *Interviewer："So do you buy medicinal herbs, like for making soup?"*
> *Participant 15: "The materials for making soup are all brought from Hong Kong. We always go back to Hong Kong."*
> *Participant 16: "Bought from Hong Kong. If [I] don't go back to Hong Kong, I would ask someone to post it to me from Hong Kong."*

Regarding to information, for many older Chinese who have limited English proficiency, Chinese media is an important source of information. Many older Chinese have Chinese TV channels and read Chinese newspapers which give them information regarding healthy lifestyles or available services. However, Chinese TV channels usually focus on Chinese news, or specifically that in Hong Kong, and many older Chinese are illiterate and not able to read. Therefore, the information from the Chinese media is still limited. To summarise, self-support, either using body language, learning English or using the Chinese media, tend to be incapable of overcoming the difficulties in accessing services.

Chapter summary

In this chapter I have presented the participants views of their ageing experiences, and use of health and social care services. For older Chinese immigrants, ageing means changes in health, finance, family care, and daily opportunities. Along with ageing, their health declines, and this reminds them of the importance of health and the need to pay more attention to health information. The majority of the participants are retired and live on a fixed-income. However older Chinese immigrants are generally satisfied with this. Together with social benefits, they have enough money to live. Loneliness is a problem for these individuals. After retirement they have increased leisure time, yet they found themselves lacking in choice of leisure activities which increased their social isolation. Lastly, family structures change when they grew older particularly when their children left home. This contrasted with values inherent in traditional Chinese culture, where older Chinese immigrants expect that they would enjoy family time and live with their children.

The changes in ageing resulted in increased needs for health and social services. However, there are gaps between service users and service provision, including: information, language, transportation, service delivery, companionship and emergency care. Analysis of these gaps highlighted that language barriers are significant and influential, as they limit information transmission, add difficulties in using taxis and public transportation, contribute to a sense of loneliness, and may lead to severe consequences

for individuals in emergency situations. The self-support available among older Chinese tends to have low efficiency. The next chapter will introduce a group of people who provide support to older Chinese to facilitate their access to services. They are termed Bridge People.

Chapter 6: The Bridge People

This chapter describes the support network and supporters, namely Bridge People, for older Chinese that facilitate access to services. During data collection, I noticed that there were several reports of negative experiences of service use, or service needs. Participants talked about people who helped them to approach services, and worried that they could not find such people when difficulties arose. This indicated that problems for older Chinese may not be service provision or service availability, but rather gaining access to services. The majority of service gaps identified in chapter 5, including the lack in information, language, instrumental and cultural support, are service access problems. Most older Chinese would not be able to access services without the help of others. This highlighted the importance of such facilitating people, and explains the rich data given about them. Therefore, the study narrowed the focus of the investigation on the interactions between these facilitators and older Chinese. The chapter starts with the identification of Bridge People, and then introduces the properties of the concept that has been termed 'Bridge People'. Then the differences among the types or subgroups of Bridge People, such as accessibility, the range of support, the quality of support and relationships with older Chinese, are discussed. Lastly, the efficacy and gaps in support networks of older Chinese people are discussed. Two extreme cases are presented to show how the concept of Bridge People is applied in different settings by older Chinese, and how the performance and accessibility of Bridge People impacts on the well-being of older Chinese.

6.1 Identification of the Bridge People

The findings presented in chapter 5 highlighted the meaning that the participants attributed to ageing: changes in health, financial and emotional status, necessity for care to address personal and social needs, changes in leisure time and associated activities, and priorities in and goals of life. Older Chinese are greatly concerned with their declining health, and consequently are more attentive to having a healthy lifestyle and accessing health information. Those who experienced declining health indicated that they used healthcare and social care services more than they had done previously. Though the participants noted the importance of maintaining health, due to education and language problems their sources of health information were quite limited, and mainly they relied on friends and family, Chinese TV channels and Chinese newspapers. As mentioned in the previous chapters (see page 16), the majority of older Chinese immigrants have very limited English proficiency and many are illiterate. As a result they are largely reliant on

information in the Chinese language, especially in verbal Chinese, which severely limits their chances to receive health information and promote health in an appropriate way. This highlights the importance of health promotion among older Chinese immigrants, and providing health promotion in a way that is accessible and sensitive to the special needs of this population.

During the ageing process, changes do not only take place in health status, but also in financial status. Regarding changes in financial status, older Chinese immigrants expressed concern. The participants were generally satisfied with pensions and welfare benefits that were available to them as older people. Similarly changes in financial status increased their need for information and their use of social services. As mentioned in Chapter 5, compared with older people from the English-speaking majority group, older people from the Chinese group face additional obstacles to approach and use services. These included a lack of information about what services exist and how to access services, language barriers, service delivery problems, and the need for transportation assistance to access care services, companionship and emergency help. Among these language barriers were the most problematic. Along with insufficient information provision, language barriers contributed to the lack of information among older Chinese immigrants. It also added difficulty in using public transportation or taxis, seeking companionship and accessing emergency help.

As explained in the previous chapters (see chapter 5, section 5.42), due to the low level of English proficiency, older Chinese immigrants have difficulty in approaching services, in using services and in giving service feedback. Many participants indicated that they are not able to book appointments with doctors, read letters, communicate with doctors, understand service information and news, fill in forms to claim benefits, deal with banks or complete other activities that involve use of English. Older Chinese immigrants mainly rely on people with better language skills to assist them to overcome language barriers. A group of people who provide language support were found to play an important role in the daily life of these older people. This group of people serve as a communication bridge between older Chinese immigrants and service providers, and for the purposes of description they were given the title of Bridge People. It is through these people that older Chinese immigrants and mainstream society service providers communicate with each other. Older Chinese immigrants need Bridge People to understand information from mainstream services, and these services need Bridge People to hear the voice of Chinese people. Information and language support are essential, without information they wouldn't know the existence of services, and without language support they wouldn't be able to use services. Bridge People undertake translation work which could not be overcome merely by the use of body language or functional language: such as reading letters, booking

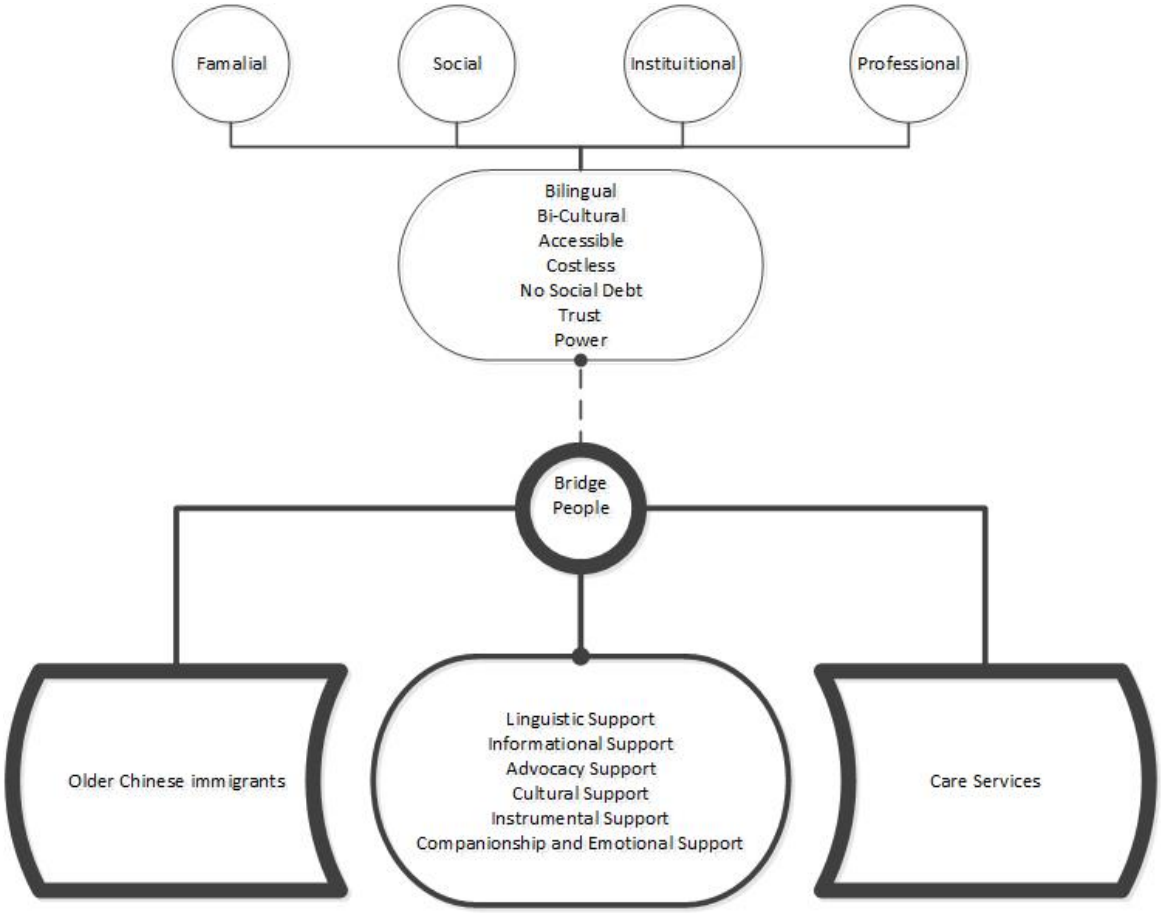
appointments, interpreting in clinics, filling in forms, answering English phone calls, helping with running businesses and so on. Bridge People do not only provide language and information support, but also other types of help, such as cultural, emotional and instrumental support. Each Bridge Person may provide a different combination of support to address the unique needs of an older person. Receiving support from Bridge People often occurs alongside other types of support. Moreover, Bridge People have different characteristics and provide support in different ways which give different implications for service improvement. The existence of Bridge People can be traced back to the early years when these Chinese immigrants were still young. As Chinese immigrants grow old and have increasing service needs, the participants became more reliant on Bridge People. Chinese people used their children as their main resource for language help. However, when they became old, their children grew up. Many of their children live away from home and are not able to provide daily language support for their parents as before. Many older Chinese therefore began to seek help from non-family members. For example, many stated that workers from Chinese community organisations applied for social benefits for them, when they went to see doctors they would book an interpreter, or they brought letters to their personal friends for translation and explanation. Thus, Bridge People include people from family, personal social networks, the Chinese community in general, and the public sector. According to the relationships between Bridge People and older Chinese, Bridge People were grouped into four categories: familial, social, institutional and professional. This research studied ageing experiences and service use among older Chinese immigrants in the UK. Therefore, discussions will focus on Bridge People's functions and their impact on service use by older Chinese. Meanwhile, differences among four groups of Bridge People were identified, including the support they provided for Chinese older immigrants, their influences, and their strength and limitations in providing support. These differences will be discussed separately.

Language support is a part of family care in the Chinese immigrant family. Family members, mostly children from Chinese immigrant families, have the responsibility of providing language help for older Chinese. However, the quality and availability of their support is inconsistent and varies considerably. Some of the familial Bridge People could provide the most convenient and full range of support, while others could be least the convenient or provide limited-quality language support. Children's language ability, language support and other factors were found to have distancing, reversing, and binding effects in parent-children relationship. As explained in chapter 5, section 5.33, when children have limited Chinese language skills their communication with parents could be difficult and, consequently, the quality and range of language support they provide would be limited as well.

Interpreters are qualified professionals who are hired by public service providers. Their translation competence is therefore more reliable, though sometimes translation quality could be threatened by improper administrative performance or administrative errors such as mistakes with the spoken language, underestimating the duration of medical appointments with the consequence that they are not available for the whole appointment, and omission of the booking of an interpreter. Being clients and support providers, interpreters and older Chinese immigrants have a formal and confidential relationship with a degree of emotional detachment. Institutional Bridge People in this report referred to staff working in organisations or departments, that have Chinese clients. They usually provided language support and information support for older Chinese. Most of these institutional Bridge People are volunteers. They are experienced in providing translation support in relation to social services; meanwhile, they have rich resources of information of available health care and social care services, and the ways to access them. Working relationships between institutional Bridge People and older Chinese immigrants overlap with personal relationships. Though it is not a typical friendship, many older Chinese immigrants consider these Chinese staff as friends. A few older Chinese immigrants have relatively better English language proficiency than other older Chinese immigrants. Most of them provide low-level translation, such as reading letters to their friends. These kinds of supporters were named social Bridge People. Being older people themselves, they have more available time to provide help.

Beyond differences between each group, Bridge People have six common characteristics: 1) bilingual skills along with higher education than older Chinese; 2) bicultural; 3) easy to contact; 4) no monetary costs involved for older people; 5) under certain responsibility and no ‘debt of gratitude’; 6) have trust from older people; 7) have certain power over older people (see figure 6.1 in next page).

Figure 6.1 Bridge people model



6.11 Bilingual skills

Bilingual skills are an essential characteristic of Bridge People. However, bilingual skill levels differ between individuals. An individual's bilingual competency is dependent on their proficiency in two languages. Most Bridge People in this study did not speak two languages equally well. Instead, they tended to be better in one language and less competent in another. The proficiency level of the less competent language severely restricted the quality of the translation that they were able to undertake. This phenomenon is especially common among the children and friend groups. Children and certain friends of older people may have relatively better English proficiency, but are not trained or assessed for their translation qualification. The difference between proficiency levels of two languages could be striking, and this threatens translation quality. For example, children who grew up in the UK did not speak Chinese well, and they experienced difficulty when required to translate as a direct consequence of their limited Chinese vocabulary. Furthermore, it should be noted that translation quality is controlled not only by bilingual skill levels, but by translation skills and certain knowledge of background information. Even when people have good knowledge of two languages, it is still possible to carry out the translation effectively as a result of lacking translation skills. Good translation, especially interpretation, requires translators to find the most precise word in

the target language in a short time, and that translators should not add in their personal opinions to avoid information distortion. People lacking translation skills may therefore loose or distort information. Lack of knowledge in background information also limits understanding of terms, and thus makes translation difficult. The differences in bilingual skills, translation skills, and background knowledge among the four groups of Bridge People, and the relevant impacts, will be discussed in the following sections.

6.12 Bi-cultural background

Bicultural background is another characteristic of Bridge People, as they have knowledge of Chinese culture. Nearly all the Bridge People identified in this study were from the Chinese community and had a Chinese identity. Their knowledge of Chinese culture varied. For instance, children were reported to be influenced by British culture and lack knowledge of Chinese culture. Despite this, growing up in a Chinese family gives them exposure to Chinese culture, especially within their family context as they know their parents' lifestyle well. When this role is placed in a situation of cultural conflict or misunderstanding, they would be able to 1) be aware of the reasons the caused the conflict, 2) be able to clarify the reasons, 3) set a platform to enable the two sides, providers and older Chinese, to communicate and further understand each other, or 4) mediate a compromise. Participant 43 gave two examples about the understanding of cultural beliefs and how she used her knowledge of Chinese culture to cope with a difficult situation:

> *"It was 2006, I helped the health association to do a survey, about mental health. Each study group was different. People with mental health problems were allocated to one group, carers another group. None of them want to sit together. They didn't want others know, know that their family had problems. At the time, only two people came. And these two persons refused to sit in one room. So I knew we couldn't force them. Later they were interviewed individually. Focus group was not suitable. They did not want to be identified." Participant 43, IBP*

> *"The problem is emotional support is very difficult. Our Chinese have this problem that ugly things should not go outside the family. They do not want others know, so how can others help them. I just helped a Chinese. He needed to apply for social benefits. Except basic problems, it turned out he had many other problems. I talked with him, and got to know that this person was a little bit deranged. The problem was that he never went to see a doctor, and talk about this problem. He said it's a shame. (If)I applied benefits for him, it would be his own word. There must be proof from a doctor. Give him medicine, or go to see some professionals in psychology. Give him some treatments, or something like that. Doctors did not know this problem. I told him it was not allowed, without a proof, it would not be allowed." Participant 43, IBP*

Participant 33 gave another example of how his children told him about social rules and attitudes in the UK: *'My son told me, you can't beat children here, otherwise they could*

call police and arrest you.' Here we can see that the son, a familial Bridge Person, understood Chinese culture while simultaneously acknowledging social rules in the UK. He managed to convey this information to his parents to avoid potential conflict.

6.13 Accessibility

Accessibility means that older Chinese immigrants know where and how to find available Bridge People, and that the contact method should be easy. For example, some older Chinese live with their children, which means it is convenient for them to receive language help. Otherwise they would have to contact their children by making phone calls. Chinese staff from the organisation building or other older Chinese immigrants could drop in to approach them. Friends with better English proficiency could be contacted through phone calls, during weekly social events or at a meeting point — particularly the casino. This support may appear to be more accessible than booking a hospital interpreter as it requires making phone calls in English. However, booking an interpreter should be done alongside booking appointments with doctors. Being able to book appointments means the language has been overcome at the time, and it only takes a few more words to book interpreters. Thus, interpreters could still be considered as 'easy to contact'. It should be noted that although Bridge People are accessible, accessibility of each Bridge Person varies, and this will be discussed in section 6.3.

6.14 Costless

Here, costless means minimal cost, or at least monetary cost, incurred for older people. Getting help from Bridge People does not cost older Chinese immigrants any money. Interpreters are paid for by the NHS or other government departments. The three other groups of Bridge People offer help for free, and many even volunteer to help without being asked. There are few costs incurred for older people, but Bridge People must incur costs such as time and transportation fees. For older Chinese, the lack of cost ensures that they are able to use Bridge People whenever they are in need without worrying about the impact of accessing this service on their financial situation. Seeking help from Bridge People could occur quite often for older Chinese; any monetary costs could add up and finally become a huge extra expense. As mentioned above, many older Chinese live on a fixed income due to their retirement. They have to budget carefully, and avoid expenditure other than essential living expenses. Therefore, it would be difficult for those older Chinese to afford extra expenditure and this may deter them from using Bridge People.

6.15 No social debt

Another characteristic of Bridge People is that there is no debt of gratitude for older Chinese immigrants when they receive support from them. Most Bridge People are under social obligation or responsibility of helping older Chinese immigrants. Adult children have responsibility to take care of their parents. In Chinese culture, filial piety is a core principle, and this defines the responsibility of children. One of terms of filial piety is that children should take care of their parents. Professional interpreters are employed by hospitals or government departments, and it is their job to offer language support. For Chinese staff, as they work in the Chinese organisations, they help Chinese people within the remit of their role. Friends are a little different. They do not have a strong obligation to offer help. Rather, they help out of kindness and friendship, which could be seen as an obligation of friendship. A discussion of the limited competence of friends, including their ability to do only low-level translation such as reading letters or occasionally helping with interpretation, will be included later. As low-level translation does not require too much effort, people do not need to worry about owing somebody a favour, or returning the favour. Cost-free support guarantees no financial burden being placed on older Chinese immigrants. The obligations of Bridge People to some extent ease the feeling of being ashamed and embarrassment to seek help. Chinese culture advocates self-reliance. Some participants referred to seeking help as bringing troubles to others, and this is an emotional burden for help-seekers. By using Bridge People, older Chinese immigrants create no financial burden, and a relatively low emotional burden. Older Chinese immigrants therefore are able to seek help from Bridge People repeatedly.

6.16 Trust

Bridge People are trusted by older Chinese immigrants. Older Chinese immigrants feel safe to let Bridge People know their personal information, handle their personal affairs, which are usually treated with confidentiality (such as personal health issues to be discussed with medical professionals) and deal with financial matters. Formation of trust is different among each group of Bridge People. The trust that is conferred on children and friends exists within the boundaries of their personal relationship. The trust that is present in professional interpreters and Chinese staff is based on the understanding that confidentiality is inherent in professional practice and endorsed in regulations. After years of development, this trust in turn has a positive impact on the relationship between older Chinese immigrants and Bridge People. For example, many older Chinese immigrants consider Chinese staff to be friends rather than staff working for organisations. For example, participant 44 stated:

> *"She [a Chinese staff] helped us with booking appointments, so she helped us. And she knows our conditions, so we became friends, and familiar with each other." Participant 44, OC*

Another participant also confirmed her trust in Bridge People. However, when compared to the statement from participant 44, the trust she talked about has a sense of passiveness.

> *Interviewer: "Have you ever concerned about confidentiality issue?"*
> *Participant 1: "No, friends won't talk bad about it. I'm not worried. If you are ill, he [friends] knows, everyone knows. Everything. Right?"*
> *Interviewer: "So you trust them?"*
> *Participant 1: "Yes, yes, we trust them a lot. Or what. We have to. You need someone to translate. You can't do it by yourself, so you can't demand a lot. You should trust others, treat them like friends."*

Older Chinese do not only trust Bridge People to support them with medical issues, but also financial issues. Older Chinese are cautious about their financial issues. When recruiting to this study, one gatekeeper had to emphasise to every potential participant that there would not be any questions about bank details. However, participant 33 discussed his experience of helping his friend to go to the bank to withdraw money, which shows the trust for Bridge People: *'I withdrew money for him [his friend], yes, I went [to bank] with him. He does not know anything'*.

6.17 Power

In this study, power means being influential in, or having control over, others' decision-making processes, or being independent of control of others. Having better language skills and being able to help other people, Bridge People gain power in influencing older Chinese's decision-making and opinions, either in the family or in the Chinese community. For older Chinese, it can also be seen as a loss of control or independence. Better education also contributes to power and influence. As mentioned in chapter 5, older Chinese found their authority as parents in the family decreased, children were empowered - they are less likely to take the advice from their parents but are more involved with, and even in control of, decision-making. This is a change from the traditional Chinese family structure and may have implications in further cooperation with children on older people's issues. Participant 40 stated: '*Yes, [my son chose nursing home for me.] I don't know English…if there is anything, it's always referred to [my son]…my son would sign documents for me, I don't know English and I don't know how to write'*. Chinese staff feel that people are willing to listen to them and cooperate with them. One said: '*They all listen to what we say, like if we need to host a lecture, and ask them to come, they would be willing to come out*' Participant 43. Some people were offered leadership within Chinese community because of their language skills. This makes them more well-known to more people. For example, participant 42 said: '*I was not accepted at*

first…it's contradictory. They knew that there were so many things that they are not capable of. So they came back to me [asking me to be the leader]'.

6.2 Factors influencing the use of Bridge People

The previous sections highlighted the existence of common characteristics of Bridge People. Four sub-groups of Bridge People can be identified and older Chinese did not use them equally but rather had preferences for certain groups depending on the support they provide at the time. This section will introduce how older Chinese choose from four groups of Bridge People, and factors influencing their decision-making. Though the most important function of Bridge People is to provide linguistic support, older Chinese immigrants do not choose between Bridge People entirely based on their translation quality. There are many issues they value beyond translation quality and would take into consideration, including: availability and accessibility of Bridge People, emotional attachment, numbers and types of support available and other concerns.

6.21 Availability and accessibility

Availability of Bridge People is generally the first and the most important thing to be taken into consideration when choosing Bridge People. After all, if Bridge People are not available, the support they could provide would not be possible. How the availability of each group of Bridge People differs will be discussed later. Two characteristics contribute to availability, and these were also found to be important qualities for Bridge People: reliability and flexibility. Reliability refers to the extent to which people can rely on the availability of a Bridge Person. Many participants mentioned a situation where Bridge People were booked to attend an appointment, and they did not show up. This happened particularly with children and hospital interpreters. Some older Chinese reported that the employers of their children were not happy with them taking time off work, and sometimes did not let their children leave. Therefore, those older Chinese would be able to rely solely on their children for interpretation during appointments with service providers. Hospital interpreters, theoretically, should always be available. However, they could be accidently absent from the appointment for various reasons. The details of the reasons for absence will be discussed in the following chapters.

Flexibility refers to Bridge People having flexible time to cope with possible changes in time that they will be needed, especially during interviews. The duration of the interview is often longer than anticipated. When Bridge People have a tight schedule that does not allow time for unexpected events, they could leave the older person in a helpless situation. A lack of reliability or flexibility results in worry about the quality of support that older

Chinese will receive. Many older Chinese stop using Bridge People who lack reliability or flexibility, and some people bring other Bridge People to appointments as potential cover for support.

In optimum conditions, Bridge People are accessible and easy to contact, but for each individual Bridge Person, the extent of accessibility and contacting methods are different. There are three aspects of Bridge People's accessibility: time, distance and location. There are many ways to contact and access Bridge People, including speaking in person at home, speaking on the telephone, booking through health services or visiting certain places. Older Chinese prefer the most convenient way which costs less time and effort. For distance and location, older Chinese prefer Bridge People who are geographically close to them, or Bridge People who could meet at places they visit as routine, such Chinatown, the casino or day centre, as that they could drop in as an aside to their daily activities.

6.22 Translation capacity

Translation capacity includes two aspects: oral translation and written translation. It is worth noting translation capacity is not translation quality. Bridge People can inform older Chinese whether they are capable of doing oral translation or only written translation. Older Chinese then decide whom to seek help from according to the type of translation assistance they need. Older Chinese do not judge the translation quality or choose those who they will think translate best. One of the reasons is that older Chinese immigrants are not capable enough to judge the quality of translation, or are not aware of the difference in translation quality. For example, participant 52 believed that his children and interpreters basically are the same when carrying out translation because they speak both languages*: 'There shouldn't be any difference, Chinese, English, she/he knows both. And so does the interpreters*.' However, later in the interview with one of his children it was found that the child actually could not speak much Cantonese and he stated he could not do translation well. The other reason is that older Chinese immigrants do not attach too much importance on translation quality, but rather are instead more concerned with other possible support that could be provided, which will be explained below.

Although older people seldom make judgements of translation accuracy, they can tell the difference between Chinese dialects and sub-dialects and therefore they have a preference towards people who can speak the same sub-dialect as their own language. In the Chinese language, differences between some dialects could be striking, such as Cantonese, Hakka and Mandarin. People speaking one of these dialects would not be able to understand the other two. Usually people only choose an interpreter who speaks

their own dialect. However, people speaking a sub-dialect may have additional concerns. Each dialect has sub-dialects, which may have a close pronunciation, but also have certain local words and accents. Thus, when sub-dialect-speaking people use Bridge People, though they can understand the main dialect, they prefer to have someone speaking exactly the same sub-dialect as their own. For example, one participant speaks Danjia, which is a sub-dialect of Cantonese, and people speaking Danjia are able to understand Cantonese. When they see doctors, they would use Cantonese interpreters. Though patients and interpreters could generally understand each other, there are differences in the accent and use of certain words. For example, when they say 'Hong Kong', their pronunciation is similar to 'Hong Gong', which is 'Hoeng Gong' in Cantonese. These differences could cause certain difficulties in understanding and to a decrease in their satisfaction of using interpretation services. Therefore, though the participant can understand Cantonese, she stated that she prefers people who can speak Danjai to translate for her.

6.24 Advocacy and informational support

Advocacy and informational support is one of the recurrent reasons that older Chinese explained why they chose other Bridge People over professional interpreters. As mentioned in the previous chapters (see chapter 5, section 5.41), due to education and language levels, older Chinese have limited health knowledge and service information. Older Chinese feel comforted and supported when they are with acquaintances in their appointments with health professionals. When children and friends are Bridge People, apart from working as translators, they can also fulfil the role of advocate. They have an intimate knowledge of the circumstances of older Chinese, and they have a history and shared understanding. Therefore they could help older Chinese to provide information to doctors which enables the doctor to give a more accurate diagnosis; meanwhile they can also help older Chinese to articulate their needs and aspirations. They do not only provide an exact translation of what the doctors say, but they also try to give a more detailed interpretation. Though this does not necessarily mean good translation, it is the preferred translation style of these older Chinese participants. Participant 1 addressed children and friends as 'one of us', and compared them with professional interpreters:

> *"When it is one of us, then they could make it clearer… she knows what to tell the doctors in details, and could make better requirements. Hospital interpreters, some are good. But some do not explain to you that much. [Doctors say] one sentence and [the interpreter] translate one sentence. [Wish they could] explain in more details." Participant 1, OC*

Similarly, when older Chinese are in need of social care services, Chinese staff and volunteers do not only translate for them but also provide information regarding the services and application procedure. Many participants mentioned that they have little

knowledge of social care services, such as where and how to obtain social care. The application forms also tend to be complicated. For example, participant 48 had mobility issues, but she was not aware that she could have a walking frame for free. It was an institutional Bridge Person who told her that she should be eligible for a free walking frame, and applied for one for her.

Also, advocacy support includes defending the rights of and obtaining services for older Chinese. Participant 31 accompanied his friend to attend an appointment. When they found that the interpreter had to leave early, his friend thought they had no choice other than to allow the interpreter to go and attend the appointment alone. However, participant 31 did not give up. He negotiated with the receptionist and managed to let his friend have an appointment before the interpreter had to leave. He said:

> *"[My friend] said, interpreters, they work on an hourly basis. So when the interpreter is not here, [if] I could do the translation for him…I went to the reception. [And said] this interpreter need to leave at 10. I'm not an interpreter. [So] next turn, they let my friend in as the next. The interpreter said how could you. I said, I am not an interpreter. They ask you to do the translation, and you just leave? How do I explain to the doctor then? He booked an interpreter. But that interpreter had another appointment to go. So the doctor just had to go with it [letting my friend jump the queue]. So there is a solution. Right? If you never strive [for the opportunity], how could you…" Participant 31, OC*

Meanwhile, Bridge People do not only provide suggestions and information, and articulate needs, they also assist the older person with written documents that enables them to interact with service providers. One typical example mentioned above is that children sign official documents on their parents' behalf. It was also found that some Bridge People, especially Chinese staff and children, complete entire applications for older Chinese, such as filling out applications and pursuing entitlements. For example, participant 39 stated: '*We got him a wheelchair, a scooter, if he goes out, drives a car, if he needs to go somewhere, a scooter*.' Many older Chinese also reported that when they need to apply for social care allowances, those Bridge People do not only provide information and advice but also fill out the form for them, as it would be quite difficult for them to write in English.

There is also special informational support provided by Bridge People, mainly found in care homes and sheltered housing. As most often Bridge People would not be readily available for older Chinese in supported housing, many Bridge People tried to prepare a list of English words to enhance the communication between older Chinese and services providers. The children of participant 40 put a piece of paper with English words and Chinese meanings on her cabinet, such as toilet (厕所) and shower (冲凉). Participant 33 went even further with this support by marking the pronunciation of English words with Chinese characters. For example, in the first column he wrote 'ambulance', in the second

column he wrote the meaning of the word in Chinese '救伤车', in the third column was the pronunciation of the English words spelled in Chinese characters which have similar pronunciation to the English word '暗培伦斯' [in Chinese pronunciation: am pui leon si]. Thus, the older Chinese could look at the Chinese characters and make their pronunciation sound similar to the English. There was a fourth column for the house manager: the Cantonese pronunciation in English. For ambulance, in Cantonese, the pronunciation is similar to 'Kow Sheng Chair'. So when the older Chinese couple needed an ambulance, the house manager could confirm with them by speaking the Cantonese pronunciation. In this case, Bridge People enhance communication by providing language teaching support to both service users and providers.

6.25 Companionship and emotional support

Companionship and emotional support are another quality older Chinese appreciate when using Bridge People. When people become ill, they feel vulnerable and need emotional comfort, which stresses the importance of emotional support in health service use. Some older Chinese, even when they do not need their friends or family as interpreters, still ask them to accompany them to the hospital, which shows the importance of companionship. Some participants pointed out that they prefer children to be interpreters for them only because of companionship. For example, participant 57 stated that her daughter did not drive, but she still preferred her to translate for her, because she could accompany her on buses and walks. Participant 53, the son of an older Chinese, also said he occasionally provided companionship support for his father's comfort, though his father did not need an interpreter at the time: "*And doctor he sees is a Chinese doctor. So that makes things a lot easier….. That for going to see GPs, sometimes I will just attend, to comfort him. To be there."*

6.26 Transportation and instrumental support

Transportation support from Bridge People is valued by many older Chinese, especially those who have mobility issues. As stated in chapter 5, some departments in hospital are far away from the bus stop, and therefore even for older Chinese who do not have a mobility issue it can be a long walk and an inconvenience.

Apart from transportation, Bridge People may also provide other tangible and direct help, such as provision of facility that can enhance service use experience, such as bringing Chinese food to patients in hospital. This mainly applies to older Chinese in hospitals or care homes. Bridge People who help older Chinese to deal with service providers from mainstream supported housing are mainly the children of older Chinese and, occasionally,

friends. Bridge People in such situations, in addition to linguistic and emotional support, provide many culture-related support, such as bringing Chinese food and Chinese newspapers. Participant 39 brought his father to a restaurant for Chinese food, and gave him a rice cooker, so that his dad could cook Chinese food in the care home.

> *"We [children] brought rice cooker, noodles to dad. And dad cooks himself. And we took dad to restaurants. Dad still prefers Chinese food." Participant 39, FBP*

Participant 55 however thinks the food in care homes is not bad, but to his mind it mainly consists of potatoes. His daughter-in-law would bring him Chinese food every time she visits him.

> *Interviewer: "What food do you have here?"*
> *Participant 55: "Most of the time, potatoes."*
> *Participant 54 (adult child of participant 55): "Western food. We can't do anything about it. Every time we come, we would bring Chinese food, or take him out to have Chinese food. We have no choices, everyone have the same food here."*

Participant 54 also brings Chinese newspapers for her father-in-law, which bridges the cultural gap in leisure activities.

> *"We bring newspaper to him, Chinese newspaper…living here, we don't need to worry about his daily activities. But still he does not have entertainments. Because he only has TV to watch. And if here has more Chinese living here. Maybe he could have someone to chat. It might be better if there are volunteers to chat with him. If he wants to go out, a carer would have to be with him, which costs a lot. Most older people in his age would like to have someone to talk to him. And about eating, he has to follow the mainstream." Participant 54, FBP*

6.27 Cultural issues

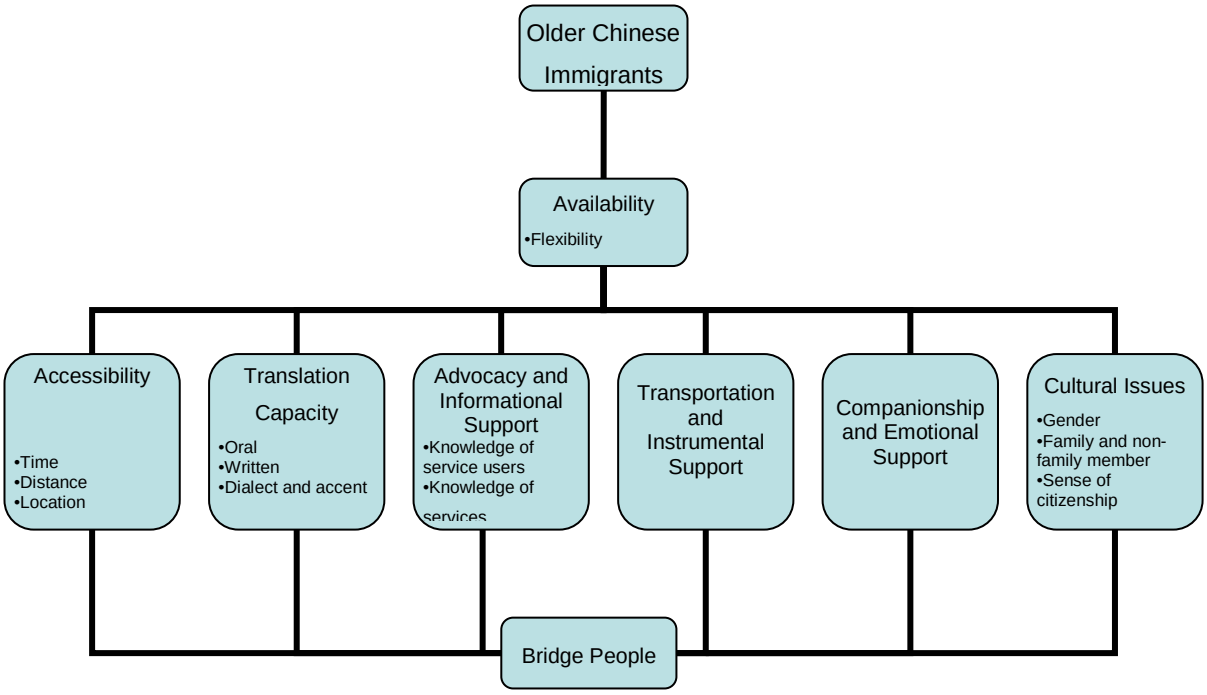
Cultural issues are made up of four concerns: gender, conflict between using family members and non-family member, dialect and accent, and a sense of citizenship. The first concern is about the gender of the Bridge People, which is particularly relevant in the context of health service support. Discussing medical problems is a private and sometimes sensitive activity. Some people feel embarrassed when disclosing personal issues to a person of a different gender.

The second concern regards seeking help from family members and non-family members. Some older Chinese feel shame and embarrassment in seeking help from non-family members. The social debt involved with using Bridge People means older Chinese do not need to worry about paying a debt of gratitude, but some older Chinese have additional concerns about judgements from other people in the Chinese community. As mentioned above, traditionally older Chinese should be taken care of by their children. Some people therefore are reluctant to seek help outside the family. They worry that others may judge

that they have irresponsible children and an unhealthy family relationship. On the other hand, some older Chinese do not want to keep their children from their work, and seek help from non-family members as much as possible. The last concern derives from a sense of citizenship. Older Chinese sometimes take public expenditure into consideration and believe that it is part of their responsibility to save money for the government. A typical example of this is that some people feel obliged to use children as interpreters to save monetary resources for the government.

Figure 6.2 shows older Chinese's decision-making processes when choosing Bridge People. They check availability first, then consider six factors: accessibility, language support, informational support, instrumental support, emotional support, and other cultural issues. They then chose the Bridge People who can best satisfy their needs. Here, it can be concluded that an ideal bridge person should have stable availability, can carry out both oral and written translation, and also provide advocacy, companionship and instrumental support. They should be contactable easily and instantly, and have the same gender and sub-dialect as the older Chinese.

Figure 6.2 Factors influencing selection of Bridge People



6.3 Comparisons among Bridge People: Strengths and Weaknesses

The previous section discussed the characteristics of Bridge People and outlined five factors that influence older Chinese decision-making in using Bridge People. This section will show the differences among the four groups of Bridge People by comparing their

language support, availability, informational support, emotional support, convenience and cultural issues.

6.31 Familial Bridge People

Familial Bridge People primarily refers to children, and occasionally other family members, of older Chinese. Language support provided by children could vary considerably. In this study, in relation to the quality of language support and availability of support provision, children's language support was found to be less stable. As Bridge People, children's translation quality is not guaranteed, and their availability for providing language support could differ greatly. They could have excellent bilingual skills and at the same time very poor language proficiency in one language. Compared to the other groups of Bridge People, they can be the most readily available when still living with parents, or the least available when living far away.

6.31.1 Language support

Language support provided by children is dependent on the individuals' translation skills and their availability. Usually children who live with their parents can provide a full range of language support, which is not limited to service-related language support. They can meet the translation needs arising from service use and daily activities, as illustrated by the following from one older Chinese immigrant and his children: '*They [children] help me with making phone calls to book appointment with doctor, help with everything'*. Children: *'Like in a family, and that speaks in English. My mum and dad would automatically shout for all of us to come [laugh], and speaks to the person on the phone…and when my mum reads magazines, she, if there is a picture of a women, she would say, what's wrong with the women? And I have to tell her what's wrong with the women'*. Another important language support is reading letters. People receive letters everyday including letters from service providers and junk mail. Older Chinese usually need help to distinguish important letters from the advertisements, before having important correspondence translated. As participant 53, an adult child of an older Chinese, put it:

> *"Sometimes my dad receives letters. But sometimes he can't understand letters. Sometimes it's quite important letters, he doesn't know if it is important. So he needs somebody to look at it. His English is ok. But maybe the style of language use for this letters, he won't understand. So I will look at it, and I will tell him if it is important, or junk mail." Participant 53, FBP*

However, it was reported that the translation quality of familial Bridge People is not guaranteed. As stated in the previous section (see chapter 6, section 6.11), translation quality was found to be influenced by bilingual skills, translation skills and background knowledge. With poor translation quality, translation will not be accurate. Concerns should

be raised on such occasions, particularly because medical translations require higher levels of accuracy. Also, poor translation quality may take longer time and reduce efficiency.

The unbalanced bilingual skill is a major reason that contributes to the unsatisfactory translation. As presented in chapter 5, children born or who grew up in the UK may have limited knowledge of one language, and may experience frustration in discussing complex issues with their parents, which will negatively influence the translation quality. One child participant admitted her lack of competence in doing translation:

> *"Sometime it's just very difficult to translate...My Hakka vocabulary isn't wide enough to be a good translator…well, I speak English to my siblings…[to my parents] basic Hakka… me and my younger sister, my younger brother are not that fluent in Hakka." Participant 37, FBP*

When discussing health and social care needs, complex language is involved and accurate translation is required. Poor bilingual skills do not only result in poor efficiency, costing longer working hours, but also may bring severe negative consequences. As reported by one participant:

> *"The biggest problem is that some of them [children] do not know much but still do it [translation]. This is pretty dangerous. It happened before. An old woman had abdominal pain. She went to see the doctor. The children told her mother that she had cancer, and was going to die. But it came out it wasn't. Just something wrong with the belly." Participant 43, IBP*

People who speak both languages well may not necessarily be good translators. Translation skills also influence translation quality. People may find it hard to find an accurate word or corresponding word in the target language, which could result in loss of information. Also, they could add their own personal interpretation which may cause distortion of the information. Professional interpreters receive training to avoid such mistakes. However, untrained family members of older Chinese immigrants may be given these tasks to avoid any charge.

> *"Difficult sometimes…I think its expressing certain. I could get the main point across my dad. What he needs to know. But to express it. To express it similar to how doctors say, but to express it in Hakka, it's difficult." Participant 39, FBP*

> *"Sometimes what she [my sister] hear is different from what actual doctor says…Sometimes my sister likes to exaggerate things, and then, she also doesn't ask questions... and she assume." Participant 37, FBP*

Meanwhile, familial Bridge People was reported to tend to lack impartiality and personal interference. Due to the close personal relationship between children and their parents, adult children may sometimes make their own judgements and interfere with translation. They may judge whether their parents' statements are redundant, irrelevant, or

confidential. They interfere with interviews when they think information is unnecessary, which has the potential to override their parents' right to autonomous decision-making. They stop their parents talking or refuse to translate, which influences the judgement of professionals and interferes with the use of services. Participant 43, with more than 30 years' experience of working with Chinese people in social work and healthcare, presented at and observed many older Chinese's appointments with social workers and healthcare professionals. She described how children used to interfere with interviews and manipulate the communication between their parents and health professionals or social workers.

> *"And if they [children] are adults, they try to keep confidentiality. When older people were speaking, they [children] said "Why you say so much?" and didn't let him [the older people] talk. And when the older people finished talking, he [children] didn't translate all of it. I saw this happened. This is a common issue. Like "don't tell others" [to] doctors or others. Sometimes, they [children] say "Don't be so garrulous". Therefore older patients sometimes were forbidden to talk, or they did say, but [children] did not translate it to doctors or social workers. Moreover, they wanted to have chance to talk about their own problems." Participant 43, IBP*

Children interpreters also put forward their own views or opinions. By doing this, they are not carrying out translation anymore but are instead inserting their own interpretation and understanding into doctors or patients' statements. Older Chinese, however, prefer this method of translation, as they regard it as advocacy and informational support.

In addition, many familial Bridge People lack knowledge of terminologies used in health and social services. Some people found it difficult to provide language support due to the use of jargon. Even for people with good language skills, a lack of knowledge in a certain area could still cause problems in translation. In this area, children are less advantaged than Chinese staff.

> *"Me and my husband are better at English. Our Chinese is not that good. So sometimes our translations have flaws…and when we fill forms [to claim benefits for dad], some terms are not clear, and they are very long." Participants 54, FBP*

6.31.2 Availability and accessibility

Children's availability and accessibility for support provision is influenced by location, number of children and available time from their children. Children living within the same household, or living close to parents, are more likely to provide all the support mentioned above. Children living at a large geographic distance from their parents are less able to provide certain support, such as reading letters, applying for benefits and helping during

emergencies, which are all important to older Chinese immigrants. Participant 44 talked about how they worried about issues with letters without children living nearby:

> *"Government, hospitals sent me letters, and I don't know what they talk about…my son, daughter live outside [Newcastle], when they are back, letters might already have become mouldy." Participant 44, OC*

Also emotional support and companionship might be limited. They may not be with parents and this makes them less likely to notice changes in their parents' physical health and emotions, and thus they are not able to provide advice and further support. Participant 48 is an old Chinese widow who lives alone. She had mobility issues and difficulties getting on buses. However, she was not aware that her mobility issue was serious enough to require a walking aid, and she did not know that she could apply for a walking frame for free. Her children, as they were not living with her, did not recognise her physical conditions. Chinese staff from a charity noticed her walking problem, asked her if she would like to have a walking frame, and applied for one for her.

When children are not living with their parents, support can only be provided over the telephone, such as emotional support and telephone bookings. Participant 38 described how his children helped with shopping even though they are not with him:

> *"I could drive the vehicle [scooter] from the Eldon Square. Call them and book. And take the car, and drive it to go shopping. The car would park at Eldon Square, and then take the scooter, drive the scooter. It's quite convenient….my son makes the phone call for me. My son makes phone call to book scooters. So when I finish parking my car. Someone would drive a scooter and hand it to me. And I drive the scooter to go shopping, to buy goods in Newcastle, to buy fish, and go to Marks and Spencer's." Participant 38, OC*

Having more children increases the support available. Older people who don't have children are especially disadvantaged, as they do not have access to this type of support. They have to make an effort and resort to other people or organisations to seek help and support. One participant stated: *'If I need anything, I would call my children to help…I have many children, if one is not available, one of others would be available'.* People who are busy with work, or other activities such as taking care of their family, may also find it difficult to create spare time for their parents. In this research, some child participants stated that they could always have availability to attend their parents' appointments. However, they indicated that this was largely due to the nature of their work as artists or photographers, which enables them to have flexible working time. For those who have fixed working hours, accompanying their parents to medical interviews may be not easy and could cause problems. Participant 56 reported that the employer of her child was not happy with her frequent days off, and sometimes did not let her child have leave. Also,

when she books appointments, she can only choose those with an appointment time for which her children could also be available.

Appointment times can also limit the support an older person receives from their children. For appointments very early in the morning, children who distance large distance away from their parents may find it difficult to arrive on time due to issues such as bad traffic in the morning.

6.31.3 Advocacy and Informational support

Children provide information to their parents when necessary, however, children they may not be aware of the range of services available for older people. They maybe in their middle age and do not use the services hence they do not actively search for this type of information. These bridge people argue that there is no provision of relevant information to them.

> *"The biggest problem is that we don't know much about benefit. We are still working, and do not claim benefit. So when he [dad] needs to claim benefit, we don't know where to go." Participant 54, FBP*

Participant 53, an adult child of an older Chinese, reported a similar problem as they did not know that services were available until they saw what was provided at the hospital:

> *"Sometimes, when my dad been to hospital, that he got from GP for check-ups, sometimes, he needs for help. We provide at the time. Deal with things. For example, nurses would come and visit him and stuff, we didn't know about what services was available. Yeah, so only at the time, when he need help. He needs to go to hospital, for check-up. Nurses come and help, I didn't know that sort of care was available." Participant 53, FBP*

Children also find difficulties when supporting their parents in the health sector. As mentioned above, children also play the valued role of advocate while interpreting during medical appointments. However, as children do not have a medical background, they also experience difficulty when obtaining information from doctors.

> *"Besides, we don't have much knowledge of medicine. Sometimes we don't know how to ask questions to get the answer we need. Sometimes we feel like beating around the bush for a long time, and then finally can get to the point. Like when he [dad] had Conjunctivitis. Because he also has diabetes, so we need to be clear about how serious it is. At first we didn't know what to ask. Diabetes has so many negative impacts. But when dad had an eye test, we didn't know why he should have an eye test. And then [doctor] said he needed a surgery. [We] didn't know where the inflammation took the place…so sometimes if you don't have medical background, you don't know which kind of questions could help you to know more about the disease." Participant 54, FBP*

6.31.4 Emotional and instrumental support

Though children may have many difficulties while carrying out translation, most older people prefer children to translate for them. If children are available they are viewed as the most convenient support. This has further benefits when companionship is taken into consideration. Children can escort their parents to appointments. Meanwhile, unlike professional interpreters who usually have short, fixed booking times, children can spend additional time with their parents.

As mentioned in the previous section (see chapter 5, section 5.44), many older people need transport support. Unlike most other Bridge People, if children are living with or nearby their parent they are able to provide such support. Many older people mentioned transportation as a major advantage of having children accompany them to medical appointments. Participant 56 stated that because she had foot pain, it was not convenient to use buses. The bus did not arrive at the specific department where she had her appointment. In contrast her children could drive her to the appropriate section of the hospital and take her back, which made accessing healthcare services much easier for her.

6.31.6 Cultural issues

Interpreters of a different gender can cause embarrassment. Though some older Chinese choose children of the same gender to avoid embarrassment when supporting them, gender issues are still relevant with children interpreters. Participant 33 said that '*sometimes it happens. When female older women go to have tests…but it's ok, their sons just came out of the room and wait*.'

6.32 Professional Bridge People

Professional Bridge People refer to professional interpreters who are employed by public sector agencies in the UK. Interpretation services provided in the healthcare area, such as hospitals and GPs, help to reduce communication difficulties, and improve the accessibility of healthcare services to older Chinese immigrants.

6.32.1 Language support

Among the four groups of Bridge People, only professional interpreters have been examined for their language competence. Compared with the other three groups of Bridge People, they have the most formal relationship with older Chinese immigrants with the

least emotional attachment. Though some older Chinese immigrants have good relationships with interpreters and regard them as friends, they actually seldom have personal contact. Older Chinese immigrants are generally satisfied with interpreters' interpretation. Interpreters have qualifications in bilingual skills. Interpreters have been trained in translation skills to avoid translational mistakes that have been mentioned previously, such as losing information or adding personal opinions. They also have background knowledge of medicine, and are familiar with medical terms. Therefore they are able to translate accurately and efficiently. Also, with professional interpretation, patients are able to maintain confidentiality. Aside from the strengths of interpreters, there are still some difficulties and inconveniences in using interpretation services, which may cause unpleasant experiences in using public services. These include using jargons, using telephone translation, occasional misconduct of interpreters, and lack of language match, which are explained below.

Some participants think that professional interpreters' knowledge of medical terms can have a negative effect on communication. They can translate English medical terms into the exact counterpart words in Chinese, which are still medical terms and jargon phrases, and may cause difficulties in understanding. When issues do arise, communication with doctors is very important. It is not the interpreters' role to explain the terms. After all, they are not medical professionals, and do not provide advocacy. Patients should ask doctors to give an explanation; however, communicating in technical language is problematic. On one hand, patients have their own expectations of interpreters and are not clear on their role; on the other hand, it indicates that in addition to providing language support, there is also a need for information or advocacy support.

In a focus group interview from stage 1 of the study, participants indicated their dissatisfaction with telephone translation. Traditional face-to-face interpretation is much more expensive than telephone translation. During the economic crisis, the UK government tried to reduce the cost of interpretation and encouraged telephone interpretation. It was reported that telephone translation brought about a considerable loss of quality from the perspective of the older person. Without non-verbal cues in communication, interpreters could no longer guarantee the quality of translation. Also, when using telephone translation, doctors and patients tended to speak for longer. They tried to finish all they needed to say before allowing the receiver to speak. This increases translation difficulties for interpreters.

> *"Healthcare provided by the government is good, but it [the government] becomes poorer. [Translation services] are [all participants said it together] telephone translation! Telephone translation is not convenient. I tell them, they talk to telephone. Interpreters can't remember that much…I want interpreters back to hospital." Participant 1, OC*

"We talk more on the phone. We finish all [what we need to say], then he [interpreter] translate for the doctors…he finishes all at a time…not like face-to-face interpreters." Participant 1, OC

Moreover, some older people have hearing problems. Using telephone translation increases their difficulties in hearing, due to the poorer sound quality of the telephone. Participant 1 and 2 discussed the quality decline in telephone interpretation:

Participant 1: "Speaking of interpretation, of course face-to-face interpretation is better than telephone [interpretation], its clearer."
Participant2: "Telephone interpretation does save money. Like him [husband of participant 2], can't hear the phone. And he himself can't speak clearly and smoothly…he can't hear it. And the doctor sitting in front of him, can't hear him…like my mother, very old, what she says, he [interpreter] can't hear well…he [pointed to her husband] was like, when he speaks, kekekekeke [speak very fast and unclearly], he can't control it. He can't control his voice, and can't control how to walk, like hands, feet, and the speech, he can't control these three."

Meanwhile, though participants are satisfied with most interpreters, there are some interpreters who do not seem to translate properly, including not translating accurately, not translating full details, and not exactly speaking the same dialect as patients. Participant 31 reported that an interpreter did not translate accurately:

"An interpreter was once displeased with me. I did preparation [study medical terms before go to the medical appointment]. I said it's not like that in English. It's here, the finger was tingling, the pain like stabbed by a needle. She said I had numbness, numb. I said of course not. I've asked others." Participant 31, OC

Participant 43 also reported her views of the unprofessional behaviour in interpreters: *'That interpreter is not that good, he/she didn't ask the questions that I told him/her to ask, and he/she didn't find the answer that I want to know. Sometimes the interpreters forgot their roles. They are middlemen, they are spokesmen. If you were an interpreter, and I was a patient, every word I say you must pass on to him [the doctor]. What the doctor said is to tell me. Interpreters must translate what doctors said. Sometimes even this cannot be achieved.'*

Furthermore, the most popular dialects in the UK used by Chinese people are Cantonese, Mandarin, and Hakka, which are also the languages provided by NHS interpretation services. Chinese people speaking sub-dialects thus only have three choices, and have to choose the one which is closest to their sub-dialect. As mentioned in section 6.2, there are still some differences between sub-dialects and the dialect (ie. Danjia and Cantonese), and people prefer interpreters who can speak their sub-dialects. However this is difficult to achieve among professional interpreters.

6.32.2 Availability

The availability of professional Bridge People could be described as occasionally absent but advantaged in continuous medical treatments. In principle professional interpreters should be the most available among the different groups of Bridge People, as it is required by law that people should be provided with interpretation services when they need them. This made interpreters particularly advantageous in serving patients who have a series of medical treatments, as familial and institutional Bridge People usually have other work commitments that limited their availability for every medical session. In contrast interpreters would attend each treatment and know the situation. Participant 31, who had cancer and received many medical treatments, used himself as example:

> *"Friends cannot always follow you. Like when I was in hospital, for half a year. Which friend could follow me [present at each medical treatment]? Once or twice would be ok. Children can't help you as well. One is that they don't know, the other [reason] is that they need to go to school or go to work. If older people have something wrong should go for interpreters." Participant 31, OC*

Although in principle interpreters should be always available for the service users, in practice they can be occasionally absents. Absence of interpreters is mainly caused by administrative mistakes, which can have severe consequences. The absence of interpreters always results in additional waiting time. Patients have to wait for a long time at hospital, or they have to give up appointments with doctors which not only costs time but also delays treatments. Some patients lose their confidence in the availability of interpretation services. Participant 34 reported her previous experience of waiting for more than 3 hours and feeling uncomfortable because of hunger: '*they told me 'you interpreter will come in 2 hours'…I was so hungry…the interpreter arrived at 2:30, and I arrived at 11 or 12 am'.* There are four types of administrative mistakes.

1) Failing to book an interpreter. Sometimes staff forget to book interpreters or lose booking requirements. Participant 45 suggested that such mistakes are not rare:

> *"Difficult, very difficult. Mainly because I have to find an interpreter. Sometimes I went there, but no interpreters. It happened many times, I have to come back, book again." Participant 45, OC*

When other older people hear about these mistakes, they lose trust in the service provider. Participant 34 did not believe the explanation given by service providers and criticised that '*They didn't remember [to book interpreters] and said no-one write it [the booking] down.'* Some participants therefore tried to resort to using others for help, or used other Bridge People as a backup. Participant 31 used to offer such help to his friends, stating *'[My friend said] could you take me to see the doctor? Not sure if the interpreters will be there or not. I said, ok, I could come with you. To check eyes. When we got there. The interpreter actually showed up on time at 10 o'clock.'*

2) Underestimating the interview duration. On such occasions, interpreters have to leave in the middle of a session for another task. For example, participant 31 and participant 56 both have experienced times that their interpreters left before the end of sessions [quotations not shown for confidentiality reasons].

3) Booking the wrong interpreter. This particularly includes interpreters who do not speak the same language as the patient, but also includes personal reasons, such as interpreters making mistakes over the appointment time or patients forgetting to book an interpreter.

4) Overestimating the language ability of Chinese doctors. Some staff assume that all communication between Chinese people will be fine, and think interpreters will not be necessary when a Chinese health practitioner is available. However, appointments with health practitioners from the same ethnic background do not necessarily mean that there will no difficulties in communication. Participant 34 talked about her experience when a nurse sent her to a Chinese doctor without an interpreter, and it turned out the Chinese doctor could not speak Chinese.

> *"He [the Chinese doctor] can't speak Chinese…The nurse thought Chinese must be able to speak Chinese. [She said to me] "It's ok for you. You won't need an interpreter…" but some [Chinese] only speak English. Some young Chinese don't speak Chinese." Participant 34, OC*

Apart from administrative mistakes, short notice can lead to an absence of interpreters. People found that in emergencies, especially during night, it was very difficult to find an interpreter. Participant 33 said: '*It's very hard to find an ad hoc interpreter. It was midnight. She [hospital staff] called one [interpreter], [the interpreter was] not able to come, then [she] had to [try] calling the other one.'*

6.32.3 Instrumental support and cultural issues

Though interpreters are required to provide interpretation services and do not need to provide other support, it was reported that some interpreters were willing to and provided transportation support. This was often appreciated by older Chinese patients. Participant 34 said that:

> *"The lady [interpreter] was very nice. She came at the time, very tall, and recognized me, call me aunt…she sent me back, I said 'You don't need to, just drop me off on your way', [she said] 'I will send you back'. I said 'You don't have to'. The lady was really kind to me." Participant 34, OC*

Relating to culture, the most frequently mentioned issue was embarrassment caused by gender differences. In the UK, professional hospital interpreters are predominantly female, which is especially problematic for male older Chinese. A male participant mentioned this inconvenience, as he could not find a male interpreter and felt embarrassed to state problems or ask questions:

> *Participant 54 (older Chinese): "Of course children are good [to be interpreters], you can ask what you want to ask, like those [hospital interpreters]…ah, hard to explain."*
> *Participant 55 (Adult child of Participant 54): "That is if children are interpreters, he can ask things that are even very embarrassed. But if some else to do the translation, he would feel embarrassed. Because [he] is male, and many interpreters are ladies. We seldom could find a male interpreter."*

6.33 Institutional Bridge People

Institutional Bridge People are from organisations or departments, who work with Chinese people, but are not professional interpreters. Most have leadership or management jobs in the organisation, including holding the post of president, secretary, manager or committee member. As all the Chinese community-based organisations are charities, the majority of this group are volunteers.

Working in Chinese community organisations or working with Chinese people does not necessarily mean that the individual would fulfil the role of a Bridge Person. A prerequisite for organisation staff members that can be a Bridge People is language capacity, which determines their ability to communicate with mainstream service providers and transmit information received from mainstream service providers to the Chinese community. Only a small number of those Chinese staff have a high level of English proficiency, and are able to fulfil the role of Bridge Person. They can provide effective translation and have sufficient service information. As staff from Chinese organisations, they also have heavy administrative workloads

6.33.1 Limited availability and unsatisfied accessibility

Chinese organisations do not hold events or are open to the public every day – some activities/events occur only weekly. Bridge People from Chinese organisations are only accessible for certain days of the week, particularly during luncheon clubs. The combination of these factors can mitigate against the availability of this type of Bridge Person.

Currently there are two Chinese organisations providing translation and information support in the study site. One is located in Chinatown, which is convenient for older

Chinese. Chinatown is located in the city centre which has a convenient transportation network leading any other parts of the city. Many Chinese people still eat within the Chinese tradition, and go to Chinese supermarkets for special Chinese food ingredients. Many also like to go to the casino in Chinatown to spend their leisure time. Therefore, Chinatown has been an ideal catchment area for providing services to Chinese people. However, the organisations in Chinatown have been criticised by many older Chinese as not actually providing help. For example, participant 44 said that '*Inside the organisation is very complicated. You speak out [you need help], no-one will help you. Not solidly united. It went apart.'* The other organisation, which undertook most of the work of providing support to older Chinese, is located far away from Chinatown. Many participants with health issues, such as arthritis that caused mobility problems, described the long distance and steep slope from the bus stop to the building. This led them to give up going there.

> *"XX [a Chinese organisation], no bus to [go] there. It's very inconvenient for us to take bus…if weather is good, we have to take taxi, if no, we can't go. You know the weather here, not always good, strong wind and rain." Participant 34, OC*

6.33.2 Language support

Chinese staff usually provide language support in social services. They have good knowledge of social services for older people. They are familiar with terms used in social services and their Chinese counterparts. Therefore they are able to carry out effective translation. Occasionally, Chinese staff help with hospital interpretation. As mentioned in the previous chapter (see chapter 6, section 6.16), these Chinese staff were considered as friends to older Chinese immigrants. As children, they have knowledge of older Chinese immigrants' personal information, and act as advocates when carrying out translation.

6.33.3 Informational and emotional support

Institutional Bridge People usually have good knowledge of social care and social benefits, such as state pension, attendance allowance, disability living allowance and pension credit (welfare benefits that are available to older people in the UK if they meet predetermined criteria). Meanwhile they are also able to provide effective translation. Therefore older Chinese immigrants can receive translation support together with information support at the same time, which saves time for them. As participant 49 stated: *'It's like when government have benefits [for older Chinese] to apply. We would pass it to XX [a Chinese staff], to get those older people benefits. They [older Chinese] are unable to fill the forms, where to fill the forms, where to get apply the walking sticks for older people, benefits for older people. I would tell them to go for XX [a Chinese Staff]'.*

Participant 52 also stated the importance of information support from Chinese organisations as when they intend to use services they contact organisations first to obtain information about the relevant department and services.

> *"Most of the time, we go to the organisation first, then go to the council. Because which department in council are doing it, nobody knows." Participant 52, OC*

In addition to institutional Bridge People introducing older Chinese to relevant service providers, they also invite service providers, such as opticians, nurses and social care officers, to come to Chinese centres. They arranged for health and social care professionals to visit centres on a sessional basis, and provided translation for the professionals and older Chinese during the session.

Aside from informational support, many of the participants reported that they developed a personal relationship with institutional Bridge People and came to regard them as personal friends. This meant that accessing these Bridge People also resulted in them receiving emotional support. In addition, many institutional Bridge People often presented at luncheon clubs, thus providing further information and support. As stated by Participant 44: *'If we have any needs, we would go for XX, she could help us to sort out everything'.*

6.33.4 Cultural issues

Currently, in the Newcastle area Chinese staff who are available to provide medical interpretation are all female, which means older Chinese concerned about gender-related issues would not be able to get help from them. Another issue is the conflict between choosing a family member or non-family member. For some older Chinese, seeking help from non-family members may be seen as an emotional burden. Chinese staff, despite being regarded as friends by some older Chinese, may have less emotional involvement than friends and have an identity as staff from an organisation. There may be additional emotional burdens in seeking help from them. In this research, no older Chinese participant expressed these feelings openly. However, all older Chinese participants stated that they only seek help from institutional Bridge People when their children are not available which, to some extent, implies that family are still regarded as the primary resources. Meanwhile, a Chinese participant reported reluctance in seeking help from non-family members:

> *"Some are really shy, and do not talk. We need to go to them and talk to them. They won't come to us. Lots of people don't know their misery. Like some elderly feel lonely and want to have someone to talk to. Why your children don't help you? Why you seek help from non- family member? Lots of time he [older Chinese] doesn't want to do this. If he go for a non-family member, that means his children can't help him. Therefore many people do not speak out to get help from non-family members." Participant 49, SBP*

Another Chinese staff's statement showed that some people consider children to be irresponsible if their parents seek help from outside the family. She stated that older people do not like them bother them with 'trifles', and she assumed this may imply an unhealthy family relationship.

> *"For older people, I find they all don't like to trouble their children. Every time they say, they [children] are busy. They would rather bother us. Even little things, [they say] they are too busy. Is this they love them [children] too much, or they don't want to trouble them? Or their [children's] attitude to them is not very good? This is hard to know. Is that their children don't want to help, or they don't want to trouble their children. Regarding to family relationship, there are so many kinds of it. Some reserve Chinese virtue that children take care of their parents. This is common. But some are not like this. Some children even don't care [their parents]. Some don't feel they need help from children." Participant 43, IBP*

From one staff member's point of view, some older Chinese love their children and do not want to trouble them. This often results in older Chinese looking for help outside of the family, even when tasks could, or should, be carried out by their children. This also reflects the view that children are the primary sources of help, which is even held by Chinese workers from voluntary organisations.

> *"To be honest, older people also are not doing properly. They love their children too much. Always say that their children don't have time. They [children] must have a day for rest in a week. They [older Chinese] indulge them [their children], and don't want to ask [if children have time]. Like on Friday, I could get paid. But in other days I won't be paid. They still want to take the advantage, asking me to translate for them….like tomorrow, there is an elderly. He/she will go to see dentist. What's there to translate at dentist? He/she always say that children don't have time. He/she come to me [for translation support]." Participant 43, IBP*

6.33.5 Special characteristics of institutional Bridge People

The first special characteristic is that institutional Bridge people support older people on two levels and with two different levels of trust. Unlike other Bridge People who only support older Chinese in public services at an individual level, Chinese staff also support Chinese groups in relation to government and society at an organisational level. Staff from Chinese organisations has various responsibilities. They provide language and information help to Chinese people, organise social activities such as luncheon clubs and annual travel, communicate with the government and pass on the voice of Chinese to government and society. Aside from providing language and information support to older people, they also have responsibility in assisting the government to promote services. When government officers come to the Chinese community to give lectures and consultations, it is the Chinese staff who act as translators for both government officers and Chinese people. They also provide translation of organisation documents for the

government to apply for funding to contribute to the Chinese community. Therefore, they do not only play the role of bridge on an individual level, but also on an organisational level, as they communicate with the government on behalf of Chinese groups.

> *Regarding to the organisation work, our workload becomes heavier. Everything was used to be free of charge. Of course, we understand that the government would like to help out Chinese. But language is a problem. Every time, we have to translate for them [government officers]. I think we have spent a lot of time and effort on helping older people association, and women association. And we need to be the bridge for the mainstream government departments. Now I think they should pay us the translation fees … So they [government officers] need to contact our organisations. They are becoming clear about this, if they contact individuals. If there are something to talk to them, how to knock the doors. So they need the information. So the best way is to contact our organisations. Our organisation has the contact lists. Every organisation have given the lists to them. If they have anything, they could contact [Chinese] organisations, and organisations contact their members." Participant 43, IBP*

Meanwhile, when the local authority finds something they want to discuss with the Chinese community, they can seek help from institutional Bridge People. Institutional Bridge People give advice to people or mediate the situation for service providers. Participant 43 reported that government departments sometimes contact her for coordination: '*And some from Department of Health, like on many occasions I performed as a coordinator. Like if there are some problems, they felt something very complex and would phone me and tell me the time to meet them*.'

As mentioned above, Bridge People are trusted by Older Chinese immigrants. With this trust, these Bridge People are more likely to have cooperation from older Chinese immigrants. This enhances the working efficiency of Chinese organisations. Also, as Chinese organisations have a working relationship with the government, trust in Chinese staff also helps the government to gain cooperation when it needs to carry out projects in the Chinese community.

The second characteristic is the heavy work burden and shortage of competent workers. The work of institutional Bridge People includes providing support for individuals, managing organisations and helping the government to communicate with the Chinese population. Thus, they need to help individual Chinese people while simultaneously dealing with organisation administration work. Participant 43 stated that there were many people who came to seek help, and they were short of workers: '*They [older Chinese] would need a worker to translate letters for them, write letters. If there is any problem, could solve for them. Now we still need such people… if I can help I would help directly, if it's not my responsibility or I can't help, I would help indirectly. There are too many people*.' Institutional Bridge People often find work too heavy a burden for them, yet there are no

other people with competent English proficiency to share their work. Some would like to quit but there are no competent candidates to replace them.

> *"We have needs to fills lots of forms, send out information, make contacts….and finally, alas, it is me who shoulder the burden of all the work." Participant t 42, IBP*

> *"…looking at organisations, no organisation have such qualified worker. Not necessarily Chinese. Someone who can help them to apply for funding. Many Chinese here don't have such ability. The application is complicated. I have retired for so many years but I'm still helping them. I want to have a real retirement. But I can't quit, because we are still short of competent candidates. We never have had…most of us are volunteers; we don't have much requirements for committee members, like Mr XX does not have much education. Many of the staff here don't have much education." Participant43, IBP*

This heavy burden could have an adverse effect on both service quality and organisation administration. The organisations still require staff to provide language support and to write proposals for funding. Meanwhile, many Chinese organisations are charities, and the Bridge People within them work as volunteers. They feel there are misunderstandings towards them. They receive few compliments but many complaints, and this places more pressure on them and reduces their motivation to help people.

Working in institutions and dealing with a large number of members not only brought a heavy work burden, but also caused emotional pressure. Working with different people is not always a pleasant experience, especially when some people are quite sensitive or when institutional Bridge People have to turn down people's requests because of their heavy work burden. Participant 43 complained that:

> *"I mean it really compassion thing. If not having this in your personality, it really hard to do this. One must have kind heart, loving others, and then he can do this. Because you will be blamed, more or less, be blamed. sometimes they understand incorrectly, I would try explaining to them, and not being angry at them. If the person is like this [sensitive], I would try to avoid him. Some people are very sensitive; always doubt others' [purpose]. Very suspicious. You help him, he thinks if you are trying to advantage of him, or you want reward. He doesn't like it. There are people like this. So I only help such people when they really need help, otherwise I would not say anything. Then they have letters I would read for them. And it requires making phone calls; I would use his [phone of who seek help]. This is [reasonable], right? I always told them about this. This is the solution. And if it's a long-term case, I would report the case for him. The relevant department will contact him. They would have interpreters. I provide help directly if I can help. If it's not my responsibility or it's what I don't want to help with, I would help them indirectly. Too many people….there are pressure to help others. If they come to me, it would be bad if I say no. [But] I have my own stuff to do. And it's not just help one person. Most of the time, I help one, and everybody else get to know this, and they come to you". Participant 43, IBP*

Stories from older Chinese confirm that people feel unhappy and blame the institutional Bridge People when their requests are turned down. Participant 31 insisted that he only asked for help when he really needed it, therefore, when the institutional Bridge People question his request he felt quite unhappy:

> *"Like I can't hear things, I hurt my neck, and need massage. I don't know how to say it, don't know how to use the [English words]. I said: "Is that you don't have time?" She [a Chinese staff] said: "No, no, I will help you straight away." I come to you is because I really need it urgently. If I am not feeling anxious, why would I come to beg you? Why you look like quite hesitative and reluctant?" Participant 31, OC*

6.33.6 Chinese organisations and impacts on access to Bridge People

Most institutional Bridge People are from Chinese community-based organisations. They provide support on behalf of the organisations. People who access those institutional Bridge People need to have membership of the organisations, and use other services provided there, and this influences their utilization of institutional Bridge People. In the previous section (see chapter 6, section 6.33.1), it was shown that the opening hours and location of Chinese organisations, and competent workers, strongly influence the availability of Bridge People. Other factors that influence the performance of Chinese organisations and their impact on access to Bridge People are discussed below.

Luncheon clubs are the main services provided by Chinese organisations. Dinner is an important part of Chinese culture, and it was found that provision of food was very appealing to Chinese people. Therefore, most events held by Chinese organisations are dinner-orientated. As participant 43 explained: '*if no food to eat, it's really hard to get them [older Chinese] come out. Therefore, whatever we do, we would make sure there would be food to eat'*. However, some older people have certain illness, such as diabetes, and have to control their diet and cannot go for a big dinner like the one provided in the Chinese luncheon club. When they stop going to the luncheon club, seeking support from Chinese staff is no longer convenient. For example, participant 43 used to join many Chinese organisations, but after he got diabetes, he quit all the lunch clubs:

> *"I joined so many organisation: XX [organisation A], health association, older people association, the luncheon clubs organised by xx [an institutional Bridge Person]. Every Thursday would have a lunch club. But I have diabetes, so I haven't been there for years. I was a member. [Now] we couple just have food by ourselves." Participant 43, OC*

Another factor that limits the performance of institutional Bridge People is lack of funding. Staff from Chinese organisations explained that it is very difficult to run the organisation. Many services cannot be carried out because of a lack of funding. Sometimes staff, who are volunteers, have to donate money help the organisations. Lack of competent staff with

good English language skills not only decreases the capability to provide language support, but also results in a lack of funding, as they do not have enough time to write a good report to apply for funding. Due to funding problems, Chinese organisations do not advertise to enhance its popularity. They mainly rely on the use of word of mouth publicity. This results in a vicious cycle: a lack of funding makes them unable to hire employees or to attract more people by enhances marketing. Participant 43 described their problems:

> *Interviewer: "How you did older Chinese get to know this organisation?"*
> *Participant 43: "I told them…if they don't come out, how would I be able to tell them?"*
> *Interviewer: "Do you have any other methods to publicise?"*
> *Participant 43: "We have AGM once a year, to provide free dinner. So they [members] would tell their friends. We would write letters to all the members. But we are not able to do this to non-members. Stamps cost money. We try our best. But if they still don't come out, we don't have any other methods."*

Furthermore, many older Chinese believe that Chinese organisations are not fully functional and lack of efficacy, mainly because of their short opening hours and insufficient support provision. To meet these two needs, more institutional Bridge People are required. As mentioned previously, Chinese organisations mainly provide Chinese older immigrants luncheon clubs once a week, and annual trips. Though they provide language and information support, many participants do not think they are receiving effective support from Chinese organisations and want them to provide more language support. With longer opening hours, not only could they drop in and have consultations, but they could also use it as a meeting point to be with friends, and this could attract more people to come to the organisation and have access to the Bridge People. In group discussions, participants complained about the limited opening hours of a Chinese day centre:

> *Participant 7: "Others have their day centre open every day."*
> *Participant 8: "[Here] it only opens once a week."*

Participant 43 also hoped there could be longer open hours:

> *"Talking about all of this, the place is very important. XX [organisation A] is very lucky, has a building. It should open seven days [a week]. And give opportunities for other organisations to use it. Not just occupy it, should let others use it in turn. Having a place, for any Chinese people, they can go in, ask questions, or ask for helps." Participant 43, IBP*

Section 6.33.5 described the lack of numbers of institutional Bridge People, and the heavy work burden that they bear. Longer opening hours and providing more language support would mean an increase in the numbers of institutional Bridge People or an increase in the work burden, which again stresses the importance of and need for institutional Bridge People.

However, informational support provided by organisations and institutional Bridge People is not entirely satisfactory. Participant 31 criticised that some organisations can be irresponsible, as he once found that an organisation provided inaccurate information, and this caused misunderstanding and inconvenience to him. Also, the person in charge refused to make a statement to clarify the misunderstandings, and this resulted in additional difficulties for others. The story was cited by only one participant, and therefore it was only one person's opinion. However, if what participant 31 stated is accurate, it could lead to serious consequences:

> *"Have you heard about the 6000 HK dollars? About 6000, there is a plan A, and a plan B. Plan A is for those who have bank account in Hong Kong. Hong Kong government gives you 6000 HK dollars. About how to get it. Was said to go to Bank of China and open an account. But that is not the truth…I went there [Bank of China]…the manager came out and told me, we can't do your case. There are A and B [plan]. I have been covered by plan A, that in Hong Kong, the money has already in there [the account in Hong Kong]. Plan B is for those who does not have bank account, who hasn't applied yet. I have already applied, [the money] is already there. If I do it [plan B], it would be a criminal case. I have got money in there [Hong Kong], and still apply. Its fraud…my friend said luckily you told me about it…but in that Chinese organisation they didn't [publicise the differences between plan A and B]. They only post plan A, but didn't post plan B." Participant 31, OC*

It must also be noted that Chinese organisations are predominantly used by people from Hong Kong, and the majority of institutional Bridge People are Cantonese-speaking Hong Kong Chinese. However, in recent years, the number of Chinese from mainland China has increased. This group has found it difficult to join and use services in Chinese organisations, which may be due to differences in language, culture and social status. People from Hong Kong speak Cantonese and people from the mainland mainly speak Mandarin, meaning that the groups may be unable to understand each other. Hong Kong was colonised by Britain for 100 years and has a different social and political system than mainland China. People from the two areas may still hope for the same traditional Chinese culture, but hold certain different values and beliefs. Moreover, most Chinese immigrants from Hong Kong work in catering industries, while people from mainland China are more likely to work as professionals. These differences create difficulties in uniting the Chinese community as a whole. Though one of the Chinese organisations has a president who is from mainland China, which encourages Chinese people from mainland China to join in the Chinese community or come to seek help, the challenges still exit. As the number of institutional Bridge People is limited, being bi-lingual and bicultural might not be enough, and they may need to have more in-depth knowledge in Chinese language and Chinese culture.

6.33.7 A special case of institutional Bridge People

Managers from Chinese sheltered housing are a special group within Bridge People, as they have mixed characteristics that are both institutional and familial. Managers from Chinese sheltered housing are mainly considered as institutional Bridge People, as they are from institutions and have many relevant characteristics, including sufficient information resources, experience in translation, being able to provide emotional support, and bridging at two levels. However, they are not volunteers as most of the other institutional Bridge People are, they have more available time, and are geographically close to older Chinese, which is similar to the characteristics of many familial Bridge People. This mixed pattern was found to be welcomed by many older Chinese. Chinese sheltered housing also has a unique service design which addresses the service needs of older Chinese. Therefore, Chinese sheltered housing is introduced as a special and successful case. Managers from Chinese sheltered housing have most of the characteristics desired by older Chinese, and are therefore introduced separately in this section to illustrate their significance in impacting the life quality of older Chinese.

Chinese sheltered housing is popular among Chinese older immigrants. In this study, many participants indicated their willingness to go to Chinese sheltered housing, mostly because there is a Chinese worker who can provide language support, but also because of its large number of other Chinese residents. People living in Chinese sheltered housing therefore are able to receive linguistic, informational and emotional support. The Chinese house manager working in Chinese sheltered housing is a good example of a Bridge Person. He has good availability, provides the three types of support mentioned above and is convenient to contact. In the Chinese sheltered housing context, Bridge People provide a combination of institutional and familial Bridge People support, as they have good availability, like children living with their parents, and sufficient knowledge of information and services, which are the main advantages of institutional Bridge People.

The Chinese manager speaks both Cantonese and English, and is able to provide language help to residents. When Chinese residents need any help they can make it very clear to the manager. The Chinese house manager is a full-time worker, and he is based in the building during working hours, which ensures his availability. When older Chinese need translation for letters or booking appointments, they only need to go down stairs, which is very convenient for them.

> *“Needs, hardly any. There is a manager. If there is anything, like something broken, just tell him. He will get someone to fix. If you need to see a doctor, he will book an appointment for you, and book an interpreter as well.*
> *Now we ask house manager to book doctors for us, and book interpreters by the way. Also when we take taxis, sometimes when it snows or rains, [house manager] would get taxi for us.” Participant 34, OC*

Aside from linguistic support, the house manager also provides informational support. There are posters and leaflets in Chinese about services and welfare in Chinese sheltered housing, which are easier for residents to understand. They can drop into the office to ask for details. For illiterate residents, the Chinese manager can explain the news/information to them. The house manager also helps residents with the completion of forms. Moreover, similar to other Chinese staff from Chinese community, this Chinese house manager treats his residents as friends, and provides instrumental and emotional support. A resident from the Chinese sheltered housing described how the Chinese house manager helped her during his off-duty time:

> *"If I need anything, the manager, would arrange for us: make phone calls for me when I'm ill, and book taxi to take me to hospital. If I'm not feeling good, he would phone my son. And he helps me even when he is off the work. Like when I was in hospital, he came to visit and he bought me anything I need." Participant 36, OC*

Not only does the Chinese house manager provide a wide range of support that older Chinese need, the place he provides this support (the catchment area) is also attractive to older Chinese. The first attractive element is friends. In Chinese sheltered housing people can easily visit, talk to each other, share information and experiences, and do activities together. The hall in the Chinese sheltered housing allows a large group of people to be together, thus allowing group activities. It serves as a meeting point for older Chinese, where they can meet friends without going to casinos. They can also take care of each other there.

> *"Here we have companionship, have friends, all are older people…there is a lobby downstairs, we could sit together and chat". Participant 34, OC*

The location of the Chinese sheltered housing provides a convenient environment for older Chinese as well. It is located at the end of Chinatown and close to the market, which makes it convenient for Chinese residents to go shopping and buy food. As all residents are Chinese, other charity organisations are able to provide culturally sensitive services for Chinese, such as the Chinese movie club and exercises with Chinese instructions. Older Chinese living nearby can join the activities in the Chinese sheltered housing. Thus, the Chinese sheltered housing can act as another day centre and meeting point for Chinese in the area.

Additionally, as with any sheltered housing service, there is emergency help, personal space and the potential for independence. Older people worry about facing an emergency while alone and without support. Living in sheltered housing ensures they can get help in time. Personal space allows Chinese older immigrants to be independent and have their own lives. They do not need to squeeze themselves into a small house with a big family.

Also it is a good way of living with a group of people but still having privacy. Furthermore, living with Chinese, and being supported with language help, means Chinese older immigrants no longer need to rely on children. As children have to work and may not have much time for family care, some of older Chinese worry about care even when they are living with their children.

6.34 Social Bridge People

Social Bridge People refers to people that older Chinese know from their social network, or social events and social clubs, such as friends, acquaintances and neighbours. Social Bridge People are not on representatives of institutions or the public sector, but provide help individually, merely out of friendship and social bonds.

As Chinese people are a dispersed group, they seldom have Chinese neighbours as Bridge People. Therefore, social Bridge People are simply friends of older Chinese, who are older Chinese themselves. Older people in Newcastle often have shared background. They generally have a low level of education and a low level of English proficiency. This is typical of what is depicted in the national statistics. As presented in chapter 2, only 29% of Chinese over 55 speak English well. Most of the people who have better English proficiency can only help with reading as low-level translation. They are not able to support higher levels of English proficiency, such as interpreting or filling in application forms to claim benefits.

> *"I could help them to read the simple letters, about drugs…I speak a little English. Like just now, when the conversation went deeper, neither did I understand it ". Participant 49, SBP*

Participant 43 gave the reasons why older Chinese can get little help from their friends. First, the number of friends who could provide language help is very limited. Qualified people with high levels of English proficiency usually have and can hardly spare the time for friends who are not family. Older Chinese themselves seldom have good English proficiency. Thus, the translation quality from those older Chinese who can provide language help is not good. She commented that:

> *"Trained interpreters do not necessarily do very good job in translation. Those who haven't been trained, translate even more inappropriately. Some of them lack of competence and they do the [translation work] irresponsibly. Those with high level [English proficiency] have their own career. How would they have time. Usually they are young. Few are older people. Because the whole generation have the same [language] problem. They can't even help themselves; how would they be able to help others. But I have seen this: an elderly helped another elderly. But his English was very poor." Participant 43, IBP*

As most people in the friend group are older people, friends could have more available time than working people to provide help. For example, participant 31 stated: '*see what help they need, if it's urgent, I could do [any day] in a week except the last day of the month'.* Friends have more available time. However, because they provide help to their personal friends, the number of people they can help may be limited. Participant 31 stated: '*What I do is just among friends. See what we can do. People I help are those personal [friends]. Friends may introduce some to me*.'

Many participants reported that some people have to go to the casino to find friends to read letters. The casino is a meeting point for most of these older Chinese immigrants. It was reported that an older Chinese was particularly based in the casino to read letters for others. The support provider never gambled but only used the casino as a catchment area. '*There used to be a man, named XX. He helped other to read [and translate] letters for others…he did not have other places to go. It's for others' convenience, he went to casino. He did not gamble, [he went there] because he has no other place to go'* (participant 31). However, some people criticised that going to the casino to seek help was an excuse for gambling. Participant 31 criticised that: *'Those people, [say that] if I don't go to the casino, no one will help me. Actually there are many other places to go, why they don't'*.

As can be seen, maintaining social networks and being able to participate in popular social activities are closely linked with having access to Bridge People. However, as presented in section 5.35, older Chinese have very limited social activities and access to meeting points, in which creates difficulties for social networks. It should be noted that having a meeting point increases contact with social Bridge People. It can also increase contact with service providers and increase the chance of receiving culturally sensitive services. Participant 43 suggested that gathering Chinese people together would enable service providers to organise themselves and provide culturally sensitive services:

> *"We used to organise 8 Chinese to live together in one care home. So they were happy…so they know the services were good, they could tell Chinese. And more and more people come to stay, so they could have a platform….if there are only a few people, they [service providers] would find it's hard to do things. [For] one or two [Chinese] people. They would not hire a worker especially for them, to help you. They have interpreters. For Chinese dinner, how did they start? I found someone to train their cookers - How to cook for Chinese. And we contacted with social welfare departments, [saying] they need a sectional worker. It would be hard to organise this if there are only a small number of people." Participant 43, IBP*

Similarly the Chinese sheltered housing organisation was known by many service providers as having a large proportion of older Chinese people. Services, such as exercise programmes and movie clubs, were carried out in the Chinese sheltered housing organisation, and were open to all older Chinese who wanted to participate. This

concentration of older Chinese enhances their 'visibility' to service providers, and enables service providers to reach them, as their meeting points can also serve as catchment area. Service providers therefore could locate older Chinese and then provide the services they need.

6.4 Strategies for using Bridge People support networks

Each older Chinese immigrant may have their own way of using Bridge People. Language support can be divided into four areas: healthcare, social care, approaching services (booking appointments and reading letters), and daily activities that require use of English language (reading news, answering phone calls, shopping, etc). The most common strategy is to use children as the central resource. As stated above, children are capable of doing most types of support and possess several positive attributes: providing advocacy, companionship and transportation support, less time and effort to book as interpreters, speaking the same dialect, and so on. When children are available, older Chinese immigrants prefer to have them carry out all of the translation. They take their children with them when they go to see doctors, and ask children to fill in application forms for social care or welfare. Children also help them with approaching services, such as booking appointments and reading letters. Children can also be used to cover everyday support. As Participant 52 said, *'In early years, I needed to get the people to translate [for me]. Now I have children, and they can speak [English]. So I don't need to trouble those [hospital interpreters]'.* As such, when children are available, they become the main resources of support.

Additionally, using professional interpreters is expensive. Many older Chinese immigrants understand that public resources are limited, and believe that they should not waste government money. When children are not available, people need to seek help from other Bridge People. This strategy is to let children do what they can, and then have other Bridge People that address the remaining needs. As a result, they only use interpreters for healthcare services, and Chinese staff for social services. For approaching services, if children are living locally, this becomes their responsibility. If this is not possible, they need to go to Chinese organisations or contact a personal friend with English proficiency if they have one. As participant 52 put it:

> *Participant 52: "If you don't have children, of course you choose organisations to help you. If you have children, it would be convenient and easy."*
> *Interviewer : "So your children do all the work, like filling forms?"*
> *Participant 52: "Yes."*
> *Interviewer: "On what occasion, would you seek help from Chinese organisations?"*
> *Participant 52: "When they [children] can't solve it, relatives, friends can't help with it, then go to the organisation."*

For example, there had previously been a Chinese staff member who offered medical translation help, and Older Chinese immigrants reported a preference for her rather than hospital interpreters. It appears that older Chinese immigrants prefer acquaintances to do translation, as this allows them to have an interpreter who knows the details of their medical conditions and needs, and can also provide advice. They also provide companionship. Participant 1's statement illustrates the typical strategy in using Bridge People:

> *Interviewer: "In what situation would you seek help from XX [a Chinese staff]?"*
> *Participant 1: "When no-one is available. You know, children have jobs to do. It's a long distance to [accompany me to] see the doctor. At that time, my son hasn't gone back to Hong Kong yet, living in London. So if I need, I would call him, and he would book doctors for me. Isn't it troublesome? If he is here, we could book doctors right away…if I have translators. When friends are available, I would ask friends to make the phone call [to book appointment]."*

Although one institutional Bridge Person suggested that some older Chinese try to let their children have a break and use other Bridge People as the first resource, this was not confirmed by older Chinese participants. All older Chinese participants from this research stated that they only seek help from other Bridge People when their children are not available.

Chapter summary

This chapter examines the concept of Bridge People who facilitate access to services for older Chinese immigrants. Bridge People provide multiple types of support that might be needed in service use, including linguistic, informational, emotional, informational, agency, cultural and transportation support. Each group of Bridge People has their own strengths and weaknesses. Familial Bridge People have varied availability and no guarantee on translation quality, but are able to provide a wide range of support. Professional Bridge People have relatively good availability, but are occasionally limited by administrative mistakes. They have a relatively good knowledge of translation skills and terminologies, but are confined by their roles, and only provide linguistic support. Institutional Bridge People are particularly good at providing information and language support for accessing social care services. They occasionally help with translation in health care services. However, due to limited funding and human resources, they are only available for a few hours in a week. Social Bridge People usually provide low-level translation, but have more available time. The typical strategy of using Bridge People is that familial Bridge People would be the first choice. Only when familial Bridge People are not available do older Chinese turn other Bridge People, and choose specific Bridge People according to the support they need.

Chapter 7: Discussion

This research examined the ageing experience of older Chinese immigrants in the UK, and their access to and use of health and social care services. The findings provide new insights to the struggles and challenges of older Chinese people. In their efforts to identify services that address their needs, and access those services, the participants utilised support in the form of Bridge People. This chapter begins with a review of the research aim to examine if it has been fulfilled. The research findings are then discussed in relation to previous research and existing theoretical models and concepts. Social capital theory is highlighted as it also addresses people as resources used to facilitate service access, and therefore could contribute to an understanding of support networks and coping strategies.

The concepts which emerged from the findings, such as the bridge, trust and power, are examined in relation to similar concepts in social capital theory and the existing literature to further the understanding of the relationship between Bridge People and older Chinese immigrants. Andersen's behaviour model, which was developed to understand service access and service use behaviours, is presented to examine the service use behaviours identified in this study within a wider range of influential factors. The application and relevance of this model to explain service access behaviours in different phases is set out. Theoretical implications of the research findings to the existing theories are also presented. After reviewing the aims and findings, there is a reflection on the strengths and weakness of the study design and implementation, and the influences of the strengths and weakness on the overall findings.

7.1 Review of the research aim

The aim of the study was to explore older Chinese immigrants' ageing experience and their service use, and generate a mid-range theory of ageing experiences in relation to the use of health and social care services. As discussed in chapter 3, there is a concern that theory has been neglected in the development of social gerontology, especially among older immigrants (McDonald, 2011). There is a need to develop a model based on the data collected from older Chinese people to fill the gap in theoretical development among ageing immigrants. As a grounded theory study, this study has an emphasis on behaviours, interactions and the social and cultural contexts of people. When exploring the experiences of service users, the study did not only focus on the determinants of utilization of services, but rather examined the research area in a general and broader way, showing the process and decision-making process that was adopted by the participants in using services. Aside from identifying the barriers to accessing services, the findings from this study have revealed the strategies that older Chinese employed to

enhance their access to services. The essential method is to rely on a support network formed by Bridge People, who were categorized into four different types: familial, professional, institutional, and social. By giving insight into the role of Bridge People, and the mechanism for the use of Bridge People, the research provides an in-depth understanding of service use behaviours among older Chinese immigrants. It also adds a new dimension to the influence of social support on service use, in that support from different resources should be considered as an integrated network, because they are interconnected and complementary to each other. The Bridge People support network model addresses the importance of family members, social networks, the local ethnic community, and public interpretation services in improving access to services, and reveals how social support and changes in family relationships influence access to services. As the perception of and satisfaction with the access of individuals to different institutionalised resources is most important for the physical and psychological health of older people (Muckenhuber, Stronegger, and Freidl, 2013), the findings concerning Bridge People have significant value in promoting the well-being of older Chinese.

7.2 Bridge people

Older Chinese use Bridge People to identify services that address their needs, support access to services, convey their opinions to service providers and receive information from service providers. Therefore, the performance of Bridge People impacts on the perceived quality and outcome of service provision and the service use experience of older Chinese. As mentioned in chapter 6 section 6.3, some older Chinese blamed the interpreter for not being able to give the information that they needed, stating '*he/she didn't find the answer that I want to know'*. Many Bridge People interact and negotiate with service providers on behalf of older Chinese. For example, when applying for social care services, older Chinese primarily only talk with Bridge People. Also, when older Chinese need to access health and social services, such as visiting a GP or applying for social benefits, they mainly draw on support from Bridge People.

The concept of Bridge People is based on the premise that a gap exists, both linguistically and culturally, between older Chinese and public services. Language barriers are not the only problem in accessing public services, as lack of awareness of services, lack of service information, transport limitations, cultural differences and lacking in confidence when communicating with health professionals also contribute. As highlighted in the findings, these categories are all related to the functions of Bridge People. While the data contained a large amount of rich detail of how Bridge People are used to overcome barriers, as the older Chinese participants reported few negative experiences regarding the availability of public services or of interacting with services providers, this research

focused primarily on the accessibility of services and the role of Bridge People in facilitating access to services.

Characteristically, the people who used Bridge People tended to be vulnerable with limited resources, isolated or socially excluded. They are not able to communicate or obtain resources from formal services effectively without support. The UK Chinese are considered to be a 'hard-to-reach' group (National Institute for Health and Clinical Excellence, 2012). Owing to their geographical distribution and communication problems (Chan *et al*., 2007a), many older Chinese immigrants are unable to read or speak English, and have not developed many links outside their own cultural group, which leads to difficulties in accessing services. To maintain a certain level of quality of life and to adapt to the social environment in the UK, Chinese immigrants must make an effort to find solutions and develop coping strategies.

When Bridge People facilitate older Chinese people's access to services, they bridge a linguistic gap between older Chinese and services, while simultaneously bridging other gaps that cause difficulties in accessing services. Most of the time, they are not merely interpreters who transmit information, but mediators, advocates, and even drivers (addressing mobility problems), whilst also offering emotional support. The range and the role of Bridge People varies. Different Bridge People provide very different combinations of support. In summary, all Bridge People are able to provide linguistic and cultural support. Language barriers have been frequently referred to as a major problem for access to services among Chinese immigrants (Green *et al*., 2006; Kwok and Sullivan, 2007; Li *et al*., 1999; Sproston, Pitson, and Walker, 2001), particularly among older Chinese immigrants (Lai and Chau, 2007). Aside from language barriers, there could be a lack of awareness of cultural issues during the communication, and this may cause misunderstanding and conflict. The bi-cultural background of Bridge People allows them to clarify the reasons for this and mediate the situation. Previous studies also report communication problems caused by cultural issues. Ma (1999) stated that Chinese immigrants still hold beliefs in traditional Chinese medicine, such as yin-yang balance, and were unable to discuss this with Western practitioners. Meanwhile, many Chinese immigrants have conceptual communication problems, such as being unfamiliar with healthcare systems. Many Chinese immigrants do not understand the concept of 'family doctor'. Cultural support can be quite important for health and service access. Lai and Chau (2007) reported that practitioners' inability to understand the users' culture was one of the top barriers in using services. Shapiro *et al*. (1999) found that immigrants who were most acculturated or bicultural reported themselves as the healthiest and least depressed

Linguistic support tends to be a major function of Bridge People for Chinese immigrants in this study. Research on proactive welfare rights advice services for immigrants in the UK (Moffatt and Mackintosh, 2009) reported that the lack of Chinese-speaking liaison officers resulted in the Chinese not participating in services, and suggested that services provided to ethnic minority communities frequently rely on one or two key members. Their study confirmed the findings from this research on the importance of linguistic support in service access, and the necessity and lack of institutional Bridge People. Bridge People who facilitate access to services could also exist in other groups. MacKian (2003) reported that women in many developing countries need bonding and bridging social capital and supportive formal institutional structures, as they rely on the male head of household to secure access to medical treatment, financially and practically. The concept of Bridge People could also be applied to women. It can been seen that Bridge People for women are their male head of household, and the main function of those familial Bridge People is to fill the financial and practical gap between women and healthcare services. The principle that Bridge People possess more resources than non-Bridge People applies to other groups, but differs in the types of resources they provide. Bridge People for older Chinese immigrants are people who possess linguistic, cultural, information and other resources; Bridge People for the female group are people who have financial advantages and the ability to provide practical help. In addition, having access to Bridge People does not guarantee the access to resources. As presented in chapter 6, many factors including accessibility, availability, ability of Bridge People, influence performance of Bridge People and access to services. This also applies in MacKian (2003)'s study, that though women in many developing countries have the male head of household who serve as Bridge People, they still need various sorts of support.

Previous research acknowledges the communication difficulties and lack of support that exists among Chinese groups (Aroian *et al*., 2005; Chan *et al*., 2007a; Lai, 2006; Sproston, Pitson, and Walker, 2001), but failed to study their coping strategies, or look at their support network as a whole. For example, Chiu (2001) found that family care might not be sufficient, and suggested that the public sector should provide more care. However, he did not look at care provided by Chinese voluntary organisations. The findings from this study suggest that although there are services available for older Chinese, the problem is how to access those services. Therefore in this study, Bridge People who played a key role in enabling older Chinese access to services were identified. It should be acknowledged that Bridge People do not only bridge the gap between older Chinese and services, many of them also help to bridge the information gap between older Chinese and mainstream society, such as through information for health promotion, or information for available leisure and social activities. It also needs to be clarified that those Bridge People are not just a bridge to other resources, such as formal help, but they themselves are also

resources providing a variety of help and support. They help older Chinese both directly and indirectly. Previous research has tended to examine family members, friends, and the community as direct carers and support providers, for example through people providing health information, convalescent care, and emotional support, and how this improves healthy behaviours, buffers stress, and stimulates immune systems (Arber and Ginn, 1991; Berkman and Glass, 2000; Chiu and Yu, 2001; Rochelle, Shardlow, and Ng, 2009; Wang *et al.*, 2010). In this study, the focus was on the under-investigated bridge function of these people, which helps the isolated group integrate into mainstream society.

Generally, the family was still regarded as the first point of contact when older Chinese are in need of help. However, due to the children's limited available time and changes in living arrangements, many children are not able to offer help. In such a situation, older Chinese can resort to professional interpreters for medical interpretation, and Chinese staff to deal with social care and welfare advocacy, as well as supporting them with engagement with a range of services. Friends can also help with low-level translation. These four groups of people, with different characteristics, each form a support network for older Chinese. This study stresses the importance of having a Bridge People network, as each subgroup has its own strengths and weaknesses. When they are together, they can complement each other and maximize bridging functions. Litwin (1997) carried out a study on older people from Israel, and developed a typology of support networks, which are categorised as (1) diversified, (2) friend and family, (3) narrow family focused, (4) attenuated, (5) religious family focused, and (6) traditional extended family support networks. Older people who have a diversified support network are more likely to contact friends and siblings, have friendly neighbours, and attend clubs, but a relatively small number have children living nearby. After adjustment for other variables, such as age and self-reported health, people with diversified support networks were reported to have the greatest use of health services, followed by people with family and friend networks, and people with family-focused networks were reported to have the least health service use. Litwin's (1997) study supports the idea that diverse support could strongly contribute to service utilization.

7.3 Theoretical implications

In this section, the findings that emerged from this research will be located within a broader body of literature. The most important research finding from this study is that it identifies a group of people, Bridge People, as resources of support for older Chinese immigrants to facilitate access to services. Social capital theory also regards people, or to be more specific the relationships between people, as resources (Kawachi and Berkman, 2000). Concepts of bridging and trust were highlighted in this research as key dimensions

of this important resource that the participants drew on in their daily life. The similarities and differences in those themes between social capital theory and the findings from this study will be discussed. Andersen's (1995) behavioural model, which aims to assist understanding of health service use and has a similar purpose as the model emerged from this research, was also chosen as a comparison point for this research.

7.31 Relationship as resource

In this research, it was found that the participants experienced difficulty in accessing health and social services. When this occurred, these older Chinese people resorted to using other people for help to overcome their difficulties. This way of using people as resources to facilitate their actions is similar to the notion of 'social capital'. Social capital theory was developed in different ways by Bourdieu (1986), Coleman (1990), and Putnam (1993). The theory is now increasingly popular in healthcare policy. Morgan and Swann (2004) suggested that social capital theory could be useful for examining factors in health area at individual and societal levels, and in exploring different approaches to community-based healthcare. Definitions of social capital are various in the literature. Coleman (1990) and Putnam (2000) focus largely on the collective level, such as local associations, communities and neighbourhoods, suggesting that social relations hold people together to act more effectively and to help pursue shared objectives. Putnam (1993, p.167) defined social capital as 'features of social organisation, such as trust, norms, and networks, that can improve the efficiency of society by facilitating coordinated actions'. Bourdieu (1986) and Lin (2002) emphasize the individual level, as social capital as an individual asset, and can be examined through individuals' social networks. As the research findings covered a wide range of support, from individual to institutional and public support, in the following discussion a general definition that integrates both Putnam's and Bourdieu's viewpoints will be employed, where social capital refers to the resources available to individuals or groups through their social connections to their communities (Kawachi and Berkman, 2000).

Social capital, such as social contacts, social activities, trust and reciprocity, is not the only significant predictor of life satisfaction and subjective well-being among older people, but also impacts upon access to healthcare services (Amit and Litwin, 2010; Derose and Varda, 2009; Litwin, 2005; Nilsson, Rana, and Kabir, 2006; Zhao, Xue, and Gilkinson, 2010). In this research, people from older Chinese immigrants' social networks were found to be important resources that were utilized by older Chinese to address gaps between services and enhance service use experience. Portes (1998) reported that compared to native people immigrants tend to have a relative deficit of social capital as a result of moving to a new country and losing contact with old social networks.

Consequently, immigrants tend to build social capital from family and participation in groups to compensate for this deficit. This was observed in this research. Moreover, different people were found to provide different types of support, and older Chinese tended to obtain support from a wide range of Bridge People, without limiting themselves to family support.

7.32 Bonding, bridging, linking

Social capital has been grouped into three types (Gittell and Vidal, 1998; Szreter and Woolcock, 2004): bonding, bridging and linking. Bonding social capital refers to relationships amongst members within a community, who share demographic characteristics or social identity, such as age, gender, ethnicity, education or socioeconomic status (Putnam, 2000). Bridging social capital refers to trusting relationships amongst people from heterogeneous groups (Szreter and Woolcock, 2004). Putnam (2000) suggested that bridging social capital tends to be more beneficial than bonding social capital. Bonding social capital is associated with thick trust, which is related to highly personal relations (Anheier and Kendall, 2002), and is sustained by a voluntarily accepted duty (Hosmer, 1995; Ring, 1996). Bridging social capital on the other hand is linked to thin trust, and is generated from a relatively greater number of ties but less dense relations (Anheier and Kendall, 2002). It is sustained by control, threat of punishment or shared interests (Lewicki and Bunker, 1995; Shapiro, Sheppard, and Cheraskin, 1992). In 2004, Szreter and Woolcock added new dimensions of social capital, which distinguish between bonding and bridging capital: linking social capital. It refers to the relationship between individuals and institutions, which have relative formal power over them, such as possessing unequal wealth and status, or providing access to services, jobs, and resources (Woolcock, 2001). For example, citizens' interaction with the Benefits Agency for job searching can be considered as linking social capital. Linking capital is different from bridging capital as bridging capital refers to relationships between people from different groups on an equal footing, whereas linking capital stresses the unequal relationship between two groups. According to Hawkins and Maurer (2010), linking social capital develops from the weakest relationship (a distant relationship with little emotional intimacy), compared to bonding and bridging social capital. However, as it provides access and connection to power structures and institutions that individuals would not access easily, linking social capital is the most valuable and helpful outcome (Hawkins and Maurer, 2010).

By examining these definitions of bonding, bridging, and linking, it can be seen that the meaning of the term 'bridge' varies from what has been defined in this research. In social capital theory, the concept of 'bridging' refers to the relationship between two

heterogeneous groups in terms of social identity. Many of these groups have equal power, particularly a possession of equal or similar social status and resources. The concept of 'bridging' in this research addresses the behaviours or functions of certain people instead of a relationship or social identity. Coleman (1988) suggested that social capital exists in relationships among 'actors', and stated that social capital is defined by its function. This has two essential elements: social structures and facilitating actions. However, Coleman did not categorise the functions that social capital has, and there is no function named 'bridging'. Therefore, 'bridging' in social capital theory rather focuses on the relationships between heterogeneous groups, instead of on functions.

Secondly, the two groups that were 'bridged' are clearly unequal in power, as one group is older Chinese immigrants who need service resources, and the other is service providers who possess the care and financial resources that older Chinese immigrants need to access. With respect to ethnicity, older Chinese have low bridging social capital as they cannot build quality relationships with local British people because of language and cultural barriers. Older Chinese immigrants who have access to familial and social Bridge People can be considered as possessing bonding social capital, and those who have access to professional and institutional Bridge People possess linking capital. Similarly, Bridge People who have linguistic competence possess bridging capital. Bridge People identified in this research, including family members, professional interpreters, staff from Chinese organisations and friends, can be considered to possess bonding capital, as they share the same culture and ethnicity with older Chinese immigrants. Due to shared culture and ethnicity, as pointed out in this study, even professional and institutional Bridge People do not only maintain formal relationships, but may develop informal and close relationships with older Chinese immigrants. Bridge People could also be considered to possess linking social capital as a consequence of their linguistic competence, cultural competence of the host country and, for some of them, increased information and transportation resources. This can provide access to services and resources. Therefore, Bridge People could be perceived to be people who are rich in social capital.

This research adds to social capital theory by integrating individual level and collective level social capital, and provides a new perspective to analyse social capital by categorising it according to functions instead of dimensions. When examining the relationship between social capital and access to and utilisation of health services, previous research tends to examine community social capital and individual social capital, or bonding and linking social capital, separately (Hendryx *et al*., 2002; Laporte, Nauenberg, and Shen, 2008; Nauenberg, Laporte, and Shen, 2011). However, as found in this study, functions of associations may be primarily performed by key individuals, and Bridge People may possess bonding, bridging and linking social capital at the same time.

There were no clear boundaries between individual and community, or between bonding, bridging, and linking, social capital. Therefore, in this study, family, friends, community institutions, and formal public support that for most part were seen as belonging to different networks in previous literature, such as informal and formal networks (Huijts and Kraaykamp, 2012; Pickens, 2003) or community and institutional networks (Moriarty and Butt, 2004), were grouped into one network by their bridging functions. As a result they are no longer separate groups but known as a 'Bridge'.

Previous research and literature tend to place linking social capital within an institutional context, usually related it to political participation (Poortinga, 2012) or participation in voluntary organisations or faith-based congregations (Derose, 2008). Warren, Thompson, and Saegert (2001) directly refer to it as networks between individuals and institutions and political structures. This research illustrates that linking social capital does not only involve institutions, but ordinary people from kinship and friendship networks as well, as these people may also facilitate access to services. People from informal social networks may not possess service resources as much as people from formal or institutional networks. However, they are more emotionally engaged with older Chinese immigrants and possess informal resources, such as knowledge of the individual circumstances and community. Meanwhile they are more flexible to provide support for older Chinese immigrants in terms of time availability and the range of support. Therefore, there is heavy emotional and practical reliance on people from informal networks. When discussing linking social capital, people from informal networks are an indispensable component.

Individuals bridging two disconnected communities have been reported in studies of enterprises (Burt, 2001; Burt, 2008; Xiao and Tsui, 2007). Disconnected communities and network closure mean that people in different groups only focus on the activities within their own groups and do not attend activities in other groups (Burt, 2001). This is primarily related to information possession. People who have access to two groups were believed to have access to more non-redundant information (information from the same community was believed to be homogeneous and overlapping) and more opportunities from diverse sources (Burt, 2001). Consequently, because they could decide whose interests to serve with those information and opportunities, they also have control benefits over resources. Bridge People identified in this research similarly have information competency. However, there is a major difference in that their information competency results from their language competency, and their education and work responsibilities, not their positions. They do not simply react passively to information, but they are able to obtain information for older Chinese when needed. Also, Bridge People identified in this research were mainly concerned with service use of older Chinese immigrants, and had a wide range of attributes, roles, and functions. Information possession is only a part of the attributes that

Bridge People have. The two disconnected groups mentioned in Burt's articles (2001, 2008) had similar power status. It is fundamentally different that the Bridge People identified in this research link older Chinese who were seen as vulnerable with services, which were defined as powerful structures. This research did not find that people in one group had no interest in activities in another group, but rather that older Chinese would have liked to access services but encountered many difficulties. Furthermore, as this research has shown, people having access to two groups may have more informational competence than ordinary non-Bridge People. However, in the context of facilitating service access, some of their information resources may not be sufficient enough to allocate it to others. Also, control benefits of between-group people proposed by Burt (2001) were not found in this research. Bridge People hardly have the freedom to choose which side of people to support, it is rather their positions or their relationships with non-Bridge People that decide whose interest to serve. For example, familial and social Bridge People would clearly feel the need to serve the interests of older Chinese, while professional Bridge People are required to be neutral because of their working roles.

From an information transmission perspective, Granovetter's classic work (1973) on strong ties (close relationships with emotional intimacy, certain amount of contact time, and reciprocal behaviours, such as relatives and friends) and weak ties (more distant relationships such as acquaintances) argued strongly that no strong tie could be a bridge connecting two disconnected groups. He believed that strong ties between people are overlapping and therefore redundant. Granovetter (1973) therefore argued that for information diffusion across a network, it is the weak ties that are most valuable. Recent studies seem to support this theory. Marton *et al*. (2013) also found that strong ties may severely inhibit the large scale spreading of information. In Granovetter's theory, family members and friends would not be able to act as Bridge People. Findings from this study contradict such views, and illustrate that within a special cultural and social context, in older Chinese immigrant groups, strong ties can act as a bridge, and even as a major bridge, as families and other insiders are often considered as primary resources of help. Granovetter's theory was based on two individual friendship networks, and the studies mentioned in the previous paragraph (Burt, 2001; Burt, 2008; Xiao and Tsui, 2007) only referred to information dissemination. Therefore the concept of 'bridge' in Granovetter's work is similar to but not the same as that identified in this research. The major similarity relates to informational competency, where weak ties may have their advantages. As found in this research, familial and social Bridge people who could be considered as strong ties, may also lack information regarding service provision. However, institutional Bridge People, who could be considered to have weak ties, have sufficient service information due to their work responsibilities. Bakshy *et al*. (2012) also found that strong

ties are individually more influential, but weak ties play a more dominant role in information dissemination.

Social capital theory has been criticized for lack of precision in characterizing social support mechanisms, as most concepts of social capital do not indicate how support networks affect, positively or negatively, health care and health outcomes (Perry *et al*., 2008). There are many quantitative studies examining the correlation between social capital and health service use and health outcomes, but which do not provide an explanation for these mechanisms (Ichida *et al*., 2009; Mohnen *et al*., 2013; Nyqvist *et al*., 2013). By exploring support provided by people from informal and institutional networks and their impact on service access, this research explicates the mechanisms of how social capital can improve access to health and social care services within the Chinese immigrant group. It also distinguishes relationships between older Chinese and people who provide access to services, and compares the bridging functions provided by different networks.

7.33 Trust and power

Trust and reciprocity are two important components of social capital: Putnam (2000, p.19) suggested that social capital could be described as 'social networks and the associated norms of reciprocity and trustworthiness'. Reciprocity is especially emphasized as an important element in social capital. For example, Spellerberg (2001, p. 9) stressed the importance of reciprocity by defining social capital as 'relationships among actors (individuals, groups, and or organisations) that create a capacity for mutual benefit or a common purpose'. It was believed that reciprocity and trust, two shared social norms which enable people from the same community to communicate and cooperate more easily, reduce social transaction costs and encourage people to balance their own self-interest with the benefits of the community (Torche and Valenzuela, 2011).

Reciprocity was not found in the relationship between Bridge People and the older Chinese immigrant group. In fact, it was found that the Bridge People unilaterally provided support to older Chinese immigrants. Any costs, either monetary or social debt, incurred for older Chinese would be a detriment to the relationship between Bridge People and older Chinese, and reduce the utilisation of Bridge People. Bridge People provided free support for older Chinese immigrants mainly out of social obligations or work responsibilities rather than chasing benefits. In Confucianism, looking after family and friends is an important social obligation and a way to strengthen self-esteem (Chau and Yu, 2009). In relation to social debt within the family context, Hovde, Hallberg, and Edberg

(2008) argued that there is no debt of gratitude involved in the support from family members to older immigrants, and family members provide support without being asked. In a study on social support among Chinese immigrants in Japan, Matsudaira (2003) suggested that social debt was incurred when support was received from a member of an outside group. All these previous studies confirm this research as reciprocity is not necessarily involved in the relationship between Bridge People and older Chinese immigrants.

A concept of relevance to this research is reward, as Bridge People gained power by providing support to older Chinese. Here it should be clarified that 'power' in this research, as stated in section 6.7, refers to the ability to get involved in or have control of the decision-making processes. This definition of power adds a new dimension to social capital. Power in social capital, as mentioned above, refers to people possessing more resources. As can be seen, Bridge People have linguistic and cultural competence and, for some of them, personal relationships with older Chinese, which allow them to have access to more resources, such as information about services, knowledge of circumstances of older Chinese and offering emotional comfort. Older Chinese rely on them to access services, and would like to listen to them. Power of influence identified in this research is a by-product of the competence or the possession of unequal resource which was referred to as 'power' in social capital theory (Woolcock, 2001). The following sections will discuss trust and power, two important properties that bridging possesses.

In this research, trust was found to be a property that Bridge People possess. Low levels of interpersonal trust are related to low levels of institutional trust and confidence in public institutions and government (Brehm & Rahn, 1997). Also, institutional trust was found to be a determinant for self-rated health and utilization of services (Mohseni and Lindstrom, 2007; Tibandebage & Mackintosh, 2005). Therefore, the trust that Bridge People possess could be an important facilitator for older Chinese' service access. Trust facilitates cooperation, and is therefore a highly attractive mechanism to co-ordinate social relationships (Bradach and Eccles, 1989). According to Misztal (1996), trust is mainly produced by social relationships between people and the obligations inherent in them. Edmondson (2003) and Uslaner (2001) suggested that trust could differentiate in different settings whether certain people could be trusted to share modes of adopting social change, visit in times of personal trial, be open and speak in an honest manner, or even help design strategies against government policy. In this research, trust is not particularly proactive but rather refers to handing over personal information to other individuals, and having confidence in letting them deal with service providers on one's behalf.

There are various classifications of trust, such as; contractual trust, competence trust and goodwill trust (Sako, 1992); or calculus-based trust, knowledge-based trust, and identification-based trust (Lewicki and Bunker, 1995); or personal trust and abstract trust (Giddens, 1994). These classifications of trust are based on expectation of performance commitment, level of cooperative relationships and types of relationships respectively. Classifying trust according to the quality of social relationship that it arises from is a common classification (Misztal, 1996). It was believed (Edwards, Alexander, and Temple, 2006; Fox, 1974; Frankel, 1978; Zucker, 1986) that private or personal relationships generate specific trust, while professionals, public institutions and contract relationships stimulate generalized trust. Giddens (1994) named specific trust as 'personal trust', and named generalised trust as 'abstract trust'. Similar to Giddens' trust classification, in this study it was found that trust for Bridge People emanated from two sources. The trust for family members and friends is based on personal relationships, whereas trust for Chinese staff and interpreters was based on faith in the organisation. Outcomes of trust, including expectations towards performance and perceptions of Bridge People, were found mainly to differ depending on relationships between older Chinese and Bridge People. Giddens' theory partly explains such a phenomenon. He (1998) suggested that in relationships based on personal trust, people assume that they can rely on these acquaintances' consideration of, and stable commitment to, their own needs, interests and preferences. Abstract trust is based on public institutions and contract relationships, as a person is not familiar with certain people but is reliant on them because of their expert knowledge and competence. It is based on an impersonal belief that a representative or a member of an expert institution will conventionally act according to particular principles, duties and requirements, rather than their own personal interests.

The range of support, and the quality or the perceived quality of support, provided by different types of Bridge People differed. In this study, the depth of understanding, the knowledge of personal circumstances and emotional intimacy were three elements found to explain the preference by older Chinese immigrants for acquaintances to be Bridge People as they were able to act in their best interests. In Giddens' theory, it can also be seen that personal trust offsets concerns of competence in familial and social Bridge People, such as in their bilingual skills knowledge of service information. For professional Bridge People, there is a certain level of trust in their professional competence. They behave and take actions according to their code of conduct, and are required to maintain impartiality. On the other hand, as suggested by Giddens (1994), they are not entirely focused on service users' own personal interests. It can be seen in the findings that many older Chinese would like to gain more information and advice from professional interpreters. However, this is not possible in the current situation as it is against the interpreters' protocol, which requires them to carry out translation only and precludes

them from giving extra information or advice (Soondar, 2008； The Newcastle upon Tyne Hospitals NHS Foundation Trust, 2013). Previous literature has suggested that trust in different referral types was related to different experiences and outcomes (Tan and Lim, 2009). For example, trust in individual workers may lead to innovative behaviours and trust in performance of organisations can result in higher organisational commitment (Tan and Tan, 2000). One study investigating trust in healthcare settings, found that trust in one's physician was related to utilization of routine check-ups, and trust in informal information sources was related to utilization of mammograms (Musa *et al.*, 2009). In this study, it can be seen that trust arises from different social relationships, which then influences the strategies for the selection of Bridge People.

It should be mentioned that along with the differences, there are many similarities in informal and formal relationships as they both involve good motives, which encourage people to seek support from people who are in those relationships. According to attribution theory (Fisher, Nadler, and DePaulo, 1983), there are three possible motives for people who provide support: genuine concern, ulterior motives, and demanded by role. Support recipients can then adjust their support-seeking behaviours according to the motives of the support provider. People are less hesitant about seeking support if they believe that support providers act from genuine concern or requirements of their roles. Therefore, though derived from different sources, there is trust in those people and that facilitates cooperation.

A special case of the sources of trust discovered in this study was that, in a small community, people may have many interactions with the same institutional Bridge People and they then become familiar with each other. Trust within different relationships may be different at the beginning, and then change when people build up personal relationships with people from institutions. In such situations, institutional Bridge People who were regarded as friends by older Chinese immigrants can possess mixed forms of trust combining both personal and abstract trust. Trust in such a community is therefore not simply in two separate forms, as the social relationships it derives from tend to be complex. People who have different socioeconomic statuses can be regarded as different groups, but sharing the same ethnicity increases emotional attachment and helps people build more intimate relationships. For example, in the research findings some institutional Bridge People stated that they provided extra help that was beyond their work responsibility to Chinese immigrants because they were all Chinese and should help each other. Some older Chinese participants stated that the Chinese community should be seen as a home or a family (see page 92), which stresses the stronger social ties or more intimate social relationships generated by sharing the same ethnic background. Therefore, within the Chinese community, the gap between different socioeconomic or age groups, to

some extent, was bridged by ethnicity. This also explains why bonding social capital and linking social capital cannot be easily distinguished within the Chinese community. People and organisations that possess more resources are seen as linking capital in social capital theory. However, in this study it was found that older Chinese participants regarded these people as 'one of us' (see page 92) because they shared the same ethnicity, and had emotional intimacy and familiarity. The combination of personal trust and abstract trust, as shown in the findings, has the strength of bringing the advantages of personal and abstract trust together, and thus enhances service use experiences.

Giddens' model (1994) fails to indicate that personal trust towards acquaintances may involve more powerlessness, as acquaintances are not bound by regulation, and this results in a lack of protection or confidentiality. The behaviours of institutional and professional Bridge People are circumscribed by codes of conduct, which ensure confidentiality, whereas acquaintance interpreters are not similarly regulated. Though acquaintance interpreters may be bound to certain cultural norms, it depends on personal moral standards, and therefore confidentiality cannot be ensured. People have to trust the personal qualities of acquaintances and take the risk that private information could be made public. This is reinforced by the comments made by one older Chinese in this study (see Chapter 6, section 6.1): *'We trust them a lot. Or what. We have to. You need someone to translate. You can't do it by yourself, so you can't demand a lot*.' As suggested in this study, Bridge People have trust from older Chinese and power in influencing opinions, decision-making and behaviours.

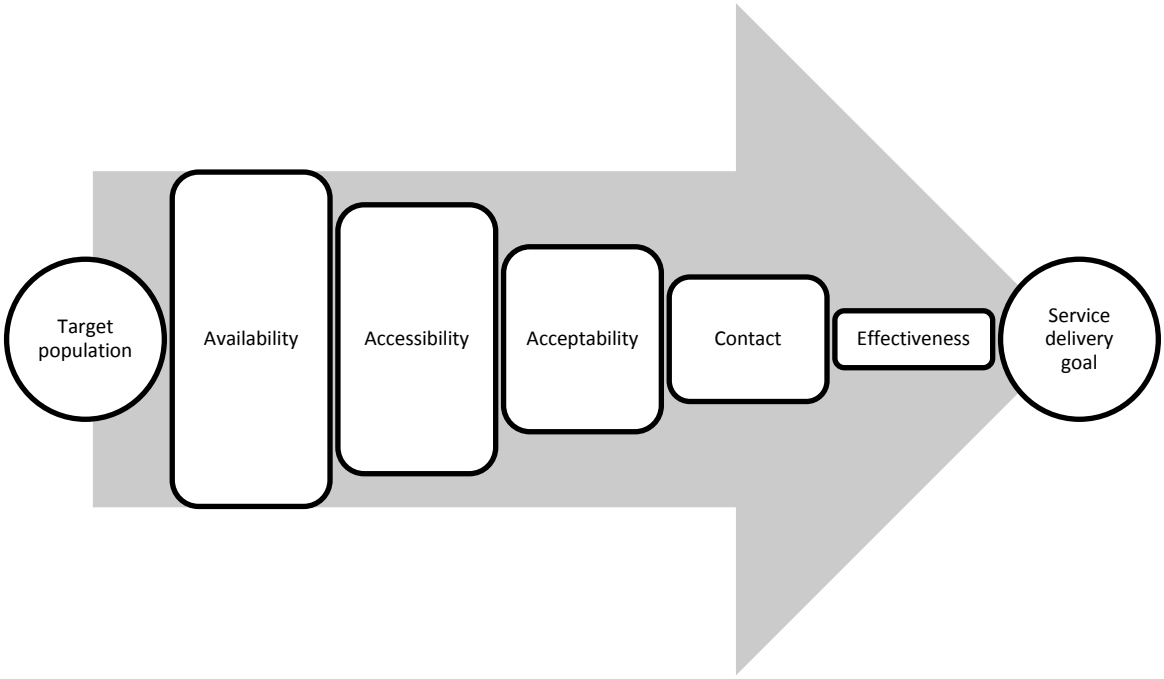
Power and trust have the same effect in reducing complexity and uncertainty, and in influencing the selection of actions in the face of other possibilities (Bachmann, 2001). However, they act in different mechanisms. Trust is a positive attitude toward the trustee; based on the assumption that the trustee will behave in a way that is preferable. People possessing power can impose their will on others, exercise control over one another, and select a possible behaviour which could be undesirable to the subordinate actor. Leanza (2008) believed that people carrying out interpretation during sessions were powerless, because the most common representation was the invisibility of the interpreter in the interaction. However, providing cultural explanation and advocate support during interpretation mentioned above could be regarded as a form of power to mediate. In this study, interpreters had power over the service users, such as persuading patients to follow the doctor's instructions. A study on older Chinese immigrants supported the findings of this study on power by stating that power was determined by the possession of resources (Da and Garcia, 2010). People who have more resources have power over those who have fewer or no resources, particularly in the decision-making process. Resources could be anything that one individual in a relationship perceives as rewarding,

which renders them susceptible to social influences (MacKinnon, Gien, and Durst, 2001). According to this definition, information, cultural awareness and language competence are all resources. Within this understanding, Bridge People possess more resources than older Chinese, and therefore have power over older Chinese. Bischoff, Kurth, and Henley（2012) described a possible influence of Bridge People – the role model - which had a similar power over service users. They suggest that most interpreters are immigrants themselves, and their success in integrating into mainstream society could encourage and motivate other immigrants to take action to study English and integrate into the host society. Though this was not observed in this research, and it seems older Chinese are unlikely to follow interpreters' experience to study English, the findings from this research highlight the influential power of Bridge People from another perspective. Previous research (Horton *et al*., 2008) also found that older adults tend to have friends and relatives as their role models and source of inspiration, especially in health-related areas (Lockwood, Chasteen, and Wong, 2005), and this suggests that Bridge People have the potential to influence health-related behaviours.

7.34 Service access and help seeking behaviours

The focus of this study was on access to services and how older Chinese immigrants access healthcare and social services, how they cope when engaging with these services, and how Bridge People facilitate access to the services. According to the WHO, 'access' is neither precisely definable nor measurable in a definite manner (WHO Regional Office for Europe, 2012). Gaps in access identified in this research involve five aspects: information, language, instrumental support, service delivery and culture. This is different from service access identified in health service coverage and the utilization framework developed by Tanahashi (1978), in which accessibility only has two main dimensions: physical access and affordability. Physical access includes distance and time (i.e., travel time to access services and waiting times to see health professionals). Affordability may refer to user fees and transport fees. Tanahashi (1978) divided evaluation of health services into 5 stages (see figure 7.1): availability, accessibility, acceptability, contact and effectiveness. Tanahashi (1978) perceived service provision as a process, and the first element to look at should be availability, particularly required resources including manpower, facilities, medication and infrastructure. The second important issue is accessibility, which is followed by acceptability, meaning cultural, religious and historical factors, and confidentiality. The fourth stage is actual contact between the service provider and the users. The last stage is the effectiveness of interventions, such as diagnostic accuracy, 'continuity' of access by the patient and adherence to prescribed treatment.

Figure 7.1 Tanahashi's (1978) health service coverage and utilization framework

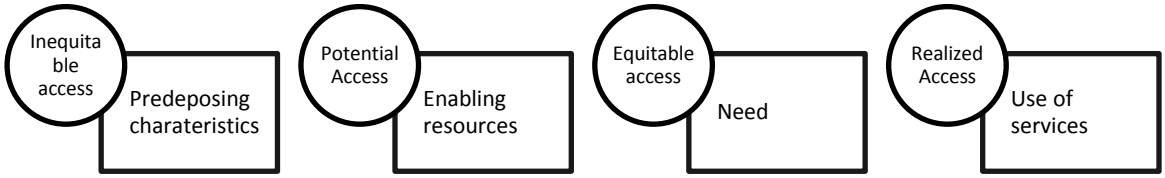


As can been seen, the gaps identified in this research mainly involve three stages of service utilization in Tanahashi's framework (1978). This research studied all the stages in service use. As stated in the findings, participants were generally satisfied with the availability of services, and made few negative comments towards availability. Therefore, barriers related to availability of services were investigated but not reported. For effectiveness, though no participant commented on diagnostic accuracy, some reported issues that related to adherence to treatments, as they need to understand letters from services providers and need interpreters who could follow up their cases. The findings showed that problems arising from each stage can be tightly linked, and the performance of Bridge People is related to the four stages, which is a large proportion of the service-use process. Bridge People could or have the potential to provide and solve problems in those stages, and a lack of Bridge People would mean difficulties in the four stages. This again stresses the importance of Bridge People, as they are involved with nearly all the stages of service use.

In this research, aside from the five stages proposed by Tanahashi's framework, access to services was examined in a wider context, including the influence of people's characteristics, the influence of ageing experiences on service use and the influences of Bridge People on service use. This way of exploring service use is similar to Andersen's behavioural model (Andersen, 1995). Andersen's behavioural model (Andersen, 1995) was developed in 1960 in order to understand family use of health services, and measure equitable access to health care. The model initially suggested that the use of healthcare services was based on service users' characteristics, including predisposing, enabling and

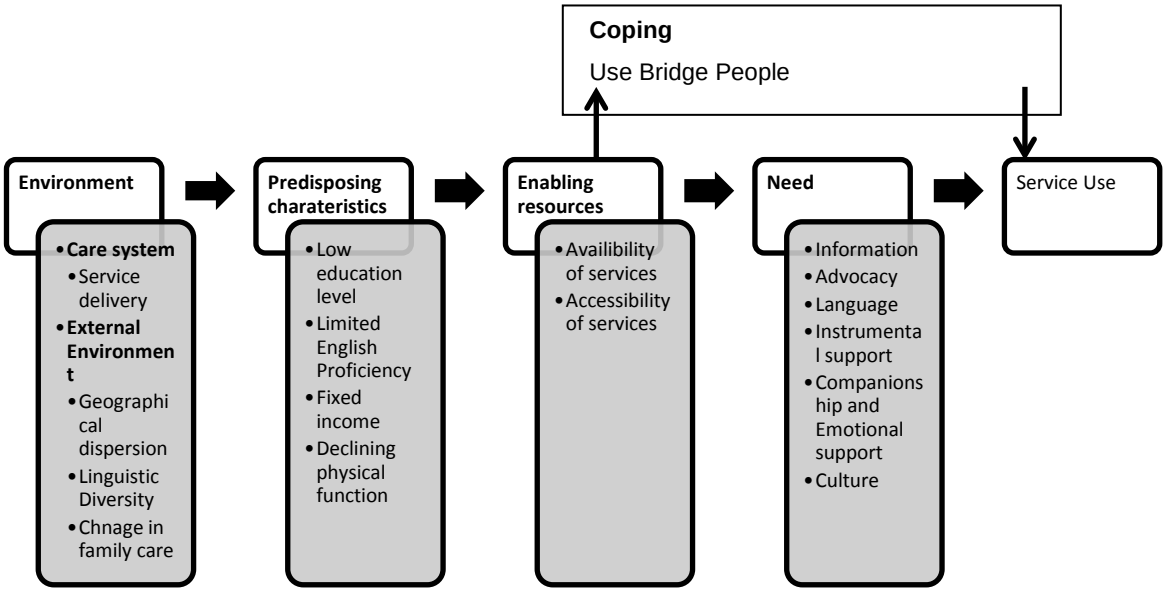
need characteristics (which were seen as equitable access) and enabling resources, which were seen as inequitable to potential access. The actual use of services was grouped as realized access (see Figure 7.2). The model was later expanded and revised by Andersen in 1995 and more elements, such as environment (health care system and external environment), health behaviours and outcomes, were added. As this study also has a focus on access to services, the research findings with be justified with Andersen's model. This study did not include service outcomes and the impact of feedback loops on population characteristics. The following section will only discuss the four elements in Andersen's behavioural model that relate to access to services and help-seeking behaviours: environment, predisposing characteristics, enabling resources and need.

Figure 7.2 Andersen's (1995) behavioural model



The findings from this research have a similar fundamental structure with Andersen's behavioural model in that they both look at individual experiences and the wider environment, which shaped individual behaviours. As shown in the Figure 7.3, the wider environmental context is that of the Chinese group and contains geographical dispersion, linguistic diversity, and transitions in family care, which place challenges for care for older Chinese. Meanwhile, although older Chinese generally feel satisfied with the availability of care services, there are problems in service delivery, or service accessibility, particularly inconvenience in transportation or absence of interpreters. Predisposing characteristics of older Chinese, including low levels of education and English proficiency, also contribute to inconvenience and difficulties in accessing services. Older people tend to have declining physical function, and most only have a fixed income due to retirement. The former factor increases the need to access services, and the latter limits the resources that older Chinese can have. It can be seen that availability and accessibility of services are two basic enabling resources for service use. However, as presented in the findings, older Chinese need informational, linguistic, instrumental, emotional, and cultural support to access services.

Figure 7.3 Health and social care service use among older Chinese immigrants



Beyond the similarity in structure, the research findings add important components to the model: support from formal and informal networks and individual coping strategies develop enabling resources and enhance service use. Andersen's behavioural model has been criticized for not paying enough attention to organisational factors, social networks, social interactions and culture (Andersen, 1995; Choi, 2011; Gilbert, Branch, and Longmate, 1993). This research provides a comprehensive understanding of Andersen's behavioural model by exploring different levels of resources that older Chinese utilise to enhance their service access, from an individual level to a community and public level. The research also provides a new perspective for exploring individuals' behaviours, as it suggests that individuals who use services do not just passively face service problems and wait for help. There is an overlooked process surrounding actions taken to cope with problems. When people have service needs, they react to the situation, and many actively tackle perceived problems. Bridge People that older Chinese use can be regarded as social capital, or an enabling resource. However, the static enabling features should not be confused with the dynamic process that changes need for care. Also, this reacting behaviour should be included in the behavioural model to give a full picture of how older Chinese immigrants access services. This research adds to the model of how people cope with service needs and how they increase and utilise their enabling resources.

7.35 Happy immigrant effect

It is suggested within the literature (Sproston *et al*., 1999) that older Chinese have low service utilization, and this study starts with a focus on service use and service response to older Chinese immigrants in the UK. However, few participants thought that there could

be any improvement in health or social services. As mentioned in chapter 5 section 4.2, the majority of the participants expressed their satisfaction with the health and social care system in the UK, as they tended to compare this with their knowledge of Hong Kong health and social care services. This finding is consistent with other research that compared attitudes towards ageing among Chinese and British people in the UK and found that older Chinese people's perceptions of ageing were almost as positive as their British counterparts (Laidlaw *et al*., 2010). A similar case was reported in Garrett *et al*.'s (2008) study as they found that despite problems with hospital care, patients appear 'happy' and satisfied. Garrett *et al*. (2008) named this phenomenon the 'Happy immigrant effect'. The research (Garrett *et al*., 2008) examined 49 people across seven language groups in Australia and found that most patients with limited English proficiency expressed enormous appreciation for the Australian healthcare system, together with bold patriotic declarations of love of Australia, its perceived values and ideals, and confirmatory comments about their decision to migrate. Yet Australia and England have different healthcare systems. For healthcare, people in England are covered by the NHS, while people in Australia are covered by regionally administered universal public insurance programmes and joint public hospital funding (Thomson *et al*., 2012). However, similar to the findings of this study, compared with the large amount of positive comments only a few negative events were reported, and these were mainly found in Vietnamese and Arabic groups, rather than from Chinese groups.

In their study on receiving public care among immigrants in Hovde, Hallberg, and Edberg (2008) also found an overall impression that research participants expressed a debt of gratitude to Swedish society, despite reports of negative experiences. For example, the interviewees expressed sadness that nurses could not spend much time in their homes, but simultaneously the participants were very grateful for what the nurses had done, such as assisting with daily activities, and being nice and friendly. Moffatt and Mackintosh (2009) in their study of using welfare advice services among older south Asian immigrants reported a phenomenon similar to the happy immigrant effect where, despite being asked, no participants remarked on negative features of the service. Moffatt and Mackintosh (2009) interviewed 22 participants and they assumed that no reporting of negative experiences might have resulted from a small sample size. However, as mentioned above, Garrett *et al*.'s (2008) study had a larger sample size, but still found that there were very few reports of negative events. Also, in Hovde, Hallberg, and Edberg's (2008) study, even the participants who reported negative experiences still felt satisfied and grateful.

In this research, the satisfaction reported by the participants is largely built upon the comparison that they made with the system in their country of origin, as they perceived the quality of healthcare in Hong Kong was poor and were thereby satisfied with

healthcare services in the UK. Research on African and Brazilian immigrant women's perspectives on delivered health care in Portugal (Dias, Gama, and Rocha, 2010) found that the degree of satisfaction with the health system was strongly influenced by their expectation of care and their previous experience in their country of origin. Those who are from countries that lack health care structures may perceive health care in their country of residence as of higher quality. In this research, participants showed their appreciation of low, out-of-pocket healthcare costs in the UK, and their satisfaction with healthcare services was often generated from this. The majority of primary care needs in Hong Kong are delivered through private medical practitioners, and out-of-pocket expenditure in health care makes up a larger share in Hong Kong (36%) than in the UK (11%) (Actuarial Society of Hong Kong Education Committee, 2006). Though the lower level of out-of-pocket healthcare expenditure may have resulted from National Insurance and taxation, and some participants did complain about high tax rates in the UK, no participants linked better healthcare with the higher tax rate in the UK. One of the explanations for this is that the experiences of paying high tax happened in the past, and they were no longer bothered by such income tax rates. Another possible explanation for satisfaction with low healthcare costs is that older Chinese do not perceive lower costs in healthcare as a compensation for high tax rates. As stated in chapter 5, the majority of older Chinese participants immigrated to the UK for economic reasons, and they reported that their financial status was enhanced in the UK. Therefore older Chinese immigrants perceived that having both their finance and healthcare enhanced was a two-fold benefit for them. Hovde, Hallberg, and Edberg (2008) in their research suggested that immigrants who left their home countries to escape from a harsh situation, such as unemployment, war zones or persecution, felt they had been taken care of and given shelter, whereas native people tended to take receiving public care for granted. Hallberg, and Edberg's (2008) explanation confirmed the findings of the current research that the satisfaction of immigrants is largely built upon a comparison between host country and country of origin.

Satisfaction with life in the new country may also result from limited communication with local people. Research in Thailand (Gray *et al*., 2008) showed that older people's feelings of happiness were most strongly influenced by the feeling of relative poverty compared with their neighbours. However, in the UK, for most older Chinese immigrants, influences from financial comparison with neighbours are unlikely to be strong. In this study, no older Chinese immigrants compared their later life with native British people, but rather waith Chinese in Hong Kong. Only one older Chinese participant mentioned differences in financial support from children between Chinese and native British people, and this was learned from one of his children who had married a native British person. As mentioned in chapter 5 section 5.5, many older Chinese with limited English proficiency can only use simple words such as 'hello' and 'morning' to communicate with their neighbours, and this

does not allow deeper understanding of each other. Consequently few comparisons with neighbours are made, and instead they are made with people living in the country of origin. Therefore, despite having many difficulties in life, the participants still expressed their feeling of satisfaction.

Another factor that may contribute to the 'happy immigrant effect' in this research is that older Chinese immigrants who are unsatisfied with life in the UK may have returned to their country of origin. The older Chinese immigrants who participated in this research are those who have stayed in the UK. However, during the investigation, it was reported that some Chinese immigrants returned to Hong Kong after retirement. The reasons for returning to Hong Kong were given by their friends or relatives who were recruited in this research. As that information was second-hand, it was not included in the research findings. However, the reasons provided for Chinese older immigrants moving back to Hong Kong indicated that they had corresponding problems in the UK. Hong Kong therefore may play a role as a filter, as it receives certain people who were not satisfied with life in the UK and have severe service needs. It is worth clarifying that Chinese older immigrants who choose to stay in the UK still may have problems with life in the UK. After all, there are certain costs for returning to Hong Kong as stated by the research participants: higher cost in health care, poorer air quality and high population density.

Aside from the migration factors mentioned above, cultural norms may also contribute to the happy immigrant effect. It is believed that (Chan, Cole, and Bowpitt, 2007b) Chinese people are family-orientated and self-reliant, and therefore have low expectations of public welfare. Furthermore, it was found in this study that many older Chinese do not deal directly with health and social service providers, but do so only through Bridge People. As mentioned in the previous section (see chapter 6, section 6.1), their perceptions of quality of services largely lie on the performance of Bridge People.

7.4 Familial Bridge People

This section explores how changed perceptions of filial piety resulted in less family care for older Chinese and, consequently, increased dependence on a wider range of people and services. While filial piety is still relevant among the Chinese population in the UK, its value is declining. This study indicates that modernisation and immigration changes expectations towards filial piety and family relationships. Family is no longer regarded as the essential care resource in later life, and family authority of older people has diminished. Traditional living arrangements and family care have changed as well. Family care, however, is still the first resource of support, even though it is no longer the essential resource for older Chinese immigrants. This created a gap in providing informal support,

such as daily linguistic support, transportation support, and other forms of support, which made older Chinese immigrants seek help from other sources.

As mentioned in chapter 2, the first level of filial piety provides care, including instrumental, financial and emotional support to parents. It is believed that because of filial piety, Chinese families tend to engage in collective decision-making (Payne *et al*., 2005). This partly contributes to children's interaction with health and social care professionals on their parents' behalf, and their personal interference during the interpretation process. Meanwhile, the concept of filial piety is not static and is subject to interpretations, it evolves over time and adapts to local cultures (Phua and Loh, 2008). In the UK, many older Chinese, especially those who are not living near their children, have changed their requirement for filial piety and family care, and only expected emotional support from their children. Older Chinese immigrants, as found in this research, no longer expected financial support from children, which is still common in Hong Kong and China (Cheung and Kwan, 2009; Chou, 2010). A study on end of life among older Chinese immigrants showed that they no longer expect care provision during illness and death (Seymour *et al.*, 2007). They are more reliant on emotional support from children because of language barriers and their small social networks. Also, there is a new form of family support among immigration group - language support, which is important to older Chinese as the majority have limited English proficiency.

The findings from this study on changing filial piety were supported by research from Canada. A study in Canada and Hong Kong (Chappell and Funk, 2012) found that filial piety is only significantly correlated with the provision of emotional support in the Hong Kong-Chinese and Chinese-Canadian populations, and is, to a lesser extent, related to financial support among Chinese-Canadians and companionship among Hong Kong-Chinese. This is a surprising result considering the importance of filial piety within Chinese culture historically. Filial responsibility attitudes are unrelated to care-giving behaviours that are most commonly examined in gerontological research, namely activities of daily living (ADL) and instrumental activities of daily living (IADL) assistance, suggesting a much weaker role for such attitudes than is often assumed. Emotional support from children, which is relied upon heavily by older Chinese, is not necessarily of good quality. As shown in the findings, Chinese immigrants experienced distancing in the family relationship due to immigration, their work and language, and this constrained their communication with children from early years. Their study on Chinese Americans, used a self-report measure IPPA (Inventory of Parent and Peer Attachment) to explore the quality of the family relationship, such as level of trust, communication, and alienation, among American-born, early-immigrant and late-immigrants Chinese young adults. The findings from Ying *et al*.'s study (2001) provided an explanation for the distancing effect by

showing that early Chinese immigrant groups had the poorest parent-child relationships. The reason for the poor parent-child relationship might be the same as that of their counterparts in the UK, that being a limited communication time for immigrant parents and children in early immigration stages.

Decline in filial piety is also evident in changes in living arrangements, which later result in changes in family care and the use of public services. Traditionally, to ensure the provision of adequate care to parents, children lived with them. As stated in *Confucian Analects*: '*While one's parents are alive, one should not travel to distant places*.' The concept of family orientation in Confucianism deeply influenced the living arrangements and household composition of Chinese people. The traditional Chinese family has several generations living in the same household, providing family members with support, help and security (Zhai and Qiu, 2007). Chiu and Yu (2001) in their study stated that there is still a strong belief among the UK's Chinese families that older people should live with their sons. This is consistent with Sproston *et al*.'s (1999) survey, which found that compared with the UK's general population Chinese tend to live in a large household. Approximately 54 per cent of the Chinese population lived in large family households; while in the general population, the proportion was 34 per cent. The two surveys were carried out more than 10 years ago, and household composition has changed in the 21st century.

According to the 2011 census (Office for National Statistics, 2011c), the average household size of Chinese in the UK decreased from 2.84 in 2008 to 2.69 in 2011, which is similar to that of general population (2.35 in 2011) and a low rate compared to other minority ethnic groups. LFS (Labour Force Survey) household data sets (Platt, 2010) also showed that the average family size was lowest among the Chinese, and only approximately 12 per cent Chinese families contained more than four people, which is slightly lower than in the general population. In a study among eight different ethnic groups living in the UK, including 11 older Chinese immigrants, it was found that Chinese respondents were, along with white British respondents, the least likely to have a child living within a 20-mile radius. This is a rather low rate compared to south Asian families, as over 90 per cent of south Asians had at least one child living locally (Moriarty and Butt, 2004). Though those figures may be partly influenced by age structure or small sample size, together they suggest the changes in family size and living arrangements among the UK's Chinese groups.

These changes in living arrangements have had a tremendous impact on the provision of family support. The ability of children to provide care to parents based on geographical proximity, availability of alternative care-givers (Szinovacz and Davey, 2013) and co-

residence had the strongest influence on receipt of informal support (McDonald, 2011; Quashie and Zimmer, 2013). Although close proximity to children does not guarantee frequent contact or sufficient family support, living at a large geographical distance does limit the support which can be provided. Emotional and some linguistic support can be provided over the telephone. Meanwhile regular practical assistance, help in emergencies, some types of linguistic support related to written materials and on-the-spot interpretation, such as reading letters, filling in forms and interpreting at clinics, are not possible for children to provide. Payne (2005) argued that the Confucian ethic has implications for the role of the family in the care of ill family members and relevant medical decisions. Also, Chiu and Yu (2001) suggested that family is still the main resource for meeting the health and care needs of older Chinese people in the UK. Other research suggests that adult children are a major source of help for elderly immigrants (Han *et al.*, 2007; Lee, 2007). This research however, found that children are not necessarily the major competent source of help. Instead, this is quite dependent on children's availability and capacity. It is probably true for older Chinese immigrants who are living with children that they receive support mainly from them. However, for a large number of people who do not live with their children, much support is not possible, and children are no longer the major resources of support.

Unlike Chinese people who age in their own countries, older Chinese immigrants rely heavily on children to be integrated into mainstream society, especially mainstream services. Decline in filial piety and less family care results in a tremendous negative impact on service use. Also, older Chinese immigrants have to seek help from other people or institutions and this again stresses the importance of other groups for Bridge People. A study on older south Asian people in the UK (Ahmad and Walker, 1997) showed a similar heavy reliance on children and the need for help from the community or other institutions for those people who mainly rely on their children to be their interpreters when using services. However, many also suffered from divided families when older people were in the UK, as their children had been refused entry by immigration authorities. Aside from the demands for Bridge People, the decline in filial piety and changes in living arrangements also have significant influence on the housing needs of older Chinese.

Older Chinese expect one individual to provide all the support they need, as this would be most convenient. This is similar to research findings from Hong Kong (Cheung, Kwan, and Ng, 2006). There are two types of expectations towards care provision: compensatory and complementary. When holding the compensatory view, an individual prefers to rely on only one mode of elder care, and specifically regards family care as the first priority, with additional support from other relatives, friends and the government as alternatives to compensate for the lack of availability of family care. In contrast, individuals holding

complementary views desire to receive care from multiple sources, which are complementary to each other and address different care needs. The survey results on the two views among Hong Kong people endorsed the compensatory view (Cheung, Kwan, and Ng, 2006). In this research, it was found that children were regarded as the first, although not necessarily the main resource for help to deal with service access problems for older Chinese. When children were not available, there was a preference for acquaintances as they could provide more support, such as advocacy and companionship. The expectations of all-in-one care and increasing number of people living apart from their children resulted in urgent demands for more Chinese sheltered housing.

The second level of filial piety is to respect and obey one's parents. In traditional Chinese culture, old age is a positive concept and a sign of wisdom (Cheung, Kwan, and Ng, 2006; Smith and Hung, 2012). Therefore, in a family, the status and authority of family members increases with age. Senior family members are more than care-receivers but also people who are respected and guide the direction of the family (Chiu and Yu, 2001). However as shown in this study, migration has weakened the traditional hierarchies of authority in the family. Children with greater competence in the host society, such as literacy in English, and knowledge of cultural norms and institutions, took more control in the family.

7.5 Professional Bridge People

This study revealed that in relation to the working responsibility of professional interpreters, there are conflicts between institutional standards and service user expectations. In terms of translation quality, the findings from Bridge People in this study are complementary to those of other studies on professional interpreters, in that they tend to be more reliable. Also, previous studies on interpreters usually examine the effects of failures to provide professional interpreters on the quality of care and patient satisfaction. Service users' views in previous studies have been elicited through survey questionnaires rather than any probing interviews. Yet interpreting problems also arise from a more context-rich evidence base. It was suggested that further research should compare the effects of trained and untrained interpreters within in-depth interviews (Robinson, 2002). This study fills the gap in service user experiences and provides insight into service users' perceptions on translation together with access to interpretation services, administration of services and service delivery.

Among the four groups of Bridge People, professional interpreters were regarded as the most reliable communication supporters. This does not necessarily mean that the interpreters' translations are definitely better than that provided by other Bridge People. For example, in the present study, participants reported that some professional

interpreters failed to comply with codes of conduct and occasionally were unable to have a language match with service users who spoke sub-dialects. Reports on professional interpreters in the USA (Flores *et al*., 2003) showed that professional interpreters made an average of 31 errors per encounter, and 53 per cent of the errors could result in clinical consequences. They could sometimes unintentionally change key words, ignore questions that they thought might be culturally inappropriate without informing the providers, and add medical information that could be erroneous. A study of ICU family conferences found that for each interpreted exchange between providers and family, there was a 55 per cent chance that an alteration would occur, and over three quarters of alterations were judged to have potentially clinically significant consequences on the goals of the conference (Pham *et al*., 2008).

Even with the potential for translation errors, which may harm communication of clinical information, the use of professional interpreters still improves quality of care. Compared to other groups of Bridge People, professional interpreters' translation quality is more guaranteed. Professional interpreters result in a significantly lower likelihood of errors of potential consequence than ad-hoc interpreters (Flores *et al*. 2012). Two systematic reviews on the impact of professional interpreters on health care quality (Flores, 2005; Karliner *et al.*, 2007) showed that trained professional interpreters and bilingual health care providers positively affect LEP (Limited English Proficiency) patients' satisfaction, utilization, quality of care and clinical outcomes. With professional interpreters, the quality of clinical care for LEP patients could be raised to approaching or being equal to that for patients without language barriers. When compared to using professional interpreters, using ad-hoc interpreters was associated with less improvement in quality of care. The possible reason for this was that more interpreter errors were found in untrained ad-hoc interpreters' translations.

This study explored a broader area of interpretation services beyond translation quality only. As shown in this study, it is not only translation quality that influences service use satisfaction and choices of interpreters. Administrative errors, the effort required booking an interpreter and cultural issues significantly affect service use satisfaction, and could even alter service users' choices between trained and untrained interpreters. It is important to recognise that unless there is a striking difference in translation capacity and translation quality, older Chinese immigrants are unlikely to care about or be aware of the difference in translation quality between untrained interpreters and professional interpreters. There was an opinion among many participants that children born in the UK speak excellent English and should not have problems with translation. As presented in the findings, exaggeration and assumption-making in a family member's translation was not discovered until another family member with English proficiency attended the medical

appointment. There was also strong personal interference from family member interpreters when they simply thought their parent was being talkative, and this should not happen with professional interpreters.

7.51 Service availability

Service access should not end with simply providing the service itself. The availability of the service should also be considered. Regarding the availability of professional interpreters, the findings from this study contrast previous studies on interpretation services among BME communities which suggest that there was an overall lack of awareness of interpreting services and few participants had experience of using professional interpreters (Gerrish *et al*., 2004). In this study, interpretation services provided by the public sector were well known by older Chinese, and were a common method to obtain linguistic support. Instead, administrative errors in service delivery were all that hindered people's use of interpreters. Those administrative errors, such as failing to book interpreters or underestimating medical encounter duration, were not rare cases, as many participants reported such incidents. Previous studies have either focused on the impacts of interpreter service provision (Green *et al*., 2005; Jacobs *et al*., 2001; Lee *et al*., 2002) or interpreters' competence (Flores, 2005; Flores *et al*., 2012; Ingvarsdotter, Johnsdotter, and Östman, 2012; Pham *et al*., 2008), but have failed to note that how services are delivered is equally important. Failing to book interpreters and interpreters leaving before the interview is finished is equivalent to the unavailability of interpretation services, and consequently the inaccessibility of health services. For people with some knowledge of English, utilising professional interpreters helps to improve their understanding of diagnosis, which increases their service use satisfaction and quality of care. However, for those older Chinese, a majority of whom have low English proficiency, absence of interpreters means not being able to communicate with healthcare providers at all.

Research in the USA suggested that use of telephone interpretation could improve the availability of interpretation services and reduces cost (Masland, Lou, and Snowden, 2010), because it allows rapid access to interpretation and reduces waiting times associated with face-to-face interpretation. In the UK, telephone interpretation is used widely, but mainly for financial reasons. The NHS interpreting policy (NHS Trust, 2009, p. 1) states that '*There are costs associated with interpretation. Using telephone interpretation where appropriate keeps costs down',* and that staff '*should always use phone interpretation, only using face to face for appointments involving consent or delivering sensitive information'* (NHS Trust, 2009, p. 3). Many participants in this research reported a significant decrease in interpretation quality within telephone

interpretation. They complained of poor sound quality which made speech unclear, and that people tended to try to finish their speech in one effort, rather than using dialogue, which made speech longer and increased difficulties for interpreters. Reduced quality in telephone interpretation may be attributed to the loss of non-verbal communication, which consists mainly of facial expressions, gestures, head and body movements, eye-contact and general appearance (Burgoon, Guerrero, and Floyd, 2010). This non-verbal communication was reported to be predominantly culture-bound, and could have different meanings or connotations in different cultures. It has been suggested that in a face-to-face conversation the verbal component only carries less than 35 per cent of the social meaning of a situation, while more than 65 per cent is carried by the non-verbal component (McAvoy and Donaldson, 1990). Therefore, loss of non-verbal communication means reduced transmission of social meanings and cultural connotations. Telephone interpreting may also be impractical during examinations, as it interrupts the flow of the interaction and is not conducive to building rapport between doctor and patient (von Kaehne, 2002). The difficulty with using telephone interpretation is acknowledged within the NHS. A report from NHS Swindon (NHS Swindon, 2011, p. 8) suggested that clinical staff should '*remember that communication over the phone is more difficult than a face-to-face process'.* However, within in the same document, clinicians are still told (NHS Swindon, 2011, p. 10): 'Generally using telephone interpreting should be regarded as the first option'.

The availability of interpreters during medical encounters is currently insufficient for older Chinese. First, there is an issue about access to interpreters, as people need translators to book medical appointments and interpreters. Second, after the medical encounter older Chinese may receive letters informing them of test results or detailing information for the next appointment, which are written in English. Third, in the situation of an emergency, it is possible that interpreters could not be available due to the short notice involved. Currently, to cope with the problems mentioned above, older Chinese use complimentary methods, such as seeking help from children and friends. This again stresses the importance of Bridge People groups, as services provided by the public sector would not be sufficient to provide full coverage.

Although the importance of interpreter services was emphasized, the findings from this study showed that older Chinese attach similar importance to advocacy, companionship, emotional support, instrumental support and, sometimes, cultural issues. The resulting preference for untrained interpreters may increase translation mistakes and personal interferes during interpretation. The expectation that interpreters should have more active roles was seen as contrary to the role of professional interpreters. In the following section, the role of interpreters will be discussed.

7.52 Role of professional interpreters

Among the four types of Bridge People, professional interpreters have the most distant relationship with older Chinese as they are from the formal public sector and only provide singular linguistic support. In this section conflicts between the officially-defined role of the interpreter and service users' expectations, together with the possibility of providing additional support, will be discussed.

7.52.1 Conduit

Ideally and officially, professional interpreters' performance should comply with the classic conduit interpreting model which conceptualizes interpreters as a non-feeling translation machine. Interpreters should transmit information accurately and neutrally to others and, meanwhile, not talk directly with other speakers, have personal opinions when they interpret or be emotional in contexts involving issues of life and death (Dysart-Gale, 2005; Hsieh, 2006). Various institutions design their training programmes and ethics of codes based on this model (Dysart-Gale, 2005; Hsieh, 2008; Kaufert and Putsch, 1997). In two NHS documents on using interpreters, it was clearly stated that interpreters should not '*assume that they have to advocate for the service user, replying on their behalf or helping them to answer the questions'* (Soondar, 2008, p. 7) and that '*interpreting is quite different to advocacy and should not be used as a form of advocacy which is intended to further the views and interests of the service user*' (The Newcastle upon Tyne Hospitals NHS Foundation Trust, 2013, p. 2).

In this study interpreters' behaviour, according to service users' statements, are consistent with the UK interpretation policy in that they only pass on words without further explanation. Research on freelance interpreters from community-based interpreting services in the UK showed that they only perceive their role solely in terms of language translation (Gerrish *et al*., 2004). However, this conduit-like standard performance was not appreciated by service users. Many participants in this study complained that interpreters are not like family members or friends, who know their circumstances and can provide doctors with additional details, plead their case on the users' behalf and give users clearer explanation. Low education levels limit older Chinese people's understanding of medical treatments, and low English proficiency constrains their knowledge of official health care and social care systems. Therefore, they find additional support provided by family and friends as necessary during interpretation.

7.52.2 Advocate

The support mentioned above is akin to advocacy. The Advocacy Standards Framework for Black and Minority Ethnic Communities (Kapasi, Silvera, and Consultants, 2002) states that the role of the advocate is to inform, empower and represent the interests of the service user to improve accessibility and outcomes of health and social care services. Whether interpreters should play the role of advocate and provide other forms of support is debatable. Advocacy is the most controversial element of codes of ethics for interpreters (Phelan and Martín, 2010). There is a fundamental difference in the position between interpreters and advocates, as interpreters should maintain a neutral position while advocates act in the interest of service users. Advocates see things from the service user's perspective and recognise that the user or patient is often in an unequal power relationship with the service provider. This is clearly different from the role of an interpreter, as an interpreter is supposed be impartial to communicate a message accurately between providers and users. However, some interpreting scholars and educators reject the conduit model and suggest that it should be replaced with a more sophisticated model (Janzen, 2005). Dysart-Gale (2005) and Hsieh (2006) argued that the emphasis of a conduit role often leads interpreters to experience conflict and distress in their own role performance and the role expectations of others. It was believed that in practice interpreters often manage the communicative contexts by shifting between various roles to achieve optimal care (Angelelli, 2004; Davidson, 2001; Dysart-Gale, 2007; Hsieh, 2008). Therefore an insistence on the conduit model would not be realistic and practical for interpreters.

As shown in this study, one of the advantages of family and friend interpreters perceived by older Chinese was that they knew their circumstances and held a shared understanding, so that they could provide information to doctors for older Chinese. Hsieh (2008) suggests that interpreters can also carry out such a role when they have been working with the same patient during different appointments and have acquired knowledge of their situation. By using this previous knowledge of the person's background and medical appointments in general, interpreters could help to reduce encounter time and conserve institutional resources. Before providing additional information on behalf of service users, interpreters could verify and confirm information with service users. However, there is concern that by carrying out advocacy for patients they may exclude providers in the communicative process, and adopting a health advocacy role may mislead providers' understanding of patients' health literacy, leading to failure to adapt to patient's needs. Both providers and patients would benefit from using interpreters as advocates (Parker, 1995), but on the condition that interpreters verify the information with both parties.

While the impact of being a health advocate might be debatable, fulfilling the role of cultural advocate is part of the interpreter's responsibility. Having a bi-cultural background is one of the Bridge People's distinctive characteristics, and this allows them to understand both society and help service users, usually immigrants, to access services and integrate into mainstream society. It is also believed that an understanding of the cultural, social and contextual variables of a patient's difficulties and life circumstances can provide vital information to the clinician (Patel, 2003; Tribe and Lane, 2009). Therefore, interpreters are required to provide cultural advice. For example, the NHS report of *The best practice guide*: *when using interpreters* (Soondar, 2008, p. 4) suggested that interpretation means a bridge in not only language but also of a cultural gap, and they 'may help to establish whether certain behaviours, beliefs or reactions which are usual within the service user's culture'. Interpreters could also know important information about the service users' culture, country of origin and religious beliefs and this could help clinicians to improve their understanding of service users. Also, codes of ethics demand that when a clash of cultural beliefs occurs, interpreters should share cultural information to help develop an explanation that can be understood by either party (National Council on Interpreting in Health Care, 2009). Raval (2003) has suggested that interpreting needs to advance meaning in the fullest linguistic and cultural sense.

With regard to the importance of the role of cultural mediator, however, there were few reports regarding cultural explanation or clarification during interpretation in this study. In previous studies, there have been few examples of interpreters performing as cultural mediators (Phelan and Martín, 2010). The reason for this might be that cultural differences are complex issues. Interpreters therefore have to be very confident that the misunderstanding or confusion is caused by culture differences before deciding to give cultural advice (Hale, 2007). Angelelli (2006) holds a similar opinion by stating that culture is such a broad concept that it can hardly be applied universally, therefore the role of cultural clarifier could be unrealistic for interpreters. Thus, although in principle interpreters are supposed to explain cultural differences to providers and service users, in practice they have to give careful consideration to offering cultural advice. In best practice, they should invite one party to ask the other party for clarification, so information does not only reflect the interpreters own premises (Irish Translators' and Interpreters' Association, 2009; Phelan and Martín, 2010). After all, interpreters only have a general understanding of the cultural background of providers and service users. They are not cultural experts and difficulties may arise if they make assumptions based on their personal cultural knowledge.

7.52.3 Emotional support provider

Another type of support provided by Bridge People is emotional support. As mentioned above, in the classic conduit model that was applied to the UK's interpretation services interpreters are merely supposed to transmit information and should avoid showing personal opinions or feelings. It was believed that emotional support from interpreters may bring negative impacts on quality of care (Hsieh, 2006). For example, providing emotional support means speaking on patients' behalf and losing a neutral position. It may overstep the providers' responsibility, such as meeting outside a medical encounter, which might be inappropriate and have clinical consequences (Hsieh, 2007; Leanza, 2008). Within this study, it was argued that when patients receive medical treatments they may feel stressed and anxious, and therefore need emotional comfort and empathy. Considering immigrants have smaller social networks to obtain emotional support, it is especially important for them to receive emotional support from interpreters. Also, in the UK context, interpreters and patients always have to spend a long time outside medical encounters because long wait times. Meanwhile, interpreters are also usually required to arrive 10-15 minutes before their appointment time (Bristol City Council, 2006; Northern Ireland Health and Social Services Interpreting Service, 2004; Sheffield Community Access and Interpreting Service, 2009). Therefore, they do not meet only at the clinician's consulting room, but wait outside together. There are many forms of emotional support, and some do not require meeting outside medical encounters or speaking on behalf of patients. Hsieh and Hong (2010) suggested that physical presence is also a form of emotional support, and a symbolic gesture of caring. However, providing emotional support may impose potential risks to quality of care when patients are uncertain about whether the specific information is from healthcare providers or interpreters. If patients perceive the interpreters' words as the providers' medical opinion, they may misunderstand their condition and medical treatments. This risk could be eliminated by separating interpreters' emotional support and providers' medical opinions (Hsieh and Hong, 2010).

In summary, the conduit model and codes of ethics for interpreters in the UK only meet institutional standards and fail to meet service users' expectations and needs. Because of language barriers, cultural differences and declined filial piety, older Chinese have constrained resources of support. Meanwhile, interpreters are important resources for older Chinese to access services, and they are one of the four groups of people Chinese people can communicate with and obtain support from directly. It is possible that they could extend their conduit role and be resources of informational and emotional support, which older Chinese are lacking. It could be a waste of resources to constrain interpreters' ability within the conduit model, and only let them provide translation during medical encounters. The role of interpreters also helps people to gain trust and power, which may

have practical implications when interventions need to be performed among older Chinese. Also, Bridge People benefit from the trust and power they have gained with increased promotion and participation.

7.6 Institutional Bridge People

Chinese voluntary sector services are an important complementary resource to the public sector, especially for older Chinese who are not living with or nearby their children. Research on Asian older people in the UK suggested that the use of community-based voluntary institutions for language help was negligible, and that family members were the biggest source of practical help with language problems (Ahmad and Walker, 1997). In this research, however, it was shown that many children were no longer able to provide a full range of linguistic support to their parents due to changes in living arrangements, and Bridge People from community-based institutions were identified as an important alternative source of help. Interpreters provided by the public sector are mainly for health care services and medical appointments. It is Bridge People from the Chinese community and organisations that facilitate older Chinese people's access to social services. Claiming social benefits requires understanding of written documents and writing in English, where interpreters for oral translation would not be available. Older people are the largest user group of social care services, making up 72 per cent of all social service clients. They place large demands on social care services (Health and Social Care Information Centre, 2012). Older people from immigrant groups generally have the same level of utilisation of social services as their UK-born counterparts (Livingston *et al*., 2002). Therefore, older immigrants also place a high level of demands on social services.

The institutional level bridge function of Chinese organisations has been recognized in a previous study, as Chan (2007, p.516) stated: *'In traditional Chinese communities, voluntary community based organisations played a vital role in providing various social services. In addition they served as a political link between the communities and the government'*. This statement reveals the bridge function at an institutional level, but fails to point out that many social services that organisations provided also served as a link between individuals and public services. Also, this statement generalises Chinese organisations as a whole. However, only a few people within the organisation play the vital role of bridge both at individual and institutional levels. Therefore, working with the Chinese community and Chinese organisations may mean working with a few people, and those people do not only deal with administrative and management work, but also have first-hand knowledge about how to facilitate access to services for older Chinese. Working with them has two-fold benefits: gaining access to both organisation resources and detailed knowledge of service use among older Chinese.

Bridge People from Chinese organisations have to provide services to their members and manage their organisations. They have a heavy workload and often lack human and financial resources. Atkin (1996) believed that as an unequal power relationship exists between statuary sector and ethnic organisations. Ethnic voluntary organisations cannot form effective partnerships with statutory sectors unless their voices are heard and their proposals are included in partnership arrangements. Without Bridge People enabling the voices and proposals to be heard this would not be possible, which stresses the importance of institutional Bridge People. However, in this research, it was found that Chinese organisations lacked competent workers, particularly Bridge People, to write proposals, and were therefore not able to form effective partnerships with the public sector.

The lack of competent workers is a big challenge for ethnic organisations; it also means a severe loss in potential benefits for people from ethnic communities. Ethnic community-based organisations have the potential to meet one of the main requirements of the present government's policy on community care, which is their closeness to the user. As those organisations are locally-based, small-scale organisations, they seem in a better position to tailor their services to individuals' needs and be sensitive to the needs of people from black and ethnic minorities than either statutory or mainstream voluntary providers. However, a lack of resources constrains ethnic organisations' performance. For example, in 2011 the income of one Chinese organisation in Newcastle was £17.5k, while expenditure was as high as £50.4k (Charity Commission, 2012). Due to insufficient financial support, the organisation had very limited opening hours. It was not able to hire employees, but instead relied on volunteers, which made it hard to recruit competent people who have language skills and sufficient time availability to play the role of Bridge People. Volunteers usually only had limited time to provide support, and was reported as insufficient for older Chinese immigrants. Other Chinese organisations in the UK are in a similar situation. According to Chan (2007), many Chinese organisations are also managed by part-time staff or even volunteers. A lack of resources is a major challenge for the UK's Chinese organisations, and affects service performance in many aspects including the provision of services, the quality of the services and the ability to offer more services to meet the emerging needs of residents. Other black and minority ethnic groups also have difficulties in accessing funding, particularly core funding, because applying for grants requires a disproportionate amount of time and effort compared to the time they have available for the services they are expected to provide (Chouhan and Lusane, 2004). As Bridge People from ethnic organisations also hold the role of organisation managers and fulfil different functions, not only do older Chinese need such Bridge People for their personal needs, but Chinese organisations need them for organisation development and institutional communication with mainstream society.

7.7 Social Bridge People

Friends play a minor role in the Bridge People model, as most of them are only capable of providing low level communication support. Friends were seldom reported in helping with essential procedures in access to services, such as carrying out interpenetration during appointments or making applications for benefits. However, their comparatively flexible time availability is complementary to that of other types of Bridge People. Meanwhile, friends play an important role in providing social support, especially emotional support. Generally, social networks involve interactions with friends and neighbours. However for most older Chinese, their social network only involves friends, because of their limited English proficiency and inability to engage in communication with their English-speaking neighbours.

Cornwell *et a*l. (2008) found that after retirement, older people have more confidants and tend to feel closer to them. Retired people tend to lose weaker ties to their co-workers, but with smaller networks have the opportunity to invest more in their networks of strong ties. In this study, older Chinese expressed their desire to be closer to their friends and have a meeting point. This is consistent with Cornwell's study. However, it differs in that there are many constraints for older Chinese to be with their friends, such as geographical dispersion and financial constraints. Chinatown has a concentration of Chinese people and plays an important role in the lives of many Chinese people (Sales *et al.*, 2009), however it mainly serves as a business area. In this study, Chinatown could not serve as a point for daily meetings and to build personal connections, unless people go to the casino in Chinatown. Consequently, it would be difficult for older Chinese to build stronger ties in their social networks. Many older Chinese have to face smaller, but not stronger, networks after retiring, which could limit the number of social Bridge People and their contact with them.

There is a tendency among older Chinese groups for older Chinese to try and live near their friends when they do not live with children. Reducing geographical dispersion and having a meeting point does not only enhance emotional support and informational exchange within Chinese community, but also creates a more convenient environment for service providers. A study by Muckenhuber, Stronegger, and Freidl (2013) also supported the importance of both emotional and geographical closeness. According to Muckenhuber, Stronegger and Freidl (2013), resources based on subjective feelings, emotional closeness, and geographic closeness to friends and acquaintances is strongly associated with psychological and physical health, especially among older people. In this study, aside from the influences of emotional, language and information support, it was found that there are other ways friends may influence service accessibility. As presented in the

findings section 6.34, there were successful cases when older Chinese live together, which meant they could be more easily spotted by service providers, and thus access to services and cultural sensibility of services were enhanced. That is to say, friends have bridging effects in different ways. For example, Chinese sheltered housing is well known to have a concentration of older Chinese, and many service providers, such as West End Befrienders, Red Cross, Age UK, ICT centre and social care departments, are therefore able to identify them and provide services and information to them. Chinese sheltered housing plays a role as a catchment area. The casino also has been used as a catchment area because of its concentration of Chinese people. In another example, a Chinese organisation was able to help eight older Chinese to live in one care home. By doing so, the number of Chinese was large enough to have service providers to arrange special customised services for them. The older Chinese could have a Chinese chef, a Chinese carer and leisure activities adapted to Chinese culture, which is another way to enhance service access and service use satisfaction.

7.8 Strengths and limitations of the study

The sections above have provided a discussion of the key study findings, and examined them in a wider context. In the following section, a reflection of the research progress in a wider context is provided. The rationale for the methodology and research design has been presented in chapter 3, which builds up a solid foundation for the research. After finishing the research, there is an overall examination of the quality of the research, which takes research performance into consideration, and justifies the relevance of findings.

7.81 Strengths of the study

One of the strengths of this research is that I, and the research participants, share the same ethnicity and cultural background, which minimises the 'race-of-interviewer effect' in which people make adjustments to their opinions and attitudes when questioned by an interviewer from a different racial or ethnic group (Gunaratnam, 2003). It has been claimed that research participants are less willing to give interviews to someone from another racial or ethnic group about their attitudes and opinions about racial topics (Gunaratnam, 2003). This study explored ageing and accessing services as a Chinese immigrant in the UK. This relates to the Chinese identity of participants, and participants' need to compare their experiences with native British people, or people from different ethnic groups. They were also required to comment on service providers, the majority of whom are from different ethnic groups. Therefore, it is important to reduce the race-of-interviewer effect to obtain their true attitudes and opinions. In an American study, white participants gave more racially conservative responses to a black, as compared to a white,

interviewer (Krysan and Couper, 2006). In public health it has been suggested that participants will feel more comfortable and be more honest with interviewers of the same race and ethnicity, especially in research on racial or ethnic minorities (Davis *et al*., 2010). It has been found that people from minority ethnic groups with lower levels of education tend to be more susceptible to race-of-interviewer effects (Hatchett and Schuman, 1975). As the majority of older Chinese have low level of education, minimising the race-of-interviewer effect was especially important to the quality of this research. I was invited to attend activities with older Chinese, have lunch with them, and have informal chats with many of them. As I could speak the same language as the potential participants, I was able to obtain knowledge of the research population in an informal context, and get to know their social context. All this helped to enhance the diversity and range of data collection, accuracy of data interpretation and trustworthiness of the study. Using minority investigators has been regarded as a useful community engagement strategy for research on minority participants (Ashing-Giwa *et al*., 2004; Yancey, 1999; Yancey *et al*., 2006). Being a cultural insider enabled me to recruit participants more easily and enhanced the research sample diversity.

It should be noted that except ethnicity, gender, age and my previous experiences may also have influenced the performance of the research. According to Bhopal (2010), the positioning of researchers as outsiders and insiders can affect the research relationship and has the potential to help researchers engage in the research process more efficiently. Gender, identity and experience can create a shared empathy and understanding between the participants and the interviewer, and this can help to build trust and rapport, and encourage participants to open up and discuss their personal experiences. Looking at age and experiences, I am not entirely an insider, as I do not share the same age and migration experiences with the research participants. I am not an older person; there is an age gap between the older Chinese participants and me. I came to the UK to study, and I had only been in the UK for 3 years when I conducted the research. The majority of older Chinese participants, as introduced in chapter 3, were farmers who came to the UK for job opportunities and worked in the catering industry. However, when talking about families and family care in later life, participants felt I was able to understand their expectations, which were rooted in traditional Chinese culture. In addition, because I was of a similar age to that of the children of older Chinese participants, many older Chinese tended to speak to me as if speaking to their children, and revealed their expectations towards care from children.

The research also has strengths in recruitment, as various sampling techniques, such as theoretical sampling, snowball sampling and purposive sampling, were employed, and many organisations were contacted to recruit participants. Many previous studies on

Chinese immigrants only employed a single sampling method, or only recruited participants from one Chinese centre, which limited the diversity of research subjects (Rochelle, Shardlow, and Ng, 2009; Li *et al*., 1999; Laidlaw *et al*., 2010). This research managed to enhance the diversity of the sample, and broaden understanding of ageing experiences among older Chinese immigrants. The research managed to recruit Chinese people living in sheltered housing and care homes in the UK, who have not been studied before. This research revealed their experiences in later life, and their way of accessing services and utilizing Bridge People, which was different from community-dwelling people. Therefore the research provides a more comprehensive understanding of older Chinese immigrants in the UK, and further refined the Bridge People model.

Another strength of the study is that the research adopted a life-course perspective and obtained an in-depth understanding of ageing experiences of older Chinese immigrants. It has been criticised that a life-course perspective has rarely been used in ageing immigrant research (McDonald, 2011). Considering that immigrants come with a lengthy history in education, work, family, friends, leisure activities and community involvement, which affect their wellbeing in their later life, past history is a valuable way to understand the later life of immigrants.

The findings of this research could be applied to other Chinese immigrant groups, or other isolated groups such as people who have limited proficiency of local languages. Kaugh (1999) reported that older Koreans rarely interact with non-Koreans, and obtain many services through ethnic community agencies rather than seeking them out directly from formal service agencies. The situation reported by Kaugh (1999) is quite similar to that which was found in this study. However, this research did not limit investigation to community institutions, and suggests that in such situations family members, friends, and professional interpreters could also be their bridge to obtain services. Gentry (2010) and Bowen (2001) suggest that problems utilizing resources are not unique to older Chinese immigrants, but may also happen to other immigrants or LEP (limited English proficiency) people. Therefore, it is suggested that service providers could also try to enhance resource use and service access by communicating with Bridge People and provide sufficient resources to them to reach other people from isolated groups.

7.82 Limitations of the study

One of the limitations of the study was that the majority of older Chinese participants were from Hong Kong, with only two older Chinese participants from elsewhere. Many previous studies on older Chinese immigrants also had a large proportion of Hong Kong Cantonese-speaking people as participants (Aroian *et al*., 2005; Chiu and Yu, 2001; Li *et*

al., 1999; Norton, 2008; Rochelle, Shardlow, and Ng, 2009). One of the reasons for this is that Hong Kong Chinese is the largest immigrant Chinese population in the UK (Chan *et al*., 2007a; Sproston *et al*., 1999). Another reason is that the Chinese community is geographically dispersed, which means that researchers have to visit local Chinese centres to find participants. Hong Kong Chinese are the most likely to attend Chinese organisations or own Chinese takeaways, whilst the other Chinese groups are often more difficult to identify. Therefore, not only research on older Chinese but also research on the general Chinese immigrant population always involves a large proportion of Hong Kong Chinese (Chan *et al*., 2007a). As mentioned above, this research involved various organisations and used multiple sampling techniques, which have improved the diversity of sample.

The number of Bridge People is relatively small, especially within Chinese staff, professional interpreters and friend groups. This is partly due to the small number of these people in Newcastle. As stated in the research, only a few people from organisations, or social networks, were able to provide linguistic and informational support and play the role of Bridge People. There are four organisations working with older Chinese people in Newcastle, and in each organisation there were only one or two workers who were competent to be Bridge People for the Chinese community. Three of the institutional Bridge People were recruited, which meant that the majority of Bridge People from organisation settings in Newcastle were included in this research. The categories relating to Bridge People are based on data collected from both the older people and Bridge People groups, and therefore the data were enough for the categories to emerge.

Chapter summary

This chapter describes the emerged theory and discusses the major themes and each type of Bridge People. The research identified a group of people who are key elements in facilitating access to services. Their performance strongly influences the perception of service quality and satisfaction with service among older Chinese. Previous studies did not recognise the importance of this group of people, and did not see them as one group with specific functions. The emerged theory was compared to social capital theory and Andersen's behavioural model. The Bridge People model added new elements linking to social capital, suggested an integrated perspective for examining social capital, and gave new interpretation of trust and power in social capital theory. For Andersen's behavioural model, this research added a path to the process of accessing services, suggesting that individuals also actively make changes to tackle problems. The performance of each type of Bridge People, and potential support they could provide, were also discussed within the wider research literature. It was found that the performance of professional interpreters was confined by institution standards, and they actually could provide additional support to

meet the needs of service users. Institutional Bridge People bear a two-fold workload and would need government support, especially financial support, to be released to provide more support for Chinese immigrants. Finally, the strengths and limitations of the research were reflected on. Strengths of the study include: the researcher having the same ethnicity as research participants, which enhances participant engagement, data collection, and data interpretation; multiple sampling methods and large range of cooperating organisations, which enhances research sample diversity; adopting a life-course perspective, which provided a comprehensive understanding of research subjects. Limitations of the study include: relatively large proportion of participants from Hong Kong, and possibly a small number of Bridge People.

Chapter 8: Conclusions and recommendations

This chapter starts with the contribution to knowledge arising through this research, in terms of following recommendations for practice, policy, future research, and theory development. The chapter ends with a final conclusion of the whole study.

8.1 Contribution to knowledge

The research presented in this thesis has made a significant contribution to existing knowledge. First, the Bridge People identified in this research assist in understanding the role of a group of people who were previously invisible in the service access process. The service use experience therefore was also found to depend on the availability and performance of Bridge People. Second, this study developed a middle-range theory, which contributes to the theory development in ageing immigrants. It conceptualizes the service access process and interactions between older Chinese and Bridge People, which can enable a broad application in practice. Third, this study focuses on older Chinese immigrants as an under-studied group, and provides empirical evidence for their ageing and service user experiences within a UK context. Some barriers are similar to those identified in the previous literature, although they were found to have different indications in the UK context. For example, transportation in America mainly refers to people who do not have driving ability (Liu, 2003), and therefore find it difficult to approach services. In the UK, the distance between bus stops and certain hospital departments was referred to. Within the UK, compared to other ethnic groups, the Chinese group not only has different service use utilization as suggested in the literature review, but also has rather different service access barriers. For example, research on south Asian patients has reported that culture-related issues can act as barriers in accessing healthcare services (Naqvi, 2003). However the cultural issues among south Asian groups refer to fasting during the Islamic month, or restricted participation for female south Asians in community-based activities outside the home, which were not found in the Chinese group in this research. Fourth, unlike previous studies, which only examined factors influencing service use, this research explored further by investigating the coping strategies and support networks of older Chinese. Fifth, this study enhances the understanding of service use experiences of older Chinese immigrants by extending the scope of perspectives to other people involved in the service access process, other than older Chinese immigrants themselves. This approach does not only provide a comprehensive understanding of service user

experiences, but also triangulates the themes generated from the study, which enhances the validity of the study. Finally, this research could serve as a base for future studies on service access among Chinese immigrants, as the study explored a new area in the service access process.

8.2 Recommendations for practice and policy

These findings suggest several courses of action for service providers from health and social care areas. Firstly, Bridge People were identified mainly from an older Chinese perspective, as they facilitate service access for older Chinese. Service providers could also make good use of Bridge People to approach older Chinese. Bridge People are trusted by older Chinese and are influential to them. They know the cultural context and know how to communicate with older Chinese. Therefore, when service providers need to carry out projects, identify the needs of this population, deliver services or disseminate information, they could pass on the information to Bridge People, and let them bring the information to older Chinese, which could be an effective way of approaching the population group.

Service providers should also realise that both Chinese culture and immigration experiences have worked in combination to influence service use and expectations of older Chinese immigrants. On the one hand, older Chinese are still willing to be taken care of by their children as advocated in Chinese culture, but on the other hand, having lived in the UK for several decades, older Chinese have also been influenced by the culture and care systems in the UK, and both older Chinese and their children can accept change in care patterns and using public care services. Meanwhile, some family members were found to be unable to provide support. Therefore, service providers should not assume there is self-sufficiency within the Chinese family, and rely on mutual help within family. It would be important to provide support to help individual Chinese to form diversified support networks. So when their familial support is unavailable, they have alternative resources. Willingness to retain independence was also found in older Chinese immigrants. Therefore service providers could also explore innovative ways to provide support to older Chinese and help them to maintain independence.

As identified in this study, older Chinese immigrants need five types of essential support: information, language, service delivery, instrumental and culture. For information, older Chinese immigrants need service information to not only be aware of available services, and to know how to access and use services, but also to acquire health information to maintain or obtain a good and healthy lifestyle. Language is the main problem for service access and service use. Service providers should recognise the importance of language,

as it can cause difficulties in nearly every procedure of using services, including before and after the use of services. Providing language support during encounters with service providers is not enough. Other processes related to service use, such as information dissemination, service application, and transportation all require language support. Service providers should consider providing a full range of language support. Though service providers intend to have a convenient location and easy access to services, many older Chinese immigrants found that there were still difficulties in transportation. Other reasons include language barriers, financial constraints and inconvenient long walking distances in hospitals. It is recommended that language and financial support should be provided for transportation, and transportation support such as scooters and shuttle buses should be provided within large service buildings.

Problems with medical emergencies are a common concern in older Chinese participants. As presented in the findings, in the situation of an emergency where people need help immediately, older Chinese found it more difficult to contact service providers and access Bridge People than in normal periods. Policy-makers should take action to solve this problem, such as having interpreters who could be on call at all times. Need for cultural support, such as providing Chinese food and Chinese entertainments, and being aware of Chinese taboos, was mainly found in people living in mainstream English-speaking institutional settings. Older Chinese in care homes were found to be extremely isolated in terms of communication with carers and other care home residents, and lacking in leisure activities. There should be actions taken to provide culturally appropriate services, including arranging Chinese residents to live close to each other and enabling them to socialise with each other, providing Chinese food and Chinese entertainments (e.g. mahjong, Hakka card games, karaoke and Chinese newspaper and books) and strengthening cooperation with Bridge People to enhance life quality of those older Chinese. As found in this study, most of the support that older Chinese immigrants need was provided by Bridge People, and ideally Bridge People should have stable, secure, and sufficient availability, so that the older Chinese person can have confidence in the help that they would receive from them. However, the performance of Bridge People was not completely satisfactory and should be improved.

Familial Bridge People, whom older Chinese heavily rely on, need information regarding services for older Chinese. A training programme for interpretation techniques and ethics or, at least, terms used in services with both English and Chinese versions, should be provided for familial Bridge people so that they can handle the special medical terms used in services encountered by older Chinese immigrants. Meanwhile, actions should be taken to avoid familial Bridge People inhibiting the speech of older Chinese during the interpretation. For example, if it is found that they are inhibiting the conversation, they

should be replaced with professional interpreters. When they provide advocacy, they should also inform service providers whether the information is from older Chinese or themselves.

Social Bridge People could also be given service information to help with dissemination. This information should be as written documents, and in plain language, to ensure good practice. As stressed in the findings and discussion, a meeting point is important for maintaining contacts with social Bridge People, and attracting older Chinese. Therefore, setting a meeting point, preferably indoors and with convenient transportation, may increase contact with older Chinese.

Institutional Bridge People were found to play an important role in the Chinese community, and with the availability and quality of the support guaranteed. However, they were confined by a limited number of candidates and heavy workload. Therefore policymakers could consider establishing partnerships with and providing more support for institutional Bridge People. More institutional Bridge People would also mean having more time to spend with older Chinese and gaining more understanding and knowledge of their circumstances

Professional Bridge People should be allowed to expand their role, such as to provide information, advocacy, emotional support and even transportation support. They should also be encouraged to have more knowledge of the circumstances of their clients, as this may be important during service use. Professional Bridge People do not have to work as a professional advocate. They only need to provide information that service providers give them, and convey the information of older Chinese to service providers with the permission of the older Chinese. Service providers therefore should prepare and give the information that older Chinese need to professional Bridge People, and let the information reach older Chinese through professional the Bridge People. Also, service providers should improve reliability and flexibility of professional Bridge People.

Chinese sheltered accommodation has important implications for care and support provided in housing services and residential care, as older Chinese live close to a trained Bridge Person who also has sufficient information resources. Older Chinese therefore are able to have good access to Bridge People and meanwhile receive a wide range of support with good quality. They do not have concerns reading letters, lack information, or have difficulty booking appointments that many other older Chinese have. This pattern is worth studying when designing care services in supported housing for older Chinese. Furthermore, it was found in this research that there is a need for Chinese sheltered accommodation, and policy-makers should consider building more Chinese sheltered

housing to meet this need. In addition, though this research contributes to the knowledge on older Chinese in the UK, there is still a dearth of up-to-date empirical data for this group. Policy-makers should consider carrying out more research on this hard-to-reach group, and improve data collection methods, to reduce the under-representation of the older Chinese population in surveys and research.

8.3 Recommendations for future research and theory development

The Bridge People model is rooted in empirical data about the ageing and service use experiences of the older Chinese group. It has the potential to be transferable to other isolated groups or communities that are segregated on the basis of culture or language, such as women groups in developing countries mentioned in the discussion chapter. Future research therefore could explore the application of the Bridge People model in other groups, and refine the theory in wider contexts (Charmaz, 2003). For example, to explore the potential of performing as Bridge People in other groups, such as south Asian groups, female migrants (Barrett and Mosca, 2013); and further investigate the property and functions of Bridge People in those groups.

Researchers could also carry out quantitative research to measure the influence of Bridge People on service utilisation rates among older Chinese immigrants, evaluate their performance, compare the quality of support provided by different groups of Bridge People, and examine to what extent each support that they provide is needed.

Future research on the service use or ageing experiences of older Chinese should not only test the overall satisfaction, but also measure the extent of severity of specific problems. As found in this research, the majority of older Chinese participants had many difficulties in life, and service use, but meanwhile showed satisfaction with their life and service provision. Therefore high scores in satisfaction, or under-representation of complaints, may not indicate problems with service use and access. This may make service providers fail to fully recognise problems and negative incidents in service delivery.

For research on older Chinese immigrants, it is highly recommended to use multiple sampling techniques, and contacts with various organisations. Using only one sampling method or recruiting participants from only one or two sampling points may risk recruiting homogeneous participants, and making data biased. Recruiting older Chinese through acquaintances or families is an efficient recruiting technique. As shown in chapter 4, older Chinese are very cautious and have low trust towards strangers and outsiders, meaning

referral by acquaintances would help to increase trust, and increase response rate. Therefore, snowball sampling is an important and efficient sampling approach in research on older Chinese. Aside from sampling methods, use of follow-up interviews is recommended for research on older Chinese immigrants. Many older Chinese have distrust towards outsiders, and using follow-up interviews helps to build rapport and gain trust, which is important for qualitative researchers as they need in-depth data.

It is recommended to triangulate and explore different perspectives in one research. As found in this research, most older Chinese have total trust in their children's translation capacity, but many children reported feeling translation was difficult, or found other children distorted information during translation. Having different perspectives triangulated the data, and revealed the full picture of the issue.

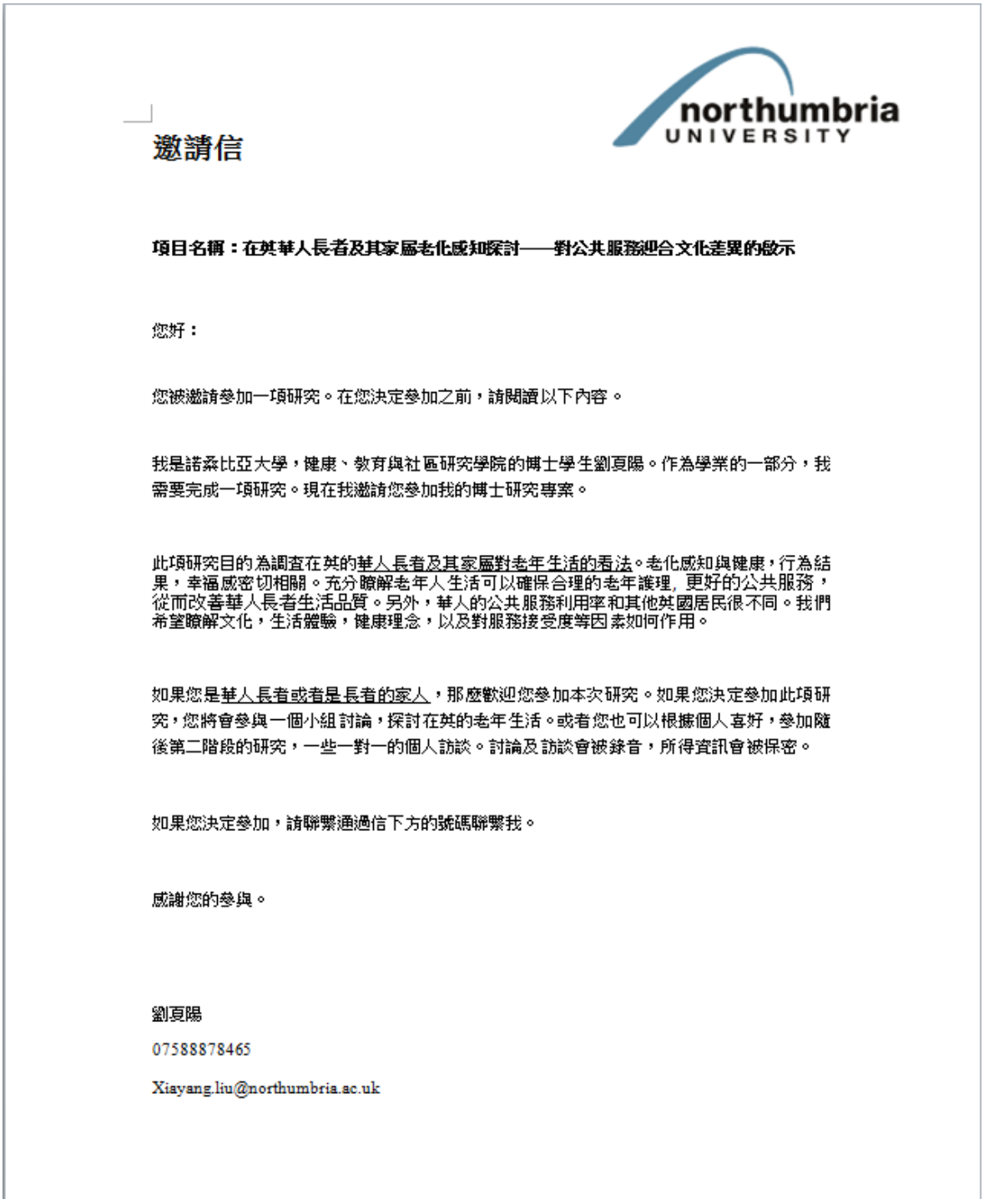
8.4 Final conclusions

This study set out to explore the ageing experiences and service user experiences of older Chinese in the UK. It provides rich empirical evidence to enhance the understanding of service use among older Chinese, and further explores their coping strategies. The study also contributes to knowledge by identifying Bridge People who play an important role in facilitating service access for older Chinese. It shows that facing many difficulties in accessing and using services, older Chinese struggle and seek help from in-group people with greater competency in society to approach services. However, each type of Bridge Person has limits and may not fully meet the needs of older Chinese. A diversified support network therefore is suggested to enhance the service access of older Chinese. The research also encourages service providers to recognise the importance of Bridge People and cooperate with them to approach older Chinese. Bridge People should be supported and encouraged to provide more forms of support to enhance their performance.

(Word Count: 83,940)

Appendices

Appendix I Invitation letter for focus group participants (Traditional Chinese, Simplified Chinese, and English version)



邀請信

項目名稱：在英華人長者及其家屬老化感知探討——對公共服務迎合文化差異的啟示

您好：

您被邀請參加一項研究。在您決定參加之前，請閱讀以下內容。

我是諾桑比亞大學，健康、教育與社區研究學院的博士學生劉夏陽。作為學業的一部分，我需要完成一項研究。現在我邀請您參加我的博士研究專案。

此項研究目的為調查在英的華人長者及其家屬對老年生活的看法。老化感知與健康，行為結果，幸福感密切相關。充分瞭解老年人生活可以確保合理的老年護理，更好的公共服務，從而改善華人長者生活品質。另外，華人的公共服務利用率和其他英國居民很不同。我們希望瞭解文化，生活體驗，健康理念，以及對服務接受度等因素如何作用。

如果您是華人長者或者是長者的家人，那麼歡迎您參加本次研究。如果您決定參加此項研究，您將會參與一個小組討論，探討在英的老年生活。或者您也可以根據個人喜好，參加隨後第二階段的研究，一些一對一的個人訪談。討論及訪談會被錄音，所得資訊會被保密。

如果您決定參加，請聯繫通過信下方的號碼聯繫我。

感謝您的參與。

劉夏陽

07588878465

Xiayang.liu@northumbria.ac.uk

邀请信

项目名称：在英华人长者及其家属老化感知探讨——对公共服务迎合文化差异的启示

您好：

您被邀请参加一项研究。在您决定参加之前，请阅读以下内容。

我是诺桑比亚大学，健康、教育与社区研究学院的博士学生刘夏阳。作为学业的一部分，我需要完成一项研究。现在我邀请您参加我的博士研究专案。

此项研究目的为调查在英的华人长者及其家属对老年生活的看法。老化感知与健康，行为结果，幸福感密切相关。充分了解老年人生活可以确保合理的老年护理，更好的公共服务，从而改善华人长者生活品质。另外，华人的公共服务利用率和其他英国居民很不同。我们希望了解文化，生活体验，健康理念，以及对服务接受度等因素如何作用。

如果您是华人长者或者是长者的家人，那么欢迎您参加本次研究。如果您决定参加此项研究，您将会参与一个小组讨论，探讨在英的老年生活。或者您也可以根据个人喜好，参加随后第二阶段的研究，一些一对一的个人访谈。讨论及访谈会被录音，所得资讯会被保密。

如果您决定参加，请联系通过信下方的号码联系我。

感谢您的参与。

刘夏阳

07588878465

Xiayang.liu@northumbria.ac.uk

Invitation letter

(*For group discussion participants)

Project: Perceptions of aging in the UK's Chinese elders and their families—the implications for culturally sensitive services

To whom it may concern,

You are being invited to take part in a research study. Before you decide to participate, please read the details below.

My name is Xiayang Liu. I am a PhD student in the School of Health, Community, and Education Studies at Northumbria University. I am conducting a research study as part of the requirements of my degree, and I would like to invite you to participate.

This study is to investigate the perceptions of aging in the UK's senior Chinese and their family members. Experiences and perceptions of aging are of substantial importance for older people as they relate to health, behavioral outcomes, and well-being. Understanding of aging experiences ensures appropriate care and better public services, and thereby contributes to promoting quality of life of the elderly. Also, Chinese people living in the UK have different services attendance rate, and we would like to know how culture, living experience, health beliefs, or acceptability of service influences it.

You are welcome to participate in the study, if you are a senior Chinese, or an adult who have senior Chinese as family members. If you decide to participate, you will be asked to participate in a group discussion about aging experiences in the UK. And if you like, you could also participate in the further study which is one-to-one individual interviews. The session will be audio-taped. All the information gathered will be kept confidential.

If you would like to participate, please contact me at the number listed below to discuss participation.

Thank you for your anticipated participation.

Xiayang Liu
07588878465
Xiayang.liu@northumbria.ac.uk

Appendix II Invitation letter for individual interview participants (Traditional Chinese, Simplified Chinese, and English version)

邀請信

項目名稱：在英華人長者及其家屬老化感知探討——對公共服務迎合文化差異的啟示

您好：

您被邀請參加一項研究。

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此項研究目的為調查在英**華人老年生活及服務需求**。老化感知與健康，行為方式，幸福感密切相關。充分了解老年生活及服務需求可**以確保合理的老年護理，更好的公共服務，從而改善華人長者生活質量。**另外，華人的公共服務利用率和其他英國居民很不同。我們希望了解文化，生活體驗，及語言，對公共服務的影響。

如果您是：

- **華人長者**
- 或者華人長者的家人

那麼歡迎您參加本研究。您將會參與約40分鐘的個人訪談。訪談會被錄音，但是全部信息會被保密。如果您決定參加，請通過下方的號碼聯繫我。感謝您的參與

劉夏陽
07588878465
xiayang.liu@northumbria.ac.uk
Ft PhD
Northumbria University
School of Health, Community and Education Studies
Room H005, Coach Lane Campus East
Newcastle upon Tyne
NE7 7XA

邀请信

项目名称：在英华人长者及其家属老化感知探讨——对公共服务迎合文化差异的启示

您好：

您被邀请参加一项研究。

我是诺桑比亚大学，健康、教育与社区研究学院的博士学生刘夏阳。作为学业的一部分，我需要完成一项研究。现在我邀请您参加我的博士研究项目。

此项研究目的为调查在英**华人老年生活及服务需求**。老化感知与健康，行为方式，幸福感密切相关。充分了解老年生活及服务需求可**以确保合理的老年护理，更好的公共服务，从而改善华人长者生活质量。**另外，华人的公共服务利用率和其他英国居民很不同。我们希望了解文化，生活体验，及语言，对公共服务的影响。

如果您是：

- **华人长者**
- **或者华人长者的家人**

那么欢迎您参加本研究。您将会参与大约40分钟的个人访谈。访谈会被录音，但是全部信息会被保密。如果您决定参加，请通过下方的号码联系我。

感谢您的参与

刘夏阳
07588878465
xiayang.liu@northumbria.ac.uk
Ft PhD
Northumbria University
School of Health, Community and Education Studies
Room H005, Coach Lane Campus East
Newcastle upon Tyne
NE7 7XA

Invitation letter

[*For interviews participants]

Project: Perceptions of aging in the UK's Chinese elders and their families—the implications for culturally sensitive services

To whom it may concern,

You are being invited to take part in a research study. Before you decide to participate, please read the details below.

My name is Xiayang Liu. I am a PhD student in the School of Health, Community, and Education Studies at Northumbria University. I am conducting a research study as part of the requirements of my degree, and I would like to invite you to participate.

This study is to investigate **the perceptions of aging and service needs of Chinese older people in the UK**. Experiences and perceptions of aging are of substantial importance for older people as they relate to health, behavioral outcomes, and well-being. Understanding of aging experiences **ensures appropriate care and better public services, and thereby contributes to promoting quality of life of the elderly.** Also, Chinese people living in the UK have different services attendance rate, and we would like to know how culture, living experience, health beliefs, or acceptability of service influences it.

You are welcome to participate in the study, if you **are a senior Chinese over 60 years old, or an adult who have senior Chinese as family members**. If you decide to participate, you will be asked to participate in interviews about aging experiences in the UK, which will be about 40 minutes. The session will be audio-taped. All the information gathered will be kept confidential.

If you would like to participate, please contact me at the number listed below to discuss participating.

Thank you for your anticipated participation.

Xiayang Liu
07588878465
xiayang.liu@northumbria.ac.uk
Ft PhD
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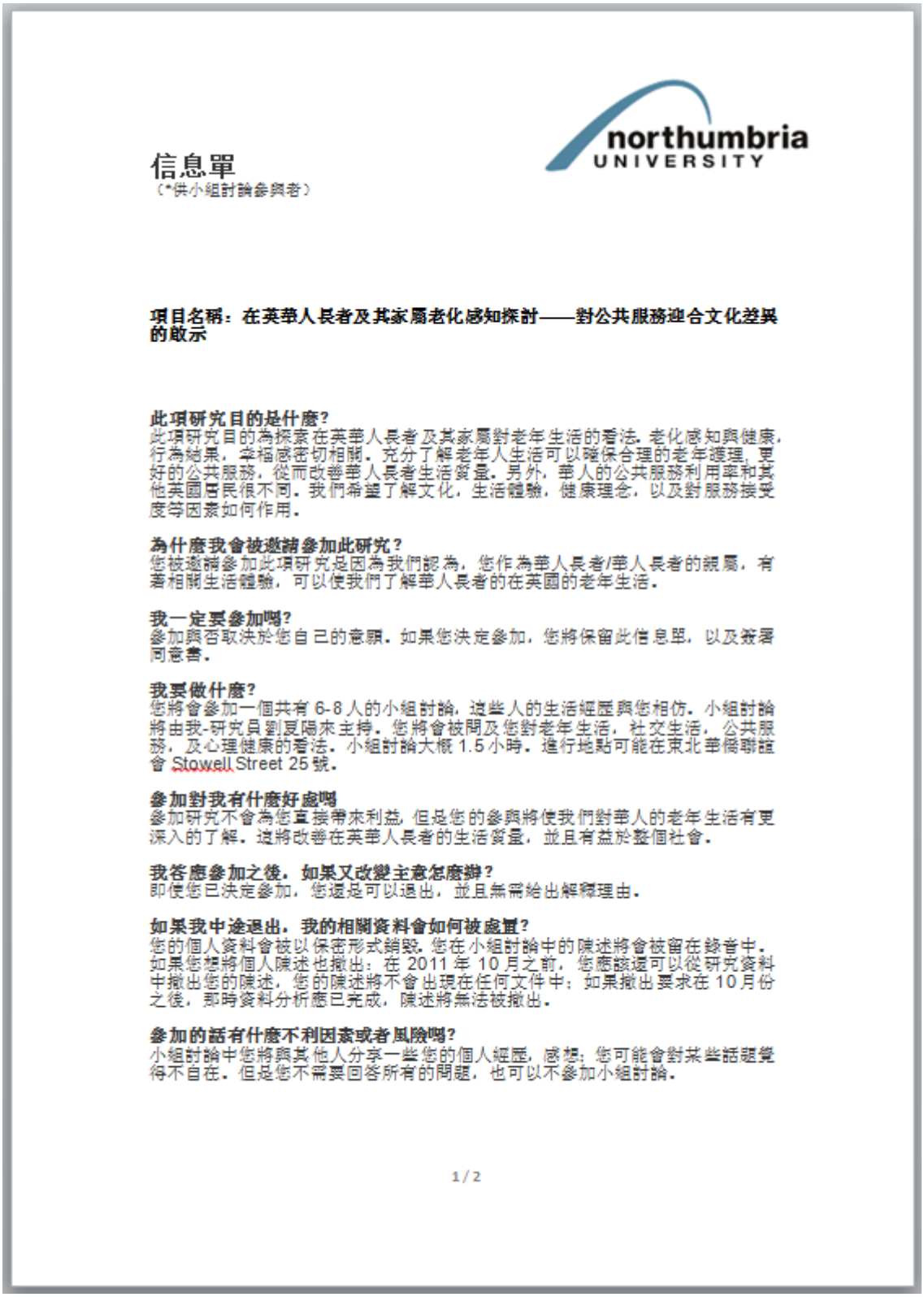
Room H005, Coach Lane Campus East
Newcastle upon Tyne
NE7 7XA

Appendix III Information Sheets for focus group participants (Traditional Chinese, Simplified Chinese, and English version)



信息單
（*供小組討論參與者）

項目名稱：在英華人長者及其家屬老化感知探討——對公共服務迎合文化差異的啟示

此項研究目的是什麼?
此項研究目的為探索在英華人長者及其家屬對老年生活的看法。老化感知與健康，行為結果，幸福感密切相關。充分了解老年人生活可以確保合理的老年護理，更好的公共服務，從而改善華人長者生活質量。另外，華人的公共服務利用率和其他英國居民很不同。我們希望了解文化，生活體驗，健康理念，以及對服務接受度等因素如何作用。

為什麼我會被邀請參加此研究?
您被邀請參加此項研究是因為我們認為，您作為華人長者/華人長者的親屬，有著相關生活體驗，可以使我們了解華人長者的在英國的老年生活。

我一定要參加嗎?
參加與否取決於您自己的意願。如果您決定參加，您將保留此信息單，以及簽署同意書。

我要做什麼?
您將會參加一個共有 6-8 人的小組討論，這些人的生活經歷與您相仿。小組討論將由我-研究員劉夏陽來主持。您將會被問及您對老年生活，社交生活，公共服務，及心理健康的看法。小組討論大概 1.5 小時。進行地點可能在東北華僑聯誼會 Stowell Street 25 號。

參加對我有什麼好處嗎
參加研究不會為您直接帶來利益，但是您的參與將使我們對華人的老年生活有更深入的了解。這將改善在英華人長者的生活質量，並且有益於整個社會。

我答應參加之後，如果又改變主意怎麼辦?
即使您已決定參加，您還是可以退出，並且無需給出解釋理由。

如果我中途退出，我的相關資料會如何被處置?
您的個人資料會被以保密形式銷毀。您在小組討論中的陳述將會被留在錄音中。如果您想將個人陳述也撤出：在 2011 年 10 月之前，您應該還可以從研究資料中撤出您的陳述，您的陳述將不會出現在任何文件中；如果撤出要求在 10 月份之後，那時資料分析應已完成，陳述將無法被撤出。

參加的話有什麼不利因素或者風險嗎?
小組討論中您將與其他人分享一些您的個人經歷，感想；您可能會對某些話題覺得不自在。但是您不需要回答所有的問題，也可以不參加小組討論。

1 / 2

如果我在討論時覺得不舒服或者覺得沮喪呢?
您可以選擇暫停，完全終止，參加其他時間的小組討論，訪談，或者繼續。另外，研究員還會為您提供東北會，健康會，或 Age UK 的工作人員的聯繫方式。您可以與他們交流來獲得幫助。

信息將如何被蒐集?
小組討論將被錄音。錄音及任何個人信息都將被保存在保險的地方，並被保密。

我在此研究裡所說的會被保密嗎?
此研究所蒐集資料會被以保密形式存儲。任何關於您的資料，您的名字將以編號方式出現。只有研究員知道您的編號。資料將被軟件加密以阻止未被授權的使用。但是，小組中的參與者會聽到您的陳述，有可能會告訴別人。由於是小組討論，我們不能確保您所說的完全不洩露。但是我們會要求您及其他參與者尊重組員的隱私。

蒐集的資料會怎樣被處理?
蒐集的資料會被以及保密有保險的方式存儲。根據諾桑比亞大學存儲政策，項目結束後資料會被保存在學校，10 年後銷毀。

研究結果會被用來做什麼?
討論中的陳述經匿名處理後，會被用於項目報告，會議報告，及其他出版物。在項目報告及其他相關出版物中，不會有參與者被辨認出來。報告及出版物的複印件可以應要求供給參與者。

我想參加，那麼我應該做什麼?
如果你決定參加，請通過下方的電話號碼聯繫我，討論參加事宜。您也可以在研究員未接電話前將電話掛斷，或者將您的聯繫方式留給東北會/健康會，研究員在得到您的聯繫方式後會聯繫您。

感謝您的參與

聯繫方式
劉夏陽
07588878465
xiayang.liu@northumbria.ac.uk

如果對此研究的實施方式有意見，您可以通過以下方式聯繫研究中心的主任 charlotte.clarke@northumbria.ac.uk。

2011 年 7 月 15 日

信息单

（*供小组讨论参与者）

项目名称：在英华人长者及其家属老化感知探讨——对公共服务迎合文化差异的启示

此项研究目的是什么？

此项研究目的为探索在英华人长者及其家属对老年生活的看法.老化感知与健康.行为结果.幸福感密切相关，充分了解老年人生活可以确保合理的老年护理，更好的公共服务，从而改善华人长者生活质量。另外，华人的公共服务利用率和其他英国居民很不同。我们希望了解文化，生活体验，健康理念，以及对服务接受度等因素如何作用。

为什么我会被邀请参加此研究？

您被邀请参加此项研究是因为我们认为，您作为华人长者/华人长者的亲属，有着相关生活体验，可以使我们了解华人长者的在英国的老年生活。

我一定要参加吗？

参加与否取决于您自己的意愿。如果您决定参加，您将保留此信息单，以及签署同意书。

我要做什么？

您将会参加一个共有 6-8 人的小组讨论，这些人的生活经历与您相仿。小组讨论将由我-研究员刘夏阳来主持。您将会被问及您对老年生活，社交生活，公共服务，及心理健康的看法。小组讨论大概 1.5 小时，进行地点可能在东北华侨联谊会 Stowell Street 25 号。

参加对我有什么好处吗

参加研究不会为您直接带来利益，但是您的参与将使我们对华人的老年生活有更深入的了解。这将改善在英华人长者的生活质量，并且有益于整个社会。

我答应参加之后，如果又改变主意怎么办？

即使您已决定参加，您还是可以退出，并且无需给出解释理由。

如果我中途退出，我的相关资料会如何被处置？

您的个人资料会被以保密形式销毁。您在小组讨论中的陈述将会被留在录音中。如果您想将个人陈述也撤出：在 2011 年 10 月之前，您应该还可以从研究资料中撤出您的陈述，您的陈述将不会出现在任何文件中；如果撤出要求在 10 月份之后，那时资料分析应已完成，陈述将无法被撤出。

参加的话有什么不利因素或者风险吗？

小组讨论中您将与其他人分享一些您的个人经历，感想；您可能会对某些话题觉得不自在，但是您不需要回答所有的问题，也可以不参加小组讨论。

如果我在讨论时觉得不舒服或者觉得沮丧呢？
您可以选择暂停，完全终止，参加其他时间的小组讨论，访谈，或者继续。另外，研究员还会为您提供东北会，健康会，或 Age UK 的工作人员的联系方式。您可以与他们交流来获得帮助。

信息将如何被搜集？
小组讨论将被录音。录音及任何个人信息都将被保存在保险的地方，并被保密。

我在此研究里所说的会被保密吗？
此研究所搜集资料会被以保密形式存储。任何关于您的资料，您的名字将以编号方式出现。只有研究员知道您的编号。资料将被软件加密以阻止未被授权的使用。但是，小组中的参与者会听到您的陈述，有可能会告诉别人。由于是小组讨论，我们不能确保您所说的完全不泄露，但是我们会要求您及其他参与者尊重组员的隐私。

搜集的资料会怎样被处理？
搜集的资料会被以及保密有保险的方式存储。根据诺桑比亚大学存储政策，项目结束后资料会被保存在学校，10 年后销毁。

研究结果会被用来做什么？
讨论中的陈述经匿名处理后，会被用于项目报告，会议报告，及其他出版物。在项目报告及其他相关出版物中，不会有参与者被辨认出来。报告及出版物的复印件可以应要求供给参与者。

我想参加，那么我应该做什么？
如果你决定参加，请通过下方的电话号码联系我，讨论参加事宜。您也可以在研究员未接电话前将电话挂断，或者将您的联系方式留给东北会/健康会，研究员在得到您的联系方式后会联系您。

感谢您的参与

联系方式
刘夏阳
07588878465
xiayang.liu@northumbria.ac.uk

如果对此研究的实施方式有意见，您可以通过以下方式联系研究中心的主任 charlotte.clarke@northumbria.ac.uk。

2011 年 7 月 15 日

Information Sheets

[*For group discussion participants]

Project: Perceptions of aging in the UK's Chinese elders and their families—the implications for culturally sensitive services

What is the purpose of the study?
This study is to investigate the perceptions of aging in UK's Chinese elders and their family members. Experiences and perceptions of aging are of substantial importance for older people as they relate to health, behavioral outcomes, and well-being. Understanding of aging experiences ensures appropriate care and better public services, and thereby contributes to promoting quality of life of the elderly. Also, Chinese people living in the UK have different services attendance rate, and we would like to know how culture, living experience, health beliefs, or acceptability of service influences it.

Why have I been invited to participate?
You are being invited to take part in this research because we feel that your experience as a senior Chinese/ family members of senior Chinese can contribute much to our understanding of aging experience of Chinese in the UK.

Do I have to take part?
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form.

What I am being asked to do?
You will be asked to participate in a group discussion with 6-8 other persons with similar experiences. This discussion will be guided by myself—researcher Xiayang Liu. You will be asked questions about your perceptions on aging, social life, services, and mental health. The group discussion will last about 1.5 hour. The discussion will most probably take place in North East Chinese Association at 25 Stowell Street.

What are the possible benefits of taking part?
There will be no direct benefit to you, but your participation will help us have a deep understanding of aging experience in Chinese population, which will contribute to the quality of life of Chinese older people in the UK, and benefit society as a whole.

What happens if I agree and then change my mind?
If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What happens to data if I decide to withdraw from the study?
Your personal details will be disposed of confidentially. Your statements in the group discussion will stay in the voice record. If you also want to withdraw your statements in the group discussion before October 2011, the statements you make in group discussion should be able to be taken out from research data, and therefore will not appear on any documents; if you withdraw after October where data analysis should be finished, and your statements should be categorized and integrated with other data, your data will not be able to be withdrawn from the study.

What are the possible disadvantages and risks of taking part?
We are asking you to share with us some personal information, like experience, views, and you may feel uncomfortable talking about some of the topics. However, you do not have to answer all of the questions or take part in the discussion if you don't wish to do so.

What happens if I feel uncomfortable or get upset during an interview?
You would be given a chance to decide whether or not to stop completely, re-schedule, or carry on. Moreover, the researcher would provide you contact details of a manager from North East Chinese Association/ Newcastle Chinese Healthy Living Centre, or a staff from the Age UK in Newcastle. You can speak to them and get support.

How will the data be collected?
The group discussion will be audio taped. The tapes and any personal information will be kept secure and confidential.

Will what I say in this study be kept confidential?
The information collected from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researcher will know what your number is. Data will be encrypted by software to prevent unauthorised access. However, others in the group will hear what you say, and it is possible that they could tell someone else. Because we will be talking in a group, we cannot promise that what you say will remain completely private, but we will ask that you and all other group members respect the privacy of everyone in the group.

What will happen to data that is gathered?
Gathered data is kept secure and confidential. It will be kept by the researcher until the end of the project. . In line with Northumbria University's retention policy, they will then be retained in the university for 10years after completion of the project, and then be disposed of.

What will happen to the results of the research study?
Anonymised summaries will be produced from the discussions to be used in the project report, conference presentation, and in other publications. None of the participants will be identified in the project report or in other publications based on this project. Copies of any reports or publications will be available on request to participants.

What should I do if I want to take part?
If you would like to participate, please contact the researcher at the number listed below to discuss participating. You can also give the researcher a missed call, or leave your contacts at North East Chinese Association, and the researcher will contact you.

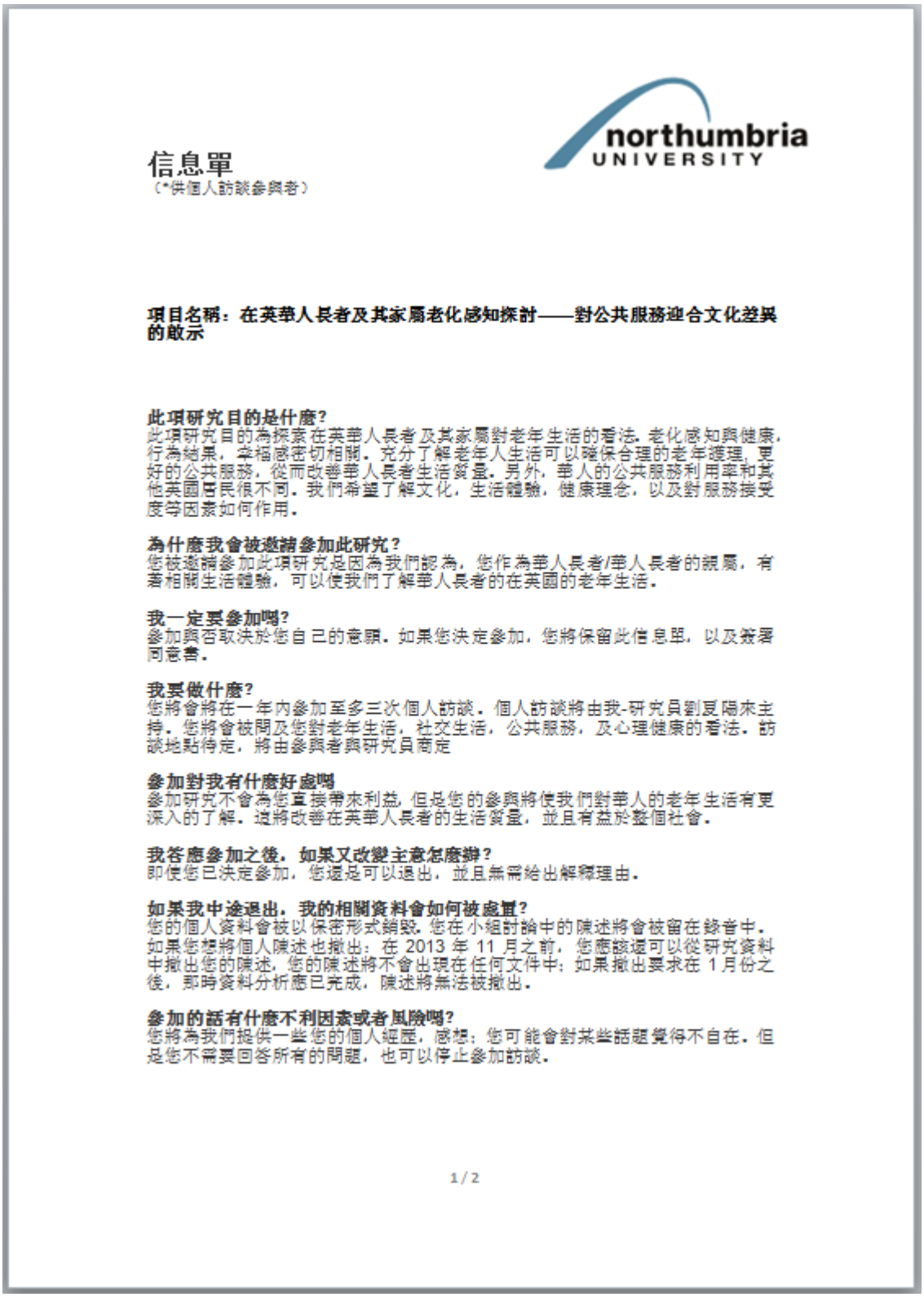
Contact for Further Information
Xiayang Liu
07588878465
Xiayang.liu@northumbria.ac.uk

If you have any concerns about the way in which the study has been conducted, you should contact director of Community, Health and Education Studies Research Centre on charlotte.clarke@northumbria.ac.uk.

Thank you for your consideration

15 April 2011

Appendix IV Information Sheets for individual interview participants (Traditional Chinese, Simplified Chinese, and English version)



信息單
（*供個人訪談參與者）

項目名稱：在英華人長者及其家屬老化感知探討——對公共服務迎合文化差異的啟示

此項研究目的是什麼?
此項研究目的為探索在英華人長者及其家屬對老年生活的看法。老化感知與健康行為結果，幸福感密切相關。充分了解老年人生活可以確保合理的老年護理，更好的公共服務，從而改善華人長者生活質量。另外，華人的公共服務利用率和其他英國居民很不同。我們希望了解文化，生活體驗，健康理念，以及對服務接受度等因素如何作用。

為什麼我會被邀請參加此研究?
您被邀請參加此項研究是因為我們認為，您作為華人長者/華人長者的親屬，有著相關生活體驗，可以使我們了解華人長者的在英國的老年生活。

我一定要參加嗎?
參加與否取決於您自己的意願。如果您決定參加，您將保留此信息單，以及簽署同意書。

我要做什麼?
您將會將在一年內參加至多三次個人訪談。個人訪談將由我-研究員劉夏陽來主持。您將會被問及您對老年生活，社交生活，公共服務，及心理健康的看法。訪談地點待定，將由參與者與研究員商定

參加對我有什麼好處嗎
參加研究不會為您直接帶來利益，但是您的參與將使我們對華人的老年生活有更深入的了解。這將改善在英華人長者的生活質量，並且有益於整個社會。

我答應參加之後，如果又改變主意怎麼辦?
即使您已決定參加，您還是可以退出，並且無需給出解釋理由。

如果我中途退出，我的相關資料會如何被處置?
您的個人資料會被以保密形式銷毀。您在小組討論中的陳述將會被留在錄音中。如果您想將個人陳述也撤出：在 2013 年 11 月之前，您應該還可以從研究資料中撤出您的陳述，您的陳述將不會出現在任何文件中；如果撤出要求在 1 月份之後，那時資料分析應已完成，陳述將無法被撤出。

參加的話有什麼不利因素或者風險嗎?
您將為我們提供一些您的個人經歷，感想；您可能會對某些話題覺得不自在。但是您不需要回答所有的問題，也可以停止參加訪談。

1 / 2

如果我在討論時覺得不舒服或者覺得沮喪呢?
您可以選擇暫停，完全終止，參加其他時間的小組討論，訪談，或者繼續。另外，研究員還會為您提供東北會，健康會，或 Age UK 的工作人員的聯繫方式。您可以與他們交流來獲得幫助。

信息將如何被蒐集?
訪談將被錄音。錄音及任何個人信息都將被保存在保險的地方，並被保密。

我在此研究裡所說的會被保密嗎?
此研究所蒐集資料會被以保密形式存儲。任何關於您的資料，您的名字將以編號方式出現。只有研究員知道您的編號。資料將被軟件加密以阻止未被授權的使用。

蒐集的資料會怎樣被處理?
蒐集的資料會被以及保密有保險的方式存儲。根據諾桑比亞大學存儲政策，項目結束後資料會被保存在學校，10 年後銷毀。

研究結果會被用來做什麼?
討論中的陳述經匿名處理後，會被用於項目報告，會議報告，及其他出版物。在項目報告及其他相關出版物中，不會有參與者被辨認出來。報告及出版物的複印件可以應要求供給參與者。

我想參加。那麼我應該做什麼?
如果你決定參加，請通過下方的電話號碼聯繫我，討論參加事宜。您也可以在研究員未接電話前將電話掛斷，或者將您的聯繫方式留給東北會，研究員在得到您的聯繫方式後會聯繫您。

感謝您的參與

聯繫方式
劉夏陽
07588878465
xiayang.liu@northumbria.ac.uk

如果對此研究的實施方式有意見，您可以通過以下方式聯繫研究中心的主任 charlotte.clarke@northumbria.ac.uk。

2011 年 7 月 15 日

信息单
（*供个人访谈参与者）

项目名称：在英华人长者及其家属老化感知探讨——对公共服务迎合文化差异的启示

此项研究目的是什么？
此项研究目的为探索在英华人长者及其家属对老年生活的看法。老化感知与健康，行为结果，幸福感密切相关。充分了解老年人生活可以确保合理的老年护理，更好的公共服务，从而改善华人长者生活质量。另外，华人的公共服务利用率和其他英国居民很不同。我们希望了解文化，生活体验，健康理念，以及对服务接受度等因素如何作用。

为什么我会被邀请参加此研究？
您被邀请参加此项研究是因为我们认为，您作为华人长者/华人长者的亲属，有着相关生活体验，可以使我们了解华人长者的在英国的老年生活。

我一定要参加吗？
参加与否取决于您自己的意愿。如果您决定参加，您将保留此信息单，以及签署同意书。

我要做什么？
您将会将在一年内参加至多三次个人访谈。个人访谈将由我-研究员刘夏阳来主持。您将会被问及您对老年生活，社交生活，公共服务，及心理健康的看法。访谈地点待定，将由参与者与研究员商定

参加对我有什么好处吗
参加研究不会为您直接带来利益，但是您的参与将使我们对华人的老年生活有更深入的了解。这将改善在英华人长者的生活质量，并且有益于整个社会。

我答应参加之后，如果又改变主意怎么办？
即使您已决定参加，您还是可以退出，并且无需给出解释理由。

如果我中途退出，我的相关资料会如何被处置？
您的个人资料会被以保密形式销毁。您在小组讨论中的陈述将会被留在录音中。如果您想将个人陈述也撤出：在 2013 年 11 月之前，您应该还可以从研究资料中撤出您的陈述，您的陈述将不会出现在任何文件中；如果撤出要求在1月份之后，那时资料分析应已完成，陈述将无法被撤出。

参加的话有什么不利因素或者风险吗？
您将为我们提供一些您的个人经历，感想；您可能会对某些话题觉得不自在。但是您不需要回答所有的问题，也可以停止参加访谈。

如果我在讨论时觉得不舒服或者觉得沮丧呢?
您可以选择暂停，完全终止，参加其他时间的小组討論，訪談，或者繼續。另外，研究員還會為您提供東北會，健康會，或 Age 英国的工作人员的联系方式。您可以与他们交流来获得帮助。

信息将如何被搜集?
访谈将被录音，录音及任何个人信息都将被保存在保险的地方，并被保密。

我在此研究里所说的会被保密吗?
此研究所蒐集資料會被以保密形式存儲。任何關於您的資料，您的名字將以編號方式出現。只有研究員知道您的編號。資料將被軟件加密以阻止未被授權的使用。

搜集的资料会怎样被处理?
蒐集的資料會被以及保密有保險的方式存儲。根據諾桑比亞大學存儲政策，項目結束後資料會被保存在學校，10 年後銷毀。

研究结果会被用来做什么?
討論中的陳述經匿名處理後，會被用於項目報告，會議報告，及其他出版物。在項目報告及其他相關出版物中，不會有參與者被辨認出來。報告及出版物的複印件可以應要求供給參與者。

我想参加，那么我应该做什么?
如果你決定參加，請通過下方的電話號碼聯繫我，討論參加事宜。您也可以在研究員未接電話前將電話掛斷，或者將您的聯繫方式留給東北會，研究員在得到您的聯繫方式後會聯繫您。

感谢您的参与

联系方式

刘夏阳
07588878465
xiayang.liu@northumbria.ac.uk

如果对此研究的实施方式有意见，您可以通过以下方式联系研究中心的主任 charlotte.clarke@northumbria.ac.uk。

2011 年 7 月 15 日

Information Sheets

(*For interviews participants)

Project:
Perceptions of aging in the UK's Chinese elders and their families—the implications for culturally sensitive services

What is the purpose of the study?
This study is to investigate the perceptions of aging in UK's Chinese elders and their family members. Experiences and perceptions of aging are of substantial importance for older people as they relate to health, behavioral outcomes, and well-being. Understanding of aging experiences ensures appropriate care and better public services, and thereby contributes to promoting quality of life of the elderly. Also, Chinese people living in the UK have different services attendance rate, and we would like to know how culture, living experience, health beliefs, or acceptability of service influences it.

Why have I been invited to participate?
You are being invited to take part in this research because we feel that your experience as a senior Chinese/ family members of senior Chinese can contribute much to our understanding of aging experience of Chinese in the UK.

Do I have to take part?
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form.

What I am being asked to do?
You will be asked to participate in up to 3 face-to-face interviews in one year. The questions will be asked by myself-researcher Xiayang Liu. You will be asked questions about your perceptions on aging, social life, services, and mental health. An interview will last about 1 hour. The places for interviews are to be confirmed, which shall be agreed by participants and researcher.

What are the possible benefits of taking part?

There will be no direct benefit to you, but your participation will help us have a deep understanding of aging experience in Chinese population, which will contribute to the quality of life of Chinese older people in the UK, and benefit society as a whole.

What happens if I agree and then change my mind?
If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What happens to data if I decide to withdraw from the study?
Your personal details will be disposed of confidentially. If you withdraw from the study before January 2013, the statements you make in interviews should be able to be taken out from research data, and therefore will not appear on any documents. However, if you withdraw after January 2013 where data analysis should be finished, and your statements should be categorized and integrated with other data, your data will not be able to be withdrawn from the study.

What are the possible disadvantages and risks of taking part?
We are asking you to share with us some personal information, like experience, views, and you may feel uncomfortable talking about some of the topics. However, you do not have to answer all of the questions or take part in the interview if you feel the questions are too personal or if talking about them makes you uncomfortable.

What happens if I feel uncomfortable or get upset during an interview?
You would be given a chance to decide whether or not to stop completely, re-schedule, or carry on. Moreover, the researcher would provide you contact details of a manager from North East Chinese Association/ Newcastle Chinese Healthy Living Centre, or a staff from the Age UK in Newcastle. You can speak to them and get support.

How will the data be collected?
The interviews will be audio taped. The tapes and any personal information will be kept secure and confidential.

Will what I say in this study be kept confidential?
The information collected from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researcher will know what your number is. Data will be encrypted by software to prevent unauthorised access.

What will happen to data that is gathered?
Gathered data is kept secure and confidential. It will be kept by the researcher until the end of the project. They will then be disposed of in line with Northumbria University's retention policy.

What will happen to the results of the research study?
Anonymised summaries will be produced from the discussions to be used in the project report, conference presentation, and in other publications. None of the participants will be identified in the project report or in other publications based on this project. Copies of any reports or publications will be available on request to participants.

What should I do if I want to take part?
If you would like to participate, please contact the researcher at the number listed below to discuss participating. You can also give the researcher a missed call, or leave your contacts at North East Chinese Association, and the researcher will contact you.

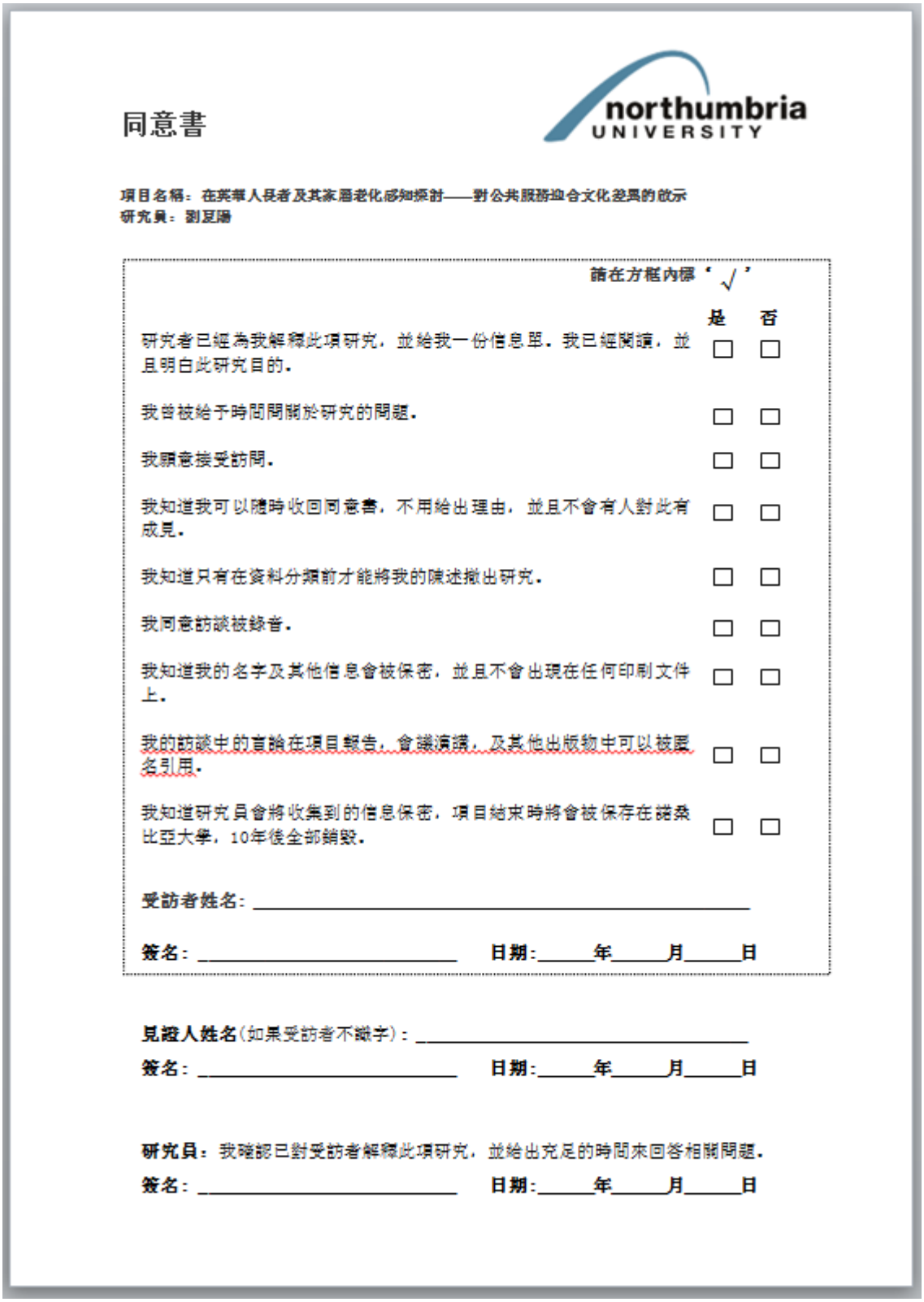
Contact for Further Information
Xiayang Liu
07588878465
Xiayang.liu@northumbria.ac.uk

If you have any concerns about the way in which the study has been conducted, you should contact director of Community, Health and Education Studies Research Centre on charlotte.clarke@northumbria.ac.uk.

Thank you for your consideration

15 April 2011

Appendix V Consent form (Traditional Chinese, Simplified Chinese, and English version)



同意書

northumbria UNIVERSITY

項目名稱：在英華人長者及其家屬老化感知探討——對公共服務場合文化差異的啟示
研究員：劉夏陽

	請在方框內標 '√' 是	否
研究者已經為我解釋此項研究，並給我一份信息單。我已經閱讀，並且明白此研究目的。	☐	☐
我曾被給予時間問關於研究的問題。	☐	☐
我願意接受訪問。	☐	☐
我知道我可以隨時收回同意書，不用給出理由，並且不會有人對此有成見。	☐	☐
我知道只有在資料分類前才能將我的陳述撤出研究。	☐	☐
我同意訪談被錄音。	☐	☐
我知道我的名字及其他信息會被保密，並且不會出現在任何印刷文件上。	☐	☐
我的訪談中的言論在項目報告，會議演講，及其他出版物中可以被匿名引用。	☐	☐
我知道研究員會將收集到的信息保密，項目結束時將會被保存在諾桑比亞大學，10年後全部銷毀。	☐	☐

受訪者姓名： _____

簽名： _____ **日期：**_____年_____月_____日

見證人姓名(如果受訪者不識字)：_____

簽名： _____ **日期：**_____年_____月_____日

研究員：我確認已對受訪者解釋此項研究，並給出充足的時間來回答相關問題。

簽名： _____ **日期：**_____年_____月_____日

同意书

项目名称：在英华人长者及其家属老化感知探讨——对公共服务跨合文化差异的启示

研究员：刘夏阳

	请在方框内标'√' 是	否
研究者已经为我解释此项研究，并给我一份信息单。我已经阅读，并且明白此研究目的。	☐	☐
我曾被给予时间问关于研究的问题。	☐	☐
我愿意接受访问。	☐	☐
我知道我可以随时收回同意书，不用给出理由，并且不会有人对此有成见。	☐	☐
我知道只有在资料分类前才能将我的陈述撤出研究。	☐	☐
我同意访谈被录音。	☐	☐
我知道我的名字及其他信息会被保密，并且不会出现在任何印刷文件上。	☐	☐
我的访谈中的言论在项目报告，会议演讲，及其他出版物中可以被匿名引用。	☐	☐
我知道研究员会将收集到的信息保密，项目结束时将会被保存在诺桑比亚大学，10年后全部销毁。	☐	☐

受访者姓名: _____

签名: _____ **日期:**_____**年**_____**月**_____**日**

见证人姓名（如果受访者不识字）：_____

签名： _____ **日期:**_____**年**_____**月**_____**日**

研究员：我确认已对受访者解释此项研究，并给出充足的时间来回答相关问题。

签名： _____ **日期:**_____**年**_____**月**_____**日**

Consent Form

Project: Perceptions of aging in the UK's Chinese elders and their families—the implications for culturally sensitive services

Researcher: Xiayang Liu

	Please tick the box with '√' YES	NO
I have had the project explained to me by the researcher and been given an information sheet. I have read and understand the purpose of the study.	☐	☐
I have had the chance to ask questions about the study.	☐	☐
I am willing to be interviewed.	☐	☐
I understand I can withdraw my consent at any time, without giving a reason and without prejudice.	☐	☐
I understand that I can only withdraw my statements in the interview before data categorisation.	☐	☐
I agree to the interview being audio recorded.	☐	☐
I know that my name and details will be kept confidential and will not appear in any printed documents.	☐	☐
I agree to the use of anonymised quotes in the project report, conference presentation, and other publications.	☐	☐
I know that information gathered will be kept confidential by the researcher until the end of the project, and will then be retained in the Northumbria University for 10 years before being disposed.	☐	☐

Name of Participant: _____

Signature: _____ **Date:** _____

Name of Witness (if the participant is illiterate): _____

Signature: _____ **Date:** _____

Researcher: I confirm that I have explained the project to the participant and have given adequate time to answer any questions concerning it.

Signature: _____ **Date:** _____

Appendix VI Back-translation of invitation letter and consent form, by an independent translator

Back-translation 12

Invitation

Project: The view of elderly life from both Chinese old people and their family members who are living in the UK -The revelation of public service meeting culture differences.

Dear participants,

You are invited to help us to do a research. Please read the following content before you decide to join:

I am Xiayang Liu, from Health, Education and Society School of Northumbria University. As a part of my study, I need to do a research. I sincerely invite you to join my PhD research project.

This project is aiming to investigate the view of Chinese elderly life in the UK from both old people themselves and their family members. Fully understand elderly life can guarantee suitable nursing care for the old people. The public service utilization rate within the Chinese people who live in the UK is different from other UK residents. However, it is still unclear that how culture, life experiences, health consciousness and Service acceptance take effect in.

If you are a Chinese elder or an adult who has Chinese old family member, I welcome you to join this research. If you decided to join this research, you will be arranged to join a discussion group, or some one-to-one interviews. All these forms are the way for us to talk with you about the elderly life in the UK. The discussion and interview will be recorded, the information required will keep in confidentiality.

Please contact me by the following contact if you wish to join me.

Thanks for your cooperation.

Xiayang Liu

07588878465

Xiayang.liu@northumbria.ac.uk

Back-translation 14

Letter of consent

Project: The view of elderly life from both Chinese old people and their family member who are living in the UK -The revelation of public service meeting culture differences.

Researcher: Xiayang Liu

Name of Participant:

- The researcher explained this research for me, and gave me an information leaflet. I read the leaflet, and understand the aim of this research.
- The time was given to me to ask question about this research.
- I accept to be interviewed.
- I understand that I can take back the consent letter with no reason and with no prejudice from others.
- I agree to be voice recorded during the interview.
- I understand that my name and other information will be kept in secret, and will not appear in any printed documents.
- The opinion I state in the interview can be used in research report, conference speech, and publication with anonymity.
- I understand that the researcher will keep secret for the information she/he gained, and destroy the information after the research is done.

Signature:…….Date:……

Researcher: I confirm I have explained the research to the interviewee, and gave enough time to answer related questions.

Signature:……..Date:……

Appendix VII Topic Guide

Topic guides and schedule for focus groups (*Phase I)

(Registration desk where participants will sign consent forms, and if they are willing to, provide some information, such as their names, gender, education, speaking language)

- **Topic guides for Chinese elders focus groups**

Welcome: good afternoon and welcome. Thank you for taking the time to join our discussion of perceptions aging. My name is Liu Xiayang, the researcher of this project. And I would be hosting this group discussion. You can call me Sherry as well.
Introduction: I would like to get you talking about your aging experience as a Chinese in the UK. What does this experience like? It could be about your physical health, changes in personality, the care received, service using, social life.

Ground rules: 1. there is no right or wrong answers; 2. we are recording the sessions. If you have a cell phone, please put it on quiet mode; 3. It is important to hear from everyone.

Opening: tell us your name and introduce yourself. (eg. how long you have been living in the UK)

Let's begin with:

1. What are the great things of being old?

   What is important to you? Give an example. If not, why?

2. What activities do you do?

3. What are the advantages and disadvantages for older people living in the UK?

   What do you need or want?

4. Talking about health and social services, how they should be like in an ideal world?

   How do you value about services?

   Which part of services do you think work well?

   Any unmet medical/social care needs?

5. In an ideal world, what family relationship should be like?

   What are the roles of family care do you think compared to the health and social services?

6. Do you notice any Chinese elders that you know have experience of loneliness? If yes, what's it like?

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