

WORKING WITH CHINESE CARERS

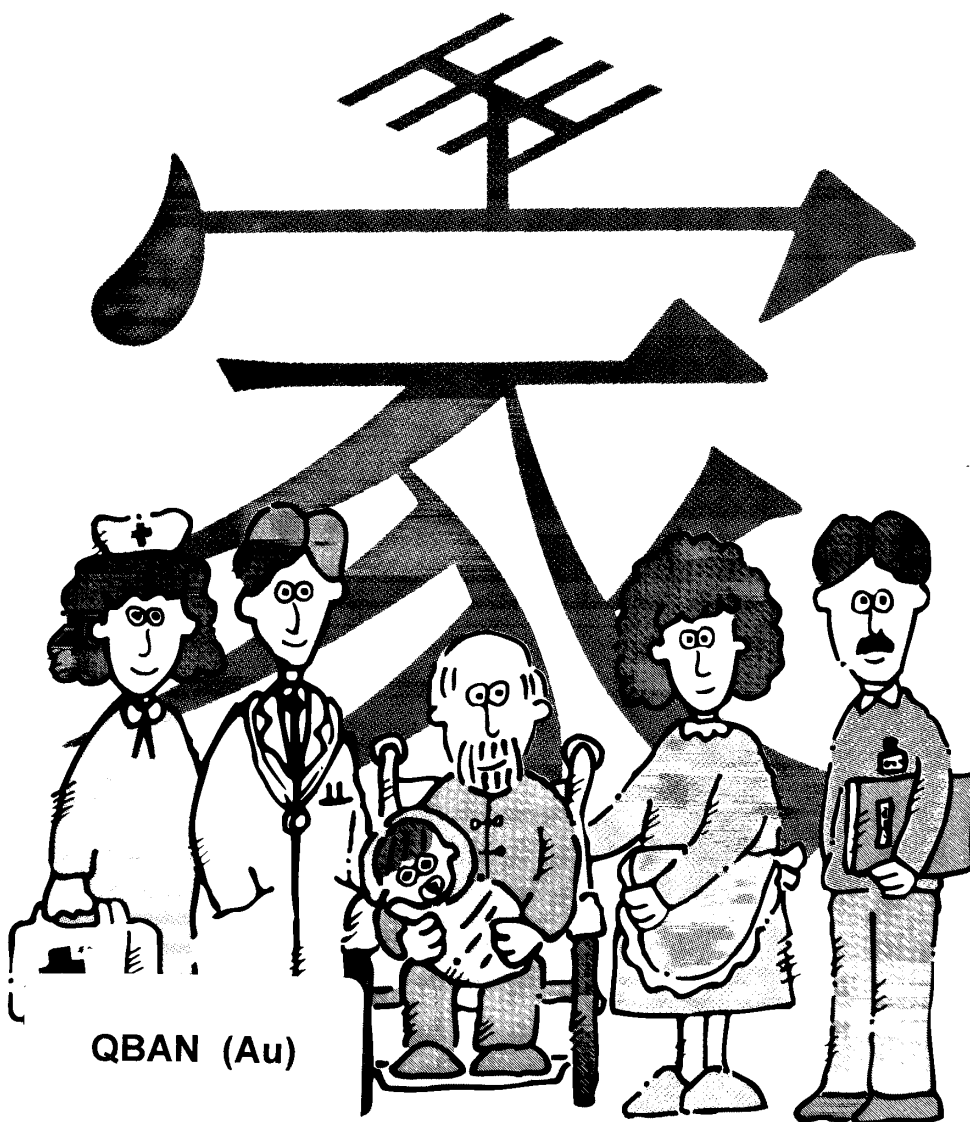
A handbook for professionals

Wing Kwong, L., AU ● Kerrie, P.K. Lin, AU



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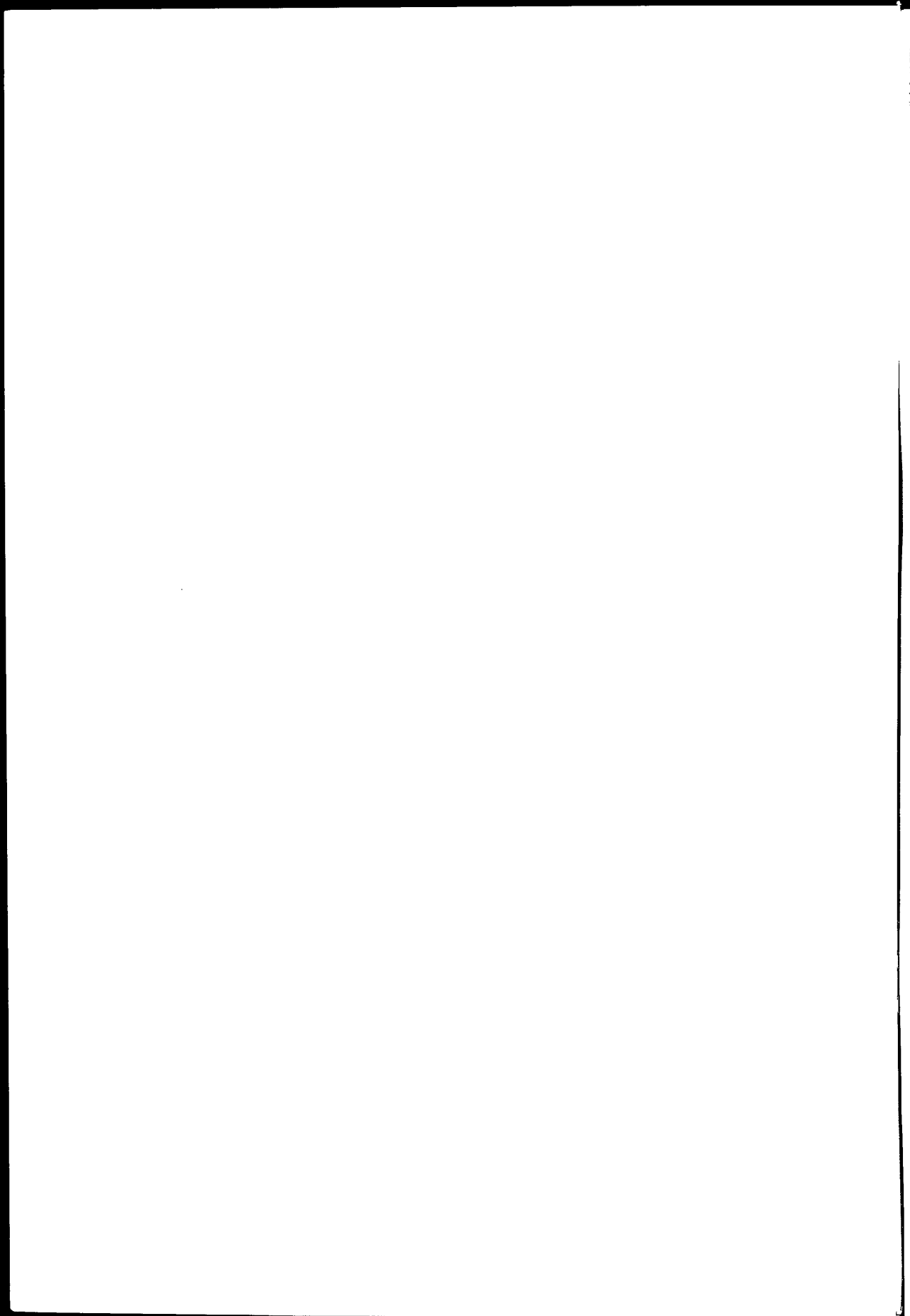
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Wing Kwong L. Au Kerrie, P. K. Lin Au



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Wing K. L. Au
Kerrie P. K. Lin Au
1992

Foreword

Since the mid-1980s when the House of Commons Home Affairs Committee published its findings on the Chinese in Britain, attempts have been made to address their needs. This handbook focuses on Chinese carers and the people they care for whose plight has, hitherto, been neglected. Research commissioned by the King's Fund Centre was done among Chinese carers in Liverpool by Wing and Kerrie Au in 1991. They were given support by community workers of the Pagoda Chinese Community Centre and the Liverpool Social Services Chinese Social Work Unit. Their findings may be applied anywhere in Britain because the majority of the Chinese here share the same background and occupation.

Although the problems of Chinese carers may be found in all carers, they suffer the added disadvantages of a language barrier, lack of information on services, isolation and long hours of work. Their needs are social, emotional, medical, financial and practical.

This handbook is aimed both at those who intend to start work and those who are already working with Chinese carers. It gives practical advice on identifying the carers, meeting their needs and enlisting the help of support services. It also provides information to voluntary groups who may want to target Chinese carers to inform them of available local community services. Details are given from the Liverpool experience of stimulating Chinese carers to seek help and of encouraging service providers to extend help to the Chinese community. These include advice on colours of publicity material (blue and white are considered unlucky by the Chinese because they are used at funerals) and the programme of workshops on Chinese carers.

A Chinese language booklet (*Where to from here? A handbook for Chinese carers*) which provides information on existing services and help available to Chinese carers has also been published as a

companion to this handbook. I hope that these publications will help Chinese carers and their dependants to receive the support due to them in the spirit of equal opportunity.

Dr Michael Chan, MBE

Chairman

Merseyside Chinese Community Development Association

The Authors

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Introduction

Too often vital information fails to reach carers. This is a practical handbook for those, such as social workers, health workers or community workers, who intend to start working or who are already working with Chinese carers and the people they care for who may be disabled, ill or frail. This work might involve setting up services, providing support for Chinese carers or raising the community's awareness of the needs of Chinese carers.

This handbook accompanies the Chinese language booklet, published by the Health Education Authority in conjunction with the King's Fund Centre, which provides information about existing services and help available to Chinese carers. (A summary of the contents can be found on p. 45.) All workers are encouraged to distribute and introduce the booklet to Chinese clients so that they are able to acquire better information about the kinds of services available.

Although the handbook is not comprehensive (most of the research for it and the leaflet was done in Merseyside), we believe that it provides guidelines for work with Chinese carers anywhere in Britain, with information that can be adapted to work in specific areas of the country.

1

The Chinese community in Britain

History

The Chinese community is the third largest minority ethnic group in Britain after Asians (from the Indian subcontinent) and Afro-Caribbeans. Chinese people first arrived early in the nineteenth century. Today, one in three Chinese people living in Britain were either born or raised here.

Although they have lived in Britain for well over a century, Chinese people have received only limited attention from researchers and are seldom mentioned in studies relating to immigrant groups. By 1868, the Liverpool ship-owners Alfred and Philip Holt had established the first direct steamship passage from Europe to China, and Chinese seamen were soon to be seen in British ports such as Liverpool, London and Cardiff (Jones, 1979). The earliest Chinese settlements were in London but gradually communities moved out to the rest of the British Isles. Communities settled near the docks and were geared to servicing the needs of Chinese crews arriving at British ports such as Liverpool, London, Bristol and Cardiff. Laundries and lodging houses opened to meet the needs of these seamen. By 1901 there were 387 Chinese in this country mainly in Liverpool and London (Leung, 1983). In 1911, there were 502 Chinese people in Liverpool and 668 in London and a smaller number in Cardiff (Jones, 1979). However, any increase in the number of resident Chinese was restricted because of the implementation of the Aliens Act 1905 and the Aliens Restriction (Amendment) Act 1919.

The first government reports on the Chinese community in Britain appeared in 1906. They were mainly concerned about gambling and opium-smoking among the men and their relations with white women (a

The Chinese community in Britain

cause of official disquiet). Police reports from Liverpool, however, did not find evidence to substantiate these concerns (Minutes, City of Liverpool Council, 1906-07).

Apart from this, the conflict between the Chinese and the host community was mainly limited to the economic sector, especially among seamen. Although fewer in number than seamen from European countries, Chinese seamen were prepared to work for less and did not go on strike.

Occasional assaults or insults on the streets led the Chinese to set up organisations for self-protection, such as the mutual aid associations established in Liverpool and London in 1907. These associations also adjudicated in disputes between members, provided financial support when members were ill or wanted to return to China, and dealt with funeral rites and burial should members die in Britain. The associations organised the celebration of festivals such as the Lunar New Year and All Souls Day when the dead were revered.

Although most Chinese considered themselves sojourners in Britain, some married local women and settled in British seaports. By 1907 there were 49 Chinese laundries in Liverpool and by 1945 about 100.

The advent of the domestic washing machine after World War II led to a decline in demand for laundries. In the 1950s and 1960s increasing numbers of Chinese people opened restaurants and take-away shops serving fish and chips as well as Chinese meals. At the same time, Hong Kong's traditional agricultural and fishing economies collapsed. This resulted in thousands of Chinese people entering the United Kingdom. Those who came had received little formal education and had little or no knowledge of English. They spoke Hakka and Cantonese and they also entered the take-away food market which provided an outlet for family labour. Increasingly restrictive immigration legislation encouraged people from Hong Kong to bring dependants before deadline dates, increasing the numbers entering the UK. People from Hong Kong's New Territories constitute the bulk (75-80%) of the present Chinese population in Britain (Chan, 1991).

Present situation

There is a lack of reliable information on the size and distribution of Chinese communities in Britain. Ethnic data was collected for the first time in the National Census of April 1991. Ethnic group information will not be available until 1992. The most recent data on the size of the

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Chinese population is from the Labour Force Survey, which estimates it to be 125,000 people (average for 1986–88).

In spite of the existence of 'Chinatown' in some cities, the main feature of Chinese settlement in Britain is that it is scattered. (Chinatown is used here and throughout the book to denote the central geographical location – for both commercial and social ventures – of the Chinese community in any town.) This may have resulted from the need to avoid having too many competing Chinese catering establishments in one place. After London, with nearly half the Chinese people in Britain, the main concentrations are in Manchester, Liverpool, Birmingham, Glasgow and Cardiff. There seem to be as many Chinese people living outside the metropolitan areas as in them.

The lack of accurate data about the geographic distribution of Chinese people means that local authorities have no reliable way of estimating the size of the population they should be attempting to serve. Authorities with a dispersed Chinese population may not be aware that they have one at all.

Cantonese, the common language of Guangzhou and Hong Kong, is the predominant language of the Chinese in Britain. There is a substantial Hakka-speaking and Toi-Shan-speaking minority, and smaller numbers of people speak other dialects, especially Mandarin, the official language of China.

Issues affecting the Chinese community

Difficulty with the English language

About 70 per cent of first-generation Chinese immigrants are unable to speak English.

Lack of information

Many Chinese, with little information on British law and welfare services, have difficulty claiming their rights and are often unaware what those rights are.

Cultural differences

Preference for self-help, and the reluctance to complain, make Chinese people unwilling to seek help outside the community.

Dispersal of the Chinese population

This means that in any one area the number of Chinese people is small in relation to the total population. Therefore, their existence and needs may scarcely be noticed.

Work

Long and unsocial working hours, especially for those in catering, increase isolation from the total population.

These five factors together constitute a formidable barrier to full participation in British culture (House of Commons Home Affairs Committee, 1985).

2

Chinese carers and the people they care for

Sixty Chinese carers from Merseyside were interviewed by two researchers using a structured questionnaire. As most carers interviewed did not understand English, the interviews were conducted in Cantonese. The results of this survey throw some light on the difficulties and needs of Chinese carers.

Carers

Gender and age

Carers were middle-aged or older: the majority (75%) were over 41. Of the 60 carers, 28 (46.7%) were 65 or older. The majority of carers (75%) were women.

Relationship to those being cared for

Of the 60 carers, 47 (78.3%) were related to the person being cared for; 10 (16.7%) were not close relatives; and 3 (5%) were friends.

Literacy and language

Of the 60 carers interviewed, 60 per cent could not read, understand or write English; another 30 per cent understood a little English. Only 10 per cent were fluent in English. However, 60 per cent could read or write Chinese and all spoke a Chinese dialect, e.g. Cantonese, Sze Yap or Hakka.

Chinese carers and the people they care for

As English is not their spoken language, most Chinese carers are not able to acquire information on available services, or to ask for help in English. Even when help is offered to them, they have difficulties in communicating with service providers.

Of the carers interviewed, 40 per cent did not understand Chinese literature or leaflets, having received very little, or no, education when they were young. An interpreter would therefore be needed to explain printed information to them.

Employment status

Of the 60 carers, 42 (70%) were not in regular employment (12 were retired and 30 were unemployed or housewives). This means that the 70 per cent without paid work had financial problems, whereas the remaining 30 per cent combined caring with work responsibilities and were likely to be under stress.

People being cared for

Gender and age

Of 60 dependants assessed, 17 (28%) were young adults (aged 18–40); 42 (72%) were over 41 years of age.

Relationship to carers

The majority (78%) were immediate family members of carers (husband, wife, child or parent).

Illness or disability

Of the 60 people being cared for, 31 (51.6%) had physical disabilities (either from birth, from accidents or because of old age); and 22 (36.7%) had mental health problems. The other 11.7 per cent were people with learning difficulties and long-term illnesses.

Working as a carer

Duration of caring role

Of the carers interviewed, 5 per cent had been caring for over 20 years; 57 per cent for 11–20 years; and 37 per cent for up to 10 years.

Time and help given to caring

Carers usually spent 7 days a week caring for their relations/friends. On average, they provided 10 hours of care and support a day. The help provided included: companionship, giving personal care such as washing, bathing, toileting and preparing food; ensuring safety at home; giving medicines; and occasional outings.

Breaks or holidays

Of the carers interviewed, 80 per cent had never had any holiday because they had no other relatives in Britain to relieve them; 20 per cent were able to take short breaks but still worried about the people they cared for. Carers had managed these breaks with the help of workers or of family members or relatives. No help was sought from local authorities or voluntary organisations.

Support and understanding

Of those carers interviewed, 70 per cent thought they had not received enough support from their friends, neighbours and voluntary organisations. They felt neglected and uncared for.

Help and assistance

Fifty per cent of carers received limited support from their families. Seventy-two per cent received benefits from the Department of Social Security, but 28 per cent received no benefits – either because they did not know what benefits they could claim or because they decided not to claim at all. Some (70%) were making use of services from hospitals and social services departments. However, the main service recipients were those being cared for, not the carers themselves.

Chinese carers and the people they care for

Most carers felt helpless because they were isolated and spent many hours a day caring. Many were not able to communicate in English to their neighbours and therefore could not obtain help from outside the family.

None of the carers had ever made use of services from voluntary organisations or had any knowledge about them.

When asked if they had any arrangements for emergency or long-term care, 76 per cent of carers said they had not thought about it. Even if they had, they had no knowledge of available services. The rest (24%) thought that their families and relatives might help in an emergency.

Carers felt that their caring responsibility had a significant impact on their family and social life. The atmosphere within families was said to be often stressful and conflicts arose easily, especially when the disabilities or illnesses of those being cared for seemed particularly demanding. When carers were looking after spouses, their marital life and relationships were often adversely affected.

Carers rarely shared their feelings with other people. However, to the researchers, they expressed feelings of depression, hopelessness and helplessness. They also tended to avoid sharing their problems with Chinese friends or neighbours because of worries that their private concerns would be spread all over the Chinese community. Even though it might be no secret that they were caring for someone, they would seldom mention it.

Although carers described their health as 'fair', and said that they would visit their doctors 'when they were ill', most complained of persistent back pain and aching limbs.

Carers found that the benefits their relation/friend received were insufficient to live on. Most carers (60%) did not know that the person they cared for might be eligible to apply for attendance allowance. Carers generally did not know much about their welfare rights.

Carers said that they did not know they were classified as carers. The support they received from statutory and voluntary organisations was inadequate and none knew of or made use of services from the voluntary sector.

Difficulties and needs of carers

All carers wanted to do their best to care for their relations/friends and to cope with the difficulties arising from the caring process.

The main difficulty was the language problem. In most situations,

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carers had to depend on interpreters to communicate with service providers. It was not always possible to obtain an interpreter, however, because of a shortage of them in the community.

Second, those carers who looked after people with mental health problems knew little about their illnesses, and this led to feelings of inadequacy.

Carers also mentioned a number of other difficulties.

- Since almost all information regarding services is in English, carers did not know about services and weren't able to look for them.
- They could not go out for a break or on holiday because they did not want to leave the person they cared for alone without support.
- There was nowhere for the person they cared for to go for rehabilitation – there was, for example, no suitable employment training or day centre catering for the needs of people with mental health problems.
- They had no support or counselling.
- They experienced social isolation.
- They had transport problems.
- They had money difficulties.

Help requested by carers

In response to their difficulties and needs, carers requested the following help.

- Trained interpreters employed particularly in hospitals, social services departments and day centres for elderly people and for people with mental health problems.
- A day centre for elderly people, people with mental health problems and people with learning difficulties. This could also be a place for carers to meet and provide mutual support. Bilingual workers should be employed to help carers cope with their dependants and their problems.
- Training opportunities for people with learning difficulties and mental health problems, e.g. vocational training.
- Transport services for carers and the people they care for when attending day centres or making use of other services.

Chinese carers and the people they care for

- Adaptation of home facilities to help carers and the people they care for.
- Knowledge and provision of services, especially from the voluntary sector.

Carers did not talk about services such as home help, rehabilitation, occupational therapy, district nurses, etc., which are available to them through local authorities and voluntary organisations. This lack of awareness implies that information needs to be made more available about these services.

3

Targeting Chinese carers

This chapter is about local organisations (statutory and voluntary) and groups making contact with the Chinese community in order to identify Chinese carers. You may not speak Chinese or know much about the local community. You may have doubts about your legitimacy and credibility to investigate the problems of carers and their friends/relations. You may also feel uncertain about the best way of making contact, how to approach people, and whether or not Chinese carers will listen to you.

Making contact and building relationships with other professionals and local people with a view to identifying Chinese carers is very important. First, it can enable you to gain understanding of the issues facing Chinese carers, their lifestyles and customs. Second, organisations will find it easier to refer carers to you in future if a network is already in place. Finally, you may find out about resources that you can use to help carers.

You could start by obtaining information from local authorities, or the Council for Voluntary Service (CVS) in your area. The CVS may have information about which voluntary agencies provide services for Chinese carers and/or the people they care for (e.g. MIND, Age Concern). Some national voluntary bodies provide luncheon clubs and Good Neighbour schemes. As their services for minority ethnic communities flourish, they will maintain publicity, keeping in touch with other professionals from different organisations.

Formal channels

Chinese people are scattered in different parts of the UK. In areas where there are a large number of Chinese people, specific services

may be provided for them. The following could help you to reach the Chinese carers.

General practitioners

'My husband can't walk. So, when he does not feel well, I always ask the doctor to come up and see him.'

A GP may have a close relationship with carers and the people they care for. S/he is the person whom some carers are ready to contact when the person they care for and/or their own health worsens, because an effective GP can perform a range of tasks for them:

- (a) as mediator between the patient and services from health authorities, e.g. liaison with health visitors, district nurses, specialist doctors;
- (b) as adviser and supporter, helping them to overcome day-to-day health care and living problems.

GPs may therefore be able to help you identify carers. The local Family Health Services Authority (FHSA) may recommend GPs who are particularly involved with Chinese families.

Interpreters, health visitors and other professionals working with the Chinese community (or local Chinese people themselves) may also be able to identify Chinese-speaking GPs or GPs who have some working relationship with Chinese carers.

Since GPs are bound by an ethical code, they may feel that it is inappropriate to give outsiders any information. You could, on behalf of your organisation, send a letter to introduce yourself and explain your work. You could also leave your cards and your agency's pamphlets with doctors and ask if they can distribute these to carers and possibly refer them to you. If you are able to develop a good working relationship and keep in contact with GPs, you may receive some referrals from them.

Social services departments

Social workers are very important to carers. They may provide a link between carers and local authorities' services. Social workers can:

- (a) assess the carer's family/social circumstances;
- (b) refer the case to other relevant services;
- (c) provide a counselling service to carers and help them understand the best ways of looking after relations/friends at home;

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- (d) run carers' groups in order to facilitate mutual help and support among carers.

Chinese-speaking social workers are employed in certain areas.

When you start identifying carers, social services departments are likely to be important places to contact. Bearing in mind that the area offices may differ in the way they are organised, you could approach:

- (a) the liaison officer at the social services department headquarters and obtain information about the social workers who deal with Chinese families;
- (b) other professionals in the local area.

When you find social workers who have been providing services to the Chinese community, you may discover that they are willing to work jointly with you to provide services for Chinese carers.

Community centres

'I don't understand English. Whenever I receive an English letter or have any problem, I go down the community centre and ask for help.'

In Britain, relatively few areas currently have a Chinese community centre. Where there is one, however, it should have communication networks with neighbours, clinics, hospitals and social services agencies. Community centres usually provide the following services to the community:

- (a) interpretation services for Chinese people or other professionals or agencies, e.g. hospital social workers, nurses;
- (b) advice on welfare rights, health, housing, etc., and assistance with applications for benefits;
- (c) activities for Chinese people.

Points to remember before visiting the centre

- 1 Telephone the centre and make an appointment with workers first.
- 2 Although the workers may encounter carers on different occasions, they may not be aware of individual carers or they may not be able to recall the information about the carers immediately. You

Targeting Chinese carers

should keep in contact with them, therefore, and make sure that they have in mind your services for carers. Once they have new information, they can pass it on to you.

3 You could also try to negotiate working in partnership. For example, you may be able to stay in the centre and identify the Chinese carers. When the information officer of the Department of Social Security or a housing association holds a surgery session at the centre, usually carers will come along and apply for or make enquiries about benefits or services. This could be a useful opportunity for meeting carers and promoting your services for them.

4 As many Chinese people are familiar with the centre and Chinese-speaking staff, you could also hold a surgery session there. Staff could publicise your attendance and perhaps organise an interpreter.

Job clubs/unemployment resources centres

Job clubs have traditionally catered only for English-speaking people. You may, however, come across a Chinese-speaking job club or unemployment resource centre. Apart from 'drop in' services, they also accept referrals from other services, e.g. social services, community centres, etc. Many Chinese carers look for work to earn extra money to supplement their statutory allowances; others do it in order to keep in touch and avoid isolation.

However, job club leaders may need consultation with the carers' workers because:

1 Once carers have employment, some arrangement for substitute care may be needed.

2 Consideration has to be given as to whether a carer's income from employment would in fact be financially advantageous. What would the carer's income be if s/he were to give up the work either now or in the future?

3 If carers seek employment for other than financial reasons, the costs and benefits of this should be weighed. If they feel very tired both emotionally and physically, they will need skilled help in order to make the most appropriate decision.

Churches and religious groups

There are bilingual churches and Chinese religious bodies with links to the Chinese community throughout the UK. Moreover, some

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churches have organised, for example, volunteer schemes to visit Chinese people in the area, English classes and interpretation services. Pastors and ministers and church members will have some contact with carers and probably visit them regularly.

It should be stressed, however, that although Chinese carers may welcome the personal visits of church personnel, they may not automatically welcome your professional visits. Moreover, some Chinese carers do not like to expose their family problems to strangers, as they feel they must protect their family reputation and avoid rumour in the Chinese community. You need to tread carefully in identifying Chinese carers through this network.

1 As church workers may have difficulties in giving any information regarding carers because they need to respect carers' privacy, you might ask if they could talk about your services in conversations with Chinese carers.

2 Depending on the relationship between church visitors and carer(s), you may be able to ask if they could introduce you to the carer(s) or even go to visit with you.

Housing associations

Some housing associations co-operate with other welfare organisations in rehousing Chinese people, and may, therefore, know about your target group.

Informal channels

Information about carers can also come through informal channels, e.g. neighbours. While you develop professional relationships with workers, you can also get a greater understanding of the Chinese community by developing good relationships and links with people in the local area.

The main area where the Chinese community is concentrated, in any town, is usually called Chinatown. Chinatown may be roughly divided into the following groups.

- 1 Residents who live in Chinatown or its vicinity.
- 2 Retired Chinese people who cluster together in Chinatown to meet friends, shop and attend clubs.

3 Chinese people who shop or go to Chinese restaurants will have a strong connection with Chinatown.

4 Chinese people working with the Chinese community (e.g. solicitors, accountants and salespeople) will also have access to information.

5 Shopkeepers or business owners who run their business (e.g. grocery stores, restaurants or bookshops) in Chinatown. Their customers are mainly Chinese people with whom they may develop a good relationship. Often these people are good sources of information for both professionals and carers. Posters and leaflets could also be displayed on their premises.

If you explain that you are from a charitable organisation, and that the kind of work you want to do in developing services for Chinese people will be beneficial to the local community, you will usually have no difficulty in convincing shopkeepers to help you.

Some shopkeepers have even acted as interpreters to Chinese people in need of access to social services. However, if you think you need an interpreter you should not just ask anyone who understands English. You really need a skilled, trained interpreter who can interpret accurately, and accepts the principle and importance of confidentiality, otherwise unfortunate rumours may all too easily be spread.

If you promote your services at Chinese centres in or close to Chinatown, you will find that you can identify carers through a 'snowball effect'. Carers will be able to introduce you to other carers in their area.

Through local newspapers and radio

'Since both me and my wife don't read English, I have to go out and buy a copy of Chinese newspaper from the stationery shop in Chinatown. Occasionally, we can have some free newspaper offered by some charitable agencies. Recently, there is a Chinese radio programme at 8.00 every Wednesday. We can always get some news about the area from the programme.'

If you make appropriate use of it, the media can be a good tool for identifying Chinese carers. In various areas, there may be community newspapers (perhaps sponsored by local city councils and charitable organisations); two Chinese newspapers, *Sing Tao* and *Wen Wun*, usually circulated wherever there is a large Chinese population; newsletters published by local voluntary organisations; or Chinese or bilingual community radio programmes.

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These may provide you with effective channels for spreading your messages; an economical and efficient way of locating and communicating with carers through other workers; an ability to control and manage the publicity yourself.

You should aim for good communication and relations with editors, reporters, radio and television programme producers: they are specialists in tailoring programmes to attain the goals of publicity.

You could adopt some of the following strategies to target Chinese carers:

- an interview with the media about your services and organisation;
- a talk about locating Chinese carers and recruiting volunteers;
- case studies which carers can identify with;
- interviewing carers and the people they care for;
- inviting reporters and editors to come and report social functions, e.g. exhibitions, carers' forums. Press releases to publicise or report an event can also be sent to newspapers and radio programmes.

Points to remember

- 1 The focus of each piece of written or printed publicity should be bilingual, unless you are only trying to attract English-speaking workers.
- 2 Try to make presentation as precise, simple and clear as possible. Try to avoid using jargon – professionals from other disciplines may not understand it, and complicated and highly theoretical statements may not be understood by carers and the people they care for.
- 3 Keep a supply of photos and posters about your services and activities. Ask producers or editors if they need additional material for press release or coverage.
- 4 Do not forget to give your address and a contact name and number. If you do not understand Chinese yourself, you could always ask those interested to contact a particular Chinese community centre or a Chinese-speaking staff member of a particular charitable organisation. Obviously, you will need to co-ordinate and arrange this beforehand.

Evaluation and results of media campaigns

- 1 'One-off' interviews or publicity programmes will help, but may not instantly arouse the attention of carers and workers.
- 2 It is best to try to arrange publicity through the mass media on a regular basis; so you'll need to maintain good links with editors and reporters. Keep the publicity materials; they may be useful in the future.
- 3 If you feel that the publicity hasn't had maximum impact, you should seek advice from editors or programme producers.

Through functions

These might include exhibitions, as described in Chapter 6.

It is all too easy for a worker to resort only to ways of identifying carers that are well tried or conveniently at hand. The choice of the right channels and methods for making contact at a particular time is crucial, although it will obviously also depend on your situation.

Within the limits of the handbook, we have reviewed fairly comprehensively ways of reaching out to and identifying carers. This may seem over-mechanistic. It is necessary, however, to highlight the worker's role, and not to discount the importance of making contact through a variety of channels. Of course, the worker's stamina, enthusiasm, personal abilities and cultural and racial awareness are also very important factors in determining the success of the endeavour.

4

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Identifying needs

Your first contact with Chinese carers will probably be through either general practitioners, health centres, hospitals, community centres or social services departments.

We have already discussed how we found out about carers' needs. The following methods were used in our project with positive consequences.

Home visits

Carers usually welcome being visited by workers if they feel secure. It is certainly easier to break the ice initially if you can speak their language. Carers will feel more relaxed if you ask them general questions to begin with, and avoid personal questions about finance and relationships. A friendly first visit will help you to build a social relationship and establish trust which can make your working relationship easier.

If carers have no paid job, arranging a time for visits may not be a problem. However, for those who have to work long hours – perhaps in the catering trade where workers usually sleep until noon – arranging visits between 2 p.m. and 4 p.m. or on Sundays would be much more helpful.

On home visits, you can collect information about:

- the living environment of carers;
- the need for facilities (e.g. bathroom and housing)

adaptations), especially for people who have difficulties getting about;

- the relationship between the carer and the person they care for, or within the wider family.

Interviews

If the carer you visit is willing to answer some general questions about their caring situation, you can probably go ahead with interviewing. But you will have to ask yourself: 'Is this a good time? Is the carer ready for the intensive interview? Is it appropriate to conduct the interview in the presence of the relation/friend, or will it affect the carer's response?'

Many carers we worked with felt uneasy expressing their views, especially with the person they cared for present. You can carry out the interview with both if the questions are not sensitive or you want to have both views.

Before conducting the interview, you could prepare a set of guidelines to consider the problems of the carer and person being cared for. This will enable you to collect information systematically and comprehensively.

Case illustrations

The following are a few examples from our interviews with carers in Merseyside. The authors worked directly with these carers, identifying their needs and exploring feasible ways of resolving their problems. The problems experienced are typical among Chinese carers and, therefore, these case studies are a useful reference for any professional who may work with carers.

Case A

Mr A is under pensionable age and has cancer. His son is still at school and Mrs A is the main carer. The couple do not speak or understand English. The family receives Invalid Care Allowance and Severe Disablement Allowance at the highest rates available to them. Although Mr A worries about his health, Mrs A has not disclosed the diagnosis to her husband and avoids talking about the illness. These unresolved and unspoken tensions and fears about the progressive illness directly influence relationships within the family. Mr A

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scapegoats his son, and this has a disruptive influence on the personal and social development of the latter. Mrs A has to face various stresses and difficulties.

Emotional problems

Mrs A usually stays at home to look after her husband and is anxious about expenditure. Mr A irrationally sees her concern about money as a cruel attack on him. Since Mrs A is avoiding telling her husband about his illness, she can't openly discuss or share her pain and discomfort at its progressive nature. Mrs A also finds herself living with a husband who is a stranger to her – needing plenty of care and often in a bad temper. Naturally, she mourns their old, established relationship, and finds facing a new relationship very hard. She doesn't know how to live with her husband or how to behave towards him as he dies.

Social isolation

Mrs A keeps distant from other Chinese people in order to keep her secret as far as possible. She does not talk about those things that really matter, and this increases social isolation. Furthermore, she receives no support or comfort from her family, neighbours or friends.

Knowledge about health and illness

Mrs A does not understand cancer and believes that it is an infectious disease. She separates all items (such as clothes and utensils) from those used by her husband. This displeases and annoys him. Quarrels and conflict frequently arise through her misconceptions about the illness and the proper way to look after a cancer patient.

Financial stress

This is the most difficult of the many issues raised by Mr A's illness. The family is unable to find helping services to resolve its financial difficulties. Although the family receives welfare benefits, these hardly cover the extra cost of a special diet or extra heating. Mr A watches television to relieve the boredom, but Mrs A wants to save money on electricity. This is not understood or accepted by Mr A and friction is frequent.

Case B

The B family has been living in Britain for about twenty years. Mr and Mrs B used to work in a restaurant. Unfortunately, Mr B hurt his back when working in the kitchen and when a doctor assessed him in hospital, he was identified as having tuberculosis. His treatment for TB involved more than 65 injections during his stay in hospital. After discharge he had breathing problems and frequent different infections. His mobility was also affected, and this resulted in him having to stop work.

Mrs B then had to take on the role of carer and principal breadwinner. With Mr B's illness recurring from time to time, these two roles exhausted Mrs B. When Mr B's condition further deteriorated, Mrs B gave up her job.

The couple claimed that their house had recently been broken into over several weeks, and that their television, electrical appliances and some money were stolen during the first and second break-ins. Mr and Mrs B did not get any sleep for several nights. In this dreadful situation, Mr B's illness further deteriorated. Mrs B was also at crisis point – totally exhausted by her efforts to keep the house secure and to look after her husband.

The researcher (one of the authors) first came into contact with Mrs B when she was enquiring about making an application to a housing association. When the researcher phoned her up a few days later, she cried and said that her husband was dying. She was at a loss to know what to do for him. When the researcher arrived at their home, Mr B's left foot was swollen and he was shouting in pain. Since Mrs B had clearly come to the end of her tether, the researcher wasted no time in sending Mr B to hospital.

In her fifteen years of working as a carer, Mrs B has had to face a number of difficulties.

Emotional problems

Mrs B claimed that the family was very isolated and did not have any support from its friends. According to Mrs B, other people had spread the rumour that Mr B pretended to be ill for the purpose of cheating the government's income support system.

Mrs B felt that the reason her children had not succeeded at school work was that she had not had enough time to supervise them. She believed that her son's future was ruined, and often blamed her husband for bringing difficulties and trouble to her after their

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marriage. (She could not appreciate that illness and misfortune could occur in her family without someone being to blame.) When Mr B's illness recurred, she was so upset that she could not sleep.

Social problems

Since their children worked in Manchester and had their own families, and because of the irregular working hours in restaurants, the B family seldom got together.

Mr and Mrs B were reluctant to approach other people, in order to avoid rumour and trouble. Owing to their prolonged social isolation and the language barrier, they had never heard about the respite care and holiday scheme run by the local authority and voluntary organisations. They claimed that they knew about the Sheila Kay Day Centre (open, especially for older Chinese people, every Wednesday) and the Chinese Luncheon Club. However, they did not qualify for attendance since they were in their early fifties. Moreover, as they felt they were coping, they did not wish to receive any further service from welfare organisations; they did not want to accept 'charity'.

The language barrier separated them from the wider community. Mrs B claimed that she had received no assistance in dealing with her husband's problems (for example, medical advice, and information regarding emergency procedures).

Financial situation

Both Mr and Mrs B were on Income Support. Despite being urged by community workers to apply for Attendance Allowance, they considered that they could manage. As a traditional Chinese woman, Mrs B was unwilling to obtain benefit from the government. She regarded state money as only for the poorest and most unfortunate families: she could not accept this stigmatisation.

Mr B spent a lot of time at home and needed special medical treatment. The family had to pay heavy electricity bills. Although they could still obtain basic necessities, they did not have money for entertainment at home.

Case C

The C family has been living in Britain since the 1960s. The family has two teenage sons. In the early 1970s, Mrs C was identified as having

mental health problems. Mr C said that he had sought help from the social services department. However, the social worker assessed that, as Mrs C understood English and looked well, there were no grounds for intervention by the social services department. Owing to recurrences of her illness, Mrs C has been admitted to hospital many times in the last ten years.

After Mrs C had a stroke five years ago, Mr C had to take up the role of carer. Mr C did not know what welfare rights he could claim for his wife and family. He worked to support the family, and had to rush home every lunch break to care for Mrs C. Consequently, he did not have the time or energy to meet his friends and relatives, and had become very isolated.

When Mr C approached the researchers for help, applications for Attendance Allowance and Severe Disablement Allowance were processed immediately. In addition, Mr C was advised to give up his job and concentrate on looking after Mrs C.

When the researcher paid a home visit the next day, Mrs C looked frail and asked for help. Lack of sleep and the recurrence of his wife's mental health problems had left Mr C exhausted.

The family's GP had refused a home visit, and had suggested that they go to Casualty. When they went, Mrs C's condition was not taken seriously, and they were asked to leave.

Four days later, Mrs C collapsed and was sent to the hospital where she remained unconscious. The doctor on duty informed the researcher that Mrs C had been suffering from severe kidney failure and would not recover. The doctor also asked why Mrs C's problem had not been diagnosed until the last moment. Three days later, Mrs C died in hospital.

Because there was no social worker monitoring the case, Mr C had no knowledge of any services to which he and his wife might be entitled. He also lacked a bridge in communicating with his wife's GP and the doctors in hospital and therefore did not understand what was happening to his wife until the very last minute.

Mr C was so particularly isolated (he had both to work to support the family and take the role of carer) that he did not have the opportunity to learn about any services for his family, e.g. the community centre services.

The family's problems were made worse when Mrs C was identified as having severe disablement and mental problems one year before her death. However, there was no arrangement for monitoring Mrs C after her discharge from the hospital, e.g. by the hospital social worker, district social worker, occupational therapist or home help services.

In fact, Mrs C had long been overlooked by professionals: if her situation had been properly investigated earlier, she might not have died.

Case D

Mr and Mrs D worked for fifteen years in the catering trade in Britain. When they were fully settled, they applied for their three children to join them. However, when his younger son, Tommy, was ten Mr D observed that there was something wrong with his mental state. This eventually led to Tommy being removed from school and staying at home. One day, Tommy was taken to the police station by a man who had accused him of disturbing his family at night.

Mr D said that when Tommy returned his face looked bruised and it appeared that he had been assaulted. Owing to his inadequate English, Mr D could not ask the police what had happened to his son.

Tommy's condition deteriorated further after this incident. He stayed at home and was unable to communicate with other family members. Even though he was hungry, he did not know how to ask for food. Mr and Mrs D, at work until 1 a.m., were unable to care for Tommy, and one day they returned home to find that he had collapsed.

Tommy was admitted to hospital. Although he received medical treatment his mental state did not improve. Mr and Mrs D then heard that some herbalists could cure mental problems, and decided to send Tommy back to China where he could be cared for by his grandparents. However, he assaulted them from time to time, and they were also becoming too old to look after him properly. Tommy had to return to the UK and Mr and Mrs D took up the role of carers.

According to Mr D, Tommy's mental state was now worse than before his visit to China. He needed Mrs D to help him bathe and go to the toilet. He would also wet himself and his mother had to feed him and help with personal care every day. This, in addition to their work, was exhausting his parents. Mrs D collapsed about five weeks before the case was taken up by the researcher. She was admitted to hospital and diagnosed as having had a stroke. Not only was she unable to walk or work, she also had to be fed by a nurse and Mr D every day.

Under the pressure and stress of the family crisis, Mr D directed all his personal feelings and frustrations at Tommy. He accused him of being an 'unfortunate burden on the family'. Mr D recently hurt his hand and his back in the kitchen, and he had to stop working in the restaurant.

The researcher first came into contact with Mr D when he was enquiring about making an application for Income Support to the DSS. He was very annoyed with the staff at the centre and the DSS because he was asked to come back on a number of occasions. However, he did not have adequate evidence to prove his financial situation and it took a month to sort out his claim for benefit.

The researcher first saw Tommy when he was brought to the hospital to visit his mother. When the visit was over, Mr D wept as he took Tommy out of the room and cried loudly as he walked along the hallway of the hospital.

Mr D had to look after both his son and his wife, and faced a number of difficulties.

Emotional problems

Mr D did not have any contact with other members of the Chinese community. Since the family had come from mainland China as refugees during the Cultural Revolution, it had no kinship network in this country. Despite Tommy's deterioration, Mrs D's collapse and his industrial injury, Mr D did not receive any support because of social isolation. Embroiled in this desperate situation, he could only direct his feelings of anger and frustration towards his son.

Financial stress

After Tommy's return from China, he was unable to work, so Mr D had to support him financially. Mrs D wasn't used to the western meals served in hospital, so Mr D had to prepare special Chinese meals for her in the afternoon and evening. According to Mr D, he was in debt.

Mr D was supposed to be the breadwinner of the family but after his industrial accident he was unable to work. Despite his need for financial help, like many Chinese people, Mr D regarded claiming state benefits as shameful and troublesome, and also had problems with language difficulties and baffling procedures. He became upset whenever he was asked to provide more information to support his son's and his own application for Income Support. So far, he has not received any financial support from the DSS.

Social situation

Mr and Mrs D usually finished work at about 1 a.m., did not have any holiday or time off each week and had no time to be with other people.

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In addition, they regretted having a child with mental health problems. Therefore, they were reluctant to contact other people in order to avoid gossip. Neither understands English and this has prevented them from getting information and advice about their son from helping professionals.

Meeting needs

The following table shows how the needs of Chinese carers can be met by various services.

<i>Needs</i>	<i>Services</i>
<i>Social and emotional</i>	
Someone to talk to	Counselling services/Carers' support group/or day centres
Opportunities to share and support	Same as above, plus befriending scheme
Companionship	Same as above
Taking a break or social activities	Respite care services e.g. nursing home or voluntary agency or holiday scheme for disabled people
<i>Medical</i>	
Interpretation in medical settings	Trained health linkworkers
Assessment of illness and treatment	GPs, specialists in hospitals
Nursing care at home	District nurses, voluntary sector, community nurses and doctors
Knowledge about the illness	Same as above

Financial

General help	Welfare benefits from DSS or through the help of Chinese community centres; or grants from charities (through local CVS)
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School-age children: meals and travel, school uniform, shoes	Education authority and special grants unit in this department
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Practical

Getting about	Transport services e.g. dial-a-ride
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Aids and equipment	Occupational therapy
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Education for people with disabilities	Special schools, local education authority
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Housing	City council, housing associations or voluntary organisations
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Support services from local authorities and voluntary organisations

Services and support can be divided into various levels.

Information and advice

The initial step to help carers is to provide information and give advice. For example, you could inform the carer of welfare rights and help him/her proceed with the application(s).

Matching/referral

You can make sure you are informed about available services, and match carers to relevant organisations. You act as a bridge to help carers find what they need.

Individual level

If you are assigned the role of case or key worker and you have social work qualifications or counselling skills, your services at this level are extremely important for carers and the people they care for. Emotional problems are common among carers, and you could provide individual and family counselling.

Group level

Group work can complement individual or family work.

Carers who feel isolated tend to think that they are in the worst situation in the world, and don't realise that there are other people who have undergone similar experiences.

Therefore, getting carers with common experiences together can provide a valuable support. We organised a group of carers who looked after people with mental health problems.

Their initial disbelief that others could have had similar experiences was challenged at the group meetings. They shared their difficulties and feelings with each other and received mutual support and encouragement.

Setting up a carers group for Chinese carers can definitely provide support. Initially, carers may need to be guided by a worker; some carers may seem rather passive and reluctant to voice their needs.

Community level

To raise awareness of and gain support for Chinese carers within the wider, non-Chinese community, the following steps should be taken.

Inform the community

Without information the wider community supposes that Chinese people are self-sufficient and without problems. It is important, therefore, to inform those outside the Chinese community about the difficulties Chinese people face, and how service providers do not meet their needs.

Inform service providers

There are many ways to achieve this important goal: through participating in meetings with welfare organisations, among others (please refer to 'Locally' in Appendix I for more detail).

Service providers are not likely to be convinced immediately and so you should have a strategy for dealing with this issue. The following is an example of one which could be adapted to local needs.

Arousing interest

What should follow once service providers have been informed of the needs of Chinese carers and the people they care for? Will you ask them to provide services for Chinese people immediately?

Organisations may have different responses to providing services to Chinese people:

- withdrawal:* some would rather give up their attempts to provide services;
- passive:* some will remain unchanged unless they are introduced to new, promising ideas;
- innovative:* some will want to take up the challenge, and take initiatives to co-operate with Chinese communities.

If an organisation operates an equal opportunities policy properly, it ought to try to meet the needs of Chinese people. One way to contact Chinese people directly is to hold an exhibition (see Chapter 5). This fulfils a dual purpose: service providers are introduced to Chinese carers; and information on the organisations is fed to carers. This enables service providers to assess whether their provision is appropriate to or adequate for the community. It would be naïve to expect all organisations to take positive action, but an exhibition like this can be a starting point.

Follow-up work

As a professional working with the Chinese community, it is wasteful not to do follow-up work. When you have identified any organisation which shows interest in establishing services for the Chinese community, you should work closely with it on the possibility of future development. For instance, the organisation may be able to start working with Chinese carers by modifying its original service, or by employing an interpreter as a temporary substitute for bilingual, trained workers.

It's a long process that requires regular injections of effort and energy, but eventually Chinese people may reap the benefits.

5

Organising services for Chinese carers

This chapter is for organisations interested in establishing services and support for Chinese carers.

Roles/duties of service providers

Providers must choose what kind of role they want to adopt in their work with Chinese carers. There are a number of factors affecting this choice, including:

- what providers see as people's major needs, and their thoughts about people who have these needs;
- how providers weigh the importance of providing services for the Chinese community.

That is, when a service provider recognises people's major needs as caused by inadequate services based on unequal distribution of community resources, its role is to promote the reallocation of resources according to the needs of various groups in the community. Providers can then start looking into the specific needs of Chinese carers and tailor services to suit them, either by adjusting the existing services to meet their needs or by designing new services in accordance with the characteristics of, and in co-operation with, the Chinese community.

Some service providers would argue that there is no evidence to show great demand for services by the Chinese community and that, therefore, allocating resources to this group is not justifiable. Although

service providers may not have attempted to find out how much demand there is, once services are established, consumers often appear and demand becomes much higher than expected.

Therefore, service providers and the Chinese community each have their own part to play. Providers should look into the real needs of Chinese carers by taking initiatives and investing effort – merely to take account of administrative figures available in the field of social services would deprive many people of their rights and disregard their real needs. The Chinese community must prepare hard data on its own needs. It cannot just accuse service providers of not recognising the needs of Chinese carers without extending its own efforts.

Establishing needs and advertising services

Again, those aims have to be implemented in a systematic way. According to our experience, we suggest the following strategies:

Real evidence

We advise you to collect figures and produce reports on the activities you have organised. You will have more power in future in negotiations with resource-keepers (councils and other funding bodies) if you have figures and evidence to hand.

Again, when you start launching a series of activities, you should have a detailed plan and strategy. You should consistently collect the responses and results of each programme and aim, as appropriate, to bargain for resources for the clients. Do not just let the programmes end and their potential impact be wasted. Remember to justify the needs of carers by using real evidence.

Exhibitions

Here, we wish to emphasise certain points already referred to.

Aims

- 1 To promote and introduce services to carers.
- 2 To inform the Chinese community of your services.

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3 To gain the attention of professionals in your local area. If possible, referral systems for carers can be set up between you and other services after the exhibition.

Information

Since most Chinese people do not understand English, material used at the exhibition should ideally be in both languages. Costs for getting all information translated into Chinese would be high, but you could arrange for translation of headings and a summary of your services on display boards and leaflets. In order to answer any enquiries, you will also need to brief interpreters. The most important role of the interpreters is to introduce carers to the different stalls; then when carers want to enquire about an organisation's services, interpreters can act as a bridge.

Targets

Primary Chinese carers and the people they care for. Of course it is also worth inviting other Chinese people to come because you never know when they will become carers or need caring for themselves.

Try to invite carers personally. If you have struck up a supportive relationship, they will usually accept the invitation. Co-operating with Chinese organisations means that you can seek advice and increase the turn-out. Carers will be more eager to take part if they know that Chinese speakers will be there.

Location

The location of the exhibition should be chosen carefully. It is more likely to attract Chinese people if it is held near or in Chinatown and close to public transport. Many, including retired people, will have no means of transport, so you could think about providing it to secure their attendance at the exhibition.

Co-ordination

1 The co-ordination and size of the exhibition strongly depend on what you want to happen after it. For example, if you think there is

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likely to be an increased demand for particular services, you will need to invite a representative from organisations which provide those services so that they can explain their role and discuss possibilities with carers.

2 The exhibition may be a considerable task. You will need a co-ordinator and a working group to share the work load. The working group can include and bring together different professionals, e.g. enthusiastic and sympathetic community workers and specialist workers who serve the Chinese community.

Timing

Chinese people fall into various categories, including:

- carers and the people they care for;
- housewives and retired people, who have much more time during the week;
- people in the catering trade, who are usually available between 2 p.m. and 4 p.m., and on Tuesdays and Sundays when they try to have their days off.

You will need to choose a time and day suited to most Chinese people for the exhibition.

Professional and other social services organisations

1 As mentioned, the organisations you invite depend on what you aim to do for carers. You may invite some organisations:

- to identify more carers;
- to educate carers about their equal rights to obtain different types of services;
- to alert the attention of organisations to the needs of Chinese people, so that their services can be generalised.

Organisations should be asked if they need special facilities or arrangements for the exhibition.

2 In order to attract more professionals, you could arrange some activities to stimulate their interest, e.g. a T'ai Chi exercise demonstration, Chinese dancing. Chinese-style refreshment will further focus attention.

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- 3 Some organisations may only have bulletins or leaflets in English. You could suggest that they get the material translated so that the language barrier between them and Chinese people can be reduced.
- 4 Organisations could be encouraged to design some activities for participants in addition to audio-visual displays, e.g. blood-pressure tests or keep-fit exercise demonstrations. These will enable carers to participate actively; barriers can be broken down by shared activity.

Publicity

- 1 Bilingual press releases should be made to mass media – local and community newspapers and local radio – and different social service organisations.
- 2 Systematic publicity should be done well before the exhibition day because organisations will need enough time to circulate your letters and invitations, and some people will need to gain permission to attend. Carers also need prior notice to arrange substitute care.
- 3 Bilingual posters should be put up in places that Chinese people often visit, e.g. Chinese restaurants, grocery shops, etc. You could also put handouts in some shops in Chinatown to attract more Chinese carers. However, notices or posters should not be in blue and white: this is a taboo colour combination in Chinese culture. (The materials used in a Chinese funeral are usually in blue and white; the combination is therefore thought to be unlucky.)

Points to remember

- 1 Do not expect too much from this one-off activity. You could see it as a step towards developing networks with professionals and making contact with carers.
- 2 *'It seems that not very many carers approach us. Maybe our stand is not well situated. It wasn't noticed by carers.'*

Different organisations may have different expectations regarding the exhibition. Some of them may wish to provide services to Chinese carers. However, they may be disappointed with the result if not many carers approach them. You should therefore brief the representatives of the organisations before the exhibition takes place, emphasising that

this is just the beginning of the process of increasing access to Chinese carers. Representatives may well gain useful insights into what approaches they could adopt in future.

Follow-up action after the exhibition

- 1 Based on the results of the exhibition, you could suggest setting up a referral system for carers among organisations, who can then, if the services they provide are not suitable, recommend another more appropriate organisation.
- 2 From the responses of Chinese carers, you could discuss the access to individual organisations' services with the organisations themselves. Could they modify their services and referral system so that more Chinese people can gain access to them?

Carers days/workshops

Aims

To make existing services known to carers and to understand their difficulties and their needs.

Content

- 1 To introduce the services available to Chinese carers in detail, e.g. the nature of services; ways to approach service providers, etc.
- 2 To introduce a forum in which carers can ask questions. To give information is not enough. Mutual communication should be the aim, so that through the process of discussion workers can understand more about the difficulties and needs of carers.
- 3 In order to make sure that carers can fully participate, the event should be conducted in Chinese, or with the help of interpreters.
- 4 Service providers should have a thorough strategy on the follow-up prior to this activity, in order to go on developing the services for Chinese carers. You may want to consider the referral system, or employing Chinese-speaking staff, so that you can consolidate benefits to the Chinese community.

Conferences

Aims

To raise awareness of the needs of Chinese carers in mainstream services with local authorities and voluntary sector responsible.

Content

- 1 Various professionals – e.g. psychiatrists, CPNs, GPs, social workers, housing workers, district nurses, training institutions – who play roles in the community care systems should be involved. They are all involved in community care and have expertise, and influence on policies. You should try to convey the messages you want them to know, and enable them to increase their awareness of the difficulties and needs of Chinese carers and to take these factors into account in their policy-making process.
- 2 Carers should be involved in the conference, to provide first-hand personal experience.
- 3 The press and radio should also be invited. They will spread the message throughout the whole community.

6

Conclusion

There are difficulties at every stage in meeting Chinese carers' needs.

Carers do not alert workers to their real needs

- 1 Most carers we came across in the project were *not aware* that they were classified as carers and did not know about their rights and the services to which they were therefore entitled.
- 2 More bilingual workers, such as social workers and community workers, are needed to work with Chinese carers and identify their needs. Workers have a responsibility to educate carers about their rights and how to seek help.
- 3 Community education is essential. Chinese people are not self-sufficient (as the stereotype suggests), but they are still confined to their community and get little help from outside. Community workers in particular have to help carers to become aware of their needs. Through the help of the mass media (see Chapter 3) the message can be put across to them.

The needs of carers are not recognised

- 1 Commonly, when trying to convince service producers of the needs of Chinese carers, you may meet with resistance or denial.
- 2 It is counter-productive to condemn the local authorities for a lack of action. What you need to do is present them with evidence of carers' needs and those of the people they care for. You can also encourage carers to raise these issues themselves, perhaps by asking for

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interpreting services when they go to their GP or to other statutory services. Encouraging them to ask for interpreters puts pressure on the relevant departments and demonstrates a need. Compiling the demand figures is one necessary step to convince local authorities that there are enormous existing needs in the Chinese community.

Service providers may easily get frustrated

1 It may not be possible to ascertain the needs of clients and what kinds of services to provide. Some workers may become frustrated and withdraw either owing to a lack of response from the community, or lack of resources.

2 However, it must be emphasised that without that initial effort there will be no results. It may not be possible to effect change immediately. But to achieve long-term aims you have to maintain your conviction and persistence.

Education and training can induce fundamental changes

1 The attitude of people in the helping professions originates from their background training. Therefore, training plays an important role in enabling professionals to adopt good practice.

2 Chinese community workers or advisory workers are the front-line workers who directly confront people in need and provide immediate advice. They should be able to identify carers, to realise what their needs are, what services they are entitled to and where to get them from. People working in the community may require training to play their key roles.

However, not all professionals in the Chinese community realise the importance of professional training; and not all are given the opportunity to receive training.

3 Training institutions should look into the equal opportunity aspect of training for the Chinese community. The language is always an excuse for institutions to turn down applications from Chinese people. However, is the language problem the only factor in deciding whether a person is suitable for training?

4 Finally, the Chinese community itself should become more open minded and recognise the importance of training. Circumstances, practice and opportunities constantly change and Chinese people

Conclusion

need training and education in order to keep abreast of advances in practice and to serve those who need their services in the community.

Appendix I : Producing information for carers

Chinese carers seldom make use of services available to them. One of the most significant factors in this is that they have no access to information. In order to enable carers to use services, they must be given information. However, the wider society does not take the initiative to collect or produce information in Chinese for the Chinese community.

This appendix is divided into two sections. The first section looks at collecting information nationwide; the second relates to local areas.

Nationwide

Although the needs of carers and the services available may vary from one area to another, some features are held in common.

When starting to produce information regarding Chinese carers and services, the first thing to do is identify the organisations which may understand and be helpful to carers. They may be able to share their experiences of working with Chinese carers. Using the telephone can be convenient but it is expensive and unlikely to help you to gain comprehensive information. You could send letters to introduce the research you are doing and the reasons for it. When you write a letter, put down what you want to know and when you need the information back. In most circumstances, organisations are very helpful. You can usually (but not necessarily) gain information free of charge.

You may come across setbacks when you ask for help from bureaucratic organisations. For instance, we noticed a newspaper advertisement about recruiting carers for a Chinese child with learning difficulties. Since no address was given we rang and asked for their help in providing relevant information. They asked us to write a letter to enquire formally. However, although two letters were sent no

reply was received. The organisation may have found it difficult to provide confidential information about the case, but something could have been done in this situation – perhaps by sharing information about the difficulties faced by the families or the organisation. You will not always get through organisational red tape but if workers are committed to benefiting the Chinese community, we are sure that any difficulties can be overcome.

It is also worth researching for information through a literature review. Many experiences have been put down on paper and these can serve as reference points for further enquiry.

Locally

At the local level, you may find it easier to get materials for producing further information.

Apart from the action-methods discussed above, you can also arrange visits to various public and private sector welfare organisations in order to publicise your project. They are usually prepared to give you a helping hand (as has been the case in Liverpool) and may be able to share their experience of working with Chinese carers and their dependants.

Through visits and meetings, you can also lay the foundation for further co-operation. In the long run, if what you are doing for the Chinese communities is supported by these organisations, you may find they are more likely to establish new services. The more innovative agencies are willing to promote their services to attract Chinese customers. They invariably want to know more about the Chinese community so that they can adjust their service provision.

Attending meetings of the welfare organisations can be decisive. You may not know what is going on in the field. The most important body to approach for help is your local Council for Voluntary Service (see page 12). Staff will quickly grasp what you require and, with their assistance, you can arrange to attend some useful meetings and make contact with leaders of organisations. Whether you are then able to establish good relationships with them of course depends partly on your own skills as well as your sincerity.

At the meetings, you will have opportunities to present what you want. Tactically, if you can secure support from the leading organisation(s) you will have access to far greater resources.

After the process of collecting and screening materials, you can then begin to produce useful information based on the needs of the

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Chinese carers, which could be in the form of leaflets, booklets, posters or audio-visual products, e.g. cassette tapes or video tapes. Most Chinese people understand spoken Chinese, and written information is convenient for them to keep or deliver to others. Many Chinese people do have audio-visual equipment, however, and so both written and audio-visual information is useful.

Appendix II : Summary of the Chinese booklet

The Chinese booklet accompanying this handbook is written for Chinese carers looking after relatives or friends. It gives useful information to help carers look after dependants who are elderly or who have disabilities, guiding them to available services.

It is hoped that the booklet will be able to give Chinese carers guidance and references when they are seeking welfare services. It is not exhaustive, but they will find information about the kinds of services that exist and how to approach service providers.

The following headings are covered in the booklet:

- Financial assistance
- Medical and health services
- Personal support for the carer
- Practical help at home
- Help with transport
- Aids, equipment and supplies
- Interpreting and translation services
- Advisory services
- Death and dying
- London research

Appendices:

- I: Useful national organisations
- II: Chinese organisations in the United Kingdom
- III: Glossary
- IV: Sample letters

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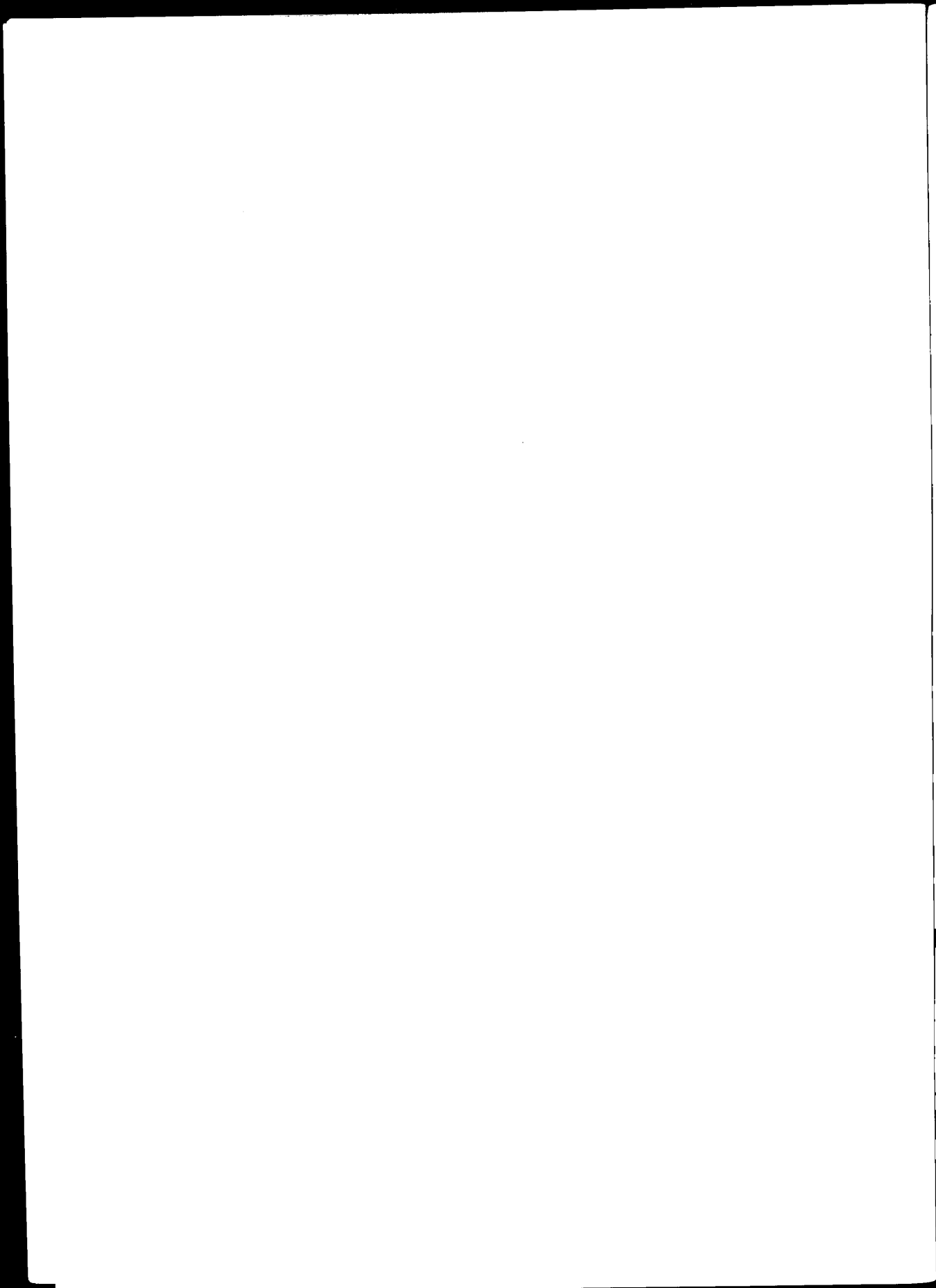
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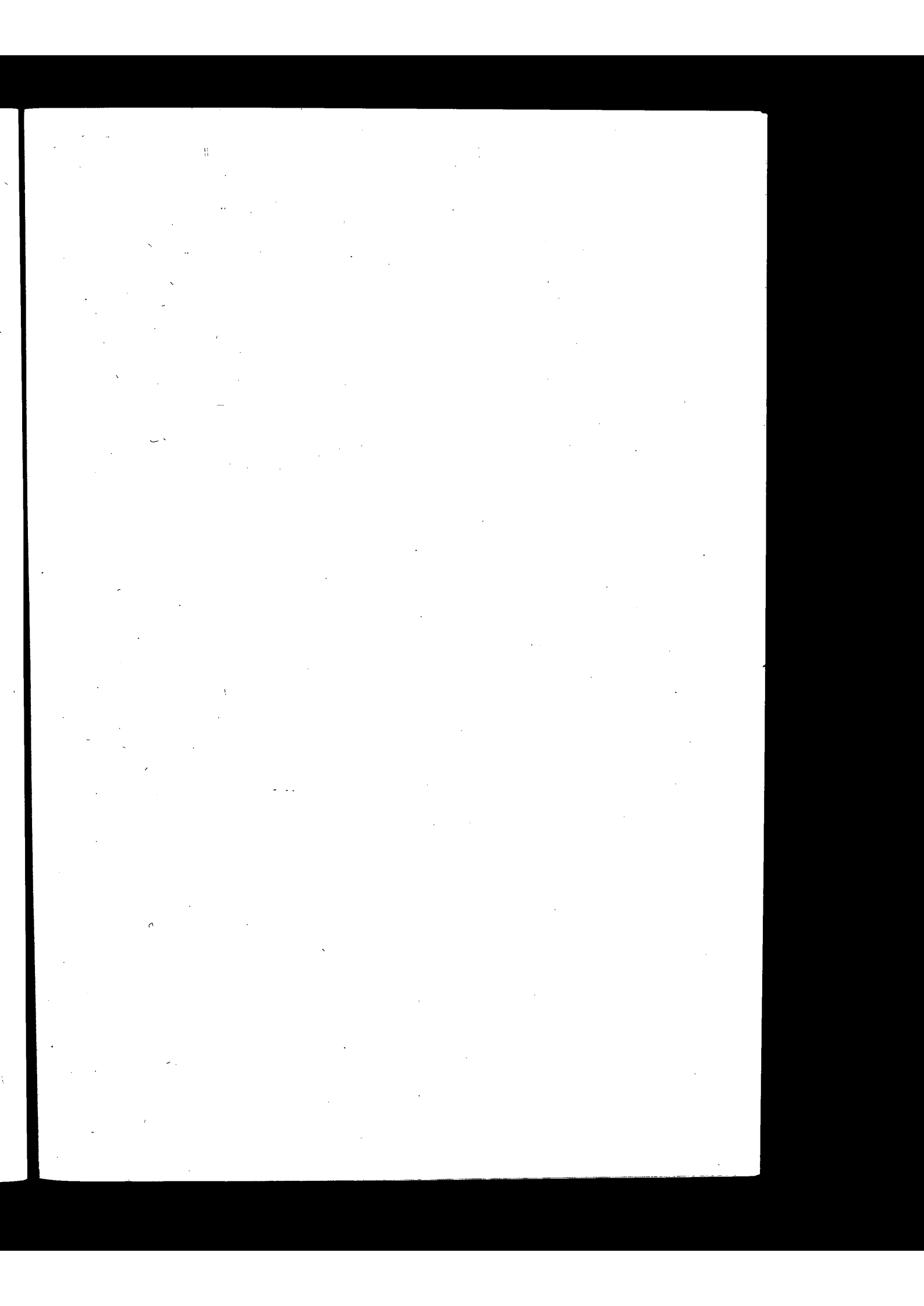
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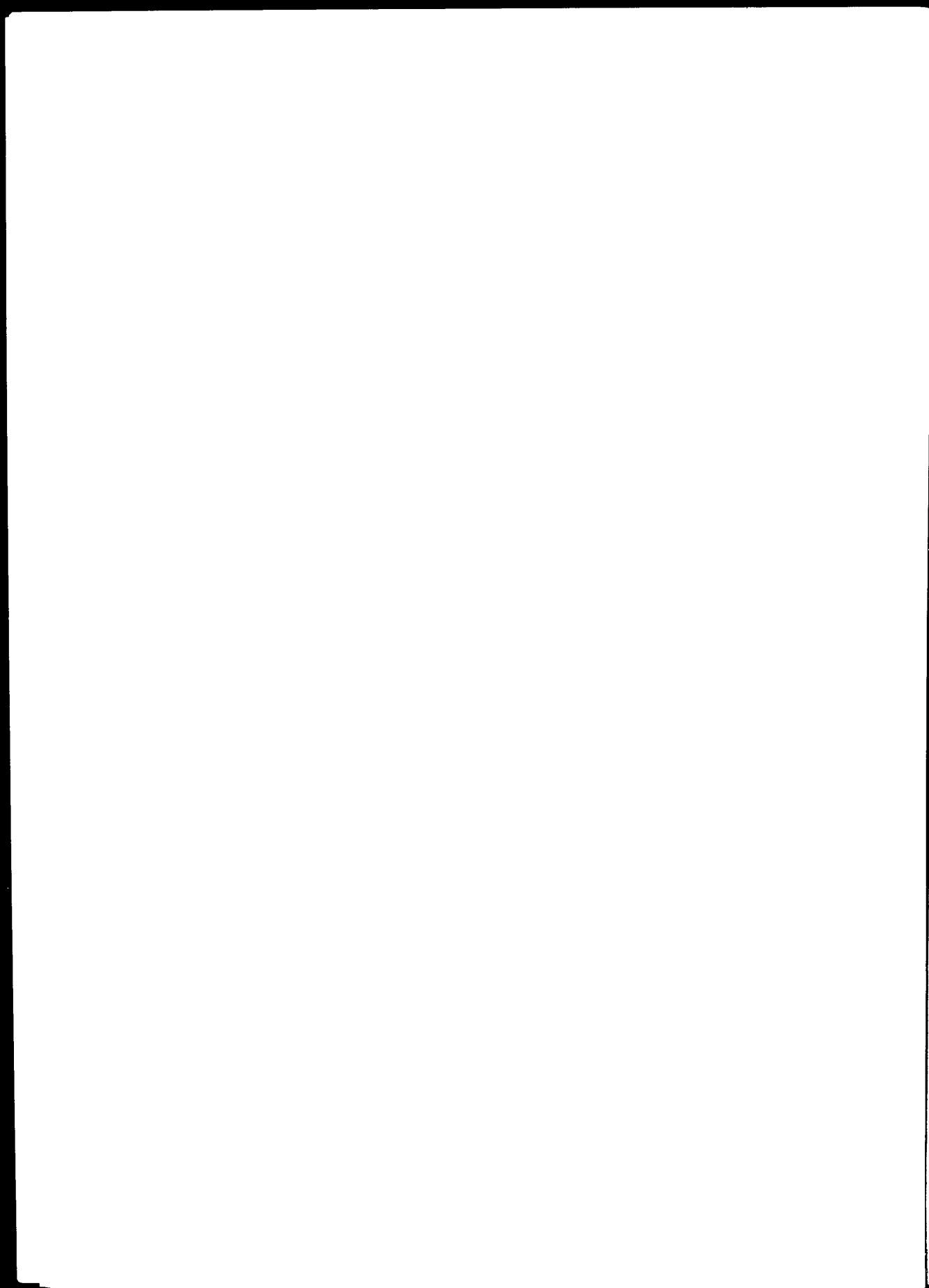
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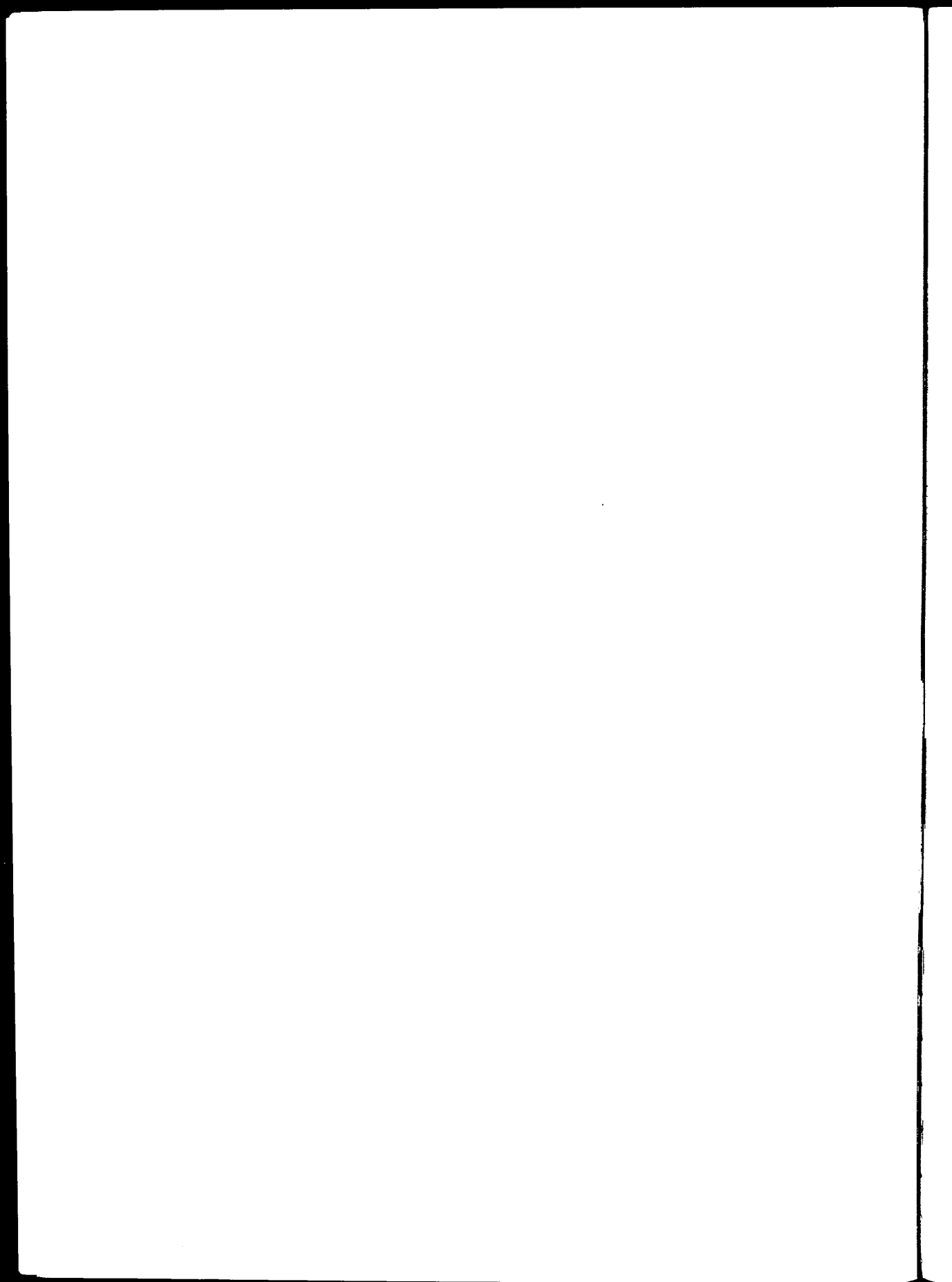
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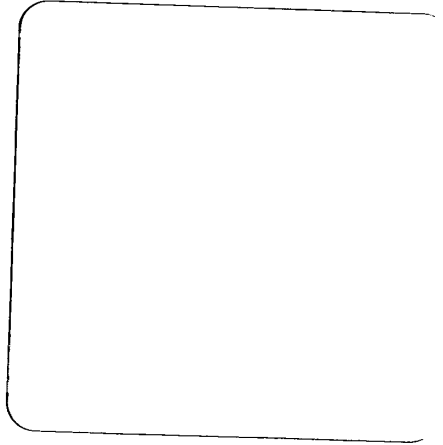




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WORKING WITH CHINESE CARERS

A handbook for professionals

Wing Kwong, L., AU Kerrie, P.K. Lin, AU

All carers have social, emotional, medical, financial and practical needs. Those of Chinese carers are compounded by isolation brought about through language and cultural differences, and unusually long work hours.

This book helps people in statutory and voluntary organisations contact Chinese carers, identify their needs and provide the services they require.

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