



**Chinese in Burton and Southeast
Staffordshire:
A Baseline Community Needs
Assessment**

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Executive Summary

The aim of this report was to assess the community needs of the Chinese people in Southeast Staffordshire. The research was carried out in association with Burton Chinese Community Centre (BCCA).

A focus group was conducted to collect comments and opinion from service providers concerning the current condition of service provision to the Chinese community in the region. Most service providers stressed that it is difficult to offer suitable services to the community because they are so unreachable.

The views of 200 Chinese people in the region on community services, including healthcare, adult education and community advisory services among and the barriers to access to these services were collected by questionnaire survey.

Results from the focus group and the questionnaires suggested that the service gap was mainly due to the failure of the services providers and users to make themselves more visible and accessible to each other. Service providers think that the Chinese community is unreachable as they are so 'invisible'. The Chinese people, mainly due to the language barrier, think that community services are unreachable. Consequently, the service users and the service providers are isolated from each other.

This report recommends reinforcing the role of the Chinese community centre as a middleman, bridging the gap between the Chinese people and services providers.

Acknowledgments

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1. Background

In March 2005, the Chinese National Healthy Living Centre was awarded a grant by Awards for All, a Lottery Grants scheme, to carry out a community needs assessment of the Chinese community in Southeast Staffordshire.

The growing Chinese population in Burton and the subsequent establishment of a Chinese Community Association in Burton in 2004 was the main driving force behind this community needs assessment. The aims of this study were to provide the baseline data necessary for Burton Chinese Community Association, the Chinese National Healthy Living Centre and the statutory sector to develop appropriate services to meet the identified needs of the Chinese population in Burton and the Southeast Staffordshire area.

1.1. Chinese National Health Living Centre

The Chinese National Healthy Living Centre (CNHLC), a registered charity and limited company, was established in 1987 in order to encourage healthy living and to bring about health gain within the Chinese community. The Centre aims to reduce inequality and to facilitate access to the NHS. In addition, the Centre aims to provide services that complement those provided by the NHS, such as counselling in Chinese. Although the Centre is London-based, it runs projects and services across the country to benefit Chinese communities throughout the UK.

1.2. Burton Chinese Community Association

Burton Chinese Community Association (BCCA) was established in April 2004 as a charity organisation that aims to bring about improvement in the quality of life of the Chinese community. It aims to reduce poverty and to facilitate activities and access to the social, educational and health services for Chinese people in Burton, East Staffordshire and South Derbyshire.

To achieve these aims, BCCA has three key objectives that include promoting/providing adult educational training opportunities and programmes, organising culturally appropriate recreational activities/events for Chinese families and supplying information

and advice to relieve their social welfare needs.

The BCCA is based in Burton and has since been awarded a number of short term project grants from different funding organisations. These projects include Management Key Skills training, Bilingual Support learning for adults, Community Tea Room, Tai Chi Class, Family workshop and Bilingual community newsletters.

1.3. Chinese in the UK

The Chinese community is the most geographically dispersed minority ethnic group in the UK (Health Education Authority, 2000). This pattern of settlement has come about largely through the movement of restaurateurs and take-away owners away from concentrations of Chinese people in order to reduce competition. Although Chinese population density increases in the major urban areas, there are significant numbers outside of these areas. This dispersal has repercussions for health and social services. For instance, many local and health authorities are not able to justify the provision of specific services for their Chinese inhabitants because, statistically, the population is so small in each location. Because of this lack of provision coupled with the fact that Chinese people are much less likely than the general population to have strong social support networks, many members of the Chinese population face difficulties in accessing the services and benefits to which they are entitled. As a reflection of this, the Chinese population makes the least use of health services of all black and minority ethnic groups (Rudat K, 1994).

Population profile

2001 Census statistics enumerates the Chinese population in the UK at 247,403, 0.4% of the total UK population. This is 100,000 more than the figure obtained in the 1991 Census. It is also likely to be significantly higher now due to the arrival of new migrants and students. When compared with the UK general population, the UK Chinese population in 2001 is much younger. This younger age structure has not changed much between 1991 and 2001.

Fig.1: UK Chinese population in 1991

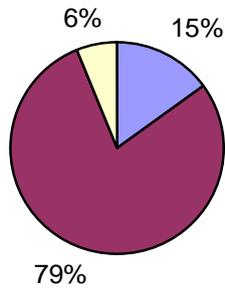
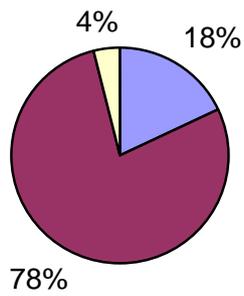
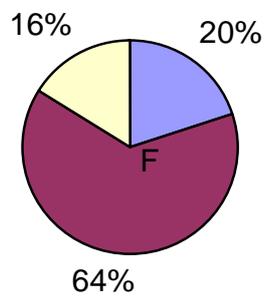


Fig.2: UK Chinese population in 2001



■ Under 16 ■ Between 16 and 64 ■ 65 or above

Fig.3: UK general population in 2001



■ Under 16 ■ Between 16 and 64 ■ 65 or above

A significant proportion of this group is unable to speak English. We are also witnessing the opening up of a generation gap as the younger generation pursue their own lives, develop work commitments and do not strictly adhere to the Chinese culture of 'family first'. This is exacerbated by the fact that younger family members often are unable to speak the same language as their grandparents, or even parents. All factors have implications for health status and access to other social facilities.

Within the Chinese community, there are heterogeneous groups. Through the last 19 years' experience of working with Chinese people, it has become clear to CNHLC that different groups in the populations have very different needs. Thus, within the generic issues of cultural and languages barriers, there are more subtle differences.

Major groups can be identified by studying the immigration patterns of the community. The first of three major waves of immigration took place as a result of the colonial relationship between Britain and Hong Kong. Due to their lack of formal education and poor English, these first generation immigrants (the majority of whom were young men) mostly worked in laundries before entering the catering trade in the 1960s, and are now reaching old age.

The second wave came in the 1970s and 80s as dependants of the first generation immigrants. This was also the period during which the 'boat people' escaped from Vietnam and the UK and Chinese governments entered a dialogue about the return of Hong Kong, prompting many Hong Kong residents to enter Britain. The third and most recent wave began during the 1990s and consists mainly of Mandarin-speakers from Fujian province entering the UK to seek asylum.

As a result of this complex immigration pattern, there are many different dialects, countries of origin, education backgrounds and experiences. The two major dialects are Cantonese and Mandarin, although there are many localised ones. There are also many different countries of origin (Hong Kong, China, Taiwan, Vietnam, Malaysia, Singapore, UK). Thus, the 'Chinese community' is not a homogeneous entity.

The areas covered by this study include Burton, Uttoxetter, Lichfield, Swadlincote, Walton on Trent, New Hall, Tutbury and Tamworth in Southeast Staffordshire and South Derbyshire. The Census 2001 indicates that the Chinese population in Staffordshire is 1030 and official mid-year estimates in 2003 have put this figure at 1700. Evidently, the

Chinese population in the area is on the increase. However, in the past ten years, there has been virtually no community support that caters for the specific needs of Chinese people in these areas.

There is a shortage of official data for understanding the demographic features of the Chinese community in the areas that the research covers. Therefore, we have to make an assumption that the Chinese population in Southeast Staffordshire shares a common background with the general Chinese population in the UK.

1.4. Aims

This baseline needs assessment is carried out by CNHLC with assistance from BCCA. Its aims were:

- To assess the needs of the Chinese community in Southeast Staffordshire in terms of accessing health, social and community services provided by the government and voluntary organizations.
- To give the local Chinese people the opportunity to have their say in determining the priorities of any further initiatives.
- To provide the baseline data for CNHLC and BCCA and the statutory sector to develop appropriate services.

1.5. Objectives

In carrying out this baseline assessment, we aim to address the following questions:

- What services are currently provided specifically for Chinese people?
- What are the needs of the Chinese community with regard to health, adult services and community advisory services?
- What are the main barriers for Chinese people when accessing these services?
- What can be done to address the problems in order to better meet the special needs of the Chinese people?

2. Methodology

The baseline assessment aims to obtain a representative sample of views from both the Chinese people and the community services sector regarding the use and provision of services in the region.

The research is composed of two parts – questionnaire survey and focus group.

2.1. Structured questionnaire

In order to investigate the needs of Chinese people in the region, a structured questionnaire survey was carried out. This approach, as opposed to focus group, was used because of the dispersed nature of the community. Group discussions were not logistically possible as the majority of Chinese people in Southeast Staffordshire would not congregate in a central venue. These people were contacted using a snowball approach; contacts were made with the help of an officer of BCCA as she has established connections with the Chinese in Burton. For areas outside Burton, some contacts were made through existing contacts while the rest of the interviews were done randomly on streets and in Chinese takeaway shops and restaurants.

The bilingual questionnaire was designed to collect information about the needs of Chinese people concerning community services in three main areas: health, adult education and community advisory services. A total of 24 questions were set and they were designed to identify the needs, the barriers to access and potential for improvement of services.

A total of 200 samples were collected. Approximately 60% of the questionnaires were completed in the form of interviews conducted by volunteers in Cantonese or Mandarin. This was to make sure the respondent could fully understand the questions with explanations from volunteers where necessary. An extra benefit was that the respondents were able to provide additional information, in particular reasons to their chosen answers, as the volunteers guided them through. Around 20% of the questionnaires were filled by respondents on their own as they were not free for interview when volunteers visited. The questionnaires were collected by the volunteers at a later date upon completion.

2.2. Focus group Interview

The focus group aims to collect views from community services organizations, both statutory and voluntary, regarding matters related to their service provision to the Chinese community. A short questionnaire, which was also an invitation letter to attend the focus group, was sent by post to relevant organizations in the region to collect some preliminary ideas on the related topic. The purpose of this was to gain some relevant ideas to set the framework for discussion in the focus group.

A series of questions and discussion topics were then prepared and participants were invited to discuss freely. The discussion was led by the lead researcher but participants were allowed to bring up new topics. The process of the focus group was recorded for future analysis with the permission of all participants.

In total 11 copies of the questionnaire were collected with only 4 representatives coming from 3 different organizations turning up at the focus group. Including a representative from BCCA, there were 5 participants in the focus group.

2.3. Limitations

It is necessary to point out a number of limitations that may affect this report:

- The number of participants in the focus group was much lower than expected. With over 10 invitations sent, only 4 community workers turned up eventually.
- The research was limited by time and resources. There was just one lead researcher with the help of a couple of volunteers carrying out the focus group and 200 questionnaire samples with less than 4 months to complete it.
- There were no official statistics related to the Chinese community in the Southeast Staffordshire region. An assumption was made in this report that the Chinese people in Southeast Staffordshire share a common background with the Chinese population in the UK. Based on such an assumption, explanations to the research findings were based on the social, cultural and economic background of the general Chinese population in the UK at large.

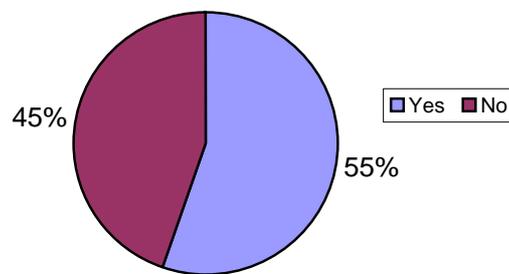
3. Findings

3.1. Chinese user views

3.1.1. Healthcare Services

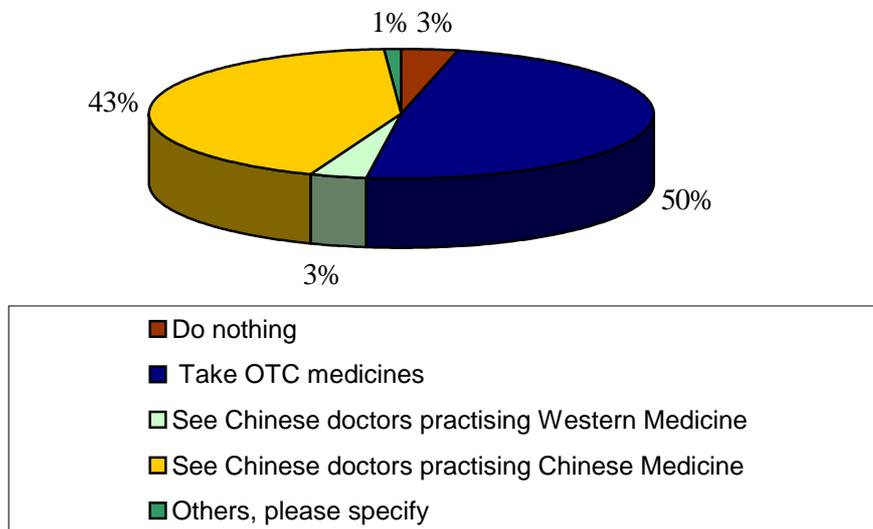
The first part of the questionnaire enquires about the health needs of the Chinese people. The questions fall mainly into two categories: the accessibility of GP services and the accessibility of health information.

Fig.4. When you are ill, is your GP the first person you to turn for help?



55% of the respondents said they would turn to their GP for help when they are ill. A large proportion of the people who said 'yes' felt it is relatively easy for them to access health services, mostly because they feel confident in communicating with their GP without the need of interpretation services. The figure was much higher than that found in a study carried out by Li & Logan (1999) which found that only 36.8% of respondents treat GPs as their first port of call for help. It was also suggested that Chinese people have reasonably high levels of consultation with general practitioners, but their use of other services including preventative and dental services is low.

Fig.5: If not, what would you do to tackle your illness?



For the remaining 45% who responded 'No' to the question, question 2 was asked to follow up on their alternative actions. 3% said they would do nothing to tackle their illness, their reasons are that they do not have time to go to a GP due to long working hours, or they believe they would be cured naturally as time goes by.

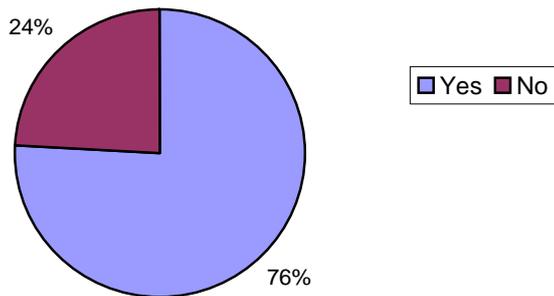
Half of the respondents said they preferred over the counter (OTC) medicine that can be bought in pharmacies because there is more flexibility in obtaining these medicines and it is easier to access compared to going to the GP. This was the main route for minor illnesses.

A total of 46% of the respondents would see Chinese doctors (either practising Chinese medicine or Western medicine) instead of local GPs. The main reason for respondents seeing Chinese doctors, even though it often costed a lot more than seeing their GP was that they felt they feel they could better communicate with Chinese doctors in a common language. Chinese doctors were also perceived as more reliable as they could better understand the bodies of Chinese people and therefore provide better treatment.

43% said they preferred Chinese doctors practising Chinese medicine while only 3% preferred Chinese doctors practising Western medicine. A probable reason for this is that

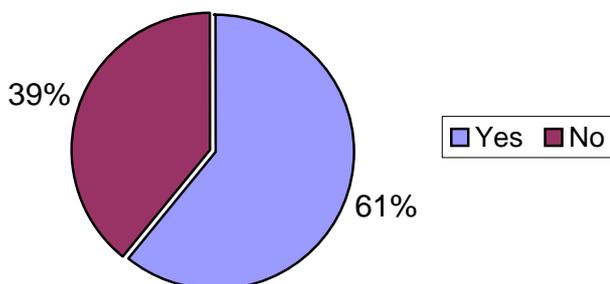
doctors practising Chinese medicine are more common than doctors practising Western medicines. Moreover, Chinese people perceive Chinese medicine as a better option to cure the causes of illness rather than just the symptoms.

Fig.6: Do you make the appointment yourself to visit your GP?



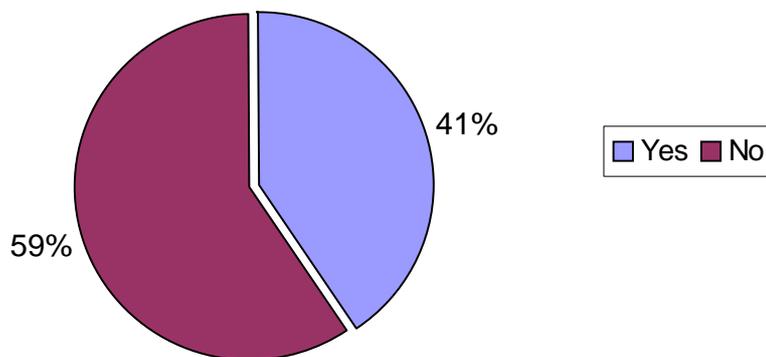
Over three quarters of the respondents claimed they made the appointment on their own to visit their GPs. The majority of the remaining 24% of respondents usually counted on their friends, husbands/wives or their children to make the appointment for them because they barely speak any English. They usually required a companion to go to the GP to speak for them when seeing the doctors.

Fig.7: Do you have any communication problems with your GP?



Over 60% of respondents reflected they encountered communication problems when visiting their GP. When asked further about what sort of problems they encountered, they simply said their inadequacies in English were the cause of all the problems. They admitted that their English level is adequate to handle daily conversations, but when it comes to medical terminology, they find themselves helpless trying to explain their health situation to the doctors. All of those who had communication problems said they needed an interpreter when using health services whereas those who did not encounter any problems do not need one. Respondents who did not have communication problems spoke fluent English and usually worked outside the catering industry.

Fig.8: Do these problems deter you from visiting a GP when you are ill?



41% of the respondents said that communication problems deterred them from visiting their GP. The following quotes demonstrate some of the common reasons given by respondents:

- 'For simple check-up and less serious illness I feel more comfortable consulting the doctor on my own. But when it involves more serious illness, I get more nervous and I am scared I cannot use the proper words or terms to explain to the doctor accurately.'
- 'I don't know any English. I will choose others means to get cured when I cannot get hold of an interpreter.'
- 'I work for very long hours and it consumes quite a lot of time to see a GP. Coupled with other troubles such as ineffective communication, making appointment in advance, I prefer other means which are more effective.'
- 'I don't like visiting GP. They rarely understand the Chinese culture or the lifestyle we live here. I felt he is just trying to muddle through whenever I visit. As a result, I am not counting on GP anymore. They are just not professional.'

Fig.9. Do you need an interpreter when you use the health services?

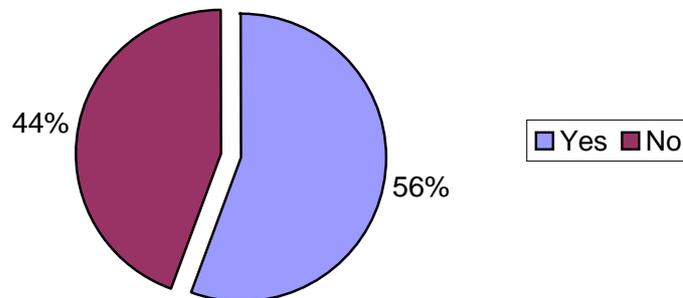
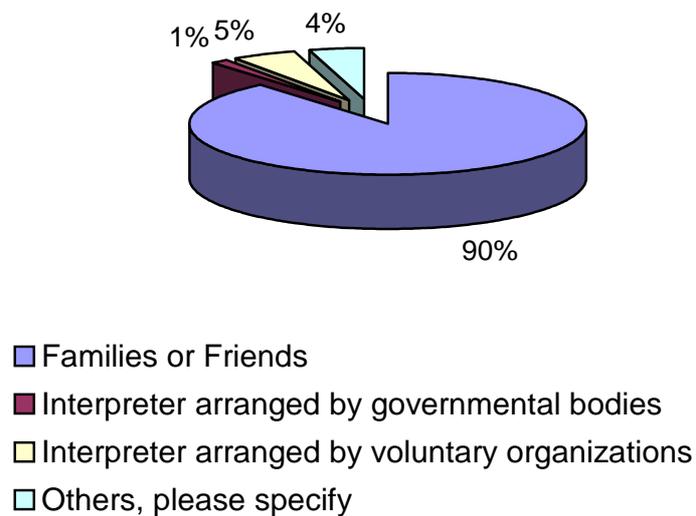


Fig.10. Who is your interpreter?



The majority of the respondents (90%) revealed that they rely on families or friends to be their interpreter. The usage rate of interpretation services provided by both the governmental bodies and voluntary organizations are relatively low. This may be due to a cultural virtue among Chinese people whereby they avoid seeking help unless they cannot do it themselves. Some expressed they do not know how to arrange an interpreter when needed and therefore they turn to friends and families for help. After all, friends and family appear to be the most accessible source of interpreters for them. Usually children in a family who speak better English do interpretation for their parents.

4% of the respondents said that they have privately hired university students or take-away part-time workers to be their interpreters when seeing a GP.

Fig.11: Do you know you are entitled to interpreter services when seeing a GP?

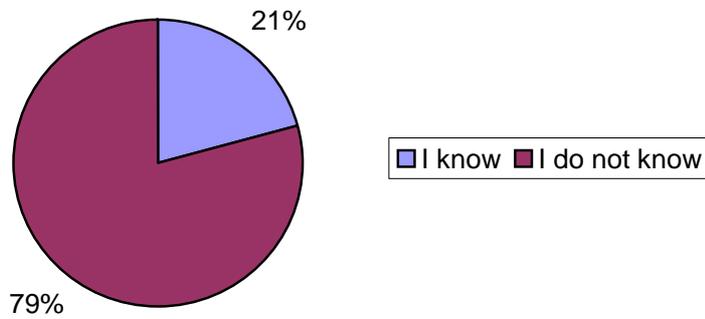
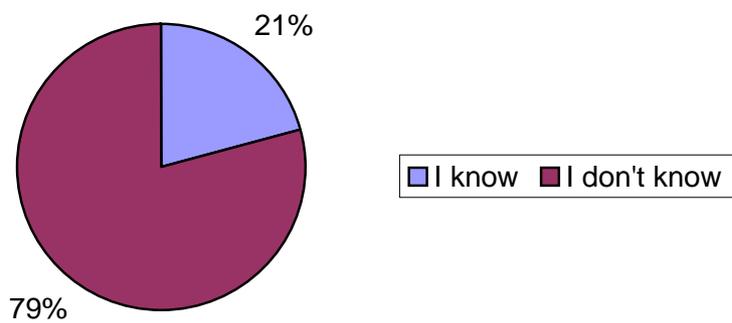
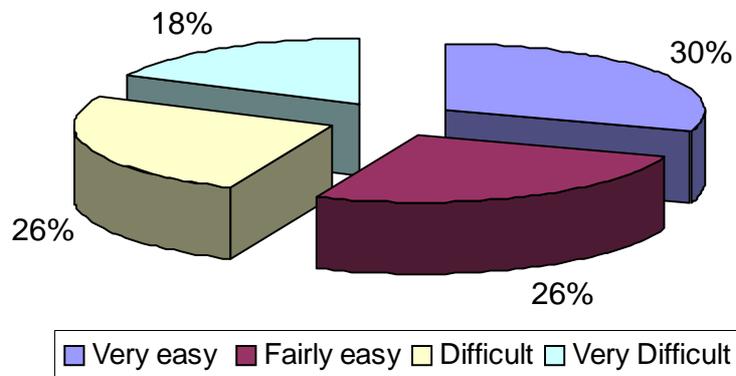


Fig.12: Do you know you are entitled to interpreter services in hospital?



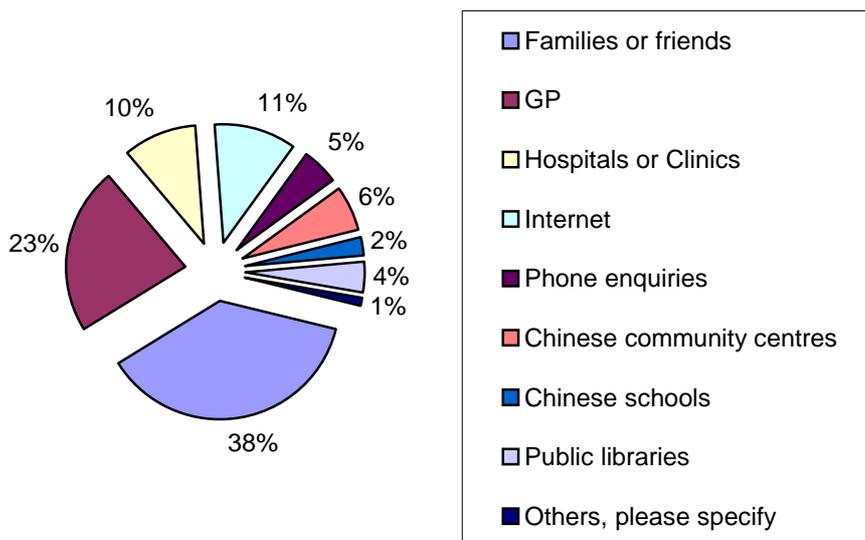
Nearly 80% of the respondents said they did not know they are entitled to interpreter services when seeing a GP or using hospital services. There is an absolute correlation for question 8 and 9. All who said yes in question 8 also said yes in question 9 whereas all who said no in question 8 responded the same in question 9. The low usage rate of interpretation services provided by health care bodies can be explained by the fact that the service users are hardly aware of the availability of services. Most of the respondents who said no to the questions were surprised when they knew they are eligible to the services.

Fig.13: Is it easy for you to access the health services you feel you need?



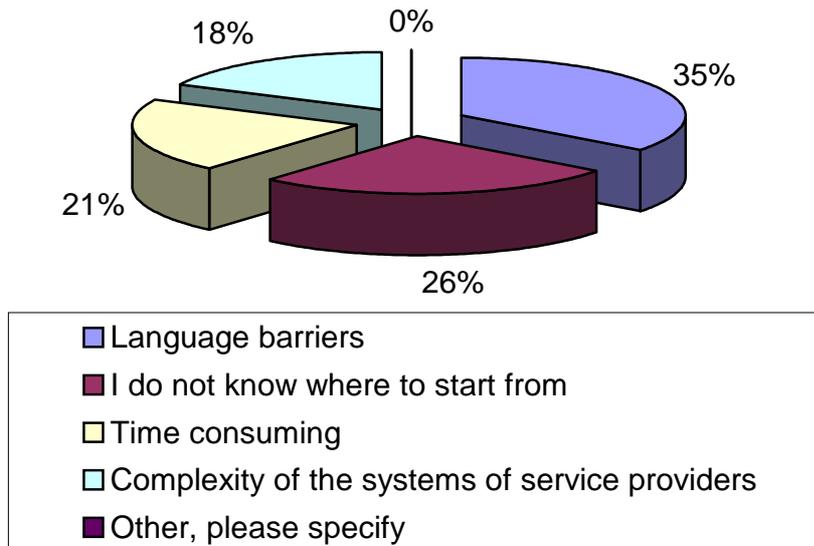
The proportion of respondents who felt it is easy for them to access health services and the proportion who felt it is difficult was 56% and 44% respectively. Respondents were asked to provide a reason for their choices. People who said it is easy had no problems with language, the waiting period is reasonable or they can get hold of an interpreter easily. Not surprisingly, people who felt it is difficult find it difficult to communicate with the people they encounter throughout the course of accessing the health services.

Fig.14: Where would you obtain general health information?



Family or friends (38%) is the most common source to receive health information. 23% of the respondents said they sought information from their GP and 11% would do so from the Internet.

Fig.15: Do you encounter any difficulties when searching for general health information?

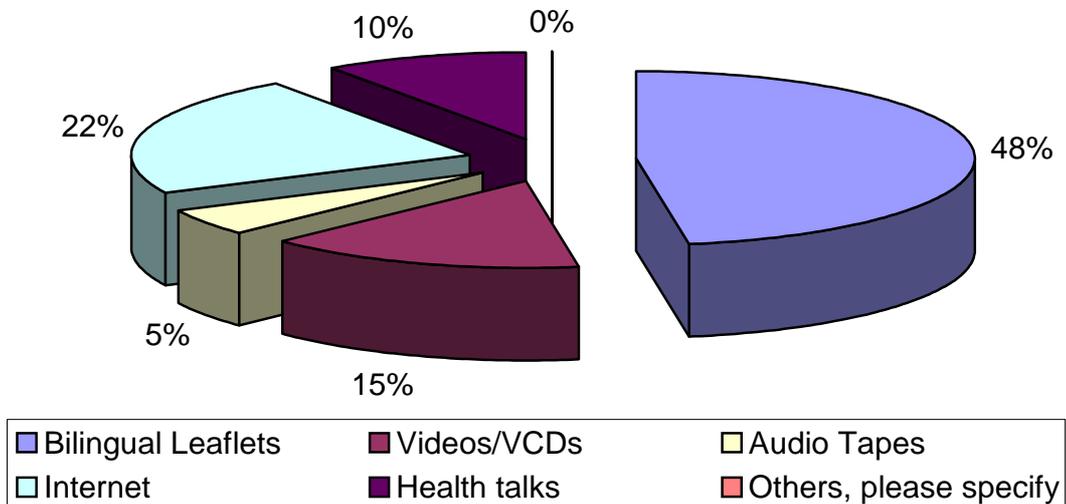


The language barrier seems to be the principal problem for utilising public services.

26% revealed that they do not know from where to start searching for information. Most of them who chose this option explained that they do not even know what they have to know to keep a healthy body, and how can they seek the solutions without being able to identify the problems?

Time is also one of the difficulties. Some said that working already takes up a lot of time, so it only adds trouble to life to find health information which is not desperately needed.

Fig.16: In what form would you find the information most useful?

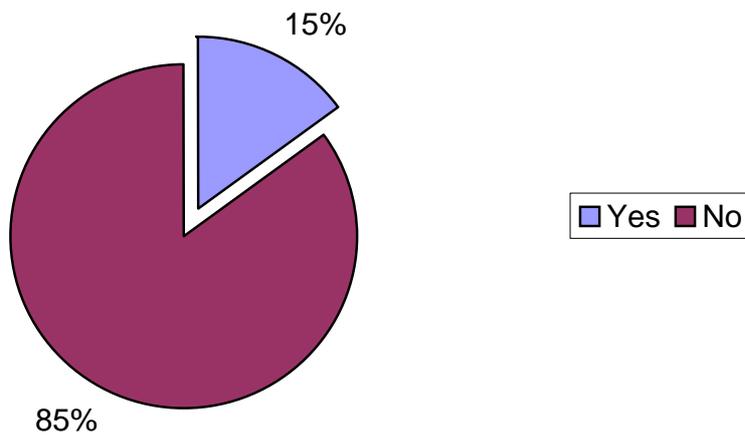


Not surprisingly bilingual leaflets (48%) are the most welcomed form of information because people find it familiar to read in their own language. 22%, who are probably younger interviewees, said that they used the Internet, where abundant information can be found, in both English and Chinese.

Health talks are more likely to be preferred by older people as they see it as a chance to ask questions from the speakers after the event.

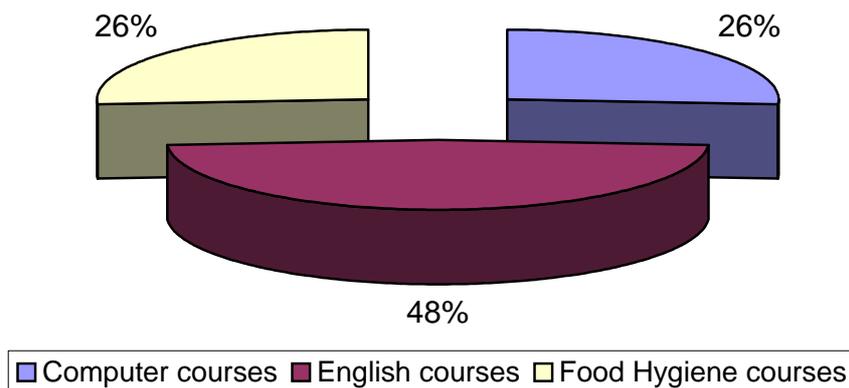
3.1.2. Adult Education

Fig.17: Do you take part in any adult education courses?



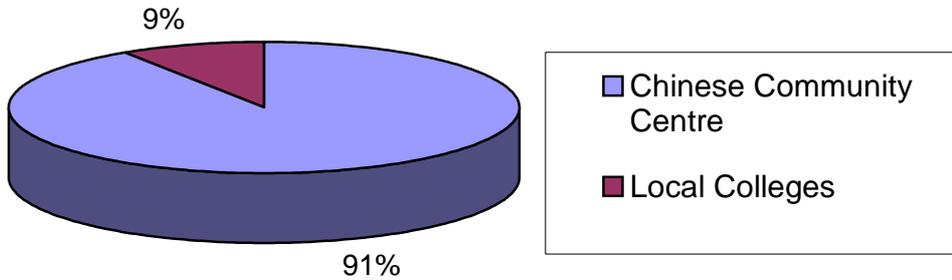
The participation rate in adult education courses is low. Only 15% said they have participated or they are participating in adult education courses. The rest said they have never taken any adult courses in the UK.

Fig.18a. What courses are they?



English courses are the most popular, followed by computer courses and food hygiene courses. People who took part in hygiene courses said that they were required to obtain the certificate to work in the catering industry.

Fig.18b: If yes, where do you participate?

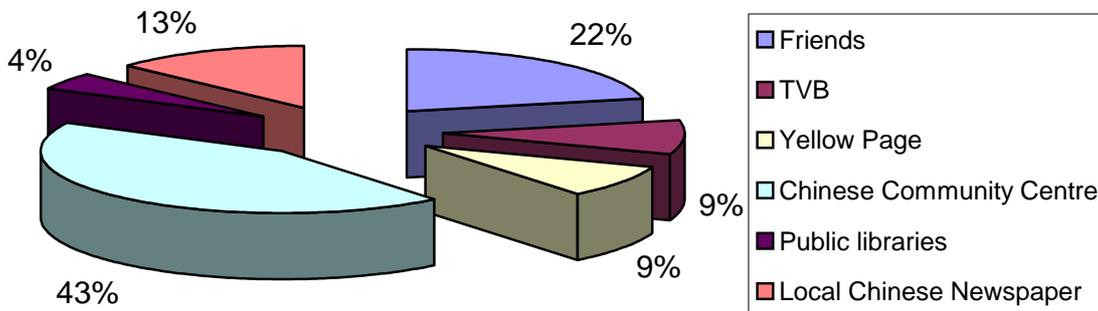


100% of the respondents attended English courses, around half of these also took part in computer courses and hygiene courses run by Chinese community centres. They preferred this for a number of reasons:

- The tutor was Chinese-speaking and could better understand their needs
- All the students in the class were Chinese and their English level was similar which made it more comfortable for them to learn
- Chinese community centres were not only a place to learn, but also a place to meet new friends of similar background and culture.

The remaining attended courses run by local colleges, such as the Burton College. These respondents generally spoke better English.

Fig.19: How do you obtain information about adult education?



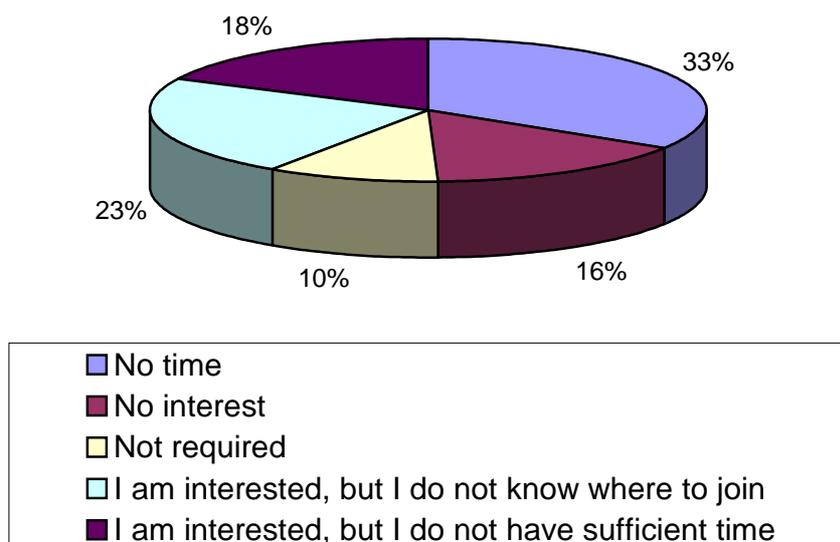
The Chinese community centre is the most popular place where information is obtained. The respondents reflected that they checked the information from Chinese posters on notice boards in the centre or promotion done by Chinese-speaking social workers.

Chinese people rely a lot on their friends and families in their daily life. 22% of the respondents said they obtained information about adult education from their friends. Some said their friends invited them to be a companion and therefore they went to the course together.

Free local Chinese newspapers are one of the information access points. They can be taken away freely in Chinese restaurants, supermarkets, and community centres. Placing advertisements in these newspapers is an effective means of spreading news among the Chinese community.

TVB is a Hong Kong based broadcasting company that operates a special channel for European Chinese (TVBsE). 9% of the respondents received information from this TV channel.

Fig.20: What are the reasons you do not participate?



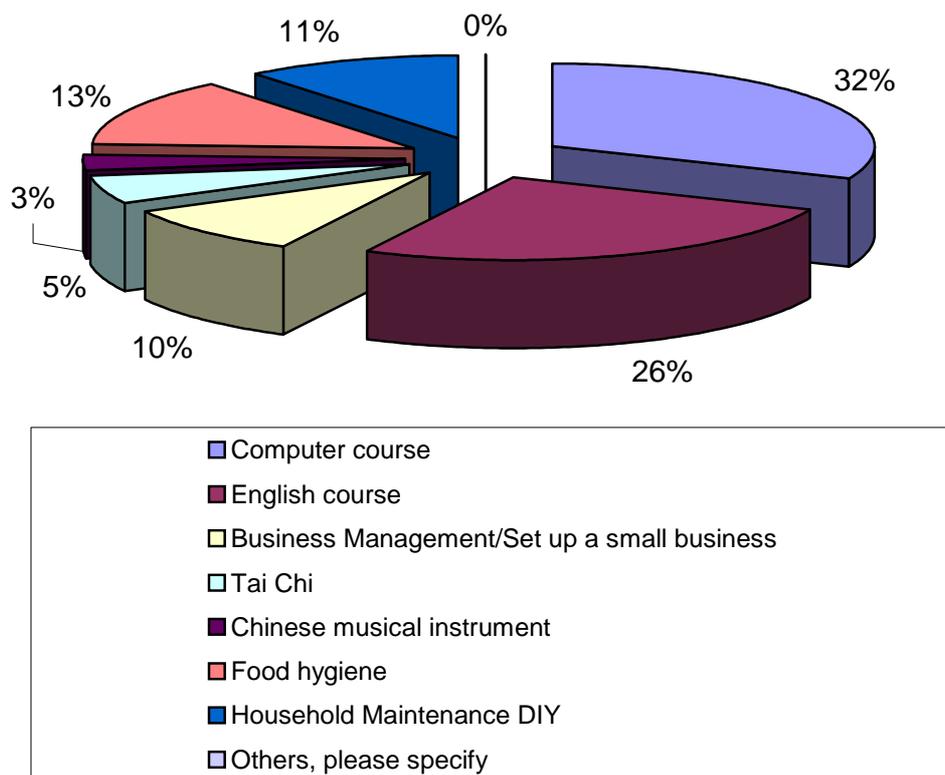
Over 90% of the interviewed Chinese work in the catering industry in which the working

hours are long and inflexible. Therefore inevitably, more than 50% of the respondents viewed time as the biggest obstacle for adult education.

23% of the respondents revealed they do not know where to join even though they are interested in adult courses. Some of them are interested as they identify the need to learn in order to adapt to environmental changes.

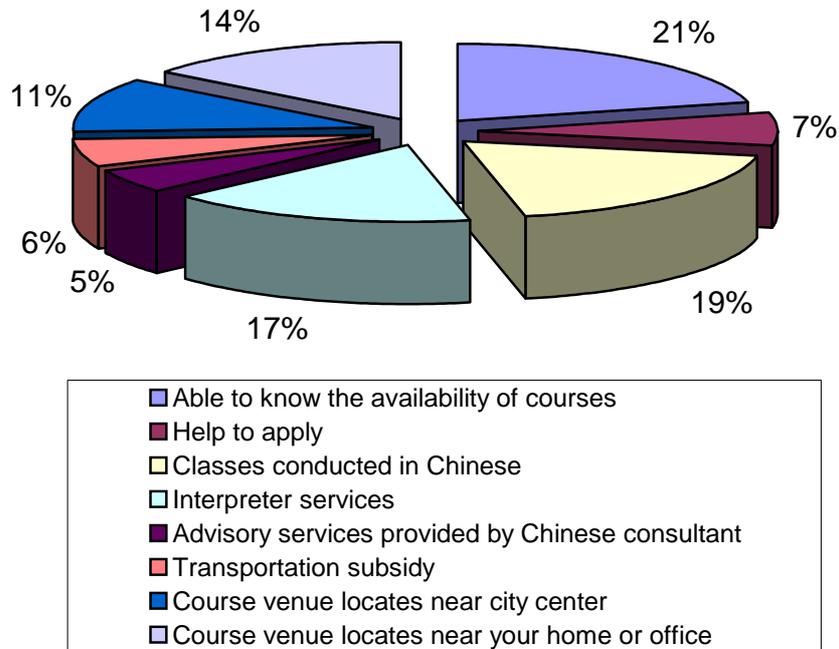
Only 10% said they did not require adult education courses. They were people who have already obtained relatively higher education qualifications.

Fig.21: Which of the following adult education courses are you interested in?



The most popularly chosen are computer courses followed by English classes and food hygiene courses. They are practical courses that are beneficial to their work or living. Leisure courses like Tai Chi or Chinese musical instrument are less popular, perhaps due to the cost of joining, in terms of time, when working is so tiring in the catering industry.

Fig.22: Do you need any supporting facilities which would make it easier for you to take part in these courses?

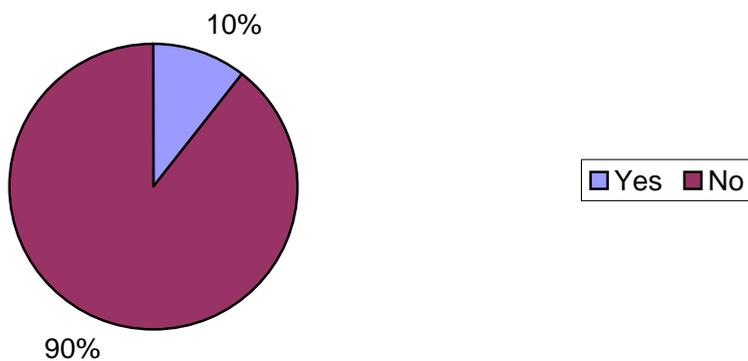


Most of the suggested recommendations that help to make it easier to join adult education were more or less equally welcomed by the respondents. Promotion was most needed among the Chinese people in order to help them locate the availability of courses. Classes conducted in Chinese and interpreter services were also important to solve the language barrier problem for Chinese people.

3.1.3. Community Advisory Services

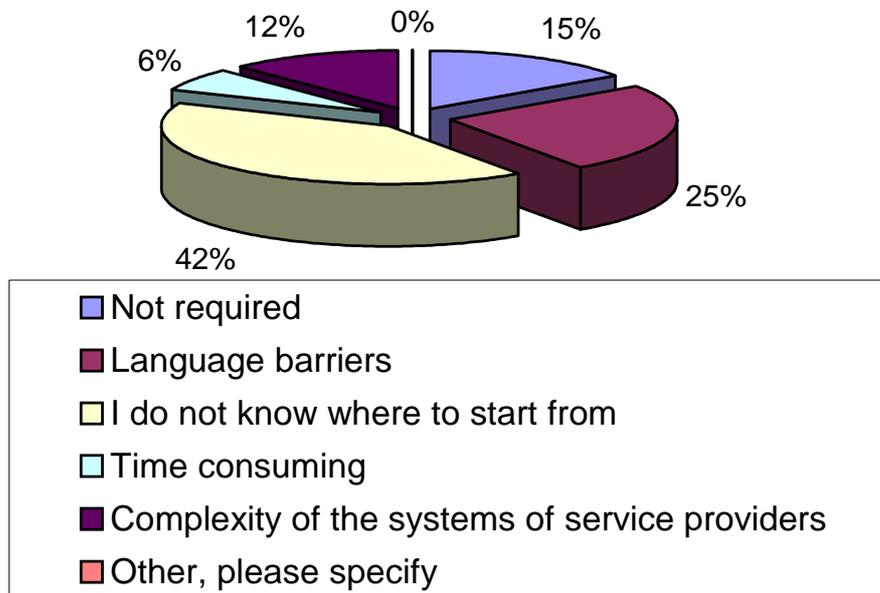
Volunteers were requested to explain the following meaning of community advisory services before starting the interview: **Community advisory services means to get advice on any information you need to live in a community, e.g., children's education, housing services (e.g., renting and council house application), transportation, community environment improvement, consumer complaints, neighbour disturbance, community safety, employment, tax issues, applying for welfare benefit.**

Fig.23: Have you ever used community advisory services?



Only 10% of the respondents said they have used community advisory services. The two places that were most commonly quoted when asked where they obtained the advisory services were the Home Office and Chinese community centres. They usually asked for information like housing and welfare benefits.

Fig.24: Why don't you use community advisory services?



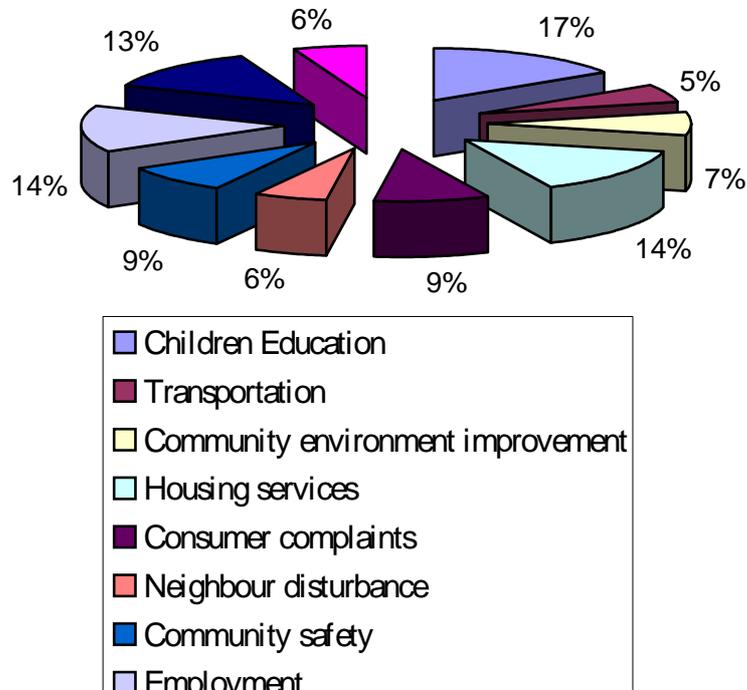
42% of the respondents said they do not use advisory services because they do not know from where to start even when they have the need to obtain the required services. They cannot identify the place to ask for help or advice when a particular problem comes up. To solve the problem they usually turn to their friends and families for help.

Language barrier seems to be an age-old problem for Chinese people accessing any kind of services. 25% of respondents are hindered from accessing the services because they do not speak English very well or they are not confident to present their cases clearly.

15% said they do not require advisory services. Most of the people in this group have lived in the community for a considerable period of time and feel they already have sufficient information.

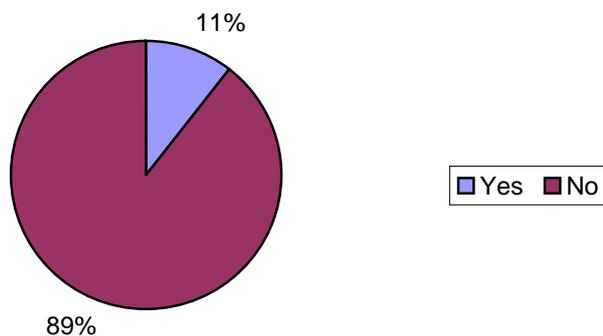
Another 12% of the respondents said the complexity of the system of service providers, coupled with the problem of language barriers, make the information-seeking process more difficult for them.

Fig.25: Which information do you need most?



Children’s education, housing services and employment were the top three most needed information categories.

Fig.26: Do you know where to access community advisory services?



The result of this question also gives explanation to the low uptake of advisory services.

Almost all of the people who replied 'no' to the question answered without hesitating.

The most commonly quoted sources of advice were Chinese organizations and the Home Office. Out of 200, there were 3 people who knew about the service provided by the Citizen's Advice Bureau (C.A.B.). Feedback on the questionnaire survey from Burton C.A.B. also revealed they have around 5-10 clients a year from the local Chinese community.

3.1.4. Demographic information of the sample

Fig.27

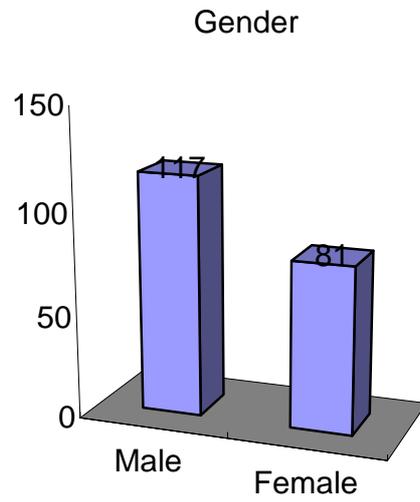


Fig.28

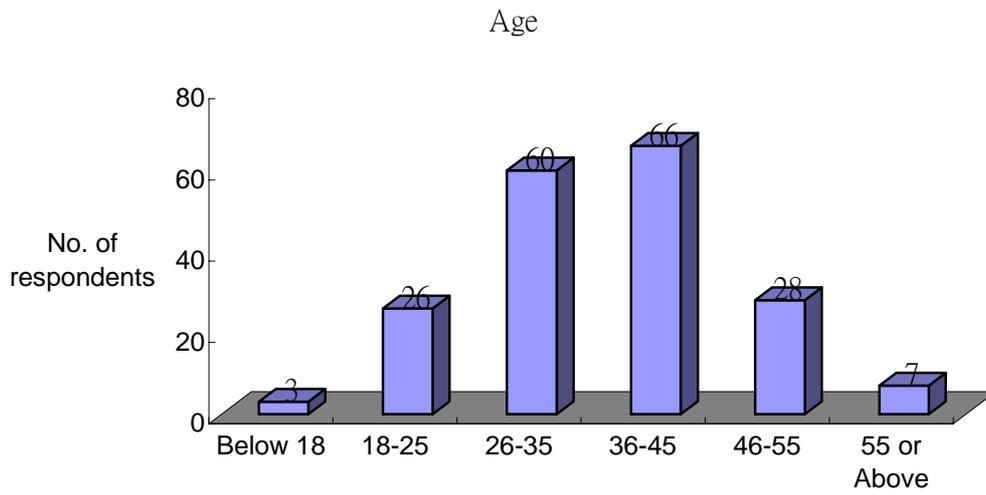


Fig.29

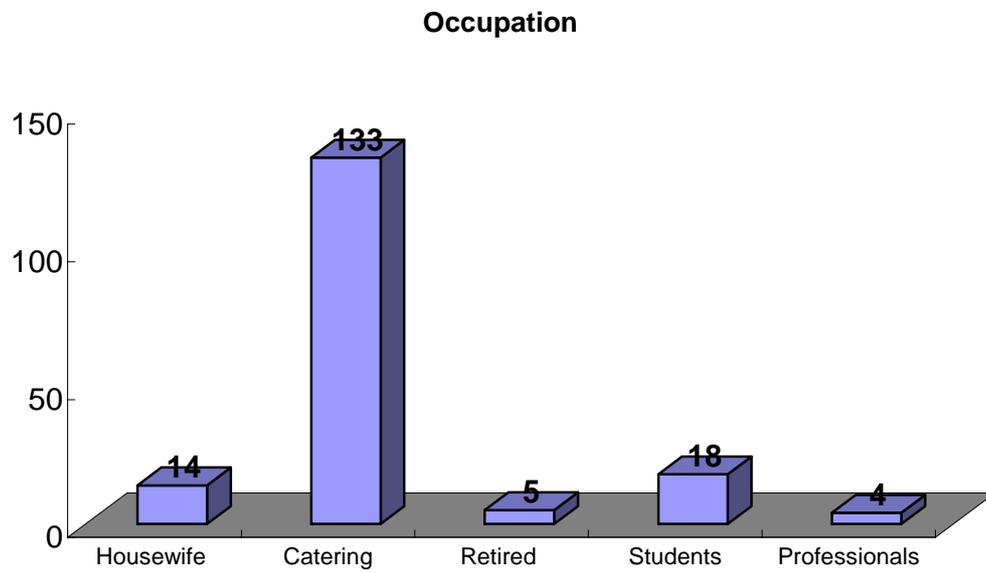


Fig.30

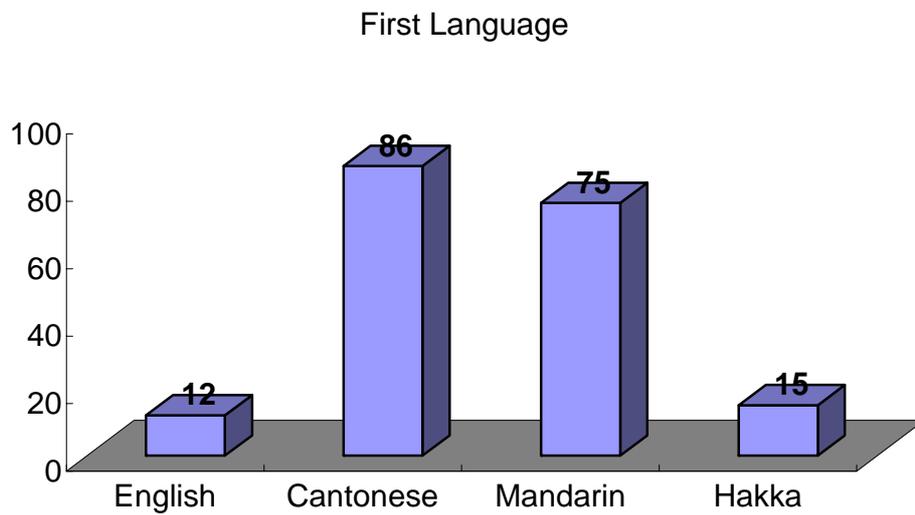
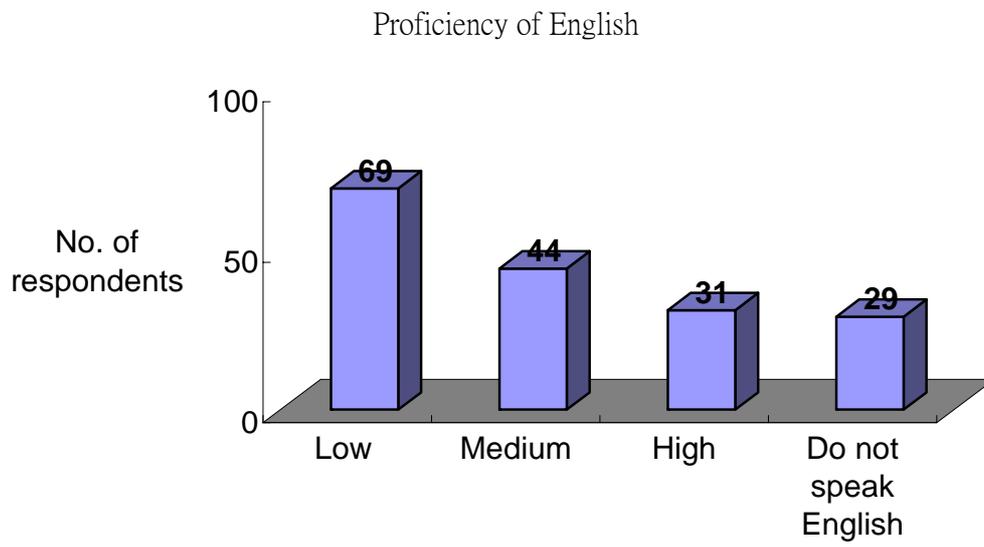


Fig.31



3.2. Service provider views

A Chinese Needs Survey questionnaire was sent to various voluntary and statutory bodies in Burton and the Southeast Staffordshire area. The aim of the survey was to obtain a preliminary understanding of the services provided to the Chinese people in the community by these organizations, with the results providing useful clues for setting up the focus group questions. The questionnaires were accompanied by invitations to attend a focus group to discuss service provision for the Chinese community (Table 1). Results of the questionnaire survey and focus group are summarised here.

Table 1. Organizations contacted and those attending the focus group

Invitations sent to:

1. Council link
2. Connecting communities
3. Community Education
4. Voluntary Services Council
5. Age concern
6. Library
7. East Staffordshire Primary Care Trust

8. Pension service (Department of Work and Pensions)
9. Burton C.A.B.
10. Health & Social Care, Lichfield
11. New Horizons

Attendant parties:

- East Staffordshire Primary Care Trust
- Health & Social Care, Lichfield
- Heart of Burton Partnership

3.2.1. Survey results

The results of the questionnaire survey are summarised here.

Part I) Contact with Chinese Community:

Contact/ Involvement	No. of respondents
None	6
Low rate	2
Project-based	1 (Provision of IT courses
Long-term	<ul style="list-style-type: none">- New Horizons: successfully ran an ESOL class with a bilingual tutor for about 18 months- Voluntary Services Council: Advised and assisted in setting up the Burton Chinese Community Association

Part II) Provision of written form of Chinese scripts, such as signs

Provide Chinese scripts?	No. of respondent(s)
Yes	1
No	10

Reasons for not providing:

- No funds
- No one in the organization knows hinese
- Not needed

Part III) Provision of Chinese leaflets

Provide Chinese leaflets?	No. of respondent(s)
Yes	4
No	7

Organizations which supply Chinese leaflets are of larger scale and more resourceful.

The reasons given by those which did not provide Chinese leaflets were:

- No funds
- No one in the organization knows Chinese
- Not needed

Part IV) Use of interpreters

Use interpreters?	No. of respondent(s)
Yes	5 (both Mandarin and Cantonese, but the frequency is low)
No	6

Reasons for not providing:

- Not needed
- Not informed where to obtain interpreters
- Not enough funding

Suggestions given by the respondents to improve the uptake of services by the local Chinese community:

- To encourage members of Chinese community to meet at library for tea/coffee and introduce services on offer;
- To translate literature into Chinese;
- To contact Chinese community centre which can serve as a bridge between service providers and the Chinese people
- To advertise and to use the local media
- To supply books in Chinese
- To signpost services
- To make leaflets available in Chinese Community Centre
- To have representatives to attend local forums which facilitate the understanding between the local community and the Chinese community
- To have interpreters who can be called on when required

3.2.2. Focus group results

The aim of the focus group was to collect views from service providers concerning the

issues related to service provision to the Chinese community. The researcher led the discussion with pre-set questions and topics and the participants were invited to express their views freely. There were a total of 5 participants in the group (Table 2).

Table 2. Summary of focus group participants

Interviewee	Organization
Interviewee 1	Health & Social Care (Lichfield)
Interviewee 2	Heart of Burton Partnership
Interviewee 3	Heart of Burton Partnership
Interviewee 4	East Staffordshire Primary Care Trust
Interviewee 5	BCCA

The following is a brief introduction of the services their organisations provide:

Patient Advice and Liaison Service (PALS), PALS focuses on improving the service to East Staffordshire Primary Care Trust NHS patients through providing information on NHS services and advising and supporting patients, families and carers.

Health & Social Care, Lichfield

It acts as a channel to provide information concerning health and social care services between government and users.

Heart of Burton Partnership

It focuses on the inner area of Burton and looks at all issues concerning living in a healthy environment. It also acts like a middleman to narrow the gap between service providers and service users by helping the former better deliver services in a targeted way and the latter better access the services.

The principal problem faced by the all service providers when serving the Chinese community is the difficulty of locating the Chinese services users.

'I rarely meet elderly Chinese people, especially the disabled. I can tell from my experience Chinese is a hidden community. My job is to locate difficult-to-target groups and try to get them together to express their views and opinions. However, I have met no Chinese representatives to come to our regular meetings.' (Interviewee 1)

'If I was unable to identify with what's meant by "Chinese community", how would I be able to provide specifically for what they need?' (Interviewee 2)

Yet, most of the interviewees had reasons for why the community is so hard to reach.

"....dispersed population and long working hours makes socialization with the community difficult." (Interviewee 2)

"We can explain from a cultural point of view. Chinese people tend not to ask, not to talk. That doesn't mean they are not problematic. They just keep to themselves and as time goes by, they become isolated from the mainstream society, which makes them more difficult to get out to the community. Children from the family may inherit the 'keep quiet' mentality from their parents and this eventually develops into a generational problem. What we wish is to break this stereotype of thinking."

The participants agree that provision of interpretation services may overcome the problem of language barrier faced by Chinese people when using services.

'Regarding medical services, patients cannot rely on families to do translation all the time because some illnesses are of sensitive nature. Moreover, to get hold of an appropriate interpreter is difficult as there is a variety of dialects in Chinese language.' (Interviewee 5)

'...interpreters need to be trained. They should be strong enough to be able to go through the system to approach the consultants and guide the users to ask for the right information. Not only should they know the language, but also the background knowledge of the services they are providing interpretation for can they really help the users.' (Interviewee 2)

Failure to locate the service users makes it difficult for the service providers to understand their actual needs directly. Mostly the service providers can only rely on second-hand information to identify their needs. As reflected from the preliminary questionnaire survey, when limited with scarce resources and funding, some voluntary organizations are unable to provide services specifically for this hard-to-reach group.

‘At this stage when there is so little understanding about the community, I think we should recognize the questions rather than answers. What I mean for this is think “What should be asked when serving the community?” rather than “What have we done for the community?”’ (Interviewee 2)

‘Communication is no doubt essential between the service users and providers. Sometimes I struggle to approach the community, as they seem to feel intimidated by outsiders with a foreign language. It is difficult for us to listen to them as they do not speak, and we do not know how to approach them.’ (Interviewee 1)

‘...To get more known to the Chinese community we have to ask for their real needs. However, people may feel reluctant to reveal their needs, as they are afraid of being seen as deficient. Information required for needs analysis has to be collected in a trustful relationship between the service providers and users. To start establishing the relationship requires an entry point (not a needy point but a strength point) to gain trust and rapport. Yet I perceive identification of the entry point as the hardest part.’ (Interviewee 2)

‘...I think it is hard to hold a cohesive group, as the community itself fails to self-organize themselves. It is even more difficult when service providers are short of resources and energy, as working for such a hard-to-reach group demands a higher level of commitment over a considerable period of time.’ (Interviewee 2)

Interviewees agreed that it is not easy to identify solutions to the problems they face, as they don’t know much about the target users or how they perceive the problems. However, little progress was achieved to bridge the gap by using the Chinese community centre and approaching the younger Chinese generation as an entry point.

‘The young generation may be a point to enter. They are relatively more able to integrate with the majority community as they manage English better. Once the children are

captured, the parents may be encouraged by their children and start to come out. The community will then become more reachable.' (Interviewee 1)

'The Community Centre would surely be a contact point to get connected with the Chinese community.' (Interviewee 1)

'For the Chinese users, we are unfamiliar to them while it is the same the other way round. I can see the Centre as a place where we can connect with each other to get more understanding.' (Interviewee 2)

'Today's discussion is good. Though we may not be able to figure out solutions immediately to the problems, awareness is raised and improvement can be carried out to reduce the gap.' (Interviewee 5)

4. Discussion and Recommendations

In carrying out this baseline assessment, we aimed to address the following questions:

- What services are currently provided specifically for Chinese people?
- What are the needs of the Chinese community with regard to health, adult education services and community advisory services?
- What are the main barriers for Chinese people when accessing these services?
- What can be done to address the problems in order to better meet the special needs of Chinese people?

4.1. Services provided and uptake

The questionnaire survey and focus group show that very few services exist that specifically target Chinese users. Due to the language barrier, many Chinese people fail to access health and community services. Cultural influences lead to Chinese people not voicing their real needs and this conveys a message to service providers that Chinese people are satisfied and they are not problematic at all. Thus, some service providers believe there is no need to provide services that target the specific needs of Chinese people.

Language and lack of knowledge of the services available are the principal barriers for Chinese people accessing services. Although a proportion of them rely on friends and family to access services, a proportion do not use services at all and become invisible to service providers. Without contact with or a clear understanding of users' needs, it is then difficult for providers to develop tailored services to meet the needs of Chinese people. This may explain why there are virtually no services that cater for the specific needs of Chinese people in the region.

To break this vicious cycle requires a sustained and committed effort from both service providers and users. Little steps can be made in the short run that contribute to improvements to a huge and complex problem. The following is a list of recommendations for CNHLC, BCCA, and statutory and voluntary sector organisations to follow up in order to tackle the problems highlighted in this piece of research. Majority of interviewed Chinese people and all the participants in the focus group felt that Chinese community organizations, e.g. BCCA in the Southeast Staffordshire area, would be a more appropriate location for providing basic information and advisory services because

of its awareness of cultural factors and the elimination of language barriers.

4.2. Recommendations

- Interpreters: A channel should be set up to enable Chinese people and service organizations to arrange and provide interpreters. Formal training should be provided for community interpreters.
- Partnership: BCCA should work in partnership with other voluntary or statutory organizations in launching events or projects that encourage mutual understanding between service providers and the Chinese community. For example, a function can be held in the community centre where service providers can exhibit their services to Chinese members of the community with the help of interpreters.
- Information/access: Health information and health service information in Chinese needs to be more widely available in the form of leaflets and audiovisual materials. Chinese community centres are a good location for those living in the town centres, but GP practices, Chinese takeaways and supermarkets should be considered as a way of reaching those with no easy access to a community centre. The Internet is also one way of reaching the most isolated.
- Health checks/talks: Participants find it difficult to access health checks, because the system is complicated and partly because of time constraints and language problems. The idea of afternoon clinics in a specific location providing full health checks would be attractive for those working in the catering trade. In addition, health talks need to be arranged to address the specific concerns of the community and also to raise the awareness of practicing a healthy lifestyle.
- The BCCA should make use of CNHLC's resources, e.g. Chinese language leaflets and videos and work in partnership with CNHLC to make use of its expertise in health promotion.
- Networking: It is important to build up a strong network of both voluntary and statutory organizations that facilitates sharing of information and resources in order to deliver effective and efficient services to meet real needs. The views of Chinese representatives should be sought in the planning and delivery of services.

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