

An excess of culture: the myth of shared care in the Chinese community in Britain

SAMMY CHIU* and SAM YU†

ABSTRACT

This paper aims to study the applicability of the shared care approach in the Chinese community in Britain. The discussion is based on findings of two studies on family care of older people in London conducted respectively in 1991 and 1998. Both studies examined the needs of Chinese older people and whether and how their needs were met by informal care. The findings show that there is a strong belief among Chinese families that older people should live with their sons. While the Chinese families were highly motivated to take care of their older family members, and many of them felt obliged to live with their parents and wanted to give assistance to them, not all were, in practice, able to do so as much as they would have wished. Shortfall between what older people needed and the assistance they received was obvious, especially in relation to personal care. It is argued that traditional Chinese values still carry some influence in obliging the Chinese to look after their elderly family members. However, they are not sufficiently influential to guarantee sufficient care. A unique model of shared care is thus clearly and precisely called for by the findings of this study.

KEY WORDS – Chinese, old age, family care, shared care, dependency.

Introduction

With the emphasis on co-operation between the state and the family in the care-giving process, the shared care approach is intended to enhance the caring capacity of both of these sectors (Qureshi and Walker 1989). If this approach is carried out effectively, informal carers will be given greater support and those they care for will enjoy more resources to meet their needs (Walker 1991). However, despite these advantages, the approach has not proved unproblematic with all communities which exist in a multi-racial and multi-cultural com-

* Department of Social Work, Hong Kong Baptist University

† Division of Social Studies, City University of Hong Kong

munity. A number of problems have been identified; for example, an over-estimation of the ability of the black families in the provision of care, and a subsequent under-estimation of their need for support from other sectors (Mason 1995; Atkin and Rollings 1994; Chan 1999).

With the Chinese community too, a number of problems have been identified in the application of shared care. One of the difficulties here is the excessive weighting often given to cultural factors (here based on assumptions about the Chinese family and Chinese society) against considerations based on economic and – because our study is of Chinese families in Britain – migratory ones. Certainly, traditional Chinese society has the reputation of valuing filial piety and family care. But it is necessary not to dismiss the importance of economic factors in shaping the care-giving and care-receiving process in Chinese families. In our experience in Britain, as in other developed countries, there has been a policy assumption that the Chinese community, like those of other minority ethnic groups, has a culture which places a moral obligation on families to care for their older members. As a result of this assumption, policy has neglected the economic aspects of care provision. In this sense, the concept of shared care is becoming mythical.

Historically, Chinese people have migrated to many parts of the world, and Chinese communities exist in every continent (Baker 1987). Their ways of life vary significantly in response to different circumstances. For example, while the Hong Kong government openly recognises that the role of the family in providing care is weaker now than it was before industrialisation, in mainland China family members are legally obliged to take care of each other (Chau and Yu 1997). In Singapore, where 75 per cent of its population are Chinese, family care is still a preference of many older people, and care provided by family members is prominent (Cheung and Vasoo 1992; Mehta 2000). So we should not presume that the experiences of Chinese people in Britain are applicable to Chinese communities in other countries. Nor, however, do we want to take for granted the presumption that the Chinese community in Britain is unique and unconnected to its cultural history.

Besides discussing the characteristics of the Chinese community in Britain, we will review the importance of economic factors in shaping the care-giving and care-receiving process. There are dangers in emphasising cultural factors in the study of the caring pattern, not only in modern Chinese communities but also in traditional Chinese communities. As a result, we develop a clearer perspective on the applicability of the shared care approach to the Chinese community in

Britain, an example of a community that has migrated, and is now residing in a world that is different from traditional Chinese society.

This paper is based on two related studies, conducted by the authors, and is organised into three parts. The first part examines the significance of cultural values in guiding Chinese people's lives. The second part is a brief discussion of the characteristics of Chinese people in Britain. The third part documents the pattern of caring for older Chinese people in London that was revealed by our two studies.

Traditional Chinese values and contemporary practice

The family has always been regarded as the cornerstone of traditional Chinese society. It has been characterised as a large and extended unit, with several generations living under the same roof, sharing the same family purse in the belief that the needs of older people are best met within the family (Wong 1975; Hsu 1998). According to this view, elderly people were not only guaranteed to have a number of sons and daughters-in-law looking after them, but they also occupied a senior position in the family hierarchy.

The social order valued by the Confucian ethic is one in which each participant performs duties and obligations according to his or her social position: 'Let the ruler be ruler, the minister minister, the father father, and the son son' (Analects of Confucius 1992, XII, 11). These obligations and duties involve a set of superior and subordinate relationships. The monarch is expected to guide the subject; the father to guide the son, and the son to guide the wife. According to Confucian teachings, only when people are willing and able to follow these sets of superior and subordinate relationship can social stability be maintained (Tu 1991). That is why it gained strong support from the gentry and elite who had vested interests in maintaining a status quo. The expression of filial piety in the family can be seen as a way of showing loyalty, not only to the orthodox ideology, but also to the ruling class.

In the traditional Chinese family, the status and authority of family members increases with age. There is a common saying about the seniority of age in Chinese circles: 'An elderly person was like unto a treasure at home'. In fact, older people in the traditional Chinese family are more than cared-for persons; they are senior family members with authority and status to guide the direction of the family. Hence, they receive not only care but also respect. The distribution of power and welfare in favour of older people is believed to be important to the upholding of Confucian ethics, which is the orthodox ideology.

However, it is important to note that what was preached by the élites might not necessarily be the same as what ordinary people practised. Many family sociologists have discovered that, in the traditional society, this ideal family structure was more advocated than actually practised by Chinese people (Lang 1968; Freedman 1970; Baker 1979). Johnson (1983), in her examination of the status of women in the traditional Chinese family, argues that the closest living model for the traditional family, with its Confucian norms and highly differentiated status hierarchy, is the large, extended multi-generational family (only) of the landed gentry.

In contrast to the conditions of the gentry and the élite, the families of the less prosperous peasants who formed the majority of the population tended to be small and rather simple in structure. Parish and Whyte (1978) studied the household structure of Chinese villages and concluded that, while rich families might be able, occasionally, to attain the ideal of a large extended family with several sons and their kin living together, for the ordinary family this would not be possible. Their livelihood depended almost solely on the land rented from the rich gentry and on their own labour, and it would be far beyond their means to maintain a large family of several generations. On the contrary, they had to keep their family small for simple economic reasons:

In traditional China, all married sons ideally lived under the same roof with the parents, in a patrilocal joint family structure ... The poor delayed their marriage while waiting for the elder generation to die or for economic fortunes to improve. (Parish and Whyte 1978: 132)

Hence, it is important to note that the actual shape of family structure in traditional Chinese society was not solely determined by normative values; economic factors also played an important part. It is, therefore, not surprising to see that, mainly due to their different abilities in fulfilling the normative values, people with different economic resources have different family structures. By the same logic, it is important to avoid explaining why older people occupy the top position in the family hierarchy solely in cultural terms, without taking into account the economic factors: alongside the favourable normative values, their economic contribution to the family is also responsible for giving them high family status.

Lang (1968) observed that China's intensive agriculture required not so much physical strength as a high degree of thoroughness, care and experience, qualities which increase rather than decrease with age. Indeed, in order to handle contingencies which arose mainly out of

unexpected and changeable natural conditions, the agrarian economic structure required knowledge accumulated from practical experience. Older people inevitably were authoritative in this context due to their accumulation of wisdom. After Confucius, Mencius was the most influential figure in Confucian teachings. In order to handle contingencies which arose mainly out of unexpected and changeable natural conditions, he argued that:

... some labour with their minds, and some labour with their strength. Those who labour with their minds govern; those who labour with their strength are governed. Those who are governed serve; those who govern are served. This is the principle universally recognised. (Quoted in Chai and Chai 1962: 68)

It was obvious that the landed gentry and the educated élite were the groups destined to govern and to be served in the old Chinese society. In a parallel process, older people represented those with skills, knowledge and authority who were to guide and be respected in the domain of the family. The most senior male was usually the one who held the family purse, made family decisions and took charge of family ceremonies, as well as settling intra- and inter-familial disputes (Che 1979). When the older people, particularly the male family heads, retired from agricultural work, it did not imply that they had withdrawn from the control of economic production. Rather, their status in the family might have been promoted from labourer to 'manager' or even 'consultant'. As long as older men were exercising a form of control over the means of agricultural production, their seniority in the family would remain, and they would still be the ones with authority to mobilise the resources of the family in case of need.

Nevertheless, there were exceptional cases where men who were family heads did not enjoy the privilege of being old. They were mainly in families that suffered from extreme poverty, or men who had made very little contribution to the economic productivity of the whole family (Che 1979).

It is not our position that economic factors are more important than normative values in traditional society in shaping people's attitude to life but, more modestly, that Chinese people are not pure ideologists, willing to sacrifice everything on the altar of normative values. The need to survive also affects their way of life. Hence, however influential traditional Chinese values may be, they could not, and still cannot, guide people's lives independently of the economic context. The relevance of traditional values to everyday life will be undermined if people lack sufficient economic resources to live up to them and, in particular, if they hamper economic production.

The Chinese in Britain

The 1991 Census of the UK indicated that the total Chinese population of 156,938 amounted to 0.3 per cent of the British population (Owen 1994a), and that 2.9 per cent of males and 6.0 per cent of females were of pensionable age (Owen 1994b). The Chinese community is not homogeneous. It is made up of people from diverse origins such as Hong Kong, Mainland China and Vietnam. The largest group came from Hong Kong, constituting one third of the population. Most arrived in Britain between the late 1950s and the late 1960s in response to the economic slumps in their native rural areas and job opportunities in Britain.

A huge number of Chinese people work in the catering industries. The Home Affairs Committee (1985) estimated that 90 per cent of Chinese workers were engaged in this industry in the early 1980s. As young people chose other occupations, the 1991 Census produced a much lower figure: only 60.5 per cent of Chinese males and 50.9 per cent of Chinese females work in the 'distribution' sector. But this is still much higher than the white population in which only 16.7 per cent of males and 24.1 per cent of females work in the retailing and catering sector (Jones 1998).

The Chinese in Britain rarely attract the attention of researchers and social service providers (Mercer 1994; Parker 1994). For example, a report by the House of Commons Home Affairs Committee recorded that, of £30 million expected to go to ethnic minority projects under the Urban Programme in 1984–5, only £90,000 (0.3 per cent) was allocated to Chinese projects (Home Affairs Committee 1985). In 1995, there were only two local authority social service departments in the whole of Britain that had Chinese social work teams.

The low profile of the Chinese in Britain is often attributed to the strong caring capacity of the Chinese family and to traditional Chinese values which emphasise self-help virtues. These views are represented by the following two quotes:

The family, by which is meant the extended family, is the basic unit and the focus of loyalty to a much greater extent than in British society Problems are kept within the family as much as possible To go beyond the Chinese community for assistance has traditionally been regarded as shameful. (Home Affairs Committee 1985: xiii)

The Chinese community is still fairly conservative in nature sticking well within its own created socio-economic sub culture. It is still mainly family oriented and hence many of the traditional Chinese values still hold. The insistence, for example, on hard work, self-reliance, low profile virtual non-

competition in the current job market, lack of lobbying on behalf of the community at local government or national level, not asking anything from the host community has led to this introversion. (Wong 1985)

Not surprisingly, the importance of Chinese traditional values in shaping the life of Chinese people in Britain has continued to be stressed in the 1990s. For example, Xue Ci Bao, a sheltered housing warden reporting on the special needs of residents of a Chinese hostel, contends that:

There were over two thousand years of feudal history in China. Feudal customs would more or less affect everybody ... Many of the residents migrated to Britain in their middle or old age. It is not easy for them to accept new concepts and they enjoy keeping their Chinese customs. Some of them have been here over 30 years, they are still not used to English food, even English tea. (Bao 1996, quoted in Jones 1998)

Similarly, Thomas Chan, writing in a magazine about victim support, comments:

The practical obstacles to Chinese integration are very real, but it is also true that historically the Chinese community has had a cultural confidence and a sense of self-sufficiency that has made their isolation to some degree voluntary. This has been reinforced by the benevolent indifference of the host culture. (Chan 1997)

If these views still prevail, there appears to be little scope for the development of shared care in the Chinese community, since the family will be seen to be able to manage most caring tasks without the assistance of the state. Hence in addressing the question of whether and how the state should support Chinese older people in Britain, it is necessary to assess the validity of the above views. We have done this by critically examining two basic assumptions on which the view is founded: first, that in traditional society family values were influential in guiding people's lives; second, that many Chinese in Britain still maintain traditional family values and are willing and able to put them into practice.

The Chinese older people in London

In this section, we present the findings of two studies on the family care of older people in London. The first was conducted in 1991 and the second in 1998. Both studies examined the needs of Chinese older

people and whether and how their needs were met by informal care. The focus is on their accommodation arrangements, their need for personal care, social contact and household management, and the quality of contact with family members.

The Chinese community is fairly widely dispersed (Home Affairs Committee 1985). Random household sampling would be inappropriate and unfeasible. Compared to other regions however, it is relatively easy to contact Chinese people in London because it has the largest concentration (39 per cent of the total population of Chinese people in Britain). This in turn encourages some organisations to provide services for older Chinese people. Moreover, there is a China Town in Westminster.

Both studies tried to make use of these characteristics of London to contact Chinese older people. The 1991 study established the sampling frame from a list of referrals provided by a mixture of sources, including (i) Chinese general practitioners, (ii) Chinese community centres (such as the Camdem Chinese Community Centre and the China Town Community Centre) and (iii) the Chinese congregation at the church of St. Martin-in-the-Fields. Included in the list were both active as well as inactive people. Quota sampling was then adopted, with one-third of samples drawn from each referral source. A semi-structured questionnaire was designed as a tool to collect feedback from a total of 60 respondents, mainly through home visits.

The 1998 study collected data in two ways. The first was to interview 45 Chinese older people in fast-food shops and public gardens in China Town. Through these interviewees, the sample was snowballed to include ten more Chinese older people who were less active in the community; these interviews were conducted in their home. Basic statistics of the respondents in the two studies are presented in Table 1.

Our samples are limited by their relatively small size and by sampling methods which were biased somewhat against the most isolated. However, efforts were made to reduce bias and to achieve the best possible understanding of the respondents. The interviews of the two studies focused on similar areas: accommodation pattern, caring needs and caring relationships. Hence, the findings of the two studies can be examined with reference to each other. The interviewers and the interviewees shared native languages: these include Cantonese, Mandarin and Hakka. As a result, misunderstandings arising from language barriers were minimised. Most interviews lasted more than an hour and some even extended to two to three hours. Ample time was allowed for rapport to be established and for the respondents to feel comfortable and secure in participating in the interview.

TABLE 1. *Basic characteristics of the two samples*

	1991	1998
	%	%
60-65	13.3	0.0
66-70	33.3	76.1
71-75	40.0	18.3
76+	13.4	5.6
male	26.7	40.0
female	73.3	60.0
n (= 100%)	60	55

Accommodation pattern

The interviews show that there is a strong belief among Chinese families that older people should live with their sons. In the 1991 study, over two-thirds of Chinese old people were living with at least one of their children, whereas less than a quarter lived either alone or with their spouse without children. In the 1998 study, about three-quarters of the respondents lived with their family members and the rest lived alone.

In both surveys, the majority of respondents (80 per cent in the 1991 study and 70 per cent in the 1998 study) agreed that children should take care of their elderly parents, and nearly three-quarters in both studies (70 per cent) agreed that children should follow traditional filial practices. Only about one-third of respondents (35 per cent in 1991 and 28 per cent in 1998) felt that they were a burden on their family. It was noticeable that the expectation of older people for filial practice was often higher than that of their adult children. Nevertheless, it should be noted that children are also faced with societal as well as normative pressure. There were cases in both studies where sons and daughters who lived with their elderly parent(s) strongly rejected any offers of assistance to help their parents to live independently. The children expressed the view that separating from their elderly parent(s) was wrong, and that moving their parents out would represent a failure on their part.

These findings did not imply that the two generations necessarily enjoyed living together, but showed that traditional expectations and practices were still effective, albeit to a different degree between the two generations. It is also clear from some interviews, though not all, that living together provides an opportunity to strengthen the family relationship. For example:

TABLE 2. *Needs of Chinese old people and help received: household management*

	Help not received			Help received			n (= 100%)
	No difficulty	Some difficulty alone	Cannot do alone	No difficulty	Some difficulty alone	Cannot do alone	
Laundry							
1991	46.7	—	—	—	45.0	8.3	60
1998	45.4	—	—	—	49.1	5.5	55
Preparing for meals							
1991	50.0	—	—	20.0	26.7	3.3	60
1998	63.6	—	—	—	30.9	5.5	55
Ironing							
1991	80.0	—	—	1.7	15.0	3.3	60
1998	72.7	3.6	—	—	16.4	7.3	55
Household repairs							
1991	26.7	—	—	—	15.0	58.3	60
1998	32.7	12.7	1.8	—	16.4	36.4	55
Shopping							
1991	28.3	3.3	—	—	41.7	26.7	60
1998	45.5	10.9	—	—	34.6	9.1	55

Interviewer: Who are you living with?

Interviewee: I am now living with my youngest son, his wife and his children. Now this is my youngest son, he is off today. [Introduced interviewer to her son]. He is usually off on Tuesday, but he needs to work in the rest of the week.

Interviewer: Have you ever thought about moving out to live somewhere else?

Interviewee: No. [Answered in a definite way]. Who shall I stay with if not the son? He is my son.

The son: My mother has brought me up. Now she is old. I have a responsibility for nourishing her. If I asked my mother to live alone, I would be very guilty.

Living together, moreover, is conducive to more contact between family members. The findings of the 1991 study showed that, of the total number of children of families in the sample, about one-sixth saw their parents every day; another sixth had face-to-face contact with their parent from weekly to several times a week. About a quarter visited their elderly parents at least monthly.

Besides daily face-to-face contact, the Chinese also arrange social gatherings with their parents from time to time. These include birthday celebrations for the older people and gatherings during important Chinese festivals. The 1991 study showed that 40 per cent of the interviewees were given birthday celebrations by their sons or daughters

TABLE 3. Needs of Chinese old people and help received: social contact

	Help not received			Help received			n (= 100%)
	No difficulty	Some difficulty alone	Cannot do alone	No difficulty	Some difficulty alone	Cannot do alone	
Making phone calls							
1991	61.7	8.3	—	—	15.0	15.0	60
1998	80.0	10.9	—	—	3.6	5.5	55
Information or advice							
1991	85.0	—	—	—	—	15.0	60
1998	81.8	3.6	—	—	1.8	12.7	55
Translation service							
1991	65.0	—	—	—	3.3	31.7	60
1998	49.1	7.3	10.9	—	5.5	27.2	55
Escorting out							
1991	53.3	—	—	—	11.7	35.0	60
1998	50.9	7.3	—	—	14.6	27.2	55
Using taxi							
1991	68.3	20.0	—	—	—	11.7	60
1998	40.0	23.6	—	—	14.6	21.8	55
Using public transport							
1991	45.0	20.0	—	—	15.0	20.0	60
1998*	49.1	5.5	—	—	18.2	9.1	55

* 10 respondents (18 per cent) expressed that they had never used public transport.

together with other family members, and 55 per cent celebrated important Chinese festivals with their family. In addition, on Sundays (or on the day in the week when their takeaway shops did not open), older people were sometimes taken out by their family members to Chinese restaurants for Chinese dinner and *dim sum* (Chinese snacks). These were occasions when other children who did not live with them might also join. In the 1998 study, about half of the interviewees regarded their birthday as an important occasion for family members to meet, and one-third went to restaurants with their children at least once a month.

The needs for care and the availability of help

Besides living together and daily face-to-face contact, the Chinese family also plays an important role in providing care for older people. They were asked about three dimensions of needs and corresponding

TABLE 4. *Needs of Chinese old people and help received: personal care*

	Help not received			Help received			n (= 100%)
	No difficulty	Some difficulty alone	Cannot do alone	No difficulty	Some difficulty alone	Cannot do alone	
Bathing							
1991	61.7	18.3	—	—	16.7	3.3	60
1998	58.2	18.2	—	—	18.2	5.4	55
Washing hair							
1991	61.7	6.7	—	—	23.3	8.3	60
1998	58.2	12.7	—	—	18.2	10.9	55
Dressing							
1991	81.7	15.0	—	—	—	3.3	60
1998	80.0	12.7	—	—	1.8	5.4	55
Eating							
1991	85.0	6.7	—	—	5.0	3.3	60
1998	89.1	5.4	—	—	3.6	1.8	55
Putting on footwear							
1991	70.0	18.3	—	—	11.7	—	60
1998	81.8	5.4	—	—	7.3	5.4	55
Using toilet							
1991	58.3	6.7	—	—	31.7	3.3	60
1998	83.6	5.4	—	—	5.4	5.4	55
Getting in and out of bed							
1991	65.0	11.7	—	—	23.3	—	60
1998	72.7	9.1	—	—	12.7	5.4	55
Getting hair cut							
1991	26.7	—	—	—	35.0	38.3	60
1998	34.5	16.4	—	—	21.8	27.3	55
Cutting nails							
1991	35.0	26.7	—	—	35.0	3.3	60
1998	38.2	16.4	—	—	36.4	9.1	55

caring activities: personal care (tending), household management and maintenance, and social contact. On each of these dimensions there were certain tasks which were important for older people in being able to maintain a decent standard of living. Each Chinese older person interviewed was asked about their level of difficulty in performing that particular task by their own effort. Then the older people were asked whether they were helped or not.

Regarding household management and maintenance, most respondents in both 1991 and 1998 showed that they could manage to take care of themselves (see Table 2). The major items on which help was needed were household repairs and shopping, where strong support from the family appeared to be largely available: few who had difficulty were not offered help.

Concerning the dimension of social contact, about half the respondents found it difficult to use public transport and to go out by themselves (see Table 3). Many of them had to rely on support from the family. For example, about half of the total respondents in 1991 and about two-fifths in 1998 were helped in going out, and one-third in both studies received assistance in translation and interpretation, while a similar proportion were helped in using public transport. However, despite support from the family, care gaps were found relating to making phone calls, using taxis and using public transport (see Table 3). For example in the 1991 study one-fifth of the respondents who could not manage using public transport alone were not helped, and another fifth in both studies received no help in using taxi services when needed. Without doubt these shortfalls will have hampered them in participating in social activities.

Personal care is perhaps the most notable area where Chinese older people experience a care gap. As shown in Table 4, quite a large proportion of respondents found it difficult to carry out personal caring tasks for themselves. This is particularly obvious in relation to bathing, using the toilet, getting in and out of bed, hair cutting and cutting nails. The care gap was quite large in comparison with other dimensions of care. For example, in 1991 about one in four had some difficulties in bathing, putting on footwear and cutting nails, and received no help with these tasks. As shown in the 1998 study, these caring tasks continued to be needed but help was not provided.

These data suggest that, while Chinese families are highly motivated to take care of their older family members, and many feel obliged to live with their parents and want to give assistance to them, not all are, in practice, able to do so as much as they would wish. This observation gains support from three aspects of the study: the existence and nature of care gaps, the quality of the contact between the older people and their family members, and the status of the older people in the family.

The existence and the nature of care gaps

As shown above, there was a shortfall between what the older people who were interviewed needed and the assistance they received. This was especially obvious in relation to personal care. According to the criteria of feasibility and flexibility, caring activities may be categorised into two types. The first are activities that are conducted only occasionally and which can be carried out at a time that is convenient to the carer. The second type comprises those activities in which the carers cannot fully control the starting and finishing times: needs have

to be met as they arise. Most of the household management items listed in Table 2 belong to the first type – for example, laundry, ironing and household repairs – and carers can make arrangements according to their own convenience. Many personal care items, however, such as helping the dependants get in and out of bed, put on footwear and use the toilet belong to the second type. No sooner do these needs arise than they must be met, and since some of them are unpredictable, constant attention is necessary. Since many of the Chinese families engage in the catering industry, working hours are long. In the 1998 study, 40 respondent lived with their children; of whom 25 had children working either in restaurants or Chinese takeaways. The family has great difficulty in sparing extra labour to take care of dependants, however strong their intention to do so may be. As a result, many of them can only carry out those less time-consuming and more flexible caring tasks. This explains why most of the needs concerning household management could be met, while a number of care gaps in the personal care items were found.

The quality of contact between the older people and their family members

It is important to note that the high rate of daily contacts with their children may not be indicative of the actual position of these older people in their families. The 1991 study shows that the great majority (87 per cent) of older people who saw their children every day, were those who lived with them. Since these children were usually engaged in the restaurant and takeaway business where exceptionally long working hours were required (usually from noon to midnight), face-to-face contacts could easily become routine interactions, rather than ‘quality time’ and a means to promote familial intimacy:

I live together with my son, my daughter-in-law and my grandchildren. I do see them every day. But he is always in such a hurry that we really have not much chance to talk to each other. He works in a Chinese restaurant in Soho which closes at midnight. After tidying up the place and taking a late night dinner which they usually do after work in the restaurant, he returns home at about 1:30 a.m., and I am asleep. Although he starts work again at noon time, he has to return to the restaurant at about eleven in the morning and get everything prepared. He gets up at about 9:30 a.m. which actually does not give him much time to spend with his family. We don't really have much time to talk to each other except during his leave. (Mother, aged 76)

Half of those who lived with children in the 1991 study claimed that they were either ‘often lonely’ or ‘lonely most of the time’. Within this group of old people, the great majority (90 per cent) were left alone at home for at least six to nine hours a day, while more than half (52 per

cent) had no one to talk to. Hence, frequent face-to-face contact does not necessarily imply intimacy, but can just be a result of co-residence.

The status of older people in the family

It is important to note that living with one's family is not a guarantee of care. It can cause relationship tension. In order to avoid this, interviewees handled their relationships with other family members cautiously. As mentioned before, older people in traditional society were leaders of the family, with strong control over decision-making and financial matters. But the study in London found that many respondents consciously played the role of a minimally troublesome guest rather than a dominant host of the family. According to Michell (1976), older people who get along well with their children's family are able to balance their host-guest relationship. They have to observe certain familial norms, otherwise their participation would be perceived as trespassing, and would cause relationship tension. This was also found in the present study.

Respondents in both studies maintained a low profile in family decision-making processes. In the 1991 study, the respondents had exceptionally low participation in such family affairs as children's marriages (five per cent), businesses (five per cent), and investments (five per cent). Regarding the education of grandchildren, they also appeared to have little say – only one-tenth of the older people had participated in discussions and decision-making on this topic. Moreover, only about one in six older people took part in resolving family issues such as where to spend leisure and what to do during holidays.

Only five respondents (10 per cent) in the 1998 study said they took an active part in their family decision-making. The remainder took a low profile mainly for two reasons. First, many of them did not know whether they were the host or the guest in the family. Second, they were not asked by their children to give any opinion. Hence, in contrast to the traditional Chinese family, these older people do not seem to play the role of the 'family head'. Rather, they only take a minor part in decision-making processes.

In addition to their efforts to avoid upsetting family norms, they also made positive contributions to the family, with as many as 60 per cent of those who lived with their children in the 1991 study, offering household support such as baby-sitting or keeping an eye on the grandchildren. In fact they very often play an important role as carers, rather than as dependants. When they first arrived in Britain they tended to live with the child who was economically capable of housing

them and whom they could help. As long as this family needed their help, they would stay on, but when the grandchildren had all grown up and another child's family needed their contribution, they would move to stay with that family. Seven respondents in 1998 revealed that they had moved from the family of one of their sons to that of another because they were asked to take care of their grandchildren. There is a large demand for older people to stay at home and look after their grandchildren. Moreover, two respondents occasionally helped out in their children's take-away shops without receiving any payment.

The need for the shared care approach

In our studies we have found that traditional Chinese values still carry some influence in obliging Chinese families to look after their elderly members. However, these values are not so influential as to guarantee that the care received by older people is of sufficient quality and quantity. Nor could older people in the traditional Chinese society rely on the traditional values to secure sufficient assistance from family members. How Chinese older people are treated by their family members has been, and still is, determined largely by such factors as the family's caring capacity and older people's contribution to the family.

Clearly, then, the caring capacity of the Chinese family in Britain is not so strong as is often assumed. It needs support from other sectors in the provision of care. Without doubt, the state should take a more active role in promoting the shared care approach in the Chinese community. This can be done either by meeting the needs of older people directly or by strengthening the caring capacity of Chinese families.

As shown by a number of studies of older Chinese people, not all their dependency on the family arises from physical disability; social disability is also an important factor. Many of them cannot speak English; nor do they have sufficient knowledge about how to use existing social and public services. As a result, they have no choice but to rely heavily on the family for a number of care activities such as hair cutting, laundry, shopping, escorting and using transport. Hence, if they were able to use social services such as home-help, they could be less dependent on their families and lead a more independent life. This in turn would not only reduce the caring costs of their families, but also make it easier for them to meet their needs.

In response to these problems, it is important for the government to formulate culturally-sensitive policies. Certainly, it is important to

enable different ethnic minority groups to define their needs according to their cultural values. It is equally important to recognise how far cultural values remain guiding principles for the life of ethnic minority groups. Moreover, the members of the ethnic minority groups are citizens of the country. The government has an obligation to help them exercise their citizen rights through using mainstream social services. It is possible that the members of ethnic minority groups enjoy the best of two worlds – receiving support from their own community and using mainstream services. But it is also possible that they receive no care from either their own community or the mainstream society, and thus are lost in the twilight zone between the two worlds. Hence the government should try to help Chinese older people to avoid this problem of involuntary double detachment.

Certainly it is easier to say than to do. The provision of social care is much more than a technical or objective exercise: it is a locus of politics. Different carers and recipients of caring services may define caring needs, caring relationships and caring goals according to their services. Hence, to ensure that caring needs are defined according to their cultural values and that their citizen rights can be fully exercised, it is necessary to empower Chinese older people as active participants in the decision-making process. They at least should be encouraged and given the chance to express their needs and their views on the ideal caring relationship and care goals. This not only makes the mainstream but also the Chinese younger generation aware of the difference between their real needs and the stereotyped image of Chinese culture.

Conclusion

As argued in the earlier part of this paper, shared care would easily become pure rhetoric without the commitment of the state. This is particularly true for Chinese older people whose low demand for public provisions is often construed as proof of self-sufficiency. While this assumption is largely built on misunderstandings, the fact that Chinese people are quiet and passive should better be understood as a method of coping in a culturally and socially alien community. As pointed out by Chiu (1989), to ignore their needs because they are voiceless, and to assume that they are simply self-sufficient because they do not take up social services, would directly create a double deprivation among Chinese older people. On the one hand, they suffer from the social and cultural barriers which block their participation and expression as equal citizens. On the other hand, they are deprived of the necessary

support as a result of these barriers and have no choice but to become more dependent on family members. However, the problem with this, as revealed in our study, is that dependency on the part of Chinese older people does not automatically diminish the care gap, nor is the assumption of the caring capacity able to meet their needs for care. A unique model of shared care is thus clearly and precisely called forth by the findings of our study.

Shared care would not become effective by simply stressing the availability of services for Chinese older people. The reason is simply that social and cultural barriers have created a deterrent effect whereby services, though equally available to Chinese, are neither accessible nor taken up. Commitment of the state to shared care must therefore be realised through culturally-sensitive policies and provisions. And the precondition for these culturally-sensitive policies and provisions is to empower Chinese older people, enabling them to take an active role in defining their needs and determining the direction of the caring services.

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Address for correspondence:

Dr. Sammy Chiu, Department of Social Work, Hong Kong Baptist University, Renfrew Road, Kowloon Tong, Hong Kong.
e-mail: wschiu@hkbu.edu.hk