

Empowering the Underserved

Empowering the Underserved:

*Building Support Networks for
Accessing Health and Social
Care Services*

By

Xiayang Liu

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Health and Social Care Services

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PREFACE

As our world becomes increasingly interconnected, certain groups—particularly underserved and hard-to-reach populations—face unique challenges in accessing essential support systems. Among these groups, older immigrants from ethnic minority communities often navigate complex and unfamiliar environments, heightening their vulnerabilities. Establishing robust support networks is crucial for their well-being.

During my time in the UK, I met an older Chinese couple who offered free accommodation to those in need. With their children living outside the city, they felt a lack of familial support and struggled with language barriers. They needed assistance in understanding important correspondence, especially letters from government departments, as well as help with answering phone calls and composing written responses. Concerned about potentially missing vital information from public services, they opened their home to others, providing accommodation in exchange for companionship and support. This couple developed a cost-effective strategy to navigate their challenges by using material resources to secure caring assistance without incurring monetary costs. Their situation highlighted both the scarcity of accessible care resources and an innovative adaptation to meet their needs with minimal financial expenditure.

These experiences prompted reflection on the difficulties faced by older Chinese immigrants in utilising services. If the challenges in their daily lives are substantial, how much more daunting is it to navigate health and social care systems, which require a higher level of language proficiency and understanding of complex processes?

Guided by these inquiries, I embarked on my PhD study, resulting in this book—a modified version of the thesis. The study employed qualitative grounded theory methodology across two stages to investigate the ageing experiences and service use of older Chinese immigrants in a city in England with a significant Chinese community. Stage one involved preliminary focus group and individual interviews to establish a broad understanding, while stage two comprised in-depth individual interviews, including follow-ups, to explore in detail the factors affecting access to health and social care services and the roles of “Bridge People” who facilitate these resources for older immigrants. Throughout the study, significant gaps were identified in access to services rather than in service

provision itself. The focus evolved from examining barriers to recognizing essential strategies and complementary resources that aid in accessing these services.

The key outcome is encapsulated in the title: Building Support Networks for Accessing Health and Social Care Services. By shedding light on the experiences and strategies of those facing challenges in these areas, this book aims to foster a deeper understanding of pressing issues and inspire actionable changes that empower underserved communities.

CHAPTER 1

INTRODUCTION

In a world where access to health and social care services often hinges on privilege and societal status, the voices of the underserved echo with resilience yet face significant challenges. This book seeks to illuminate the pathways to equity and inclusivity in care systems that have long been marred by disparity. It delves into the importance of building robust support networks that empower marginalized individuals and communities, fostering connections that not only facilitate navigation through complex health and social ecosystems but also cultivate a sense of agency and belonging. By sharing innovative strategies, real-life stories, and actionable insights, this book aims to inspire a movement towards genuine empowerment where every individual, regardless of their circumstances, has the opportunity to thrive.

The individual requiring the greatest effort to attend a health service is also the one with the greatest need (Bonevski et al. 2014). The term “underserved” encompasses more than just a specific community or region; it also refers to underprivileged, disadvantaged, hard-to-reach, marginalized, and vulnerable groups. This classification typically includes various populations, such as low-income individuals, immigrants, ethnic minorities, older adults, and those residing in remote areas. These communities often encounter systemic barriers that impede their access to quality health and social care.

Older immigrants face “particular risks of double or even triple discrimination” due to their age and immigrant identity (Parliamentary Assembly of the Council of Europe 2007). Compared to native-born counterparts, older immigrants are often more vulnerable to poor socioeconomic and health status, social isolation and exclusion (United Nations Economic Commission for Europe 2016). This group faces significant challenges related to the availability and accessibility of health services (United Nations Population Fund 2012) and has been characterised as marginalised and underserved (Doherty, Kinder, and Scott 2004). Migration could negatively affect an individual’s health, including the breakdown of family ties and social relations, economic difficulties, and limited access to healthcare systems (Squires et al. 2022). Many of the

immigrants moving during the 1960s had limited education, and the majority entered low-skilled and low-paid manual work (Warnes et al. 2004). When they aged, they were more likely to experience social exclusion due to language and cultural barriers and tended to have significantly higher rates of poverty and health problems (Ruspini 2009; Solé-Auró and Crimmins 2008), along with increased mental health problems compared to native older people (Aichberger et al. 2010).

Despite their numbers and poor status, older immigrants are often overlooked in policy developments, as policymakers tend to focus on younger immigrants (Maleku et al. 2022). Service providers working with older people find it difficult to involve people from BME (Black and Minority Ethnic) communities, and some services are perceived as insufficiently responsive to the needs of BME groups (National Institute for Health and Clinical Excellence 2010). Older people from BME groups are under-represented in research and public service use (House of Commons 2004). Compared to other ethnic minority groups and the general population, older Chinese individuals are less likely to use healthcare services (Becker et al. 2006). Those working in the family catering industry are among those most vulnerable to being excluded from health services. (Chau 2008). From 2012 to 2017, Chinese individuals over the age of 65 in the UK exhibited lower-than-average health-related quality of life scores (UK Government 2023). In 2023, a smaller proportion of Chinese people aged over 55 reported having their needs fully met during their last general practitioner (GP) appointment compared to the overall population (Guo et al. 2024).

The UK Chinese are referred to as an invisible community (Rochelle, Shardlow, and Ng 2009) and a hard-to-reach group (National Institute for Health and Clinical Excellence 2012), in that they are inaccessible to most traditional and conventional methods (Whitnell 2004). Taking health status into consideration, Chinese people in England were less likely than people from other minority ethnic groups to consult general practitioners (Sproston, Pitson, and Walker 2001).

This book argues that instead of struggling with reaching older Chinese individuals directly, we could enhance their service utilisation by leveraging the concept of “Bridge People”. While this approach may be indirect, it has the potential to create meaningful connections and improve access to services for this often-overlooked community.

A key concept introduced in this book is that of “Bridge People”, referring to individuals who serve as essential links between underserved populations and the services they need. They provide a range of support, including language support, informational support, advocacy, emotional

support and cultural support, varying in level and quality. Bridge People share seven common characteristics: 1) bilingual skills along with higher education than older Chinese; 2) bicultural; 3) easy to contact; 4) low cost; 5) have trust from older people; 6) have certain power over older people. Bridge People may include family members, staff from community-based organisations, professional interpreters, or friends, each bringing their unique strengths and limitations.

Instead of relying on a single Bridge Person or a homogeneous subgroup, establishing a diversified support network of Bridge People is essential for effectively meeting the needs of older Chinese individuals. Each subgroup of Bridge People has its strengths and limitations, and no single type of Bridge Person can fully address the diverse needs of older Chinese immigrants. A well-rounded support network allows these groups to complement one another, leveraging their unique strengths while minimizing their limitations. This collaborative approach helps to prevent caregiver fatigue by distributing the support workload more evenly across different Bridge People, ensuring that older immigrants receive comprehensive assistance tailored to their specific needs.

This book focuses on formal care services, which are health and social services provided through paid professionals. These services are organised and supervised by professional institutions and financed mostly by national insurance systems or directly by individuals. In this book, health and social services refer to formal services, not those provided by volunteer organisations, families, friends, or CAM (complementary and alternative medicine) practitioners.

The following chapters of this book provide a comprehensive view of the topic. Chapter 2 presents the real-life situations of three individuals to illustrate the typical living conditions and struggles of older Chinese immigrants, including living alone, in sheltered housing, or care homes. It also illustrates a concerning trend where increased contact with formal health and social care services results in heightened barriers and inconveniences for older immigrants. Chapter 3 provides an in-depth exploration of the life trajectories of older Chinese immigrants, and the impacts of immigration, ethnicity, and ageing on service use. The chapter reflects on the historical context of Chinese immigration to the UK during the 1950s and 1960s, where individuals typically migrated in pursuit of opportunities in the food industry, resulting in social isolation and dispersed settlement. Chapter 4 addresses the service gaps faced by this demographic, emphasizing the specific challenges they encounter in accessing healthcare and social services due to language barriers, lack of information and instrumental support, and emotional and cultural issues.

Chapter 5 explores the roles and characteristics of Bridge People, who are essential connectors between older immigrants and the services they require, detailing the factors that influence their effectiveness and strategies for leveraging their support networks. Chapter 6 delves into the influential factors that affect the utilisation of Bridge People support networks and presents strategies for effectively leveraging these networks. It examines dynamics such as accessibility, translation capacity, and the multifaceted roles of Bridge People in facilitating access to services for the underserved. Chapter 7 continues this discussion by highlighting the significance of building networks with Bridge People. It assesses the strengths and limitations of different subgroups of Bridge People and provides insights on how these networks can enhance service accessibility and overall well-being for older immigrants.

The final chapter, Chapter 8, considers the implications for policy and practice. It offers concrete recommendations for policymakers, service providers, and community leaders, stressing the necessity for inclusive policies, culturally responsive practices, and the empowerment of underserved groups by building a Bridge People support network. This chapter emphasizes the importance of recognizing and supporting the vital role of Bridge People in facilitating access to services for older immigrants and outlines a pathway for developing more inclusive and effective health and social care systems that genuinely meet the needs of underserved populations.

This book is a must-read for anyone interested in the equitable distribution of health and social care services. It is a valuable resource for policymakers seeking to craft inclusive policies, practitioners aiming to deliver culturally competent care, and advocates working tirelessly to uplift the underserved. Above all, it is a tribute to the resilience and resourcefulness of older immigrants navigating the complexities of ageing in a foreign land.

CHAPTER 2

TYPICAL LIFE TRAJECTORY

The life trajectories of older immigrants are deeply shaped by their early migration experiences, which continue to influence their well-being in later life. These individuals often faced significant barriers and relied heavily on family members or community support to navigate mainstream services. The repercussions of their initial struggles became more pronounced as they aged. When transitioning to sheltered accommodation or residential care homes, they encountered additional obstacles in accessing these services and struggled to interact effectively.

Typically, Chinese immigrants migrated to the UK from Hong Kong in the 1950s and 1960s, seeking new opportunities in the food industry. With low levels of education and limited English proficiency, they came to the UK in pursuit of work opportunities and primarily moved into the catering industry. Many of them had to leave their children in Hong Kong for several years before they could reunite with their families.

Working in Chinese restaurants or takeaways did not require them to use English during their long working hours, which impeded their acquisition of the language. They lacked motivation and time to learn English, socialize with local British people, or engage in leisure activities. They even had to keep their distance from other Chinese families to avoid business competition. These factors shaped their early years experiences and were still seen in later life.

When they aged, they continued to have limited English proficiency. Language barriers became more pronounced, leading them to rely on assistance for daily tasks and interactions. Finding solace in social activities like visiting casinos or luncheon clubs, they faced challenges as health issues arose, limiting their participation. Concerns about future care arrangements weighed heavily on their minds, reflecting the challenges and experiences of ageing immigrants in a new country. This underscores the importance of community support, effective communication, and culturally sensitive care in ensuring their well-being as they navigate the complexities of ageing in a foreign land.

Living by oneself

Ms Pak is 86 years old and lives by herself. She came to the UK with her husband in 1966. They had three children when they came to the UK, but could only bring one with them. The other two children were left in Hong Kong for about 5 years before they came to the UK. Similar to most of the Chinese at the time, Ms Pak and her husband worked in a Chinese takeaway. They needed to prepare food for the takeaway before opening the business. Though takeaways opened at 6 pm and closed at 12 pm-midnight, they had to get up at 11 am, or sometimes 8 am. As she was working for such a long time each day, she did not have time to communicate with local British people. She was not interested in learning English as well, because she did not need to use much English. Now, as an old woman, she thinks it is too late to learn English.

Ms Pak does not know much English. Her son, who lives in another part of the city, does most of her translation for her. Her son visits her weekly to translate the letters she has received. When she needs to see a doctor, her son would book appointments, accompany her to the clinic, and translate for her and the doctors. However, she tries to seek help from others when she wants to apply for social care. She thinks her son has work to do and would not have time for it.

Ms Pak keeps a structured life. After breakfast, she goes out to play the slot machines, and then she goes to the casino in Chinatown to meet friends. Ms Pak does not gamble but only chats with her friends in the casino. After winning games, her friends would share the prize with her (vouchers for a free drumstick rice meal. She uses the voucher for lunch. Ms Pak leaves the casino between 2 to 3 pm to return home and watch Chinese TV episodes (most older Chinese immigrants have satellite TV receivers at home to receive channels from Hong Kong. The episodes can be viewed at London time from 2 to 3 pm). When the TV episodes finish, it is time to cook for dinner. Ms Pak also attends luncheon club every Tuesday. She cannot go to the Thursday luncheon club because it is not close to the bus station.

Ms Pak uses her own money to hire a Chinese cleaner. She thinks if she uses benefits from the government for housework, the cleaner would be an English-speaking person sent by the government. She would rather pay it herself so that she can have someone who can understand her and chat with her. Ms Pak does not have plans for the future. She thinks her son will arrange anything for her if necessary.

Living in sheltered housing

Ms Wan is 75 years old. She came to the UK with her husband and worked in a Chinese restaurant. Now she lives in sheltered housing. Her communication with the house manager is limited to simple words, such as “hello” and “thank you”. When she needs help and needs to express more complex issues, she has to use body language. Because of the language barrier, she can neither talk nor chat with other residents living in the building. As she has no children, she relies on her friend from a Chinese organisation to help her with booking doctor appointments and translating letters. When there have been medical emergencies, she has pulled a red string for help. When she used this service, she could not speak English, and the paramedics could not understand her. They could only send her to the hospital. Sometimes they had interpreters in the hospital. There was a Chinese staff member who introduced her to this sheltered housing organisation, helped her with the application and came to visit her. When the Chinese staff member was not available, Ms Wan indicated that she was helpless and isolated.

Ms Wan’s daily activities include walking in the morning, and sometimes going to casinos or playing slot machines in the afternoon. She thinks that entertainment is essential to her life and emotions. Otherwise, she worries that she might go crazy if she is forced to stay in her room. Ms Wan has not been to the Chinese luncheon clubs for two years. Having diabetes and foot pain, Ms Wan feels that meals in the luncheon club are not suitable for her, and she does not want to bear the pain resulting from going there.

Although Ms. Wan faces challenges with using services and socializing, she provided positive responses regarding her perception of life in the UK. She thinks that the UK government provides good welfare, which is much better than that in Hong Kong, and that the house manager treats her well. The only unsatisfactory thing is that she cannot speak English or communicate with others. Talking about the future, Ms Wan worries about going to a care home, and she thinks that it will be horrible and miserable.

Living in a care home

Ms Siu’s immigration history is similar to others. She came with her family to the UK and worked in a Chinese takeaway owned by her husband. Her job was to mash potatoes and make chips. Their business was very successful and she had to work hard. She thinks that her life after retirement is enjoyable as she can finally stop doing heavy work. She likes living in the UK because it has lovely weather, though she misses the food

in Hong Kong which is fresher and of wider variety. She used to attend luncheon clubs and go to casinos every day. Now she is living in a care home and cannot go anywhere else. Her family comes to see her every week, and her friends visit her occasionally.

Ms Siu always had Chinese food when she was living at home. She complained that the food in the care home was all British. The care home staff made an effort and cooked rice for her, but she indicated that the rice was not cooked properly. Consequently, Ms Siu had diarrhoea for three days after eating it. After that, Ms Siu had to continue to have British food. Her children brought her Chinese food every week during their visits. Language barriers are a big problem for Ms Siu. She has no one to talk to or chat with throughout the day. She also cannot communicate with the staff working in the care home. Most of the time, she had to wait for her children to explain her needs to the staff. There are not many entertainments for her to take part in. She watches TV, but she cannot understand the programmes as she does not know much English. She cannot read newspapers or magazines, including the Chinese one, because she is illiterate. What she does every day is exercise—walking in the corridors with the help of a walking frame. Her health is improving, as she can sometimes walk without the walking frame. She hopes that she will be able to move back and live with her son.

The narratives of the three individuals reveal a concerning trend where increased contact with formal health and social care services results in heightened barriers and inconveniences for older immigrants. Language barriers, cultural differences, social isolation, and inadequate support systems collectively create a situation in which the very services designed to assist them become a source of stress and difficulty.

CHAPTER 3

IMMIGRATION, ETHNICITY, AND AGEING

Immigration, ethnicity, and ageing constitute critical dimensions that shape the utilisation of healthcare services, with their interplay giving rise to complex challenges and disparities in health outcomes among diverse populations. As immigrant populations settle in new environments, they often encounter significant barriers to accessing healthcare, influenced by factors such as language proficiency, cultural dissonance, and unfamiliarity with the healthcare system. These barriers can lead to a pronounced underutilisation of healthcare services and a tendency to rely on informal care networks or traditional health practices informed by their cultural heritage. Ethnic identity plays a pivotal role, as systemic inequities often exist within healthcare systems. This situation is exacerbated among older adults, who experience a dual burden as they navigate the complexities of ageing alongside the challenges of immigrant status. Older immigrants face a host of age-related health issues, compounded by social isolation and vulnerability, due to declining mobility and the loss of familial support networks that often characterize their communities. Financial constraints and limited access to resources may further marginalize these individuals, pushing them away from utilising preventive care and chronic disease management services.

Immigration can lead to the “Happy Immigrant Effect”. By moving to the UK, Chinese immigrants have experienced an improvement in their quality of life, leading to the observed effect. Despite facing challenges, older Chinese immigrants reported satisfaction with their lives and public services in the UK. However, this phenomenon may overshadow actual service needs, create disparities in service utilisation, and mask areas for improvement within the service delivery system.

Immigration also influences immigrants' occupations and, consequently, their life patterns, which can lead to social isolation. Working in the catering industry contributes to dispersed settlement and distancing from one's ethnic community and family. The Chinese group in the UK is the most dispersed group with the least visible residential concentration.

As Chinese immigrants age, they face additional challenges in using health and social care services. In addition to declining physical health and financial pressures from relying on fixed pensions, many expressed worries over reduced familial support, which is often their primary source of assistance. These older individuals depend heavily on their children for connection to society and for navigating access to services, yet they fear becoming burdensome as their children may be geographically and emotionally distant due to modern lifestyle changes and the challenges of immigration. This clash between traditional expectations of family care and the realities of their situation fosters a desire for independence in living arrangements. Additionally, social isolation is exacerbated by language barriers, limited access to affordable activities, and a lack of culturally appropriate support programs, all of which complicate their overall well-being.

Journey to a better life

The major Chinese migrations occurred since the 18th century and can be categorised into 4 patterns (Wang 1991): 1) trader pattern (Huashang) refers to Chinese merchants, as well as their colleagues and family members, who moved to the area, primarily Southeast Asia for business, and then stayed on; 2) coolie pattern (Huagong) derives from the 19th century and early 20th century when this pattern was dominant. Unskilled, landless farmers from the south coastal area of China, primarily the Guangdong and Fujian Province, went to Northern America and Western Europe to escape their indigent lives. They were mainly employed in manual work after arriving, such as digging mines, washing clothes, and serving food; 3) sojourner pattern (Huaqiao) refers to intellectuals and professional immigrants. This pattern was dominant before the 1950s and was revived recently; 4) the Chinese descent pattern (Huayi) includes descendants of Chinese whose families have been established overseas for several generations. People from each pattern have different characteristics and immigration purposes. Among the 4 patterns, coolies are the most disadvantaged in terms of their social-economic status.

In the UK, the first wave of Chinese immigration can be traced back to the 1850s (Chan, Cole, and Bowpitt 2007a). The second wave of Chinese immigration was during the 1950s and 1960s and primarily consisted of farmers who were from the rural areas of Hong Kong and subsequently worked in the catering industry in the UK. The vast majority of Chinese immigrants at the time were in the coolie pattern. Most of them came from villages in the New Territories of Hong Kong, which is rural with low

economic development (Home Affairs Committee 1985). With poor education and little command of the English language they mainly worked in the catering industries.

Following this, in the late 1960s after the Commonwealth Act 1962 was designed to restrain immigration but allowed the entry of dependants of workers, the majority of immigrants entered the UK as dependants for family reunion (Butler and Freeman 1969; Luk 2008). They had to live with their families to find employment, and Chinese restaurants became family-run businesses.

In 2011, there were 393,141 people from the Chinese ethnic group in England and Wales, and 8.0% of Chinese people were aged 60 and above compared with 25.6% of White British people (Office for National Statistics 2012). The Chinese group in the UK is not homogenous. There are Chinese people from Hong Kong, who mainly speak Cantonese, people from mainland China who mainly speak Mandarin, and also Chinese from other countries, such as Vietnam, Singapore, and Malay (Sproston et al. 1999). The proportion of Chinese immigrants who have no qualifications is relatively high, at 28%, while the rate in the general population is 24% (Hills 2010). 17% of Chinese work manually as chefs (Equality and Human Rights Commission 2010).

Older Chinese individuals in the UK are predominantly immigrants, with about 96% of them born outside the UK (Sproston et al. 1999). Most of the older Chinese immigrants in the UK are those who arrived in a country earlier in their life and have stayed on (Luk 2008). The majority of the UK's older Chinese immigrants worked in the Chinese catering industry, particularly Chinese restaurants (Luk 2008). They have low levels of education and limited English proficiency. According to a survey in England, 33% of Chinese aged between 50 and 74 did not receive any formal education, and 14% left continuous full-time education at age 14 or under (Sproston et al. 1999). Moreover, 66% of older Chinese immigrants did not have any academic qualifications. Regarding English language ability, 27% of older Chinese immigrants cannot speak English at all; 44% speak a little; 22% of older Chinese immigrants cannot understand spoken English at all, and 45% understand a little. In other words, nearly two-thirds of older Chinese immigrants have very limited English skills.

Most of the older Chinese immigrants recruited for the study originated from rural areas in Hong Kong. They were primarily farmers, characterised by low levels of education and socioeconomic status. The poor financial conditions made their lives difficult. Their limited education constrained their opportunities for job advancement, and they were unable to afford educational opportunities for their children, risking the continuation of

their impoverished circumstances. These individuals were allowed to work in the UK, which provided a new working environment and opportunities for them to change their lives. They sought better jobs to attain a better economic status. Upon arriving in the UK, they worked in the catering industry, which was a motivating factor for their migration. Other motivations included the desire to experience life in another society and, for many female Chinese immigrants, to join their families.

My family's financial circumstances were not good; therefore, I was not able to receive an education... I was from New Territory, and my only chance was to come to the UK... No opportunities, no proper employment. I was not able to do business. My education was poor, and I didn't have funding. Most likely to still be a farmer, doing farm work.

The happy immigrant effect

Despite facing challenges or negative experiences in a new country, immigrant patients appear “happy” and satisfied. This phenomenon was named the “Happy immigrant effect” (Garrett et al. 2008). Immigrants express overwhelming gratitude and satisfaction towards the healthcare system and society of their host country (Moffatt and Mackintosh 2009), highlighting a tendency to overlook negative aspects and focus on the positive aspects of their experiences (Hovde, Hallberg, and Edberg 2008). The degree of satisfaction with the health system was strongly influenced by their expectations of care and their previous experiences in their country of origin. Those from countries that lack healthcare structures may perceive healthcare in their country of residence as being of higher quality (Dias, Gama, and Rocha 2010).

The “Happy Immigrant Effect” was observed in this study. Compared with the large number of positive comments only a few negative events were reported. Older Chinese individuals have low service utilisation (Sproston et al. 1999). However, few older Chinese individuals interviewed in the study believed that there could be any improvement in health or social services. This finding is consistent with other research that compared attitudes towards ageing among Chinese and British people in the UK and found that older Chinese people's perceptions of ageing were almost as positive as their British counterparts (Laidlaw et al. 2010).

Migration and experiences in their country of origin significantly shape the perceptions of older Chinese immigrants regarding life and services in the UK. The factors that contribute to their satisfaction are:

1. Benchmarking social systems: They use their home country's social system to assess the UK's health and social services.
2. Comparative life evaluation: They imagine the life they might have led if they had remained in their country of origin and compare it with their current life in the UK.
3. Limited community interaction: Due to language barriers, older Chinese immigrants often struggle to communicate with local peers, leading them to compare their lives more with those in their country of origin than with native British citizens.
4. Return country of origin upon dissatisfaction: Older immigrants dissatisfied with life in the UK tend to return to Hong Kong, suggesting that those who stay have generally found ways to adapt or resolve their issues.
5. Cultural norms shaping low expectations: Many Chinese immigrants have low expectations of public welfare due to cultural values centred on family orientation and self-reliance.
6. Perceive service quality based on the performance of Bridge People: Older Chinese immigrants often rely on intermediaries, or Bridge People, for accessing health and social services, shaping their perceptions of service quality based on these providers' assistance.

The satisfaction of immigrants is largely built upon comparisons between their host country and country of origin. Older Chinese immigrants perceived the quality of healthcare in Hong Kong as inadequate, leading to their satisfaction with healthcare services in the UK. Key aspects of the UK system appreciated by older immigrants include: low out-of-pocket healthcare costs, home delivery of medications, diligent record-keeping by healthcare providers, and formal support to supplement declining familial assistance. In Hong Kong, the majority of primary care was provided by private practitioners, with out-of-pocket healthcare expenditure accounting for a larger share of total spending (36%) compared to the UK (11%) (Yeung and Chan 2006). Older Chinese immigrants retained knowledge of service quality and welfare in Hong Kong, as they occasionally visited their hometown and maintained contact with relatives and friends. Their perceptions of UK services were shaped by comparisons with their counterparts' experiences in Hong Kong. Their quality of life was closely linked to the pensions and social benefits they received, with satisfaction regarding these benefits derived from comparisons with those available in Hong Kong.

It is in the UK, of course, it is good. It gives £100 or 200 [pension] more than Hong Kong...and here, seeing a doctor is free.

While lower out-of-pocket healthcare expenditure in the UK may be attributed to National Insurance and taxation, some older Chinese immigrants expressed concerns about high tax rates. However, none attributed better healthcare to these higher taxes. This may be because their experiences with high taxes occurred in the past, and they are no longer preoccupied with such rates. Older Chinese immigrants may not view lower healthcare costs as a compensatory measure for higher tax rates.

Immigrants who left their home countries to escape from harsh situations, such as unemployment, war zones or persecution, felt they had been taken care of and given shelter, whereas native people tended to take receiving public care for granted (Hovde, Hallberg, and Edberg 2008). The majority of older Chinese immigrants interviewed in the study moved to the UK for economic reasons and indicated an improvement in their financial situation upon arrival. As a result, they viewed the enhancement of both their finances and healthcare as a two-fold benefit.

When describing and judging their ageing experiences in the UK, older Chinese immigrants tended to compare their possible life in Hong Kong with their life in the UK. Their satisfaction with life in the UK was influenced by perceived differences between their status as migrants and their anticipated life in Hong Kong. Having occupied a low socioeconomic status in Hong Kong with limited opportunities for improvement, they believed that they would have continued to be farmers and faced even poorer financial circumstances as their health declined in later life. Therefore, these immigrants felt they had enhanced their economic status by moving to the UK, enabling them to achieve a relatively better financial standing in their later years. This personal accomplishment contributed significantly to their satisfaction in later life.

We Chinese, basically came from Hong Kong, and did not have much education. Most of us were farmers in the village. Living here is already very happy... If I were in Hong Kong, I would not be able to afford my son to go to college...here, I don't need to pay for the tuition fees, the government pay for it...and even gives stipends of £1500 each year...this would not be possible if we stayed in Hong Kong. Sometimes we say thank the Queen [laugh].

Satisfaction with life in the new country also results from limited communication with local people. Older people's feelings of happiness were most strongly influenced by the feeling of relative poverty compared

with their neighbours (Gray et al. 2008). However, no older Chinese immigrants in the study compared their later life with native British people, but rather with Chinese in Hong Kong. Many older Chinese with limited English proficiency can only use simple words such as “hello” and “morning” to communicate with their neighbours, and this does not allow a deeper understanding of each other. Consequently, few comparisons with neighbours are made; instead, they are made with people living in the country of origin. Therefore, despite having many difficulties in life, the older Chinese immigrants still expressed their feelings of satisfaction.

Another factor contributing to the happy immigrant effect is that older Chinese immigrants who are unsatisfied with life in the UK may have returned to their country of origin. The participants in this research were those who remained in the UK; however, it was reported that some Chinese immigrants returned to Hong Kong after retirement, suggesting that returning immigrants faced challenges in the UK. Hong Kong therefore may play a role as a filter, as it receives certain people who were not satisfied with life in the UK and have severe service needs. Older Chinese immigrants who choose to stay in the UK still may have problems with life in the UK. After all, there are certain costs for returning to Hong Kong: higher cost of healthcare, poorer air quality and high population density.

Cultural norms may also play a role in the happy immigrant effect. It is posited that (Chan, Cole, and Bowpitt 2007b) Chinese people are family-orientated and self-reliant, and therefore have low expectations of public welfare. The study further revealed that many older Chinese immigrants do not interact directly with health and social service providers but instead communicate through intermediaries known as “Bridge People”. Their perceptions of the quality of services largely lie in the performance of support providers who bridge service gaps between service providers and service users.

While the happy immigrant effect enhances immigrants' satisfaction and mental well-being, there are negative consequences associated with this effect:

1. Concealing potential needs for services: Immigrants who show high levels of satisfaction and gratitude towards their host country's services may overlook or downplay their actual needs. This can lead to a lack of awareness of available support services and prevent immigrants from accessing necessary care or resources.
2. Disparities in service utilisation: Immigrants who are content with the services they receive may not actively seek out additional

support or resources, leading to disparities in service utilisation and access among immigrant populations. This can perpetuate inequalities in healthcare outcomes and social well-being.

3. Masking room for improvement: Immigrants' positive perceptions of healthcare and social services in their host country may overshadow existing shortcomings or disparities in the system. This can hinder efforts to identify areas that require improvement and may prevent policymakers and service providers from addressing gaps in service delivery.

Social isolation heightened by occupation

Due to the low level of education and English proficiency, and the influences of immigration law, most of the older Chinese immigrants worked in catering industries, specifically family-run Chinese restaurants and Chinese takeaways. This type of work has several characteristics: low requirements for English proficiency, long working hours, heavy workloads, late-night working, and dispersed settlement. Occupation shaped their lifestyle and behaviour at a younger age, consequently influencing their service use and service needs in their later life.

Working in the catering industry led to dispersed settlement and distancing from one's ethnic community. To avoid business competition, Chinese immigrants working in the catering industry tended to live at a distance away from other Chinese families. This deliberate choice of living away from their ethnic community results in a lack of proximity to Chinese friends, making it challenging to maintain social connections within their cultural group. This dispersed settlement not only physically separates individuals from their community but also hinders the formation of a strong support network within the Chinese immigrant community. This isolation from their ethnic group can exacerbate feelings of loneliness and social isolation, as the individuals may struggle to find a sense of belonging from being part of a close-knit community. Also, because of dispersed settlement, the Chinese community has been left out of various surveys, which made them unheard. (Sin 2004) The dispersed settlement pattern is one of the important reasons for making the correct representation of the UK Chinese particularly difficult, thus making them virtually invisible. Thus, they became a "hard-to-reach" or "underserved" group, and as a result, their specific needs and challenges were often overlooked by policymakers and service providers. This invisibility further compounded the difficulties faced by the Chinese immigrant community in accessing necessary resources and support systems. The lack of

representation in surveys and studies leads to a cycle of marginalization and exclusion.

Working in the catering industry hindered motivation and opportunities to improve language proficiency, limiting communication with local communities. Working in Chinese restaurants meant they did not need high English skills, and long working hours limited opportunities for having social contact with local British people. These factors resulted in a lack of motivation to learn and improve English to a conversational level. Even when some Chinese had the motivation, because of long working hours they did not have adequate time to learn English.

As a result of insufficient motivation and insufficient time, most of these older Chinese immigrants have a low level of English proficiency even after 50 years of living in the UK. Language barriers negatively affect almost every aspect of their lives. Working in the catering industry also influenced their leisure activities. As they finished work at midnight when most shops had closed and only casinos were still open, Chinese immigrants working in catering industries only had a few choices and many chose to go to casinos for entertainment. They carried this habit into their later life.

Working in the catering industry limited the time to communicate with the local community. The demanding nature of the work, characterized by long hours, heavy workloads, and late-night shifts, left little room for social activities that could ease feelings of isolation.

The high-stress environment of catering reduced the motivation to connect with others. This pressure can lead to loneliness and isolation, as individuals may struggle to find time for self-care and relaxation outside of work.

Transitions in the ageing process

As they age, older Chinese immigrants face a range of challenges, including declining physical function, diminishing financial status, changes in family and living arrangements, shifts in care patterns, limited daily opportunities, and feelings of loneliness. These complexities often define their transition into later life, where the interplay of culture, economics, and social networks significantly influences their access to and utilisation of health and social care services.

Declining physical function emerged as a predominant concern among older Chinese immigrants. Many older individuals expressed a deep awareness of their deteriorating health, and worry about their health deteriorating further. One individual articulated a pervasive sense of

vulnerability in old age, describing their experience in terms of traditional medicine concepts like Qi and Blood, which refer to energy and vitality. This reflection on their condition underscores a collective anxiety about the inevitability of health decline: “Today it’s foot pain; tomorrow it might be hand pain or headaches, and the worry about the future looms large.” Alongside concerns about their health, worries about familial support emerge prominently.

One older Chinese articulated her fears about future illnesses and expressed worry about the potential absence of adequate care during periods of declining health. She recognized that her children, having grown up and established their own lives, might not be available to provide the family support she would need as she ages. The sentiment indicates an underlying tension between traditional expectations of familial care and the realities of modern, often individualized lifestyles in immigrant families. Despite these pervasive health anxieties, many older Chinese expressed a sense of confidence in the UK’s healthcare services. Their reassurances stem primarily from the low upfront costs and the considerate nature of the care they receive.

The decline in health not only heightens individual anxieties but also significantly impacts the utilisation of health and social care services. As older Chinese immigrants grapple with deteriorating physical and mental health, they become increasingly reliant on external support systems. This reliance can lead to a paradox where, despite initial apprehensions about navigating the healthcare landscape, the urgency of their health needs compels them to seek assistance more frequently. Moreover, the fear of becoming burdensome to their families may drive some to underutilise available services, creating a cycle of delayed care that exacerbates their health issues.

Many older immigrants experienced a decline in familial support, as younger family members may be absorbed in their careers or may have relocated far from their ageing relatives. This shift can lead to a reliance on non-familial sources of support, such as community organisations or formal health services. However, the issue is compounded by financial constraints that limit their ability to seek out or afford such services. Limited language proficiency and cultural barriers further complicate their interactions with health and social service providers, often leading to underutilisation of available resources.

Family care plays a significant role in shaping the service-use behaviour of older Chinese immigrants as they navigate the complexities of ageing in a new cultural context. Traditionally, Chinese culture places a strong emphasis on filial responsibility, wherein children are expected to live with and care

for their ageing parents. However, the experiences of immigration, combined with evolving societal values, have profoundly altered this expectation, creating a disconnect between the older generation's traditional aspirations and the realities of life in the UK.

As older Chinese immigrants adapted to their new surroundings, they increasingly recognized the impracticality of maintaining traditional models of family life. Their children often moved away and established their own lives rather than residing with their parents. This shift in living arrangements impacts various dimensions of family care, including emotional support, household assistance, and companionship. While older Chinese immigrants may still yearn for the ideal of a harmonious multi-generational household, they acknowledge that the socio-cultural landscape fosters a different approach to family dynamics. As a compromise, older Chinese immigrants often envision an ideal later life that allows them to maintain proximity to their children while living independently.

As older immigrants begin to embrace modern values such as independence and personal freedom, they express a desire not to be a burden to their children. This perspective emphasizes a preference for living arrangements that support autonomy, such as sheltered housing, rather than traditional cohabitation with family. This need for independence can lead older adults to seek services that enable them to live more autonomously while ensuring access to assistance when needed.

Children play a vital role in the lives of older Chinese immigrants, and these relationships significantly impact their utilisation of health and social services. Older Chinese immigrants often view life without children as challenging and are reliant on them for care, translation, emotional comfort, and practical support. The dynamics of the parent-child relationship, particularly in the context of the immigration experience, have evolved in three notable ways that affect service use among older immigrants.

The first change observed is distancing. As circumstances have shifted, older Chinese immigrants frequently experience geographical separation from their children due to varying living arrangements after immigration. This physical separation often results in emotional distancing as well, introducing barriers that complicate communication between generations. Three primary factors contribute to this distancing: inadequate family time, cultural differences, and language barriers. Many older Chinese immigrants left their children behind in Hong Kong during their initial years in the UK, only to reunite sporadically or under strained circumstances due to heavy work commitments. The lack of time spent together often leads to feelings of disconnection.

Cultural differences between immigrant parents, who may retain traditional values, and their British-born children disrupt familial relationships. While older immigrants strive to impart their cultural heritage—often through the establishment of Chinese schools—they find that their children may not have retained the same values or appreciation for Chinese culture. Additionally, language barriers can exacerbate these conflicts, as many British-born children lack proficiency in Chinese, complicating straightforward communication and making it difficult for them to serve as effective translators for their parents during necessary interactions with health professionals or social services.

The second change is the reversal, which refers to the shift in the traditional parent-child hierarchy. As older Chinese immigrants often face challenges due to low levels of education and limited English proficiency, their authority within the family diminishes. Their children, who are better educated and speak English fluently, tend to take on significant roles, including providing language support and managing important decisions related to healthcare and social services. Children who have taken on these responsibilities are often viewed as the primary decision-makers, which can influence where parents receive care or whether they engage with social services at all. This inversion of roles can contribute to feelings of helplessness among older immigrants, making them more reliant on their children for guidance regarding available services.

Lastly, the third change is binding, which describes how interactions between parents and children can strengthen their relationship. Despite the challenges of communication and authority, the support provided by children—whether emotional, instrumental, or practical—reinforces familial bonds. Children not only assist with navigating healthcare but also offer companionship, which is particularly crucial for older immigrants who might feel isolated due to language barriers and limited social networks. Emotional support from children strengthens their relationships, encouraging older immigrants to rely on them for necessary assistance and to engage more fully with available health and social services.

The evolving nature of parent-child relationships among older Chinese immigrants shapes their use of health and social services. As these relationships undergo distancing, reversal, and binding, many older Chinese immigrants are more inclined to engage with formal health and social services, marking a shift in how they navigate their ageing process. This change may prompt an increased demand for public services tailored to the unique cultural needs of this demographic. Understanding that emotional support plays a crucial role alongside medical and financial assistance can help service providers address the holistic needs of older Chinese

immigrants effectively. With these shifts in expectations, public services need to adapt and become more culturally competent, ensuring they resonate with the values and preferences of the ageing Chinese community.

Older Chinese immigrants are retired and rely solely on a fixed pension for their income. As their health declines, they find themselves unable to work for additional income, which necessitates careful management of their expenditures. Many express concerns about their financial situation, with one older individual noting the need to monitor spending closely, emphasizing a strict budgeting approach that inspires their daily decisions. Limited to their pensions, which cover basic needs, they find that any additional expenses, such as travel, are often beyond their means. Living on a fixed pension leaves little room for discretionary spending. While their pensions suffice for food and accommodation, activities beyond these essentials, such as social networking, are frequently out of reach. Many express dissatisfactions with their constrained lifestyles.

Despite these challenges, a sense of comfort arises from the knowledge that their pensions provide enough support, coupled with access to beneficial social services. In addition to government support, older Chinese immigrants benefit from various programs that enhance their quality of life. Many have access to perks such as free TV licenses and complimentary bus tickets. Moreover, some highlighted the availability of concessions from commercial enterprises, such as discounted train fares and reduced movie ticket prices, indicating that numerous welfare options exist beyond what the government offers. However, the challenge often lies in navigating and knowing how to access these benefits.

The lack of social networking opportunities exacerbates feelings of isolation, diminishing older immigrants' willingness to engage with formal care systems. Social support networks are crucial for encouraging individuals to seek necessary healthcare services. As older Chinese immigrants navigate their twilight years, fostering connections within their communities becomes essential not only for emotional support but also as a route to accessing needed health and social care services.

Day opportunities, including social and leisure activities, play a crucial role in the emotional well-being of older Chinese immigrants. With more spare time as they age, many find themselves struggling with feelings of loneliness when they cannot engage in meaningful activities or connect with family and friends. Factors such as declining health, language barriers, and a lack of leisure interests further inhibit their ability to participate in leisure, physical, and social activities. Moreover, as their

children grow up and enter the workforce, older Chinese experience increased loneliness due to their children's absence. This demographic shift in family dynamics profoundly impacts the emotional and social support systems for older individuals who often feel isolated, particularly when they lack sufficient opportunities for daytime engagement.

The relationship between living arrangements and emotional states is significant, with many older Chinese expressing that cohabitation with children brings joy and security. Conversely, living alone can lead to profound loneliness, especially when children have their own lives and obligations. Although being around family is beneficial, it does not guarantee companionship during the day, as working children are often unavailable. For instance, even older Chinese who share a household with their children may feel bored and lonely when those children are at work, highlighting the inadequacy of sporadic familial presence in mitigating feelings of isolation.

Older Chinese immigrants face several barriers to accessing social activities that could help build a supportive network. Access to convenient transportation is essential, as many older individuals prefer to engage in activities close to public transport. Familiar environments, such as Chinatown—which offers a variety of culturally relevant shops and food—are particularly appealing. Additionally, indoor venues are preferred, as they not only provide shelter from the UK's often inclement weather but also serve as critical meeting points for social interaction, enabling older individuals to communicate, exchange information, and seek assistance.

Affordability is another vital factor influencing participation in community activities. Many older Chinese immigrants are on fixed incomes and have limited financial resources, meaning they may avoid venues that charge fees for entry. Given their desire for frequent and affordable engagement, the lack of low-cost options restricts participation. Furthermore, there is a strong need for flexibility in activity scheduling, as older individuals prefer to dictate their attendance times rather than adhere to strict schedules imposed by organisers.

Language barriers significantly affect the ability of older Chinese immigrants to engage fully with available resources. Many in this demographic have limited English proficiency, making it difficult to participate in activities conducted in English. This challenge creates additional obstacles to building the social networks they desperately need, as language often serves as both a barrier to understanding and a limit on engagement in community interactions.

Currently, there are no organisations offering activities that meet all these essential criteria for older Chinese immigrants, leading many to find