

## Working with Chinese families in the UK

**The Chinese population in the UK is highly dispersed and ethnically diverse. The following information will enable Health Visitors (HVs) to better identify the health needs and allied resources for supporting Chinese first and second generation families.**

The Chinese National Healthy Living Centre (CNHLC) was founded in 1987 and has many years of experience in reducing health inequalities experienced by disadvantaged Chinese in the UK. The CNHLC works to provide a bridge between the Chinese community and mainstream services, facilitating access to health care and better long term health outcomes. HVs should contact the CNHLC for current advice on Chinese health and culture, and for signposting to local Chinese organisations and resources.

**The Chinese population is the 3rd largest ethnic minority population (0.7%) in the UK. Mandarin is the official Chinese language in China.**

The first wave of Chinese migrants came from Hong Kong and ethnic Chinese populations living in Malaysia, Singapore and Indonesia. First generation migrants speak Cantonese and Hakka. Second wave Chinese migrants in the 1970s and 1980s are mainly comprised of refugee Vietnamese Chinese. Since the 1990's and 2000 most new migrants are from China and speak Mandarin and Fujianese, a provincial dialect. Young families in this group are most likely to require English language support. Many faith groups are represented and include Buddhist, Taoist, Christian, Muslim and other beliefs. Confucian values and philosophies are common: Cohesive families, filial piety, and respect for the elderly are espoused collective

values (Clark Callister, 2008). The number of international Chinese students in UK higher education is increasing. Most of these Chinese students speak Mandarin and are necessarily proficient in English.

Although China is experiencing unprecedented growth, language difficulties and cultural differences present major obstacles to how Chinese people access health and social care in the UK. Almost all UK cities have Chinese community advice centres to support their overseas Chinese and British-Chinese families. The following key points are not prescriptive or fixed and aim to build HV awareness and capacity for support.

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- Improving Chinese people's access to mental health services is a priority. Some of the Chinese community have experienced significant trauma and live in unstable circumstances without legal status. The CNHLC help by providing mental health advocacy and counselling for Chinese people ([bit.ly/1q888Z](http://bit.ly/1q888Z)) suffering depression, addiction, domestic violence and other relationship problems. HVs should also explore wider professional and social networks to ensure that Chinese people suffering severe mental illness receive appropriate individual and family support (Yeung et al 2013).
- HVs should be aware that following childbirth some Chinese mothers may be 'sitting the month' where they stay home, and may avoid exercise and hair washing. Some post-natal mothers use Chinese herbal teas or 'hot-cold' foods and drink to recover and balance 'yin/yang' in this period. The Chinese have low breast feeding rates and the reasons for this are not understood. HVs can support breastfeeding and help to identify postnatal depression (PND) through first identifying the Chinese mothers' English language fluency and language preference. The English or Chinese language versions of the shorter Edinburgh Postnatal Depression Score (EPDS-6) may be applied in antenatal and postnatal periods (Ip & Martin 2007).
- Chinese parents who do not speak English are especially vulnerable to stress and less likely to seek help for children living with long term disability (such as severe autism) (Sham 2009). HVs can work with Chinese organisations to identify additional child health needs and to arrange specialist health and social support.
- HVs can support young Chinese families to engage with pre-school services. Although British-born Chinese pupils achieve the highest educational attainment of all ethnic groups (DoE 2013), it is reported that intergenerational language and cultural tensions can significantly disrupt family relationships. HV referral to culturally sensitive family therapy may be indicated (Lau et al 2010).
- Diverse health beliefs within Chinese families influence how and whether Chinese families use traditional Chinese medicines (Tighe & Tran 2010). Dual health beliefs are common, HVs should ask Chinese families whether they are using acupuncture, herbs, teas, cupping, or other therapies to prevent or manage illness alongside or instead of NHS care. Where appropriate, HVs should discuss how to share this information between families, GPs and allied health professionals.
- Chinese food and cooking practices are valued social activities that offer many Chinese families a livelihood in the catering industries. Taking family and friends out for Dim Sum is an important event. The CNHLC has enabled Chinese takeaways to develop a 'Healthy Choice Menu' to emphasise nutritional balance. HVs can direct families to CNHLC healthy menus on-line for 'Fresh Chinese' recipes ([bit.ly/1wyrfAW](http://bit.ly/1wyrfAW)).

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- Chinese families, like many ethnic minorities, may be reluctant to access sexual health and cancer screening. Language barriers can also delay their experience of timely diagnosis. HVs should encourage Chinese women to avail of cervical-screening and signpost all family members aged 40-74 to local NHS 'health check' services ([bit.ly/1mfDs5A](http://bit.ly/1mfDs5A)).
- Chinese women and families often undertake care roles for their elderly frail members. HVs should make an effort to ensure older Chinese people and their family carers are supported. Tai Chi and walking groups are popular activities which help to keep Chinese people physically active. NHS Choices recommend Tai Chi as low impact exercise to improve older people's mobility and wellbeing.

For further information or queries please contact the CNHLC at [info@cnhlc.org.uk](mailto:info@cnhlc.org.uk)

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