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Acculturation and needs assessment of elderly ethnic minorities in Hong Kong: A qualitative study

Final Report

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Table of Contents

EXECUTIVE SUMMARY

1. The Department of Social Work and Social Administration was funded by the Equal Opportunities Commission to conduct "Acculturation and needs assessment of elderly ethnic minorities in Hong Kong: A qualitative study". The study objectives are:
    - To identify financial, psychological, physical health, social, and cultural needs and current service gaps of ethnic minority elderly in Hong Kong; and
    - To identify ways to promote a socially inclusive Hong Kong for ethnic minority elderly

2. To achieve these objectives, we adopted a qualitative methodological approach to collect empirical data through semi-structured in-depth interviews with Nepali elderly and their caregivers. A total of 30 Nepali elderly aged 60 years old or above, and 5 caregivers were interviewed. Thematic analysis was used to analyse the data.

3. Overall, Nepali elderly view Hong Kong as a favourable place, especially compared to Nepal. Our study also found that in alignment with the Hong Kong government's policy imperative to promote ageing-in-place, Nepali elderly had a strong preference to age in their current residing community.

4. However, several structural, knowledge, and attitudinal barriers remain, including inter alia, difficulties in navigating the health care (for physical and mental health, and social services), banking and transportation systems. These in turn pose difficulties for Nepali elderly to access relevant long-term care services, which means that their long-term care needs are unmet. Failure to meet their long-term care needs will reduce their chance of ageing-in-place. Hence, it is a policy imperative to mitigate these barriers and to promote a socially inclusive society.

5. In alignment with the World Health Organization's Age-friendly Cities framework, we recommend the Hong Kong government to adopt several strategies to further promote a Culturally-inclusive Age-friendly community: (1) adopt service mainstreaming; (2) enhance

cultural competence of helping professionals; (3) mitigate information asymmetry through public education; and (4) foster intercultural activities.

行政摘要

1. 平等機會委員會資助香港大學社會工作及社會行政學系進行一項題為《香港少數族裔長者文化適應及需要評估：質性研究》。研究目標包括：

   - 辨識在香港生活的少數族裔長者在經濟、心理、健康、社會及文化方面的需要及現時服務不足之處；

   - 探討促進香港社會及少數族裔長者達致共融的方法。

2. 研究團隊採用質性研究方法，與尼泊爾長者及其照顧者進行半結構性的深入訪談，以蒐集實證資料。研究共訪問了 30 名 60 歲或以上的尼泊爾長者及 5 名照顧者，並對訪談內容進行主題分析。

3. 整體來說，受訪的尼泊爾長者視香港為一個好地方；尤其是相對尼泊爾而言，受訪者對香港的觀感都是正面的。是次訪問亦發現，尼泊爾長者都表示十分希望可以在其居住的社區安老，這與香港政府大力推行的居家安老政策不謀而合。

4. 研究同時亦發現，香港社會在結構、認知及態度方面，可能會對受訪的尼泊爾長者構成障礙；包括在獲取及使用醫護（例如身體健康及精神健康服務）、社會福利、銀行及交通服務系統時遇到的困難。這些因素導致尼泊爾長者難以得到合適的長期照顧服務。換而言之，社會未能滿足他們的長期服務需要。因此，他們居家安老的機會亦隨之降低。政府必須在政策上減低該等障礙，並鼓勵社會共融。

5. 為配合世界衛生組織的年齡友善城市框架，並進一步鼓勵文化共融及年齡友善並存的城市氛圍，研究團隊建議香港政府採取以下策略：（1）採納服務主流化；（2）加強提供服務專業人士的「文化能力」；（3）透過大眾教育，減低資訊方面的不對稱；以及（4）鼓勵推行文化共融活動。

CHAPTER 1 BACKGROUND

1.1 This chapter outlines the Age-friendly Cities framework espoused by the World Health Organization (WHO) and presents background information on South Asian ethnic minorities residing in Hong Kong alongside study rationales and objectives.

Background

1.2 In 2005, the WHO established the Age-friendly Cities (AFC) framework to address the challenges resulting from population ageing. The purpose of the AFC framework is to "facilitate active ageing by optimizing opportunities for health, participation and security to enhance quality of life as people age." The AFC framework comprises eight domains, including *Social participation*, *Respect and social inclusion*, *Civic participation and employment*, *Communication and information*, *Community support and health services*, *Outdoor spaces and buildings*, *Transportation*, and *Housing*.

1.3 The Hong Kong government has also espoused to the WHO AFC framework and directed resources to build an age-friendly environment as a response to our rapidly ageing society (e.g., Policy Address, 2016). The number of elderly aged 65 years and above is expected to increase from 1.16 million (16.6% of the total population) in 2016, to an estimated 2.37 million (31.1% of the total population) by 2036 (Census and Statistics Department, 2017).

1.4 In response to the changing needs of an ageing population, the Hong Kong government has made concerted effort in implementing long-term care (LTC) policies and measures aimed to facilitate ageing-in-place and optimize quality of life for Hong Kong's elderly. In alignment with the WHO AFC framework, district-based efforts have also been undertaken to make communities more "age-friendly". Out of Hong Kong's 18 districts, 14 have already joined the WHO Global Network for Age-friendly Cities and Communities to date.

1.5 However, existing LTC policies, measures, and services are often catered for the local Chinese population, with the possible effect of neglecting the LTC needs of South Asian ethnic minority elderly.

1.6 Indeed, in addition to population ageing, Hong Kong is also becoming increasingly ethnically diverse. Defined as persons of non-Chinese ethnicity, ethnic minorities include Caucasians, Asians, South Asians, among others, the number of ethnic minorities has increased by 70.8% over the past decade, from 342,198 in 206 to 584,383 in 2016 (Census & Statistics Department, 2017). Excluding foreign domestic helpers, the number of South Asians, comprising Indians, Pakistanis, Nepalese, Bangladeshis and Sri-Lankans has also risen considerably, from 35,368 to 84,875 in 2016 (Ibid.).

1.7 The aging trend is also observed in most South Asian ethnic minority groups in the territory. Among South Asians, the total number of those age 65 or above increased from 966 in 2006 to 2858 in 2016 for Indians, from 529 in 2006 to 633 in 2016 for Pakistanis, and from 327 in 2006 to 713 in 2016 for Nepalese (Census and Statistics Department, 2016). Yet, few studies have examined the LTC needs of South Asian ethnic minorities.

1.8 This study focused on Nepali elderly because Nepali appear to reside in more segregated neighbourhoods and have weaker ties within the wider Hong Kong society (Ale, 2013; Erni & Leung, 2014). It is conceivable that this may in turn lead to disproportionate adverse psychosocial outcomes. Hence, we focused on exploring the LTC needs of Nepali elderly.

Study objectives

1.9 To this end, this study aimed to (1) explore the needs such as cultural, financial, or psychosocial of South Asian elderly minorities in Hong Kong, and (2) identify ways to facilitate South Asian elderly minorities' social inclusion in Hong Kong.

1.10 There are five chapters in this report. Chapter 2 describes the methodological approach taken in this study. Chapter 3 comprises details of the demographic characteristics of study participants. Chapter 4 consists of study findings and outlines the long-term care needs of Nepali elderly in Hong Kong. Chapter 5 provides recommendations on promoting a socially inclusive society in Hong Kong.

CHAPTER 2 METHODOLOGY

2.1 To achieve our research objectives, we adopted a qualitative methodological approach in the form of in-depth interviews. This chapter presents the details of our methodology.

2.2 This study was conducted in collaboration with Hong Kong Christian Service (HKCS), one of the few nongovernmental organizations that provides services to ethnic minority elderly in Hong Kong. HKCS assisted HKU in recruiting eligible study participants using a purposive sampling strategy. The selection criteria for Nepali elderly were: (1) aged 60 or above; (2) who have resided in Hong Kong for 7 years or more; and (3) of Nepali ethnicity. The selection criteria for caregivers were (1) primary caregivers of a Nepali elderly; and (2) who have resided in Hong Kong for 7 years or more.

2.3 Under this sampling frame, a total of 30 Nepali elderly aged 60 years or above and 5 Nepali caregivers were interviewed in HKCS. Socio-demographic information of research participants could be found in Appendix 1.

2.4 Semi-structured in-depth interviews with both Nepali elderly and caregivers were conducted in Nepali by a Nepalese research assistant. The interviews were audio-taped and transcribed verbatim by three Nepalese research assistants. Data collected was then analysed using thematic analysis (Braun & Clarke, 2006) corresponding to the two research objectives to identify emergent themes pertinent to LTC needs of Nepali elderly. Discussion guides of in-depth interviews could be found in Appendices 2-4.

2.5 To ensure data reliability, three research assistants coded the transcriptions independently and then cross-compared the coding. Where there are discrepancies, the researchers discussed among themselves until consensus was reached.

CHAPTER 3 CHARACTERISTICS OF STUDY PARTICIPANTS

3.1 This chapter describes the characteristics of study participants. A total of 30 Nepali elderly aged 60 years or above and 5 Nepali caregivers participated in the study.

3.2 Characteristics of Nepali elderly study participants and caregiver participants

Among Nepali elderly study participants, majority were female (60%), were between 70 – 74 years old (57%), resided in sub-divided rental housing (74%) with a household size of 5 persons or above (42%), did not receive any formal education (77%), and were retired (93%). Among the caregivers, all were female (100%) while majority of them were married (80%), lived in sub-divided rental housing (60%), received some form of formal education albeit different levels (60%) and neither lived alone nor with 6 people, and either employed (20%) or unemployed (20%). Table 3.1 presents the demographic details of Nepali elderly study participants and caregivers.

Table 3.1 Socio-demographic characteristics of Nepali elderly (N=30) and caregiver (N= 5)

Characteristics	**Elderly** Total (n=30) n (%)	**Caregiver** Total (n= 5) n (%)
Age group		
35 - 39 years old	-	1(20)
40 - 44 years old	-	1(20)
60 - 64 years old	2 (7)	-
65 - 69 years old	5 (16)	2 (40)
70 - 74 years old	17 (57)	1(20)
75 - 79 years old	4 (13)	-
80 years old or above	2 (7)	-
Gender		
Female	18 (60)	5 (100)
Male	12 (40)	-
Marital status		
Married	20 (67)	4 (80)
Widowed	9 (30)	-
Separated	1 (3)	1 (20)
Education level		
Never received formal education	23 (77)	2 (40)
Primary level	6 (20)	1 (20)
Secondary level	-	1 (20)
Tertiary: diploma	1 (3)	1 (20)
Occupation		
Retired	28 (94)	1(20)
Employed	1 (3)	2(40)
Others	1 (3)	2(40)
Years of residence in Hong Kong*		
Less than 10 years	2(7)	1(25)
10 – 20 years	7 (23)	-
21 – 30 years	1 (3)	1(25)
>30 years	18 (60)	2(50)
Type of housing		
Sub-divided rental housing	22 (74)	3 (60)
Private housing (rental)	4 (13)	2 (40)
Owner	4 (13)	-
Household size		
1 person (lived alone)	2 (7)	-
2 persons	6 (20)	1(20)
3 persons	4 (13)	1(20)
4 persons	5 (17)	1(20)
5 persons	7 (23)	1(20)
6 persons	4 (13)	-
7 persons or above	2 (7)	1(20)

Note. *Two missing for elderly, 1 missing for caregiver, - = N/A

CHAPTER 4 LONG-TERM CARE NEEDS OF NEPALI ELDERLY IN HONG KONG

4.1 This chapter presents findings in the form of emergent themes in response to our first study objective, which was to identify the long-term care needs of Nepali elderly minorities in Hong Kong. LTC needs include but are not limited to elderly's financial, psychosocial, physical and cultural/ social needs. We further distilled the emergent themes into five major categories (1) care preferences; (2) challenges in old age; (3) current service gaps; (4) existing resources; and (5) overall lived experiences. Illustrative quotes from participants are presented to substantiate the emergent themes.

4.2 Care preferences

In alignment with the Hong Kong government's LTC policy imperative to promote ageing-in place, Nepali elderly participants had a strong preference for ageing-in-place. Similar to local Chinese culture, participants indicated that admission to residential care service (RCS) would be perceived as shameful among the Nepali community. Participants also indicated a strong preference of having family-based and community-based care rather than institutional care.

> *"It depends on the kids. With financial burden and severe sickness, they might send me to the elderly home but so far, they are taking care of us. We just hope we can stay happy and healthy with God's blessings…It's hard to survive in these [residential] homes because we have language miscommunications and we cannot follow their instructions. We also cannot follow their food and diet. If we don't eat, then they may scold us for not having any food input."* (P10, F, Age 70-74)

> *"If you leave your parents in nursing homes, the community sees you in a negative light immediately."* (P21, F, Age 65-69)

> *"Nursing home isn't seen as a good practice in Nepalese culture…they do not want to leave the care of their parents in the hands of another."* (P22, M, Age 70-74)

"If you are incapacitated, then you have to stay [in the nursing home]. But when you are able, [nursing homes] are not a nice place. To walk around, to go here and there, to stay at home is better… nursing home is not right." (P25, F, Age 65-69)

Participants were also asked to share their "after-life" preference. "After-life" is a term used among Nepali to refer to the care of one's body after death, as well as funeral arrangements. Because majority of study participants were of the Gurung caste, which primarily practices a form of Buddhism, most indicated that cremation was preferable. However, all participants emphasised the importance of gathering family members, especially sons, during funerals and the need to observe prescribed rituals.

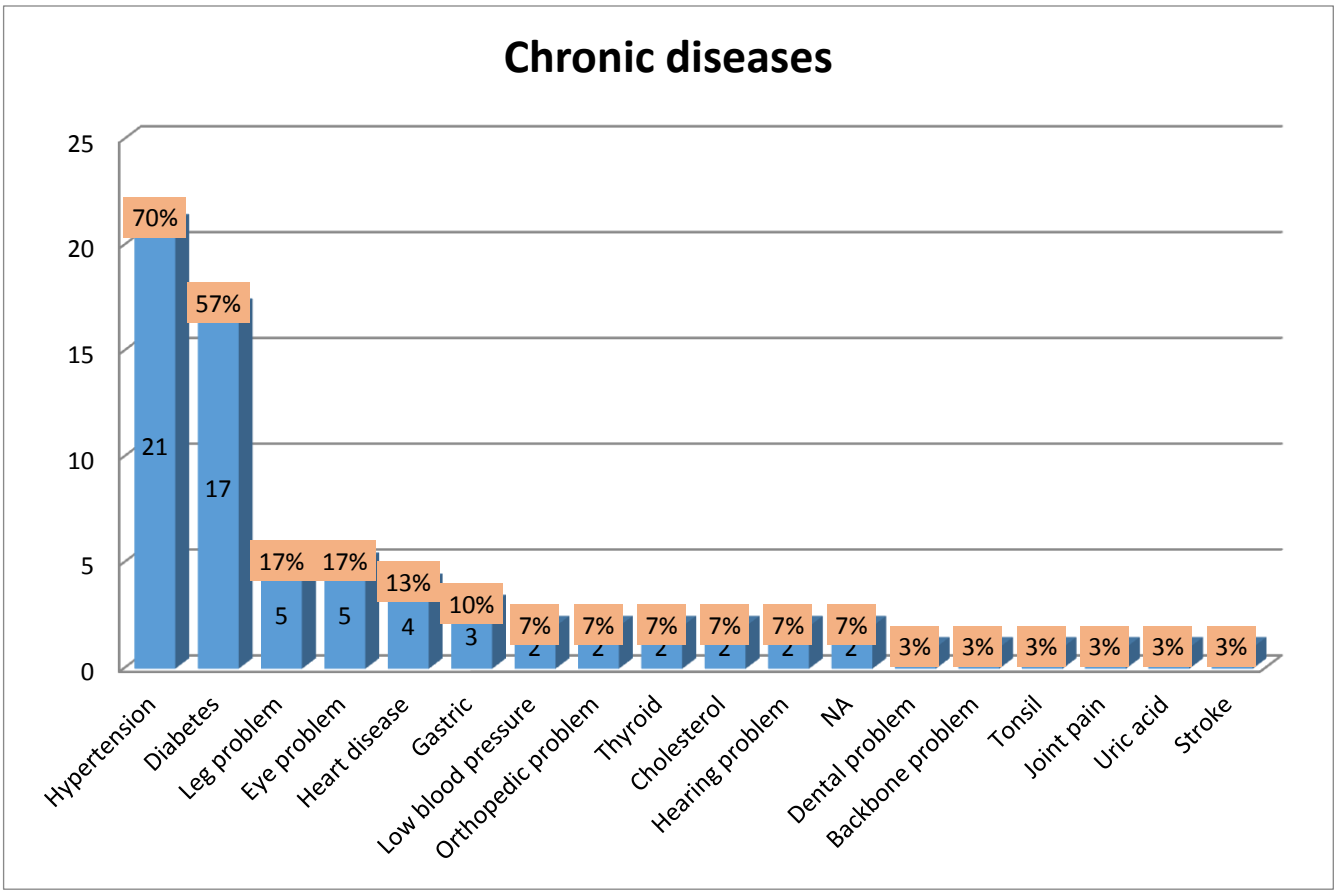
"[We cremate]…We need our brothers and the males of the family to attend the rituals and all." (P10, F, Age 70-74)

"[I] prefer cremation…for [us Nepali], we call the monks and light the candles. We do so for a number of days before ending with the last prayer." (P13, F, Age 75-79)

4.3 Challenges in old age

Physical health. All participants indicated that they are suffering from some form of chronic illness. Table 4.1 illustrates the type(s) of chronic illness found among participants, with hypertension (70%), diabetes (57%) being the two most common health conditions. This is comparable to the overall chronic disease found among the general elderly population (e.g., hypertension as 62.5%) in Hong Kong (Census and Statistics Department, 2009).

Table 4.1 Types of chronic diseases* among Nepali study participants (N=30)



*Multiple responses allowed

Psychological and mental health. Some participants indicated that they experience bouts of loneliness due to weakening social ties, which makes them susceptible to elderly depression. It is also suspected that some participants may be showing early signs of cognitive impairment. This suggests for the needs to enhance the mental and psychological health literacy among Nepali elderly and to provide early screening (for cognitive impairment) services for Nepali and other South Asian ethnic minority elderly.

> "*Sometimes, I can't even go back to my own house ... I have to ask others to take me or I have to wait for my memories to come back and then return by myself.*" (P10, F, Age 70-74)

"*Yes, it is very difficult to pass a day... I don't meet my old friends much either these days, some went to UK, others returned to Nepal. In the past, there were more elderly who hung out together, now some have gone to Nepal, some have gone to work, some have gone to UK. Now, I barely meet anyone."* (P23, M, 70-74)

"I need a friend…it's hard to be on my own." (P29, F, 60-64)

Cultural insensitivity. Some participants indicated that they had several adverse incidents with the local population. This may be due to cultural insensitivity or misunderstanding.

"Local people [would push] the Nepali elderly with their elbows while passing the local people." (P10, F, Age 70-74)

"Some [Chinese people] charge us extra money for things we buy from them… (P15, F, Age 70-74)

Financial hardship. Some participants indicated that they experience some financial hardship due to rising food and other daily living costs. Some also mentioned the lack of employment opportunities. These testaments are comparable to the overall elderly population in Hong Kong.

"The prices are going up day by day, it has become more expensive. Everything is expensive, like food, lodging, all is costly." (P27, M, Age 70-74)

In summary, many challenges that Nepali elderly face are similar to those with the local elderly population, including financial hardship, physical, psychological and mental health issues. It is also noteworthy that their preference to age in their own communities and in Hong Kong are akin to those of the local Chinese population. However, Nepali elderly encounter the added burden of cultural insensitivity and difficulties in accessing relevant elderly services, as illustrated below.

4.4 Current service gaps

In alignment with the WHO's Age-friendly cities framework, various arms of the Hong Kong government have pledged to make our city more "age-friendly". However, an age-friendly city espouses to the notions of inclusion and participation, where all elderly, irrespective of their ethnicity, should have equal access to services and opportunities for meaningful social and community participation. To this end, we contend that several barriers remain in the process of actualizing an age-friendly city. Thus, we distilled the current service gaps into three main categories: (1) structural barriers; (2) knowledge barriers; and (3) attitudinal barriers.

Structural barriers and inadequate access to the long-term care system. It was suggested that the current long-term care system does not adequately account for a growing ethnic minority elderly population in Hong Kong. While our study participants did not specifically espouse to the long-term care system, it was observed that most had minimal knowledge on the types of long-term care service provision in Hong Kong. Based on our observations, for example, elderly participants did not know what district elderly community centres and neighbourhood elderly centre or other forms of community care services were available to them. Nor were they aware of the method of applying for these services. This suggests for the need to further enhance the knowledge level on Hong Kong's LTC services to the Nepali (and South Asian population in general) community in order to bridge the gap.

There were also concerns raised by our community partner with regard to the current Standardized Care Need Assessment Mechanism, the process of which must be completed before any subsidised services can be given to elderly in Hong Kong. The first concern was the ability of current assessors, being local Chinese, of accurately conducting the needs assessment with ethnic minority elderly. The second concern was of the assessment tool itself—given that current tools were only made available in English and Chinese, inadequate translation of wordings may affect the assessment quality. Together, these structural barriers may adversely affect South Asian ethnic minority elderly's access to LTC services despite having real LTC needs.

"We don't know how to communicate with them [hospital staff] so we just go there with one of our family members. I tell my symptoms and problems to my family and then they convey them to the doctor." (P16, M, Age 70-74)

Knowledge barriers and health care service gap: Participants indicated that the current health care system, while sophisticated and comprehensive compared to Nepal, was very difficult to navigate. This is primarily due to knowledge barriers (e.g. health literacy, language, etc.).

"We feel like we do have the rights, but we also feel like we don't have them, because we don't have anyone helping us to translate our words. Since we cannot communicate, when doctors or someone important ask us what's wrong, we cannot really tell them clearly what problems we have if we don't have anyone to translate our words. So how can they help us if they don't understand us?" (P22, M, Age 70-74)

"When you have to go to hospital, and when you do not know how to communicate, you need to find people…my children sometimes are free and sometimes not free, this can be a problem. Other problem is that my children live accordingly to their own way." (P30, F, 65-69)

Attitudinal barriers and other service gaps: Apart from health care services, some participants mentioned difficulties in navigating the transportation system. With poor language comprehension (knowledge barrier), most Nepali elderly participants were reluctant to leave their immediate neighbourhood (attitudinal barrier). This significantly limits their physical mobility.

"[I] wouldn't know when to get off from MTR." (P11, F, Age 70-74)

"It is hard to go places ourselves because we don't speak the language." (P22, M, Age 70-74)

"…if we need to go [take the MTR or the bus] somewhere else, we would have no idea… surely we will have difficulties." (P26, F, Age 70-74)

Banking service was also indicated as something difficult for some Nepali elderly to navigate. Given the language constraints, Nepali elderly rely primarily on their family caregivers to conduct basic banking services.

"For me, it was difficult because I had to buy a phone service to open my bank account. It was a bit costly and difficult." (P11, F, 70-74)

Lastly, while understanding Nepali caregivers' needs was not the primary focus of this study, it should be duly noted that their needs are most likely being overlooked as well. Enhancing support for caregivers of ethnic minority elderly is also needed.

4.5 Existing resources

Strong familial support. Both Nepali elderly participants and caregiver participants indicated that Nepali elderly rely primarily on their own families, especially the younger generation, and immediate social network (e.g. close friends) for instrumental and emotional support. In navigating the health care system, for examples, most participants were accompanied by their family members, without whom they would not be able to attend medical appointments.

Provision of social services regarding elderly. Although Nepali elderly participants had little knowledge on the overall LTC system in Hong Kong, some indicated that social workers were an important source of support. Social workers enabled these elderly to access relevant information, connect them to the wider local community, and assist in resource and service matching.

"I like the centre very much. They take us elderly for tours from time to time…and help us to pass time…They help us take care of many things." (P30, F, Age 65-69)

"The thing that we love most is that they (social organizations such as NGOs) take us sightseeing." (P10, F, 70-74)

"For filling in forms…for filling in the allowance form, the social worker sends us to a person…you may know him too? He helps us with the form filling. For me, he helps. As for my wife, my granddaughter helps her. She knows Cantonese and English so she helps with that all." (P16, M, 70-74)

4.6 Overall lived experiences

Despite challenges in old age and barriers to access services, Nepali participants were generally appreciative and positive of their lives in Hong Kong, especially in comparison with Nepal. Some indicated that Hong Kong offered better health care and welfare services. Some also shared with the researchers some positive interactions with local Chinese.

"The [locals] know our language when we go grocery shopping. We just get what we want and they'll just return us the change if they need too." (P13, F, Age 75-79)

"The medical facilities are better here. Welfare and all are also better here … all well, except for housing." (P19, M, Age 70-74)

"We go to Sham Shui Po when the social worker calls us. We meet Chinese elderlies like us. Sometimes, we talk based on love and care even without the language. So, we are in good terms with them." (P16, M, Age 70-74)

"Because of the environment here… from cleanliness to water and air condition. Everywhere nearby there is a park…Social organizations take the [elderly] around on tour, anyway [walking around here] is safer compared to Nepal. It is good. For elderly, it is better here than in Nepal." (Caregiver 5, F, Age 35-39)

4.7 To conclude, while Nepali elderly participants and their caregivers expressed positivity toward their lives in Hong Kong, many barriers remain in terms of service access including the city's long-term care system, health care and social support services, and transport and banking services. These service gaps are indicative of the unmet LTC needs of Nepali elderly in Hong Kong.

CHAPTER 5 RECOMMENDATIONS: PROMOTING A CULTURALLY INCLUSIVE AGE-FRIENDLY (CIAF) HONG KONG SOCIETY

5.1 This chapter consolidates key findings from the study and propose several key recommendations to promote a more socially inclusive Hong Kong. To foster a more socially inclusive society for elderly of all ethnicities, we make the following key recommendations based on the World Health Organization's global age-friendly city framework (2007) including some components on social participation, community support and health services, community and information, and respect and social inclusion tailored to our Hong Kong society (see Figure 1).

Key Recommendations to foster a culturally inclusive age-friendly Hong Kong society to tackle three major barriers for help-seeking

5.2 STRUCTURAL

5.2.1 Service mainstreaming (Social participation, community and information, and respect and social inclusion-WHO, 2007)

We propose the needs for service mainstreaming. In the context of promoting social inclusion, this public policy concept refers to the imperative to incorporate and consider the needs of ethnic minorities in any planned policy action such as the design, implementation and delivery of social services. This is distinct from creating 'other' services specifically for ethnic minorities, which would marginalise ethnic minorities and create an 'othering' effect. Service mainstreaming would require existing service systems to go beyond simply offering translation/interpretation services but recognising elderly ethnic minorities' right for equal access of information/services/resources and providing them a sense of belonging to the existing public services and being a part of the larger Hong Kong society. Accounting for the long-term care needs of ethnic minorities should be part of the service planning process and be all accessible by removing structural barriers to all elderly regardless of the differences in age, gender, religion, sexual orientation, race/ethnicity in Hong Kong.

Service mainstreaming would be difficult to actualise without enhancing the cultural competence of existing helping professionals in Hong Kong. These include but not limited to

social workers, care workers, medical personnel and so forth. As the needs of ethnic minority elders are still quite invisible, only very few social services as well as government public services have adequate cultural competence to respond to their needs and the needs of their caregivers. As mentioned earlier, current accredited assessors of the Standardised Care Need Assessment Mechanism may not be capable in assessing the long-term care needs of South Asian ethnic minority elderly due to language barrier and cultural insensitivity. Besides, further study may need to review the compatibility of the Mechanism in accurately the long-term care needs of different ethnic elderly groups regarding heterogeneous cultures. To this end, there should be not only translation/interpretation services in the process of information/services delivery process but also clear and explicit operational codes for professional and frontline staff on how to engage and work with ethnic minority elderly including guidelines on closely collaborating with interpreters and availability of useful assessment tools and necessary resources. The Administrative Guidelines on Promotion of Racial Equality which will be applied to all government bureaux, departments and related organizations providing services for ethnic minorities as stated in the 2018 Policy Address could be further enhanced by guiding and monitoring government bodies to develop clear operational manuals to ensure equal access of information/services/resources for ethnic minority elders as well as their younger counterparts.

In the long-run, implementing a policy mechanism akin to the Gender Mainstreaming Checklist or the Family Impact Assessment Checklist in the policymaking cycle will guide policymakers to ensure that new policies or measures are culturally sensitive and accessible to all intended beneficiaries. To this end, we propose a Cultural Inclusion Checklist approach to policymaking.

5.3 ATTITUDINAL

5.3.1 Further public education and inter-cultural exchanges (Respect and social inclusion and social participation-WHO, 2007)

Our study indicated that Nepali elderly have very limited interactions with local Chinese population, some recalled unpleasant experiences while others were able to share some positive experiences with local Chinese. To further promote social inclusion, connecting

Nepali elderly to the wider local community via cultural exchange activities can be beneficial to both Nepali (by increasing their social network and social capital) and local Chinese.

5.4 KNOWLEDGE

5.4.1 Breakdown knowledge barriers (Community support and health services, and community and information, WHO, 2007)

Since it was observed that Nepali elderly study participants and caregiver participants had poor knowledge in terms of accessing services, relevant knowledge aimed at mitigating information asymmetry and empowering Nepali elderly and their families (e.g. health literacy, where to access service provision, etc.) should be enhanced. This can be done so via additional public education among the Nepali community via the collaboration between Nepali community leaders/ambassadors) and larger Hong Kong society. Knowledge about existing health and social services could be disseminated via both traditional media (e.g., newspaper, radio/TV channels) and new media (e.g., websites, apps) for ethnic minority elderly populations.

5.4.2. Empirical-driven knowledge exchange (Community and information-WHO, 2007)

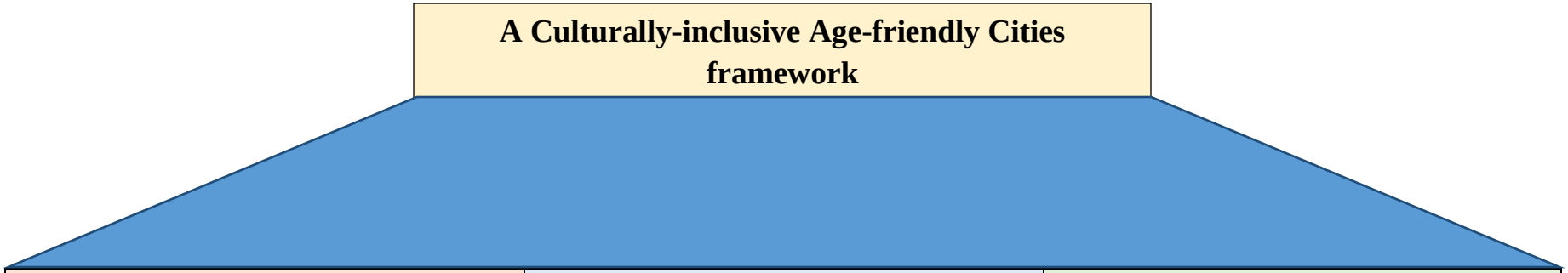
To enhance the knowledge about the ethnic minority elderly in many aspects, there should be a transdisciplinary participation to co-create knowledge between the minority and majority communities by means of empirical evidence which could include qualitative and quantitative research designs. In other words, Chinese and non-Chinese service users and their caregivers, service deliver professionals in social, health, and educational settings, trained volunteers, professionals, policymakers can co-create knowledge of a culturally inclusive age-friendly society in Hong Kong. There is also a need for the systematic data collection regarding elderly service provision to inform policy implications.

5.5 CONCLUSION

This study identified the long-term care needs of Nepali elderly. We found that while the psychosocial (e.g., loneliness) and health concerns (e.g., diabetes, blood pressure, etc.)

Nepali faced may be similar to those encountered by the elderly population as whole, Nepali elderly (and most likely South Asian ethnic minority elderly in general) may be experiencing unique and additional barriers such as limited language capital (Nepali or Cantonese) or limited knowledge about existing services catering their health needs in accessing services. To conclude, to mitigate these inequitable gradients and to promote a more inclusive society, service mainstreaming, enhancing cultural competence of helping professionals, breaking down information asymmetry and further promoting cultural exchanges with local Chinese population are urgently needed.

Figure 1. Key recommendations for promoting a Culturally-inclusive Age-friendly City (CIAFC)



Structural domain	Attitudinal domain	Knowledge domain

• Service mainstreaming
  ○ Explicit and effective guideline for professional and frontline staff in all governmental departments
 	
  ○ Cultural inclusion checklist
	• Further public education and inter-cultural exchange
	  ○ Cultural exchange with Nepali between the wider ethnic minority community and local Chinese society
		• Breakdown knowledge barriers
		  ○ Additional public education among the Nepali community and larger society
		
		• Empirical-driven knowledge
		  ○ Transdisciplinary participation
		  ○ Qualitative and quantitative research studies
		
		• Knowledge dissemination
		  ○ Traditional media (e.g., newspapers, radio/TV channels)
		  ○ New media (e.g., websites, apps)

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APPENDICES

Appendix 1. Participants' socio-demographic information

Participant No	Gender	Age range	Birth Place	Marital Status	Highest educational level	Years of residence in Hong Kong
P1	Female	70-74	Nepal	Married	Illiterate	10-20
P2	Male	80-84	Nepal	Married	Illiterate	10-20
P3	Male	80-84	Nepal	Widow	Illiterate	>30
P4	Female	75-79	Nepal	Married	Illiterate	>30
P5	Male	70-74	Nepal	Married	Illiterate	>30
P6	Male	70-74	Nepal	Married	Primary	>30
P7	Female	70-74	Nepal	Widow	Illiterate	>30
P8	Male	70-74	Nepal	Married	Primary	Missing
P9	Female	60-64	Nepal	Married	Illiterate	Missing
P10	Female	70-74	Nepal	Widow	Illiterate	>30
P11	Female	70-74	Nepal	Married	Illiterate	10-20
P12	Female	75-79	Nepal	Widow	Illiterate	10-20
P13	Female	75-79	Nepal	Widow	Illiterate	21-30
P14	Male	70-74	Nepal	Married	Primary	>30
P15	Female	70-74	Nepal	Married	Illiterate	>30
P16	Male	70-74	India	Married	Illiterate	10-20
P17	Female	70-74	India	Married	Illiterate	10-20
P18	Female	65-69	Nepal	Married	Illiterate	>30
P19	Male	70-74	Nepal	Married	Primary	>30
P20	Female	70-74	Nepal	Separated	Illiterate	>30

P21	Female	65-69	Nepal	Widow	Primary	>30
P22	Male	70-74	Nepal	Married	Illiterate	10-20
P23	Male	70-74	India	Married	Illiterate	<10
P24	Female	70-74	Nepal	Widow	Illiterate	>30
P25	Female	65-69	Nepal	Married	Illiterate	<10
P26	Female	70-74	Nepal	Widow	Illiterate	>30
P27	Male	70-74	Nepal	Married	Diploma (Tertiary)	>30
P28	Male	70-74	Nepal	Married	Primary	>30
P29	Female	60-64	Nepal	Married	Illiterate	>30
P30	Female	65-69	Nepal	Widow	Illiterate	>30
Caregiver 1	Female	65-69	India	Married	Primary	<10
Caregiver 2	Female	65-69	Nepal	Married	Illiterate	>30
Caregiver 3	Female	40-44	Hong Kong	Divorced	Diploma (Tertiary)	Missing
Caregiver 4	Female	70-74	Nepal	Married	Illiterate	>30
Caregiver 5	Female	35-59	Nepal	Married	Secondary	21-30

Appendix 2. Semi-structured guide for in-depth interview with ethnic minority elderly

1. Could you tell us your experience living in Hong Kong?
   a. So how long have you been living in Hong Kong?
   b. How has Hong Kong changed in your opinion?
   c. What do you like the most about Hong Kong?
   d. What has been the greatest challenge living in Hong Kong?
      i. Language
      ii. Employment
      iii. Housing
      iv. Discrimination
      v. Social services (e.g. medical, social service, education, elderly services, etc.)
      vi. Others (e.g., transportation, cultural adjustment, social environment, friends, etc.)
   e. What has been the greatest support for you?

2. How do you define your "community"?
   a. Any friends or connections with local Chinese society? Any Nepalese friends? Other ethnicities?
   b. Are you residing with others? By yourself? Could you share with us more?
   c. Have you ever thought of staying home or prefer elderly home? (It will be clarified by the interviewer) Is staying elderly home relevant in your culture? Are your children or any family members responsible for taking care of elderly in your culture?

   c. How do you spend one day? Any activities (e.g., leisure activities) that you would like to join but you do not have access at the moment, could you elaborate more?

3. How would you rate your health on a scale from 1 to 5? (1=refers to very serious problems, 5=refers to no problem at all) Could you elaborate why you provided that number to us? In what ways?
   a) Do you have any particular health problem? If yes, could you share with us?
   b) Where do you go for healthcare services? Is it in your neighborhood? If not, how do you go there?
   c) Compared to the Nepali medical service, how is the HK medical service different? In what ways? Better or worse?
   d) Do you have any suggestions for HK medical services to be more friendly for you?

4. What jobs (paid or unpaid) have you done in the past?
   a. Would you want to continue working? Why?
   b. What types of jobs would you want to do?
   c. Is it difficult to get that kind of job?

d. What kind of job can you get?
e. How much do you earn per month?

5. Do you have any retirement plans?
   a. E.g. Where to retire, when to retire, who will support you financially when you retire?
   b. If retired, how did you plan your retirement? What factors would you consider when you planned for retirement?
   c. When did you start working?
   d. Who do you want to stay with?

6. What do you consider to be important for your retirement?

7. What do you think of living in a residential home (It will be elaborated more by the interviewer) for the elderly compared to living in the community?
   a. In what physical or mental state will you consider living in an elderly home?
   b. Among your Nepali friends, do you see such needs?
   c. If there really was such a residential elderly care home, what will be most important to you? (Prompt):
      i. Diet? What type? ii. Care workers can speak Nepali
      iii. Other culturally-sensitive practices iv. Costs?
      v. Others?

8. Do you have any plans for your after-life? e.g., where to get buried? Whom to attend the ceremony? Any special traditions? Who is responsible for these in the family, any special tasks?

9. Do you go back to [country name]? If yes, how often?
   a. If yes, what would you like to there?

10. Would you prefer to go back to Nepal? If yes, in what ways do you think you prefer to go back to Nepal? (e.g., visiting relatives, celebrating festivals, travelling etc.)

11. Do you consider yourself a Hong Kong citizen? Could you elaborate more? Do you think that you can enjoy same right of other HK citizens regardless of age?

12. In your culture, who do you expect to take care of elderly in the family?
   a. Medical care. With whom do you see a doctor?
   b. Financial
13. Have you ever had difficulties in navigating formal service system?

e.g., medical system, social service, or any government social welfare units

14. How do you access different kinds of social care services (e.g., health, medical)?
    a) How do you seek information when you need a service?

15. Do you have any difficulties in using transportation, opening a bank account, applying for old age allowance, looking for housing etc.? Anything else?

Appendix 3 Semi-structured guide for in-depth interview with ethnic minority caregiver

1. Could you tell us how long have you taking care of XX?
2. 2. How is the XX's physical or mental situation?
3. Can you tell me if there are specific challenges you faced when caring for XX? In terms of:
    a. Financial challenges (e.g., medicine, rent)
    b. Access to social services (e.g. medical service, residential place, Caregiver Allowance)
    c. Emotional/ psychological burden
    d. Knowledge and skills of taking care of elderly
    e. Time to take care of elderly
    f. Others

4. How did you overcome these challenges?
    a. Informal social support (e.g. extended family members, friends, neighbours, work, etc.)
    b. Formal social support (e.g. access to community services elderly centre, NGOs, etc.)
    c. What kind of support did you find?
    d. How did your friends support you?
    e. What kind of social service did you frequently utilize?

5. What would you like to see changed in the current elderly services in Hong Kong?
    a. Access (e.g. eligibility criteria, Information on available services- Information asymmetry, interpretation service)
    b. Cultural sensitivity when receiving service (e.g. gender division of labour such as medical practice, dietary, religious practice, interpretation service, etc.)

6. Do you think Hong Kong is a friendly place for EM elderly?
    a. If yes, in what ways?
    b. If no, how can be improved? Could you elaborate more?

7. Have you heard Community Care Fund (CCF) Pilot Scheme on Living Allowance for Caregivers of Elderly Persons from low income families?
8. Do you consider yourself a Hong Kong citizen? Could you elaborate more?

9. In your culture, who do you expect to take care of elderly in the family?
    a. Medical care. With whom do you see a doctor?
    b. Financial
    c. Do you find it easy to get support?

d. Any kind of support service do you need?

10. Have you ever had difficulties in navigating formal service system?
e.g., medical system, social service, or any government social welfare units

11. Do you have some specific condition that needs special treatment?
e.g., disability, chronic disease

a. If yes, who is taking care of you? Could you elaborate more?

Appendix 4. Sample demographic information sheet of ethnic minority research participants (including elderly and caregivers)

A. Background information

A1) Sex

□ (1) Male

□ (2) Female

A2) Age

□ (1) 15-17	□ (5) 30-34	☐ (9) 50-54	☐ (13) 70-74
□ (2) 18-19	□ (6) 35-39	☐ (10) 55-59	☐ (14) 75-79
□ (3) 20-24	□ (7) 40-44	☐ (11) 60-64	☐ (15) 80-84
□ (4) 25-29	□ (8) 45-49	☐ (12) 65-69	☐ (16) 85+

A3) Place of Birth:.....

A4) How long have your family been living in Hong Kong?.....

A5)Are you the first generation who moved Hong Kong? Yes/No

If No,

Are you?

(a) second, (b) third, (c) four or above

A6) Ethnicity

□ (1) Chinese
□ (2) Indonesian
□ (3) Filipino
□ (4) White Caucasian
□ (5) Indian
□ (6) Pakistani
□ (7) Nepalese
□ (8) Thai
□ (9) Asian- Others
□ (10) Others (Please specify)：_____)

A7) District of Residence

□ (1) Central and Western
□ (2) Eastern
□ (3) Southern
□ (4) Wan Chai
□ (5) Kowloon City
□ (6) Kwun Tong
□ (7) Sham Shui Po
□ (8) Wong Tai Sin
□ (9) Yau Tsim Mong
□ (10) Islands
□ (11) Kwai Tsing
□ (12) North
□ (13) Sai Kung
□ (14) Sha Tin
□ (15) Tai Po
□ (16) Tsuen Wan
□ (17) Tuen Mun
□ (18) Yuen Long

A8) Years of residence in Hong Kong (in years)

□ (1) <1 year
□ (2) 1 – 3 years
□ (3) 4 – 6 years
□ (4) 7 – 9 years
□ (5) 10 – 20 years
□ (6) 21- 30 years
□ (7) > 30 years

A9) Are you a permanent resident in Hong Kong?

□ (1) Yes

□ (2) No

A10) Marital status

□ (1) Never married

□ (2) Married

□ (3) Widowed

□ (4) Divorced

□ (5) Separated

□ (6) Other (Please specify)：_____

A11) Highest education level:

□ (1) Never received formal education

□ (2) Primary (up to Primary 6)

□ (3) Junior Secondary (Form1 to Form 3)

□ (4) Senior Secondary (Form 4 to Form 6 or 7)

□ (5) Tertiary: Diploma

□ (6) Tertiary: Associate degree

□ (7) Tertiary: University degree or above

A12) Occupation

□ (1) Managerial, professional, and associate professionals

□ (2) Clerical support workers

□ (7) Student

□ (8) Homemaker

□ (3) Service and sales workers

□ (4) Craft and related workers

□ (5) Plant and machine operators and assemblers

□ (6) Elementary occupations

□ (9) Retired

□ (10) Unemployed

□ (11) Other (Please specify):_____

A13) Mode of work

□ (1) Full-time

□ (2) Part-time

□ (3) Not applicable

A14) Are you currently receiving any of the government subsidies as listed below? (Can select multiple answers)

□ (1) Comprehensive Social Security Scheme

□ (2) Normal Disability Allowance

□ (3) Higher Disability Allowance

□ (4) Old Age Allowance

□ (5) Old Age Living Allowance

□ (6) Working Family Allowance

□ (7) Living Allowance for Caregivers of Elderly Persons

□ (8) No

A15) <u>Main</u> source of income

□ (1) Wage/Salary

□ (2) Family contribution & support

□ (3) Savings

□ (4) Pension

□ (5) Government subsidies

□ (6) Other（Please specify: ）

A16) Total <u>monthly</u> income (HK$)

□ (1) 0

□ (2) 1 - 1,999

□ (3) 2,000 - 3,999

□ (4) 4,000 - 5,999

□ (5) 6,000 - 7,999

□ (6) 8,000 - 9,999

□ (7) 10,000 - 14,999

□ (8) 15,000 - 19,999

□ (9) 20,000 - 24,999

□ (10) 25,000 - 29,999

□ (11) 30,000 - 39,999

□ (12) 40,000 - 59,999

□ (13) ≥ 60,000

□ (14) Don't know

A17) Do you have sufficient amount of money to meet your daily expenses?

□ (1) Totally insufficient

□ (2) Insufficient

□ (3) Just enough

□ (4) Sufficient

□ (5) Very sufficient

A18) Type of housing you currently reside in

□ (1) Public rental housing

□ (2) Flats sold under the Home Ownership Scheme

□ (3) Private housing

□ (4) Subdivided flats

□ (5) Boarding houses

□ (6) Other (Please specify:_____)

A19) Do you live with someone else?

□ (1) No, I live alone

□ (2) Yes

A20) Not including yourself, how many people do you currently live with?

_____persons

A21) Who do you live with？(Can select multiple answers)

□ (1) Spouse

□ (2) Daughters/sons

□ (3) Daughter or Son-in-law

□ (4) Grandchildren

□ (5) Parents

□ (6) Grandparents

□ (7) Siblings

□ (8) Other (Please specify:_____)

A22) In your household, is there any dependent who requires long-term care?

□ (1) No **(Skip to Question A23)**

□ (2) Yes

A23) This dependent/ care recipient is a:

□ (1) Elderly age 60 or above

□ (2) Person with disability

□ (3) Child

☐ (4) Other (Please specify:)_____)

A24) Age of dependent/ care recipient is:

_____years old

A25) Who is the main caregiver for this dependent/ care recipient?

(If you are the main caregiver, please select your relationship to the care recipient)

□ (1) Care recipient's mother
□ (2) Care recipient's father
□ (3) Care recipient's son
□ (4) Care recipient's daughter
□ (5) Care recipient's grandmother
□ (6) Care recipient's grandfather
□ (7) Care recipient's brother
□ (8) Care recipient's daughter
□ (9) Care recipient's relative
□ (10) Other (please specify:_____)

A26) Do you have the following chronic disease? (Can select multiple answers)

□ (1) Hypertension
□ (2) Low blood pressure
□ (3) Diabetes
□ (4) Arthritis
□ (5) Stroke
□ (6) Respiratory disease
□ (7) kidney and bladder problems
□ (8) Heart disease
□ (9) Depression
□ (10) Schizophrenia
□ (10) Other (please specify:_____)

A27) What is your native language?

☐ (1) Chinese Cantonese/ Putonghua
☐ (2) Indonesian
☐ (3) Filipino/Tagalog
☐ (4) English
☐ (5) Hindi/ Punjabi
☐ (6) Urdu
☐ (7) Nepali
☐ (8) Thai
☐ (9) Others (Please specify:):_____)

A28) Language Proficiency

English
- ☐ (1) Fluent
- ☐ (2) Intermediate
- ☐ (3) Adequate
- ☐ (4) Elementary
- ☐ (5) Very poor/ cannot speak or comprehend

Chinese
- ☐ (1) Fluent
- ☐ (2) Intermediate
- ☐ (3) Adequate
- ☐ (4) Elementary
- ☐ (5) Very poor/ cannot speak or comprehend