Needs of Ethnic Minority Seniors & the Service Gaps

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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

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Hong Kong is becoming increasingly ethnically diverse.

EM population increased by 70% from 380 thousands in 20016 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.

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

Total: 332 EM elders (as of Nov 2018)

ETHNICITY
- Nepalese: 64%
- Pakistani: 36%
- Indian: 7%
- Thai: 8%
- Others: 1%

Gender
- Female: 67%
- Male: 36%

All right reserved Hong Kong Christian Service: www.hkcs.org
Total: 273 South Asians (Nepalese, Pakistani, Indian)
Female: 157
Male: 116
Data collected from HKCS Project SEE

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:
- Private rental: 84%
- Public: 12%
- Others: 4%

Type of Household:
- Live Alone: 1%
- Live with Spouse: 4%
- Live with Family: 7%
- 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

Language Use:
• 72% use mother tongue only (70% are females)

Employment:
• Only 45 EM elders with FT/PT jobs (24 are females)

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Income Source:

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

Income Level:

- $0 - $2000: 57/90 elders

40% of poor EM population are South Asians in 2016
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 loneness 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:

- Chronic illness
- Finance hardship
- Loss of autonomy
- Separation with family
- Stigmatization & Discrimination
- Adjustment problem

Language Barrier
Cultural Barrier
Knowledge Barrier
Attitudinal Barrier
The service providers (individual & our public service system)

Lack of Language Support

Lack of Cultural Sensitivity

Lack of Knowledge, skills, tools & guidelines

Bias & stereotypes

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)

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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.

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

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Most of the elders and their family members did not have the concept of Alzheimer’s disease, Multiple sclerosis ......
Elderly did not have concepts of hallucination and delusion.

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Elderly could not recognize the service and profession, so they were unable to give the proper answer.
Elderly did not understand and distinguish different kinds of therapies and programmes.
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
Our trial on using MoCA Hindi & Nepali versions to assess the cognitive capacity of elders
Remove the barriers to facilitate equal access to services.
- 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.)

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

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

Thank You!