



Needs of Ethnic Minority Seniors & the Service Gaps

CHAN Chung Ho, Karrie
Deputy Director
(Elderly, Rehabilitation & Community)
Hong Kong Christian Service



7 December 2018



香港基督教服務處

HONG KONG CHRISTIAN SERVICE

全人關心 卓越創新
care for all excel in all

Since 1952, Hong Kong Christian Service (HKCS) has been working towards a humane and just society. We provide the needy with suitable, professional and quality services genuinely. We care for the disadvantaged and the neglected. We uphold our vision of “Towards a Benevolent and Just Society, Holistic Development for All” by instilling hope, advocating justice and promoting harmony for our people and society.

An Overview of
Ethnic Minority
Elders in HK

Factors
affecting the
quality of
ageing

Service Gaps
and
Ways Forward

An Overview of Ethnic Minority Elders in HK

- Hong Kong is becoming **increasingly ethnically diverse**.
- EM population **increased by 70%** from 380 thousands in 2006 to 580 thousands in 2016.
- South Asian population (Indian, Nepalese, Pakistani) **increased by 130%** between 2006 and 2016.
- EM people resides in HK are the second, third or even the forth generations.

The Demographics : Ethnic Groups

Hong Kong is a largely homogenous society, with about 92% of its people being Chinese (ethnically speaking, Han Chinese). The 2016 Population By-census found (by way of self-identification) that there were about 584,383 non-Chinese people in Hong Kong, or about 8% of the population. Not all members of the non-Chinese groups are permanently settled in Hong Kong.

Hong Kong's principal ethnic minorities are -

(2016 Population By-census)	
Ethnicity (Self-identification)	Total number
Indonesian	153 299
Filipino	184 081
White	58 209
Indian	36 462
Pakistani	18 094
Nepalese	25 472
Japanese	9 976
Thai	10 215
Other Asian	19 589
Others	68 986

Source: Hong Kong 2016 Population By-census - Thematic Report: Ethnic Minorities

An Overview of Ethnic Minority Elders in HK

- The ageing trend is also observed in EM communities.
- EM elders **aged 65 or above** increased from 9910 in 2011 to 20810 in 2016. **(110% UP)**
- EM elders **aged 55 – 64** increased from 20480 in 2011 to 30745 in 2016. **(50% UP)**

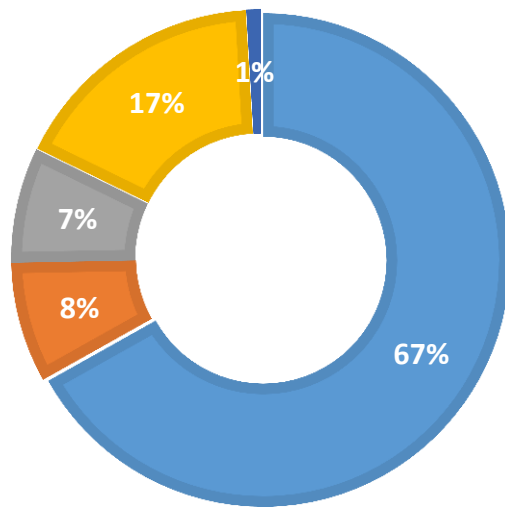
Reference: Census and Statistics Department, 2016



Data collected from HKCS's Support to Ethnic Elders (SEE) Project

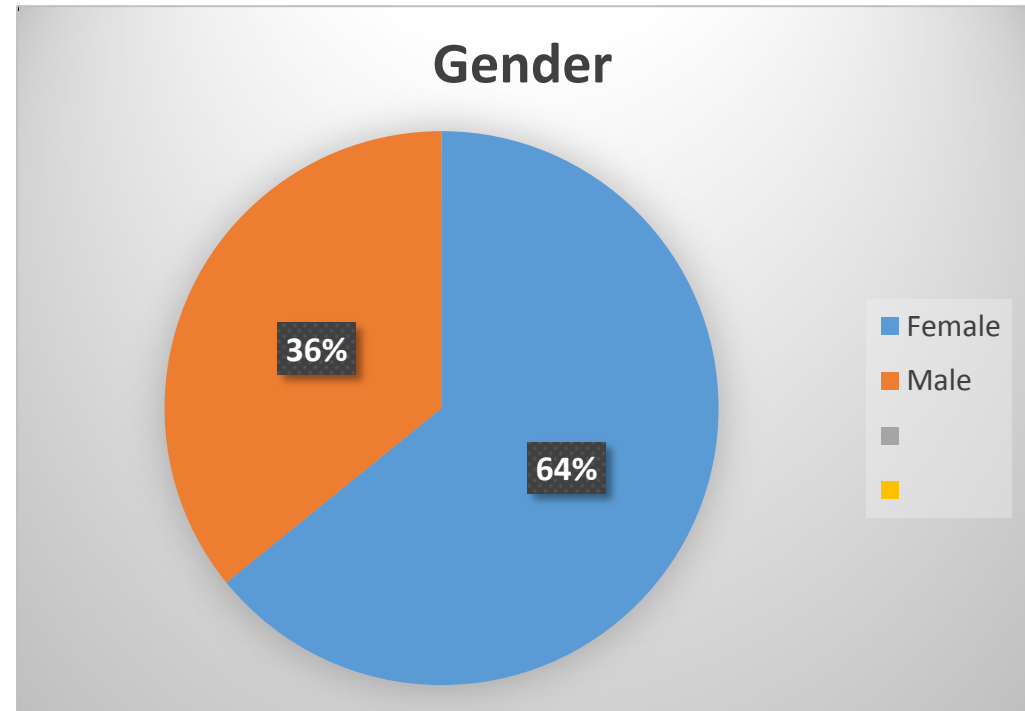
ETHNICITY

■ Nepalese ■ Pakistani ■ Indian ■ Thai ■ Others



Total:
332 EM elders (as of Nov 2018)

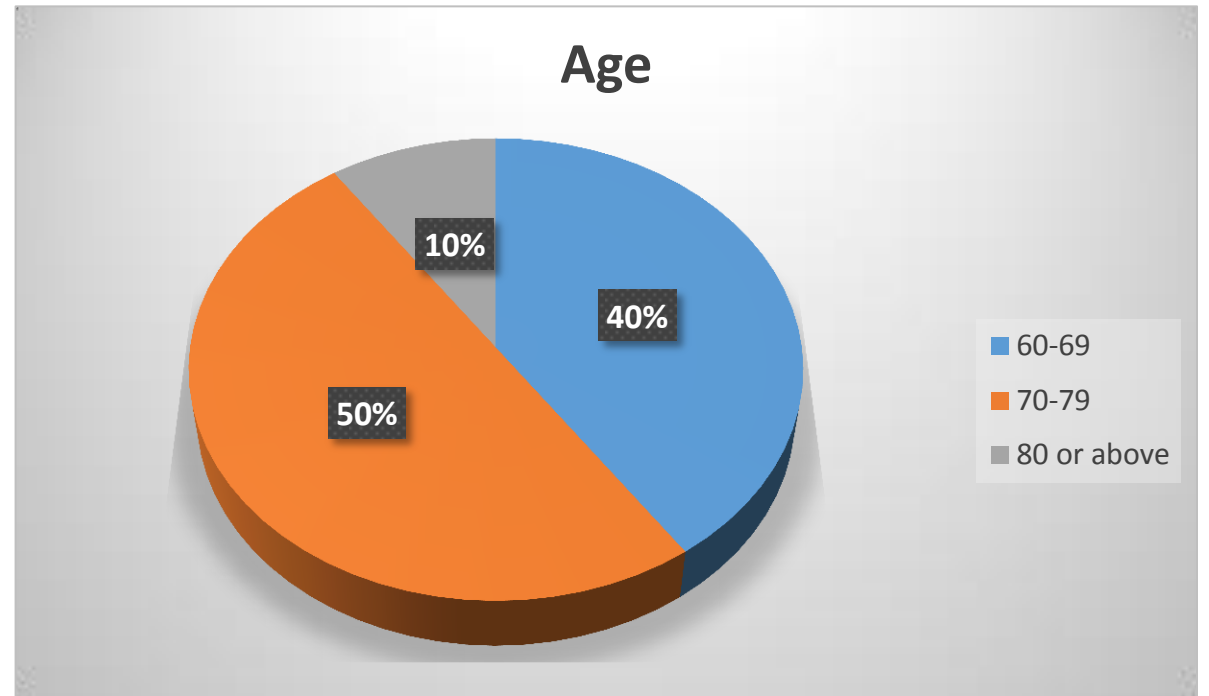
Gender



Data collected from HKCS Project SEE

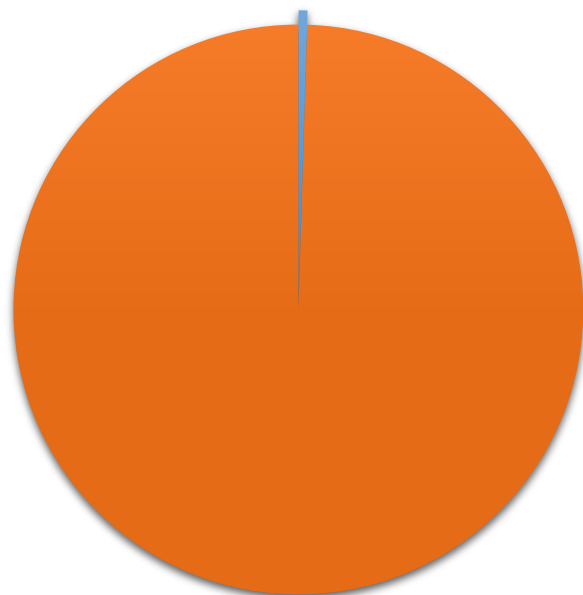
Total:
273 South Asians
(Nepalese, Pakistani, Indian)

Female: 157
Male: 116



Data collected from HKCS Project SEE

Birth Place



■ Hong Kong ■ Home Country

Year of Living in HK:

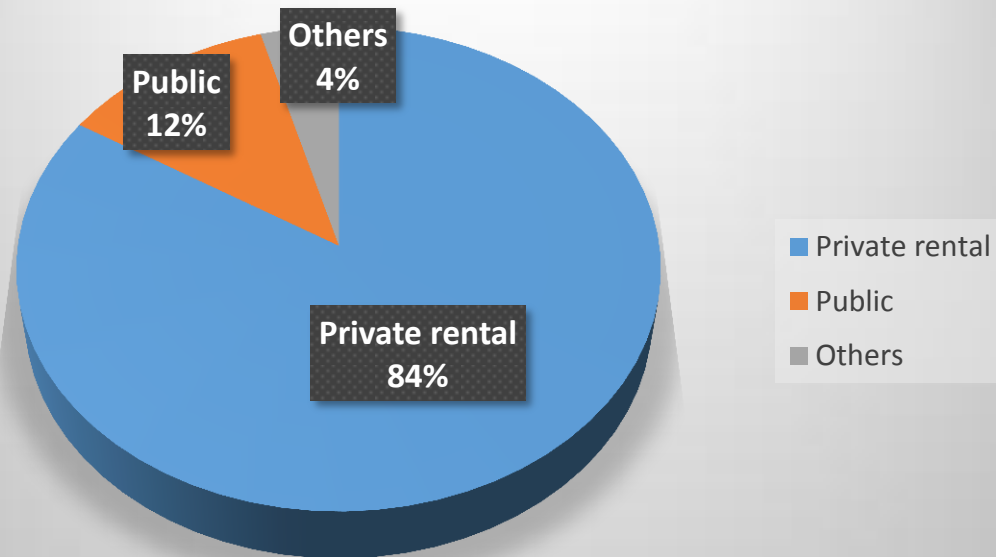
- 10 years or above: 54%
- **20 years or above: 27%**
- Highest: over 50 years

- **STRONG Preference to Ageing in Place.**

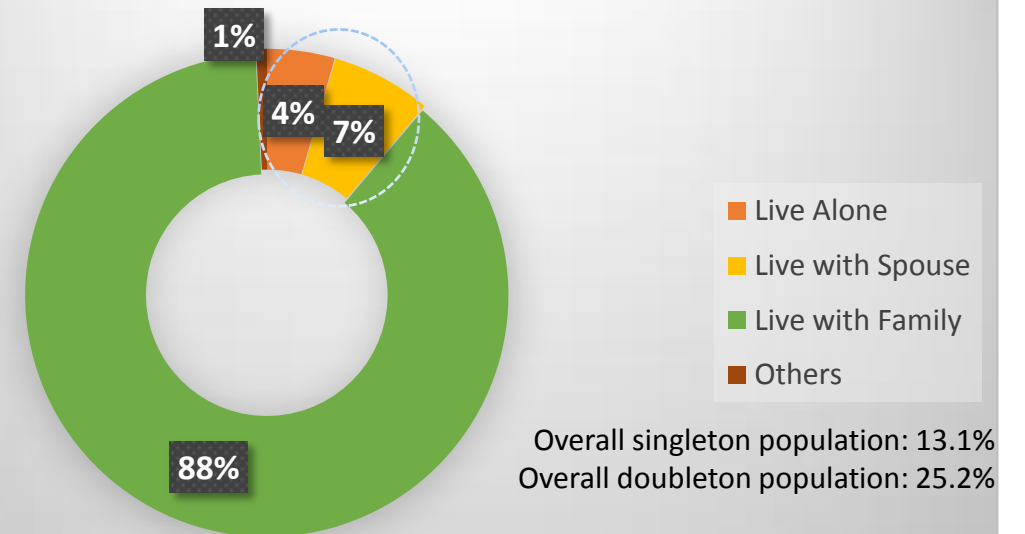
(Findings of Acculturation and Needs Assessment of Elderly Ethnic Minorities in HK: A Qualitative Study, HKU, 2018)

Data collected from HKCS Project SEE

Type of Housing



Type of Household



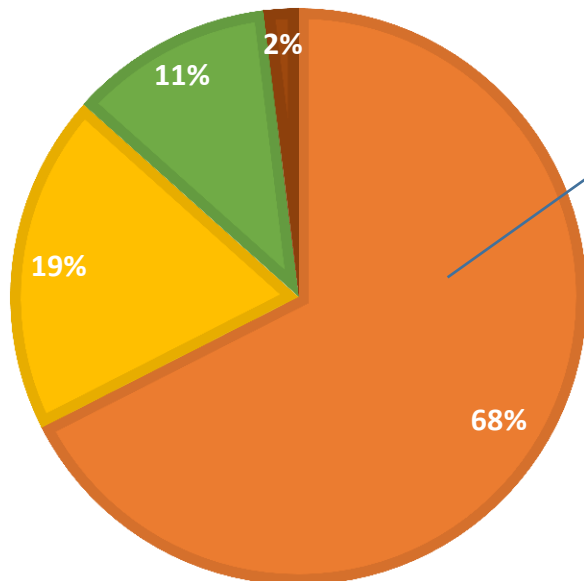
Overall singleton population: 13.1%
Overall doubleton population: 25.2%

Reference: Hong Kong 2016 Population By-census -
Thematic Report : Older Persons

Data collected from HKCS Project SEE

EDUCATION

■ Never been to School ■ Primary ■ Secondary ■ Others



79% Female

Language Use:

- 72% use mother tongue only (70% are females)

Employment:

- Only 45 EM elders with FT/PT jobs (24 are females)

Data collected from HKCS Project SEE

Income Source:

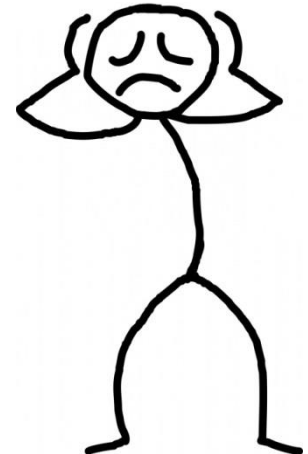
- Only 27% elders on CSSA/OALA
- 45% elders supported by family

40% of poor EM population are South Asians in 2016

Reference: Hong Kong Poverty Situation Report on Ethnic Minorities 2016

Income Level:

- \$0 - \$2000: 57/90 elders



Data collected from HKCS Project SEE

Health Situation:

- 76% elders suffered from Chronic illnesses
(such as : *Diabetes, Hypertension, Heart Disease etc.*)
- Many claimed that they suffered from more than 1 chronic illness

Acculturation and Needs Assessment of Elderly Ethnic Minorities in HK: A Qualitative Study, HKU, 2018

Hypertension: 70%

Diabetes: 57%

Heart Disease: 13%

Thematic Household Survey report No.40, 2009

Hypertension: 62.5%

Diabetes: 21.7%

Heart Disease: 14.5%

Factors affecting the Quality of Ageing

Physical Health

- Suffer from different chronic illnesses as mentioned above as well as at risk of other diseases *eg.* Dementia, Stroke
- According to Acculturation and Needs Assessment of Elderly Ethnic Minorities in HK: A Qualitative Study, HKU, 2018:
 - Some participants might show early signs of cognitive impairment
 - Many found difficulties to navigate the health care system due to **knowledge deficit, language barrier**
- Other issues that affected elders to seek support: Insufficient family support, finance problem etc.



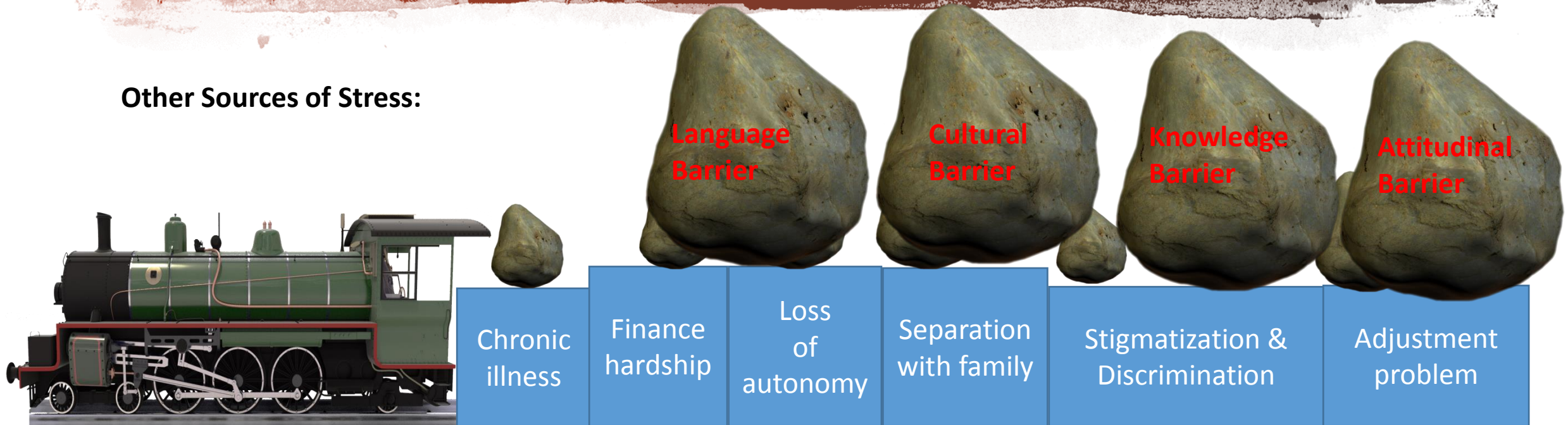
Factors affecting the Quality of Ageing

Mental Health

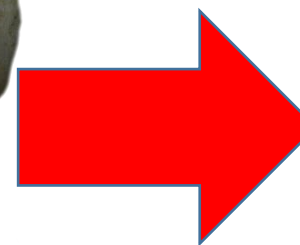
- According to Acculturation and Needs Assessment of Elderly Ethnic Minorities in HK: A Qualitative Study, HKU, 2018:
 - Some participants experienced **sense of loneliness** due to weakening social ties, which make them **vulnerable to depression**
- As observed in our work experiences: Many loss their original social networks due to migration but it is hard to rebuild social network in the community because of language and cultural differences

Factors affecting the Quality of Ageing

Other Sources of Stress:



Service Gaps and Ways Forward



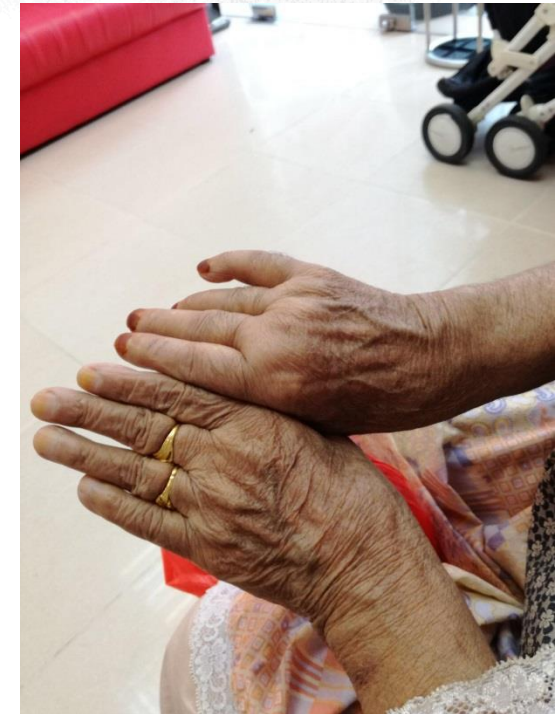
Under-utilization?

Or /And

Inequity of access ?

Case of Ms. A

- 80 year old Pakistani lady
- Widowed & Live alone in private rental housing
- 9 Children are in Pakistan
- Relies on CSSA
- Need long-term care support as observed by Project SEE colleagues
- Delayed medical care due to language barrier



Case of Ms. A

Experience of referral to nearby elderly centre

- Being Rejected because as no staff able to communicate with the elders
- Suggested project SEE staff to seek support from EM Service Centre under the HAD in another district.



Experience of referral to IFSC

- Worker hesitated to arrange interpreter
- Doubted her status in HK (*birth in HK? birth certificate? death certificate of husband? marriage certificate ?*)
- Doubted why she didn't go back to Pakistan to live with her children?
- Doubted the marriage and death certificates written in Urdu & ask for getting English version from Pakistan
- Trust being built until elders provided all proof
- Finally , worker helped her to apply for compassionate housing
- But whether the elders could enter the LTC system still not known.

The Long-term Care Services as subsidized by the Government

Community Care Services (CCS):

- Integrated Home Care Services (IHCS) in respect of frail cases with moderate or severe levels of impairment
- Enhanced Home and Community Care Services (EHCCS)
- Day Care Centre for the Elderly

Residential Care Services (RCS)

- Home for the Aged in respect of applicants prior to 1 January 2003
- Care-and-attention (C&A) Home
- Nursing Home (NH)

- Pilot Scheme on Community Care Service Voucher for the Elderly (CCSV)
- The Pilot Scheme on Residential Care Service Voucher for the Elderly (RCSV)

Enter the Long-term Care System (CENTRAL WAITING LIST FOR SUBSIDISED LONG TERM CARE SERVICES)

Only on a referral basis.

Referrals could be from:

- Integrated Family Service Centres (IFSCs)/Integrated Services Centres (ISCs);
- Medical Social Services Units (MSSUs);
- District Elderly Community Centres (DECCs);
- Neighbourhood Elderly Centres (NECs)/Social Centres for the Elderly (S/Es);
- Others service units e.g. Family and Child Protective Service Units (FCPSU), Counseling Units, Integrated Services for Street Sleepers, etc.

For CCSV/RCSV:

Eligible participants are elderly persons who have been assessed by SWD's **Standardised Care Need Assessment Mechanism (SCNAMO) for Elderly Services** to have impairment at moderate or severe level and are wait listing for Subsidised Long Term Care (LTC) Services without any kind of RCS or subsidised CCS being received.



**Our trial on applying
MDS-HC Assessment on
Non-Cantonese Speaking Elderly**

第 I 項：疾病診斷

Elderly could not distinguish the types of therapist

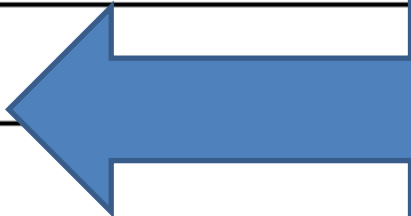
經醫生診斷後及需要治療的疾病。同時指出(如
少於 90 天，則以上次評估起算) 需要入住醫院。

- 空白 沒有此病
1 有此病 (沒有在接受家居醫護人員，如社康護士，物理或職業治療師的治理或監察)
2 有此病 (在接受家居醫護人員，如社康護士，物理或職業治療師的治理或監察)

神經系統疾病		肺炎 (Pneumonia)
g. 亞氏癡呆症 (Alzheimer' s disease)		
h. 老年癡呆症 (非亞氏) (Dementia other than Alzheimer' s disease)		
i. 腦震盪 (Head trauma)		
j. 偏癱 (Hemiplegia/ hemiparesis)		癌症 (過去 5 年內) - 不包括皮膚癌 (Cancer exclude skin cancer)
k. 多發性硬化症 (Multiple sclerosis)		
l. 帕金森氏病 (Parkinsonism)		y. 糖尿病 (Diabetes)
kk. 癲癇症 (Epilepsy)*		z. 肺氣腫、慢性阻塞性肺病、哮喘 (Emphysema / COPD / Asthma)

Most of the elders and their family members did not have the concept of Alzheimer's disease, Multiple sclerosis

3	有問題的狀況	(勾選所有在過去 3 天內出現的問題)
		生理健康
		a 胸部疼痛或有壓迫感 (用力或靜坐時)
		b 連續 3 天沒有排便
		c 暈眩或腳步輕浮
		d 水腫
		e 氣促
		精神健康
		f 妄想
		g 幻覺
		h 以上均沒有



Elderly did not have concepts of hallucination and delusion.

第 P 項：醫療及社區服務的使用（過去 7 天內）

1	正式照護	在過去7天內（如果與上次評估距離少於 7 天,則以上次評估起算）所接受的照護服務	(A) 天	(B) 小時
		A 家居醫療護理(Home care)	0	0
		B 社康護士	0	0
		C 家務助理	0	0
		D 膳食	0	0
		E 義工服務	0	0
		F 物理治療	0	0
		G 職業治療	0	0
		H 語言治療	0	0
		I 日間護理中心或日間醫院	0	0
		J 社會工作者探訪	0	0

Elderly could not recognize the service and profession, so they were unable to give the proper answer.

Elderly did not understand and distinguish different kind of therapies and programmes.

2	特殊治療、過程與計劃	<p>在過去 7 天內（如果與上次評估距離少於 7 天，則以上次評估起算）所接受的特別治療、過程與計劃及療程進度的遵守（包括在家或醫院門診接受的服務）</p> <p>空白 不適用</p> <p>1 訂下進度表，完全遵守</p> <p>2 訂下進度表，部份遵守</p> <p>3 訂下進度表，沒有接受治療</p> <p>如果沒有療程的提供，則勾選"以上均沒有"。</p> <p>呼吸系統治療</p>
		過程治療
		n 運動治療
		o 職業技能治療
		p 物理治療
		已安排的治療活動或項目
		q 日間護理中心 / 日間暫託服務（非過夜）
		r 日間醫院（包括精神科日間醫院）
		s 善終服務（包括在家善終服務）
		t 看醫生或去診所
		u 老人暫住服務（過夜）
		特別家居服務

Conducting MDS-HC Assessment for Non-Cantonese Speaking Elderly

Better co-work with Interpreters:

- It is better to co – work with professional interpreter.
- Prepare the interpreter an English version of MDSHC assessment (remind the interpreter to pay attention to the specific terms--e.g. medical terms, social service terms etc.)
- Brief the interpreter the overall contents and principles of MDSHC as they may not understand some specific terms of the form (such as mental health problem and social service received)

Better Preparation is necessary:

- Carer's presence is appreciated,
- Medical documents and medicine shall be prepared for the assessor if applicable

नेपाली मॉट्रियल काग्निटिव एससेसमेंट (मोका)

(Nepalese Cognitive Assessment, MOCAN, Nepalese version, 2013)

www.moceanest.org

दृष्टि र स्थान कार्यकारिणी (Visuospatial/Executive) 		घडीको आकार कोर्नुहोस् (एकदश बजेको घडी तिम्रो) (3 घण्टा) (Clock Drawing) 		POINTS 1/5		
नामाकरण (Naming) 						3/3
स्मृति (Memory) ५ वटा वस्तुहरूको नाम लिनुहोस्। १ मिनेटको लागि तयारी गर्नुपर्नेछ। कल्पना - कुठो घडो, ५ मिनेटको लागि तयारी गर्नुपर्नेछ।		अनुहार / मुख मध्यमल मन्दिर गुलाब रालो		No points		
ध्यान (Attention) यी संख्याहरू पढ्नुहोस् (1 संख्या/लेखक)		अगाडी तिर बायाँपट्टा बायाँपट्टा बायाँपट्टा बायाँपट्टा		2 1 8 5 4 7 4 2		1/2
100 बाट 7 घटाउनुहोस्		100 बाट 7 घटाउनुहोस्		93 86 79 72 65		1/3
भाषा (Language) यो कुरा सुन्नुहोस्: मलाई यतिबेर थाहा छ कि यस्तो इमान्ता मेरो भाई मात्रै थाहा साफ छ। कुनै कुरा भिन्न पढ्नुहोस् किनभने यो कुरा सत्य छ।		रेलगाडी र साइकल		घडी तथा स्केनमा		2/2
विलम्बित स्मरण (Delayed recall) यो कुरा सुन्नुहोस्: ५ मिनेटको लागि तयारी गर्नुपर्नेछ।		अनुहार मध्यमल मन्दिर गुलाब रालो		1/5		
परिधानिक (Orientation) मिति महिना साल दिन शहर		मिति महिना साल दिन शहर		6/6		
Normal ≥ 25/30		TOTAL		16/30		

Administered by:

Post:

Institute/Place:

(Nepalese adaptation by Dr. Arun Jha & Dr. Nishu Sapkota, 2013, as defined by ARDS Nepal)

मोट्रियल बोध मूल्यांकन (मो.बो.मू.)

संस्करण 7.1 वास्तविक संस्करण

नाम:

शिक्षण:

लिंग:

जन्म तिथि:

दिनांक:

घडी बनाउनुहोस् (एकदश बजेको घडी तिम्रो) (3 घण्टा) (Clock Drawing) 		घडी बनाउनुहोस् (11 बजेको घडी तिम्रो) (3 अंक) (Clock Drawing) 		अंक 5		
नाम बताउनुहोस् (निर्दिष्ट) 						3
स्मृति (Memory) ५ वटा वस्तुहरूको नाम लिनुहोस्। १ मिनेटको लागि तयारी गर्नुपर्नेछ। कल्पना - कुठो घडो, ५ मिनेटको लागि तयारी गर्नुपर्नेछ।		अनुहार / मुख मध्यमल मन्दिर गुलाब रालो		No points		
ध्यान (Attention) यी संख्याहरू पढ्नुहोस् (1 संख्या/लेखक)		अगाडी तिर बायाँपट्टा बायाँपट्टा बायाँपट्टा बायाँपट्टा		2 1 8 5 4 7 4 2		1/2
100 बाट 7 घटाउनुहोस्		100 बाट 7 घटाउनुहोस्		93 86 79 72 65		1/3
भाषा (Language) यो कुरा सुन्नुहोस्: मलाई यतिबेर थाहा छ कि यस्तो इमान्ता मेरो भाई मात्रै थाहा साफ छ। कुनै कुरा भिन्न पढ्नुहोस् किनभने यो कुरा सत्य छ।		रेलगाडी र साइकल		घडी तथा स्केनमा		2/2
विलम्बित स्मरण (Delayed recall) यो कुरा सुन्नुहोस्: ५ मिनेटको लागि तयारी गर्नुपर्नेछ।		अनुहार मध्यमल मन्दिर गुलाब रालो		1/5		
परिधानिक (Orientation) मिति महिना साल दिन शहर		मिति महिना साल दिन शहर		6/6		
Normal ≥ 25/30		TOTAL		16/30		

Modified by: Nishu Sharma, Mansi Gupta and Ruchi N. Buckshee

www.moceanest.org

सामान्य ≥ 26/30

कुल

30

द्वारा सत्यापित

एक अंक जोड्ने वर्ष

12

साल

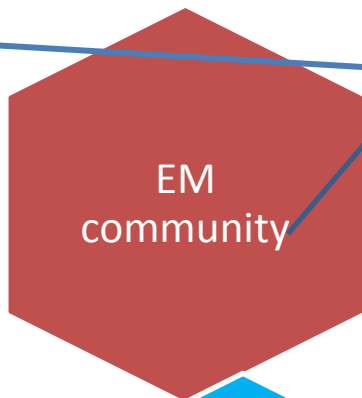
को शिक्षा

Our trial on using MoCA Hindi & Nepali versions to assess the cognitive capacity of elders



**Remove
the barriers
to facilitate
equal access to
services**

- Provide additional resources
- Provide practice manual & tools
(assessment tools, use of technology to tackle language barrier)
- Provide trainings
- Collect service data systematically to inform more effective strategies /policy plan

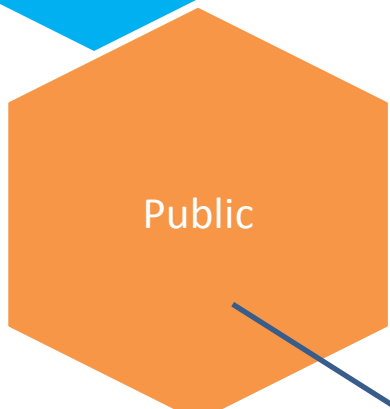


- Actively participate in the community
- Try to learn about the local cultures and languages
- Create mutual support networks
- Be positive to seek help when in need



- Provide opportunities for active participation eg. cultural exchange with Chinese
- Facilitate EM elders & carers to access information & services *(translation, multiple channels in distribution of information, outreaching etc.)*
- Work with professional interpreters
- Enhance cultural sensitivity & make adjustment to enable culturally responsive services
- Equip knowledge & skills about EM elders *(needs, characteristics, strengths, interests, engagement strategies etc.)*

- Fill the research gaps
- Enhance cultural sensitivity / competence of students *(the service providers / policy makers to be)*



- Enhance understanding on EM elders
- Respect & recognize the right of EM elders
- Breaking the stigma

Let's Work Together for an Integrated & Multicultural Age Friendly City for all Elders

