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THE CHINESE ELDERLY IN EDINBURGH -
PROBLEMS OF ACCESS TO
SOCIAL AND HEALTH SERVICES

ALICE K N TAM

A thesis submitted in partial fulfilment of the
requirements of the Council for National Academic Awards
for the degree of Doctor of Philosophy

February 1991

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ABSTRACT

This research sets out to investigate the determinants of social and health service utilization by the Chinese elderly in Edinburgh. Findings indicate that little use of these services was made by the first generation of Chinese elderly in Edinburgh. Factors such as family support, language difficulties, cultural differences, social isolation and structural contingencies of the service provision have all been examined. They are found to be related to one another, but language difficulties appear to be the root of many problems encountered in seeking services. Family support for older members of the Chinese community in Edinburgh has been examined. Findings suggested that four factors – lack of contact, lack of English language competence of family members, problems of family relationships and the nature of care required – all contribute to the capacity and willingness of the family to play the leading role in caring for older members at certain times. In addition, it seems evident that the majority of the elderly women who came to join their family in their late 30s or 40s are likely to have now become vulnerable and socially isolated in later life. Meanwhile this examination of the experience of Chinese immigration has not only thrown light on the scope and ethos of prevailing social policy and revealed some of the limits of its problem-solving capabilities, but also indicates its problem-exacerbating potential in this context. Two implications are highlighted. First, it is established that prevailing social policies have not adequately met the needs of the Chinese community in question. Second, a measure of statutory service is critical and ethnicity and community consultation should be taken into consideration in implementing policies in order to encourage the provision of cost-effective and appropriate services.
INTRODUCTION

This study is presented as a contribution to social gerontology, cultural gerontology and home economics.

Old age is a universal phenomenon, but ageing is not a homogeneous experience impinging on every individual within the same society in the same way. In particular, it would not be surprising if the experience of ageing amongst members of ethnic minority groups varied considerably from that of their counterparts in the indigenous community. Moreover, members of ethnic minorities from different social classes may also have quite different ageing experiences.

In 1981 there were 8 million people in Britain aged 65 or over, representing almost 15% of the total population, whilst those over retirement age, including women aged between 60 and 64 years, constituted nearly 18% (OPCS 1981). In the light of growing numbers in the elderly population, there are significant implications for both formal and informal support services. Concern about the growing number of elderly people is linked with increases in need and, in turn, demand for social and health services of one kind or another. It is therefore crucial to assess the relative responsibility of the family, the state or voluntary agencies in the care of the elderly.

Gerontology is the study of ageing and has three major components: the biological, the psychological and the social (Ward 1984). Gerontology is thus not a discipline in the traditional sense. Rather, it is multi-disciplinary and encompasses elements of biology, sociology, psychology, social work, economics, and social policy. While each discipline brings its own perspective and each focuses on
distinctive aspects of ageing, the differences between various fields of study are not always apparent and overlapping is inevitable.

For many years social gerontologists in Britain have tended to focus their research on the general community and have done little research on the influence of racial and cultural variations on the ageing experience. The relatively small amount of British literature on elderly ethnic minorities reveals the paucity of general knowledge in this area. The reasons for this may be the ethnocentrism of researchers, or simply that there are too many difficulties in carrying out this type of research. A few American scholars in this field, who believe ethnicity plays a significant role in the process of ageing, have pioneered a fruitful approach to the discipline of "cultural gerontology" (Holzberg 1982 and Rosenthal 1983) or "ethnic gerontology" (Bengtson 1979).

On the other hand, the discipline of home economics is closely related to many other disciplines, for example, biology, economics and sociology, and has a long-standing history of concern with the quality of life of individuals and families. However, one problem is that research activity in home economics in the UK is relatively underdeveloped when compared to activity in North America, and is, moreover, traditionally somewhat restricted in scope.

Because social gerontology is a multi-disciplinary subject and research on elderly members of ethnic minorities is not plentiful, and because home economics research is at infant stage in this country, I believe that this study may make a significant contribution in various useful ways.
In the past, and even today, home economics has not been understood well by the public in this country. It is generally associated with a stereotypical image of cooking and sewing, and is sometimes seen as supporting the traditional female role. Reiteration by home economists that "It's not just sewing and cooking, it's so much more!" has not altered perceptions. This answer has been given so often that every home economist knows what it is not about, but not many have a clear positive picture of the subject's legitimate concerns. Perhaps this is due to the existence of different home economics models which on the whole encompass a wide range of subjects, and because home economics in different colleges or universities and in different countries, has followed different models. So, what is home economics about? And why should a home economist have conducted this specific piece of research?

In classic terms, home economics in the U.S.A. has been defined as:

"the study of the laws, conditions, principles, and ideals which are concerned on the one hand with man's immediate physical environment, and on the other hand with his nature as a social being, and is the study, specially, of the relation between these two factors" (AHEA 1902, p.70, quoted by East 1980).

By this American definition, home economists examine, analyse, and record the customs and rules, the actual conditions of real life, the explanatory principles, and the goals and hopes of people. Also, home economists are concerned with man's physical environment embracing the artifacts, implements, raw materials, and processes involved in home production and consumption, and in the daily conduct of regular home life. Although this definition was developed
in 1902, it is perhaps the most well-known and often-quoted
definition, which views home economics as an inclusive study
with emphasis on its ecological nature (East 1980).

By contrast, British home economists have developed a
different definition with more emphasis on the social and
economic needs of individuals. The suggested definition
accepted by the Institute of Home Economics is:

Home economics is the study of the
inter-relationships between the provision of food,
clothing, shelter and related services and man's
physical, economic, social and aesthetic needs, in
the context of the home (Institute of Home
Economics, 1984)

This statement by the Institute of Home Economics in the UK
can be criticised as being too general in nature and it is
thus not very helpful. Perhaps it was intended to
incorporate as much as possible and allow more breadth than
depth in the field, but its very width deprives it of a
clearly defined target for study.

Judging from the above definitions, it seems that home
economics in North America has developed faster and further
than in the UK. This is particularly true in the area of
research activities. In the light of the generalised and
vague nature of the British definition, I prefer to consider
home economics from a different view, based on the American
definition, which incorporates sociology as a basic
constituent part of the core of home economics. First of
all, the home economist is clearly not simply concerned with
cooking even at the lowest level of debate. The home
economist is concerned how the quality of life is affected
by the interaction of individuals and his/her conditions of
life. In other words, we are concerned with the social
interaction of people in families, in communities, and in various aspects of life in the wider society as much as we are concerned with, say, fat intake in the diet.

In applying the American definition of home economics, the extent to which "man's immediate physical environment" may be meeting adequately his needs will be influenced by social and/or cultural factors. Thus the "relation between these two factors", and particularly the influence - real or imagined - of the Chinese family/household, provides a perfectly legitimate focus for research which is informed by the home economics perspective. I believe that this integration of multi-disciplinary contributions in home economics and social gerontology can enrich the intellectual resources available for understanding the social dimension of ageing. Also, in consequence of my ethnic background and involvement with the Chinese community in Edinburgh, my home economics perspective does clearly have a positive contribution to make to gerontological and cultural gerontological research. Thus, this study could be said to have a definite contribution to make to home economics, social gerontology and cultural gerontology.

RESEARCH RATIONALE

The idea of this research stemmed from the First National Conference "The Chinese in the UK" held in London in December 1978 (Chinese Action Group 1979), in which a call was made by the Chairman of the meeting for research to identify the needs of Chinese people in the UK as well as to give some insight into the contribution which Chinese citizens make to modern Britain. This call was echoed by the Second Report of the Parliamentary Home Affairs Committee "The Chinese Community in Britain" (1984-1985), in which
attention was also drawn to the overall lack of information regarding the Chinese community in the UK and where it was concluded that "more research into the Chinese community is needed" (Home Affairs Committee 1985, p.lxxviii).

There are no figures for the ethnic Chinese population in Britain but it was estimated to have 100,000 residents in the 1981 census, with 3% aged 65 or over, and 10% between 45 and 64 (Home Affairs Committee 1985, p.x, p.liii). Although the number of Chinese aged 65 or over is relatively small, it is envisaged that this figure would increase in the future as the major influx of Chinese into this country was in the 1960s and 1970s and most of the immigrants were in their 30s when entering the UK. Because of their small number at present, many of the social and health services are not geared to meeting their specific needs. Many were linguistically isolated through difficulties in learning English and experiencing major differences in customs, diet and religion. It was therefore anticipated that some of the elderly Chinese may be experiencing difficulties in gaining access to the social and health services.

In an exploration of the needs of the Chinese elderly in the UK one factor to be considered is the generally pervasive belief that Chinese families look after the welfare of older people and that statutory assistance is, therefore, not greatly needed (Leung 1987). This assumption may be offered as an explanation for the apparent low uptake of social and health services by Chinese citizens (Home Affairs Committee 1985, Leung 1987).

However, the conclusion that the elderly Chinese have no difficulties with life in this country because of the strength of the family/household support on which they may
draw is premature and requires the thorough investigation which this study attempts to provide. This study is therefore intended not only to promote a greater awareness and understanding of the Chinese living in Britain, and to dispel a few of the stereotypes and myths that surround us, but also to give evidence for the need of a change in the situation.

OBJECTIVES

The overall aim of the project is to investigate the determinants of use of social and health services by the Chinese elderly in Edinburgh. With a view to facilitating the research aim, the following objectives are pursued:

(1) to provide an historical account of the development of the Chinese community in Edinburgh;
(2) to portray the living circumstances of the Chinese elderly;
(3) to investigate the determinants of social and health service utilization by the Chinese elderly in Edinburgh;
(4) to examine the nature, extent and strength of the traditional Chinese family support;
(5) to provide a baseline for theoretical development;
(6) to stimulate further research into the Chinese community;
(7) to make relevant recommendation for policy makers and service providers.

In relation to objectives (2) and (3), a specific task is set to explore the hypothesis that the Chinese elderly have difficulty in getting access to social and health services due to language, cultural and social isolation barriers. It
should be noted that "access" here means not only the question of ease of travel to hospital or social security office, but also the ease of contact and communication with the service. It is envisaged that the language differences, cultural differences and socially isolated nature of the Chinese elderly together constitute formidable barriers to full participation in British life.

As has been explained, the research is intended as a contribution to home economics, social gerontology and cultural gerontology and its aims are both academic and applied.

The case for this project centres upon two related sets of circumstances which need more information and which have applied importance.

(1) Given the immigration wave of young Chinese males in the 1950s, it can be predicted that as they age the total of elderly Chinese in this country will increase rapidly. No systematic research has been undertaken specifically on the circumstances of elderly Chinese in this country. Available data about their need for and use of social and health services is, therefore, negligible. The majority of this group of Chinese are the first generation elderly Chinese growing old in this country and their experience of ageing will be different from their ancestors' growing old in their homeland. Thus the information collected will provide a general profile of the Chinese elderly and a baseline for further research.
(2) The subject has a clear social policy dimension. The applied dimension of the research relates to the implications for both social and health services, and community care provision which are partly the complement of family support. The data collected might illuminate areas of unmet needs of the elderly Chinese in Edinburgh and their family support pattern, which have implications for policy makers and service providers. To some extent an individual's satisfaction or quality of life may be related to the effectiveness with which his or her social and health needs are met. The research findings may therefore be of practical value in helping to identify the requirements of the individuals concerned. Consequently, the gaps between the service providers and service receivers could be filled.

CONTRIBUTION OF NEW KNOWLEDGE

It is therefore apparent that this study could contribute significantly to both applied and academic developments. From this research into a sample of elderly Chinese in Edinburgh, it may be possible to tentatively suggest some generalisations about elderly Chinese as a whole in Britain. It may provide fundamental information on the living circumstances of Chinese elderly in Edinburgh useful for further study as well as public use, and identify some of the Chinese elderly's needs in respect of social and health care. This may make for a practical and positive contribution to relevant policy implementation. It is also hoped to serve as a basic reference for those who are engaged in the caring professions. The findings of this study will increase the knowledge of use of personal and professional resources and the relationship between the two
in groups and sub-groups. It may enable the targeting of resources to the most vulnerable groups in need of assistance. Thus, this study has clear social policy implications for present Chinese elderly in the UK as well as for planning the future delivery of services.

From an academic point of view, this study could enrich the field of social gerontology which is still underdeveloped (Fennell et al 1988). The underdevelopment in the field of social gerontology contributes partly to the myths and stereotypes of old age. With a view to furthering our understanding about the meaning and implications of an ageing population, more and more social gerontological studies are required.

This study could also contribute to the development of the theoretical field of Modernisation Theory about which there is at the moment considerable debate upon its theoretical framework and validity. According to Modernisation Theory, industrialisation will erode the status of the elderly (Cowgill and Holmes 1972). This study attempts a rigorous academic exploration of the validity of the Modernisation Theory within the context of the Edinburgh Chinese community and I hope it sheds light on this theory.

I have used the data to test the Double Jeopardy Hypothesis (which predicts that being old and a member of an ethnic minority group is not just different but worse than being old and white). This study will therefore form a baseline for the development of appropriate design of larger scale studies which may be applied to the Chinese community in the UK and which may be capable of adoption for use with other ethnic groups.
In addition, two other related theories have been looked at, and they are the Andersen Behavioural Model (Andersen 1968) and Ethnic Solidarity (Olzak 1983). The Andersen Behavioural Model groups the determinants of health service utilization into three variables: predisposing factors, enabling factors and needs factors and has been employed by a number of North American studies where it has been found to be a useful tool in conceptualizing variations in use of service delivery. Another theoretical consideration is Ethnic Solidarity. There is at the moment considerable debate especially in relation to the boundaries between ethnic groups, and cross ethnic networks which tend to promote heterogeneity. These theories are discussed in detail in Chapter 4.

Lastly, this study is by no means an exhaustive inquiry into the circumstances of the Chinese elderly community, it is only a preliminary study in the field of ethnicity and ageing and it is hoped it will generate a basic hypothesis which may act as a starting point for the development of a theoretical model for further studies.

ORGANISATION OF THE THESIS

The thesis is organised in a number of sections following the research objectives. Part I sets up the scene of the thesis, in Chapter 1 my main purpose is to outline the historical events which led to Chinese migration to Britain in the last hundred years, and chapter 2 is an historical review of the development and the socio-economic characteristics of the Chinese community in Britain and Edinburgh. A description of the social organisations of the Edinburgh Chinese community is also presented at the end of this chapter.
Part II discusses the relevant literature on elderly in general, ethnic minority elderly and Chinese elderly, and the theoretical issues in the areas of investigation. Chapter 3 is a review of literature which maps out significant studies in relation to the subject. I start by examining the demography and sociological perspectives of old age in contemporary society, followed by a review of the works on ethnic minority elderly. This chapter ends with a review of the empirical works on elderly Chinese. In Chapter 4 theoretical perspectives related to the subject are considered. The focus of this chapter is on Modernisation Theory, Double Jeopardy Hypothesis, Andersen Behavioural Model, and Ethnic Solidarity.

Part III of the thesis describes the empirical work of this study. Chapter 5 reviews the sociological methodology. Theoretical and methodological problems in cultural gerontological research are also addressed in this chapter. Chapter 6 reports on how the empirical study was designed and conducted in detail and the methodological considerations specific to the Chinese sample are also described.

Part IV draws the findings together from Parts II and III in a concluding section. The findings of the study are summarised in Chapter 7 and important issues are discussed in the light of the research objectives and hypothesis in Chapter 8. Chapter 9 draws together the discussion by considering the usefulness of different theoretical frameworks for understanding the family support of the Chinese elderly. The concluding chapter is brief and reviews the conduct of the study. Recommendations are proposed for the statutory and voluntary services.
PART I - BACKGROUND OF THE STUDY

INTRODUCTION

Chinese people have been resident in this country since the early 1800s. Why did they come here to settle? And how much do we know about them? These two questions are the focus of Part I which provides some background information as well as setting up the scene for this thesis. Chapter 1 explores the underlying reasons for Chinese emigration to Britain by tracing the historical events in the last hundred years. It also distinguishes the different phases of Chinese migration to Britain due to socio-economic tension in different periods. Chapter 2 provides an historical account of the socio-economic development into the catering business of the Chinese community in Britain. This chapter ends by examining the structure of the Chinese community in Edinburgh.
PART I – BACKGROUND OF THE STUDY

CHAPTER 1

THE MIGRATION HISTORY OF CHINESE PEOPLE TO BRITAIN

INTRODUCTION

This chapter is an historical review and outlines the events which have led to the migration of Chinese people to Britain in the last hundred years. Specific attention has been drawn to the Chinese residents in this country who came mainly from the British colony the New Territories, the rural part of Hong Kong, in the 1950s and 60s. It is intended to demonstrate how Chinese immigration has been a legitimate consequence of Britain's colonial dealings with China. The responsibility for ensuring equal opportunity for Chinese now living in Edinburgh is thus historically rooted.

1.1 BRITISH COLONIALISM IN CHINA

The end of the Napoleonic Wars marked the beginning of a revived expansion of Western colonialism in pursuit of cheap labour, raw materials and new markets. By contrast, China was still an agricultural society struggling against the devastating effects of an endless series of natural disasters and internal revolts.

In the 18th Century, the British aristocracy had developed a passion for Chinoiserie which affected not only furniture and ornaments but also costumes and porcelain (Waller 1985).
By the end of that century, the British dominated the foreign trade at Guangzhou but found conditions unsatisfactory, mainly due to the conflicting viewpoints of two quite different civilisations. The Chinese traditionally regarded themselves as the only civilised people and foreigners trading at Canton were subject to residential and other restrictions such as a fixed trading season and were confined to the factory area (Rafferty 1989).

Trade had been in China's favour and silver flowed in until the growth of the opium trade - from 1800 onwards - reversed the trend. The outflow of silver became greater from 1834, after the East India Company lost its monopoly of the China trade. Unscrupulous foreign traders, aspiring to get rich quickly, joined the lucrative opium trade which the Chinese had made illegal in 1799, in order to generate widespread addiction and to make the local Chinese more compliant with their demands (Rafferty 1989).

It is estimated that more than 3,000 chests of opium were shipped to China in 1817, marking an escalation of the opium trade, and this had become 30,000 chests by 1838 regardless of the Manchu Government's attempt of restriction (Wong & Tam 1979).

In March 1839, Lin Zexu, the Emperor's special commissioner, was appointed with orders to stamp out the opium trade. A week later, he commanded the public burning of opium, surrounded the foreign factories and refused to allow anyone to leave until all stocks of opium had been surrendered and dealers and ship's masters had signed a bond not to import opium on pain of execution. The British merchants refused to sign the bond, so Captain Charles Elliot, RN, the British
Government's representative as Superintendent of Trade, was shut up with the rest and compelled to authorise the surrender of 20,283 chests of opium (Wong & Tam 1979).

In the summer of 1839, Lord Palmerston, the Foreign Secretary, decided that it was time to settle Sino-British commercial relations. He argued that in surrendering the opium the British had been forced to ransom their lives - despite the fact that their lives had never been in danger - and he demanded either a commercial treaty, or the cession of a small island where the British could be free to trade.

An expeditionary force arrived in June 1840 to back these demands, and thus began the so-called First Opium War (1840-42). The Chinese army was so ill-equipped that it was defeated by British troops at Ningpo. Amongst the concessions won by Britain was sovereignty of Hong Kong, China's best deep water harbour, which lay at a major junction of Far Eastern shipping lanes.

In 1857, Britain declared the Second Opium War on China. This war ended after four years, again with China's defeat. The result was the unequal treaty of Tianjin which included a clause allowing Britain and France to recruit Chinese to be sent to the British Colonies, North and South America and Australia as cheap labour. Such workers were required as a result of the cessation of the slave trade. The British were awarded the privilege of diplomatic representation in China. Furthermore, Britain gained important concessions, including the Kowloon Peninsula and the nearby Stonecutter's Island, and these became permanent gains after Britain's Lord Elgin had sacked Beijing and burned the Summer Palace (Benton 1983).
The final phase in the creation of the British colony of Hong Kong followed the scramble for concessions precipitated by Japan's victory over China in the war of 1894-95. By the subsequent treaty, North Kowloon, the area south of the Shenzhen River and New Territories were leased to Britain from 9 June, 1898 for 99 years. This opened a considerable area of Chinese coastline to additional trade, hence the need for more ships and more crews.

The British victory in the Opium War and the First Unequal Treaties had thrown the ruling Manchu Government into crisis and opened China to the penetration of Western colonialism for the next century. In addition to its difficulty with foreign aggression, China was torn internally by the Taiping Rebellion (1850-55), the costliest war of the 19th Century in human lives, with a death toll of 20-30 millions, and the Triad Uprising in the Pearl River Delta, the main river in Guangdong (Waller 1985). The economic basis of the region was shaken, and young men sought financial resources overseas in places such as America, Australia and Britain.

1.2 BRITISH HONG KONG

Throughout the last century Hong Kong has served Britain well, not only as a trading foothold, but also as an industrial and commercial colony. In its early days, the territory was regarded as an uninviting prospect for settlement. The population of about 3650 was scattered over 20 villages and hamlets and 2000 fishermen lived on board their boats in the harbour (Hong Kong Government 1988). With mountainous terrain and deficient in fertile land and water, Hong Kong possessed only one natural asset, Victoria Harbour, a fine and sheltered anchorage which is strategically located on the trade routes of the Far East
and can accommodate the large ships that today carry ever more of the world's trade. Hong Kong was soon to become the hub of a burgeoning entrepot trade with China. Though poor in natural resources, Hong Kong nevertheless proved immensely profitable for both public and private British capital.

The transformation of the Hong Kong economy in the 1950's from an entrepot to an industrialised city was due to a number of economic and political factors.

Once Hong Kong had been definitely acquired and declared a British Colony, it was realised that, from an administrative point of view, the island would have to be treated as a unique case (Pope-Hennessy 1969). The local government adopted a laissez-faire policy, treating Hong Kong as a market place where all were free to come and go and where the government held the scales impartially.

As a British colony, Hong Kong became a refuge for successive waves of Chinese refugees. Both the civil war and the resulting establishment of a communist regime in China in 1949 led to a huge inflow of young and energetic workers as well as people with much money, capital and/or entreprenuerial skills. It was estimated that some 100,000 refugees entered in 1937, 500,000 in 1938 and 150,000 in 1939 - bringing the population at the outbreak of World War II to an estimated 1.6 million. After the Chinese Revolution of 1949, hundreds of thousands of people - mainly from Guangdong Province, Shanghai and other commercial centres - entered the territory. By mid-1950, the population was estimated to be 2.2 million (Hong Kong Government 1988).
After the establishment of a communist government in China in 1949, the trading business between China and the West drastically declined. Meanwhile, the Korean War (1951-53) led to the United Nation's embargo on exports to China which provided Hong Kong's new capitalists with a strategic advantage over future Far Eastern competitors. In succeeding years, industrial development intensified to such an extent that by the mid 1960's, the former trading port had become a world centre of manufacturing and commerce. A regular supply of refugees from China provided the new booming industries with a continuing source of cheap labour, preventing labour shortages and thus wage increases, which kept production costs down and profits high. As a result, British and other Western investment poured into the colony (Benton 1983).

The economic growth of Hong Kong in the last twenty years has been one of the fastest in the world (Hong Kong Government 1989). This is due to various unique factors which have been explained earlier, not all of which are quite unconnected with British colonial rule that provided the arena within which they could work. Factors such as the laissez-faire fiscal policy, the money and banking system, the plentiful supply of labour and population, the Chinese social structure and philosophy, the cosmopolitan nature of Hong Kong and the relationship with China and, above all the role of foreign trade, all contribute to its success.

While acknowledging the economic success of Hong Kong, one should not lose sight of the social consequences of such a rapid growth of economy. There is a high degree of inequality in Hong Kong and appalling poverty and suffering in the shanty towns and squatter areas, where over half a million people live without running water or legal electricity supply (Benton 1983). Housing was one of the
immense problems confronting the Hong Kong Government in the early 1960s due to the sudden influx of refugees. Overcrowding and squalor became features of many working-class neighbourhoods. Some of the housing conditions, particularly in the earlier public housing estates, are extremely poor. For instance, a family of seven lived in a confined room of a hundred and fifty square feet with no separate kitchen and a shared toilet in a public area. Such habitation would not be considered fit for a family in Britain. Also, long working hours are often accompanied by low pay. Hong Kong is a consumer society with only the scantiest trappings of a welfare state. Health provision, education, housing and social welfare services are pitifully under-financed. Since social welfare benefit is minimal, the Hong Kong Chinese have not expected the government to provide any kind of welfare provision.

1.3 AGRICULTURAL CRISIS

While Hong Kong's industry grew rapidly, life in the rural areas - the New Territories - was also destined to change. Many of the original inhabitants were subsistence rice farmers whose agricultural economy was supported by intricate family structures, kinship networks and village politics. However, Hong Kong's steady industrialisation and urbanisation, fuelled by workers from China, were inevitably to make forays into traditional village life.

Not all the migrants coming from China settled in urban areas. Instead some tried to farm barren land in the New Territories in order to make a living. However, for those farmers who lacked sufficiently fertile land, prospects were bleak. The crisis deteriorated as the traditional supply of family workers to cultivate the rice plots became drained by
more and more people going to seek industrial work (Benton 1983). Finally, with more imported foodstuffs from China and Thailand, the local farmers just could not compete with the price and quality and the subsistence farming economy collapsed.

Following the development of a huge public housing programme instigated as a response to the growing numbers of squatter settlements in the colony, peasants were forced or persuaded to sell their land for urban development, thus increasing pressures on farmland and farmers (Benton 1983).

1.4 EMIGRATION: THE LAST REFUGE

Associated with events in China, 1966 saw mounting tension in Hong Kong which during early May 1967 developed into a series of civil disturbances affecting all aspects of life and temporarily paralysing the economy (Pope-Hennessy 1969).

In the same period of agricultural crisis in the New Territories, Britain was undergoing substantial economic and social transformation. The British Nationality Act of 1948, which accorded both Commonwealth and UK citizens alike the right to live and work in Britain, effectively supplied the growth industries with vast reserves of workers to fill the newly created jobs. After World War II, Britain's economy began to boom, and at the same time the British people began to develop more sophisticated eating habits, most notably Indian and Chinese cuisine (Ng 1968, Watson 1977).

In the 1950s, 1960s and 1970s, many of the New Territories' villagers, recognising the difficulties of living in Hong Kong, decided to migrate to Britain, Holland and elsewhere to work in the growing but precarious catering industry, and
their remissions still help to cushion the village economies against the collapse of farming (Benton 1983). This massive wave of emigration in the 60s was attributed to the kinship network which acts as the primary means of labour recruitment and community organisation (Watson 1977).
CHAPTER 2

THE CHINESE IN BRITAIN

INTRODUCTION

The previous chapter outlined the migration history of the Chinese people to Britain and indicated that the great majority of Chinese living in this country now had come from the British colony, Hong Kong. In the light of this, the study makes reference specifically to those from Hong Kong and those involving primarily in the catering industry. This chapter shifts the focus to the socio-economic situation of the Chinese community in Britain since the 1800s. A profile of the Chinese community in Edinburgh is also presented at the end of this chapter.

2.1 SOCIO-ECONOMIC DEVELOPMENT OF THE CHINESE COMMUNITY

2.1.1 EARLIER SETTLEMENT

The literature on the migration history of the Chinese community in Britain is not completely lacking, but what exists is little more than a handful of surveys, dissertations, census' figures, and newspaper reports.

Early records of Chinese pioneers in Britain during the 1800s and early 1900s reveal the Chinese immigrants as mostly diplomats, merchants, occasional visitors and seamen, but the numbers were always trivial (May 1978, Craggs & Lynn 1985).
The first Chinese, pushed by the hardship of life in the homeland, began crossing the ocean East to America, Australia and Britain in order to earn a little money to help themselves and their families lead more comfortable lives. Those who went to Britain were mainly seamen employed by the East India Company and were housed in barracks in Shadwell, East London (Ng 1968). In 1814, a Parliamentary enquiry found conditions in the Chinese barracks "clean and airy" but expressed doubts about the adequacy of the living space (Jones 1979). In 1817, another report on the licensing hours of public houses expressed concern about places "ill-reputed" in Shadwell, whose population was mainly foreign sailors "... lascars, Chinese, Greeks, and other filthy people of that description" (Clegg 1988).

In 1823, 1,336 Asians were brought to England in Company ships. By 1865, the first direct steamship service from Europe to China was established from Liverpool by Alfred and Philip Holt's Blue Funnel Line, employing cheap Chinese crews (May 1978).

Most of these "transient guests" - their minds set firmly on making money - eventually changed their way of thinking and ended up staying, becoming permanent residents and citizens. Many immigrants never returned home in glory as planned. Instead they ended their days in a faraway land.

2.1.2 FROM LAUNDRIES TO RESTAURANTS

The first stage in diversifying out of seafaring and the servicing of seamen came with the introduction of Chinese hand-laundries. By the end of the 19th Century, with increasing numbers of Chinese sailors passing through British ports, there emerged small Chinese orientated
service enclaves in the dock areas of throbbing port cities such as Liverpool, London, Glasgow and Cardiff. Services provided included board and lodging, and laundries as well as meeting halls. These were run mainly by Chinese men who were themselves ex-seafarers. These service enclaves provided Britain's early Chinese settlers with their only means of earning a living (Waller 1985). The first Chinese laundry opened in Poplar in 1901. It was immediately stoned by a hostile crowd, the proprietors escaping under cover of darkness. By 1907, there were 49 laundries in Liverpool, and there were over 30 in Cardiff by the time of the 1911 seamen's conflict (Jones 1979).

May (1978) made an attempt to assess the relations between the Chinese and British society in the period of 1886–1914 and concluded that "hostility towards the Chinese was not of significant proportions before 1914". Apart from opium-smoking, gambling and occasional fighting, reported sensationally in the local press, the Chinese was, by and large, an orderly community. Birkenhead's Chief Constable advised the Home Office that the Chinese are very peaceable, law abiding men and give little trouble to the police ...." and "the police find the resident Chinamen quiet, inoffensive and industrious people and although inquiry has been made from time to time there is no evidence to show that their morals are any worse than those of the rest of the community" (Letter to Home Secretary, 31 March 1906 quoted by May 1978).

However, the Chinese hand-laundry business was eventually superseded by the onset of self-service launderettes. Following the decline of the laundry business, from 1945 the Chinese turned increasing to catering.
The number of Chinese recorded in the national census was not significant before 1950. There were 1,319 Chinese in Britain in 1911 and 4,595 seamen of Chinese origin serving in the British merchant navy (May 1978). In 1912, 1,751 Chinese were engaged at Liverpool and 1,130 at various London docks (Jones 1979). Census figures for 1931 revealed that only 1,934 Chinese were resident in Britain, with over 500 laundries and two or three Chinese restaurants open in Soho catering for the British clientele of the West End theatre crowds (Clegg 1988).

2.1.3 POST-WAR CATERING BUSINESS

Only during the 1950s and 1960s did the first major influx of young Chinese males into the country commence, driven by the collapse of traditional agriculture in the rural New Territories of Hong Kong and attracted by the prospect of working within the growing market for Chinese food in Britain (Ng 1968, Lynn 1982, Home Affairs Committee 1985).

The late 1960s and 1970s witnessed the arrival of burgeoning numbers of women and children, dependents of the men who had already settled here. Family reunification was a response to the imperative for Chinese catering establishments to lower their prices in order to remain competitive against the diffusion of cost-cutting technology throughout the industry (Watson 1977, Home Affairs Committee 1985).

Following the implementation of the 1962, 1968 and 1971 Immigration Acts, the employment voucher and work permit schemes effectively curtailed the number of unskilled overseas workers coming here to settle. Since then, the pace of Chinese migration has been kept steady (Lynn 1982).
The precise number of citizens of Chinese descent who are now resident in Britain is still not known, because, in order to minimize sensitivity to racial issues in the decades of large scale immigrations from various part of the New Commonwealth, ethnic monitoring was not done during the national census surveys of 1971 and 1981. However, a tentative estimate figure of 100,000 was made in the Home Affairs Committee's Report (1985), which concluded that about 3% are aged 65 or over, and about 10% aged between 45 and 64 years. The annual Labour Surveys of the office of Population Census and Statistics showed that the size of the Chinese Community in Britain increased from 92,000 in 1981 to 122,000 in 1985, a growth of 33% over four years (Roper 1988). Over coming years, the number of Chinese elderly can thus be expected to increase even if some individuals choose to return to Hong Kong on retirement (Home Affairs Committee 1985).

2.2 THE CHINESE COMMUNITY IN MODERN BRITAIN

In the preceding section, a profile of the economic development of the Chinese community was provided. It pointed to the major influx of Chinese community into Britain in the 1950s and 60s. The following review lays out a map of research studies previously conducted on the British Chinese community, which illuminates areas for further inquiry.
2.2.1 LITERATURE REVIEW OF THE CHINESE COMMUNITY IN BRITAIN

Very few publications on the Chinese community concentrate specifically on the Chinese in Modern Britain, and the majority are written by non-Chinese and only portray a simple, rather than comprehensive picture about the community living in Britain today.

Amongst these publication written by researchers of Chinese origin, Ng's study (1968) was the first piece of academic work which was based on the result of fieldwork interviews with some Chinese restaurant owners and workers in London. In his study, Ng had traced the course of Chinese immigration and provided some information on the socio-economic background, the occupations, organisation and allegiances of the London Chinese community in the 1960s. It also revealed some of the hidden problems within the Chinese community, such as inability to speak English, low level of education, and social isolation from the host community. Ng's study provided a good starting point for those who were interested in race relations. Indeed, it aroused some social anthropologists to undertake investigations into this silent community (Watson 1977). Although the study was conducted in 1963, some of the basic socio-economic information on the Chinese community is still valid for today's scrutiny. Perhaps it should be noted that those interviewees who were in their late 20s or early 30s were economically active, but now approach retirement. Should they survive, they are likely to experience tremendous changes in their ageing process and one can suspect the problems experienced by them will not be simply solved unless they have been assimilated into the British society.
A more recent piece of academic publication, "The Chinese Community in Liverpool" (Lynn 1982), was based on the result of fieldwork conducted with various social agencies and community groups within the Liverpool Chinese community using unstructured interviews. The main theme of Lynn's study was the analysis of local authority social policy in relation to the Chinese community needs with respect to Education, Social Services and Housing. It provided an overview of the problems in gaining access to social and health services experienced by the Liverpool Chinese community and also revealed that the infrequency of visits to a doctor's surgery was simply due to inability to speak the English language. Lynn came to the conclusion that the stereo-type view about the Chinese being self-sufficient and problem-free is misleading and in many respects state agencies have tended to respond to the needs of the Chinese according to this stereotype and this would constitute a form of institutional racism.

The theme running through Lynn's study was consonant with other ethnic minority literature i.e. gaps in service provisions and stereotyped views about the Chinese community (Norman 1985, Glendenning & Pearson 1988). This is perhaps because interviews were only conducted with service providers who deal with clients having been identified with problems. So, these gatekeepers may report deliberately or unconsciously all the unfortunate cases to the researcher. It is however not certain how extensive the problems are among the Liverpool Chinese community. It is not quite justified to conclude from such a generalisation without talking to the ordinary Chinese people who cannot speak English, instead of enquiring about their problems solely from those service providers who are capable of speaking English.
Another local study was conducted by Chan (1983) in the form of unstructured interviews with the Chinese community in Edinburgh in respect of their needs, and provided a profile of the Edinburgh community and some estimated figures on the magnitude and distribution of its population. It was recorded (p.1) that there were conflicting views regarding certain aspects of the report. Some of the findings, such as the issues of gambling and sending children to Hong Kong to foster, were criticised as overemphasised in seriousness and refuted by the representative of the Chinese community¹. Therefore, care must be taken when reading the report, otherwise another stereotypic view was emanated. The report only made reference to the Chinese community in Edinburgh as a whole, it has not paid specific attention to the elderly members of the Chinese community. Although it cannot be claimed as a very comprehensive document to portray a picture of the Edinburgh Chinese community, the report does highlight major needs of the Chinese community in areas of housing, language and education, and makes appropriate recommendations to local authority.

The above cited studies provide a vivid picture of the Chinese community in three cities, and perhaps they may offer a miniature of the Chinese community in Britain. The socio-economic circumstances of the Chinese are perhaps best illustrated by the Home Affairs Committee's Report on "The Chinese Community in Britain" (1985). The inquiry was announced in early 1983 by the Home Affairs Committee and written evidence was invited. Visits were made to a number of areas with substantial Chinese populations, namely Soho, 

¹. Personal communication with Ms Wong, the Chairperson of the Edinburgh Chinese Women Group, 10 March 1989.
Tower Hams, Cardiff, Manchester, Liverpool and Glasgow. Formal evidence was also taken in Cardiff, Liverpool and Glasgow from authorities, the police and the Chinese, but at all six places an informal evidence session was held. Five members of the Edinburgh Chinese community - two were community workers and three were community leaders - were called in to give oral evidence.

The report contains many detailed submissions and has attempted to be as comprehensive as possible. The method of evidence-collecting employed by the Committee has produced submissions mostly in English, with a few written submissions in Chinese. Yet the report reminds us that up to 75% of the Chinese adult population in Britain are unable to speak English. It is therefore apparent that the volume of evidence submitted by the small section of community leaders, prominent businessmen and professionals is quite disproportionate to their numbers in the community. One may suspect that the weight of evidence would have been even more striking had the Committee attempted more imaginative means of communicating with the very people who are the subject matter of their report.

Another weakness of the report is the overemphasis on integration. The Report concludes: "We believe that the integration of the Chinese into British society could be one of the success stories on the road to a truly multi-racial society, and we regard our recommendations as a wide-ranging strategy for working towards this end" (p.lxxix). This view places the onus on the Chinese to agree to be assimilated into the indigenous culture, as a prerequisite of gaining access to services. The failure of the services to deliver to the first generation of Chinese is interpreted due to their inability or unwillingness to learn English. According
to Taft (1973, p.227), "integration implies that the immigrant has to some extent become absorbed into the new community .....Integration may also refer to economic absorption in the sense that he has found a place in the economy." It is apparent that integration of ethnic group is not solely depended on the ability to use the language of the host community. Other factors, such as the cultural characteristics of the ethnic group, social acceptance and relationships with members of the host community and the ability of ethnic group to conform to the norms of host community, all contributes to integration of ethnic groups (Taft 1973). Thus, this condemnation is not well-grounded without justifying the requisite of integration.

Despite the Report's emphasis on integration, it has played a vital role not only in alerting local authorities to the salience of the historical, cultural, and socio-economic dimensions of the Chinese community in Britain, but also in identifying the extent and nature of existing problems among the Chinese community. The following information on the Chinese community is mainly based on the Report's findings.

The Chinese in Britain today do not form a homogeneous community since individuals and families come from different countries including Hong Kong, mainland China, Malaysia, Singapore, Taiwan and Vietnam. Several dialects are spoken, but, even if their mother tongue is Hakka, the great majority of Chinese in Britain can speak and understand Cantonese which is the common language of Hong Kong and much of Southern China. They have no common religion and there are social differences between workers in kitchens, restaurant proprietors and professionals. Some were born overseas whereas others are British-born and have received
education in this country. However, whatever differences exist in the Chinese community, all members share both the language and a cultural identity.

As mentioned above, the great majority of the members of the current community arrived in this country since the late 50s, particularly in the 60s and 70s, and originated from a rural environment. They have little formal education and most have limited or no knowledge of the English language. It is estimated that about 90% of the Hong Kong Chinese in Britain are engaged in catering and its associated trades and work mainly in small business relying heavily on the family commitment to supply the workforce. Others are engaged in the various professional fields: academics, engineers, architects, doctors, dentists, nurses, accountants, lawyers and so on. But their number is not significant.

The report also revealed that there were five major factors preventing the Chinese community from participating fully in British life.

(1) LANGUAGE

Difficulty with the English language seems to be at the root of many of the problems experienced by Chinese people in this country. The Report pointed out that 65% to 75% of first generation Chinese immigrants were unable to speak or read English. The Chinese community functions within British society where, in all walks of life, a knowledge of English is essential. The completing of a form, the attendance at a doctor's surgery, the interview with a housing authority officer, the discussion with a solicitor, and innumerable other similar instances each give occasion for worry and
strain. Anything written in English, such as a poll tax registration form, a school letter to parents or a doctor's prescription, can cause bewilderment unless there is someone to turn to for advice. From the point of view of access to services, the significance of this is obvious. Language may be a dominant factor preventing the Chinese from seeking help when it is needed, or from finding out how to obtain help in the first place. This could in turn render many services inaccessible and be the cause of much misunderstanding.

(2) IGNORANCE OF RIGHTS

The Report argued that a major result of inadequate language could be a general ignorance of rights in respect of health services, social services, welfare benefits and housing.

(3) CULTURAL DIFFERENCES

The Chinese can encounter fundamental cultural difficulties which appear to be ill-understood by the wider community. Specifically, their tradition is strongly biased towards self-help or, if absolutely necessary, seeking assistance only from within the extended family or from a limited circle of families having the same surname or coming from the same village. To seek help from strangers, or even discuss problems with strangers or outsiders, is typically regarded as not only deeply embarrassing, but also shameful. The Chinese have a popular proverb, "in this world avoid entering the door of a government office, as in death you would avoid entering hell", which indicates the traditional Chinese suspicion of authority.
Thus, while the tradition of kinship and self-help can be an enormous source of strength and support under many circumstances, in the context of modern Britain, it may prove to be a profound handicap. For instance, it may exclude the possibility of obtaining appropriate assistance and perhaps even prevent difficulties from being identified.

(4) SOCIAL ISOLATION

Information about the distribution of the Chinese community within Britain is not precise. The lack of figures at both national and local level makes it difficult for government and local authorities to judge the extent of need and to provide relevant services.

Despite the existence of "Chinatowns" in certain cities, the main feature of Chinese settlements is that they are scattered throughout Britain. The Chinese, by virtue of the concentration in the catering trade, are widely dispersed geographically and typically live in small groups in towns and cities all over the country. This means that in any one area their numbers are not significant in relation to the total population. They and their problems are nobody's priority: Indeed their existence may scarcely be noticed.

(5) LONG AND UNSOCIAL WORKING HOURS

Long and unsocial working hours are part of the catering trade. Typical working hours might be from 11am to 1pm with a break on some days from 3pm to 5pm, then from 5pm to midnight. Consequently, it is not easy to transmit information throughout the Chinese community, while the long
and unsocial hours involved in catering mean that leisure periods often do not correspond to those of the rest of society, thereby increasing the isolation.

According to the Report, these five underlying problems - language, ignorance of rights, cultural differences, social isolation and long and unsociable hours - have contributed not only to Chinese isolation, but also to society's lack of awareness of the nature and needs of the community.

2.3 A PROFILE OF THE CHINESE COMMUNITY IN EDINBURGH

So far I have presented a general socio-economic background of the Chinese community in Britain. The following account provides a profile of the Edinburgh Chinese community which relates the nature of their characteristics with the British Chinese community as a whole.

2.3.1 THE SOCIO-ECONOMIC BACKGROUND OF THE EDINBURGH CHINESE COMMUNITY

An accurate statement of the size of Chinese population in Britain is not possible from existing data sources, because ethnic monitoring has not been done during national census surveys. There is, therefore, no accurate figure available of the numbers of Chinese people in Edinburgh. However, an estimated made for the Lothian Community Relations Council in 1983 gave a figure of around 2,000 with approximately 600 aged 55 or over (Chan 1983). It is generally accepted that a total of 3,000 would have been a reasonable estimate by 1988.
It was suggested that the Chinese Community in Lothian was composed of 4 main groups (Chan 1983, p.3):

i.e. 75% from HK's rural New Territories
13% from Crooked Island between mainland China and HK, most being members of the True Jesus Church and having a background in fishing.
4% from urban centres of HK and Kowloon
8-9% from Vietnam

There are very few Chinese in professions and the majority are engaged in the catering business. Unlike some other cities, there is no identified Chinatown in Edinburgh, but there is a particular concentration in the Marchmont and Tollcross areas, the rest being scattered through the region, usually living in or near their businesses.

No one has yet written the history of the Edinburgh Chinese community. The following description is based on my own experience of involvement with the community since I started the project in October 1987.

The nature of the group of Chinese in Edinburgh is found to be similar to other Chinese communities in Britain. Only few Chinese have a strong educational background working in professions such as university lecturers, accountants, doctors and nurses; and most have little or no knowledge of English usually working in Chinese catering businesses. The most common dialect is Cantonese. Hakka is also widely spoken. A few Chinese speak other dialects of Sei-yip and Shanghai. Those Chinese who have been resident in Edinburgh over 20 years and/or community leaders agree with my perception.
On the other hand, the typical migration history and background might differ slightly from that of other Chinese communities. Since no documentation about the early migrants is available, their history can only be traced vaguely from the memories of those involved. Ms Hau suggested that there were not more than twenty Chinese living in Edinburgh when she first arrived in the city in 1946. Most of them were students coming from Hong Kong, Singapore, Malaysia and China. There were then only a few Chinese restaurants in Edinburgh and the earliest one was located beside the Royal Scottish Museum.

The economic prosperity in Britain after the war, coupled with the more sophisticated eating habits of the British people, led to a demand for Chinese food. It was believed that the number of Chinese residents grew through the 1960s (Scottish Ethnic Minority Research Unit 1987). In the early 60s, many of the Chinese residents in Edinburgh had originally resided in English towns such as London, Liverpool and Manchester. The population was then mainly male and employed within the handful of Chinese restaurants.

The declining profitability of Chinese restaurants was accelerated by the introduction of Selective Employment Tax in the late 1960s and later by VAT. As a result, many migrants working in catering were pushed into smaller, cost-cutting capital units as an economic survival strategy. The smaller Chinese "take-away" entailed less capital, lower running costs and less manpower.

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2. Personal Communication, 13 April 1989

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The spread of take-aways over the country very much followed the earlier pattern of the spread of Chinese laundries. When saturation point was reached in any one town and no more licences could be obtained, families moved on to pioneer in new places nearby where there were as yet no Chinese catering establishments. Kinsmen helped each other in founding new businesses. This phenomenon was common all over the country. Perhaps the establishment of the Chinese community in Edinburgh followed this pattern in the 60s and 70s. By the early 80s, the market had become saturated. This saturation, coupled with the successive imposition of immigration restrictions, has ensured that economic growth in this field has ground to a halt.

2.3.2 THE CHINESE ORGANISATIONS IN EDINBURGH

With the increase of Chinese settlement in the city there has emerged a number of ethnic organisations through which community representation is channelled. The following is a brief profile of the Chinese organisations which have been identified by me so far:

The Edinburgh Chinese People Support Association:
It was established in 1988 with the aim of promoting the welfare of Chinese elderly living in Lothian. It is funded by the Lothian Regional Social Work Department and employs two part-time co-ordinators. Its membership now stands at 120 and an average 50-60 people attend every week. Many of the Association's activities are geared to increasing the members' awareness on various issues, such as health, welfare and housing. Through the Association, Chinese elderly will be better integrated into the wider community, i.e. share and care with the wider community on the same footing. This association is managed by an Executive
Committee which is selected at the annual general meeting. I am currently an Executive member and have been involved since its establishment.

The Edinburgh Chinese Association:
This was the first Chinese organisation and was formed in 1970. Originally as a community group with Chinese Nationalist affiliations, although in recent years the allegiance has declined. The Association used to have its own premises at Dublin Street in its early period, which provided a meeting and leisure place for the members. The premises were popular, but lack of funds meant that the Association could not afford to maintain its running cost forever without external subsidies. The Association is more geared to meeting social and cultural needs. Many of the Association's activities are aimed at increasing member's awareness of a variety of issues, such as health, social welfare and housing. It aims to promote friendship throughout the Chinese community. The Association organises the Chinese New Year Celebration yearly and occasionally Chinese Acrobatics performances.

The Edinburgh Chinese School:
This was established by the Edinburgh Chinese Association in 1972, and now is based at Drummond Community High School every Saturday. It provides mother tongues classes for about 100 students aged from 5 to of 21 years. It is currently funded by Lothian Regional Education Department, employing 10 Chinese teachers.

The Edinburgh and District Chinese Association:
This organisation is concerned with promoting Chinese culture and social events such as Chinese New Year and Mid-Autumn Festival.
The Edinburgh Chinese Women's Group:
It is an active voluntary group of Chinese women. Its main aims are to foster mutual support and assistance to its members and to promote cultural exchange and racial harmony between the Chinese and other communities in Lothian. It has been involved in several community events and has undertaken a consultation exercise with Edinburgh District Council's Women's Committee Unit on service provision for women.

The Edinburgh Chinese Dance and Cultural Youth Group:
It was first founded in 1980 by the Edinburgh Chinese Women's Group. Its aims are to preserve and develop traditional Chinese culture for the Chinese community and to promote greater awareness of Chinese culture among the wider community.

The True Jesus Church and The Chinese Christian Fellowship:
Both are religious Christian groups for the Chinese community. The members of the True Jesus Church mainly came from Crooked Island and have fishing backgrounds. Most of them are closely related to each other. The Chinese Christian Fellowship, with a membership of about 50, mainly from the Chinese overseas student population, meets at Bruntsfield Barclays Church on Sunday afternoons. Both Christian groups provide Chinese language classes for their members along with services.

The Edinburgh Chinese Co-Ordinating Committee:
This committee was set up while the Hong Kong Government Office was still in existence in an attempt to bring key people from different Chinese organisations together in order to plan events such as Chinese New Year celebrations for the whole community.
There is also the Edinburgh Chinese Arts Society (dance and martial arts), the Wushu Association of Scotland (martial arts) and the Scotland/China Association.

While a number of organisations have been identified operating within the Chinese community in Edinburgh, it does not follow that they are used by the Chinese community as a whole. In fact, a recent publication of Scottish Ethnic Minorities Research Unit (1987) found some of their respondents knew of the existence of some organisations but knew little of what their function was or how they operated. It has also been noted that some of these so-called Chinese organisations have been established as a platform for individuals to achieve social status (Ng 1968). Therefore, it is not guaranteed that their objectives are primarily concerned with mutual aid, cultural and recreational activities. As Watson (1977), based on his own insight and researches into the British Chinese community, comments that the Chinese associations in Britain "do not play a central role in the lives of their members", and only few of them have succeeded because "they have little to offer the migrants in return for participation and support". This has cast doubts on the strength of solidarity of the Chinese community.
PART II - THEORETICAL PERSPECTIVES

INTRODUCTION

The scene of this thesis was set in Part I. Part II is a review of relevant literature on elderly in general, ethnic minority elderly, and specifically Chinese elderly in their UK homeland and overseas. Chapter 3 provides a map of research studies relating to the central theme of the thesis. This chapter also identifies the areas of interest for investigation which guide the development of this study. Chapter 4 considers the theoretical debates related to the subject of inquiry. Two principal perspectives are examined - namely, functionalist, and ageing and ethnic minority, but the focus is on the latter. Theoretical and empirical issues are also discussed at the end of Chapter 4.
CHAPTER 3 - LITERATURE REVIEW

INTRODUCTION

Prior to sketching the theoretical framework employed in this thesis, a review of literature on ideas and perspectives about old age is important in order to shed light on the research design and methodology being operated. This chapter will begin by examining the socio-demographic picture of the elderly population in Britain and how old age is viewed in contemporary society, followed by an examination of the current works on ethnicity and ageing. The emphasis of this chapter will then shift on to the family relationships and the status of the Chinese elderly in different social context of China, Hong Kong, North America and Britain. Finally, it draws together some of the themes from the review of studies and sets out the issues regarding family care and use of services for investigation.

3.1 THE SOCIO–DEMOGRAPHIC PICTURE OF THE ELDERLY POPULATION

3.1.1 THE ELDERLY POPULATION: PAST, PRESENT AND FUTURE

Britain, in common with other industrialised countries, is undergoing a major transformation in the age structure of its population.

Between 1901 and 1981 the number of people in Britain aged over 65 increased from 1.7 millions to almost 8 millions. This was an increase as a proportion of the total population from less than 5% to 15%. Such rises are even more significant when taking into account the minority who are even older, over 85 years of age. Since 1901 their numbers have increased almost ten times from 57,000 to 552,000 in
1981. During the same period the 75+ age group rose by more than five times from 507,000 to over 3 million (OPCS 1983). Such trends traced from the beginning of the century variously reflect achievements in medical science, public health, improved housing, and better nutritional standards, and all of which have contributed to reducing mortality. In addition, female mortality has dropped faster than male, widening the differential in life expectancy - particularly in old age. Coupled with the steady decline in childbearing during the late 1960s and 1970s, this ageing of the population will have significant impact on the British economy and provide a major challenge to prevailing social policies.

Between 1981 and 2001 it is expected that the total elderly population will increase by just under one million persons. It is also expected that by 2001 the population aged 85+ will be more than double that of 1981 - increasing from 552,000 to 1,144,000. By 2001 almost half (48%) of the total elderly population will be at least 75. In 1981 the equivalent figure was just over one third. Increases amongst the very elderly are likely to be even more dramatic: between 1981 and 2001 the over 85s are expected to grow by nearly 90%, almost half a million persons.

Changes in the population dependency ratio - the proportion of the population aged below 16 or above pensionable age - may have important social and economic implications (Diamond 1989). These encompass an increased demand for welfare services and pensions and, as the proportion of the very old increases, an increased demand for medical care. Additionally, there may be an impact on other services,
particularly through the demand for smaller housing units or for services designed to enable people to maintain independent living within their own homes on into old age.

The 1981 Census also indicated broadly similar patterns in the overall proportions of elderly persons living in England, Scotland and Wales. But within these general patterns, there are important regional and cultural variations. Higher proportions of elderly people live along the South coast of England, and in retirement areas elsewhere. Also, higher proportions of the population are of pensionable age in the inner-city areas, particularly in North and North-west England. The reasons for these differences are various. An above-average proportion of elderly residents could be the result of people finding an attractive area to which to retire. Alternatively, younger people may have moved to a new town or city to work. The area which was once largely populated by young families becomes in due time largely a place of residence for elderly people, especially if little housing was available there for their children when they in turn got married. Also, within an area, there may be pockets where large numbers of old people live, perhaps because of the nature of the housing or the lack of community facilities for families.

3.1.2 CHARACTERISTICS OF ELDERLY HOUSEHOLDS

The marital status of elderly people is a dominant factor influencing a range of other variables such as household composition, the likely prospects for isolation and independence and sources of support and care.
It is indicated by the General Household Survey 1985 (OPCS 1989) that the great majority (73%) of elderly people live either alone or with an elderly spouse. While with increasing years the likelihood of living alone rises, eventually so does that of living with others. Overall 7% of all elderly (65+) live with a son or daughter without spouse, and this becomes true of 21% of those aged 85+. No matter their age, elderly women are more likely than men to live in such household arrangements.

Men are more likely to be married than women, while elderly women are more likely than men to be widowed or divorced. Differences in marital status are also reflected in household circumstances. Almost half of all women aged 65+ live alone, compared with one fifth of men. This differential becomes more pronounced at older ages and this is reflected in the greater proportions of women aged 85+ who live alone (61% compared with 37% of elderly males).

With regard to housing conditions, households containing an elderly person are more likely than non-elderly households to be owner occupiers, and this group also makes up a larger proportion of those who live in rented property. Approximately, 50% of the households containing at least one elderly own their home and 50% live in rented property. By contrast, only 20% of the households containing no elderly person own their own home, while 36% live in rented property and the rest live in rented property with job or business.

It was also found that a significant minority of elderly people is poorly housed and lack some basic amenities. 3% of single elderly households do not have a bath or shower, and 3% are also without a toilet within the accommodation.
Old age is found to be associated with poverty (Walker 1986, 1987) and this is mostly experienced by women and working class men which restricts access to a wide range of resources. National statistics also indicate that a large proportion of elderly people are among the poorest section of the whole community. On average, pensioners are dependent on social security benefits for 48% of their household income (the remainder coming from savings, occupational pensions and small earnings), in contrast to 13% for the average household in 1986 (Department of Employment Gazette, June 1988). Since women make up two thirds of the elderly population, they are far more likely than men to be poor pensioners; there were almost three times as many women as men dependent on the old supplementary pension. It has also been suggested that since women are far more likely than men to be employed in part-time jobs in clerical and service sectors of the economy, which are lower-paid and without the benefit of occupational pension schemes (Fennell et al 1988), their access in retirement to resources in their own right tends to compare unfavourably with men's. The likelihood of disability increases with age, compounding poverty. The numbers of very old (over the age of 75) are increasing, this group is therefore very likely to be in poverty as a result of many years spent on an inadequate pension and the likelihood of poorer health.

3.1.3 SOCIAL CONTACT AND ISOLATION

A widespread image of the elderly depicts the lonely widow neglected by her family. Many studies have refuted this stereotypic view of the elderly being neglected by family and friends (Hunt 1978, Wenger 1984). While this stereotype may be far from the truth, we should remember the fact that not all of older people currently have children or close
family. In fact, there is a great diversity in the range of experience of growing old. Since 1971 pensioners have declined as a proportion of the lowest income group, from over 52% to 24% in 1984 (Social Trends 1987, Table 5.17). Leaving the house may be crucial in maintaining social and family contacts, but the ability to get around will be dependent partly on access to good transport service, and also on disability and state of health. Visits from friends and relatives are also important.

Studies found that the overwhelming majority of elderly people have regular contact with relatives, friends and neighbours (Hunt 1978, Wenger 1984). Nonetheless, a significant minority have no such contact, and the frequency of seeing relatives and friends tends to diminish with advancing ages. Three fifths of people aged 65-69 make such a visit at least once a week, but only a quarter of those aged 85+ do so, with more than half the people of this age group no longer making any such visits at all.

The 1988 General Household Survey also found that a higher proportion of older people have daily social contact than the young, but this is true of only about one third across all age groups, while over 60% have contact at least two or three times weekly. This contradicts the image of old age as a lonely and isolated time, but against this must be set the small but significant proportion of older people who have no social contact with friends or relatives (2% of all aged 65+, but 4% of those aged 85+).
3.1.4 HEALTH AND DISABILITY

The health of the elderly has major implications for their capacity to remain living independently in the community, and for the provision of particular kinds of support and services.

In general, there is a close association between advanced old age and ill health and disability, though the vast majority of elderly are able to care for themselves entirely without help, or with minimal support. For instance, 87% of the elderly reported that they could go out of doors on their own without difficulty and 91% could get up and down stairs without difficulty.

The 1986 General Household Survey also indicated that 61% of men (65+) and 65% of women (65+) reported a long-standing illness. Men aged 65+ consulted their GPs an average of 6 occasions a year, and women 5 times a year.

The OPCS has recently published a series of reports on a major study of the prevalence of disability in Britain. The report estimates that there are 6 million people in Britain with some level of disability. 70% of these are aged at least 60, and among the most severely disabled the very elderly predominate (OPCS 1989).

There is also an indication that increasing age is associated with a diminished capacity for independence and self-care. While the great majority of elderly are able to look after themselves, there are significant minorities having difficulties and requiring help from others. An increase in difficulties in getting about is evident with
age. For instance, while 5% of those aged 65-69 are unable to go out of doors alone and walk down the road, this is true of almost a quarter of those aged 85+.

Apart from being differentiated by age, physical mobility is also found to be gender related. Perhaps, this may be due to the larger proportion of elderly women than men which brings variations in physical mobility in later life. Elderly women are more likely than men to experience such limitations, and people living with others are - as might be predicted - less likely to be able to to manage alone. The most basic aspects of personal care - such as going to the toilet (98%), feeding (99%), washing face and hands (99%), brushing hair (98%), shaving (99%) can be managed by all but a very small proportion.

Other aspects of self-care relate to mobility and dexterity, and the proportions unable to perform tasks such as cutting their own toe-nails or having a bath alone are much higher. 9% of all elderly people are unable to have a bath/shower or all over wash on their own and this difficulty also increases with age. This is true of almost one third of those aged 85+ compared with only 4% of those 65-69.

Although the majority of elderly people do not require practical care from other people, there is a significant minority of elderly who do need such care. From the national statistics on health and disability of the elderly, it is now apparent that there are close associations between age, gender and disability. Increasing age is clearly associated with ill health, and a diminished capacity for independence and self-care.
3.2 SOCIOLOGICAL PERSPECTIVES OF OLD AGE

3.2.1 DEVELOPMENT OF SOCIOLOGICAL PERSPECTIVES OF OLD AGE

A review of social gerontological theory by Fennell et al. (1988) has pointed to the underdevelopment of the sociology of old age in Britain. There is in fact a considerable literature about old age, but most of it written from a "pathological perspective" which views old age in terms of "needs" and "problem". Thane (1983) suggested three causal factors which contributed to the conceptualisation of old age as a social problem.

First, the increasing awareness of the complexity of the causes of poverty saw old age as a contributory factor, rather than simply being the result of idleness or fecklessness. The early social surveys of Booth and Rowntree in York had exposed the high rates of poverty in old age and associated these with inadequate wages, instead of considering poverty as a failure of the individual. In the late 1950s and early 1960s a series of studies were made of the financial needs of the elderly. The findings of three studies (Allen Committee 1965, Abel-Smith & Townsend 1965, and Ministry of Pensions & National Insurance 1966 quoted by Thane) confirmed the proposition that old age is closely associated with poverty.

The second factor contributing to the identification of old age as a problem was the rising difficulty for older workers to stay in the labour market. Quadagno (1982) argued that technological change was influential in driving older workers out of the labour force. But the issue is more than just technology, though the impact of technology did have a negative effect on the aged who were in traditional
occupations such as weaving. Commensurate with this exclusion of older people from the workforce was the creation of compulsory retirement. There are indicators that the rates of retirement among those over 65 were increasing in the latter half of the nineteenth century and this trend indicates that technological change and social policy reform have an impact on the exclusion of older workers from the workforce (Quadagno 1982).

Thirdly, important demographic changes which were mentioned in the previous section have resulted in increasing numbers of elderly, in particular women. There were also concentrations of elderly in particular locations, usually rural, brought about by the migration of younger people. So these concentrations of older people has increased their visibility within society and drawn attention to the problems of old age for both individual and society as a whole.

3.2.2 IMAGES OF OLD AGE

In conjunction with the underdevelopment of social gerontology is emergence of ageism. The term "ageism" was coined by Butler in 1968 to refer to the pejorative images of old people. Old people are discriminated against by the society usually in a subtle and covert form. It is based on the assumption that older people will face in the future nothing but inevitable decline, and they "are categorised as senile, rigid in thought and manner, old-fashioned in morality and skills....." (quoted in Glendenning and Pearson 1988, p.2).
A stereotype is a distorted representation of a group of people and may be either negative, or positive. For instance, Chinese people have slit eyes, and Scottish people are alcoholic. Whatever the group, the stereotype represents a set of ideas or beliefs about a group of people, and these representations are based on misinformation or over-generalisation. Some commonly held stereotypes about old people are that they suffer from poor health, are socially isolated, isolated from their family and neglected by them, and so on.

Butler (1975) suggested that the explanation for the stereotyping and myths clouding old age are partly due to the lack of knowledge and insufficient contact with a wide variety of older people. Stereotypes about old age originate from two major sources: the societal and individual. At the most basic level stereotypes are in connection with ideas about social status and social stratification. Social status refers to a position in society which involves certain duties and privileges whilst social role involves the performance of these functions. The elderly are, in most western industrial societies, ascribed a low status social role which accentuates old age as a dependent phase in the life cycle. Within the generally impoverished status of old people, elderly women, and especially lone elderly women, are often most disadvantaged (Walker 1987). Thus, the negative stereotype of ageing pervades. This is explained by the lack of understanding and information about the stereotyped group. Partly, this is contributed to by the professionals who focus the problems of old age from a humanitarian perspective. Some of their study samples were based upon institutions rather than the wider community, thereby giving a very false image of the abilities and status of the older members of society.
The second source of negative ageing attitudes and stereotypes is due to fears of growing old and its anticipated consequences experienced by specific individuals. The majority of individual fears about ageing relate to the notion of independence. Self-reliance and personal autonomy are much prized attributes as is seen by the way we often perceive those who are dependent as inferior or stigmatise those who depend upon social security as workshy.

3.2.3 THE SOCIAL CONSTRUCTION OF OLD AGE

Apart from being seen as a social problem, old age is a burden for society. Old age is defined neither by chronology nor biology but by the relationship between older people and the means of production. Thus, old age is a social rather than a biologically constructed status (Townsend 1986). From this perspective, the elderly are seen as an integral part of society. Their social and economic status is related to the institutions of society which are organised around the concept of production.

It is suggested that many of the experiences affecting older people are the product of a particular division of labour and structure of inequality rather than a natural concomitant of the ageing process. Townsend (1986) sees dependency in old age as structured by dominant economic and political forces. He writes:

Society is held to create the framework of institutions and rules within which the general problems of the elderly emerge or, indeed, are "manufactured". In the everyday management of the economy and the administration and development of social institutions the position of the elderly is subtly shaped and changed. The policies which
determine the conditions and welfare of the elderly are not just the reactive policies represented by the statutory social services but the much more generalised and institutionalised policies of the state which maintain or change social structure. (1986, p.22)

Old age has been given a distinctive shape by the ideas and beliefs of older people themselves as well as of those who work on their behalf such as health professionals and many others. The elderly are often portrayed as passive, frail and helpless, and their ideas dismissed as antiquated and irrelevant. They are also seen as a burden for society. The stereotypic view of old age perhaps is refuted by the proposition for a sociology of old age (Fennell et al 1988) in order to further our understanding about the meaning and implications of an ageing population. It strives for a balanced view, neither reinforces the pathology model of old age, nor views old age as natural and unproblematic. It is also encouraging to see the development of a political economy of ageing to move beyond a critique of conventional gerontology, to develop an understanding of the character and significance of variations in the treatment of the aged, and to relate these to social policy.

3.2.4 ATTITUDE TOWARDS RETIREMENT

As Phillipson (1982) points out, manpower policies have in fact played a dominant role in influencing social attitudes and expectations about retirement. He also shows that older workers have been used as "a reserve of labour" (p.12) to be expelled from the labour market in periods of economic recession. This situation, he argues, has contributed to common confusions and uncertainty in people's attitudes towards retirement. He also argues that the experience of
growing old must be viewed as an event heavily influenced by class and gender relations which reflect the influence of numerous forms of inequality within capitalism.

It is also suggested by Fennell et al (1988, p.83) that the emergence of retirement is created by various factors such as the desire to increase "efficiency" and "productivity" in the labour force, coupled with the pressure created by the recurring problem of mass unemployment. Whereas, the experience of retirement for the individual is shaped by many factors including class and gender as well as attitudes toward work and retirement.

3.3 LITERATURE REVIEW ON ETHNIC MINORITY ELDERLY

3.3.1 AMERICAN ETHNIC MINORITY

Issues of ageing and ethnicity are much discussed in North America, but have only recently begun to emerge in Britain. Therefore, as Mays (1983) points out, the majority of the literature on ageing and ethnicity has so far been North American and thus refers to a very different society and class structure. Moreover, such studies usually relate to long established minority communities. Despite these problems, the American work has value in outlining some differences in the ageing experience between ethnic minorities and majority populations, which can be utilised outwith that country.

The concept of Jeopardy originates from the States and views minority elderly groups as deprived minorities and they are often described as "minorities within minorities". They are suffering from "double jeopardy", "triple jeopardy" or even "multiple jeopardy" if other social stratification factors
are considered (Dowd & Bengtson 1978, Norman 1985, and Markides & Mendel 1987). These hypotheses simply predict that being old and a member of an ethnic minority group is not just different but worse than being old and white because those concerned are unable to get equal access to treatment, support and care. Such views rest on the assumption that old age itself constitutes a situation of jeopardy and the ethnic minority status may be an additional source of disadvantage. While we may commonly assume this to be true, empirical support for this notion is not always present. This view of jeopardy is explored in detail and in context in the following section on the theoretical background to the present study.

3.3.2 BRITISH ETHNIC MINORITY

The literature on ethnic minority elderly in Britain is scanty and scattered. As Glendenning & Pearson (1988) point out, national information about black and ethnic minority elderly is thin on the ground, and most data is dependent on a few local studies of varying degrees of statistical representativeness.

The first publication describing the situation was produced by Age Concern England in 1974 (Pyke-Lees & Gardiner), but it was not until 1979-82 that the needs of these ethnic minority elderly were nationally described at a series of discussions held at Keele University. Since then the sociological and policy interests of ethnic minority elders have received increasing attention in the UK (Glendenning 1979).
At the time of writing, there have been quite a number of local studies and surveys conducted by the community groups. Amongst these publications, there are five notable studies (Cooper 1979, Bhalla & Blakemore 1981, Barker 1984, Fenton 1985 and Norman 1985) of elderly members of ethnic minority in Britain, and each of which underlines the current problems and highlights the needs of the elderly Black and Asian people, while making no reference to the Chinese at all.

The first is of West Indians in Leicester by Cooper (1979), which is a qualitative, in-depth study gained from a series of interviews with sixteen elderly West Indians and supplemented by visits to a number of statutory and voluntary agencies concerned with the elderly. Cooper reported that the majority respondents occupied low economic status and they had high expectations of being cared by their children. However, such expectations may not be fulfilled in a British setting.

By contrast, the AFFOR (All Faiths For One Race) study is a comparative community survey carried out in Birmingham in 1979 of 400 Asian, Afro-Caribbean and white elders (Bhalla & Blakemore). Like Cooper (1979), the AFFOR's findings reported that there were about twice as many Asians and Afro-Caribbeans as whites in the lowest income bracket.

The general pattern of immigration and settlement is perhaps well illustrated by the Age Concern study of 619 Asians, West Indians and Africans aged 55 or over living in London and Manchester (Barker 1984). Barker, like other British writers in this field, emphasised the heterogeneity of the categories "Asian" and "West Indian". His findings identified similar trends to those already noted in the
Birmingham study mentioned above. However, many of the respondents felt lonely and socially isolated because of the cold, damp British weather and fear of racial harassment which mitigate against the social gatherings with friends and relatives out of doors.

Fenton's study (1985) is based upon interviews with 100 Asian, 100 Afro-Caribbean and 50 white "middle-aged and elderly" residents of Bristol. This study is a useful addition to the field of ageing minority, because it allows the interviewees to speak for themselves and is not reliant upon the projections and stereotypes of the service providers. The findings provide a rich source of commentary on the experience of discrimination, service provision, insecurity and the problems of growing old. This study also demonstrates that not all black elders are in strong, all-embracing and extended family systems.

Elderly members of ethnic minority groups confront a "triple jeopardy" which is the subject of Norman's (1985) publication. It examines the isolation of older people who - because of language, culture, skin colour or religious belief - are unable to get access to treatment, support and care. This group are at risk "because they are old, because of the physical conditions under which they have to live, and because services are not accessible to them". It also reports on existing service provision and alternative approaches.

The above cited studies provide a foundation for more sophisticated work to identify and clarify the lives, life-styles and some of the problems of the black and ethnic minority elderly who came to Britain as immigrants in the post-war period.
Apart from the above mentioned studies, there are a number of action research projects conducted by the self-help groups. The majority of these studies that have been made on black and minority ethnic elderly in the U.K. have been orientated to service provision, and typically include recommendations (Haringey Community Relations Council 1979, Bhalla & Blakemore 1981, Birmingham Social Services Department 1987 and Refugee Action 1987).

To summarise, the themes running through the literature are consonant, with high degrees of unmet needs being found especially low socio-economic status, inadequate housing, isolation, inaccessibility of services, and low take-up of benefits and services. Though the uptake of almost all services in kind by the ethnic minority elderly appears to be low, there has been little systematic comparison with white elderly control groups matched for age, social class or other variables.

However, given the available information in published form, such matters can only be discussed in very general terms because different problems will affect different cohorts of elderly and to varying degrees. Moreover, none of the research studies make reference to the Chinese community about which comparative information is thus virtually non-existent.

3.4 LITERATURE REVIEW ON CHINESE ELDERLY

In order to understand the family life of Chinese elderly in Britain, it may be relevant to review how the status of elderly was described and the welfare provided by their family in China and Hong Kong. It is assumed that the
majority Chinese elderly in this country were born and brought up in these places, their ways of thinking and acting had their roots in the culture of China and thus will be reflected partially from the following accounts.

3.4.1 CHINESE ELDERLY IN CHINA

In a review of the changes in the Chinese family system from the 1900s up to the early 1970s, Wong (1979) examined the ideology, but found that and the reality of the traditional Chinese family as it actually pertains to the Confucian ideal of the extended family and the Confucian model of family relationship, is found rarely in practice. In Wong's discussion, evidence from Lang's survey (1968) and Taeuber (1970) both support the notion of discrepancies between ideal and reality of family size and form. Lang's survey of villages in North China, non-industrial cities in North China, and the industrial city of Shanghai in the mid-1930s revealed that nuclear family was the predominant type of family organisation among the farm labourers, wage earners and industrial workers. Taeuber's study found some regional differentiation: nuclear families were more predominant in the south-east and south-west regions and lower Yangtze, where total family size was smaller. It came to the conclusion that "the large, extended family was found mainly among the wealthy gentry classes in the traditional society, while the modern, nuclear family was more common among the urban, educated, professional or technical and industrial workers" (Wong 1979, p.274).

Yet, this review had not attempted to explore to what extent the quality of care for the old would diminish as a result of the emergence of nuclear family. Nevertheless, Wong pointed out that certain traits still characterise the
Chinese family today which distinguish it from the Western nuclear family pattern, and the concept of filial piety is perhaps an important factor holding the three generational family together until today.

A more recent study of the psychosocial impact of daily-life and living conditions on 175 elderly aged 55-80 in Beijing (Xu & Wu 1984) found 10.5% of the respondents were not living with their offspring, and most of them (85%) reported that they were satisfied with their life and respected by their family members. But, it indicated that the concept of family has changed and the living arrangement would consequently face transformation in the coming future. In fact, the respondents expressed their concerns on being well cared for in old age.

The old seem to be well cared for in China despite the change in the family structure. However, it should be noted that the socio-demographic system in Hong Kong is far from similar to the context of Modern China. The situation of the old living in Hong Kong where a western ideology prevails, as well as the attitudes of the younger generation, may not be congruent with those in China.

3.4.2 CHINESE ELDERLY IN HONG KONG

Chow (1983) discussed how the elderly in Hong Kong should be supported in view of the tendency of more children to live away from their elderly parents when they start their own families. He pointed to the failure of the government policy on community care due to the inadequate provision of necessary service and inadequate support for the family who are willing to continue to care for their elderly members.
A survey on the needs of 241 Chinese elderly aged 60 or over in Central and Western District of Hong Kong (Law 1984) gave evidence of the increase of nuclear families in Hong Kong. The findings showed that 15.8% of the respondents were not living with their children and 52% reported the old are no longer respected. Nevertheless, the family still plays the most important part in the helping network even if the old person may not be living with family members.

The preceding studies on Chinese elderly in China and Hong Kong have shed a light on the issue of the traditional Chinese family. The old by and large expect their children to perform the Chinese virtue of family care. It is still correct to say the majority of the Chinese family are taking the responsibility of the old, but how long this ideal of filial piety will be sustained in the modern Chinese generation is questionable.

3.4.3 CHINESE ELDERLY IN NORTH AMERICA

Prior to posing the theoretical framework in this thesis, perhaps, it may be useful to look at the treatment and circumstances of the North American Chinese elderly. The literature on the ageing Chinese immigrants in North America is not totally lacking, but it can only be described as sparse.

Wu's study (1975) on the aged Chinese in the Los Angeles area, identified language barriers, lack of transportation and leisure activity and reduction of social status in the family as being among the main problems encountered by these immigrants. In this study, it was revealed that language barriers and cultural shock alienated the Chinese elderly from the mainstream of American society and excluded them
from receiving needed services. Wu also pointed to the growing discrepancy between filial piety as a theoretical norm and as a factual practice, and argued that this discrepancy was the root cause of unhappiness and psychological distress among the elderly members in the Chinese community. However, other findings of this study indicated that housing, health and income were not considered to be serious problems by the elderly respondents themselves, thus casting doubt on stereotypes of the aged members of the ethnic minorities as suffering from housing, health and financial difficulties. Wu concluded that they adjusted unexpectedly well, largely due to the Chinese culture value of tolerance and belief in God.

Cheng (1978) purported to examine the culture and life-style of the Chinese elderly in San Diego and found that the majority of the respondents were satisfied with their immediate neighbourhood and their state of personal health. The study also revealed that the majority of the interviewees identified lack of respect and caring for the aged as a characteristic of the younger generation.

Kwok Chan (1983) interviewed a sample of 26 elderly Chinese women in Montreal to study their coping behaviour and found that intergenerational conflicts and differences in life-style and a sense of isolation were some of the problems experienced by these immigrants. It was also reported that traditional values of hard work and devotion to duties seemed to facilitate adjustment to old age.

A recent study by Wong & Reker (1985) compared the coping behaviours of ageing Chinese Canadians with Anglos. The Chinese sample found growing old a more stressful experience, reported lower psychological well-being,
depended more heavily on external and palliative coping strategies, and felt less effective in coping as compared with their Anglo counterparts. These findings also supported the Double Jeopardy Hypothesis of ethnic minority ageing.

Another recent study by Tien-Hyatt (1987) investigated how the elderly perceive themselves in the midst of cultural change by using semistructured interviews to explore the self-perceptions of ageing and associated factors among Whites, Chinese-Americans and Chinese in Taiwan. Results showed that all three groups had positive self-perceptions of ageing, with Whites being most positive and Chinese in Taiwan being least positive.

So far, the review has surrounded the studies of ethnic minority elderly in both North America and Britain, and overseas Chinese. Now, I shall end this review by focusing my efforts on studies of the British Chinese elderly.

3.4.4 CHINESE ELDERLY IN BRITAIN

There has been little systematic academic research into the Chinese community in Britain. The available literature is slender and little information has been provided about its elderly members. The majority of the research has focused on the younger members of the community and ignored the elderly for a variety reasons, such as the glib assumptions that the extended families take care of their old, or, because they are self-sufficient and have made few demands on services, the elderly require no attention. On the other hand, a few studies have expressed concern on the needs of Chinese elderly (Home Affairs Committee 1985, and Leung 1987). These studies point to a wide range of potential, social, financial, medical, psychological and communication
problems, but no-one has yet demonstrated whether such problems are widespread among Chinese community members in this country or whether only a few are involved.

In the Home Affairs Committee's Report (1985), it was revealed that though the Chinese have a long and honourable tradition of caring for older members within the family, not all elderly Chinese in Britain will be looked after in this way. Some have no children and are isolated from the rest of the Chinese community. In other cases, families are unable to look after their parents or grandparents because of long and unsociable working hours, poverty or inadequate housing.

In a conference report on the needs of the Chinese community in the North-west of England, Leung( 1987), a senior social worker in Liverpool, gave the following account of the situation of older Chinese citizens:

"It is easy to imagine the Chinese elderly are well looked after and yet the hard facts are they are unhappy and miserable. Some elderly men who live alone are often in poor housing conditions. They are in constant fear of being raided or of sudden death. They ask for no help as many have no English and are uneducated.... Many are even abused and battered" (Leung 1987, p.35)

The above viewpoint, though not based on rigorous study or research findings but on personal contacts with the Chinese community, does indicate some of the problems that may be experienced by the elderly Chinese citizens in this country.

Take-up of existing social services by the Chinese elderly has been noted to be low when compared with the general elderly community (Hunt 1978, Chapman 1979, Barker 1984,
Donaldson & Odell 1984, Kam 1988), and Chapman's (1979) findings in particular also suggested that there were many factors which made access to social and health services difficult enough for the general elderly community. The added problems of the specific migrant group of Chinese elderly therefore deserves careful exploration.

A recent study by Kam (1988) describes a survey on the needs of Chinese elderly living in Edinburgh with particular reference to their needs for housing, finance, health care, social contact, social/leisure activities and access to social service. Kam's study was based on formal interviews with 50 Chinese elderly aged 55 or over living in Edinburgh. He identified 4 groups of elderly Chinese (i.e. female, aged 70 or over, living alone and recent settlers) who are at risk and need more specific attention to some aspects of their needs. His findings also revealed that the Chinese elderly's knowledge, awareness and consumption of social services are low. However, Kam indicated that his study was only a preliminary investigation of the needs of Chinese elderly in Edinburgh. There are some limitations to his survey. For instance, the sample was small, no follow-up in-depth interviews were conducted to determine the causes of problems; and no information was obtained on occupations before and after emigration and the reasons for emigration. Kam's findings, therefore, only provide a very limited and partial picture of the lives of Chinese elderly in this part of the UK. However, this study certainly does illuminate areas for further research and is a useful starting point for those who work with the Chinese elderly in Edinburgh.
3.5 Summary & Issues Emerging from Literature Review

A review of the British and American cultural gerontological literature points to the paucity of data and theorising about the elderly Chinese. The majority of the available research literature provides a depressing description of the lives of both American and British ethnic group elders which generally views ageing as a social problem. A common thread through these publications is that the immigrant elderly are likely to share many of the disadvantages common among many of the indigenous elderly living in inner city areas, namely poverty, poor housing, loneliness, isolation and loss of status and these have been examined by many of the scholars (Townsend 1957, Tunstall 1966, Shanas et al 1968, Abrams 1978). More specific issues have also been highlighted: language and communication, diet, knowledge of available services, attitudes to illness and use of services (Pyke-Lees & Gardiner 1974, Glendonning 1979, Bhalla & Blakemore 1981, Cooper 1979, Barker 1984, Donaldson & Odell 1984, Fenton 1987, and Glendonning & Pearson 1988).

Though the specific descriptive literature on the Chinese elderly in Britain and in North America is sparse, the literature on the general elderly is extensive and this could assist in providing a potential theoretical framework to help understanding of the section of the community in question. Before examining the gerontological theories which have relevance to the Chinese elderly, it is necessary to note those issues emerging from the literature review:

i The Chinese elderly are assumed to be well protected and respected as a result of the Chinese virtue of filial piety, and, therefore, statutory assistance is not
believed to be needed which seems to explain the low uptake of services. Is this conception a myth or reality if applied to the Chinese community in Britain?

ii The Chinese elderly immigrants appear to have lost their status due to migration. Has the status of the British Chinese elderly declined to the point at which they experience a real sense of suffering?

iii The Chinese elderly are, like other members of ethnic minorities, more likely to be objects of the Double Jeopardy Hypothesis (Dowd & Bengtson 1978), and may, therefore, encounter harsher conditions than the majority of older British citizens.

iv Ethnicity, as a positive feature, may enhance the quality of life and help overcome some of the ambiguity, normlessness, and identity loss that is often associated with growing old.

It is apparent that the lack of basic demographic data on the Chinese community in Edinburgh makes hypothesis formulation problematic. A review of literature on the theoretical background is important in order to examine and clarify the above identified issues and to generate hypotheses to guide this study. Issues emerging from the preceding literature pose a number of debates which are of potential interest for investigation and form the background of my study. However, due to time and resource constraint, I shall focus my study on the first issue of traditional Chinese family support in reference to the use made of social and health services by the Chinese elderly (which is explored in details in Chapter 8). I would also like to
explore the second issue which concerns the effects of modernisation on Chinese elderly (which is explored in details in Chapter 9).
CHAPTER 4

THEORETICAL BACKGROUND

INTRODUCTION

This chapter is a review of theoretical perspectives related to the subject of inquiry. It begins by looking at old age from the functionalist perspective, followed by other theoretical perspectives commonly employed by researchers. The focus of this chapter is on Modernisation Theory, Double Jeopardy Hypothesis, Andersen Behavioural Model, and Ethnic Solidarity.

As indicated in the literature review, a number of studies have reported a general low uptake of existing social and health services by the Chinese elderly in the UK (Lynn 1982, Home Affairs Committee 1985, and Kam 1988). One explanation, which can be offered for this pattern of service utilization, is that the needs of Chinese elderly are being met by ethnic solidarity, a concept which is explored in detail later in this section.

The present research attempts to test this view and to explore the possibility that there are other significant causes of low service utilizations and these are related to such barriers to social and health services, as inadequacies of language, conflicts of culture, social isolation, and structural contingencies like income and transport.

At the outset it is obviously necessary to explore the theoretical basis for such a challenge and as part of this process, a review was undertaken of potentially relevant theoretical inputs. This review illuminated an obvious
hierarchy of areas, each with its own range of theories on such matters as ageing, ethnic minorities, service utilization, and ethnic solidarity.

4.1 FUNCTIONALIST PERSPECTIVES

Two of the most common social gerontological theories adopted by researchers have developed from a functionalist perspective in the 1950s and 60s.

Old age was seen as a major problem of adult socialization. The causal factors were attributed to the impact of compulsory retirement; the rise of the nuclear family; the impact of modernization and the increased rates of social and geographical mobility (Fennell et al 1988).

4.1.1 ROLE AND ACTIVITY THEORY

Havighurst & Albrecht (1953) proposed Role and Activity Theory in an attempt to explain successful adaptation to old age. They suggested that involvement and activity were vehicles for successful ageing and high morale, the loss of work role was seen to create a major crisis of identity and demoralised self-esteem, whereas retirement not only broke the ties of job but also greatly loosened those to the community of residence. Consequently, a form of structural isolation from kinship, occupational and community ties was moulded. This theory had stimulated many researchers to examine the relationships between work and retirement (Fennell et al 1988). This theory has a positive implications for social policy, for it argues for the integration of the elderly as full members of society.
4.1.2 DIENGAGEMENT THEORY

Another functionalist perspective Disengagement Theory was developed in the late 1950s (Cumming & Henry 1961) and has received much attention in the social gerontological field. The central key assumption made in this theory is that "ego energy" declines with age and that as the ageing process commences, individuals become increasingly self-preoccupied and less responsive to normative controls. Either the individual or society may initiate the process of disengagement. When done by the individual it is the result of ego changes; when done by the society it is the result of organisational imperatives.

Disengagement is viewed as a natural and desirable outcome because it triggers strong sense of psychological well-being. It is believed to be a universal phenomenon, and associated with ageing in all cultures.

Disengagement Theory has received much criticism on practical, theoretical and empirical aspects. It was attacked because it predisposed its believers to adopt a policy of segregation of, or even indifference to, the elderly, and the nihilistic attitude that old age has no value. It is not an axiomatic system in the scientific sense, but at best a collection of loosely related sets of arguments depending upon unspoken assumptions and doubtful premises.

Empirically, there is inadequate evidence to support the theory. Reichard et al (1962) suggested that there was little evidence from their sample of ageing or retirement, leading to any extensive decline in social or leisure
activities. Blau (1973) also argued that disengagement may be found among some elderly people, but they may be the exception rather than the rule.

There have also been questions about the logic of the theory. It has not explained the cases of older persons who disengage while retaining high levels of morale. Hochschild (1975) argued that it is so constructed as to make it unfalsifiable, that the major variables are composed of sub-parts which do not vary in a unitary way, and that the theory ignores the meanings which actors attach to experiences in old age. There may be a number of different types of adaptation to the ageing process.

The theory also underpins historical and cultural influences and over-emphasises the universality and inevitability of the process of disengagement. Apart from a small proportion of infirm, deranged or socially isolated persons, the elderly continued to associate with others and to be useful and active in so far as their circumstances permits -- not so much through central functional roles in the mainstreams of social organisation and economic production, but rather in supportive roles and through affective relationships with kin and friends.

It may be more accurate to use the terms "industrial disengagement" and "increased socio-economic dependence" rather than "social disengagement" (this links in with modernization theory discussed later).
A cross-national study by Shanas et al. (1968) showed the inappropriateness of describing "the old" as often ill, alienated or deprived. Older people, they argued, were fairly well integrated into their local community by the services they provided for others and receive in exchange.

Despite much criticism on this particular functionalist theory, it may have some heuristic value in understanding some aspects of growing old for some people and perhaps needs to be developed further.

4.1.3 SUBCULTURES AND MINORITY GROUPS

Apart from the above functionalist perspectives, Rose (1965) argued that older people tend to interact with each other increasingly as they get older, and with younger persons decreasingly, and hence develop a subculture.

This phenomenon, it was proposed, occurs mainly due to an increasing number and proportion of the elderly in the population, their improved health and economic security, the growth of retirement communities, an increased involvement in voluntary organisations for the aged, and the development of a group consciousness on the part of the aged who are beginning to recognize their common interests and common situations relative to other age groups.

Another social gerontological theory, which has similar accent as the Aged as Subculture, is Aged as a Minority Group. It was proposed by Barron (1953). It views age, like race and gender as an ascribed criterion of stratification. The aged experience discrimination in society.
It has been criticised in that older people do not fit the
traditional definition of having minority group status. It
is argued, that racial and class lines are more important
than age lines in determining behaviour and life chances of
older people.

4.2 AGEING AND ETHNIC MINORITY

Gerontological theory is employed to explain phenomena which
are associated with the ageing process. There is common
agreement that current theoretical frameworks remain
inadequate and are of limited utility in accurately
predicting adaptation to ageing or explaining behaviour in
old age. This is particularly true of the area of ethnicity
and ageing (Jackson 1980). Markides & Mindel (1987) also
point to the inadequacy of theoretical development in the
area of ethnic minority ageing and attribute this to the
focus adopted by most of the scholars by their concentration
on the disadvantaged situation of the ethnic elders in such
important areas as health, income, housing and life
satisfaction.

Nevertheless, of the several gerontological theories, a
significant number have assumed more or less universal
application despite the absence of consistent empirical
support. Some of these theories for the general elderly "may
have relevance to ethnic minority ageing, but scholars have
not yet systematically examined their applicability in the
area of inquiry" (Markides & Mindel 1987). Perhaps the two
most frequently discussed in the area of ethnicity and
ageing are the Modernization Theory and the Double Jeopardy
Hypothesis which are examined in the following section.

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4.2.1 MODERNIZATION THEORY

Much of the discussion and literature on ethnicity and ageing and the intersection of these areas with family life rests on the ageing and Modernization Theory (Marshall 1981).

The precursor of this perspective was Burgess (1960), who argued that industrialization had contributed to a decline in the status of the aged. He suggested that urbanization and industrialization had undermined the economic basis of the extended family and reduced the number of self-employed entrepreneurs. The loss of extended family support isolated the aged, and the loss of decision-making power in the workplace created pressures for retirement. Burgess's thesis was implicitly comparative and historical. However, the past was assumed, not examined, and discussion was limited to the position of the aged in contemporary Western society (Quadagno 1982).

Burgess's theme was expanded by Cowgill & Holmes (1972) to include societies at different stages of development. The societies ranged from preliterate to modern, with preliterate societies now being equated with pre-industrial Western societies. In the shift that took place in the argument, the term modernization was substituted for industrialization where it became the permanent focal point. In subsequent works, Cowgill (1974) identified four key dimensions of modernization which lead to decline in the status of the aged in society: modern economic technology, urbanization, higher educational attainment, and advances in health technology.
The importance of the discussion is illustrated by consideration of the impact of these aspects of modernization on the family life of older people. The transformation of family type from extended to nuclear will inevitably break up the larger and supportive kinship, and the aged will be alienated from active involvement with their adult children and grandchildren. Along with geographical mobility, the aged in this way become more isolated from their families. Higher education means that children are better educated than their parents and attain higher social and probably economic status. Because of advances in modern health technology, more elderly people live longer, and because there are thus more elderly in the population, more competitive pressures are generated between generations in the labour force, their status is lowered. The consequence of these factors, according to the theory, is that older people are geographically, socially and emotionally isolated from their children. This isolation is buttressed by an ideology which places individual achievement and preference above filial obligations and families values.

Modernization Theory has stimulated many scholars to generate hypotheses to re-evaluate its assumptions on the position of the elderly in society today. However, evidence show that there are flaws in its theoretical assumptions and empirical data to support the argument is not always present (Palmore & Manton 1974, Rhoads 1984 and Goldstein et al 1983).

In what follows, four assumptions will be examined which cast doubt on the validity of the initial theory that modernization automatically leads to a genuine loss of position by the elderly.
The Myth of the "Golden Age"

It is generally assumed that older people once occupied a more important place in society and in the family than they currently do. Through a mist of nostalgia, a golden past is seen as separated from the cold present by the onset of modernization. In this golden past, older people possessed higher status and prestige both within and beyond the family and the extended family provided a source of emotional and practical support for its members.

However, this myth has been challenged by Nydegger (1983) who pointed out that "evidence concerning respect for specific old age roles and for age itself is very scanty". It appears that the multi-generational household was often the least common form of family structure. At least in colonial and 19th Century America and 19th Century Central England, the preferred residence of older people was not with their children. (Whether or not a study of the preference of elderly Chinese in the past would provide a similar pattern is, of course, an open question, and this could be a suitable subject for further research.)

The Myth that Modernization will lead to Alienation and Isolation of the Elderly Parents from their Children

Evidence shows that older people do not commonly live with their adult children, although the great majority may live in fairly close proximity to at least one adult child (Shanas et al 1968). Adults in the U.S. became increasingly concerned about their parents' physical and emotional health as the latter became older (Marshall et al 1983) and when their parents' health begins to fail, sons and daughters will typically actively provide health-care assistance
(Brody 1981, Tobin & Kulyis 1980). Clearly, the picture of geographical, social and emotional isolation of older people from their offspring may well have been overdrawn.

iii The Myth of the Golden Isles

The idealised view of traditional, rural "peasant" communities came under increasing attack in the 1960s, as more and more social scientists began to recognise the tensions and schisms in both contemporary village life and traditional peasant societies of the past as well as the inadequacy of dichotomising these complex concepts into two ideal types (Hauser 1965).

Evidence does exist that the aged hold power and prestige in some cultures. Among the Igbo, the Bantu, and the Samoans, older people act as political, judicial, and civic leaders, and children have a strong obligation to care for aged and infirm parents (Cowgill & Holmes 1972).

However, extensive variations in the treatment of the aged in even the least developed societies have been documented (Amoss and Harrell 1981). Reports indicate that there are significant variations in actual treatment of old people in China and Taiwan because of the idealisation of their status in the Confucian concept of filial piety and, perhaps even more dramatically, in the eyes of Western observers. Both historical and empirical works reveal that filial piety is not and was not always manifested even in rural and traditional settings, but is influenced by factors such as family resources and the number of living children (Ikels 1980). Therefore, it is false to conclude that veneration is ever universal in any societal type.
The Assumption that Migration will erode the Status of the Elderly in a Minority Population

It was suggested that the status of Chicano elderly in America had declined due to the effect of rapid social change (Korte 1981). However, writers applying Modernization Theory in this area recognise that older Chicanos, and Chicanos in general, retain much of their cultural background. In fact, modernization does not necessarily lead to a unidirectional change toward homogenization whereby family norms and family relationships become similar to those of the indigenous core.

On the other hand, Rosenthal (1986) has looked at modernization theory from a somewhat different perspective. This perspective views traditional families as more supportive of elderly members and modernized families as less supportive, a situation not always supported by the evidence.

She proposed that

Change ......need not imply loss. Furthermore ethnic culture may be viewed as not only a context of meaning but a pool of meanings from which people may draw as they wish and as they need according to their situations. Ethnicity may change its salience to people at different periods in the life course. This is a view of culture which ...... could prove most fruitful in the development of a cultural gerontology (Rosenthal 1983, p.11).
4.2.2 JEOPARDY THEORIES

Apart from Modernisation Theory, the Double Jeopardy Hypothesis is also frequently discussed and applied to older ethnic minority groups. It is the most popular theoretical approach to consideration of ageing among ethnic minority population as reflected in the American scholarly literature (Dowd and Bengtson 1978, Jackson 1985).

It was stated by Jackson (1985) that the Double Jeopardy Hypothesis was first applied by Talley and Kaplan (1956) to refer specifically to the jeopardising status of being old and Negro in the U.S.. This concept was then restated by the National Urban League (1964), suggesting the twofold handicap of age and race, and focusing on the socio-economic disadvantages experienced by older blacks.

Minority aged are said to bear additional economic, social and psychological burdens of living in a society in which racial equality remains more a myth than a social reality. In addition to suffering from prejudices, stereotypes, and discrimination associated with old age, ethnic minority aged also bear the burden of being a member of another minority group. The theory utilises aspects from, and is intellectually related to, the Aged as a Subculture and Aged as Minority perspectives (Rose 1965, Barron 1953).

The Double Jeopardy Hypothesis may be encompassed under a larger multiple-hierarchy stratification model where, in addition to ethnicity and age, gender and social class are important aspects of inequality (Bengtson 1979, Foner 1979). When several of these variants are considered together, we hear of triple, quadruple or even multiple jeapordies characterising ethnic minority elderly.
This hypothesis has been criticised in that longitudinal studies are lacking, often making it necessary to base generalisations about the process of ageing on comparisons of different age groups studied at the same point in time which is clearly somewhat less than satisfactory since the life experiences of the different age groups may have been significantly different. In any event, the influence of culture upon the process of ageing has been neglected or overlooked. Only partial illustrations of culture and double jeopardy are found in consideration of income and health aspects, but no such pattern is observed in the areas of social interaction with family and friends and life satisfaction (Dowd and Bengtson 1978).

Jackson & Walls (1978) and Ward (1983) also found little evidence supporting the Double Jeopardy Hypothesis. The theory may be conceptually sound, but it has not been adequately tested and empirical support for the notion is not always present (Holzberg 1982).

As Jackson (1985) indicates, there is common confusion surrounding the concept which diminishes its theoretical and methodological value. The hypothesis has also been criticised as having relatively little use scientifically for ethnogerontology because of its over-emphasis on social inequalities regardless of age changes. It remains, however, an important concept for the study of racial and ethnic relations or of social stratification.

Therefore, a number of questions need to be clarified before assuming this hypothesis to be valid: What are the important variables to be used in evaluation of the existence of jeopardy among the minority aged? Are life satisfaction and primary group relations relevant? Should an operational test
of the hypothesis be limited to the existing disadvantaged minority groups with regard to health, income, education, power, housing and so on? What variables are appropriate for evaluating the Double Jeopardy Hypothesis? Should they be Power, Privilege, and Prestige?

It should also be recognised that the minority elderly may develop psychological defence mechanisms that mask the jeopardies they experience, and develop "coping structures" necessary for survival in hostile environments (Moore 1971).

4.2.3 SERVICE UTILIZATION

The development of prediction models for the utilization of medical care is a long-term and continuing interest among both physicians and social scientists in North America (Shanas & Maddox 1985). While there is a generally accepted awareness of the low uptake of services by elderly ethnic minorities, no specific behavioural model or theoretical framework has been specifically developed to explain this pattern of service utilization in Britain.

Wan (1989) presents a comprehensive review on the behavioural model of health care utilization by older people. In his review, it is argued that there are three broad approaches used to explain the complicated relationship between various predictors and utilization of health services; namely, the Rosenstock model (1966), the Andersen model (1968) and Organisational Constraints (Rossiter & Wilensky 1983, Wennberg et al 1982). Substantial empirical studies (Ward 1977, Odell and Wan 1981, Coulton and Frost 1982, Arling 1985, Cox 1986, Petchers & Milligan
1988) are framed by the Andersen behavioural model, which is the most frequently used analytical model in the study of health services use by the elderly.

Wan (1989) stated that the Andersen model groups the determinants of health service utilization into three classes of variables i.e. predisposing, enabling and need factors. Predisposing factors include personal attributes, social-structural and demographic factors which influence health care attitudes and beliefs. Enabling factors include income, transport facilities, service availability and other barriers to care. Needs factors are the perceived and assessed needs for services. The significance of each variable in respect of different types of health service is not constant (Odell and Wan 1981). This model has been said to be "a useful tool in conceptualizing variations in use" in social and health service delivery networks (Odell and Wan 1981).

Early research showed that ethnicity may also be an important determinant in the use of health care system as it influences responses to symptoms and the reasons why people seek medical care. Similarly, ethnicity may also act as a barrier to effective health care utilization (Zola 1973). Whereas, in Cox's study (1986), the findings suggested that ethnicity is not necessarily a barrier to care, it was also argued that providers must be sensitive to the cultural diversities of patients and the effects they can have on utilization. Other research indicates utilization may be related to the proportions of minority professionals active in the provision of services as well as to an understanding of the health care system (Holmes et al 1979).
In a Cleveland community survey, Petchers & Milligan (1988) applied the modified Andersen model (Aday et al 1980) to measure the health care access of the black elderly. The concept of access was determined in terms of four dimensions: availability, affordability, accessibility and acceptability. The findings reveal that affordability is a formidable barrier to medical care for low-income black elderly.

Ward (1977) and Odell and Wan (1981), applying the Andersen and Newman (1973) model of health service utilization to the use of social services, suggest that there is a high level of commonality between the causes and determinants of health service use and social service use.

However, the Andersen model has prompted criticism that it over-emphasises the structural determinants and fails to specify the social-psychological process through which physical health is perceived, evaluated, and acted upon (McKinlay 1972, Mechanic 1979, and Ward 1977). Henderson's study (1965) suggests that each ethnic group may have different patterns of use depending on gender, marital status, education, home ownership, and length of residence (Henderson 1965). The Andersen model has not focused on these factors and therefore may have under-estimated the influence of ethnicity on service utilization. Besides, it is not easy to disentangle the distinction between predisposing factors and enabling factors.

Another two areas which have been identified as crucial in determining the use of services are family and community factors, and again these aspects have not been explored by the Andersen model. Thus, many references are found to the importance of the ethnic family in caring for the needs of
their members (Cantor 1979, Die & Seelbach 1988). Many ethnic elderly, in fact, first turn to their family or informal kinship group for care and assistance rather than to formal support systems. This is probably a consequence of ethnic solidarity.

4.2.4 ETHNIC SOLIDARITY

According to Hirschman's review (1983), in the area of ethnicity there are theoretical and empirical incongruities among scholars. Ethnicity has been considered to have significant impact on family relationships and supports in later life (Sokolovsky 1985, Rosenthal 1986). The nature of this impact, however, is not well understood (Holzberg 1982). Yet, for the type of investigation being currently undertaken, these concepts are of prime importance and, therefore, this field is worth further exploration.

A review of the existing literature indicates that scholars have theoretically viewed ethnicity in three ways, each of which can be related to a companion model of ageing in ethnic families. Those who conceptualise ethnicity as culture, particularly immigration culture, emphasise assimilation, with variations in family support expected to diminish from first to several generations, and perhaps to vanish at a later stage (Trela & Sokolovsky 1979). Another view of ethnicity stresses issues of traditional versus modern, with minority and immigrant families seen as following traditional family patterns and majority families as modern in their family relationships (Rosenthal 1983). In another view, ethnicity has been conceptualised as a determinant of social inequality. Ethnicity is associated with minority status and differentiated societal rewards, with variations in ethnic support patterns arising in
response to poverty, discrimination and social class. The Double Jeopardy Hypothesis referring to the added negative effects of being old and of minority status on various life chances is an example of research stemming from this model (Dowd & Bengtson 1978).

Nevertheless, ethnicity is usually defined by a notion of group boundaries marked out by a variety of cultural or physical features e.g. skin colour, language or religion. Whilst the markers may modify over time, the boundaries stay, so that cultural assimilation need not necessarily be seen as decline in the salience of ethnic differences (Alba 1989). A similar perspective offered by Holzberg (1982) is that, ethnicity should be viewed as a dynamic and reactive phenomenon, so that people make alliances and alter loyalties according their own greatest interests.

In using the term ethnic solidarity, Nielsen (1985) points out that the intrinsic elements are, "a community of interest, feelings and purposes". Solidarity is different in certain fundamental respects from feelings of identification with the group or ethnic identity and while ethnic identity would appear to be a prerequisite for solidarity to exist, it is not a sufficient condition. According to Alba (1989), ethnic solidarity appears to require that members of an ethnic group share some attributes, particularly cultural, that unite them in contrast to outsiders, and that magnified heterogeneity lessens the potential for solidarity. If diversity within a group corresponds with sub-group boundaries such as age, the effects of heterogeneity are heightened. Hence, the establishment of ethnic association is a response to maintaining ethnic identity. It is simply because overt ethnic association may offer not only a focus but also a location for sociability among older peers who
might otherwise be isolated in modern urban settings. The members share much in common with one another, such as background history, language, food preferences and customs.

As indicated by Olzak (1983), recent research on ethnic solidarity suggests that specialised economic adaptations of ethnic populations will lead to strong ethnic solidarity.

Ethnic solidarity as Olzak points out is based on

"the maintenance of strong ethnic interaction networks and institutions that socialise new members and reinforce social ties." (1983, p.365)

Thus, solidarity may be attenuated as members are drawn into cross-ethnic networks.

Newer theoretical approaches to ethnicity accept the view according to Alba (1989) that it can be considered as a contingent phenomenon, dependent in particular on its articulation with class and other stratification systems. These types of approaches which pay attention to the structural foundations of ethnicity do not see the structures as self-sustaining but dependent on other commonalties among members of the ethnic group, eg. segregation within the labour market and shared experiences of discrimination.
4.3 ISSUES EMERGING FROM THEORETICAL PERSPECTIVES

The development of social gerontology has taken place since the 1950s without much attention being paid to the ethnic minority groups. Social gerontological theory has largely focused on predicting adaptation or adjustment in old age operationalized in terms of various measures of well-being: morale, life satisfaction, isolation and loneliness, mental health and so on (Fennell et al 1988).

The available literature on Chinese elderly is, to say the least, sparse. Little is known about this section of the community and this makes both research and accurate service delivery problematic. Despite the lack of appropriate theoretical frameworks in discussion of ageing and ethnicity in Britain, it can be informed but not subsumed by the North American studies which have a longer history of cultural gerontology.

In general, there are several problems, both theoretical and conceptual, with the gerontological literature on the minority elderly. Modernization Theory and Double Jeopardy Hypothesis have been criticised by the scrutiny of a number of scholars who have pointed to flaws in predicting adaptation or adjustment in old age of the ethnic minority.

The majority of research on the ethnic elderly to date has tended to concentrate on the deprived minorities. Most scholars are more interested in the concept of minority status than in the broader issues of ethnicity. Advocacy groups have highlighted the disadvantaged situation of older Blacks in such important areas as health, income, housing and life satisfaction. Information on the social composition, life styles, support systems, and special
service needs of the ethnic elderly in general is lacking. Little is known about the influence of ethnicity and minority status over and above the influence of gender and social class. Both Holzberg (1982) and Markides (1982) point out that ethnic differences in patterns of ageing may be due to social class differences.

Another consistent problem with the "minority" literature is the treatment of various ethnic population segments as if they are culturally homogeneous just because they share ethnic membership. Lumping them all together as West Indian or Asian may hide these differences and may also help to perpetuate stereotypes about these ethnic groups.

Thus, more information is needed on how individual life experiences have been influenced by such factors as country of origin, historical point of entry, processes of acculturation, and social integration. This information is specifically required to provide for a better understanding of the impact of ethnicity on the processes of ageing and the relative utilization of services.

While acknowledging the importance of the three factors - predisposing, enabling and need - predicting service utilization, we should not lose sight of the barriers to utilization. Language and cultural differences have often been found as barriers to receiving social and health services (Lee 1960, Cheng 1978 and Home Affairs Committee 1985). Nevertheless, we should not presume that barriers to service utilization are simply due to ethnic differences.

On the other hand, Guttmann (1979) and Chapman (1979) found that difficulties with procedures, eligibility requirements, lack of knowledge of the existence of the benefits and
programmes are established as causes of low levels of use. Cornwell (1984) adopts a case study approach to explore the relationship between people's ideas and theories about their health, illness and health services. Her findings, based on an examination of health beliefs, suggest that most patients attempt to treat their own illnesses before consulting a doctor, make infrequent use of the health service, and are critical of the services that are available to them. As Wesley-King (1983) suggested that "one of the most pervasive barriers to improving services to minority elderly has been the failure of providers to recognize race as a critical factor in provision of services".
PART III - EMPIRICAL STUDY

INTRODUCTION

The overall aim of this research outlined in Part I and II is to investigate the determinants of the social and health service utilisation by the Chinese elderly in Edinburgh. The following chapters (5-6) are an attempt to consolidate experiences of employing a triangulated perspective - using different techniques to collect data - (Sieber 1973, Denzin 1978) from October 1987 to September 1990. A triangulated approach to data collection was adopted in an attempt to overcome some of the shortcomings of both the positivist and participant-observer approaches. The focus of Part Three is not just on how the survey was conducted, but why this particular type of research methodology was chosen for this project following a review of sociological research methods. Also, the methodological problems associated with cross-cultural research are raised and the suggestions relating to a specific type of inquiry into the British Chinese community are presented.
CHAPTER 5 – REVIEW OF METHODOLOGICAL LITERATURE

5.1 REVIEW OF SOCIORELOGICAL RESEARCH METHODOLOGY

In reviewing literature on social research theories and methods, I was almost overwhelmed by a myriad of methods of gathering social evidence. There seems to have many internecine wrangles between schools of sociology. Each school propagates a number of intellectuals having an over-concern with sociology for itself. It results in the spinning of over-elaborate cocoons of terminology and methodology. As a home economist entering into the perspective of sociological studies which is not often offered in traditional home economics literature, I found it very difficult to understand the sociological jargon and also found myself trapped in a maze of these sociological enterprises and methodological pluralisms.

Sociological inquiry, seen in a very broad perspective, may be said to present two main traditions. Positivists, who believe social behaviour to be the product of external social forces, see science as the only true model to acquire knowledge of these structural forces. The positivist paradigm, especially in American Sociology, had traditionally dominated over other sociological practice before 1970s (Denzin 1978). Interpretivists, in contrast, see things rather differently. For them, social behaviour is the result of people's abilities to interpret the world around them. Consequently, they believe that science is an inappropriate way of acquiring understanding of people's behaviour and thus reject the singleness of methodology of positivism (Jones 1985).
These two theoretical perspectives have primarily dominated social research styles. Since the positivist and the interpretivist approaches deal with different answers, their research will obviously demand different methodologies. There is no doubt that the methods by which we study people affects how we view them. Thus, it can be said that the two traditions of social inquiry stand in opposition to one another. The positivist paradigm is and has been overwhelmingly quantitative in orientation. The quantitative model calls for a more distanced objective, standardized, classificable mode of investigation. This orientation rests upon the so-called principle of objectivism, clearly definable independent, contingent, intervening and dependent variables. Most typically the mode of investigation is accomplished through the use of a structured interview format or through the analysis of census data (Deniz 1978).

Thus, in contrast to the positivist aim of investigation involving the collection of quantitative data, the interpretivist aim is to understand and involves the collection of qualitative data. The interpretivist paradigm, which bases on the principle of subjectivism, calls for the close-up inspection of ongoing patterns of social interaction. The research strategies mostly employed by interpretivists are talking/interviewing, participant observation, life histories, grounded theory, or other naturalistic approaches to theory development (Deniz 1978).

Broadly speaking, these two modes of social inquiry - scientific-sociological, are often found in textbooks on methodology. These texts lay out the method and techniques of research just like manuals of do-it-yourself or books of household management providing technical procedure for the amateur joiner or the inexperienced housewife. But these
textbooks have little to offer on the practice of social research. Until 1970s, there have been growing numbers of writers extending the more traditional approach with commentaries on the interaction of theoretical perspectives and data collection. Several collections of commentaries have been published, for instance, Smith's *Strategies of Social Research* (1975), Bell and Newby's *Doing Sociological Research* (1977), and Denzin's *Sociological Methods: a Sourcebook* (1978), providing evidence that sociological research does not bear much resemblance to the picture presented in textbooks on methodology.

The articles in these collections demonstrate that no single method is uniformly superior and each has its own special strengths and weaknesses. For instance, closed-ended questions are most appropriate where a variable's dimensions are clearly understood but inappropriate where the question is likely to be highly reactive or obtrusive. Hidden cameras, by contrast, may be less reactive but may raise ethically sensitive issues and may give distorted or ambiguous data because of camera angle or coverage. Whereas participant observation enables the researchers to share the same experiences as the subjects and so to understand better why they acted in the way they did, generalizability may be a problem in this type of inquiry.

Much research has employed particular methods or techniques as a result of methodological parochialism or ethnocentrism (Becker 1970). As Smith commented, "Methodologists often push particular pet methods either because those are the only ones they have familiarity with, or because they believe their method is superior to all others" (1975,
p.272). What are viewed as the weaknesses of a particular method by others are often ignored by that method's proponent.

Zeldith (1962) also pointed out that surveys, participant observation, and informant interviewing each had prototypic inadequacies and inefficiencies as data-gathering devices. On the other hand, research design "can be maximised by combining or linking two or more studies within a research programme" (Hakim 1987).

Sieber (1973) proposed an alternative consideration for survey research. He indicated that field work may valuably precede surveys by providing information about the receptivity, frames of reference and span of attention of respondents. On the other hand, surveys may contribute to field work through (1) correction of the holistic fallacy, (2) demonstration of the generality of a single observation (3) verification of field interpretations, and (4) the casting of new light on field observation.

It is now generally recognized by most sociologists that no one research method is flawless and to move on to a frontier that allows them to tackle their problems with all relevant and appropriate methods is to move on to the strategy of triangulation. The use of triangular techniques will help to overcome the problem of so-called "method-boundedness".

Zeldith (1962) and Denzin (1970) have both contributed to the discussion over the merits of triangulation. This is a technique of research whereby the researcher uses more than one method both as a means of cross-checking data and obtaining different kinds of data. Denzin has however extended this view of triangulation to take in several other
varieties as well as the multimethod kind which he terms "methodological triangulation". These he itemises as kinds of triangulation ranging from using more than one theoretical perspectives in the analysis on the same data (theoretical triangulation), using the data for more than one purpose (data triangulation), using more than one investigator (investigator triangulation) and using different techniques to collect data in order to verify and strengthen the validity of the research results (methodological triangulation).

Given the criticisms of the strengths and weaknesses of each type of research method by some researchers, and the potential for linking them, the idea of combining different studies within a research programme would seem no more than basic common sense. Thus, the idea of multiple studies or triangulation should deserve more attention from researchers and the validity of this perspective can only be judged by the improved quality of future research.
5.2 METHODOLOGICAL PROBLEMS IN CROSS-CULTURAL RESEARCH ON AGEING

Ageing is a universal phenomenon, but to what extent is it experienced in the same way within different cultural cohorts of minority elderly? The interplay of minority status and cultural background is of great potential academic interest. Unfortunately, cross-cultural research is intrinsically laborious, in particular from the point of view of a researcher having to master practical problems in dealing with another cultural background. There are also several methodological problems generally associated with cross-cultural research on ageing which may affect the reliability and validity of data. These problems merit researchers' attention and may be summarised as follows:

(1) Linguistic and Cultural Equivalence of Instruments

In many instances, the researcher's inability to speak the language of the respondents may form a barrier to ascertaining a realistic picture and sometimes may cause mis-interpretation of the subject's behaviour. Such difficulties are usually resolved either through the aid of an interpreter or by translated documents. The technique which is widely employed to deal with this problem is called "back translation" (Deutscher 1968). It involves translating an instrument into a language and having a different person to translate it back into the original language. The original and retranslated versions are compared and discrepancies clarified.

While this procedure can be helpful in detecting semantic errors in translation, it simultaneously poses problems of lexical equivalence. Language, is not only a cultural
artifact; it is also a social artifact. The same word or phrase may have different meanings to persons from different cultural backgrounds. For instance, for most of the British, the term "family" conjures up their type, the separate nuclear family of a married couple with their children, which may be extended to include the parents of the couple; but this is by no means a universal arrangement. Indeed the meaning of the term "family" in the family system for the general public in Britain remains hazy. It seems often to imply the household or conjugal family, but the question of whether other kin are inside or outside the family system is often ambiguous (Finch 1989). For cross-cultural use, "family" is an ambiguous term with vague boundaries because it refers to the intersection of the two basic principles of social organisation: kinship and residence. For Chinese, "family" refers not only to the extended family but also unmarried siblings living in the same household. Therefore, denotations may be identical, but connotations may simultaneously differ.

The researcher may have difficulty in translating the cultural artifact unless one shares the same cultural background. It is therefore necessary for researcher to establish lexical and contextual equivalence in translating research instruments. On the other hand, using an interpreter is another possible solution to act as a mediator between the researcher and the subject in question. But, this method is not satisfactory unless the interpreter is well trained and must be bilingual as well as having some cultural insight. Otherwise, the researcher may receive inaccurate information.
(2) Problems of Isolating Ethnicity

Both Markides (1982) and Holzberg (1982) point to a major flaw in existing research on ethnic minority elderly - that of separating differences due to ethnicity from social class differences. As Holzberg indicates, such research, focusing on deprived minorities, tends to accentuate the "culture of poverty", that is, chronic unemployment, low wages, lack of savings, to be defining features of a group's culture. In reality, these features are determined by socio-economic forces, although socio-economic disadvantages perhaps may be the result of racial discrimination.

This difficulty of distinguishing between problems of ethnicity and class has been identified in research into elderly Asians in Britain, where the problem of isolating ethnicity is apparent in the medical literature (Donaldson and Taylor 1983). Conclusions about patterns of morbidity in Asian and non-Asian patients are difficult to isolate because of the range of interrelated factors involved, notably the environment, attitudes to illness, record keeping and the nature of medical practice in Britain.

(3) Problems of Sampling

The problem of obtaining sampling frames is certainly not unique to cross-cultural research, nevertheless to generate an appropriate sampling frame for a specific ethnic group is often time-consuming and sometimes fraught with bias. Problems of access, restrictions of time, shortage of money, and even lack of personnel all limit total observations. Accordingly, only part of a study population which is selected on the basis of representativeness will be observed, and this seems to be a common research strategy.
Naroll (1968) pointed out that published cross-cultural surveys had mostly depended on purposive sampling to choose the groups studied, it meant "bias" was introduced purposely or inevitably, and then sampling judgements were made sometimes without much care or preciseness. However, Naroll also pointed out that as long as the researcher is aware where and the extent of the bias is and that no part of the working universe has been omitted, then this purposive bias would be legitimate so long as the researcher reports and corrects for distortion in his analysis.

(4) Problems of Instrument Construction

A number of researchers have attempted to employ existing instruments or to construct new ones for the purposes of measurement. Many of our measures in the field of ageing, such as life-satisfaction, psychological well-being etc, may not be appropriate to old people, and therefore have little utility with older members of ethnic minority groups (Markides 1987).

At the outset of formulating research design, researchers must isolate the possibilities of "ethnocentrism" - that is, judging human behaviour from the standpoint of our own culture, so that problems, questions and issues will not be misinterpreted (Bengtson 1979). It is therefore imperative that the researcher be familiar with the cultural context before constructing the instrument or, if necessary, modifying existing instruments in order to fit into the context of study.
(5) Problems of Unit Comparability

The problem of unit comparability is not unique to cross-cultural research, yet it remains problematic and besets cross-cultural research. Some of the terms or concepts are identical across cultures and feasible for cross-cultural comparison, while others are referred differently in various cultural settings (Elder 1973). For instance, the concepts of "family", "work", "retirement", "old age", "illness", and so on, may pose problems in cross-cultural comparison. It is therefore not always viable to compare variables which are culture-bound.

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The work of cross-cultural study is thus intrinsically difficult for the reasons outlined above. This may account for the inconsistencies in findings of various studies on the decline of status of the aged with ageing. It is most fortunate that I share the same cultural background as the Chinese elderly respondents which could avoid the linguistic and cultural barriers. Nevertheless, some of these points; such as problems of obtaining an appropriate sampling frame, defining concepts of old age, illness and retirement, and distinguishing ethnicity and class; have been taken into account in my research design and analysis.
CHAPTER 6 - METHODOLOGY

Following a review of sociological research methodology and the problems inherent in cross-cultural research, this chapter analyses how the present study was developed and conducted. This chapter also deals with some of the issues involved in the choice of the most appropriate method of data collection for this study. Once the overall research aim had been formulated clearly enough to specify the types of information required, a feasible research design was then worked out which aimed at portraying a group of Chinese elderly's living circumstances, attitudes, views, feelings and life experiences. It was recognised that practical constraints in terms of time, finance, manpower, access problems and other factors had to be taken into account in the formulation of research strategy.

6.1 RESEARCH DESIGN

Viewing the strengths and weaknesses of each type of research method, a plea for triangulated methodology was urged in Chapter 5. In response, this study was therefore designed to employ a triangulated approach, namely participant observation, questionnaire interviews and in-depth case studies, in order to verify the validity of the information collected.

Participant observation was used in the initial stages of the study to clarify ideas and develop categories for later examination. Since I attended the luncheon club of the ECESA regularly every Thursday and was a sessional worker of the Lothian Interpreting and Translating Service during May 1988 to May 1990, this had enabled me to collect information other than from the questionnaires. If the situation
permitted, most of the field-notes were taken on the spot, otherwise they were recorded shortly after the events occurred. Participant observation also acted as a "scanner" or check on the research techniques. There are strong possibilities that respondents may not always tell the truth or may be unable to describe their feelings or behaviour. It is therefore necessary to employ other research techniques to cross-check the coherence and sense of the returns in the total context of the situation. Participant observation was also used to collect any relevant episode e.g. conversation made with the elderly on the bus journey, escorting them to their GP's clinic, during the period of my investigation in order to confirm the validity of later findings from the questionnaires and in-depth interviews.

It is also recognised that sample surveys can provide representative statistics for causal analysis and also provide a sampling framework for case studies. Based on the fact that little is known about the Chinese elderly, an overview picture of the Chinese elderly living in Edinburgh could be helpful for public use and future research, sample survey was therefore employed in the study. Since no comparable statistics can be drawn from official census, it was thought to be useful to interview some non-Chinese elderly living in the same locality, so that, an overview of the differences of the two groups of elderly could be observed. This would enhance my understanding of the elderly's life circumstances living in Edinburgh.

In order to unravel the Chinese intricacies of family life of their old members, case studies were then used to obtain authentic and detailed accounts from the Chinese elderly of
how they have coped with ageing in an alien country. This type of linkage greatly extends the survey findings and places the qualitative data in a statistical context.

No one technique duplicates exactly the same function as the rest. Each technique yields information that only it can obtain, but it should also reinforce the other techniques. Thus, integration of multiple methodologies is likely to be a fruitful approach which provides not only statistical data but also gives a detailed description of the groups being studied. The most important requirement above all is to verify and strengthen the validity of the research findings.

6.2 SAMPLE DESIGN

6.2.1 STUDY POPULATION

Having decided to employ a triangulated approach, it was vital to seek an appropriate sample design which would meet the research objectives at minimum cost. In the initial stage of planning, it was recognised that this study was designed to seek a purposive, rather than statistically proportionate representation of the Chinese elderly and this choice was influenced by the lack of demographic indicators.

Nevertheless, the Lothian Community Relations Council gave a rough estimate of 600 elderly Chinese aged 55 or over living in Edinburgh (Chan 1983). In considering factors of practical constraints, a study population of 60 Chinese elderly aged 55 and over was considered to be feasible, and this comprises 10% of the total estimated study population. Based upon the fact that selecting a proper control group of non-Chinese elderly was not feasible, 20 non-Chinese elderly were similarly interviewed and could only be regarded as a
comparable group in certain situations. The reasons for not using the UK statutory pensionable age are twofold. First, 55 is the usual retirement age for most Chinese (Chan 1983). Second, it may include those who are approaching retirement and experience similar effects of ageing.

6.2.2 COMPILATION OF SAMPLING FRAME

There is no list from which the names and addresses of elderly Chinese may be drawn for a sample survey. For the general population, names may be obtained from the Electoral Register or from the Valuation List, but these are inappropriate and unsatisfactory for such an isolated ethnic minority group. It was therefore decided to compile a special sampling frame consisting of a list of names and addresses provided by a variety of Chinese organisations, community groups, key informants, and snowballing techniques.

It was recognised that selecting samples from this list may be likely to exclude cases of extreme social isolation, failing to identify people who are known to no one or only to a very few people or who do not have contact with community groups. Therefore, it was decided to seek co-operation from a large city medical practice at Marchmont, a district where there exists an identified concentration of Chinese residents. The practice was invited to provide 20 names of Chinese elderly and 20 non-Chinese elderly. Access to these records was promised by the Lothian Health Board and agreed after consideration by the local practitioners Committee on medical ethics.
6.2.3 SAMPLING

The sampling procedure employed was stratified random sampling. The sample was stratified into two strata - age and gender - and selected randomly from the sampling frame. The stratification of the selected sample is shown in Table 1.

Table 1 STRATIFICATION OF THE SELECTED SAMPLE

<table>
<thead>
<tr>
<th>GENDER</th>
<th>SELECTED SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>MALE</td>
<td>30</td>
</tr>
<tr>
<td>FEMALE</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE</th>
<th>SELECTED SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>56-60</td>
<td>12</td>
</tr>
<tr>
<td>61-65</td>
<td>17</td>
</tr>
<tr>
<td>66-70</td>
<td>17</td>
</tr>
<tr>
<td>OVER 71</td>
<td>14</td>
</tr>
</tbody>
</table>

6.3 RESEARCH INSTRUMENT

6.3.1 QUESTIONNAIRE COMPILATION

A series of informal interviews with 10 Chinese elderly, health professionals, community workers, Chinese community leaders had been conducted and visits to luncheon club had been made. These contacts have been very important and useful to the research, in particular, in providing background for the formulation of the questionnaire and various valuable comments were noted.
Based on information and comments obtained through the above mentioned contacts, a pilot questionnaire was then formulated with several questions derived from Barker's study (1984) and Hunt's study (1978). The questionnaire was translated into Chinese by me, and checked for accuracy by an ex-worker of the Chinese Elderly Support Association who has a good command of both Chinese and English.

A pilot study was then conducted with five Chinese elders and this was conducted in Cantonese. The purposes of the pilot-test were, to pin-point any remaining problems in the wording and structure of the questionnaire, to become familiar with the interviewing process and to estimate the average time that would be required to administer the questionnaire.

On the whole, the length of the questionnaire was appropriate and took about 45 minutes to 1 hour to administer. In a few instances, it proved necessary to alter the sequence and/or wording of questions in order to help respondents understand what they were being asked. It was also discovered that the questionnaire should include an extra section on culture in order to test the research hypothesis properly.

It was further revealed that the elderly in the pilot-test often do not know the names of service organisations, even where they have used services before. They can, of course, recognise workers with whom they have had contact, but not the agencies whom the latter represent. This alerted me to the need to develop a sensitive as well as appropriate strategy to conduct interviews with this section of the Chinese community.
It was apparent that the pilot-test had not only helped in guiding a redesign of questions which turned out not to communicate appropriate frames of reference, but it also helped me to elicit problems which would have to be handled in non-standardised ways. This process immediately demonstrated that having the same ethnic background as the respondents was of critical importance in preparing and administering the interviews.

Subsequently, further refinements were made as a result of discussions with my supervisors. Thereafter a fully developed questionnaire (See Appendix 1) was prepared covering five areas. The first area of inquiry was to gather basic socio-demographic data including household composition; patterns of residence; and reasons of migration. The second area of inquiry was about language and communication including experience of difficulties in different social settings. Particular attention was devoted to the third section on perceived problems in housing, health, finance and social contact which included data on accommodation and heating; mobility and dependency; help with common problems and crises; loneliness and life satisfaction; social contact with family and friends; and financial situation. In addition, the fourth area of inquiry was to gather information on access to social and health services which included data on knowledge and uptake of social and health services; knowledge and uptake of service provided by advice agents. Finally, the last section gathered information on culture and ethnicity.

The questionnaire became the major research instrument of the project. Once the questionnaire was ready, letters of introduction, written in both Chinese and English, were sent to each subject, followed by a personal call to make an
appointment. It was made clear that a subject might withdraw from the project at any time. I carried a letter of authority and personal identification with a photograph on it at all times. In fact, most of the respondents did know me through word of mouth and this reduced their suspicion of my motives.

6.4 DATA COLLECTION

The data was collected over a period of eighteen months. Interviews were carried out with 20 non-Chinese elderly in English and 55 Chinese elderly in Cantonese by me at the subjects' home. 55 cases of the Chinese sample were completed out of the originally planned 60, with 5 interviews proving impossible to effect for the reasons noted below. The results of visits are shown in Table 2.

Table 2 RESULTS OF VISITS

<table>
<thead>
<tr>
<th>NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETED</td>
<td>55</td>
</tr>
<tr>
<td>NON-CONTACT</td>
<td>2</td>
</tr>
<tr>
<td>REFUSAL</td>
<td>1</td>
</tr>
<tr>
<td>DECEASED</td>
<td>1</td>
</tr>
<tr>
<td>WENT BACK TO HONG KONG</td>
<td>1</td>
</tr>
</tbody>
</table>

Another 20 non-Chinese elderly were also interviewed using the same questionnaire although obviously inappropriate questions were excluded.

The great majority of the interviews only took about 45 minutes, some required half an hour, but others might even take more than one hour. In few cases, the interviewee's memory was so poor that they could not remember things in
the past. On other occasions, it took considerable longer to finish the interviews simply because the respondents wanted to talk about their life histories in their own way and at their own pace.

The majority of the respondents were very responsive and co-operative in the interview. Only three female respondents were suspicious of the interviews, in particular, the section on financial situation. The majority knew me through word of mouth and therefore viewed my visit as a favour. Many of them showed their family photo albums and shared their life stories with me. In many instances, teas or meals were offered as a sign of their hospitality, as well as their enjoyment and appreciation of the company.

Following the administration of the questionnaires, intensive, unstructured interviews were conducted with 5 of the 55 Chinese elderly to collect their family life and personal life histories. These in-depth interviews took about one and a half hours to two hours.

6.5 DATA ANALYSIS

The analysis of the data was seen as a mesh of both quantitative and qualitative approaches. With regard to the quantitative data collected from the questionnaires, the Statistical Package for Social Science (SPSS/PC+) computer program was employed. The data collected from the questionnaires were analysed quantitatively, statistical measures including frequency distributions, percentages, analysis of variance and factor analysis were seen as appropriate. The qualitative data was reported as case studies in accordance with the research discussion.
6.6 EXPECTED OUTCOMES

The expected outcomes of the research were cast in accordance with the two principal study objectives: to portray the living circumstances of the Chinese elderly; and to investigate the determinants of social and health service utilization by the Chinese elderly in Edinburgh. It was expected that the study would provide findings to impact the field of ageing at four levels:

(a) direct services and programmes for the Chinese elderly;
(b) policies affecting minority elderly;
(c) the training of professionals to serve in the field of ageing and
(d) further research in the field of ethnicity and ageing.

6.7 LIMITATIONS OF THE STUDY

1. An objective study of the Chinese elderly was handicapped by an insufficient official data on this group in the community. Despite efforts which were made to expand the sample frame from a variety of sources, it is inevitable to have missed out the most isolated groups of elderly who have no contact with community organisations or have lost their identity as Chinese, perhaps having married a non-Chinese man.

2. Chinese from different parts of China have different customs and speak different dialects. The sample size of 55 in this study was not big enough to allow detailed comparisons between different groups from Hong Kong (mainly New Territories) or China. In particular,
a significant proportion of the study population of the study were members of the Edinburgh Chinese Elderly Support Association and the True Jesus Church. In examination and interpretation of the results, the reader should be aware of the biased background of the sample.

3. Since the study was conducted in Edinburgh, and there may be many differences between the Edinburgh Chinese community and other well established Chinese communities such as London and Liverpool where community supports are more apparent, the findings are therefore restricted geographically and to a selected sample of respondents. Not all the Edinburgh Chinese community characteristics may be applicable to other British Chinese communities.

4. No comparisons were drawn between the Chinese elders who had been in this country for over 30 years, the most recent immigrants and the indigenous counterparts, owing to the small sample size and difficulty of getting proper comparable groups. The small sample size also inhibits the statistical manipulation of the data. The data reported here does, however, cast light on a relatively unexplored population group and on some important issues that will be of increasing concern to service providers in multiple settings.
6.8 METHODOLOGICAL CONSIDERATION SPECIFIC TO CHINESE SAMPLE

6.8.1 BACKGROUND OF THE RESEARCH STUDY

At the outset of the research study, it was recognised that building a rapport with the target Chinese community was an important step in obtaining co-operation. I have become involved in community work with the Chinese community in Edinburgh and this has helped to foster mutual trust and confidence as well as providing valuable background evidence.

While framing the research study in January 1988, I was invited to help with setting up the Edinburgh Chinese Elderly Support Association (ECESA). Since then, my involvement with the Chinese community has become part of my personal development and has provided me with a deeper insight into the lives of the Chinese who live in Edinburgh. I was initially an outsider to the Chinese community in the city owing to my educational background, but then I become an accepted member of the community. There are certain advantages and disadvantages in getting closely involved with the target community and these are to be elaborated later in 6.8.2

During 1988-1990, I had access to a variety of "naturalistic" situations and occasions to act as a participant-observer. Since April 1988 I have been helping the Lothian Interpreting and Translating Service as a sessional worker. It has enabled me to contact clients in a variety of settings such as in hospital, doctor's surgery, DSS, Social Work Department, museum, post office and client's home. During May 1988 to May 1990, I attended the luncheon club of the ECESA every Thursday afternoon for two
hours, I played a role as volunteer and interpreter, and this gave me access to much of the rich background material which is not apparent in interview situations. Observing and interacting with the same elderly for over a period of two years provided data on which parts of the social worlds were most important and which parts most problematic. In addition, my part-time work as a co-presenter on BBC Radio Scotland's Chinese Times programme for Chinese residents in Scotland perhaps made me a person of some particular interest to some key members of the community and may have helped to make them more willing to share their experiences with me.

It is apparent that the researcher having the same ethnic background as the subject, being able to speak the language as well as having connection with the target community all have proved to be advantageous in conducting a study on an ethnic minority group.

6.8.2 PROBLEMS OF PARTICIPANT OBSERVATION

Participant observation is perhaps the method most commonly used by anthropologists and it is also widely used by many sociologists. Participation in a natural setting, in whatever role, can be an important source of research data, in particular facilitating understanding of the research subjects and, by more or less accurately stimulating participant experience, providing grounds for social meanings. However, despite its richness and vividness of the reportage, participant observation has various inherent problems which are discussed in terms of my fieldwork experience.
(1) Recording

At the outset of my participation in the luncheon club of the ECESA, the Chinese worker had informed the members that I was a research student of Queen Margaret College undertaking a study on the life experiences of the Chinese elderly in Edinburgh and encouraged them to talk to me.

Nevertheless, note-taking on the spot proved to be difficult in three ways. First, in some instances, I played a role as interpreter rather than researcher, hence note-taking or tape-recording on the spot was not possible. Second, note-taking created much suspicion about my motives. Whenever I started to record something in the luncheon club, an elderly individual came forward and questioned what I was jotting down. Although I explained the reasons, they seemed to be unhappy with my actions. In fact, some did avoid talking or sitting next to me in the first few months. Later, I found out that even after having known me for more than two years, they still did not understand what a researcher meant and they still thought that I was a social worker. Perhaps, they had seen me helping them to fill the welfare benefits claim forms and take them to the GP's clinic a lot, so they think my role was equivalent to a social worker. Third, even where notes were taken on the spot, simultaneously with observation, it was impossible to record everything, and indeed the more that was written down the less that was observed. I usually noted key phrases or crucial aspects which seemed significant to my investigation.

In view of these difficulties, I attempted to record events shortly after they occurred. Occasionally, this was difficult because it placed considerable stress on memory.
Relying on memory might have introduced some degree of unconscious bias because remembered events tend to involved a selective reorganisation of "what happened" and sometimes omit relevant information. Thus, the field-notes had to be done as soon as I left the particular situation and this was time-consuming and sometimes frustrating.

(2) Dilemma of Insider/Outsider

A researcher employing a participant observation technique to collect data is almost inevitably in a marginal position because this style of research involves the dual role of both insider and outsider. As an insider I need to immerse myself into the subject culture in order to obtain a deeper understanding, and this involves the building up of relationships which obviously takes times. Without such deep participation the researcher may not comprehend the demands, contingencies, obstacles and constraint faced by participants. Thus, it is useful to take on participating role in the setting in order to get a clear picture of the perceptions, intentions, and motivations underlying the accounts and actions of those involved. In this case, I was recognised by the Chinese elderly as a volunteer and interpreter.

However, the outsider role requires a constant awareness of the privilege of being involved and an interpretation of events. Once I step in to participate, I had constantly to remind myself of the dangers of being too involved. The dilemma of trying to divorce myself from the Chinese elderly and developing the delusion that I was becoming a member of their community seemed contradictory. But, as time marched on, a relationship based on real trust developed between them and me. I became seriously involved with the elderly
friends and the development of the Association. I should have spent more time in writing the field-notes rather than organising the Association's development. I became empathetic to the elderly's situation and obsessed by their problems. I also felt annoyed with the bureaucratic officials rules and procedures in handling welfare claims and applying funding for the ECESA. Such feelings may have compelled me to have an urge to write the report with an emphasis on the deficiency of the welfare system and the problems of the elderly, while making no reference to the majority elderly who are growing old happily and graciously. My role as an insider increased and the outsider role diminished. I was aware of the danger that such involvement may contaminate my analysis and interpretation of the findings. Natural sympathies and prejudices would be a bias. This bias can only be avoided by being aware of it, and conscious attempts to be objective. As a consequence, towards the later stages when the analysis and "writing-up" commenced, I deliberately withdrew and reduced contact to a minimum.

After being so involved in the Chinese community, I found leaving extremely difficult. Breaking contact with the community proved to be a severe wrench, even though I had been complaining regularly about the "hardships", the "loneliness" and the "isolation" of being a research student. Every time I had been in contact with the elderly community I had to struggle with an impulse to stay longer than was wise. By this I mean that I felt an almost irresistible urge to gather more data rather than face the somewhat bleak task of organisation and reporting on the data I had already gathered. But in every case, the longer I stayed, the less time I had to write, and the poorer became the resulting report. It is a horrid but inescapable fact

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that it usually takes more time to organise, write, and present material well than it takes to gather it. The sensible researcher should allow as much free time to write the report as is spent in the field and also should avoid becoming too deeply involved with the subjects of study, otherwise, one has to accept the painful feelings which accompany the inevitable termination of the human relationships which have been formed.
PART IV - SYNTHESIS OF LITERATURE REVIEW & STUDY FINDINGS

INTRODUCTION

This part draws the findings of the study together from Parts II and III as a concluding section. The findings are summarised and presented in Chapter 7. In Chapter 8 the findings are discussed in the light of the research objectives and hypothesis. Chapter 9 draws together the discussion by considering the usefulness of different theoretical frameworks for understanding the family support of the Chinese elderly. Implications for theories are also presented in Chapter 9. The concluding chapter reviews the conduct of the study. Chapter 10 also discusses the relationships of home economics and social policy. Implications for further research and policies are addressed. Lastly, this thesis ends with a section of recommendations proposed for possible consideration by the statutory and voluntary services.
CHAPTER 7 - FINDINGS OF THE STUDY

7.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS

7.1.1 AGE AND GENDER DISTRIBUTION

The Chinese sample consisted of a total of 55 individuals ranging in age from 56 to 87 years. 36 (65%) were of pensionable age and almost one third of the sample (31%) were men under their pensionable age of 65 years but only two women were under 60 years. Within the study population, the gender ratio was nearly one to one with 27 (49%) male and 28 (51%) female; and the average age was 70.3 years for female and 64 years for male; while only one man was over 75 years, 9 out of 28 women were over 75 years (see Table 3). On the whole, the female sample was relatively older than the male sample which may have led the analysis to have some degree of difference in relation to gender.

<table>
<thead>
<tr>
<th>AGE</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>56-59</td>
<td>11%</td>
<td>4%</td>
<td>15%</td>
</tr>
<tr>
<td>60-64</td>
<td>20%</td>
<td>9%</td>
<td>29%</td>
</tr>
<tr>
<td>65-69</td>
<td>12%</td>
<td>14%</td>
<td>26%</td>
</tr>
<tr>
<td>70-74</td>
<td>4%</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>75-79</td>
<td>0%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>80-84</td>
<td>2%</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>85 AND OVER</td>
<td>0%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>49%</td>
<td>51%</td>
<td>100%</td>
</tr>
<tr>
<td>NUMBER</td>
<td>27</td>
<td>28</td>
<td>55</td>
</tr>
</tbody>
</table>
7.1.2 Marital Status and Presence of Children in Edinburgh

Of the 55 respondents, 39(71%) were married and 15(27%) were widowed, with only one person never having married. Nearly all respondents (98%) had children, 93% of whom lived in Edinburgh.

7.1.3 Origins and Residency Pattern

The 55 respondents all proved to be first generation settlers in Edinburgh. One third were born in China and the other two thirds were born in rural parts of Hong Kong, but most of them (91%) lived in Hong Kong before leaving for Britain. 83% of the respondents had arrived in Britain at least 16 years ago, and the majority came in the 1960s and 70s. Only 11% had been living in Britain for less than 10 years, and all of these had come to be reunited with their children. Over two thirds (19) of the men came to Britain in their late 20s and 30s. Most of the women came to join their husbands in their 40s (see Table 4).

<table>
<thead>
<tr>
<th>YEARS OF AGE</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 30</td>
<td>4</td>
<td>0</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>31 - 40</td>
<td>15</td>
<td>4</td>
<td>19 (35%)</td>
</tr>
<tr>
<td>41 - 50</td>
<td>6</td>
<td>11</td>
<td>17 (31%)</td>
</tr>
<tr>
<td>51 - 60</td>
<td>1</td>
<td>5</td>
<td>6 (11%)</td>
</tr>
<tr>
<td>61 - 70</td>
<td>1</td>
<td>3</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>71 - 80</td>
<td>1</td>
<td>4</td>
<td>5 (9%)</td>
</tr>
<tr>
<td>BASE NUMBER</td>
<td>27</td>
<td>28</td>
<td>55 (100%)</td>
</tr>
</tbody>
</table>

Table 4 Age of Emigration by Gender
Nearly three quarters (73%) of the respondents had resided in Edinburgh between 10 and 32 years. Additionally, 53% indicated that they had previously resided in other parts of the country such as London, Liverpool, Manchester and Newcastle.

7.1.4 REASON FOR EMIGRATION

Almost three quarters of the men came to live in Britain in the hope of seeking better economic prospects for themselves or for their children, and 34% of the whole group were dependents - mainly women coming here to join their families. Table 5 has summarised their reasons for emigration.

<table>
<thead>
<tr>
<th>REASONS</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETTER JOB OPPORTUNITY</td>
<td>20</td>
<td>3</td>
<td>23 (42%)</td>
</tr>
<tr>
<td>FAMILY UNIFICATION</td>
<td>1</td>
<td>18</td>
<td>19 (34%)</td>
</tr>
<tr>
<td>GET MARRIED</td>
<td>0</td>
<td>1</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>CHANGE LIVING ENVIRONMENT</td>
<td>2</td>
<td>2</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>GET MEDICAL TREATMENT FOR SPOUSE</td>
<td>0</td>
<td>1</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>DONATE KIDNEY TO DAUGHTER</td>
<td>0</td>
<td>1</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>SEEK BETTER FUTURE FOR CHILDREN</td>
<td>3</td>
<td>1</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>REFUGEE</td>
<td>1</td>
<td>1</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>BASE NUMBER</td>
<td>27</td>
<td>28</td>
<td>55(100%)</td>
</tr>
</tbody>
</table>
7.1.5 EDUCATION LEVEL

The majority (69%) of the sample indicated they had not received any formal education of any kind with almost half of them being totally illiterate. A small proportion (13%) had attained only primary education and 18% had received secondary education and above (see Table 6).

Table 6 Education Attainment by Gender

<table>
<thead>
<tr>
<th>EDUCATION LEVEL</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO FORMAL EDUCATION</td>
<td>13</td>
<td>25</td>
<td>38 (69%)</td>
</tr>
<tr>
<td>PRIMARY</td>
<td>6</td>
<td>1</td>
<td>7 (13%)</td>
</tr>
<tr>
<td>JUNIOR SECONDARY</td>
<td>3</td>
<td>-</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>SENIOR SECONDARY</td>
<td>2</td>
<td>-</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>DEGREE OR ABOVE</td>
<td>3</td>
<td>2</td>
<td>5 (9%)</td>
</tr>
<tr>
<td>NUMBER</td>
<td>27</td>
<td>28</td>
<td>55 (100%)</td>
</tr>
</tbody>
</table>

It was also found that women were less likely to have received formal education which confirms the traditional Chinese preferential treatment for sons over daughters. Traditionally, women were taught to give unquestioning obedience to their elders and their husbands. They were also expected to be soft-spoken and reserved in the Chinese society. This attitude is typified by a saying that "Women without talent is a virtue". Although this traditional notion of the female role may have changed a lot nowadays, it is still not surprising to find that many elderly women still adhere to such beliefs. Such an outlook was even more common in the farming villages and fishing villages of Hong Kong, where schools were few in the early 1930s and 40s, and females were encouraged to stay at home to nurture the children and to run the home properly.
7.1.6 PROFICIENCY IN ENGLISH

The literacy of the respondents in Chinese was low, with nearly half of the sample indicating that they could neither read nor write Chinese. The level of literacy in English was even lower.

Table 7 shows that more than three quarters of the respondents can neither read (42 out of 55) nor write (43 out of 55) English. Though a substantial proportion (14 out of 55) could speak and understand oral English a little bit, it does not mean that the latter group could communicate effectively. "A little bit" was interpreted by them as the ability to speak pidgin English which is confined to simple vocabulary such as "sorry", "thank you", "holiday", "happy" etc.

Table 7 Language Ability by Gender

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>A LITTLE BIT</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN NUMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>READ CHINESE</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>WRITE CHINESE</td>
<td>F</td>
<td>M</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>READ ENGLISH</td>
<td>F</td>
<td>M</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>WRITE ENGLISH</td>
<td>F</td>
<td>M</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>SPEAK ENGLISH</td>
<td>F</td>
<td>M</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>14</td>
<td>10</td>
</tr>
</tbody>
</table>

Corresponding to the difference in educational level between men and women, more women were illiterate in Chinese than men. However regarding proficiency in English, there is no significant difference in gender except the ability to speak English. Table 7 shows that women were not only less likely to have received formal education but were also less likely
to be able to speak English. This is understandable given that women were more likely to work in the kitchen while men typically worked at the front of the shop serving the customers. Consequently, women had less chance to make contact with the host community while men had more chance to pick up some pidgin English from the customers.

The above data has illuminated differences between men and women in the areas of age of emigration, reason for emigration, educational level, and English proficiency. It can therefore be stated that women are more likely to come as followers joining their husbands or families, are less likely to be educated, are less likely to speak English, are less likely to have a reasonable day-to-day contact with the host community and are are likely to live longer.

It follows, therefore, that women would seem to be very much more vulnerable, less able to support themselves on the death of their partner and more likely to be isolated from the host community. This proposition is supported by the conclusion of the Home Affairs Committee's Report (1985, p.lxxvi) and by Leung (1987, p.35) in the discussion of women in the Chinese community.

7.2 HOUSING

7.2.1 HOUSING TENURE

A great majority, (93%), of the sample were living in owner-occupied housing. Only two respondents lived in rented council flats. One person lived in an old people's home and one in sheltered housing. Table 8 shows that the percentage of home ownership by the Chinese in question was comparatively much higher than the average figure (45%) in
Scotland (Regional Trends 1988 HMSO 1990, Table 5.2). Of the 55 respondents, 41% owned their homes, 16% were living with children and contributing to mortgage payments, 36% were living with children but had not contributed to mortgage payments and 7% lived in rented property from public sector. This could have implications in respect of the life satisfaction experienced by those who lived with children and who made financial contribution to the cost of housing. Such individuals are likely to have some influence on household decisions.

Table 8 Housing Tenure

<table>
<thead>
<tr>
<th></th>
<th>CHINESE SAMPLE</th>
<th>SCOTLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER-OCUPIED</td>
<td>93</td>
<td>45</td>
</tr>
<tr>
<td>RENTED FROM PUBLIC SECTOR</td>
<td>7</td>
<td>46</td>
</tr>
<tr>
<td>RENTED FROM OTHERS</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: Regional Trends 1988, HMSO 1990 Table 5.2, p.101

7.2.2 HOUSEHOLD STRUCTURE

Table 9 displays the household structure amongst the study sample. The average size of household was 4.47 persons which is much larger than is the case in the general population where the average has 2.48 persons (General Household Survey 1988 HMSO 1990, Table 2.28). Nevertheless, 41% of the sample had three members or less living together, a factor which militates against the commonly held belief that Chinese families are invariably large.
### Table 9 Household Structure

<table>
<thead>
<tr>
<th>Household Size</th>
<th>CHINESE</th>
<th>ALL UK POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>16</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Number</td>
<td>55</td>
<td>10242</td>
</tr>
</tbody>
</table>

Average Size 4.47 2.48

Source: General Household Survey 1988 HMSO 1990 Table 2.28

With regard to the living arrangements, half of the respondents (27 out of 55) lived with their sons' families, but only 4 persons lived with daughters' families (see Table 10). Nearly one quarter (22%) lived with their unmarried children, a small proportion lived alone (11%) and a similar percentage lived with spouses only (11%); both figures are relatively lower than the average figures for elderly households where 36% live alone and 45% live with spouse only. On the other hand, more Chinese elderly in this sample (78%) lived with children, either son or daughter than the UK elderly aged 65+ (7%) (General Household Survey 1986 HMSO 1989, Table 12.4).
It was also found that, in the case of those respondents living with sons, 26 out of 34 persons in the sample were staying with sons who were married. By contrast most of those living with daughters (12 out of 16 persons in the sample) were living with unmarried daughters. The findings confirmed the Chinese traditional living arrangements, namely that the aged parents usually live with their married son, who is expected to provide the means of family care, with the daughter-in-law providing any actual care which may be required.

Table 10 Living Arrangement

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>CHINESE SAMPLE (%)</th>
<th>UK ELDERLY SAMPLE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Alone</td>
<td>11</td>
<td>36</td>
</tr>
<tr>
<td>With Spouse Alone</td>
<td>11</td>
<td>45</td>
</tr>
<tr>
<td>With Spouse and Unmarried Children</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>With Son's Family (with/without spouse and unmarried children)</td>
<td>47 78</td>
<td>7</td>
</tr>
<tr>
<td>With Daughter's Family (with/without spouse)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>With Others</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Base = 100%</td>
<td>55</td>
<td>3691</td>
</tr>
</tbody>
</table>

Living With Others in Household
- Spouse (alone or with others) 69
- Son (unmarried or married) 62
- Daughter-in-law 45
- Daughter (unmarried or married) 29
- Son-in-law 7
- Grandchild 45

Source: General Household Survey 1986 HMSO 1989, Table 12.4
7.2.3 LIVING CIRCUMSTANCES

Almost four out of five (79%) of the respondents lived in flats with the majority living in tenement flats. A very high proportion, (92%), who lived in flats needed to cope with stairs. Most of the respondents possessed all the basic amenities but with a quarter having no washing machine, (24%), and no radio (24%). The majority of the respondents were satisfied with their present housing circumstances, only 6% being dissatisfied. A significant number (13%) reported having a problem with stairs, and 15% would like to move to other accommodation. The problems linked with living circumstances are summarised in Table 11 as below:

<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stair</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Cold in Winter</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Noise</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Neighbour</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Overcrowding</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Access to Public Transport</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Too Much Gardening Work</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Racial Harassment</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

From my personal involvement with the Liverpool Chinese community and evidence obtained from Lynn's study (1982), the housing circumstances of the Chinese elderly in Edinburgh seems to be comparatively better than that of the Liverpool community. It was pointed out by Lynn that the housing conditions of many Chinese people were very much below the minimum standard acceptable to the Local Authority and that language problems often restricted access to better
accommodation, and this particular view was confirmed by my personal communication with some elderly Chinese in Liverpool. These differences in the housing conditions of the Chinese elderly in Liverpool could perhaps be explained by variations in the socio-economic data. It was found that Liverpool Chinese elderly were more likely to live in council houses where most resided with other ethnic minorities in areas such as Liverpool 8, Liverpool 15 and "Chinatown". They were more likely to have resided in Britain longer than the Edinburgh Chinese elderly and/or to be without next of kin or families living with them.

7.3 FINANCE

7.3.1 EMPLOYMENT STATUS

Of the 55 respondents, 38% had a background of either farming or fishing and the rest worked in a variety of occupations, but mostly unskilled/semi-skilled.

Almost three quarters (72%) had changed their occupation in order to work in catering businesses since their arrival in Britain. The majority used formerly to be engaged in non-professional jobs which were mainly semi-skilled and skilled manual (see Table 12)
Table 12 Types of Occupations engaged in by the Chinese Elderly Before and After Coming to Britain

<table>
<thead>
<tr>
<th></th>
<th>BEFORE COMING TO UK</th>
<th>AFTER COMING TO UK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>PROFESSIONAL/MANAGER</td>
<td>(2%)</td>
<td></td>
</tr>
<tr>
<td>Aviation Engineer</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Accountant</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NON-MANUAL</td>
<td>(8%)</td>
<td></td>
</tr>
<tr>
<td>College Teacher</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Export Trader</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Restaurant/Takeaway Owner</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Small Business Owner</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SKILLED MANUAL</td>
<td>(22%)</td>
<td></td>
</tr>
<tr>
<td>Farmer</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Cook</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Dress-maker</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Craft worker</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Mechanic</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Electrician</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Assistant Surveyor</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>SEMI-SKILLED MANUAL</td>
<td>(39%)</td>
<td></td>
</tr>
<tr>
<td>Fisherman</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Factory Worker</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Seaman</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>UNSKILLED MANUAL</td>
<td>(5%)</td>
<td></td>
</tr>
<tr>
<td>Domestic Worker</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Messenger</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Kitchen Help</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shop Helper</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>UNCLASSIFIED</td>
<td>(24%)</td>
<td></td>
</tr>
<tr>
<td>Housewife</td>
<td>-</td>
<td>13</td>
</tr>
<tr>
<td>Retired</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL NUMBER</td>
<td>55(100%)</td>
<td></td>
</tr>
</tbody>
</table>
7.3.2 RETIREMENT

Of the 55 respondents, although two thirds (36 persons) had reached statutory pensionable age, only 29 persons (52%) were reported as retired persons. On the other hand, 7 women reported as housewives, 6 of them were over 60 years old. It was found that 7 persons took up part-time employment after retirement. Their current work status is summarised in Table 13 as below.

<table>
<thead>
<tr>
<th></th>
<th>NUMBER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>FULL TIME</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>PART-TIME</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>PART-TIME (AFTER RETIREMENT)</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>UNEMPLOYED</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>SICK LEAVE</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>HOUSEWIFE (BELOW 60)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>HOUSEWIFE (OVER 60)</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>RETIRED</td>
<td>17</td>
<td>12</td>
</tr>
</tbody>
</table>

Reasons for Retirement

Table 14 shows that of the 29 retired respondents, almost all of the men (11 out of 12) retired before 65 years old. In contrast, only one third of the women (6 out of 17) retired before 60 years old. Their average age of retirement was at 60.2 years old, this breaking down to 60.5 years for men and 60 years of age for women. These findings suggest that a very substantial number of Chinese elderly take their
retirement before reaching 60 years of age. It is therefore interesting to investigate further the reasons for this pattern of early retirement.

Of the 29 retired respondents, almost half (13 out of 29) took their retirement because of health reasons and it was more frequently found in men than women. One third (10 persons) took their retirement because they had reached the statutory retirement age and it was compulsory, but this was more frequently found in women. Other reasons such as "to look after family" (14%) and "redundancy" (7%) were also mentioned (see Table 14).

Table 14 Reasons for Retirement

<table>
<thead>
<tr>
<th>REASONS</th>
<th>FEMALE</th>
<th>MALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;60</td>
<td>60+</td>
<td>&lt;65</td>
</tr>
<tr>
<td>HEALTH REASONS</td>
<td>3</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>COMPULSORY RETIREMENT</td>
<td>0</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>TO LOOK AFTER FAMILY</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>REDUNDANCY</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

It was also discovered that the respondents' age stated on passports were not necessarily accurate. Since birth certificates were unavailable in China and Hong Kong in the early 1900s, many of the respondents had found it easy to disguise their true age for perhaps they genuinely did not know (or sure). When applying for a visa or passport some of them had understated their ages in order to extend their working period. Thus, some who might not theoretically have reached pensionable age, were in reality aged well over 65 years. Others also pointed out that they were no longer capable of working in the hot and steamy conditions of the
Chinese catering business for long working periods. This factor could also be related to the significant number of elderly suffering from arthristis/rheumatism (66%) and backache (33%), problems which may easily arise from long hours of working in the uncomfortable kitchen conditions with long hours of standing and lifting.

The Meaning of Retirement

Although the questionnaire had not collected information on how the concept of retirement is defined and perceived by the Chinese elderly in question, some observations were formed in the conduct of the study. It was found that retirement is a relatively new concept to the majority of the Chinese elderly, in particular the women. The majority of this first generation of Chinese elderly in Edinburgh did not see retirement as a mark of withdrawal from the work force. Some elderly men did consider their health condition as an important indicator for their retirement, while others would continue to work part-time for their children's businesses. For the majority of women, retirement was even less perceived. They saw the onset of their grandparent's role allowing them to leave the labour market but return to their traditional function. The attitudes toward retirement or non-retirement - they continue to work for the family but just in another way - among the Chinese elderly would certainly be an important and interesting issue to explore further in other studies.

7.3.3 INCOME AND FINANCIAL SUFFICIENCY

It is also important to note that of those who were retired, only two respondents had contributed to a private pension plan and none of them received a lump sum of money from
employment when they retired. According to the findings, 7% of the total respondents indicated their weekly income below £20 and 9% had a weekly income between £20 and £39.

Table 15 shows that those respondents whose weekly incomes were very low i.e. under £20 all lived with their son's family. Of those who lived with their spouse only, 4 out of 6 had a weekly income over £160 and nearly half, (5 out of 11), of the respondents whose weekly income was over £160 did not live with their children/children's family. This indicates that financial means is a crucial factor in the decision of an elderly person to reside in a separate household.

Table 15 Weekly Income by Household Type

<table>
<thead>
<tr>
<th>WEEKLY INCOME</th>
<th>ALONE SPOUSE</th>
<th>UNMARRIED CHILDREN</th>
<th>SON'S FAMILY</th>
<th>DAUGHTER'S FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDER £20</td>
<td>-</td>
<td>-</td>
<td>4 (7%)</td>
<td>-</td>
</tr>
<tr>
<td>£20 - £39</td>
<td>2 (4%)</td>
<td>2 (4%)</td>
<td>-</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>£40 - £59</td>
<td>2 (4%)</td>
<td>1 (2%)</td>
<td>5 (9%)</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>£60 - £79</td>
<td>1 (2%)</td>
<td>1 (2%)</td>
<td>2 (4%)</td>
<td>-</td>
</tr>
<tr>
<td>£80 - £99</td>
<td>-</td>
<td>-</td>
<td>4 (7%)</td>
<td>-</td>
</tr>
<tr>
<td>£120 - £139</td>
<td>-</td>
<td>-</td>
<td>2 (4%)</td>
<td>-</td>
</tr>
<tr>
<td>£140 - £160</td>
<td>-</td>
<td>-</td>
<td>1 (2%)</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>OVER £160</td>
<td>1 (2%)</td>
<td>4 (7%)</td>
<td>3 (5%)</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>UNWILLING TO DISCLOSE</td>
<td>-</td>
<td>2 (4%)</td>
<td>4 (7%)</td>
<td>5 (9%)</td>
</tr>
<tr>
<td>NUMBER (55)</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>26</td>
</tr>
</tbody>
</table>

Just over half of the respondents (53%) reported that their children contributed money to them occasionally. The main source of income for the respondents was from statutory
benefits (55%), saving and/or investment (18%), salary (18%), and family support (9%). Nearly half the respondents (47%) said that they had savings which can be used for emergency.

The majority (85%) of the respondents were satisfied with their present financial situation. Only five persons (9%) of the total sample, said they did not have enough money to meet their expenses and only one person of the nine whose weekly income was less than £40 made such a complaint – which suggests that most of those with very little money were actually reasonably well supplied by their families and/or their own savings; or they had very low expectation in income level. This could be confirmed by four elderly persons having a weekly income below £20. These elderly did point out that they felt they were well cared for by their children and the state in respect of food, clothing and shelter when compared with the circumstances in Hong Kong where social benefits are minimal. It was also interesting to find that they recognised that they had more pocket money to spend here than in Hong Kong. This was partly because their children paid most of the living expenses. They did not often go out to shop owing to their lack of English and/or they did not seem to compare themselves to their British counterparts.

7.4 HEALTH

7.4.1 PHYSICAL DISABILITY

Information on physical disability was gathered in respect of eyes, ears, feet and hands, as problems with any of these might restrict the social interaction and mobility of the elderly. The results are summarised in Table 16.
Table 16 Physical Disability by Age and Gender

<table>
<thead>
<tr>
<th>PROBLEM IN</th>
<th>AGE GROUP</th>
<th>UNDER 65</th>
<th>65 TO 74</th>
<th>OVER 75</th>
<th>WOMEN</th>
<th>MEN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGHT</td>
<td></td>
<td>13 (54%)</td>
<td>9 (43%)</td>
<td>6 (60%)</td>
<td>17 (60%)</td>
<td>11 (41%)</td>
<td>28 (51%)</td>
</tr>
<tr>
<td>HEARING</td>
<td></td>
<td>2 (8%)</td>
<td>2 (10%)</td>
<td>3 (30%)</td>
<td>3 (11%)</td>
<td>4 (15%)</td>
<td>7 (11%)</td>
</tr>
<tr>
<td>ARM/HAND</td>
<td></td>
<td>1 (4%)</td>
<td>2 (10%)</td>
<td>1 (10%)</td>
<td>3 (11%)</td>
<td>1 (4%)</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>LEG/FEET</td>
<td></td>
<td></td>
<td>2 (10%)</td>
<td>3 (30%)</td>
<td>4 (14%)</td>
<td>1 (4%)</td>
<td>5 (9%)</td>
</tr>
<tr>
<td>BASE NUMBER</td>
<td></td>
<td>24 (100%)</td>
<td>21 (100%)</td>
<td>10 (100%)</td>
<td>27 (100%)</td>
<td>28 (100%)</td>
<td>55 (100%)</td>
</tr>
</tbody>
</table>

To draw a definitive conclusion on gender difference in disability would require a larger sample size. Table 16 and Table 17 show that there are not many differences in respect of physical disability between gender and age. This is probably because the sample size is too small for both gender and age stratum. However, it does indicate that with the exception of hearing, more women suffered from the above mentioned disabilities than men. In addition, the findings also indicate that the above mentioned physical disability deteriorated with age.

Of the total sample, half said that they suffered from poor eyesight which could easily be treated by wearing proper glasses, but 19% of these were not receiving treatment. Poor hearing was reported by 13% of the total sample with 29% of them not receiving treatment. Feet and walking difficulties were reported by 9% of the sample, but all these received treatment and aids. Another 7% of the total sample reported having hand and arm difficulties, with 25% not receiving treatment. In further analysis of those who had problems in hand and/or feet movement, three persons suffered from both hand and feet problems, and of these, one lived in an Old People's Home, one lived with son's family and the third one lived alone (see Table 17).
Table 17 Difficulty in Hand and/or Feet Movement by Living Arrangement

<table>
<thead>
<tr>
<th>DIFFICULTY IN</th>
<th>LIVING WITH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ALONE</td>
</tr>
<tr>
<td>HAND/ARM</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>FEET/LEG</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5 (9%)</td>
</tr>
<tr>
<td>BASE NUMBER</td>
<td>55 (100%)</td>
</tr>
</tbody>
</table>

However, it must be pointed out that 38% of the total sample did not suffer from any of the above ailments.

7.4.2 CHRONIC ILLNESS

Respondents were also asked to report any chronic illness which interfered with their activities. Arthritis/Rheumatism was interpreted by the elderly to represent any pains associated with bones. The most common illness that troubled the respondents was arthritis/rheumatism, with nearly two thirds of the total sample suffering greater or lesser degree. Over one third said they suffered from high blood pressure and/or backache. In 7.3.2 the reasons for the substantial number of respondents suffering from arthritis/rheumatism and backache has been suggested as possibly being due to the job nature and working environment of the catering business.

On the other hand, 16% did not suffer from any of these chronic illnesses which is less than the figure (58%) for average elderly aged 65+ (General Household Survey 1986, HMSO 1989, Table 12.7) and the majority were able to perform their daily activities. In this study, women were more likely to suffer from arthritis/rheumatism and other physical handicaps such as backache, hand/arm and feet/leg
movement, and Table 18 shows that it is most likely that chronic illnesses suffered by the respondents increase with age.

Table 18 Type of Illnesses suffered by Age and Gender (%)

<table>
<thead>
<tr>
<th></th>
<th>By Age Group</th>
<th></th>
<th></th>
<th>By Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 65</td>
<td>65-74</td>
<td>Over 75</td>
<td>Female</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>63%</td>
<td>57%</td>
<td>70%</td>
<td>40%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>29%</td>
<td>48%</td>
<td>40%</td>
<td>18%</td>
</tr>
<tr>
<td>Backache</td>
<td>29%</td>
<td>33%</td>
<td>40%</td>
<td>22%</td>
</tr>
<tr>
<td>Stomach Trouble</td>
<td>13%</td>
<td>10%</td>
<td>20%</td>
<td>9%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>17%</td>
<td>-</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Heart Trouble</td>
<td>9%</td>
<td>10%</td>
<td>-</td>
<td>4%</td>
</tr>
<tr>
<td>Asthma</td>
<td>8%</td>
<td>-</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Nerve Problems</td>
<td>4%</td>
<td>4%</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Kidney</td>
<td>4%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Base Number</td>
<td>24 (100%)</td>
<td>21 (100%)</td>
<td>10 (100%)</td>
<td>27 (100%)</td>
</tr>
</tbody>
</table>

7.4.3 Personal Care and Mobility

As the foregoing indicated, the majority were well able to care for themselves despite some individuals having physical limitations, but for a minority physical deterioration could make even the simplest tasks of personal care impossible. Respondents were asked how they managed in terms of a set of tasks based on a modification of the list of tasks used by Hunt (1978), and about the assistance they received if unable to perform any significant function.

In respect of most items on the list more than 90% of the total sample managed to perform on their own without any difficulties. Of the 55 respondents, only one person was housebound living in an Old People's Home. The situation
most had difficulty with was visiting their doctor and only 10 (18%) out of 55 respondents managed to go to see their doctor when they needed medical care. Amongst these ten, two were under 60 and the others were all between 62 and 73 years old. Half could speak English without any problem and the other half could speak a little bit of English. Five of them had weekly income of £160 or more, three had less than 100 and two were unwilling to disclose the data. Table 19 shows the profile of the ten respondents.

Table 19  A Profile of the Elderly who were able to visit GP surgery on their own

<table>
<thead>
<tr>
<th>WEEKLY INCOME</th>
<th>ALONE M</th>
<th>ALONE F</th>
<th>WITH SPOUSE ONLY M</th>
<th>WITH SPOUSE ONLY F</th>
<th>SON'S FAMILY M</th>
<th>SON'S FAMILY F</th>
</tr>
</thead>
<tbody>
<tr>
<td>£40 TO 59</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>£80 TO 99</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>OVER £160</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>UNWILLING TO DISCLOSE</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

It appears that the majority (82%) felt that they could not go to see a GP mainly due to the language barriers coupled with difficulty in using public transport. It can therefore be expected that those who speak no or little English, who are not living with their children, who have low incomes and who, through increasing age are progressively more isolated, are those who have most difficulty in seeking medical care.

The other tasks where 10% or more needed help were: doing heavy housework (45%); cutting their own toe-nails (22%); shopping (20%); going out of the house alone (18%); walking
up and down stairs (13%); and doing light housework (11%). Differences between the extent to which men and women could perform tasks were, for the most part, not very great and can be explained by the higher average age of women and the small number of the sample (See Table 20).

Table 20 Unable to Perform Personal Care by Gender

<table>
<thead>
<tr>
<th>TASK</th>
<th>FEMALE</th>
<th>MALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO OUT OF DOOR ON OWN</td>
<td>29%</td>
<td>7%</td>
<td>18%</td>
</tr>
<tr>
<td>GET UP/DOWN STAIRS</td>
<td>21%</td>
<td>4%</td>
<td>13%</td>
</tr>
<tr>
<td>GET IN &amp; OUT OF BED</td>
<td>14%</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>WASH ONESELF</td>
<td>-</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>CUT OWN TOE-NAILS</td>
<td>21%</td>
<td>15%</td>
<td>22%</td>
</tr>
<tr>
<td>FEED ONESELF</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>PREPARE MEALS</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>DO LIGHT HOUSEWORK</td>
<td>14%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>DO HEAVY HOUSEWORK</td>
<td>61%</td>
<td>30%</td>
<td>45%</td>
</tr>
<tr>
<td>DO SHOPPING</td>
<td>29%</td>
<td>11%</td>
<td>20%</td>
</tr>
<tr>
<td>VISIT G.P.</td>
<td>86%</td>
<td>72%</td>
<td>82%</td>
</tr>
<tr>
<td>BASE NUMBER</td>
<td>28</td>
<td>27</td>
<td>55</td>
</tr>
</tbody>
</table>

Inability to perform some of the tasks was more likely to be associated with a specific disability. For others, it was associated with general infirmity. As one may expect, limitations on activities increase with age. While 92% of those under 65 and 86% of those between 65-75 were able to go out alone this was true for only 50% of the over-75s (see Table 21). This gives rise to concern for those who are very old and who required more personal care. Those who are over 75 all lived with their children's family except one living in sheltered housing.
Table 21  Difficulty in Performing Personal Care by Age (%)

<table>
<thead>
<tr>
<th>Activity</th>
<th>UNDER 65</th>
<th>65-74</th>
<th>OVER 75</th>
<th>TOTAL No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go Out of Door on Own</td>
<td>8</td>
<td>14</td>
<td>50</td>
<td>10 (18%)</td>
</tr>
<tr>
<td>Get Up/Down Stairs</td>
<td>-</td>
<td>10</td>
<td>50</td>
<td>7 (13%)</td>
</tr>
<tr>
<td>Get in &amp; Out of Bed</td>
<td>-</td>
<td>10</td>
<td>30</td>
<td>5 (9%)</td>
</tr>
<tr>
<td>Wash Oneself</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Cut Own Toe-Nails</td>
<td>5</td>
<td>33</td>
<td>40</td>
<td>12 (22%)</td>
</tr>
<tr>
<td>Dress Oneself</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Feed Oneself</td>
<td>-</td>
<td>5</td>
<td>10</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Prepare Meals</td>
<td>-</td>
<td>5</td>
<td>10</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>Do Light Housework</td>
<td>-</td>
<td>10</td>
<td>20</td>
<td>6 (11%)</td>
</tr>
<tr>
<td>Do Heavy Housework</td>
<td>21</td>
<td>19</td>
<td>20</td>
<td>25 (45%)</td>
</tr>
<tr>
<td>Do Shopping</td>
<td>13</td>
<td>52</td>
<td>90</td>
<td>11 (20%)</td>
</tr>
<tr>
<td>Use Public Transport</td>
<td>13</td>
<td>24</td>
<td>50</td>
<td>13 (23%)</td>
</tr>
</tbody>
</table>

Base Number                     | 24       | 21    | 10      | 55 (100%) |

The findings show that there is no significant difference in levels of dependency when compared with the average elderly figures except the ability to perform heavy housework (see Table 22).
Table 22 Difficulty in Performing Personal Care on their own with National Statistics in Percentages

<table>
<thead>
<tr>
<th>UNABLE TO</th>
<th>CHINESE (%)</th>
<th>GENERAL UK (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO OUT OF DOOR ON OWN</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>GET UP/DOWN STAIRS</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>GET IN &amp; OUT OF BED</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>WASH ONESELF</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>CUT OWN TOE-NAILS</td>
<td>22</td>
<td>29</td>
</tr>
<tr>
<td>FEED ONESELF</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>PREPARE MEALS</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>DO LIGHT HOUSEWORK</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>DO HEAVY HOUSEWORK</td>
<td>45</td>
<td>19</td>
</tr>
<tr>
<td>DO SHOPPING</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>BASE NUMBER</td>
<td>55</td>
<td>3674</td>
</tr>
</tbody>
</table>


Loss of mobility brought more difficulties for those who lived alone than for those who lived with others. The family support is very evident here.

While the majority of those needing help received assistance mainly from other members of the household or family members living in a nearby household, a substantial number of elderly could not get help from anybody. Getting help from friends, neighbours or relatives was not common, nor was this compensated by assistance from professional agents. This illustrates the restricted nature of the support network of the Chinese elderly (See Table 23).
Table 23 Help Given with Personal Tasks

<table>
<thead>
<tr>
<th>TASK</th>
<th>NOBODY</th>
<th>FAMILY</th>
<th>FRIEND</th>
<th>HOME</th>
<th>OTHER</th>
<th>NEED</th>
<th>HELP</th>
<th>NO. OF ELDERLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO OUT OF DOOR ON OWN</td>
<td>6</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>GET UP/DOWN STAIRS</td>
<td>4</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GET IN &amp; OUT OF BED</td>
<td>3</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH ONESELF</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CUT OWN TOE-NAILS</td>
<td>7</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRESS ONESELF</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEED ONESELF</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREPARE MEALS</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DO LIGHT HOUSEWORK</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DO HEAVY HOUSEWORK</td>
<td>3</td>
<td>18</td>
<td>-</td>
<td>1</td>
<td>3</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DO SHOPPING</td>
<td>1</td>
<td>9</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USE PUBLIC TRANSPORT</td>
<td>4</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISIT G.P.</td>
<td>1</td>
<td>40</td>
<td>3</td>
<td>-</td>
<td>1</td>
<td>45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.4.4 MEDICAL CARE

It was found that 87% of the respondents had visited their family doctor within the last three months, with 27% reporting frequent visits to their family doctors. A substantial number of elderly made infrequent visits (60%) or no visits (13%) within the past three months. The most frequent reasons given for not or seldom seeing their G.P.s. were "good health" (40%) and "language difficulties" (40%); 20% of those reluctant or unable to visit G.P., explain this in terms of a preference for traditional Chinese medicine (17.5%) or a clear mistrust of western medicine (2.5%).

In regard to Chinese medicine, the Chinese have a long tradition of depending on home-made concoctions of medical herbs and other ingredients as remedies for various
illnesses. Over three quarters of the respondents (76%) still used the Chinese "panaceas" such as "White Flower Oil", "Red Flower Oil" and "Tiger Balm" etc to cure minor pain. Only 15% of the total respondents preferred Western medicine.

Males and females were equally likely to have visited their doctor or to have been in hospital. On the other hand, no significant increase in the number of visits to doctor and hospital was found between the age bands 65-74 and over 75.

7.5 PSYCHOLOGICAL WELL-BEING

7.5.1 LONELINESS

It is widely believed that old people are likely to be isolated and often feel lonely as a result of socio-demographic changes. Social isolation and feelings of loneliness do not vary consistently with each other. Those who are most socially isolated, for example, living in a rural village, do not, necessarily, express the highest rates of perceived loneliness. In fact, it is believed that a desolated person who has recently lost a social intimate usually someone who is loved, such as a spouse or a close relative or friend by death, illness or migration, is likely to feel lonely. Although isolation and desolation are connected, the underlying cause of loneliness in old age was found to be desolation rather than social isolation (Townsend 1957 and Tunstall 1963).

In this study, nearly half of the respondents (49%) reported that they never felt lonely, 26% and 9% admitted that they sometimes or often felt lonely. Upon close scrutiny of those five elderly who often felt lonely, it is found that three
were female and two were male. The women all had something in common. They were over 75, two had been widowed for more than thirty years and they all suffered some degree of social isolation.

7.5.2 LIFE SATISFACTION

An attempt has been made to look into the respondents' perceptions of aspects of life satisfaction. While 76% were satisfied with their present life situation, and 20% were indifferent, only two persons admitted to being clearly dissatisfied with their lives. Although the majority expressed satisfaction with life in the UK, the great majority, (87%), of the respondents admitted to having some difficulty in living in this country. By contrast, seven individuals had no significant problem. These findings seem somewhat contradictory.

However, upon closer consideration of the position of the minority seven elderly, it was found that their good life satisfaction was inversely related to the small extent of their loneliness. On the other hand, English language ability and income level do not seem to have significant impact on promoting life satisfaction (see Table 24).

Table 24 Summary of Socio-demographic Data of the Elderly who claimed to be satisfied with their Life Situation

<table>
<thead>
<tr>
<th>CASE</th>
<th>SEX</th>
<th>AGE</th>
<th>MARITAL STATUS</th>
<th>MARITAL LIVE</th>
<th>LONELINESS</th>
<th>LIFE SATISFACTION</th>
<th>ENGLISH ABILITY</th>
<th>WEEKLY INCOME (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>F</td>
<td>68</td>
<td>WIDOW</td>
<td>ALONE</td>
<td>CAN'T COMPLAIN</td>
<td>YES</td>
<td>YES</td>
<td>40-59</td>
</tr>
<tr>
<td>11</td>
<td>F</td>
<td>69</td>
<td>WIDOW</td>
<td>ALONE</td>
<td>SOMETIMES</td>
<td>YES</td>
<td>YES</td>
<td>OVER 160</td>
</tr>
<tr>
<td>12</td>
<td>F</td>
<td>66</td>
<td>MARRIED</td>
<td>MARRIED SON</td>
<td>NEVER</td>
<td>YES</td>
<td>NO</td>
<td>80-99</td>
</tr>
<tr>
<td>20</td>
<td>F</td>
<td>89</td>
<td>MARRIED</td>
<td>MARRIED SON</td>
<td>NEVER</td>
<td>YES</td>
<td>NO</td>
<td>40-59</td>
</tr>
<tr>
<td>13</td>
<td>M</td>
<td>64</td>
<td>MARRIED</td>
<td>MARRIED SON</td>
<td>NEVER</td>
<td>YES</td>
<td>NO</td>
<td>80-99</td>
</tr>
<tr>
<td>31</td>
<td>M</td>
<td>68</td>
<td>MARRIED</td>
<td>MARRIED SON</td>
<td>Seldom</td>
<td>YES</td>
<td>NO</td>
<td>UNDER 20</td>
</tr>
<tr>
<td>42</td>
<td>M</td>
<td>58</td>
<td>MARRIED</td>
<td>MARRIED SON</td>
<td>NEVER</td>
<td>YES</td>
<td>A LITTLE</td>
<td>UNWILLING TO ANSWER</td>
</tr>
</tbody>
</table>

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General responses given by individuals indicate that they found it difficult to adjust to life over here in the first instance, and the problems stated by them were mainly due to language problems (67%) and cultural differences (13%). Others included the lack of entertainment (4%) and the difficulty in using transport facilities because of the lack of English. Nevertheless, after a while they became accustomed to living in this country and were typically quite pleased with their present circumstances, particularly in relation to aspects of economic and housing compared to their life experience in the past.

7.6 SOCIAL CONTACT

This section examines the amount of contact members of the group surveyed have with children, siblings, friends and community groups; and the social and emotional resources available to the old people when they need assistance.

7.6.1 CONTACT WITH FAMILIES/RELATIVES

Of the total sample, 95% indicated they had family. While 90% of the sample reported they had relatives residing within Edinburgh, an additional 5% had relatives living outside Edinburgh.

Those who had families living within Edinburgh maintained regular contact with at least one of their children. Contact with family/relatives varied from as frequent as once or more a week (63%), to at least once a month (29%). The respondents who had families/relatives living in this country were asked who came to see them most often. They
reported that son/daughter-in-law (48%), daughter/son-in-law (37%), brother/sister (8%), grandchildren (4%), and other relatives (6%) came to see them most often.

7.6.2 CONTACT WITH FRIENDS

Of the total sample, while all indicated they had Chinese friends living in Edinburgh, 40% had non-Chinese friends and most of the latter were former/present frequent customers. Thus, when interpreting the frequency of contact with non-Chinese friends this commercial relationship should be taken this into account.

Contacts with Chinese friends were less frequent than contacts with families/relatives. The elderly reported contacts with their Chinese friends as more than once a week (55%), at least once a month (24%), and not at all in the last month (18%). Moreover, contacts with non-Chinese friends was described as being even less frequent than contacts with Chinese friends. In this case the variation was from as frequent as once or more a week (4%), to at least once a month (21%). The summary of the frequency of contacts with family/relatives, Chinese friends and non-Chinese friends is shown in Table 25 as below:

Table 25 Contacts with Families/Relatives and Friends in the last month (%)

<table>
<thead>
<tr>
<th></th>
<th>FAMILIES/RELATIVES</th>
<th>CHINESE FRIENDS</th>
<th>NON-CHINESE FRIENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M   F</td>
<td>M   F</td>
<td>M   F</td>
</tr>
<tr>
<td>DO NOT HAVE</td>
<td>0   6</td>
<td>0   0</td>
<td>25  35</td>
</tr>
<tr>
<td>OVER 10 TIMES</td>
<td>20  23</td>
<td>18  23</td>
<td>0   0</td>
</tr>
<tr>
<td>5-10 TIMES</td>
<td>7   5</td>
<td>11  4</td>
<td>2   2</td>
</tr>
<tr>
<td>3-4 TIMES</td>
<td>9   4</td>
<td>4   11</td>
<td>5   3</td>
</tr>
<tr>
<td>1-2 TIMES</td>
<td>6   7</td>
<td>4   5</td>
<td>8   5</td>
</tr>
<tr>
<td>NONE</td>
<td>3   3</td>
<td>11  7</td>
<td>9   5</td>
</tr>
<tr>
<td>CAN'T REMEMBER</td>
<td>3   4</td>
<td>2   0</td>
<td>0   0</td>
</tr>
</tbody>
</table>
In addition to receiving visits from families/relatives, visits were also made to relatives and friends' houses. Obviously elderly people who do not or cannot make visits have less opportunity for contacts with others.

Table 26 Visits made by Elderly (%)

<table>
<thead>
<tr>
<th></th>
<th>FAMILY/RELATIVES</th>
<th>FRIENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>More than Twice a Week</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Twice a Week</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Weekly</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>1-3 Times a Month</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>None</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

Table 26 shows that over one third never visit families/relatives and friends. Visits to others were much less often than visits received, with 24% visiting families/relatives and 22% visiting friends more than twice a week. Of those who had not gone to visit their family, relatives and friends at all, the impeding factors were as shown in Table 27.

Table 27 Reasons for Never Visiting Family/Relatives and Friends

<table>
<thead>
<tr>
<th>Reasons</th>
<th>FAMILY/RELATIVES</th>
<th>FRIENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>FAMILY/FRIENDS VISIT THEM INSTEAD</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Distance Too Great</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Health Reasons</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Prefer to Stay at Home</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Too Busy</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Lost Contact</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Number = 37</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>
7.6.3 CONTACT WITH THE COMMUNITY

Participation in voluntary organisations and social activities can be looked at as one measure of community integration. In particular, such activity may provide role continuity after retirement and can be an important source of social contacts.

Of the 55 respondents, it was found that the integrated group are likely to be able to speak the English language, more aware of the social and health services, and a high level of life satisfaction. It was also found that all of the five elderly are not living with their children (see Table 28).

Table 28 A Profile of the Intergrated Group

<table>
<thead>
<tr>
<th>CASE NUMBER</th>
<th>3</th>
<th>52</th>
<th>6</th>
<th>11</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX</td>
<td>M</td>
<td>M</td>
<td>F</td>
<td>F</td>
<td>F</td>
</tr>
<tr>
<td>EDUCATION LEVEL</td>
<td>DEGREE</td>
<td>DEGREE</td>
<td>DEGREE</td>
<td>NO FORMAL</td>
<td>NO FORMAL</td>
</tr>
<tr>
<td>ENGLISH ABILITY</td>
<td>A LITTLE BIT</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>LIVING WITH</td>
<td>SPOUSE ONLY</td>
<td>SPOUSE ONLY</td>
<td>SPOUSE ONLY</td>
<td>ALONE</td>
<td>ALONE</td>
</tr>
<tr>
<td>CHILDREN LIVING IN EDINBURGH</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>WEEKLY INCOME (£)</td>
<td>160</td>
<td>160</td>
<td>160</td>
<td>160</td>
<td>40-59</td>
</tr>
<tr>
<td>MEMBER OF CLUB/SOCIETY</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>HAVE NON-CHINESE FRIEND</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>LIFE-SATISFACTION</td>
<td>CAN'T COMPLAIN</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>LONELINESS</td>
<td>NEVER</td>
<td>NEVER</td>
<td>SOMETIMES</td>
<td>SOMETIMES</td>
<td>NO OPINION</td>
</tr>
<tr>
<td>PREFERENCE OF MEDICINE</td>
<td>WESTERN</td>
<td>INDIFFERENCE</td>
<td>WESTERN</td>
<td>WESTERN</td>
<td>CHINESE</td>
</tr>
</tbody>
</table>

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It was also found that these five elderly had a relatively high level of awareness of social and health services. The average score for this integrated group is 18.8 out of 27 which is the highest amongst any other group scores (see Table 29).

Table 29 A Comparison of the Level of Awareness of social and health services

<table>
<thead>
<tr>
<th>CASE</th>
<th>TOTAL SCORE FOR AWARENESS OF BENEFITS AND SERVICES$^3$</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>21 out of 27</td>
</tr>
<tr>
<td>52</td>
<td>12 out of 27</td>
</tr>
<tr>
<td>6</td>
<td>26 out of 27</td>
</tr>
<tr>
<td>8</td>
<td>15 out of 27</td>
</tr>
<tr>
<td>11</td>
<td>20 out of 27</td>
</tr>
</tbody>
</table>

**AVERAGE SCORE FOR THIS INTEGRATED GROUP** 18.8 out of 27

**AVERAGE SCORE OF THE SAMPLE EXCLUDING THE INTEGRATED GROUP** 12.2 out of 27

**AVERAGE OF THOSE WHO SPEAK ENGLISH** 16.4 out of 27

**AVERAGE OF THOSE WHO DON'T SPEAK ENGLISH** 10.9 out of 27

**AVERAGE OF THOSE WHO HAVE NON-CHINESE FRIEND** 16 out of 27

**AVERAGE OF THOSE WHO DON'T HAVE NON-CHINESE FRIEND** 10.7 out of 27

Of the total sample, three quarters were members of at least one voluntary organisation and 8 out of 14 persons among the other one quarter were members of one of the Chinese Churches in Edinburgh. This means that six elderly Chinese

$^3$ There are altogether 27 items of social and health services, the total score for having heard of them is 27
(four were women and two were men) did not belong to any of the clubs/societies or churches. There are also some indications that none of these 14 elderly could speak English; most of them had reported a high degree of loneliness, and four persons in this group had health problems with their physical mobility being limited.

As expected, none of them was a member of a non-Chinese organisation, principally because of their lack of English competence. Over half (55%) of the respondents often attended church services and activities, but again the majority of them, (85%), went to a Chinese-speaking church rather than an English-speaking one.

In regard to the media, 82% had never read an English newspaper, and 60% had never read a Chinese newspaper. Only 15% of respondents admitted reading a Chinese newspaper regularly. All respondents reported watching television daily despite their inability to understand the language, and over 90 % reported viewing Chinese videos to kill spare time or for enjoyment. It was also found that the majority (82%) had never gone to the cinema since they migrated to this country.

In addition, three quarters had never listened to radio programmes. Specifically, only 25% of respondents had listened to the BBC's "Chinese Times" radio programme, despite this being a bilingual community programme for and about the Chinese community in Scotland and the only viable mass medium to import community information for those Chinese elderly who are illiterate in both Chinese and English. This finding seems particularly interesting and it seemed necessary to explore the underlying reasons for this remarkably low audience rate. The explanations given by the
elderly for not listening to the "Chinese Times" were, "ignorance of the programme's existence" (47%), "don't know how to tune the radio" (23%), "forgot about the programme" (14%), "have no radio" (8%) and "too busy with work" (8%). Despite its having been in existence for more than four years, there were still many Chinese elderly who were unaware of such a programme. The implication here is obvious that more publicity is needed and it must be directed to the Chinese community.

The above results in this section demonstrate clearly how isolated the elderly are from the wider community. Apart from establishing the relationship with the general public this section also attempted to find out from where the elderly usually receive information about the Chinese community. A substantial number obtain community information through word-of-mouth from families/relatives (36%), and friends/neighbours (32%). Unexpectedly, only a small proportion of the elderly receive information from organisations such as their church (9%), and Chinese association (6%). Other sources mentioned included the Chinese newspaper (7%), "Chinese Times" radio programme (6%) and posters displayed in the Chinese supermarkets (2%) (see Table 30).

Table 30 Information Sources on Chinese Community

<table>
<thead>
<tr>
<th>INFORMATION FROM</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY/RELATIVES</td>
<td>36</td>
</tr>
<tr>
<td>FRIENDS/NEIGHBOURLS</td>
<td>32</td>
</tr>
<tr>
<td>CHURCH</td>
<td>9</td>
</tr>
<tr>
<td>CHINESE ASSOCIATION</td>
<td>6</td>
</tr>
<tr>
<td>CHINESE NEWSPAPER</td>
<td>7</td>
</tr>
<tr>
<td>&quot;CHINESE TIMES&quot; PROGRAMME</td>
<td>6</td>
</tr>
<tr>
<td>POSTER IN CHINESE SUPERMARKET</td>
<td>2</td>
</tr>
<tr>
<td>NOWHERE</td>
<td>2</td>
</tr>
</tbody>
</table>
7.6.4 HELPING NETWORK

There are several types of mutual assistance within the family network, and this section explores the role which ethnicity plays in the patterning of such relationships. An attempt has been made to map out the sources of help available to the elderly when they were in need, or in crisis. One of the most evident findings is the heavy use made of the help from family members.

In regard to transport, health, financial and interpretation needs, while the majority would turn to their family (77%, 92%, 83% and 74% respectively), a proportion of the respondents had no one to whom to turn (see Table 31). When the need for counselling/talking arose, the use of family is less than in the previously mentioned situations. While 35% would turn to their family when they were feeling down or depressed, 36% felt they had no one to whom they might approach. In a situation where there was a personal problem, 47% would contact their family but 31% said there was no one whom they would confidently consult; 16% said they would consider a friend and 6% mentioned that they would turn to God.

Table 31 Sources of Help in Crisis/Emergency

<table>
<thead>
<tr>
<th>AREA OF NEED</th>
<th>TO WHOM</th>
<th>RESPONDENTS TURN OUTSIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SPOUSE</td>
<td>CHILDREN</td>
</tr>
<tr>
<td>TRANSPORTATION</td>
<td>14%</td>
<td>5%</td>
</tr>
<tr>
<td>HEALTH</td>
<td>27%</td>
<td>52%</td>
</tr>
<tr>
<td>FINANCIAL</td>
<td>18%</td>
<td>52%</td>
</tr>
<tr>
<td>INTERPRETATION</td>
<td>0</td>
<td>65%</td>
</tr>
<tr>
<td>FEELING DOWN</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>PERSONAL PROBLEM</td>
<td>16%</td>
<td>20%</td>
</tr>
</tbody>
</table>

157
7.6.5 PATTERN OF ASSISTANCE TO FAMILY

This section also sought to find out the pattern of assistance given by the elderly to their family. Four broad categories of service were given by the elderly to their children and/or children's family:

1. Assistance with chores of daily living - baby-sitting, shopping, keeping house, meal preparation;
2. Gift giving - monetary and non-monetary presents;
3. Advice giving - home management, child-rearing, business, money matters, jobs;

The most frequently reported form of assistance to children was gift giving (65%), and helping in chores of daily living (44%) was also often mentioned. Assistance with business was indicated by 33% of the sample. Advice giving is the least frequently reported form of assistance from parents to children (25%), and this provided evidence that the assumed traditional role of Chinese parents in offering advice was not a significant factor with this cohort of Chinese.

7.7 RELATIONSHIP TO FORMAL SERVICES

7.7.1 AWARENESS AND USE OF SOCIAL AND HEALTH SERVICES

In this section, questions were designed to gather information reflecting the respondents' knowledge and uptake of formal agencies or organisations which address social and health needs.
In response to the questions, most of the respondents were unaware of the existence of social and health services and nearly all respondents had never received such services, except in the core of the luncheon club (which is provided by the ECESA). Financial benefits, such as free glasses, and/or sickness and disability benefits were the least well understood and, not surprisingly, had the lowest levels of uptake. Over half (55%) the respondents were receiving state benefits at the time of interviews. Statutory pension, income support and/or housing benefit were often received by most of them, while no one had received sickness and disability benefits.

Findings also indicate that those who were receiving any one of the services tended also to receive other related benefits. It is almost certainly true to say that an elderly person who was in need of assistance and also had contacted a Chinese Community worker was more likely to have been referred and, therefore, to have received benefits and/or services for which they were eligible.

Tables 32 and 33 show the levels of awareness and uptake of services and welfare benefits respectively. They clearly demonstrate that lack of information in respect of the existing social and health services is a major problem amongst the Chinese elderly in Edinburgh.
Table 32 Awareness and Uptake of Services by the Chinese Elderly (%)

<table>
<thead>
<tr>
<th>Service</th>
<th>Heard of</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old People's Home</td>
<td>86</td>
<td>2</td>
</tr>
<tr>
<td>Sheltered Housing</td>
<td>67</td>
<td>2</td>
</tr>
<tr>
<td>Home Help</td>
<td>24</td>
<td>2</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Luncheon Club</td>
<td>89</td>
<td>76</td>
</tr>
<tr>
<td>Day Centre</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Night Sitting</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Health Visitor</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Home Visiting</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 33 Awareness and Uptake of Welfare Benefit by the Chinese Elderly

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Heard of</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Support</td>
<td>84</td>
<td>40</td>
</tr>
<tr>
<td>Housing Benefit</td>
<td>75</td>
<td>31</td>
</tr>
<tr>
<td>Unemployment Benefit</td>
<td>75</td>
<td>22</td>
</tr>
<tr>
<td>Statutory Pension</td>
<td>95</td>
<td>38</td>
</tr>
<tr>
<td>Sickness Benefit</td>
<td>58</td>
<td>13</td>
</tr>
<tr>
<td>Disability Benefit</td>
<td>49</td>
<td>14</td>
</tr>
<tr>
<td>Free Glasses</td>
<td>73</td>
<td>13</td>
</tr>
<tr>
<td>Free Prescription</td>
<td>95</td>
<td>60</td>
</tr>
<tr>
<td>Free Bus Pass</td>
<td>95</td>
<td>49</td>
</tr>
</tbody>
</table>

The General Household Survey (CSO 1989) indicated that the use made of some social and health services by the general elderly aged over 65 was low on the whole. The Survey found that these services were more likely to be used by elderly people living alone than by other elderly people and women.
were more likely than men to have used these services although the these differences were not statistically significant.

When the findings in this study were compared with that of the UK elderly aged over 65, there was no significant difference between two groups except the use of home help and luncheon club (see Table 34).

Table 34 A Comparison of Use of Some Social and Health Services (in percentages)

<table>
<thead>
<tr>
<th>TYPES OF SERVICES</th>
<th>CHINESE SAMPLE</th>
<th>ALL UK</th>
<th>ALL UK ELDERLY 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>Total</td>
</tr>
<tr>
<td>HOME HELP</td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>MEALS ON WHEELS</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>LUNCHEON CLUB</td>
<td>79</td>
<td>74</td>
<td>76</td>
</tr>
<tr>
<td>DAY CENTRE</td>
<td>4</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>HEALTH VISITOR</td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>BASE NUMBER = 100%</td>
<td>28</td>
<td>27</td>
<td>55</td>
</tr>
</tbody>
</table>

Source: General Household Survey 1986, HMSO 1989, Table 12.42

The reasons for the relative failure to obtain services and benefits are explained by a number of factors. One problem for the elderly was their own view and definition of eligibility to receive benefits which could often be different from the criteria laid down by the government. Given such possible errors of comprehension, the figures for being "ineligible" may be overstated.
It is evident that over half of the respondents who had heard of the benefits, but who did not claim any of them, gave the reason either that they were "ineligible" or were "ignorant of benefit". Other contributing factors noted were self-reliance, lack of knowledge and that the application procedure was complicated. Again, it is not clear whether or not the respondents providing the answers were eligible to receive benefits. Table 35 summarises the reasons given for not getting benefits.

<table>
<thead>
<tr>
<th></th>
<th>INELIGIBLE</th>
<th>IGNORANT</th>
<th>SELF-RELIANT</th>
<th>LACK OF KNOWLEDGE</th>
<th>PROCEDURE</th>
<th>NO OF RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Support</td>
<td>58%</td>
<td>27%</td>
<td>12%</td>
<td>3%</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td>Housing Benefit</td>
<td>45%</td>
<td>37%</td>
<td>13%</td>
<td>5%</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>Unemployment Benefit</td>
<td>52%</td>
<td>34%</td>
<td>12%</td>
<td>2%</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Statutory Pension</td>
<td>82%</td>
<td>9%</td>
<td>6%</td>
<td>3%</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>Sickness Benefit</td>
<td>46%</td>
<td>48%</td>
<td>4%</td>
<td>2%</td>
<td>0</td>
<td>48</td>
</tr>
<tr>
<td>Disability Benefit</td>
<td>41%</td>
<td>53%</td>
<td>6%</td>
<td>0</td>
<td>0</td>
<td>53</td>
</tr>
<tr>
<td>Free Glasses</td>
<td>23%</td>
<td>31%</td>
<td>19%</td>
<td>13%</td>
<td>15%</td>
<td>48</td>
</tr>
<tr>
<td>Free Prescription</td>
<td>45%</td>
<td>14%</td>
<td>36%</td>
<td>5%</td>
<td>0</td>
<td>22</td>
</tr>
</tbody>
</table>

7.7.2 KNOWLEDGE AND USE OF ADVICE AGENCIES

The findings indicate that there was very little use of the advice agencies by the respondents (see Table 36). This is true for all agencies which offer advice and information for the elderly except the Edinburgh Chinese Elderly Support Association which is the only voluntary service co-ordinated and run by Chinese workers. It is funded by Lothian Regional Council Social Work Department.
Table 36 Knowledge and Use of Advice Agencies

<table>
<thead>
<tr>
<th></th>
<th>HAVE HEARD OF %</th>
<th>HAVE RECEIVED %</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL WORK DEPARTMENT</td>
<td>55</td>
<td>4</td>
</tr>
<tr>
<td>COMMUNITY RELATIONS COUNCIL</td>
<td>44</td>
<td>18</td>
</tr>
<tr>
<td>AGE CONCERN</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>HELP THE AGED</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>DSS</td>
<td>58</td>
<td>40</td>
</tr>
<tr>
<td>CITIZEN ADVICE BUREAU</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>CITIZEN'S RIGHTS OFFICE</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>INTERPRETING SERVICE</td>
<td>38</td>
<td>18</td>
</tr>
<tr>
<td>ROUNDABOUT CENTRE</td>
<td>35</td>
<td>6</td>
</tr>
<tr>
<td>CHINESE ELDERLY SUPPORT</td>
<td>93</td>
<td>76</td>
</tr>
<tr>
<td>ASSOCIATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUMBER</td>
<td>55</td>
<td>55</td>
</tr>
</tbody>
</table>

7.8 COMPARISON WITH THE NON–CHINESE GROUP

Attempts had been made to interview 20 non-Chinese elderly selected from a highly concentrated Chinese resident areas to make some tentative comparisons with the Chinese sample.

7.8.1 SOCIO–DEMOGRAPHIC DATA OF THE NON–CHINESE ELDERLY

The non-Chinese sample consisted of a total 20 individuals ranging in age from 55 to 86 years. The gender ratio was one to one. 14 out of 20 were of pensionable age. All women were over 63 years, in contrast 4 out of 10 men were over 65 (see Table 37). 2 women were never married and 7 were widowed. Three quarters had children, 80% of them had children living in Edinburgh.
Table 37 Non-Chinese Elderly - Age by Gender

<table>
<thead>
<tr>
<th>AGE</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>55-59</td>
<td>4 (20%)</td>
<td>0</td>
<td>4 (20%)</td>
</tr>
<tr>
<td>60-64</td>
<td>2 (10%)</td>
<td>3 (15%)</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>65-74</td>
<td>2 (10%)</td>
<td>5 (25%)</td>
<td>7 (35%)</td>
</tr>
<tr>
<td>OVER 75</td>
<td>2 (10%)</td>
<td>2 (10%)</td>
<td>4 (20%)</td>
</tr>
<tr>
<td>TOTAL NUMBER</td>
<td>10 (50%)</td>
<td>10 (50%)</td>
<td>20 (100%)</td>
</tr>
</tbody>
</table>

With regard to the living arrangement, 7 persons lived alone, 9 persons lived with spouses only, 2 persons lived with spouses and sons and 2 persons lived with children (see Table 38).

Table 38 Non-Chinese Elderly - Living Arrangement

<table>
<thead>
<tr>
<th>LIVING ARRANGEMENT</th>
<th>NO. OF ELDERLY</th>
<th>NUMBER (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Living alone</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Living with spouse only</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Living with children only</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Living with spouse and son</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total number</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

With regard to their current work status, only 4 men worked full-time. Of the 16 retired respondents, 2 men retired before 65 years old and 2 women took up part-time employment after compulsory retirement age. 40% of the respondents were employed in professional or managerial jobs, 20% engaged in non-manual jobs, 25% worked as manual workers and another 15% were housewife. It was found that their weekly income had a linear causal relationship with their level of education (see Table 39).
Table 39  Non-Chinese Elderly - Weekly Income by Education Level

<table>
<thead>
<tr>
<th>WEEKLY INCOME</th>
<th>PRIMARY</th>
<th>JUNIOR SECONDARY</th>
<th>SENIOR SECONDARY</th>
<th>POST-SECONDARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>£ 40-59</td>
<td>3 (15%)</td>
<td>1 (5%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>£ 60-79</td>
<td>1 (5%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>£ 100-119</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>£ 140-160</td>
<td>-</td>
<td>-</td>
<td>1 (5%)</td>
<td>-</td>
</tr>
<tr>
<td>OVER £160</td>
<td>-</td>
<td>-</td>
<td>2 (10%)</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>UNWILLING TO ANSWER</td>
<td>-</td>
<td>-</td>
<td>3 (15%)</td>
<td>2 (10%)</td>
</tr>
</tbody>
</table>

7.8.2  COMPARISON OF KNOWLEDGE AND USE OF SOCIAL AND HEALTH SERVICES BY TWO GROUPS OF ELDERLY

When comparison is made between the levels of awareness and consumption of the various social and health services in the Chinese and non-Chinese samples, the lack of knowledge among the Chinese becomes strikingly obvious (Table 40, 41 and 42).

Table 40 shows a remarkable discrepancy between the two groups of elderly in the levels of knowledge of social and health services of all kinds, except in the cases of the old people's home, the luncheon club and sheltered housing. The reasons for this can be contributed to the ECESA which had given a series of talks on the latter services to their members not long before the interviews were conducted. By contrast, the other health services such as meals on wheels and day centre had not yet been introduced to the members of the ECESA. In regard to the knowledge of advice agencies, it is not surprising to find that those agencies which have Chinese staff, for example, the ECESA, and the LCRC are more likely to be known to the Chinese group, but they are not so well known to the non-Chinese.
Table 40 Knowledge of Social and Health Service in Two Groups of Elderly

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>CHINESE HAVE HEARD OF %</th>
<th>NON-CHINESE HAVE HEARD OF %</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLD PEOPLE'S HOME</td>
<td>86</td>
<td>100</td>
</tr>
<tr>
<td>SHELTERED HOUSING</td>
<td>67</td>
<td>100</td>
</tr>
<tr>
<td>HOME HELP</td>
<td>24</td>
<td>100</td>
</tr>
<tr>
<td>MEALS ON WHEELS</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>LUNCHEON CLUB</td>
<td>89</td>
<td>95</td>
</tr>
<tr>
<td>DAY CENTRE</td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>NIGHT SITTING</td>
<td>4</td>
<td>85</td>
</tr>
<tr>
<td>HEALTH VISITOR</td>
<td>13</td>
<td>100</td>
</tr>
<tr>
<td>HOME VISITING</td>
<td>2</td>
<td>95</td>
</tr>
<tr>
<td>NUMBER</td>
<td>55</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 41 Knowledge of Advice Agencies in Two Groups of Elderly

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>CHINESE HAVE HEARD OF %</th>
<th>NON-CHINESE HAVE HEARD OF %</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL WORK DEPARTMENT</td>
<td>55</td>
<td>100</td>
</tr>
<tr>
<td>COMMUNITY RELATIONS COUNCIL</td>
<td>44</td>
<td>85</td>
</tr>
<tr>
<td>AGE CONCERN</td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>HELP THE AGED</td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>DSS</td>
<td>58</td>
<td>100</td>
</tr>
<tr>
<td>CITIZEN ADVICE BUREAU</td>
<td>11</td>
<td>100</td>
</tr>
<tr>
<td>CITIZEN'S RIGHTS OFFICE</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>INTERPRETING SERVICE</td>
<td>38</td>
<td>65</td>
</tr>
<tr>
<td>ROUNDABOUT CENTRE</td>
<td>35</td>
<td>55</td>
</tr>
<tr>
<td>CHINESE ELDERLY SUPPORT</td>
<td>93</td>
<td>35</td>
</tr>
<tr>
<td>ASSOCIATION (ECESA)</td>
<td>55</td>
<td>20</td>
</tr>
</tbody>
</table>

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Table 42 Knowledge of Welfare Benefit in Two Groups of Elderly

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>CHINESE HAVE HEARD OF %</th>
<th>NON-CHINESE HAVE HEARD OF %</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCOME SUPPORT</td>
<td>84</td>
<td>100</td>
</tr>
<tr>
<td>HOUSING BENEFIT</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>UNEMPLOYMENT BENEFIT</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>STATUTORY PENSION</td>
<td>95</td>
<td>100</td>
</tr>
<tr>
<td>SICKNESS BENEFIT</td>
<td>58</td>
<td>100</td>
</tr>
<tr>
<td>DISABILITY BENEFIT</td>
<td>49</td>
<td>100</td>
</tr>
<tr>
<td>FREE GLASSES</td>
<td>73</td>
<td>100</td>
</tr>
<tr>
<td>FREE PRESCRIPTION</td>
<td>95</td>
<td>100</td>
</tr>
<tr>
<td>FREE BUS PASS</td>
<td>95</td>
<td>100</td>
</tr>
</tbody>
</table>

On the other hand, Table 42 shows that the discrepancy in knowledge of welfare benefits is not so great as in the previous two comparisons between the groups. Three benefits i.e. statutory pension, free prescription and bus pass were most commonly heard of by the Chinese. Again, the ECESA had frequently invited guest speakers to talk about these age-related benefits to their members and had also assisted eligible members to apply for a free bus pass. By contrast, other benefits which required the filling of a claim form were indicated to be less familiar to the Chinese group.

7.9 ETHNICITY

This section aimed to investigate the strength of ethnic identity among the Chinese elderly and to consider any possible relation to the consumption of social and health services. While it is not easy to identify precisely what ethnicity is, Chinese-ness is reflected in language, life-styles, custom and beliefs.
All respondents could speak at least one Chinese dialect and 86% regarded the ability to speak Chinese dialect as of prime importance to being Chinese. They had mostly Chinese friends and all reported a diet consisting of Chinese food cooked in typical Chinese style. There were still as many as 60% of the sample using the Chinese calendar to calculate their age and significant dates. The majority, (87%), still celebrated Chinese festivals with their family and relatives where special festival foods were prepared, and 84% regarded filial piety as an important Chinese virtue, expecting their children to support and look after them in their old age.

The findings in this section had clearly demonstrated that the Chinese elderly in this study, despite residing in a non-Chinese country for a significant or even long period of time, still retain many of the traditional Chinese cultural practices and beliefs strongly. Time and location have not been able to transform or seriously modify their ethnic identity.
CHAPTER 8 - DISCUSSION

INTRODUCTION

The objective of the study was to investigate the determinants of social and health service utilisation by Chinese elderly in Edinburgh. The design of this study was based on the assumption that services were under-used because of the limited provision of facilities through which service providers could gain access to the Chinese elderly as well as the socio-cultural factors inherent in Chinese family life. Prior to making concluding remarks, it is necessary to examine these assumptions in greater detail. Amongst these factors, it has been found that the informal support system, particularly the family, has been an important source of care and a factor discouraging the take-up of statutory services (Townsend 1957, Shanas 1979, and Wenger 1984). The existence of this factor in the ethnic minority community is commonly assumed among policy makers and administrators (Fenton 1985) despite some researchers' challenge to the validity of this belief (Pyke-Lee & Gardiner 1974, Barker 1984, and Fenton 1985). The main focus of the following discussion is to assess the nature, extent and the strength of family care for older members of the Chinese community. Subsequently, factors such as language barriers, cultural barriers, social isolation and structural contingencies, which may also affect the uses of social and health services, will be explored. Discussion is mainly based on the findings of this study against a background provided by other inquiries.
8.1 FAMILY SUPPORT

The previous chapter indicated that the vast majority of the respondents lived with children/grandchildren. Measured in terms of "household membership" over half of the sample lived in households which contained three generations. While the commonness of such family units provides evidence to support the notion that the extended family is typical among Chinese people, it should be noted that about a quarter of the target group did not live with their families. Most respondents often reported their family to be the source of help in the event of need. It thus appears that generally older Chinese might be cared for by their families. Closer examination of the findings, however, reveals that a majority of the interviewees believed the family support network to be insufficient. Thus, the assumption that living within an extended family means "well looked after" may be somewhat sanguine.

In assessing the nature of family support, it is necessary to consider not just the quantity (i.e. availability, frequency and proximity of contact), but also the quality of care (i.e. the actual fulfilment of needs being given to the older members of the family). It has been found (Conner et al 1979) that number of ties and frequency of social interaction were relatively unimportant to life satisfaction and that a more qualitative approach was required. What cannot be assessed simply from measuring frequency of contact and the number of tasks undertaken is the depth of the relationship. However, investigating the "quality" of family support is particularly problematic in a survey study.
Before attempting to draw a conclusion that the older members are "well looked after", the findings require to be put into the perspective of family support. In terms of quantity of care being given, the vast majority (64%) of the respondents claim to have seen their family at least once a week, and 89% of them either live with or close to children/grandchildren. This gives ample evidence that the majority of the elderly Chinese living in Edinburgh have close social interaction with their families in terms of availability, frequency and proximity of contact.

The majority would contact a family member first when specific difficulties arose with health, transportation, finance, and language. But, the findings also indicate that when feeling depressed or low, 35% of them would turn to a family member while 36% kept to themselves. The notion of seeking help from services' agents or professional persons seems almost non-existent, and family members were noted as the primary source of assistance. Although most reported their dependency on their family, it should also be noted that assistance may not be given willingly by some family members. On many occasions, I was asked by an interviewee to provide assistance, such as escorting on a visit to the GP's surgery, filling in a poll-tax registration form, applying for welfare benefits and so on. The reasons for such request were either that their family was too busy making a living or their English language ability was not competent enough to provide the critical assistance. On a few occasions, the elderly said that they did not want to bother their children and this was simply because of pride (or perhaps because they did not want to disclose the lack of competence of their family members).
In considering the quality of care being given to the older members of the family, it is important to attempt an assessment from a Chinese perspective. "Taking care" of the aged parents is regarded as an obligation or duty for the children so that they can reciprocate the nurture received throughout their childhood. "Taking care" means more than just providing basic human needs i.e. food, shelter, clothing. Veneration of the aged, provision of love and emotional support are also deeply embedded in the concept of filial piety.

As has been noted, assessment of the quality of care is problematic particularly with structured questionnaires. For instance, the disclosure of an unsatisfactory family relationship is generally regarded as taboo. A Chinese proverb says "Shameful affairs within the family must never be spread outside the family" which well illustrates the difficulty of getting a genuine picture of Chinese family relationships. However, as far as possible, attempts were made to obtain such sensitive and personal information from case studies and observations during interviews. Over a period of social interaction in different settings some hints of family relationships were gleaned from time to time, and these often cast serious doubt on the veracity of the romantic notion of the significance of filial piety in the context of the Edinburgh Chinese community.

(1) Lack of Contact

As mentioned in the literature review, work within the catering industry is still the dominant occupation for the Chinese in Britain today. This type of employment pattern has tended to diminish the level of contact being maintained within families and between families and the wider
community. The impact of the Chinese involvement in catering on family life is complex and affects every member of the family. The major concern here is with the welfare of the elderly, but this does not suggest that the negative impact on other members of the community is of lesser importance.

Kam (1988) showed that many elderly Chinese in Edinburgh were seldom taken out by their family members to do shopping, on outings, or to participate in community activities. A significant proportion of the Chinese elderly were commonly left alone at home or with the young grandchildren when other family members embarked on such trips. Elderly members often have little opportunity to talk to or discuss things with their children who are typically just too busy running their businesses.

Although 78% of the Chinese elderly live with their family, only 64% reported having seen their family at least once a week. This indicates that a significant proportion (14%) of elderly did not see their family despite residing under the same roof. This certainly casts doubt on the quality of care provided by the family.

Evidence provided by many community workers who are involved with the Liverpool Chinese community shows that while it is fair to say that the Chinese elderly are taken care of materially by their children, emotionally they are very much deprived and/or neglected (Gopal 1988). Very often, the elderly were left at home alone or with their grandchildren and spent most of their time in front of the television. The communication between the elderly and their grandchildren is not always possible because the latter who are brought up in this country may not share the same language and cultural reference with their grandparents. Often, the two different
sets of values - the traditional Chinese Vs British - do not meet together, and then conflicts do arise. However, this is not necessarily a question of personal failure by younger family members so much as the possible consequence of the demands on time and energy brought by involvement in the catering industry.

The majority of members of the Edinburgh Chinese Elderly Support Association admitted that although they had been living in Edinburgh for more than fifteen years, they had never been to Edinburgh Castle, Holyrood Palace, the Botanic Gardens, the Royal Scottish Museum or to other notable locations in Edinburgh, still less other places of interest outside the city.

(2) English Language Competence of Family Members

Difficulties in the English language does not only pertain to the older members of the Chinese community but also to the middle age group (Chan 1983, Home Affairs Committee 1985). The children of elderly Chinese may not have acquired sufficient English to enable them to communicate very well in many aspects of life. Whoever receives an official letter in English, it often causes bewilderment. The younger generation would like to assist their parents, but sometimes it is just beyond their ability. The extent of ignorance of the social system among the middle age generation is only a little less than in the case with their parents (Home Affairs Committee 1985). This was also observed during my community involvement with the Chinese community in Edinburgh.
(3) Family Relationships

Traditionally, the son provides the means and the daughter-in-law takes care of the parents when they get older. Living under the same roof with the married children is one way of showing that parents have not been rejected by their children. Despite the existence of conflicts between themselves and their married children and their sons- and daughters-in-law about such decision-making matters as child rearing, family control and authority, and family expenditure, many Chinese elderly still hold to the traditional Chinese values and would wish to live with their children instead of losing face. On the other hand, many of those with the necessary financial means given the choice, would choose to reside in separate dwellings. In some cases, elderly individuals may wish to live separately from their children's family but they lack the finance and/or means of personal transport to enable them to have an independent household.

Mr N and Mrs N, both in their early 60s, are living with their eldest son's family in the outskirts of Edinburgh. Mr N has been admitted to hospital quite regularly because of his kidney problem. His son and daughter-in-law escort him to a clinic and hospital and help with the interpretation. Mrs N is an energetic woman and likes to meet friends a lot. Both admit that they enjoy baby-sitting his grandchildren, but Mr N finds it unsatisfactory living with his son's family. He would like to move to somewhere nearby in the city centre and have his own dwelling, but his financial and health situation do not allow him to do so.

The findings in this study show that 78% of the respondents live with their children/grandchildren. As these cases demonstrate, the traditional notion of living with children is still commonly practised in the Edinburgh Chinese
community. However, in times of family conflict, many felt the need to get out of the home for a walk in the neighbourhood or a trip to somewhere but were handicapped by lack of means of transportation and unfamiliarity with the environment. Therefore, we should not assume this living arrangement to be the preferred choice of the elderly. In fact, a number of the interviewees believe separate dwellings would allow them to gain more respect and esteem from their offspring.

The evidence on the residence patterns of older Chinese may not be particularly helpful in identifying quality of interaction or hidden problems between family members. In fact, the quality of care provided for the elderly may be the result of past family relationships which functioned upon a basis of mutual interdependence rather than a one-sided dependency.

(4) Nature of Care

While significant studies have demonstrated that the family still plays a positive role for many old people despite the compounded effects of modernisation and industrialisation, it is not always efficient in providing help to the frail and vulnerable old people (Wenger 1983, Hawranik 1985). It is fair to say that the vast majority of the respondents were well able to care for themselves entirely without help, but for a small minority help was needed for various tasks of personal care which are mainly provided by the spouse. Findings reflect that mobility and capacity for self-care declines with increasing age and more help with personal care is needed. Since, in the present study, the numbers of
elderly receiving such care were not substantial, detailed analysis would be misleading. The discussion which follows is therefore heavily based on other studies.

Investigations have indicated that when continuing care is required, this can have severe effects on the carer's family life, causing anxiety and tension and resulting in a deterioration of health and loss of career prospects (Isaacs et al. 1972, Hawranik 1985, and Qureshi & Walker 1986). These findings were echoed by a number of the small group of respondents in this study who required continuing care.

Mrs. A, 78 years widow, lives with her son's family. She suffers from incontinence. Her son owns a Chinese takeaway which requires family involvement. Her daughter-in-law has carried the brunt of the responsibility for caring for Mrs. A for many years. Her daughter-in-law found it very difficult coping with the tasks of being a caregiver as well as making a living. Mrs. A does not get state assistance because she lives with her son's family. Her daughter-in-law feels sick of the tasks of cleaning up the incontinence, laundering sheets and helping in the toilet everyday and objects to the intolerable smell in the house. She suggested that her mother-in-law should be admitted into an old people's home, but this idea was refused by Mrs. A and her son because they could not bear the thought of gossip that she was being rejected by her son's family. The daughter-in-law feels trapped by the situation and still carries most of the emotional responsibility for keeping the family a fairly peaceful and happy unit.

Mrs A's case has illustrated that the provision of family care is not without costs in critical situations such as this. These include negative feelings, personal stress and emotionally destructive tension for the caregiver. Based upon my personal involvement with the Chinese community and impressions formed in the interviews, there seems to be a
gender division of responsibility in the provision of family care. Within the family it is female kin who are the main providers of care, and this observation has also been found by a number of researchers (Land 1978, Walker 1982 and Finch and Mason 1990).

So far I have argued and illustrated with evidence that the above four factors - lack of contact, lack of English language competence of family members, problems of family relationships and the nature of care required - all contribute to the inadequacy of the family support network for the older members at certain times. There are of course other factors, such as length of caregiving period, gender, age, finances, developmental tasks of the child and the parent, and the demographic changes taking place, which may also influence the coping ability of caregivers. Thus, I come to a conclusion that the traditional Chinese virtue of filial care may not always be effective nor practicable in the context of modern Britain.

8.2 LANGUAGE DIFFERENCES

The difficulties of language that affect the Chinese in general have already been mentioned in the review of literature. In this study, the findings revealed that for all the respondents English was not their first language and over 90% were not able to speak English fluently. A language problem was seen to be the greatest and most obvious cause of difficulty for the respondents. The implications are clear in many respects particularly in health matters.

The great majority of respondents indicated that supermarket shopping did not create too great a problem - they could pick what they liked and paid on their way out; but they
admitted that they could not buy the things that they wanted if not on the shelf and they dared not try anything new without knowing if the products were edible. Some even mentioned that when they went to a corner shop and post office, they would usually either give the shop-keeper a larger bank-note or open their purse to let the shop-keeper collect the amount of money they should pay. Sometimes they had to make use of body language to help express what they wanted to say. Obviously, some did mention occasions of distress due to understanding.

For example, one elderly man who got on a bus from the city centre to home paid fifty pence for the fare but the bus driver did not give him the right ticket. When the bus inspector got on the bus to check tickets, he found that the Chinese man did not buy the right ticket. Although this elderly man could not understand English, he realised the mistake when he looked at the figure on the ticket. He could not explain because of the lack of English. He went home with frustration and phoned me to tell me how embarrassing and humiliating it was to him.

It is most likely that poor ability with English language creates problems in articulating needs, in form-filling and in official dealings of various kinds. For instance, when seeking advice about health, it is essential for diagnostic clarity that there should be adequate communication about symptoms and needs.

There is ample evidence that the majority of respondents need a family member's assistance when seeking health services in the event of making appointments, visiting the surgery, interpreting and obtaining medication from the pharmacy.
Those who have no next of kin accessible are highly at risk. So too are those who have family but where members are not always easily available to help or to visit because of long working hours or where they too lack competence in the English language. Typically, the victims of this type of situation tried not to go to see a doctor until they were overwhelmed by illness or circumstances.

Lack of communication when seeking medical attention can be frustrating for the patient and the doctor and, in the case of certain illness, may be dangerous or fatal. A number of the elderly subjects relied on Chinese medicine, preferring to deal with illness themselves rather than seeking professional attention.

Mr Y, one of my respondents was admitted to a hospital for an operation. When he was in hospital, he could not understand what the doctor and the nurses said. When I went to visit him, he told me of his language problems with the hospital staff. I wrote down some simple instructions in English with the Chinese translation beside. So, when the nurse wanted him to give a urine sample or to drink plenty of water, she would point to the Chinese instruction then he could understand what to do. I also left my phone number in case the nurse could not communicate with him.

There have also been incidents where Chinese patients have been diagnosed incorrectly due to confusion over communication. For example, a Chinese elderly patient whom I accompanied to see his GP had been complaining for a number of months of not being able to eat food and had frequent vomiting. Consequently, he had lost a considerable amount of weight. The patient had been diagnosed to have a throat infection, but he continued to be unable to eat properly and
to vomit. Later, a relative bought him a bottle of "Maalox" which is a kind of antacid, and he found it helped to relieve his stomach pain and stopped him vomiting. So, he asked me to explain to his GP that he would like to get a prescription for "Maalox". He said that whatever the doctor prescribed to him did not work, which made him lose confidence in his GP. But, when the doctor re-examined him again, it was discovered that his false teeth did not fit properly which caused him to vomit, and his stomach pain was the result of lack of food through not eating. In this situation a relatively trivial misunderstanding was leading to a potentially serious medical problem.

Related to this is the problem of administering medication. Many Chinese elderly, due to their lack of English and knowledge, do not understand the importance of taking medicine at the prescribed dosages or of attending to the prescribed timing. Thus, many become frustrated and lose confidence in Western medicine when they do not recover immediately.

This view was confirmed in the course of interviews. During the interviews, a number of Chinese elderly took out the medication prescribed by doctors and asked what the medicine was, and how often it should be taken. Some of them who were suffering high blood pressure did not know that they should continue to take the medicine and should go to see the doctor to have regular check-ups. In some cases, the elderly patients stopped taking the high blood pressure pills because they did not feel dizzy and, therefore, thought the illness had been cured.
In one case, a Chinese man complained to his doctor of very severe pain in his right hip. He was sent for X-rays which indicated no fractures or breaks. It was discovered later that Parkinson's disease was the cause of his pain. He was prescribed with the medication to relieve the pain and to stop both his hands and legs from shaking. After taking the pills for a week, he felt very dizzy. Then I took him to see the doctor and explained his reaction to the drugs. The doctor said the dosage might be a bit high for him and told him to cut down the dosage. I also told the doctor that he had nearly finished the pills. The doctor was shocked and enquired as to how the supply of pills could be used up within a week when he had prescribed sufficient to last for a month. Later on, we found out that the old man had misinterpreted the instructions and had increased the dosage to one tablet daily instead of weekly.

These are examples which illustrate the kinds of problem which occur when medical attention is sought by the Chinese elderly.

Similarly, in the case of welfare rights, several respondents spoke of the many kinds of difficulties and distress which they had experienced in attending interviews with DSS officers and making claims for benefits simply because of the lack of English. Some mentioned that when receiving official letters they usually had to rely on their grandchildren to interpret. If their grandchildren were not available they were powerless to do anything. Those who were living alone with no one to turn to usually left the letters unattended. The consequences of this may include such serious matters as the stoppage of benefit payment or the missing of an x-ray check or appointment.
Evidence also suggested that there was a correlation between the knowledge of the English language and the knowledge of existing services. The study shows that all the non-Chinese respondents were aware of the existence of the social and health services, but, by comparison a substantial number of Chinese respondents had not heard of the services despite living in Edinburgh for a long period of time. The implication of the lack of knowledge of the service is obviously extremely significant in terms of the process of social service utilisation (Chapman 1979, Wan & Odell 1981). The low uptake of social services may be partly due to the lack of knowledge of the existing services and reinforced by the inability to speak the English language.

The lack of the English language has caused difficulties not only in areas of social and health services but also employment. In a survey of the circumstances of the black and white people in Britain undertaken by the Policy Studies Institute in 1982 and based on over 7,000 interviews, Brown (1984) also points to the link between poor English fluency and forms of disadvantage in respect of housing, employment and education among ethnic minorities. Lack of English has denied members of the Chinese community the opportunity to seek employment outside the Chinese catering business which in turn makes it even harder for those who are perhaps laid off or made redundant in middle age. It has been suggested that this type of employment pattern has enabled the Chinese to segregate themselves from the host community. Concentration within an area of an industry which the Chinese can dominate protects members from having to compete on the general job market. As a consequence, the Chinese community do not compete with the members of the host community for jobs and this may tend to reduce racial conflict (Ng 1968, Lynn 1982).
Thus, language difficulties not only deter the Chinese elderly from receiving social and health services but also insulate them from the host community. The consequence is crucial in disrupting the process of integration. (This is not to say that the knowledge of English is the sole determinant in the process of integration; other factors such as the psychological and cultural characteristics of the immigrants and the reasons for emigration also have major effects on the rate and effectiveness of integration of immigrants as mentioned in Chapter 2.)

8.3 CULTURAL DIFFERENCES

Language has been demonstrated as one of the major factors that can hamper the Chinese from seeking social and health services. Other factors relating to this include cultural differences. It has been well recognised by many sociologists and anthropologists that culture exerts penetrative forces on the experiences of growing old (Holzberg 1982, Sokolovshy 1985) and the perception of health and illness (Blakemore 1988, Glendenning & Pearson 1988).

Culture has been identified as encompassing a set of beliefs, values, symbols and attitudes which guide human behaviour (Rosenthal 1986). The sum of these elements forms a cultural bond which can be so strong that it frequently sustains the immigrant's ethnic identity by encouraging traditional religious and cultural customs, maintaining dietary habits, and keeping alive the languages and dialects of the homelands (Richardson and Lambert 1988).
There is no easy way to summarise the essential nature of Chinese culture briefly, as it embraces many complex philosophical concepts. Broadly speaking, Chinese culture is fundamentally moulded by the Confucian philosophy which emphasises a respect for authority and the state; concern for education and learning; seeing oneself as part of a wider social whole and working together with others in harmony. Confucian philosophy sees the family rather than the individual as the basic unit of society. The members of a family have rights and obligations to one another which are of paramount importance, and the family is a self-governing group which can be administered by the family head (Encyclopaedia Britannica 1989).

To put it another way, the Chinese place tremendous emphasis on the solidarity of family, social cohesion takes precedence over individualism, and individuals are expected to show deference to their elders. These virtues have been deeply ingrained in many Chinese and particularly the older Chinese. Historically, the Chinese family unit learned to be self-sufficient in a traditional agricultural society (Ganschow 1978). But do the requisite attitudes and behaviour pattern still apply to the Chinese in the context of modern Britain? Again, is the Chinese family/household able to be self-sufficient in the traditional sense in the context of a modern western society?

To answer these two questions, the starting point may involve consideration of what Chinese people had previously been accustomed to encountering when they had felt a need for assistance with social and health needs. Prior to the discussion, it is necessary to elaborate an explanation of the term "self-sufficient". According to Webster's Third New International Dictionary (1986), "self-sufficient" means
"able to maintain oneself or itself without outside aid" (Vol. III, P.2061). Philosophically, no one can live in this world without some level of dependence on others, and such a romanticized concept perhaps can be found only in novels or fiction such as Defoe's *Robinson Crusoe*. The practicality of "self-sufficiency" might even be questionable in ancient China.

Moreover, in using the concept of "self-sufficiency", one has to realise that while some things can be managed without help, inevitably assistance is bound to be required with other aspects of life. For instance, if one had no spare money, personal économies may be the answer to bring expenditure within income. On the other hand, even the most independent-minded ill individual will eventually seek explanations and some forms of treatment to overcome the discomfort and ultimately will seek help. The step actually taken will depend on what is available in the vicinity and whether it inspires confidence. The latter conclusion argues that the practice of "self-sufficiency" is related to one's capacity to deal with one's circumstances.

Accordingly, the following accounts are discussed in terms of social and health needs. First of all, it is necessary to point to the fact that the majority of respondents involved in this study (91%) had lived in Hong Kong before leaving for Britain. The discussion is thus based on the assumption that the Chinese elderly in this inquiry had been accustomed to the social and health care system in Hong Kong.

As indicated in the literature review, the care of the elderly in Hong Kong before mid-1960s was comprehended as the sole responsibility of the family and old age played a comparatively minor part as a cause of need for government
assistance (Chow 1983). In its first policy paper in 1965 on the aims of the social welfare services in Hong Kong, the government stated explicitly that the traditional values and obligations brought from various parts of China must be preserved. It argued that

"It is of the greatest importance that social welfare services should not be organised in such a way to make it easier for socially disruptive influences to gain a hold over the community, or to accelerate the breakdown of the natural or traditional sense of responsibility - for example by encouraging the natural family unit to shed on to social welfare agencies, public or private, its moral responsibility to care for the aged or infirm" (Hong Kong Government, 1965, p.5).

Given this position, no policy was deemed necessary on social services to meet the needs of the elderly in the 1960s. In time, however, in view of the changing situation, the Hong Kong government found it necessary in 1973 to introduce the "Care in the Community" approach including a wide range of social services to meet the specific needs of the elderly. It indicated that "services should be aimed primarily at enabling the elderly to remain as long as possible as members of the community at large, either living by themselves or with members of their family, rather than at providing the elderly with care in residential institutions outside the community to which they are accustomed" (Working Party on the Future Needs of the Elderly, 1973, P.15). Along with the implementation of social services, the old age allowance was also introduced in 1973 for all aged 75 and over. Since then, "Care in the Community" still remains the guiding principle in the implementation and planning of services for the elderly in Hong Kong. In 1988, an old age allowance was extended to include persons aged 68 and over, at the present rate of HK$ 280 per person per month, which is equivalent to about £20
(Hong Kong Government 1989). Thus, the social welfare provisions in Hong Kong falls far short of meeting the needs of the elderly without family support.

The respondents reported their main source of income from statutory benefits (55%), saving and/or investment (18%), salary (18%), and family support (9%). Over half (55%) the respondents were receiving state benefits at the time of interviews. Statutory pension, income support and/or housing benefit are often received by most of them, while no one has received sickness and disability benefits.

Based upon their experience of the social welfare system of Hong Kong, it is not surprising to find that the majority (85%) of the respondents were satisfied with their present financial situation, only a small proportion (9%) said they did not have enough money to meet their expenses. Nearly half (47%) of the total respondents have savings which can be used for emergency. A number of elderly believed that it was better to save some money to provide for a rainy day. These findings show that the respondents on the whole were satisfied with their present standard of living when compared with their past experience in Hong Kong and did not expect too much from government. Perhaps, their caution with money has cultural overtones, but this would obviously require further studies to test this hunch.

On the other hand, there was not much evidence to support the notion that the Chinese elderly held a strong view of "self-sufficiency" and would reject government assistance. One elderly man said:
"The government wouldn't be giving money free to us because we've been contributing to the benefit system since we started working in this country. So, nothing is free in this world!"

Nevertheless, a few respondents did indicate that they would not like to get help from the government if they could manage to solve the problem among their families. One elderly woman said:

"It's not the State's responsibility to look after the Chinese and we should work hard to prepare for old age. The Chinese should solve their own problems rather than wait for the government to help, or it will be too late to solve the problem."

Another elderly woman who lived alone, but with the aid of a home help coming once a week for one hour, admitted she did not really want her help, because every time the latter came to visit, she felt she had to cook something to show hospitality, and this cost her a considerable amount of unnecessary expenditure. In the past she used to refuse admission to the home help for this reason, but she kept her feelings to herself and had not explained the problem to anyone.

It seems to me that the concept of "self-sufficiency" is rather vague and subjective when related to many aspects of real life. The feasibility of "self-sufficiency" is not solely cultural bound, but is in fact, more dependent on the socio-economic station of life. Evidence shows that many of the non-Chinese respondents in this study did not receive government assistance because they believed they could manage their lives on their own, and this evidence was also found in Chapman's study (1979). But, it was clearly understood by most of the non-Chinese respondents that they could and would receive government assistance if they needed it.
While evidence to support the notion of "self-sufficiency" in terms of behaviour in respect of social benefits is not plentiful, there are ample indications to demonstrate the existence of behavioural differences among the Chinese elderly in relation to health issues. Cultural norms and values do play a significant part in health matters. To appreciate the behavioural differences in regard to health care, it is necessary to understand the health care system and medical practices in Chinese culture.

The Chinese have a long tradition of depending on home-made concoctions of medical herbs and other ingredients as remedies for various illnesses. The Chinese concept of health is based on the "balance" of two opposite vital life forces which involve "yin" (breath) and "yang" (blood). Illness, both physical and mental, occurs when the balance of "yin" and "yang" is disturbed. For health to be restored the imbalance must be corrected. A balance of "yin" and "yang" can be restored by prescribing "hot" or "cold" foods and herbal medicines as appropriate. Furthermore a correct diet is regarded as important in maintaining health and preventing illness (Chan and Leung 1987).

Traditional Chinese medicine has an history of several thousand years. Through the centuries Chinese ancestors kept up-to-date records of the experiences of struggling against disease and established theoretic system of Chinese medicine step by step. People in China and Hong Kong have faith in it and its peculiar curative effect and scientific values have been acknowledged by medical circles all over the world. Generally speaking, traditional Chinese medicine is the major source of care for most peasants in the rural areas today (Shao 1988).
It is apparent that the philosophy and practice of Chinese medicine is very different from the British professional scientific tradition. Thus, where the Chinese patient meets or consults a British doctor, the encounter as such is no doubt fraught with conflicting expectations. The underlying problem is due to the lack of a common frame of reference for diagnosis and treatment, combined with misunderstandings about each other's roles. It is important to remember that the Chinese patient's conception of a physician has been constructed, not in the socio-cultural environment in which this encounter takes place but in Hong Kong or China.

In conducting this study, there were many instances concerned where Chinese elderly expressed doubt about western medical treatment. On one occasion, an elderly woman whom I escorted to see her GP had been feeling dizzy for over a month. She was sent for a blood test, a suggestion which she did not like. Although I explained to her why the doctor wanted to have the blood sample, she left the surgery with a concerned look and was obviously worried. On the way home, she felt very dizzy and was scared that the nurse had taken too much blood out of her body. Later on, she commented that she would not like to see the doctor again because she did not get any medicine or treatment and instead had to give a blood sample. She also expressed her feelings strongly in preference of Chinese medicine.

A number of respondents admitted that they never visited their GP because they did not trust western medicine. Some did mention that they would travel to the Chinatowns in Manchester or London to consult a Chinese herbalist if they required medical treatment. Others mentioned that they remitted money to their relatives in Hong Kong to send them the required medicinal herbs.
The above illustrations can also help to explain the findings that a significant proportion of elderly (76%) in the study still used Chinese "panaceas" such as "White Flower Oil", "Red Flower Oil" and "Tiger Balm" etc to cure minor pains in preference to obtaining local medical attention and treatment. Also, more than half of the total respondents (58%) reported their personal preference for Chinese medicine.

In assessing the notion of culture as an important factor in the uptake of social and health services by Chinese elderly in Edinburgh, two issues are highlighted which require separate consideration. In regard to social and financial needs, evidence to confirm the issue of the Chinese elderly being "self-sufficient" is not adequately gathered in this study. This may be explained by the difficulty of isolating socio-economic forces from cultural forces. Further studies are thus required to investigate the impact of culture on social and financial needs.

By contrast, however, this study has demonstrated that the Chinese have distinctive norms and beliefs in relation to health matters and these have no doubt affected the use made of health services by the elderly members of the Chinese community in Edinburgh. Unfortunately, Chinese herbal medicine is neither easily nor cheaply available in Edinburgh. So, for those elderly who are sceptical of the effectiveness of western medicine it is likely that they will not seek medical attention in the first instance or until they are overwhelmed by disease, and this group is clearly at a severe disadvantage.
To return to the questions which were posed at the beginning of this section, it is not easy to reach a firm conclusion that cultural differences are a sole factor in determining the use made of social and health services. Nevertheless, I have so far argued that cultural differences do exist and they do affect the uptake of the services in question, particularly in regard to health care matters. However, the extent to which such cultural differences are influential in determining individual behaviour is unclear, and this is particularly true where other factors, such as language barriers and the existence of or lack of family support, may also be important.

8.4 SOCIAL ISOLATION

Studies on social isolation such as Tunstall (1965) and Weeks & Cuellar (1983) have followed Townsend's definition of isolation (1957) primarily in terms of the degree of contact with family, friends, and the local community. It is felt here that Townsend's definition does not convey the meaning precisely. In this study, the term "isolation" is therefore extended to describe the lack of integration into society. The Chinese elderly here are regarded as "socially isolated", because even though they enjoy a great degree of interaction within the Chinese community, they have virtually no social interaction with the wider community. It should be noted that isolation and loneliness are both aspects of the deprivation of social contact, but isolation is distinguished from loneliness, which is an essentially psychological attribute referring to "an unwelcome feeling of lack or loss of companionship" (Townsend 1957). The following discussion considers social isolation as a factor contributing to the uses of social and health services by the Chinese elderly in Edinburgh.
Perhaps one of the unavoidable consequences of the involvement of the Chinese in catering businesses is that they are often thereby cut off from the host community. The study findings showed that 40% of the respondents had non-Chinese friends but only a quarter contacted their non-Chinese friends more than once a month. There is ample evidence indicating that a substantial proportion of the respondents did not have any association with wider community groups at all. Two thirds of the Chinese elderly were members of at least one voluntary organisation but none of them was a member of a non-Chinese organisation. The social network of the Chinese elderly is therefore restricted to their family, relatives and Chinese friends.

The preceding section of the discussion has identified that lack of proficiency in English makes it difficult for the older members to interact outside of the Chinese community. Evidence also shows that three quarters of the Chinese respondents had never listened to radio programmes and only 25% of the elderly had listened to the bilingual community radio programme (which seems to be the only channel of community information for most of the illiterate in both English and Chinese). Moreover, 60% had never read Chinese newspapers let alone English newspapers. These problems have clearly intensified the isolation of Chinese individuals and contributed in particularly to their ignorance of the operation of the social system. Therefore, it is not surprising to find such a large proportion of respondents who have never heard of the social and health services, and of course knowledge of the available service is a prerequisite for its uptake.
Findings also indicated that the main source of community information was through word-of-mouth by families (36%). The previous discussion on family support has already mentioned that many of the elderly who have family, (but where members are not always easily available to help or to visit, because of long working hours,) would have difficulty in getting the necessary information in regard to social and health services. Even worse off are those who have no next of kin accessible particularly if this is coupled with language difficulties.

The following account of Mr Y illustrates some of the problems of isolation.

Mr Y in his mid-50s who spoke no English at all was admitted to hospital with diabetes and was then discovered to have cancer. He had no next of kin in this country and used to live in dormitory accommodation attached to the restaurant in which he worked. During his stay in the hospital he was unhappy with the western food and refused to eat. He had no communication with the hospital staff. After being discharged from the hospital he had no place to live. His friend, on a temporary basis, provided him a boxroom in the basement with neither ventilation nor access to facilities. There had been visits from district nurse and social worker, but they could not have proper communication because of the language differences. His friend came to visit him one day and found that he needed medical attention urgently. His friend then asked a Chinese doctor to come. The doctor discovered him to be malnourished and living in filthy conditions. The Chinese doctor informed a Chinese community worker of Mr Y's condition and applied for a house for him. While waiting for the accommodation, his health condition was deteriorating badly and he was admitted into hospital again just a few days before Christmas. But, before any more could be done, Mr Y died on Boxing Day. Later, it was discovered that Mr Y could not go to a pharmacy store to get medication after being discharged from the hospital because of his poor health. He only ate properly if his friend came to visit with the food.
Mr Y's case is one of the unfortunate examples of the experience of socially isolated elderly. If typically, it suggests that those elderly Chinese who have no next of kin need statutory assistance most. It also shows how serious it could be for some such people if they have no knowledge of English. In order to deliver social and health services effectively, these services must be provided sensitively and be geared to meeting the clients' needs. This point will be elaborated in the following section.

8.5 STRUCTURAL CONTINGENCY

So far the preceding discussion has encompassed the inherent features of the Chinese community as barriers to the effective utilization of services. In this section, I shall approach the discussions from a different angle by considering the structural contingencies of social and health services.

The response of statutory and voluntary organisations to the needs of the elderly in general is, according to Glendenning, "ill thought out, patronising and inadequate" (1979, p.18). He also argues that discretionary benefits do discriminate against those who cannot manipulate the system, and that leaflets in a foreign language are useless unless followed up by media and community workers (1979, p.58). Moreover, Chauhan comments "multi-racial service delivery is an impossibility while social services departments remain 'Eurocentric and monoracial'" (Social Work Today, 14 Jan 1988).
The above comments merely skirt the problems inherent in the social and health services provided in contemporary Britain which require thorough investigation. In the light of my field experience with Chinese elderly, community informants and service providers, the following insights are generated.

(1) Publicity of Services

Findings in Part 3 Chapter 7 have shown that widespread ignorance about services exists among the Chinese respondents. This lack of awareness could be attributed to the lack of English language and the poor publicity given to services. The publicity given to social and health services can be said to be minimal. Most of the services are only advertised through leaflets being made available on an irregular basis at social agencies such as day centres and welfare offices, post offices, clinics and libraries. The national media: newspapers, radio and television are rarely officially used to advertise social and health services. The findings indicate that low information levels, as well as uncertainty about eligibility seem to be substantial barriers to claiming for the Chinese elderly, and these factors have been found in all groups of benefits claimants - especially the elderly (Victor 1986). As previously mentioned, the great majority of Chinese elderly do not have much contact with these social agencies. Indeed, even if social and health services leaflets were readily available, the Chinese elderly would not be able to understand the language unless there was someone to interpret for them.
(2) Eligibility Requirements

Those who came to join their family as dependents are subject to immigration control. The sponsors have to sign an undertaking that they will maintain and accommodate those sponsored without recourse to public funds. This requirement makes some elderly ineligible to receive many of the welfare benefits. Over half (55%) the respondents were receiving state benefits at the time of interviews. Statutory pension, income support and/or housing benefit are often received by most of them, while no one has received sickness and disability benefits. In this study, 5 out of 55 respondents are not eligible to claim the welfare benefits and have to depend either on their own savings or contributions from their children. If their children's financial station would not allow them to provide adequate help, the parents under such circumstances would simply have to live with very little money, using such techniques as not going out visiting; avoiding use of the phone, and going early to bed to save heating bills.

In addition, some of those who came to Britain in their 40s might not have contributed enough national insurance to be qualified for a full pension. Others might not have paid or have delayed paying national insurance due to their, or their employers' ignorance of the system. Evidence of not paying appropriate national insurance contributions was also found in Chan's study (1984).

(3) Complicated Application Procedures

Most of the financial benefits claim forms are complicated. The language used in the information leaflets and forms is not easily comprehended by most people who have difficulty
in reading and writing (Chapman 1979, National Consumer Council 1984). Many of the respondents reported that they found the social security system very confusing, requiring claimants to disclose much financial detail. But a few individuals indicated unfriendly and hostile treatment in dealings with the DSS staff. One elderly said:

"Although I can't understand much English, I can pick up a few words and can guess from his (the DSS staff) facial expression. I went to the DSS office one day to submit medical evidence. The man used a very harsh voice and unfriendly attitude asking me why I did not go to get a job. I told him I was sick and waiting for a kidney transplant operation. How could I go back to work? I wish I could, nobody wants to ask for pity!"

Thus, it is not surprising that complex application procedures, particularly for social and health services, were frequently mentioned by the respondents as obstacles in using the system. Very often many respondents who are eligible do not want to bother their children to fill an application forms for free glasses or free dental treatment.

A good example of this kind is the concession bus passes. When the Edinburgh Chinese Elderly Support Association was first set up, it was found that nearly all members who were pensioners had not applied for the free bus pass due to ignorance of the benefit and because of the complicated application procedures. It was then decided that the Chinese worker and volunteers would escort them to the Transport Department and assist them in filling the application forms. Since then, this specific information has spread through the Chinese community; more and more Chinese elderly and even their families who are not members of the Association come forward to ask for assistance to apply for a free bus pass, a poll tax concession, and similar welfare benefits.
(4) Control by Gate Keepers

Many social services, for instance, home help and meals on wheels, are usually requested by third parties such as doctors, community workers or social workers. So these people who are in a professional capacity are the source of information and contact between old people and the welfare services. However, evidence indicated that only a few Chinese elderly had been in contact with these professionals. In other words, it could be suggested that if the most needy elderly were in touch with these community informants, they would most likely be referred to appropriate services. On the other hand, if they did not get in touch with community informants, help would not be easily available for them. This proposition has been confirmed in Chapter 7: 7.7.1.

(5) Inappropriate Service

Those who use the public services provided by the government are just as much consumers as those who buy and use the goods and services provided by private industry. The social and health services are, I believe, essentially consumer services and like any such service should be directed towards the needs of those who use them. Shoddy goods will not attract customers. Ideally, customers should be as welcome in a DSS office or a hospital as they are in a shop.

There is ample evidence from other studies that the lack of take-up of social services has been attributed to inappropriateness and insensitivity to the needs of the ethnic minorities (Bhalla & Blakemore 1981, Barker 1984, Fenton 1985, and Norman 1985). Within all groups, whether young or old, black or white, immigrants or indigenous,
different persons have different needs. It would be as absurd to treat the Chinese elders as homogeneous as it would their indigenous or other ethnic minority counterparts.

In one case, Mr L in his late 50s had a stroke and was admitted to hospital. He had no next of kin in this country and no knowledge of the English language. After being discharged from hospital, he was then admitted to an Old People's Home where all the inmates and staff were non-Chinese. I went to visit him a number of times and enquired how he was getting on. The warden said, "Mr L is a quiet man and does not speak at all. I suppose he is all right and looks quite well." When I talked to him, he admitted that he did not like the food very much and very often he felt lonely because he could not communicate with other people. He did not want to ask for too much and accepted the circumstances as they were. Therefore, whenever someone asked him something, he tended to say "yes" even though he did not understand the questions. After the Chinese Support Association was set up he became a member and was transported to join the luncheon club every Thursday. During more than a year's participation in the Association, he became less withdrawn and more cheerful than before. He told me that he was always looking forward to Thursday since this was the only Chinese meal he had in a week and he was pleased to meet some Chinese friends too.

Mr L's case has illustrated that an isolated Chinese elderly person will gain much benefit if the services provided are geared to meeting individual needs. It is not surprising that one lady, working in a Day Centre in Leith which has a small concentration of Chinese residents, reported that she had never seen a Chinese person use their services. Whereas
the local ECESA it has a current membership of 120 and an average 50-60 people attend its luncheon club every week. This project has demonstrated that when services are appropriate, and sensitive to the needs of clients there will be uptake.

8.6 CONCLUSION

At the beginning of this section, I intended to find out the factors which prevented the social and health services being utilised by the older members of the Chinese community in Edinburgh. In this study, the sample of Chinese elderly who are in need of social and health services is relatively small and therefore not representative in any statistical sense. It does, nevertheless, illuminate certain factors discouraging the take-up of services which could be verified in a larger scale study. These factors, family support, language difficulties, cultural differences, social isolation and structural contingencies of the service provision have been examined in the context of Edinburgh's Chinese community. It is apparent that they are related to one another, but language difficulties do seem to be the root of many problems and this view is an echo of the Home Affairs Committee's Report (1985). While not denying its existence, I have attempted to expose the reality and weaknesses of traditional family support. Language and family support have also acted as cultural barriers to the utilisation of social and health services. So, does culture make a difference in the use made of social and health services? Or, should the structural contingencies of the delivery system be more responsive towards the process of service utilisation? Some answers have been provided throughout in the discussion, although I have by no means exhausted the issues. Lastly, in my opinion, language
difficulties have no doubt triggered off many of the misunderstandings and unhappy events which have sometimes intervened between the Chinese and wider community.
CHAPTER 9 - THEORETICAL IMPLICATIONS

In Chapter 4, four theoretical issues: the Modernisation Theory, Double Jeopardy Hypothesis, the Behavioural Model of Service Utilisation and Ethnic Solidarity were raised as being of potential interest in researching the Chinese community in contemporary Britain. I do not pretend to be providing a definitive answer in respect of any of these issues but I shall try to take them further here, on the basis of existing empirical evidence. In this chapter these theoretical perspectives will be assessed by drawing evidence from my field work experience. I begin by discussing the effects of modernisation and ageing on the Chinese elderly, then move on to look at the impact of ethnicity on ageing in the Chinese community in order to tease out assumptions which are made about service utilisation behaviour. The chapter ends by drawing evidence from elsewhere together to ascertain how far "double jeopardy" affects Chinese elderly people in contemporary Britain.

9.1 MODERNISATION AND AGEING

Cowgill (1974) elaborated a systematic theory of the effects of modernisation on the status of the aged. He argued that four characteristics of modernisation have contributed to a lowering of the status of the aged: modern economic technology, advances in health technology, higher educational attainment and urbanization. In Chapter 4 the theoretical principle was examined and found to have theoretical flaws and be based upon contradictory evidence. It was pointed out that preliterate societies had not particularly venerated their elderly, and nor had American or British families always done so in the past.
As indicated previously, the major theoretical flaws in the Modernisation Theory were the myth of a "golden age" and the "before and after" view of the status of old people in the family. Of specific importance to the present discussion is the impact of these aspects of modernisation on the family life of older people. A number of studies on ageing and ethnicity have utilized the theoretical framework of the Modernisation thesis which assumes a dichotomy of traditional/modern culture (Palmore 1975, Holzberg 1981). When ethnicity is incorporated into this theoretical view, it becomes subsumed as "traditional". Thus, the culture of an ethnic group in a western industrialised society would be equated with the culture of pre-industrialized societies. Also as ethnic families would be viewed as less advanced on the way to modernisation than dominant families, it would follow that the status of the elderly would be higher in ethnic family support. Consequently, the ethnic family is characterised by veneration of elderly members, a high level of family support, a high degree of family solidarity and intergenerational interaction. Whereas, families in the dominant culture are viewed as generally unsupportive of their elderly.

Now let us turn to an analysis of the ageing and modernisation model, using the materials presented in the thesis to examine the adequacy of the concepts of family support and status among the Chinese family.

Migration into a western society where the implicit prevailing ideology emphasizes individualism has consequently brought about immense changes in environmental, economic and social factors. This ideology has an impact not only on one specific group of migrants, but also on the ethnic minority as a whole. When moving to a radically
different type of community, migrants are required to adapt themselves to the requirements of the new community in order to cope with an unfamiliar culture. The ability to cope with the new receiving culture varies from person to person. Generally speaking, the greater the disparity between the familiar and the unfamiliar culture, the more difficult it is to bridge the gap. When an individual finds himself in an unfamiliar cultural environment, where his previous learning is inadequate for coping, he may suffer some degree of emotional disturbance, a condition often referred to as culture shock.

The theory of modernisation and ageing is flawed in two ways. First, there is contradictory evidence which does not clearly support the notion that the Chinese elderly immigrants appear to have lost their status due to migration. Second, the theoretical assumptions behind it are erroneous in terms of ways in which migration will lead to the breakdown of family support.

The Chinese elderly in this inquiry, by and large, came from the rural parts of Hong Kong having a background of either fishing or farming, low education levels and minimal English proficiency. In the context of modernisation thesis, the Chinese families in question would have experienced radical environmental, social and economic transformations from a "traditional" society to a "modern" one. The status of their elderly members would theoretically have diminished or eventually become lost. So far as this concept is applied in general terms, it may be a sound descriptive thesis, but it is often contradicted by the empirical evidence.
In Chapter 3, I presented some evidence of life in China, Hong Kong and Taiwan which tended to refute the assumption that the elderly enjoy a high level of reverence from their offspring in contemporary Chinese society. Nor did they receive great honour in the past (Wong 1979, Xu & Wu 1984, Chow 1983, Law 1984, and Ikels 1980).

On the other hand, based on my community involvement with the Chinese in the UK in the last four years, the great majority of the elderly in this inquiry hold positive attitudes towards ageing. Many elderly reported being content with their lives, and with the special privileges accorded to them by family and society. The great majority of the members of the Edinburgh Chinese Elderly Support Association who are infirm are usually escorted by their children to attend the luncheon club every Thursday consistently throughout the year. Most of them had high degrees of interaction with their families and made various contributions to their children's family in areas of finance, child-minding, and by giving gifts and advice. A conclusion that the role of the elderly in the family has been eroded to a major degree as a consequence of migration is simply not justified by the findings of this inquiry.

However, I would not reject the opposite proposition. Some elderly in my study did not gain much respect and honour from their children. There is also evidence that some elderly are not looking forward to seeing the consequences of being old, becoming economically dependent and experiencing deterioration in their state of health. Some did hint that they were not well cared for by their children and others would, if possible, choose to reside in separate dwellings. It may well be that their traditional knowledge, which would have secured status and position in their
country of origin, is not necessarily useful in contemporary Britain because of cultural differences and a lack of English proficiency.

Another argument from the Modernisation Theory suggests that the decline of the extended family is a consequence of moving to a modern society. Again this argument is brought out by this study. Over half of the Chinese elderly in this inquiry lived in three generation households. Some elderly lived in separate dwellings but in close proximity to their children. In many cases, their children lived either in the same tenement block or neighbourhood. Those respondents who understood the internal conflicts and strains of a three generation living arrangement had indicated a wish for independence in a set up providing "intimacy - but at a distance" (Townsend 1957). So that high levels of intergenerational activity and mutual assistance would easily be maintained.

It should be apparent from the preceding discussion that there are various empirical flaws in this model. By citing the evidence that the Chinese elderly have not lost their status due to migration or have gained veneration from their children in the past, and the development of a modified extended family support, it seems to me that the loss of status of elderly members is not solely due to the effects of modernisation. Indeed, it is a rather complex mesh of economic, social and cultural contexts. The position of the elderly may be dependent upon the interrelationship of many factors such as the contribution made to economic, family, or cultural activities; the extent of their knowledge and their position in the society.
Perhaps there is a problem in defining the meaning of the status of old people. After all, what do we mean when we speak of status? Should it be an indicator of a combination of measurable variables: income level, education level, occupation position and social position? In my opinion, the meaning of status should incorporate the measurable variables as well as other variables such as respect, honour, financial and emotional support from their family members, the contribution they make to their family and their ability to control resources and manage constraints. Furthermore, the latter should take precedence over the former in considering the status of the old people in the Chinese family. Therefore, the concept of status must be further unravelled in order to assess whether their expectations are satisfied, and what support or care they get from their family and from participation in society.

Finally, the evidence gathered in this inquiry has not been able to confirm the linear causal relationship of the ageing and modernisation thesis. Neither has it been able to depict a full picture of the Chinese experience of growing old in this part of the country. The contradictory evidence on status and the considerably diverse experience of the Chinese elders may be a reflection on the diversity of our social world. It is clear from this study that the traditional culture is neither a guarantee of satisfaction nor a writ of doom for older members of the Chinese family. Migration not only disrupts the old patterns. On the contrary it sometimes re-establishes and even strengthens them in the new environment. But it also leads to new forms and a new quality of family solidarity. Like any other race, the Chinese tradition offers compensation and/or constraints that its older members may manipulate with varying degrees of skills. In view of this perspective, it would be far more
interesting to find out how individuals interpret the changes around their world, and how they react and negotiate transitions and relationships, than to concentrate entirely on role or status loss. This view will lead the discussion to explore the impact of ethnicity on ageing.

**9.2 ETHNICITY AND AGEING**

In the last section I argued that the Modernisation Theory has not been able to explain the considerably diverse experience of growing old among the Chinese elderly in Edinburgh. I proposed an interpretive way to consider how they react to and negotiate the changes of growing old in a different cultural context. This view has also been posed by Rosenthal (1983). In this section, I attempt to illustrate how ethnicity affects the individual behaviour in the ageing process. In order to distinguish the distinct behaviour of the Chinese elderly from their indigenous counterparts, a comparable framework is required. As discussed in Chapter 6: 6.2.1, this study has not collected statistically comparable information from the indigenous community, the following account can only give an indication of the older members' behaviour which are found perhaps to be distinctive.

Various studies have given clues to some of the significant impacts on family relationships and supports in later life of the ethnic minority family and recognised that ethnicity does make a difference to the elderly (Sokolovsky 1985, Rosenthal 1986). Ethnicity is a dynamic and reactive phenomenon. It provides group members with a set of roles and values which may, on the one hand, counteract the effects of modernisation and contribute to relative stability and contentment; and on the other hand, constitute a formidable barrier to social integration. In the case of
the Chinese elderly in this study, they have demonstrated a set of behaviours where ethnicity offers a mitigating force or compensatory buffer enabling them to cope more easily with the constraints of the ageing process. The following account gathered from interviews and observation provides a pattern of adaptation practised by the Chinese elderly in Edinburgh.

(1) Integral Role in Family Life

There are well-defined roles for children and parents in Chinese culture. Certain traditional values such as responsibilities toward the aged or ritual practices are often transmitted to the offspring. When the younger generation value their ethnic identity, the position of the older members is likely to be strengthened because of a natural tendency to draw on their experience and memories.

Migration may be very disruptive to role definitions. The Chinese settling in this country face strange norms and values, as well as a new language. For many Chinese immigrants, the shock imposed by immigration may be softened by living within the Chinese community (Chan, K. 1983). In time, the Chinese immigrants begin to adapt to their new situation and to develop a sense of security, as well as new roles, in their lives. Those who are unable to develop this sense of security may prefer to return to the old country.

Some of the elderly women reported that before coming to the UK to join their husbands, the latter had periodically sent money back home to support families left behind. However, life in the poor Chinese village was difficult, and some women often worked long hours as farmers, fishermen or labourers to help support the children and parents-in-law.
hoping that one day their husbands would save enough of a fortune to return home. This has shown the strength of the Chinese women holding their family together in difficult circumstances.

Moreover, many of the elderly women reported that upon arrival in the UK their traditional role of housewife had to be expanded to help their husband with the business, as well as to manage household affairs. Like any other race, in later life, they unburdened themselves of their workload, but some of them also lost their partners. So, retirement and widowhood are major role losses in later life, whilst grandparenthood is one of the roles to be adopted.

In order to establish their lives here, many Chinese elderly in this inquiry had changed their occupation to work mostly in Chinese catering businesses, as a result of which they avoided severe job competition from the wider community. With a view to maximising security and profit, these businesses were mostly operated by families.

Despite the pressures of survival in the UK, the older parents have not yet changed their views of assisting children and believe they have a definite and important contribution to make in the family. Providing child care gives the elderly - especially women - a vital role in family survival. Besides baby-sitting, the other primary services that parents provided included giving advice; sharing traditions; housekeeping; and offering financial, material and emotional support. In exchange for their parental care, some, but not all children, act as agents for their elderly parents in seeking and gaining public services and mediators and protectors from bureaucracies.
The move away from children and grandchildren is indeed a morally courageous one on the part of the Chinese elderly because it shatters their ideal model of three generations of the Chinese family living under the same roof with the elder members being cared for, loved, and respected by the younger ones. By making this decision to move into separate dwellings, some are admitting to themselves and everybody else that things are not working out very well in their family. However, it was found that economic independency of the elderly was a crucial factor in the decision to move into separate dwellings (see Chapter 7: 7.3.3). They could persuade themselves that separate dwellings as an alternative mode of accommodation will give them the autonomy and freedom they need. It is also an arrangement whereby intergenerational conflict and power struggles are avoided.

From the above brief account, the indications are that the Chinese elderly, especially women, play an integral and indispensable role in holding the family together, both in Hong Kong or China and in Britain. From my observation and experience with the Chinese community in question, family ties are a particularly strong source of support for the Chinese. Sustaining traditional values of moral and familial obligations as elder kin members may also help to forestall intergenerational conflicts between children and their parents.

(2) Managing Scarce Resources

Living in a foreign homeland, where accustomed resources were not readily available, would not allow the Chinese elderly to practise their cultural traditions easily. However, despite residing in this country for a significant
period of time (83% had lived in Britain for at least 16 years), they still followed the traditional practice in respect of life-styles, customs and beliefs (see Chapter 7: 7.9).

During the interviews, some of the elderly reminisced about the seemingly insuperable difficulties that confronted them in their earlier years in the UK. It was evident that time had made things easier. Those coming here in the early 60s said that food was the first thing they could not bear. In order to persuade themselves to stay, some remitted money home to enable their friends and families to send to them certain important ingredients and spices every now and then. Receiving such a parcel was a great joy and source of hope in the earlier period of their stay in this country.

As time passed, they began to learn adaptive strategies in order to make their lives more pleasant. Most of the elderly women said that diet was the very first thing they wanted to maintain. In doing so, they modified their stove so that it was suitable for the Chinese stir-fry cooking method. Many learned to preserve meat using the traditional wind-dried method, to cultivate Chinese vegetables in their backyard. If a friend happened to go to London Chinatown, a long list of Chinese grocery items would be ordered so that the stock would be sufficient to last until the next trip. Some women learned to make clothes for themselves and their families (the British sizing is generally too large for the Chinese figure).

Festivals are regarded as being of great significance to the Chinese. Usually, all the family members come together to celebrate important family dates and occasionally, they would invite other relatives and Chinese friends who were
living nearby to celebrate the Chinese New Year or other important festivals together. With advances in modern technology and transportation, and an increase in the Chinese population, it is now much easier to buy Chinese produce, and with the introduction of the video recorder, it is also possible to watch Chinese films or television programmes imported from Hong Kong.

It is now apparent that their ethnic identity has not been diminished by the process of migration. Their roots remain in their homeland, and their beliefs and practices are firmly grounded in their past experience and traditions which are transmitted from their ancestors. To reconcile their past with their present experience in this country, they have managed to develop certain adaptive strategies handling the environmental changes throughout their life course in order that their traditional practices can be retained and their aspirations can be sustained even in a foreign homeland.

(3) Means of Social Control

As indicated before, traditional values and norms regarding family care and responsibility toward the older members are often transmitted to their offspring in the socialisation process. In order to strengthen the concept of filial piety, many folktales of filial piety are often heard and read about, and they are highly praised in Chinese society (Sung 1990). Some children would cherish and shoulder the responsibility toward older parents spontaneously, while others would require parents to exert pressure in order to perform such a socially recognised duty. Some parents in this inquiry indicated that they might develop devices ranging from expressions of displeasure to the active
withholding of parental assistance. Nevertheless, it should be noted that the process of developing coercive devices may be implicit as well as explicit, and need not be conducted at the level of a conscious strategy. Also, gossiping is used as an effective means of social control. Since the Chinese community in Edinburgh is close-knit, everyone knows everyone else's business. Knowing what other people might say about a person can be a powerful control in its own right. Matters concerned with duty and obligation in families certainly are the kind of situations where people feel able to make strong moral judgements about other people's lives. Not only can gossiping reinforce the concept of filial piety but also control deviant behaviour. Some elderly expressed the importance of retaining group conformity in order to avoid malicious gossip and peer-group scrutiny and criticism. This has also prevented the breakdown of the three generation household and, in some extreme cases, the abuse of the aged.

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This section has so far illustrated that culture is a plan for behaviour, not behaviour itself. Each person's value system is an outcome of his experience which is learned. In this group of Chinese elderly, culture provides not only a blueprint for behaviour, but a pool of meaning, a basis for judgements, and a sense of security and they are never more precious to the individual than when he/she is adrift in a foreign country and confusing environment. Migration has so far not been able to erode the Chinese elderly's ethnic identity. It has rather propelled them to accrue adaptative strategies to sustain their life aspirations. Although today's Chinese elderly and the situations they confront may not be indicative of what subsequent generations will
experience when they reach a similar point in life, ethnic culture may continue to influence the lives of subsequent generations. And the extent to which ethnic culture persists, declines, or is changed over time will be an important research question. In contrast to this view of ethnicity as a positive feature of ageing is the Double Jeopardy perspective relating ethnicity to social inequality. This will be analysed in the next section.

9.3 ETHNIC MINORITY AGEING AND SOCIAL INEQUALITY

In the preceding sections, I have argued that social change and migration have not undermined the salience of ethnicity in explaining the experience of the Chinese in question. I shall move on to analyse an approach which contrasts with the positive view of ethnicity and ageing. This is the Double Jeopardy Hypothesis.

In Chapter 4: 4.2.2, it was pointed out that the Double Jeopardy Hypothesis had been employed to predict the disadvantaged position of the ethnic minority elderly (Dowd and Bengtson 1978, Jackson 1985, and Rosenthal 1986). It also pointed to the theoretical and methodological flaws of the Double Jeopardy Hypothesis due to insufficient empirical evidence to support the hypothesis and the difficulty of differentiating the effects of social class and ethnic status (Jackson 1985).

Since the present study was not designed to test this hypothesis, it is not possible to make a firm statement in respect of the Chinese elderly in terms of social deprivation without empirical data on the use made of social and health services by a statistically comparable group from the general community. Nevertheless, some variations were
observed amongst the Chinese elderly which may suggest some
degree of inequality, and the following analysis is based on
consideration of the areas of income, knowledge of social
and health services, health, social interaction and life
satisfaction.

(1) Income Inequalities

Income data was recognised to be the least reliable of the
information derived from the questionnaire, particularly as
some of the respondents (20% of both groups) in this study
were unwilling to disclose much information about income,
dependence on social security, investment and savings. There
was also probably a wide margin of error in the income data
reported.

The main source of income for the respondents was from
statutory benefits (55%), saving and/or investment (18%),
salary (18%), and family support (9%). Over half (55%) the
respondents were receiving state benefits at the time of
interviews. Statutory pension, income support and/or housing
benefit are often received by most of them, while no one has
received sickness and disability benefits.

However, it is significant that about 16% of the Chinese
elderly reported their weekly income to be less than £40; in
contrast, none of the non-Chinese group had a weekly income
less than £40. Moreover, only 20% of the Chinese respondents
as compared to 45% of the non-Chinese group reported weekly
incomes over £160 (See Table 43).
Table 43 Weekly Income by Two Groups of Elderly

<table>
<thead>
<tr>
<th>WEEKLY INCOME</th>
<th>CHINESE %</th>
<th>NON-CHINESE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDER £20</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>£20 - £39</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>£40 - £59</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>£60 - £99</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>£100 - £160</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>OVER £160</td>
<td>20</td>
<td>45</td>
</tr>
<tr>
<td>UNWILLING TO DISCLOSE</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

The reasons for such differences are various. First, a number of Chinese elderly (11%) coming to Britain had been here for less than 10 years and might have not made enough contributions themselves to entitle them to a full pension. Alternatively, their employers might have avoided paying the necessary contributions. Second, some Chinese elderly who came to Britain as dependents of their children would not be qualified to apply for social security benefits unless they declared that their sponsors, usually their family, were unable to (or had refused to) support them. But such a claim would entail a court order against the sponsoring person, and many elderly would not wish to take such action for fear of jeopardising their immigrant status and because of the shame involved in enforcing legal liability on their family. Third, the employment patterns are quite different. The majority of the Chinese elderly (46%) were formerly employed in the Chinese catering industry, 28% were self-employed, also mainly in the Chinese catering industry, and only one Chinese respondent was in a professional occupation.
In contrast, 40% of the non-Chinese group were employed in professional or managerial jobs and only 5% was employed in an unskilled job (see Table 44). Consequently, the non-Chinese group (55%) were more likely to have arranged a private pension or occupational pension schemes than the Chinese group (4%).

<table>
<thead>
<tr>
<th></th>
<th>CHINESE (%)</th>
<th>NON-CHINESE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BEFORE</td>
<td>AFTER</td>
</tr>
<tr>
<td>ENTERING UK</td>
<td>ENTERING UK</td>
<td></td>
</tr>
<tr>
<td>PROFESSIONAL/MANAGERS</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>NON-MANUAL</td>
<td>8</td>
<td>28</td>
</tr>
<tr>
<td>SKILLED MANUAL</td>
<td>22</td>
<td>17</td>
</tr>
<tr>
<td>SEMI-SKILLED MANUAL</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>UNSKILLED MANUAL</td>
<td>5</td>
<td>32</td>
</tr>
<tr>
<td>HOUSEWIFE</td>
<td>24</td>
<td>16</td>
</tr>
<tr>
<td>RETIRED</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

| NUMBER               | 55          | 55              | 20               |

It is important to point out that the non-Chinese group was largely middle-class and had been chosen from a highly concentrated Chinese residents area. The Chinese in question were living in a pre-eminently middle-class area and either they or their children were economically more successful than the figures on Table 43 suggest.
(2) Knowledge and Awareness of Social and Health Services

In terms of knowledge and awareness of social and health services and contact with advice agents, the result is definitive in that the Chinese elderly are less knowledgeable than their indigenous counterparts (see Table 40, 41 and 42, p.166, p.167). The reason for this, however, may not solely be ethnicity and age. Variables such as education level, length of residence in the UK and level of social contact within and outside the Chinese community all have impact. Whether age matters more than ethnicity is unclear. The result might be very different if comparisons between generations or cohorts within the Chinese were made. Nevertheless, the fact is that English language competence does act as a barrier to receiving essential knowledge of services.

(3) Health Inequalities

In regard to health, there is not much evidence to support the notion that the Chinese elderly are in a disadvantaged position except in the case of access to health services.

The data presented in Table 45 was based on self assessments of sight, hearing, arm/hand movement, and leg/feet movement ability. The data collected was not medically diagnosed and may therefore be subject to cultural differences in respondents' perceptions of illness. For instance, the Chinese group has a higher proportion reporting none of the above problems, but this may reflect a cultural unwillingness to divulge personal information about illness and/or poor expectation of health in old age. As mentioned before, it was not very accurate to compare the health condition of the two groups based on self assessment.
Nevertheless, the data suggested that the non-Chinese elderly having health problems all received treatment. By contrast, the Chinese with health problems did not all receive treatment.

Table 45 Common Health Problems and Proportions of Elderly Receiving Treatment

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>CHINESE HAVE PROBLEM %</th>
<th>HAD TREATMENT %</th>
<th>NON-CHINESE HAVE PROBLEM %</th>
<th>HAD TREATMENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGHT</td>
<td>51</td>
<td>42</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>HEARING</td>
<td>13</td>
<td>9</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>ARM/HAND MOVEMENT</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>LEG/FEET MOVEMENT</td>
<td>9</td>
<td>9</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>NONE OF THE ABOVE</td>
<td>38</td>
<td>-</td>
<td>30</td>
<td>-</td>
</tr>
<tr>
<td>NUMBER</td>
<td>55</td>
<td>55</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 46 Type of Illnesses suffered by Two Groups of Elderly

<table>
<thead>
<tr>
<th>ILLNESS</th>
<th>CHINESE %</th>
<th>NON-CHINESE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTHRITIS/RHEUMATISM</td>
<td>66</td>
<td>25</td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td>BACKACHE</td>
<td>33</td>
<td>20</td>
</tr>
<tr>
<td>STOMACH TROUBLE</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>DIABETES</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>HEART TROUBLE</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>ASTHMA</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>NERVE PROBLEMS</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>KIDNEY</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>TOOTHACHE</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>NONE OF THE ABOVE</td>
<td>16</td>
<td>40</td>
</tr>
<tr>
<td>NUMBER</td>
<td>55</td>
<td>20</td>
</tr>
</tbody>
</table>
On the other hand, in further analysis of the illnesses reported by the elderly, Table 46 shows that members in the Chinese sample were more likely to have suffered from Arthritis/Rheumatism and high blood pressure than the non-Chinese. Furthermore, slightly more Chinese (84%) than non-Chinese (60%) had multiple health problems. From these findings, it could infer that the relatively poor health conditions among the Chinese elderly may be due to the job nature, working environment of the catering business and/or difficulty in getting medical attention (see Chapter 7: 7.4.2 and 7.4.4).

In terms of access to primary health care, it was found that nearly three quarters of the Chinese respondents (73%) did not visit, or seldom visited a GP's surgery; and about 44% reported the reasons for non-attendance to be language barriers and/or cultural differences in health care practice.

It is not possible from the above data to demonstrate conclusively the existence of double jeopardy in terms of health. However, it is clear that the Chinese elderly's lack of proficiency in English would make it difficult for them to ascertain their health care needs to a non-Chinese family doctor in the first place and it is therefore possible to speculate that the difference in health between these two groups may widen as the Chinese group ages (the example of Mr Y has shown a clear indication of this postulate, see Appendix II). Before making a definitive statement on health inequalities it is crucial to have objective data on the morbidity and hospital contact or discharge rates of the two groups of elderly.
(4) Inequalities in Social Interaction

The data presented in Table 47 suggested that members of the Chinese group had contacted their families/relatives and friends more frequently than the non-Chinese.

Table 47  Frequency of Contact with Families/Relatives and Friends by Two Groups of Elderly in the last month

<table>
<thead>
<tr>
<th></th>
<th>CHINESE (%)</th>
<th></th>
<th>NON-CHINESE (%)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FAMILIES/RELATIVES</td>
<td>FRIENDS</td>
<td>FAMILIES/RELATIVES</td>
<td>FRIENDS</td>
</tr>
<tr>
<td>OVER 10 TIMES</td>
<td>43</td>
<td>41</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>5 - 10 TIMES</td>
<td>12</td>
<td>13</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>3 - 4 TIMES</td>
<td>13</td>
<td>15</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>1 - 2 TIMES</td>
<td>13</td>
<td>9</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>NONE</td>
<td>6</td>
<td>18</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>CAN'T REMEMBER</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>NUMBER</td>
<td>55</td>
<td>55</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

However, frequency of interaction does not tell much in regard to the quality of contact and this point has been raised in Chapter 8: 8.1. Evidence in other studies suggests that the objective fact of having the closest and most active kin network is not itself a guarantee of happiness and satisfaction in old age (Cantor 1976).

Therefore, with regard to primary group support and social interaction, this study has revealed that some are fortunate and others not, as would be the case with the non-Chinese elderly.
(5) Inequalities in Life Satisfaction

Table 48 shows that there are not many differences in subjective perceptions of life satisfaction between the two groups of elderly.

Table 48: Life Satisfaction and Loneliness between Two Groups of Elderly

<table>
<thead>
<tr>
<th></th>
<th>CHINESE (%)</th>
<th>NON–CHINESE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIFE SATISFACTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>75</td>
<td>85</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>CAN'T COMPLAIN</td>
<td>20</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>CHINESE (%)</th>
<th>NON–CHINESE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LONELINESS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OFTEN</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>SOMETIMES</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Seldom</td>
<td>13</td>
<td>25</td>
</tr>
<tr>
<td>NEVER</td>
<td>49</td>
<td>55</td>
</tr>
<tr>
<td>NO OPINION</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>NUMBER</td>
<td>55</td>
<td>20</td>
</tr>
</tbody>
</table>

Perhaps data derived from the questionnaire was not adequate to account for life satisfaction because the elderly may not want to admit the truth that they were unhappy as a result of being neglected by their family or for some other reason. Nevertheless, personal observation of the elderly Chinese in Edinburgh, as well as information derived from the questionnaire, confirmed that many Chinese elderly have aged successfully in Edinburgh, according to their own or to outsiders' definitions, and that to deny this is to undermine the strengths, resilience and tolerance of ageing migrants. On the other hand there are some individuals who
fill their time with visiting friends and relatives who live close to them, or simply by wandering the streets, watching television and Chinese videos. It is rather difficult to conclude that the non-Chinese elderly are better off than the Chinese elderly in terms of life satisfaction without a larger control group for comparison.

*****

To conclude, the evidence presented in the above discussion indicated that it is not possible to make a conclusive statement that the Chinese elderly in Edinburgh are worse off than their indigenous counterparts. In terms of health and income, the inequalities between two groups are not definitive, it is not yet justified to state that the Chinese elderly in this study were worse off than the non-Chinese groups due to the difficulty of getting reliable data. Nevertheless, it is possible to draw some tentative conclusions about the Chinese elderly in that in terms of satisfaction in old age and social interaction, they are not always significantly disadvantaged in these spheres. But, in terms of knowledge, awareness and access of social and health services, the Chinese group is definitely in a disadvantaged position in contrast with their indigenous counterparts. It has also been found that English language competence did act as a barrier to receiving essential knowledge of services.

In applying the Double Jeopardy Hypothesis to the ethnic minority elderly, in the case of the Chinese elderly in Edinburgh, two prerequisites are required. First, it is necessary to have a control group capable of isolating the effects of class inequalities so that inequalities between the ethnic and host community will not be contaminated.
Second, the hypothesis must be operationalized to have a coherent set of testable variables, so that a proper test could be carried out.
9.4 CONCLUSIONS OF THEORETICAL IMPLICATIONS

Three theoretical models, the Modernisation Theory, Ethnicity and Ageing, and Double Jeopardy Hypothesis, have been applied to the Chinese elderly using the evidence collected from this study and from other studies. There seems to be contradictory evidence about the position of the Chinese elderly in Edinburgh as it might have been predicted by these theories.

The Andersen Behavioural Model of Service Utilisation mentioned in Chapter 4: 4.2.3. is a rather more sophisticated theoretical framework. It is envisaged to be powerful in predicting the process of service utilisation. However, the sample in this case is not big enough to give meaningful statistical data against which to test such a model. In addition, to adopt the model would require all variables to be measurable which would seem not to be possible in the case of ethnicity and family relationships.

The Modernisation Theory has been useful in stimulating research inquiry on ageing, but is not powerful as a theory to build on. Perhaps, the field of ageing and ethnicity should move beyond the implicit modernisation assumptions. In addition, the Double Jeopardy Hypothesis has also been found to be inadequate to explain the diverse life experience between the Chinese and non-Chinese elderly groups.

This present study was not set out to test class inequality, but questions have been raised regarding class inequality in discussion of the Double Jeopardy Hypothesis. It was found that the elderly members of the Chinese community in Edinburgh by and large did not come from a middle-class
background, yet they now mostly reside in a middle-class area. In addition, a great majority (93%) were living in owner-occupied housing, while only two lived in rented council flats. A key issue here: do the Chinese own their homes because they aspire to be middle-class and are economically successful, or does this simply represent a failure to obtain access to public housing, or are we seeing both elements at work? If comparison is made with other cities, for example, Liverpool or London, the result may be different, partly because tenure patterns in Scotland and England are significantly different. However, the concentration of the Edinburgh Chinese in middle-class owner-occupied housing does raise several interesting questions which need to be subjected to comparative research. Thus, in discussing issues on social inequalities amongst ethnic minorities, we need more information in order to identify and understand class differences.

By contrast, the theory of *Ethnicity and Ageing* has offered a different approach to studying the impact of ethnicity on migrants and illuminated some interesting variations where the Chinese elderly behave and act in a different way when compared to their indigenous counterparts in a situation of scarce resources. This approach may well, therefore, deserve more exploration and attention from researchers.

Indeed, no one theory is universally applicable or completely adequate to depict the heterogeneous experience of growing old and between members within a cohort. What is needed now is more research on ageing both qualitative and quantitative to further our understanding of the ageing process. In order to understand the influence of culture on ageing and family life, the requirement is not only for information on the dominant family and the ethnic family,
but also for research to be cast in a comparative framework, so that effects such as class inequalities may be isolated from the effects of ethnicity on ageing experience.
CHAPTER 10 - CONCLUSIONS AND RECOMMENDATIONS

10.1 CONCLUSIONS

This study set out to examine the circumstances of the Chinese elderly in Edinburgh and to investigate the determinants of their utilization of social and health services. Specific attention has been given to the family support provided for old people in the Chinese community.

To appreciate the reliance or lack of reliance on family, the perception of problems, and the knowledge and use of services, it is necessary to understand the particular characteristics of the community being studied. Factors such as English fluency, education, income, marital status, health status must all be taken into account in piecing together this complex picture.

For most of the Chinese men in this study (23 out of 27) migrating to Britain came in response to internal problems in their respective homelands. They came for economic reasons, occupation advancement, and/or better educational opportunities for their families, while the majority of women (18 out of 28) came to Britain to join their families. In other words, most of the men came here with an incentive to participate in the society in order to make a living, whereas most of the women did not have such a need or incentive to integrate themselves with the host community. Most of the elderly in this study received little formal education and had a background of farming or fishing; and most had little or no knowledge of English, having usually worked in Chinese catering businesses. After 20
years or more in catering establishments, they are confronted with the quite different conditions posed by retirement.

With the increase of Chinese settlement in Edinburgh, a number of Chinese organisations have emerged with the purpose of maintaining ethnic identity and/or providing mutual assistance. This study shows that only a few of the sample Chinese elderly received community information from a Chinese organisation despite the fact that three quarters of the 55 elderly were members of at least one such group. Thus, the strength of solidarity within the Chinese community has been shown to be somewhat limited in respect of providing care to their members.

This study has also found that elderly Chinese who live alone appear more likely to receive the services of a home help than when they live with a spouse only or with other family members, regardless of their degree of need. A hierarchy is also evident - those living with married children are the least likely to receive any services.

This study has so far achieved its first objective by providing a synopsis of the situation of the Chinese elderly in Edinburgh. It is hoped that from this research into a sample of 55 elderly Chinese in Edinburgh, some modest but valid generalisations about the first generation elderly Chinese citizens in Britain regarding language, health care, and social needs may be possible.
However, this study has not entirely accomplished the second objective of establishing the determinants of the uptake of social and health services, and in this case the main problem has been the small sample size which did not permit the drawing of definitive conclusions.

As the findings indicate, very little use is made by the Chinese elderly in Edinburgh of social and health services. English language competence (or lack of it) plays a significant role as a cultural barrier to knowing about services and to using them when required. Since the sample of the study is so limited in size, it can only confirm part of the hypothesis that language and social isolation are significant barriers to the use of social and health services. In assessing the notion of culture as a crucial factor in the uptake of social and health services by the Chinese elderly in Edinburgh, two issues are highlighted which require separate consideration. In regard to social and financial needs, evidence to support the issue of the Chinese elderly being "self-sufficient" is not plentiful in this study. Thus, a larger sample and more in-depth case studies would be required in order to extricate more precisely the effects of culture on service utilization and to isolate socio-economic forces from cultural forces.

Nevertheless, it has been clearly demonstrated that the Chinese elderly in this study, despite residing in a non-Chinese country for a significant period of time, still strongly retain many of their traditional Chinese cultural practices and beliefs. This study has also suggested that exclusion from social and health services can be attributed to barriers, which would include the use of family support, language difficulties, cultural differences, social isolation and the structure of the service provisions
themselves (particularly through their insensitivity to cultural differences). Non-use of services may also be the responsibility of the elderly themselves because of their particular value system and because of their lack of familiarity with the processes and procedures of the formal supports. However, it is not easy to disentangle whether need for care or personal attribute factors have the greater influence on the real utilization of services. There is a clear need to have national or larger studies to re-examine and confirm or reject my findings.

In addition, this study has also shown that a substantial number of Chinese elderly are in favour of traditional Chinese medical practices which had already been used for many centuries in China (Shao 1988). Since there was no Chinese herbalist in Edinburgh at the time of interviews, those who did not trust western medicine tended to go to other cities, such as Glasgow, Liverpool, Manchester or London, where Chinese herbal medicine may be available. Perhaps we know too little about how the Chinese define the concept of health and illness. Would the Chinese elderly be more encouraged to use the health services if some members of the health service were of the same ethnic background and there were no language barriers? Or, would they be more likely to use the health services if Chinese medicine was provided as part of the National Health Service? These questions deserve exploration, and it is therefore premature to be too dogmatic about lower uptake of health services by the Chinese elderly in comparison with the host community.

Although the majority of the respondents do have families in this country and family support is considerably used consciously or unconsciously either because of personal preference or filial obligations, findings suggested that
four factors - lack of contact, lack of English competence of family members, problems of family relationships and the nature of care required - all contributed to the inadequacy of the family support network for the older Chinese citizens at certain times. The Chinese family, however, is undergoing profound changes in areas of household arrangement, increased mobility and economic activity. This may all affect the capacity and willingness of the family to play the leading role in caring for dependent members at the present time as well as in the future. It is therefore necessary to pursue more rigorous studies to examine the quality of care provided by the family. It is also important to explore the younger generation's perception of caring for their elderly within the context of modern Britain in order to properly test the belief in, and validity of, the Chinese virtue of filial piety.

On the other hand, there is a danger in studies which relate all problems or incomprehensible behaviour to culture. Many of the problems may not be solely due to cultural diversity, in fact, they may be a product of social inequality in terms of class and gender. Perhaps, the lack of basic research into the Chinese community (or into other ethnic communities) has permitted other major misconceptions to proliferate. The extended family support provided by the Chinese family can be a valuable resource to be built upon and rewarded through State policy. However, it is necessary to bear in mind that some Chinese elderly, who are socially isolated and have no next of kin, are at the highest risk, and government assistance should be the most important source of help to them.
This study has also illustrated that many Chinese citizens who were in need of help did gain benefit from an appropriate design of service provision. In this case, the Edinburgh Chinese Elderly Support Association proved of immediate value and was shown to be cost effective to the service providers. It may thus be apparent that some needs could best be met by the Chinese themselves by means of "self-help" projects. These should offer the means by which statutory authorities and self-help groups can combine their resources to make relevant provision for groups whose needs may not always be met by existing services.

Nevertheless, it should be noted that the experience of the first generation Chinese elderly in this study may be different from the second and later generations of elderly. The latter are already more educated, more acculturated, and are likely to have more successful occupational backgrounds. It is envisaged that they will not have the same type of language problems as the first generation elderly and they will know more about British society. But the traditional Chinese culture will not be lost completely, a modified immigrant British Chinese culture will be spawned and family ties will still be expected to be held strongly. Although the empirical evidence on this proposition for the second generation of British Chinese on this proposition is lacking, there is plentiful evidence from North America and Southeast Asia that a second or successive generation Chinese would not stop being Chinese and he/she still feels and thinks as a Chinese (Cheng 1978, Pan 1990). Ethnicity thus cannot be ignored when preparing the framework for provision of equal treatment in social and health services for everyone. Self-help, independence and self determination are values to be encouraged for all, but the informal support network cannot replace the welfare state or
counteract inadequate social and economic policies. Nor can they be substitutes for public expenditure on social welfare, especially for those without families.

Last, but not least, it has not been my intention to portray a miserable picture about the Chinese elderly who live in Edinburgh because that would not seem to be accurate. Indeed, while not denying that problems do exist for some older Chinese citizens, this study may show that the true picture is one of people who have typically done well in this country and who are, more often than not, reasonably at peace with their way of life.

We do know that the Chinese deserve equal attention from service providers because they have many of the same physical, mental and emotional needs as do their indigenous counterparts. Whether they require additional support because they were migrants is another matter, but we do know now that the Chinese elderly no longer wish to be a silent community; they want others to spare the time to understand their needs.

10.2 SUGGESTIONS FOR FURTHER RESEARCH

Considering all the practical constraints in terms of time, finance, manpower and access problems, this study has been able to fulfil most of the tasks which were set at the beginning. Nevertheless, in reviewing my work there are some areas in this study which I would address if it were to be repeated.

First, the questionnaire used in this study does not distinguish between on the one hand those elderly who are living with children but in fact have little contact with
their spouse and/or children, and, on the other, those who enjoy a high degree of family contact. Questions on social contact should be devised to include frequency and quality of social contact. Also, it would have been useful to have allowed respondents to express their views on emotional relationships with their children and/or grandchildren.

Second, another important issue which was inadequately treated was concerned with how the elderly use their time. There are some clues from my observations during the interviewing period that there is a pattern of division of labour in gender. Differences were found in activities between men and women. The activities of Chinese women tend to centre primarily around their own home - such as doing housework, child-minding and watching video. In contrast, men were more likely to do out-side home activities such as going out to meet friends, doing gardening work, helping their children in a catering business and visiting casinos. Although the rate of incidence of gambling amongst the Chinese community has not been proved statistically, some male respondents indicated that they often visited casinos at least once or twice a week. Some elderly mentioned that they went there not just to gamble, but enjoyed being there with a group of Chinese people. Some pointed out that during their working life they used to go to casinos to look for employers or employees. In other words, for some, casinos provide a locality for socialising, a place to meet other Chinese, to meet friends and to pass on news. Those who cannot resist the temptation of gambling may fall into addiction. However, it is not certain how extensive the gambling habit is among the Chinese community and I do not wish to reinforce another Chinese stereotype without further empirical evidence.
Third, the concept of health and illness as perceived by the Chinese elderly is not clear. Their frame of reference about health services may be very different from their indigenous counterparts. Some respondents pointed out that they are still reluctant to go to a doctor unless there is something seriously wrong with them. The odd pain is often not regarded as sufficient reason for seeing the doctor (obviously this is also applied to their indigenous counterparts). However, coupled with language barriers, they would delay action simply by using traditional Chinese panaceas to treat minor illness. Evidence has shown that the majority of the Chinese elderly in this study have indicated their preference for traditional Chinese medicine (see Chapter 7: 7.4.4) which has been used for many centuries in China. Perhaps, there are many ways which the National Health Service could learn or gain benefits from the Chinese medicine in the light of the current debate on alternate medicines. This issue would certainly be an interesting subject to pursue further.

Fourth, there is a clear indication of gender differences throughout the findings. Chinese women are less likely to have social contact with the host community, are less likely to learn English, are less likely to be economically independent, and are more likely to have greater longevity, therefore they are more likely to be isolated and vulnerable in later years than are elderly men. This insight merits further exploration in order to confirm the significance of gender factors. Mrs C and Mrs M are examples of such case.
Mrs C

Mrs C is a 68 year old widow living alone in an owner occupied single bedroom flat. Mrs C met her husband in Hong Kong. In 1958, she came to Edinburgh where they married. At that time, she did not understand any English at all and there were only a few Chinese living in Edinburgh, but she did not have any contact with them. Mr C was not only an alcoholic, but also a serious gambler. In 1969, in a drunken rage he ordered her to leave the house immediately for no good reason. She did not have any choice after being locked out of the door and went to stay with a Chinese friend temporarily. Later she got a job as a tea-lady working for the Edinburgh Chinese Association for £8 per week and occasionally she worked in a Chinese restaurant. By 1972 she had saved enough money to buy her own flat outright for £400. Her husband came back to her once, but she refused to continue their marriage. A few years later, Mr C committed suicide.

Life has not been easy for her. She fell down in a restaurant while she was at work and her hands and legs were seriously injured. Since then, her physical mobility has been very limited and she could never go back to work again. She was admitted to hospital on a few occasions due to eye and stomach problems. And now, her health is deteriorating and she is getting very forgetful. She is very careful with money because she does not have any family in this country. Her only source of income is from statutory assistance just over £40 per week.
Her flat has easy access to public transport and shopping facilities. But the stairs inside the building are in a terrible condition. There is no banister, the hall way is very dark and the steps are very steep. Even I, a young person, found it unpleasant to use the stair. The facilities in her flat are of acceptable condition. However, she does not have a telephone. A number of friends have tried to persuade her to install one, but she is worried about the bill.

Mrs M

Mrs M is a 79 year old widow living with her son's family in an owner occupied detached house. She came to Britain in 1965 to join her family. She has no grasp of the English language and has never worked outside the family's catering business. Now, she does most of the domestic tasks and looks after her grandchildren. Because of her inability to speak and understand English, she does not go out of her home at all. If she needs to buy something, her grandchildren usually do it for her. If she is ill, she has to wait for her youngest grandson who is twelve years old to take her to see the doctor. She admitted that she would use the traditional Chinese panaceas to treat the illness instead. She receives a very low weekly income of less than £20 from her son's contribution. She is eligible to apply for a free bus pass and income support and statutory pension, but she has not done so. The reason for not applying for the benefits is that she does not think she needs the financial
assistance because she has been provided with food and shelter by her son. She admitted that she was very lonely and isolated from her Chinese friends.

Although the situation of Mrs C and Mrs M is not the same, they are examples of elderly Chinese women suffering similar degrees of isolation. With her ability to speak some pidgin English, Mrs C can communicate with her Scottish neighbours and gets on quite well, but she has no next of kin which makes her very vulnerable as her health deteriorates. While Mrs M has family living with her, it is fair to say that she is taken care of materially by her family, but emotionally she is very much deprived and/or neglected.

Lastly, in order to confirm the notion that filial piety is a norm in the Chinese family, it is necessary to conduct rigorous studies to explore the perception of ageing and retirement; and expectation of family life and care of the old people. Therefore, it is important to examine the quality and pattern of care provided by the family. It is also important to explore the attitudes of the Chinese younger generation toward ageing and caring for their elderly within the context of modern Britain.
10.3 RELATIONSHIPS BETWEEN HOME ECONOMICS AND SOCIAL POLICY

This study was initially intended as an exercise of home economics research. However, it had gradually moved toward the discipline of social policy, and in the concluding section it is appropriate to discuss the relationships between these two disciplines in the context of this study.

In common with most advanced industrial societies, Britain is now confronting a phenomenon of growing numbers of old people - especially very elderly, requiring social and health care. There are two opposing views on such social change. On the one hand, some view the growing number of very old as a social burden to the society. On the other hand, some view this socio-demographic transformation as a triumph over premature death. No matter how we view this socio-demographic change, it certainly provides a challenge to the prevailing social policy. Nevertheless, this phenomenon can be extended to the Chinese community as well as other ethnic minority communities in Britain. In this research, using the Edinburgh Chinese community as a case study, I have examined a sample of 55 Chinese elderly's life circumstances and also identified some of the problems encountered by them in relation to social and health services. Although the problems experienced by the Chinese elderly and their families may not become apparent to all of the non-Chinese people, home economists may be able to help in many ways to shape social policy. In this section, I offer some suggestions for the home economics discipline to develop a perspective in helping to frame a social policy agenda in response to such demographic trends.
Although home economists may not be able to help the Chinese elderly immediately because of the linguistic and cultural differences, they can contribute significantly to the quality of life for elderly people as a whole in areas of education, social policy and social work.

Education

At the most fundamental level, home economists need to be aware of the stereotypes associated with old age. Old people are sometimes stereotyped as poor, frail and helpless; sometimes depicted as affluent, hale and hearty; but neither view is a correct generalisation. These stereotypic views of the elderly need to be combated. We should perhaps strive for a balanced view that there are considerable variations of circumstances among the elderly and other individuals. Some do better than others in their old age, perhaps because of the choices and resources available to them. It is suggested that where people have resources, they are able to actively create and recreate their own lives (Fennell et al 1988). For example, some pensioners are increasingly over-wintering in the warmer climes such as Spain and Portugal. There are various types of resources and resource distribution systems in society, and people have differential access to them. However, wealth creates choices and close kin create other sorts of opportunities which are not available to those who lack access to either or both. These points have been demonstrated by some Chinese elderly in this study who live apart from their children, depending on their economic independence and health status. Therefore, there is an urgent need to conduct more vigorous and good quality research on elderly in order to enrich our knowledge on ageing and eradicate the stereotypes associated with
ageing. Home economists can continue to educate the public and the students about the facts that not all old people are poor, frail and helpless; or affluent, hale and hearty.

On the other hand, home economics teachers can incorporate the life course perspective into teaching programmes to help students understand the transitions in later life and to clarify the reciprocity of giving and receiving that exists between generations over time. Throughout our life span, we are living in a changing environment. There is a need to learn to adapt, adjust, reorganise, accept, and make use of our assets. Ageing should not only be viewed as a social problem or burden; in fact, it is a normal part of the life cycle. We should be pleased to see that more people can now survive after 75 years old. More people have chances to experience the retirement process. Home economics graduates should develop their skills to help those elderly to cope with the transitions in later life and to advise people how to plan their retirement and to make the best choice with their available assets. The elderly generation should not be viewed as a social burden, for they have contributed a lot to society in the past and they still have a lot to contribute now as well as in the future. Students should develop an unbiased view of "normal ageing" as well as identify components of a "healthy old age".

In addition, cross-cultural variations in ageing should be inserted into courses in schools, colleges and further education institutions in order to help students understand the diverse experiences of the ethnic minority members living in a society where white people are dominant. Despite the fact that Britain is a multi-racial country, the general public do not know much about ethnic minority communities. In my study, almost all of the sample have children and/or
grandchildren who were born and raised in this country. The second or later generations are more likely to be acculturated and to be integrated into the British society. But how much do we learn from the immigrants' culture? The awareness and understanding of racial and cultural differences are no doubt essential elements in promoting a racially harmonious society and these should be promoted.

Social Policy

Social policy is another important area which home economists could make a significant contribution. It is generally recognised that there is a close relationship between diet and health (DHSS 1978). Nutrition should not be seen in isolation. A holistic approach to health is important for elderly as ill-health has many social consequences. Home economists could act in a liaison role and by involving elderly groups in the community provided information on health to the wider elderly community. In addition, home economists could work with health visitors to provide advisory services to elderly who are unable to cope with dietary problems or who required general advice on healthy eating.

On the other hand, the promotion of welfare rights is an important aspect for the elderly who are living on fixed incomes. Home economists have an awareness of the need to maximise their income via social security benefits for diet, clothing, fuel and household items.

The American Home Economics Association (AHEA) has pioneered a leading role for home economists to participate in social policy. Examples of AHEA's public policy participation are the support of family research legislation, development work
in vocational education and child care legislation, and testimony urging the inclusion of home economists on consumer advisory councils (Hoeflin et al 1987).

Therefore, social policy should be included in home economics degree courses in order to help students develop an insight into the issues of social problems and social response and policy. Home economics graduates with an element of social policy in their course would be well-equipped to work on social work teams and to provide welfare rights counselling to individuals. Thus, home economists could make an important contribution to challenge social policy issues to alter the social, health and economic framework that exists to the disadvantage of the elderly.

Social Work

Home economists have been recognised to have made significant contributions in the area of social services. Ryan (1989) identified that home economists have shown a capacity to respond in resourcefully intelligent ways to social needs at the level of material provision. This resourceful adaptability, in partnership with other social work professions, has contributed to maintaining the quality of life and self-esteem of many individuals.

Home economists, like Norbury (1983) and Dann (1988), have demonstrated their role in social services, providing service either directly to the elderly or giving advice and support to the caregivers. The specific areas where both Norbury and Dann have made their contribution are mostly related to food and nutrition, meal-planning, budgeting and stock control, and other household management. In other
words, home economists can provide specialist support for elderly to develop home management and social skills as a means of increasing independence or levels of functioning.

Apart from this, home economists, as professionals concerned with the quality of life of individuals and families, are in an excellent position to facilitate the adaptation of recent migrants. Because of their broad, holistic, integrative and familial approach; home economists are appropriate professionals for cross-cultural work if they are knowledgeable about, and sensitive to differences in family life-styles, values, and beliefs; and are prepared to deal with intangible problems such as ethnic identity in a new society, English fluency, generation gaps, homesickness, as well as the more tangible issues connected with family and financial management.

To conclude, three major areas, education, social policy and social work have been identified where home economists can make contributions to improving the quality of life of the elderly in Britain. In doing so, the home economics discipline needs to re-consider some teaching programmes, so that home economics graduates are well-equipped to provide the skills required to help elderly people in future.
10.4 RECOMMENDATIONS

This study has so far revealed some of the problems experienced by the Chinese elderly in this part of the country. Meanwhile the experience of Chinese immigration has not only thrown light on the scope and ethos of prevailing social policy and revealed limits to its problem-solving capabilities, but also provided a challenge to expose its problem-exacerbating potential in this context (Jones 1977).

The findings presented in the preceding chapters should go some way towards making explicit the difficulties encountered in using social and health services by the Chinese elderly, and the nature and sources of support networks available for them. It is apparent that the family is most likely to be the major source of help available for elderly members in the Chinese community. However, Chapter 8 has assessed the strengths and weaknesses of family care and the problems of those elderly without next of kin. It also explored other factors discouraging the take-up of social and health services.

Reviewing the materials in this thesis, I can identify a number of issues which could inform policy, practice and research in the future.

Demographic Issues

It is generally accepted that the demography of Britain is undergoing transformation, more people are surviving into old age, and indeed into extreme old age, along with a decline in the birth rate (Phillipson and Walker 1986). Such a demographic transformation offers no exception to the Chinese and members of other ethnic minority communities.
This implies some obvious challenges to the provision of appropriate and adequate support. As a larger proportion of the Chinese elderly population reaches 75 years old or more, it might be expected that average levels of disability, ill-health and incapacity will increase (Chapter 7: 7.4).

**Policy and Practice**

The family, which is an important source of community care, has already been identified to be the major source of tending and caring for the elderly Chinese. On the other hand, the objectives of community care have already been criticised to have largely failed in practice. As Walker (1982) has observed, "There has been no sustained attempt to define and measure the need for community care to set policy goals and then relate the goals to the scale of need and the allocation of resources." Griffiths has also made a similar point in his 1988 report on community care. He underlined the "need for central government to make an early clear statement of the objectives and values underlying its community care policies".

The social and health services are undergoing a combination of financial cuts and increasing demands for resources to search for alternatives to state welfare. In response to this, "cost-effectiveness imperative" has become a dominant position in the policy-making process (Walker 1987). Therefore some of the recommendations offered in the later section of the present work may be problematic in the light of the currently financial stringency in the social and health service sectors; however, it does not imply the impossibility of accomplishing the recommendations. In fact, some can be achieved by minor changes of the present system.
First of all, awareness of the cultural and racial differences, and policy commitment to racial equality are the most crucial factors to provide help and support to the Chinese elderly and their families. A recent report published by the National Association of Citizen's Advice Bureaux which based on evidence from 91 bureaux in England and Wales, indicates that black people face direct discrimination in the social security system. The report, focused on the problems of the 500,000 adults who speak or write little English, also claims that racism abounds in the social security system and black claimants often face longer delays, more wrongful refusals, more incorrect payments and worse communication than others. The report calls for measures to improve the service to black people (The Guardian, 5 February 1991, p.5).

Adequate resourcing is vital too. The level of resources committed to community care must allow for the increasing numbers needing support. Community care is not just a matter of providing the right services, it is also a reflection of particular values and principles. It is important to point out that non usage of the services does not necessarily mean that potential users are unaware of the existing services, and providing more information on the services does not necessarily encourage their participation if they found the services irrelevant or inappropriate to their needs. Therefore, attention should be given to the choices and wishes of individual consumers, or recognition given to the tensions between the needs of carers and those they care for.

We are now witnessing demographic and social developments. While the proportion of old survive beyond 75 is increasing, the birth rate is decreasing. Meanwhile, the public
provisions are undergoing financial cuts. Therefore, social policy is experiencing a major challenge to its problem-solving capabilities and problem-exacerbating potential. For these demographic changes to be a positive force, and for elderly people to have a positive role in society, the public attitudes and ideology about old age need to be changed too. The automatic association between old age and dependency needs to be eradicated. At the same time, better and more flexible services will also be required to meet the needs of the most frail amongst different races. Without a clear and positive strategy for the future, the challenge will not be met.

The challenge to policy makers and service providers is manifest and urgent, and this study has pointed out various demographic and social developments in regard to the Chinese community which should have implication for policy planning and practice.

Following this, I have set out a list of recommendations which may be of help to statutory bodies and local authorities, voluntary organisations, community workers, and professionals in the social and health services to improve their service provision, to the benefit of those Chinese elderly who are in need of help. The recommendations outlined below are divided into six categories: information and publicity about services and benefits, social services, health services, social security, staff training and other matters.
Information and Publicity about Services and Benefits

1 It is now apparent that knowledge about social and health services among the Chinese elderly is generally minimal, and ways should be explored in which publicity about services and benefits can be improved in quality and targeted accurately to increase the clients' awareness and access.

2 Local Chinese community organisations such as in Edinburgh, the ECESA, Edinburgh Chinese School, True Jesus Church, Chinese Christian Fellowship, Chinese supermarkets and "Chinese Times" programme should be considered as essential communication vehicles for any social and welfare service publicity.

3 The language and content used in the information leaflets and posters should be simplified and translated into Chinese and produced through appropriate media, including video and audio-tape. The translated publicity material should be distributed through the above mentioned agencies along with a campaign to make the Chinese community aware that they are available.

4 Mass media such as television and radio need to be exploited in transmitting information to the Chinese elderly, especially where they have difficulty in reading. A daily 15 minutes community television and radio programme would be beneficial both in disseminating news and information, and increasing their knowledge of the society around them.
A central advice and aid centre with Chinese staff should be established to provide social and health service advice and assistance in claiming benefits.

Each statutory department should develop the most effective and efficient form of ethnic monitoring so that information collected can be analysed and utilised in its intended purpose with a view to improving service delivery.

Social Services

Through a systematic review of policies, the Social Work Departments should re-examine the relevance of services for a multi-racial clientele.

Self-help projects which bridge the gap between the Social Work Departments and the Chinese community should be supported and encouraged with the financial assistance and co-operation and backing of the Social Work Departments. Such projects should not, however, be a substitute for mainstream service provision.

Special provision in particular areas such as day centres, luncheon club, meals on wheels should be developed and tailored to assist and complement family care in consultation with Chinese organisations and voluntary organisations, such as Lothian Racial Equality Council and the Edinburgh Chinese Elderly Support Association.
10 To encourage the take-up of community-organised activities, transportation should be provided (perhaps on a voluntary basis) for very old, infirm and isolated elders.

11 Bilingual Chinese social workers should be recruited to provide counselling services and professional advice for Chinese elderly and culturally appropriate support for Chinese families who need help in caring for elderly members.

12 Social Work Departments and housing associations should give specific consideration to the development of appropriate new or refurbished sheltered housing for Chinese elders. The Chinese Group Home in Liverpool, which won Social Work Today's Equal Opportunities award for its scheme to provide supported group homes for ethnic minority people, is an example of an innovative initiative for developing sheltered housing (11 Feb 1988, Social Work Today, p.18-19). The central strength of this scheme is to allow the consumer to maintain his or her ethnic identity and still get the level of support required from the same ethnic carer.

Health Services

13 Hospitals should make efforts to provide Chinese food to Chinese patients, a service which need not be costly or difficult, but which would make a considerable difference to the experience of Chinese patients who are required to stay in hospital. Freezer technology could assure this provision.
14 A health care advice centre should be set up, for example, at Marchmont/Tollcross, a district where there exists an identified concentration of Chinese residents, with Chinese medical counsellors and/or bilingual health professionals, so that Chinese patients could raise issues about medical care and the use of drugs.

15 Health education materials should be available in Chinese, either written or audio-visual and promoted to the Chinese community.

16 Medical interpreters should be employed either attached or available to hospitals or medical centres, and all hospital staff should be made aware where to get interpreting assistance.

17 Interpreters should be given specific training in the area of health matters with a view to ensuring that interpreters have sufficient medical knowledge.

Social Security

18 In the light of the Citizen's Advice Bureaux's report on discrimination against black people (see p.251), the DSS should encourage bilingual Chinese people to join the service to give a signal to the Chinese community that the DSS provides important services relevant to Chinese people.

19 Claim forms should be simplified and information about pension rights should be widely publicised and clarified.

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The DSS should have a telephone contact point for the use of Chinese claimants with language difficulties.

The DSS should launch a campaign to make the Chinese community aware of their rights to benefits and to eradicate the stigma of claiming benefits.

**Staff Training**

Induction and in-service training programmes should be provided to all central and local government departments at all levels, which includes a racial dimension in order to make staff more aware of the needs, sensibilities and issues applicable to the care of ethnic minorities in general and the Chinese specifically.

Ideally, more bilingual staff should be recruited into all local authority departments and the health authority.

**Other Matters**

Limited fluency in English has been found to be part of the spiral of inequality because the limited space occupied by people from an ethnic minority limits the need and the opportunities for learning English, and consequently preventing many people from ethnic minority communities from breaking out of the manual jobs associated with them (Brown 1984). Given the importance of the English language problem, thought should be given to providing English language classes in local colleges at times suitable to the Chinese
community and preferably by use of bilingual teachers. This may not be immediately helpful to the elderly, but it may help to prevent the same problems recurring with future generations of immigrants.

As a first step, a full-time permanent post of Cantonese interpreter is urgently needed in cities such as Edinburgh to assist the Chinese community as a whole. This post should probably be provided by the local authority and, if necessary, funded by the Government.

The Chinese elderly need more information regarding financial matters such as private pension schemes and consumer rights.

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FINAL COMMENT

This study has provided a synopsis of the situation of a sample of 55 first generation Chinese elderly in Edinburgh. These elderly, coming to this second homeland 20 or 30 years ago, have had to face up to the experience of migration, adjustment, sharp cultural differences, and language differences; some may even have experienced racial discrimination. This study has not only provided an account on their difficulties in gaining access to social and health services, but also revealed the inadequacy of the existing statutory service provisions to meet their needs. In the light of the financial stringency in social and health service sectors and the changes in socio-demographic structure, social policy is facing a rigorous challenge to meet the needs of elderly people in general as well as other
ethnic minority elderly. Through this detailed study, some of the needs of the Chinese elderly in terms of access to social and health services have been made apparent. It is hoped that the above suggested recommendations will be proved to be useful to the relevant authorities and professionals working with the Chinese elderly. Although the recommendations are made with specific reference to the Chinese elderly, some of them could be extended to other ethnic minorities as well. The Chinese community is traditionally a silent one. Their self-reliance and emphasis on family strengths are qualities to be admired and encouraged but we should not deem that the Chinese have no problems or let their self-help divert us from ensuring that the services are there when they are needed. We should try to ensure they are not prevented by language, cultural and isolation barriers, or anything else, from taking up the services. Both sides - the service providers and the Chinese community - have to communicate and understand each others' needs and demands in order to make Britain as nice a place to live in as possible. Lack of money for new initiatives is certainly a problem for local authorities and central government, but without commitment to ensure racial equality, money and ways to meet clients' needs will never be found.
APPENDIX I - SURVEY OF CHINESE ELDERLY IN EDINBURGH

QUESTIONNAIRE

Case No: __________

Respondent's Sex: 1. Male  2. Female

Age: __________

Postcode: __________

INTRODUCTION:

Good __________! My name is Alice Tam. I am a research student from Queen Margaret College, Edinburgh. I am currently doing a survey to gather some information about the living circumstances of the Chinese elderly people living in Edinburgh. I think it's important for the Government and everyone else to know what the facts really are. I'm hoping to interview 80 Chinese elderly living in Edinburgh and I'd be grateful if you could help me by answering some questions. All the personal information is, of course, strictly confidential and will not be passed to anyone outside the College. It will roughly take 45 minutes. Is that all right to you? If not, I can come some other time.

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Language in which interview to be conducted: 1. Cantonese  2. Hakka  3. Others __________

1. answered by the respondent alone
2. answered by the respondent in the present of family members

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A. SOCIO-DEMOGRAPHIC DATA

I'd like to start with some general questions about your background.

1. Where were you born?
   0. China --> Which part of China? _________
   1. Hong Kong --> Which part of Hong Kong?
   2. Other (Specify) _________

2. a) When did you come to Britain? _____ _____ Years
   b) What was the major reason for you to come to Britain in the first place?

3. When you came to Britain, did you expect to live here permanently?
   0. No
   1. Yes
   2. Uncertain

4. Do you now plan to live here permanently?
   0. No
   1. Yes
   2. Uncertain

5. If answer to Q.3 and Q.4 are different: Why have you changed your mind?

6. Have you made any specific plan to return to your original country permanently?
   0. No
   1. Yes

7. Do you still maintain any close links with your country of birth (or a country in which you lived)?
   0. No
   1. Yes

8. Do you often visit the country in which you used to live?
   0. No
   1. Yes --> how often?

9. What was the highest educational level you attained?
   1. Never been to school
   2. Private tuition
   3. Lower primary
   4. Primary
   5. Lower secondary
   6. Secondary
   7. Post-secondary
   8. Others (specify)
B. LANGUAGE AND COMMUNICATION

10. Which Chinese dialects can you speak?

11. Can you ......? No Yes A Little Bit
   a) read Chinese 0 1 2
   b) write Chinese 0 1 2
   c) read English 0 1 2
   d) write English 0 1 2
   e) speak English 0 1 2
   f) listen English 0 1 2

12. If you experience difficulties with speaking, reading or writing English, is there someone in your household who can translate for you?
   0. No
   1. Yes --> who?

13. Have you experienced any language difficulties since you came to this neighbourhood?

   NO  YES

   a) IN A SHOP
      SPECIFY WHAT HAPPENED
      0 1

   b) IN A BANK
      SPECIFY WHAT HAPPENED
      0 1

   c) IN A POST OFFICE
      SPECIFY WHAT HAPPENED
      0 1

   d) IN A CHEMIST
      SPECIFY WHAT HAPPENED
      0 1

   e) AT A DOCTOR’S SURGERY
      SPECIFY WHAT HAPPENED
      0 1

   f) AT A DENTIST’S SURGERY
      SPECIFY WHAT HAPPENED
      0 1

   g) AT A HOSPITAL
      SPECIFY WHAT HAPPENED
      0 1

   h) OTHERS

14. How often do you read
   a) a Chinese newspaper? ___
   b) an English newspaper? ___
   CODE FROM:
   0. Not at all
   1. Daily
   2. More than once a week
   3. More than once a month

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15. How many hours, if any, do you .......... on an average day? (say yesterday)
   a) watch TV  _____  CODE FROM:
   b) listen radio  _____  0. None
                              1. Hardly any; less than an hour
                              2. 1-3 hours
                              3. More than 3 hours

16. Do you ever get a chance ...........?
   a) to go to see any cinema films  0  1
   b) to see any video films in your language  0  1

17. Have you ever listened to "Chinese Times" radio program?
   0. Yes
      No ----> why no?
      1. don’t know when it is on
      2. don’t know which channel is on
      3. don’t like it
      4. too much English in the program
      5. haven’t got a radio
      6. others (specify)

18. Where do you normally get information about the local Chinese community from?
   1. Newspaper
   2. Chinese radio program
   3. Posters or leaflets in Chinese supermarket
   4. Chinese Organisation
   5. Community Centre
   6. Families/relatives
   7. Friends/neighbours
   8. Others (specify)
   9. No where

C. HOUSING CIRCUMSTANCES

Now, let’s talk about your housing situation.

19. Can you tell me how long you have been living here? ______ Years

20. Had you lived some where else apart from this neighbourhood?
   0. No
      Yes ----> i. specify where _________
         ii. why did you move?
             1. To be near family
             2. To be near relatives
             3. To be near friends
             4. Change of job
             5. Other (specify)
21. Is this house/flat rented or owned?
   0. Owner occupied including business and private accommodation
   1. Owner occupied flat/house
   2. Rented council flat/house
   3. Rented flat/house with job
   4. Rented Housing Association flat/house
   5. Rented private flat/house
   6. Rented private single room
   7. Old People’s Residential Home
   8. Sheltered Housing
   9. Staff Quarters
   10. Other (specify) ---> Go to Q.24

22. In whose name is the property owned?
   0. Myself
   1. Spouse
   2. Joint
   3. Other (specify)

23. Is it owned outright or on mortgage?
   0. Outright
   1. Mortgage

24. How many rooms are in your flat/house? _____
    (exclude bathroom, WC & kitchen)

25. Can you tell me who else live with you?
   0. Alone
   1. Spouse
   2. Son _____
   3. Daughter _____
   4. Grandchild _____
   5. Daughter-in-law _____
   6. Son-in-law _____
   7. Brother/sister _____
   8. Relative _____
   9. Friend _____
   10. Other _____ TOTAL _____

26. a) If living in flat:
    Do you have to walk up/down to your flat?
    0. No
    Yes ---
       1. have to walk up/down one floor
       2. have to walk up/down two floors
       3. have to walk up/down three floors or more

   b) If living in house:
   Is your bedroom upstairs? 0. No
                              1. Yes
   Is your toilet upstairs? 0. No
                              1. Yes

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27. Who pays the fuel bill?
   0. Landlord
   1. Son/Daughter
   2. Relative
   3. Myself/spouse --> Do you have difficulty in paying fuel bills?
      0. No
      1. Yes

28. Do you have any heating in your bedroom?
   0. No
      Yes --> 1. Coal/wood fire
             2. Gas fire
             3. Central heating
             4. Electric heater
             5. Storage heater
             6. Paraffin heater
             7. Other (specify)

29. Which of the items on this lists do you have in your home?
    a) Gas cooker     No  0  Yes  1
    b) Electric cooker No  0  Yes  1
    c) Washing machine No  0  Yes  1
    d) Refrigerator   No  0  Yes  1
    e) Vacuum cleaner  No  0  Yes  1
    f) TV             No  0  Yes  1
    g) Video          No  0  Yes  1
    h) Radio          No  0  Yes  1

30. Does your flat/house have the following facilities?
   0. An indoor WC
      1. Fixed bath/shower
      2. Hot & cold running water to a sink or basin
      3. A kitchen separate from living room

31. Are there anythings about this flat/house which make life difficult for you?
    For instance: No  Yes
    Steps/stairs   0  1
    Heating/damp/condensation 0  1
    Noise         0  1
    Neighbours    0  1
    Too large     0  1
    Too small     0  1
    Outside access difficult 0  1
    Lack of any facilities 0  1
    Racial harassment 0  1
    Other (specify)  

32. How satisfied would you say you are with this flat/house?
   1. Very satisfied
   2. Satisfied
   3. Neutral
   4. Dissatisfied -------- why?
   5. Very dissatisfied ---- why?
33. If you had the chance, would you like to move?
   0. No
   1. Yes ---> Why?

34. Do you receive any rent or rate rebate?
   1. Yes
   2. No ---> Why not?
   PROMPT: Not qualified
            Don't know
            Language barrier
            Don't want to ask for help from government
            Can still manage without help
   3. Don't know

35. Have you experienced any obvious racial discrimination or abuse when looking for accommodation?
   0. No
   1. Yes

D. HEALTH

I'd like to ask a few questions about the health of yourself.

36. Do you have a local G.P.?
   0. No
   1. Yes - NHS
   2. Yes - Private

37. How often have you seen your G.P. in the past 6 months?
   0. No
   1. Not very often
   2. Very often ---> how often? ____ Times ---> Go to Q.40

38. If answer to Q.37 is No or not very often, ask
    Why don't you go to see your G.P.?

   1. Language barrier
   2. Good health
   3. Don't trust western medicine
   4. Prefer traditional Chinese herbal medicine
   5. GP doesn't understand Chinese tradition
   6. Not easy to find someone to bring me to the surgery
   7. Others (specify) ---> Go to Q.40

39. If answer to Q.38 is 1, ask
    If there is someone who can interpret for you, would you go to see your GP?
   1. Yes
   2. No ---> why not?
   PROMPT:
   Don't want to seek help from others
   Don't want others to know my business
40. Have you been to hospital as an in-patient or out-patient?
   0. No
   Yes---► Are you satisfied with your experience of seeking help from the hospital care?
   1. Very satisfied
   2. Quite satisfied
   3. Dissatisfied ---► Why?

41. Which type of medicine do you prefer?
   1. Chinese herbal medicine
   2. Western medicine
   3. No specific preference

42. Here are some activities which you may or may not do for yourself, but could you do without difficulty?
    If difficulty, do you usually have someone to help?
    a) Going out of doors on your own
    b) Going up & down stairs/steps
    c) Getting in & out of bed
    d) Washing or bathing yourself
    e) Cutting toenails
    f) Dressing yourself
    g) Eating
    h) Cooking
    i) Doing light house-work eg. dusting, washing up
    j) Doing heavy house-work eg. cleaning windows
    k) Shopping
    l) Using public transport
    m) Visiting doctor

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43. Do you have the following disability?

<table>
<thead>
<tr>
<th></th>
<th>NORMAL</th>
<th>WEAK/DISABLE HELPED BY AIDS</th>
<th>WEAK/DISABLE NOT AIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>EYESIGHT</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>HEARING</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>ARM/HAND MOVEMENT</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>LEG/FOOT MOVEMENT</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

44. Here are some illness that people often have. Which, if any, trouble you?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Arthritis</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>b) Backache</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>c) Asthma</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>d) Heart trouble</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>e) High blood pressure</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>f) Diabetes</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>g) Stomach trouble</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>h) Toothache</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>i) Kidney</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

E. SOCIAL CONTACT

I'd like to ask some questions about your daily life.

45. Have you married? 0. No

Yes --> 1. Spouse Alive
       2. Widowed/widowered
       ---> for how long?
       3. Divorced
       4. Separated

46. Do you have any children?

0. No

Yes --> i. How many?

ii. How many are living in Edinburgh? __

47. Do you have any family members or relatives not living with you?

0. No

1. Yes --> (i) who comes to visit you most often?

1. son/daughter in law
2. daughter/son in law
3. brother/sister
4. grandchildren
5. cousin
6. others (specify)
(ii) How often have you seen your families or relatives in the last month?
0. None
1. 1-2 times
2. 3-4 times
3. 5-6 times
4. 7-8 times
5. 9-10 times
6. more than 10 times
7. can't remember

48. How often have you gone to see your families/relatives in the last month?
0. Not at all
1. 1-3 times
2. 4-6 times
3. 7-9 times
4. 10 times or more
5. Can't remember

49. What are the reasons that prevent you from visiting your families/relatives?
Prompt:
Need to work
Family commitments
Not easy to find someone to take me out
Health reason
Too far away
They visit me instead
No relatives/friends
Lost contact
Too expensive to travel
Prefer to stay at home

50. a) Do you have any Chinese friends in this neighbourhood?
0. No
1. Yes -->How often have any of them seen you in the last month?

   CODE FROM Q.47(ii)

b) Do you have any Chinese friends not in this neighbourhood?
0. No
1. Yes -->How often have any of them seen you in the last month?

   CODE FROM Q.47(ii)

c) Do you have any Non-Chinese friends in this neighbourhood?
0. No
1. Yes -->How often have any of them seen you in the last month?

   CODE FROM Q.47(ii)
51. How often have you gone to see your friends in the last month?
   0. Not at all
   1. 1-3 times
   2. 4-6 times
   3. 7-9 times
   4. 10 times or more
   5. Can't remember

   \[\rightarrow \text{Go to Q.53}\]

52. What are the reasons that prevent you from visiting your friends? (PROMPT:)
   Need to work
   Family commitments
   Not easy to find someone to take me out
   Health reason
   Too far away
   They visit me instead
   No relatives/friends
   Lost contact
   Too expensive to travel
   Prefer to stay at home

53. Do you go to any club or society?
   0. No
   1. Yes \[\rightarrow\] what type of club? ______

54. Do you go to church?
   0. No
   1. Yes \[\rightarrow\] which church? ______

55. Do you or does a member of your household have a car?
   1. Yes (self-owned) \[\rightarrow\] Go to Q.57
   2. Yes (owned by household member) \[\rightarrow\] If you want to go to
   3. No \[\rightarrow\] somewhere, is there anyone who will give you a lift?
      0. No
      1. Yes

56. If you are going somewhere which is too far to walk, how would you get there?
   1. By bus on my own
   2. By taxi
   3. By train
   4. By car (self-driven)
   5. By bus accompanied by family members
   6. By car (taken by family members)
   7. Other (specify)
57. Is there anyone in particular you can confide in or talk to about yourself or your problem?
   0. No
   Yes ---》 who is it?
   1. Spouse
   2. Brother/sister
   3. Son/daughter
   4. Other relatives
   5. Friend/neighbour
   6. Other

58. Can you tell me who you would have turned to:
   a) If you were ill and could not leave the house ______
   b) If you wanted advice about money problems ______
   c) If you were worried about a personal problem ______
   d) If you were feeling down and just wanted someone to talk to ______
   e) If you needed a lift somewhere ______
   f) If you received an official English letter and you could not understand it ______

CODE FROM:
   0. Spouse
   1. Someone else in household
   2. Relative outside household
   3. Friend/neighbour
   4. Home help
   5. Social worker
   6. Other (specify)

59. What kinds of assistance do you give to your children?

   Chores of daily living:
   Gift giving:
   Advice giving:
   Assistance with business:

60. How often do you feel lonely?
   1. Often
   2. Sometimes
   3. Seldom
   4. Never
   5. No opinion

61. Are you satisfied with your life today?
   0. No
   1. Yes

F. EMPLOYMENT STATUS

May I ask you about your work situation? I would like to re-assure you that the data will be confidential.

62. What kinds of job did you do before you came to Britain? ______
63. Are you working now?
   Yes ---> 1. full-time (after retirement)
             2. full-time
             3. part-time (after retirement)
             4. part-time

   No ---> 5. retired ----> Go to Q.65
            6. unemployed
            7. sick leave
            8. housewife
            9. Others (specify) ---> Go to Q.66

64. If answer to Q.63 is 1-4, ask
   a) How many hours a week do you work? _____hours
   b) What kinds of job are you doing now? _______________
   c) If answer to Q.63 is 1 or 3, then ask
      Is this the same job you were doing when you reached retirement
      age ---> 0. No ---->What job were you doing then? ______
      1. Yes ---->Are you working the same hours as you did?
      0. No ----> How many hours you used to work?___
         1. Yes
   d) Why do you still have to work?
      0. financial reason (have to support own/family living)
         1. the work is my own business
         2. interest
         3. kill time
         4. self-reliant
         5. still have working ability
         6. the job needs me to stay
         7. not up to retirement age
         8. meet friends
         9. others

65. If answer to Q.63 is 5, ask
   a) How long have you been retired? _____Years
   b) What kinds of main job did you do before you retired? ______
   c) Why did you retire?
      0. reach retirement age
         1. made redundant
         2. health reasons
         3. got fed up with work
         4. had to look after spouse
         5. had to look after others
         6. other (specify)

66. a) Do you receive a state pension?
    1. Yes
    2. No --->Why not?
       0. have not paid enough National Insurance contribution
          1. retired before retirement age
          2. have not applied
          3. don’t know
          4. other (specify)
b) Do you have private pension plan?
0. No
1. Yes

67. Have you heard of the following welfare benefits?
(If Yes, ask if they have ever received, if not then ask why not)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Heard of</th>
<th>Ever Received</th>
<th>Why Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Support</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Housing Benefit</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unemployed Benefit</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Statutory Pension</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sickness Benefit</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Disability Benefit</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Free glasses</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Free prescription charge</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

68. How much is your total net income per week?
(include only personal income of respondent & husband/wife)

0. under £20
1. £20-39
2. £40-59
3. £60-79
4. £80-99
5. £100-119
6. £120-139
7. £140-160
8. £160+
6. unwilling to provide this information

69. Which of the following sources of income do you have?
1. Children’s contribution
2. Other relatives’ contribution
3. Savings
4. Rent
5. Investment
6. Wages

70. Do you or your spouse have any of the following regular financial commitment? If so, then how much per month?

<table>
<thead>
<tr>
<th>Commitment</th>
<th>How much per month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Mortgage</td>
<td></td>
</tr>
<tr>
<td>b) Life insurance</td>
<td></td>
</tr>
<tr>
<td>c) Television rental</td>
<td></td>
</tr>
<tr>
<td>d) Car loan</td>
<td></td>
</tr>
<tr>
<td>e) Loan from bank</td>
<td></td>
</tr>
<tr>
<td>f) Hire purchase (specify)</td>
<td></td>
</tr>
<tr>
<td>g) Others (specify)</td>
<td></td>
</tr>
</tbody>
</table>

71. Do you have sufficient money to live/spend?
1. Enough
2. Not enough
3. Unwilling to answer
G. ETHNICITY

72. What kind of foods do you normally use to prepare your main meal?
   1. Rice
   2. Potato
   3. Pasta
   4. Bread

73. What type of cooking method do you prefer?
   1. Chinese Stir-fry
   2. Baking
   3. Oven Roasting
   4. Steaming
   5. Boiling

74. Do you think the children should look after their parents when they get older?
   0. No
   1. Yes
   2. No opinion

75. Do you celebrate Chinese festival like Chinese New Year, Lantern Festival?
   0. No
   1. Yes

76. Do you think Chinese should know how to speak Chinese dialect?
   0. No
   1. Yes
   2. No opinion

77. Do you use Chinese calendar to calculate your age?
   0. No
   1. Yes

78. If you had headache or tummy-ache, which type of pain-killer would you prefer to use?
   1. Western pain-killer such as Aspirin, Panado
   2. Chinese Panaceas such as White Flower Oil, Tiger Balm
   3. No specific preference
F. ACCESS TO SOCIAL SERVICES

79. Have you heard of the following services?  
(If Yes, ask if they know what it is & if they have ever received or joined)

<table>
<thead>
<tr>
<th>Service</th>
<th>Heard of</th>
<th>Know what it's</th>
<th>Received/Joined</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Old People's Home</td>
<td>No: 0</td>
<td>Yes: 1</td>
<td>No: 0</td>
</tr>
<tr>
<td>b) Sheltered Housing</td>
<td>No: 0</td>
<td>Yes: 1</td>
<td>No: 0</td>
</tr>
<tr>
<td>c) Home Help</td>
<td>No: 0</td>
<td>Yes: 1</td>
<td>No: 0</td>
</tr>
<tr>
<td>d) Meals on Wheels</td>
<td>No: 0</td>
<td>Yes: 1</td>
<td>No: 0</td>
</tr>
<tr>
<td>e) Luncheon Club</td>
<td>No: 0</td>
<td>Yes: 1</td>
<td>No: 0</td>
</tr>
<tr>
<td>f) Day Care Centres</td>
<td>No: 0</td>
<td>Yes: 1</td>
<td>No: 0</td>
</tr>
<tr>
<td>g) Night Sitting</td>
<td>No: 0</td>
<td>Yes: 1</td>
<td>No: 0</td>
</tr>
<tr>
<td>h) Health Visitor</td>
<td>No: 0</td>
<td>Yes: 1</td>
<td>No: 0</td>
</tr>
<tr>
<td>i) Home Visiting</td>
<td>No: 0</td>
<td>Yes: 1</td>
<td>No: 0</td>
</tr>
<tr>
<td>j) Concessionary</td>
<td>No: 0</td>
<td>Yes: 1</td>
<td>No: 0</td>
</tr>
</tbody>
</table>

Travel Permit

80. Have you heard of the following organisations which can offer you advice and help?

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Heard of</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Social Work Dept.</td>
<td>No: 0</td>
<td>Yes: 1</td>
</tr>
<tr>
<td>b) Community Relations Council</td>
<td>No: 0</td>
<td>Yes: 1</td>
</tr>
<tr>
<td>c) Age Concern</td>
<td>No: 0</td>
<td>Yes: 1</td>
</tr>
<tr>
<td>d) Help the Aged</td>
<td>No: 0</td>
<td>Yes: 1</td>
</tr>
<tr>
<td>e) DSS</td>
<td>No: 0</td>
<td>Yes: 1</td>
</tr>
<tr>
<td>f) Citizen Advice Bureau</td>
<td>No: 0</td>
<td>Yes: 1</td>
</tr>
<tr>
<td>g) Citizen’s Rights Office</td>
<td>No: 0</td>
<td>Yes: 1</td>
</tr>
<tr>
<td>h) Lothian Interpreting Service</td>
<td>No: 0</td>
<td>Yes: 1</td>
</tr>
<tr>
<td>i) Roundabout Centre</td>
<td>No: 0</td>
<td>Yes: 1</td>
</tr>
<tr>
<td>j) Edinburgh Chinese Elderly Support Association</td>
<td>No: 0</td>
<td>Yes: 1</td>
</tr>
</tbody>
</table>

81. Do you think Chinese elderly have difficulty living in this country?  
0. No  
1. Yes --> what are they? __________

82. Would you like to make any suggestion for things that could be done to help elderly Chinese living here?  
Code from: DO NOT PROMPT  
0. No suggestions at all  
1. Increase old age pensions  
2. Don’t tax pension  
3. Provide cheap, free phone calls  
4. Help with fuel bills  
5. Other financial assistance

83. Lastly, will you tell me your age please? ____  
Thank you for your co-operation.

COMMENTS AFTER INTERVIEW: (P.T.O.)

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APPENDIX II - INTERVIEW REPORT

Mr Y, Balbirnie Place, stated to be age 63 on his passport, but he stated that his age is 70 years. He is married with one daughter and was born in the New Territories of Hong Kong. He came to Britain in 1960.

HISTORY OF EMIGRATION

Mr Y said that life was not easy in Hong Kong during 1960s. Mr Y had some relatives working in Britain at that time and they persuaded him that the catering business was booming in Britain. He thought there was nothing to lose by coming here to work for a few years. He arrived at Manchester first and worked as a dish cleaner for few years. He did not like the job there, and the life at first was dull.

Later on, a friend told him it was even better to make money in West Germany. He was unhappy with his situation in Manchester and seized the opportunity to go somewhere else. Again, he thought in terms of going back home any time he wanted. He was in his late 30s, with good health and, although he could not speak German, he liked living in West Germany.

"I could at least understand a few German words, but I speak no English at all. I could go out to shop on my own and I knew every corner of the city where I used to live. But, here, I can't go anywhere because of my language barrier. Sometimes, I worry I may lose the direction and my health condition is not as good as before. Certainly, the life in West Germany was better than here, of course not as good as in Hong Kong. I do regret coming back here and would not have done so if it had not been for my family's persistence"
in returning to Britain. I look forward to getting my pension so that I am able to go back Hong Kong to be with my brothers and relatives again. Then, I will not have to rely on anyone to do shopping for me or to take me out."

LIVING ARRANGEMENT

i Mrs Y - 51 - wife.
    Jenny - 27 - married - daughter.

ii The house is owned by his wife and his daughter.

iii 3 years (in house). Before that they lived in Livingston (3 years), West Germany (15 years), Manchester (3 years). Mr Y was vague on the question of time, hence these figures may not be strictly accounts.

iv His daughter got married two years ago, then his son-in-law moved in.

v "We moved here because I was getting old and the transportation in Livingston is not so convenient as here. I have some relatives living in Edinburgh who were able to offer my wife and daughters job."

vi "I prefer living in Edinburgh to Livingston. I was so isolated when I lived there. I had no Chinese friends, and I was scared to go out on my own particularly at night."

vii His mother-in-law lives at Bruntsfield, only 15 minutes journey by car. He also has over ten relatives living in Edinburgh; he seldom contacts them but his wife and daughter see the relatives a lot.
TYPE OF DWELLING

i Semi-detached house.

ii 3 rooms excluding kitchen, bathroom and a small backyard and front garden.

iii The house is very much like many other modern style "Wimpy" houses, built 5 years ago with a good heating system.

iv The house is located very close to a main street with many bus services to the city centre.

v Within 5 minutes walk there are a small number of shops including a grocery, bakery, bank, post office, petrol station, newsagent, and travel agent.

OCCUPATION

i Mr Y worked for Hong Kong Electricity Ltd as an unskilled electrical fitter. Since leaving Hong Kong, he had worked as a kitchen assistant in the Chinese restaurants and takeaways.

ii He lost his job four years ago after being admitted to hospital to have an operation. He received welfare benefit for the first year of unemployment. After that, he didn't get his benefit for one year because he didn't know he needed to supply a doctor's letter to prove he was incapable of working and no one helped him to apply again. So, he looked for a job, but his health condition did not allow him to work in the catering establishment. Apart from working in Chinese catering
business, he cannot get any job because of his inability to speak English. He did get a part-time job working in a Chinese restaurant owned by a relative. But he realises that his health is deteriorating and he can no longer stand the heat and long hours of work in the kitchens.

**SOURCE OF INCOME**

Income support allowance of £40 per week. He has small amount of savings, but not more than £2000. His wife used to give him £20 a week when he did not get any state benefit. He does not have any retirement pension nor any regular payment from his daughter. A critical problem here (as with his health condition) concerns his failure to identity his age correctly since, had he done so, he would have been eligible for an old age pension and other related benefits over the past five years.

**HEALTH**

i Mr Y is fairly active.

ii However, his mobility is limited because he is suffering from Parkinson's disease. He has pain in his right hip.

iii He had an operation ten years ago for cataract, two operations in the last four years for urethratresia, and he is expecting another operation for his eye cataract soon.
Before I knew him, he did not go to see the doctor even when he was ill. He is supposed to see the doctor every three months to get repeat prescriptions for his Parkinson's disease and to have a check up, but he stopped seeing the doctor and taking medication six months ago. "The pills don't help the pain in my hip at all, my hands and legs still shake even if I have taken the pills. I don't want to trouble you again to take me to the GP's surgery. After you leave Edinburgh, I have no friend to take me to see the doctor. There is a lot of trouble to ask someone to take me to see the doctor and the pills are not cheap either."

When he was in the hospital, he could not understand what the doctor and the nurses said. When he was admitted to the hospital on the last occasion, I wrote down some simple instructions in English with the Chinese translation beside. When the nurse told him to have urine sample or to drink plenty of water, she would point to the Chinese instruction then he could understand what to do. I also left my phone number in case the nurse could not communicate with him. He was very pleased with the hospital service despite the language barrier.

He had overdosed himself once with the Parkinson's disease pills. He told me he was very dizzy after taking the pills and didn't know if he should continue to take them. On that occasion I took him to see the doctor and explained his reaction to the drugs. The doctor said the dosage might be a bit high for him and told him to cut down the dosage. I also told the doctor that he had nearly finished the pills. The doctor was shocked to discover that Mr Y had consumed a month's
supply of pills within a week, it was supposed to last for a month. Later on, we found out that he had misinterpreted on instruction to increase the dosage to one tablet weekly and instead had taken an extra pill each day. After that, I got the medicine for him and wrote the instructions in Chinese on the bottle.

FAMILY LIFE

i Mr Y is a quiet man. He doesn't like to talk much regarding his family life specifically. But he always says his living circumstances would be better if he had a son. Sometimes, he thinks it is because the Feng-shui (geomancy) of his ancestors' tomb is not favourable, and this has prevented him from having a son. He thinks his daughter is not as loyal as a son would be to his father. He never asks his daughter nor his son-in-law to interpret an official letter or to take him to see the doctor. But his daughter does take her mother to see the doctor if required. He indicates that it is difficult for him to say anything in the family because he is not the breadwinner. I suspect there are some difficulties in communication within the family.

ii He also told me that he was keen on gambling when he was younger. Very often he would lose a week's wage in one evening. So he admitted he didn't take home money regularly. He was very strict with his daughter when she was young because she was very rebellious.

iii Both his wife and his daughter are working in a Chinese restaurant. It means they don't see each other very often because of the long working hours. Sunday is the only day the whole family have a dinner together. But
his family usually goes to see his mother-in-law on Sunday and to meet other relatives, leaving him at home alone.

iv He doesn’t like to live with his son-in-law, but he expresses that he knows he has no right to say anything. An additional reason for trying to obtain a part-time job last year was to avoid seeing his son-in-law in the evening.

RELATIVES AND FRIENDS

i He has a number of relatives living in Edinburgh, but they seldom see one another. He always feels others look down on him because he is not wealthy.

ii He has some close friends but they are all living in West Germany and Hong Kong. They have not contacted him for a long time since he left Hong Kong and West Germany.

iii He has some friends in Edinburgh, and most of them are members of the Chinese Elderly Support Association.

iv He doesn’t have any non-Chinese friends in Britain.

v Despite living at Balbirnie Place for three years, he doesn’t know any neighbours. He said his neighbours sometimes left rubbish in front of his garden, and he has had stones thrown at him a few times.
Every morning he gets up about eight and likes to sit in the garden with his dog. He sits around, tidies the house and prepares his own breakfast. His family usually gets up at about ten. After they leave for work, he sometimes goes to the corner shop to get groceries and food for himself.

His lunch is very simple - usually a bowl of noodle in soup or meshed potato. Then, he sits around and reads Chinese newspaper or watches a Chinese video tape if his daughter has bought one. Otherwise, he would just turn on the television even though he can't understand the language. If the weather is warm and sunny, he goes out for a quick walk.

At about 6, he cooks himself a simple meal, usually rice with some meat and vegetables, sometimes his wife prepares a dish for him. After dinner, he watches television again until ten or eleven. Then, he goes to bed and his family comes home at about one in the morning.

He always looks forward to Thursday and Friday. The Chinese luncheon club meets every Thursday from 12 am to 3 pm. So, every Thursday, he can meet his friends and relatives in the luncheon club. Sometimes, a friend who has a car takes him for a ride, or they go to the casino together for an hour or two. Every Friday, he joins an elderly walking club organised by the Tollcross Community Centre. Although he cannot communicate with the other non-Chinese elderly, he enjoys the outings very much.
LONELINESS

i Although he is not living alone, he does feel bored and lonely staying at home and always remember the good times in Hong Kong and West Germany.

ii He admits he likes going to the casino because he can find something to do and meet some Chinese friends there too. To him, casino is the only meeting place where he could find some Chinese friends to chat.

CONTACT WITH ORGANISATION

i Because of his lack of English, he doesn't know anything about social and welfare benefits. He doesn't even know what a DHSS office is.

ii Whenever he has problem in respect of welfare benefit, he has to rely on the worker of the Edinburgh Chinese Elderly Support Association to assist him.
REFERENCES


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