



Chinese Healthy Living Centre

華人社康中心

*Opening the Door of the Chinese Healthy
Living Centre: Becoming More Accessible for
Physically Disabled Chinese Adults*

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Prepared for:

The Chinese Healthy Living Centre

The Chinese Community Development Partnership

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(NHS Greater Glasgow & Clyde)



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Summary and Recommendations

1. *About the Chinese Healthy Living Centre*

The Chinese Healthy Living Centre (CHLC) was established in Glasgow in 2004 with support from NHS Greater Glasgow and Clyde, Glasgow City Council and the Big Lottery Fund. The Centre offers a range of services and activities to help improve the health and well-being of the Chinese population in the Greater Glasgow area, of which there are some 5000 (Census 2001).

The main roles of the CHLC are to:

- To provide information on health issues through a series of health awareness events
- To promote physical activity through various classes
- To promote cultural and leisure activities to reduce social isolation
- To support people to access mainstream services

2. *Background to the research*

Although it is difficult to define and measure, around 1 in 5 people in Scotland are considered to be disabled¹. The figure for the Chinese community in Greater Glasgow is likely to be similar². The CHLC wanted to develop its role so that its information, activities and services were more accessible for this target group.

3. *What did the research aim to do?*

There were 3 main things that the research wanted to achieve:

- To identify *practical steps* that the CHLC could take to make information, activities and services more accessible to physically disabled people.
- The research process was underpinned by a *community development* approach: 4 bilingual Chinese people were trained and supported to carry out interviews.
- There was also a commitment to *disseminating the research findings* to relevant local agencies to improve understanding of the needs of this group.

4. *Who was included?*

The research Steering Group agreed that this research should be underpinned by the Disability Discrimination Act. To take part in the study, people had to be:

- of Chinese origin, 16 years or over, and living within Greater Glasgow,
- physically disabled (i.e they had to have a physical impairment that was substantial, long-term and adversely affected normal daily activities)³.

5. *How did we do the research?*

A 2-stage process was used to gather information.

¹ Taken from the Public Health Information for Scotland (ScotPHO) website via http://www.scotpho.org.uk/web/site/home/Healthwell-beinganddisease/Disability/disability_intro.asp

² The number of disabled Chinese people may be slightly lower than the overall figure for Scotland due to fact that ethnic minority populations generally have a younger age profile.

³ Partner agencies view this research as a starting point in making their services more accessible to disabled people. It is hoped that the needs of other disabled groups (e.g. those with sensory impairments) will be investigated and included in the future

- Stage 1 aimed to draw on the experience of staff/volunteers/carers during 3 *focus group* discussions to identify key issues and to generate ideas and solutions to be tested in the second stage. A total of 28 people participated.
- Stage 2 of the research gathered information and explored issues through 21 semi-structured *face to face interviews* with physically disabled Chinese adults (or in 4 cases, their carers).

Some of the key aspects of the research are outlined below:

- **Recruitment:** Steering Group members used their local knowledge to suggest key agencies that could help identify and recruit prospective participants. An *information leaflet* was developed and it included a *Consent Form*, and *screening questions* to check eligibility. Twenty-nine disabled people gave consent but only 21 provided interviews.
- **Interviews:** The questionnaire was developed and piloted. It was administered by 4 Chinese sessional staff. They received half a days training on conducting face to face interviews. The staff were all bilingual (i.e. Cantonese, Hakka and Mandarin-speaking). People were interviewed in their own homes or at a community based location of their choice. Interviews lasted 40 minutes.

6. *A bit about those who were interviewed*

- **Gender and Age:** There was a fairly even split by gender (9 males vs.12 female) and across age groups (9 were aged 16-65 years with 12 being 65+).
- **Wheelchair use:** Frequency of wheelchair usage provided an indication of severity of physical disability. Most people were mild-moderately disabled (16 out of 21 saying they ‘never’ or ‘sometimes’ use a wheelchair).
- **Physical and Mental Well-being:** The physical and mental well-being of the physically disabled adults who took part in the study were reported as being reasonable or poor, and were commonly linked to people’s disability or age.
- **Language issues:** Most of the interviews (n=17) were conducted in Cantonese (3 in Hakka and 1 in English). Most people said that they ‘*were not very confident*’ at speaking or reading English.

7. *Main conclusions and recommendations*

Data from focus groups and interviews were analysed quantitatively and qualitatively using thematic analysis. Most issues were also analysed by gender (see full report). The main conclusions and recommendations are as follows:

7.1 Physical Access to the CHLC

Being able to physically get into a building is the most important issue for physically disabled people, irrespective of level of disability. Most of the potential internal adaptations suggested to the interviewees were popular.

RECOMMENDATIONS: Physical Access to CHLC

- Consider making the entrance to the CHLC accessible for wheelchair users.

- Ensure other methods of support/assistance are publicised and available.
- Consider making some physical adaptations to the interior of the CHLC.

7.2 Health Information

Physically disabled Chinese people are generally interested in having access to information about health, mostly so they may learn more about their own condition or to prevent further health problems. A few people are less keen on receiving health information and they are more likely to be male, older and have literacy issues. Language and literacy are the main issues to consider when planning the format of health information for this target group.

Presenting health information in audio-visual (DVD's, videos) and audio (CDs, tapes) formats may be one of the most effective ways to get health information to this population. Leaflets are also a popular format for receiving health information but they need to be in (traditional) Chinese. Providing the option to have materials (written or audio-visual) sent to people's own homes would be a significant way to improve physically disabled Chinese people's access to health information.

Seminars and health fairs appear to be fairly acceptable ways to reach the disabled population, particularly due to the opportunity for socialising. Disabled people may be more likely to attend seminars and health fairs if they are accompanied and if transport is provided.

RECOMMENDATIONS: Health information

- **Information formats:** Health information should be presented in written and audio-visual formats in order to account for language and literacy issues.
- **Database of disabled Chinese people:** Develop a register /database of disabled Chinese people who wish to have health information sent to their homes.
- **Physical Accessibility:** Ensure the CHLC's programme of seminars and health fairs are held in venues that are accessible for physically disabled people.
- **Accompanying people:** Consider setting up a service (perhaps provided by volunteers and/or befrienders) in which disabled people are offered an 'escort' at health fairs/seminars to help them move around and access information.

7.3 Group Activities

It was clear that, for a few severely disabled people, taking part in health-related group activities or classes was not possible or appealing, according to their carers. However the majority of physically disabled people would value having the opportunity to take part in some activities. The most popular activities may be Tai Chi and massage.

Yoga, healthy eating/cooking and social/hobby-based groups may have more limited appeal, although there is some indication that social/hobby groups could generate interest given the right focus and support for people to attend. There should be an emphasis on fun and socialising.

English classes seemed to be entirely unpopular, probably due to the older age group of this population, and a sense that they felt they were too old to learn a new language. A

focus on having access to a good quality interpreting service would be more appropriate for the majority of this target group.

The main things that would encourage people to attend activities were:

- providing accessible transport;
- having groups run in Chinese languages;
- being accompanied.

One issue, which is less clear cut, is whether activities should be run exclusively for disabled people. Although carers and staff felt that this might be an important issue, most disabled people said they did not mind being the only disabled person at events.

The wider issue of discrimination against disabled people by the Chinese community was raised as an important issue by the staff focus group. Although this was not as strongly reported by disabled people themselves, it may be that the questionnaire did not give people enough opportunity to raise this as an issue. This is potentially a serious issue and deserves further investigation. (Note: discrimination amongst health and social care staff was investigated but was not found to be a significant issue).

Although not a universal barrier, lack of money is a barrier to participation for some people and this should be taken into account when planning new groups/activities.

RECOMMENDATIONS: Group Activities

- **Disability Audit:** Ensure existing and new groups/activities offered at the CHLC are accessible to physically disabled people (including language and literacy issues). This could be supported by doing a 'disability audit'.
- **Prioritise Tai Chi and Massage:** Consider developing Tai Chi and Massage groups and target physically disabled people.
- **Transport:** Consider providing transport, or linking into existing services, to ensure suitable transport for people to attend activities.
- **Accompanying people:** Develop a pool of volunteers who are willing to accompany disabled people to activities/groups should they wish.
- **Language issues:** Ensure activities are run in Chinese languages or that interpreting support is provided.
- **Money issues:** Try, as far as possible, to provide groups and activities free of charge or for a minimum fee.
- **Challenge discrimination:** Work with partner agencies to demonstrate good practice in promoting the needs of disabled members of the Chinese community.

7.4 Access to Health and Social Care Services

The research identified 3 main issues which influence disabled Chinese people's ability to access health and social care services. These are: *knowledge/information about services; the language barrier; transport issues*. The most significant of these appeared to be *language*. Having access to appropriate transport, although important, seemed to be less of a priority.

Other issues such as lack of confidence, issues with using the interpreting service and lack of involvement in decisions may be important for some people, although due to the

small numbers of interviews it is difficult to draw firm conclusions.

A less clear cut picture emerges when asking people about cultural issues (e.g. being treated differently because of being Chinese, or cultural insensitivity or negative staff attitudes) and may require further investigation.

The idea of developing a central information point (e.g. an office where people could drop-in or a telephone helpline) was investigated and was almost universally popular.

RECOMMENDATIONS: Access to health and social care services

- **Promote the role of CHLC:** Ensure that disabled Chinese people are aware that the CHLC can help them to access the services they need;
- **Provide information:** Provide information in appropriate formats to help the Chinese community understand the NHS structure and how to access services.
- **Language support:** Ensure that disabled Chinese people are aware of their right to an interpreter when attending health and social care appointments.
- **GTIS Quality:** Consider, along with partner agencies, whether and how to approach Glasgow Translation and Interpreting Service about service quality.
- **Central information point:** Consider developing (with other Chinese or BME organisations, or existing services e.g. NHS24), a central information point that is available in different Chinese languages, by telephone and out of hours, to support people to access appropriate services.
- **Awareness training for staff:** Liaise with NHS Greater Glasgow and Clyde regarding training front-line staff in Chinese cultural, language & literacy issues.
- **Transport:** Ensure that disabled Chinese people are able to access appropriate transport so they may attend health care appointments.

7.5 Other Services

The research also investigated 4 other services that were identified by the staff and carers focus groups as being potentially useful for physically disabled Chinese people: *homehelp; community support worker; befriender* and *help with reading letters*.

All of the above services have the potential to significantly improve the well-being and quality of life of physically disabled Chinese people (and their carers) and have the potential to fulfil a variety of needs (social, language, knowledge of services), and their potential should be explored, developed and consolidated.

Help with reading letters was the most universally popular. The role of community support workers seems to be a highly valued service for those who use it. Similarly, the home help service is invaluable for those who need it although not being able to communicate with an English-speaking homehelp is a significant barrier. A befriender service seemed to receive less support from disabled people themselves although this was identified as being a potentially important service by staff and carers. Perhaps if the role of a befriender was explained more fully to people, they might be more positive about it.

RECOMMENDATIONS: Other services

For each of the above services, consider the following processes in order to ensure these services are available and appropriate for all physically disabled Chinese people:

- *Review each of the services* (Where, how and under what circumstances are they available? To what extent are they culturally and linguistically sensitive?);
- *Try to influence each of the services* (What can they do to become more accessible to this target group? Are they or can they become mainstreamed?);
- *Develop promotional materials, mailings and events* (in order to promote these services and how to access them for physically disabled people and their carers).

8. For more information

For more information about this study or about the services provided by the Chinese Healthy Living Centre, please contact them on 0141 248 4388 or look at the website on www.glasgowchlc.org

1. Purpose of this report

This research project was commissioned by the Chinese Healthy Living Centre (CHLC) in Glasgow to investigate the needs of physically disabled Chinese adults in relation to the role of the CHLC.

The main purpose of this report is to communicate the findings of this research to:

- Chinese Healthy Living Centre,
- its partners in this research (The Chinese Community Development Partnership, West Community Health & Care Partnership (NHS Greater Glasgow & Clyde),
- the funding agencies of the CHLC,
- any other interested agencies, groups or individuals.

The intention of the report is to guide and stimulate action by the CHLC. As such, it presents clear recommendations which aim to help the CHLC become more accessible to the needs of the physically disabled Chinese people that it serves.

As research into the disabled Chinese population in Greater Glasgow is very limited, this report also intends to reflect upon the process of planning and carrying out this research with this population group.

2. Background, Aims & Objectives

The CHLC was established in October 2004 with support from NHS Greater Glasgow and Clyde, Glasgow City Council and the Big Lottery Fund. Based in Holland St in Glasgow, the Centre has 4 core staff: a manager, an information officer, a development officer and an administrative assistant. The Centre offers a range of services and activities to help improve the health and well-being of the Chinese population in the Greater Glasgow area, of which there are some 5000⁴.

The role of the CHLC⁵ is as follows:

- **Improving Health**
 - Talks, workshops, seminars and health awareness days
 - Resource library providing health information in Chinese and English(including free internet access)
 - Exercise classes e.g. aerobics, yoga and Tai Chi etc
 - Occasional health check clinics e.g. Wellman clinic

- **Community and Individual Capacity Building**
 - Promote cultural and leisure activities
 - Internet Induction classes and English classes

- **Information and Enquiry Service**
 - Drop-in or telephone for help or information
 - Signposting, referrals and appointments to mainstream services
 - Reading and explaining letters or documents

Although it is difficult to define and measure, around 1 in 5 people in Scotland are considered to be disabled⁶. The figure for the Chinese community in Greater Glasgow is likely to be similar⁷ and this has implications for the way in which local services are planned for and provided.

Staff at the CHLC were aware that many of their services and activities were not accessible to some disabled people Chinese people. In order to explore and help address this issue, this research was commissioned in 2006. Its purpose was to investigate the needs of physically disabled Chinese adults so that the CHLC could become more effective and accessible at meeting their needs in the context of its role (which is to provide information and activities and to promote access to services).

⁴ Census 2001.

⁵ For more information , see the CHLC website via <http://www.glasgowchlc.org/>

⁶ Taken from the Public Health Information for Scotland (ScotPHO) website via http://www.scotpho.org.uk/web/site/home/Healthwell-beinganddisease/Disability/disability_intro.asp

⁷ The number of disabled Chinese people may be slightly lower than the overall figure for Scotland due to fact that ethnic minority populations generally have a younger age profile.

The **aim** of the research, therefore, was: *‘to identify actions that will help enhance the health and well-being of physically disabled Chinese adults (16+ years) in Greater Glasgow by identifying problems and potential solutions regarding their ability to access information, services and activities that potentially enhance a healthy lifestyle’.*

A 2 stage process was planned in order to fulfil the following research objectives:

- Investigate the views of *staff and volunteers* who work with disabled Chinese people in terms of perceived barriers and enablers, through a focus group (Stage 1).
- Investigate the views of *carers* of disabled Chinese people in terms of perceived barriers and enablers, through focus group research (Stage 1);
- During the 2nd stage, to investigate the views of 30 *physically disabled people*, using face to face interviews, in terms of needs, barriers and solutions, including testing of the ideas generated in Stage 1;
- Through training and support, to *develop the skills* of Cantonese/Mandarin/Hakka-speaking sessional staff so they are able to contact potential participants, carry out face to face interviews, and accurately record the content of the interview for the researcher in English.
- Prepare a research report, with *practical recommendations*, based on quantitative and qualitative analyses of the findings of the focus groups and face to face interviews.
- *Disseminate* the research findings (in summary form) to appropriate agencies and to research participants.

3. Definitions and Context

When planning this research project, it was necessary to clarify definitions within which the research would operate. This helped to define inclusion/exclusion criteria for the study.

3.1 Defining disability

The Steering Group considered and discussed some definitions of disability. They agreed that the commonly used definition within the Disability Discrimination Act (DDA) would underpin the approach taken in this research. The DDA⁸ defines a disabled person as: '*someone who has a physical or mental impairment that has a **substantial** and **long-term** adverse effect on his or her ability to carry out normal **day-to-day** activities*'.

For the purposes of the Act:

- substantial means neither minor nor trivial;
- long term means that the effect of the impairment has lasted, or is likely to last, for at least 12 months (there are special rules covering recurring or fluctuating conditions);
- normal day-to-day activities include everyday things like eating, washing, walking and going shopping;
- a normal day-to-day activity must affect one of the 'capacities' listed in the Act which include mobility, manual dexterity, speech, hearing, seeing and memory.

3.2 Target population

For the purposes of this research, it was agreed that this study would include adults (16+ years) who are *physically disabled* as defined by the DDA.

It is important to emphasise that partner agencies see this research as a *starting point* in making their services more accessible to disabled people and that, due to budget constraints and local service issues, it is necessary to exclude some groups in the meantime. However, it is hoped that the needs of other disabled groups will be investigated and included in the future. These are:

- people with sensory impairments;
- people with severe communication difficulties (who are receptive or expressive dysphasic)
- people with learning disabilities;
- people with severe cognitive impairments;
- people with mental health problems.

⁸ This definition was presented on the Direct Gov website via http://www.direct.gov.uk/DisabledPeople/RightsAndObligations/YourRights/YourRightsArticles/fs/en?CONTENT_ID=4001069&chk=Bjab3%2B

4. Research Methods

A small steering group⁹ consisting of key members of staff from the CHLC and its partner agencies came together regularly to advise on the research process. A 2-stage process was used to gather primary data using focus groups and semi-structured face to face interviews.

4.1 Focus Groups (Stage 1)

A total of 3 focus groups were held. One was with staff/volunteers of community organisations that have experience of working with the Chinese community in Glasgow. The other two focus groups were with carers of physically disabled Chinese adults.

- **Staff/Volunteer Focus Group**

Staff and volunteers of key Chinese community organisations were identified using local knowledge of the Steering Group members. They were invited to participate by the manager of the CHLC, initially by telephone. This was then followed up by a letter (see **Appendix A**). A few days prior to the focus group, those who indicated they would attend, received a phone call to remind them and to confirm arrangements. The focus group was conducted by the researcher, in English, at the CHLC (see **Appendix B** for the Staff Focus Group Plan).

- **Two Carers Focus**

Group 1: Potential participants for this focus group were identified by the Chinese Carers Association and other members of the Steering Group. Initial verbal invitations to participate were followed up by letter (see **Appendix C**). A few days prior to the focus group, those carers who said they would attend, received a phone call as a reminder to encourage them to come. This focus group was conducted by the Information Officer at the CHLC (see **Appendix D** for the Carers Focus Groups Plan).

Group 2: A second focus group was carried out with carers of physically disabled people. This was also facilitated by the CHLC Information Officer but was conducted at the premises of the Chinese Carers Association, using the same process as described above.

⁹ The Steering Group consisted of key staff from the Chinese Healthy Living Centre, the Chinese Community Development Partnership (including staff from the Chinese Carers Project), the Multicultural Section of the West Community Health and Care Partnership (of NHS Greater Glasgow and Clyde). Steering Group meetings were also attended by a physiotherapist from the North West Community Physical Disability Team (NHS Greater Glasgow and Clyde) who acted as an advisor to the research project.

The purpose of the 3 focus groups was to use people's experience to help identify some of the key issues that disabled people face in being able to access information, services and activities to support a healthy lifestyle. In addition, the focus groups aimed to generate some ideas and solutions for meeting the needs of disabled Chinese people in this respect. This was Stage 1 of the research process. The focus groups were written up and analysed in order to inform development of the questionnaire to be used in Stage 2. One of the purposes of the face to face interviews was then to test some of the ideas and solutions that emerged from the focus groups in Stage 1.

4.2 Interviews (Stage 2)

The second stage of the research process involved doing face to face interviews with 21 physically disabled Chinese adults (or in 4 cases, their carers). The key aspects of this stage are presented below.

- **Questionnaire Development:** There was extensive discussion within the Steering Group about the range of issues that would be investigated in the questionnaire. It was agreed that the questionnaire should explore physical access issues relating to the range of services and activities provide by the CHLC, with a view to informing the CHLC about practical steps that could be taken to improve access for this population group. In addition, the semi-structured questionnaire was informed by the content of the focus groups described in 4.1. A draft questionnaire was tested¹⁰ before finally being agreed. A Chinese translation was provided alongside English text on the questionnaire (see **Appendix E**).
- **Recruitment:** Steering Group members used their local knowledge and networks to suggest key agencies that had the potential to help identify and recruit prospective participants. The agencies¹¹ received a letter from the CHLC (**Appendix F**) providing them with background to the study and inviting them to help with recruitment. This letter was then followed up by a phone call and, in some cases, a meeting.

Agencies were provided with several copies of a leaflet, '*Information for Prospective Participants*' (see **Appendix G**) which was available in Chinese and English. This leaflet included a *Consent Form*, and *screening questions* to ensure people were eligible to participate in line with the definition of disability in Disability Discrimination Act.

¹⁰ It was only possible to pilot the questionnaire with one person. The researcher, who does not speak any of the Chinese languages, wanted to test the questionnaire herself. The Steering Group knew of only one person who met with criteria, who had given consent and who spoke English.

¹¹ Agencies that were invited to help recruit participants to the study included: Chinese Healthy Living Centre, Chinese Community Development Partnership (including the 16 or so partner agencies that attend their committee meetings), Chinese Carers Association,, Wah Lok Day Centre, Wing Hong Project, San Jai, Ethnic Minority Health Advocacy Service, Ethnic Enable, Glasgow Translation and Interpreting Service (GTIS).

Prospective participants were approached by staff and were given verbal information as well as the information leaflet. Where necessary, people were supported (although not pressurised) to indicate their consent, e.g. providing help to fill in the consent form. Sometimes only verbal consent was possible as literacy was an issue for some people.

In order to try to recruit Chinese people who were not linked into local organisations, CHLC staff handed out leaflets at the Chinese School.

Residential Care Homes were viewed as being a potential source of study participants. However, following discussion with Glasgow City Council Social Work Department (Research Manager), it was concluded that the time and effort that would be required to get ethical approval would not justify the very small number of potential participants.

- **Interviewers:** The questionnaire was administered by 4 Chinese sessional staff, identified through local networks. They received half a days training on conducting face to face interviews to ensure a high quality and consistent approach (see **Appendix H** for Training Programme). The staff were all bilingual and able to cover the range of languages spoken by Glasgow's Chinese community (i.e. Cantonese, Hakka and Mandarin). None of them had previous practice of interviewing, although all of them were experienced in working with the Chinese community in Glasgow.
- **Numbers of Interviews:** On the basis of the profile of the Chinese population in Greater Glasgow, it was hoped that a list of around 100 eligible and consenting physically disabled Chinese adults could be generated. From this, it was intended that 30 individuals would be randomly selected and stratified for age and gender. However, recruitment proved to be a slow process and, after considerable extension of the recruitment deadline and additional phone calls and meetings with recruiting agencies, some 29 individuals had given consent to be interviewed.

The sessional interviewers contacted these people in order to arrange a suitable time to do the interview. People were offered the choice of being interviewed in their own homes or at another suitable location of their choice. Only 21 of the 29 people who gave consent agreed to give an appointment for an interview. For home-based interviews, all interviewers were accompanied. Interviews lasted approximately 40 minutes.

Section 5: Results

This section presents the results of the 3 focus groups with staff who work with disabled Chinese people and carers of physically disabled Chinese adults. It also presents the findings of the 21 face to face interviews with physically disabled Chinese people (or their carers) which took place in January and February 2007.

Some quotations from the focus groups and interviews are presented in *italics* in order to illustrate key points. Note that some of the quotations in this section refer to WAH HONG. This is the Chinese name for the Chinese Healthy Living Centre within the Chinese community.

5.1 Results: Focus Groups

There were 28 focus group participants in total. Of these, 6 were staff who have some contact with disabled Chinese people. Of the remaining 22, 6 were carers of disabled Chinese people who attended a focus group at the Chinese Healthy Living Centre. This group was conducted in Cantonese. The other 16 carers were part of pre-existing Carers Support Group at the Chinese Community Development Partnership and were invited in advance to take part in the focus group.

5.1.1 Physical and Mental Wellbeing and Quality of Life

At the start of the focus groups with carers, people were asked to indicate, using a numerical scale, their perception of the physical and mental well-being of the person they cared for. It was felt that this might provide some context for the issues they raised.

It seems that most of the carers regarded the disabled person they cared for as having 'reasonable' or 'poor' physical and mental health. Very few indicated 'good' or 'excellent' physical or mental health. See **Table 1** below. In fact, the indication of 'poor' mental health is consistent with carers' perception that the disabled person they cared for experienced isolation, loneliness, stress and depression.

TABLE 1: Physical and mental health of disabled Chinese person as perceived by their carer (focus group participants).

	Physical well-being			Mental well-being		
	Poor or very poor	OK	Good or excellent	Poor or very poor	OK	Good or excellent
Group 1	2	3	1	2	3	1
Group 2	2	12	2	4	10	2
TOTAL	4	15	3	6	13	3

The carers focus groups discussed their perceptions of key issues that affect disabled people. This included identifying *barriers* and *enablers* for enhancing or diminishing wellbeing as well as accessing health-related *information*, *activities* and *services*. There was a great deal of consistency in what people reported thus the main themes emerging from both the carers focus groups and the staff focus group have been merged. This consistency was observed in both the content of the issues and in the priority they gave certain issues. Differences, where they exist, have been highlighted. The key themes emerging from the analysis of the 3 focus groups are presented in 5.1.2 – 5.1.9.

5.1.2 Mobility issues

Being able to get ‘out and about’ was perceived as being one of the main issues that would potentially enhance the well-being and quality of life of physically disabled people.

Being able to have ready access to appropriate transport was an important issue that would enable disabled people to access information or activities such as those provided by the CHLC. It was also cited as a potential key ‘enabler’ in helping people to access health and social services. Participants said that using public transport is not an option for most disabled people.

The staff focus group felt there needed to be some flexibility around the funding of transport for disabled people so that, for example, people from Lanarkshire would be able to access special services for the Chinese community based in Glasgow e.g. Wah Lok Elderly Day Care Centre.

5.1.3 Language issues

Along with mobility issues, language was frequently cited as being a significant issue for disabled Chinese people. It can have a negative impact on people’s health and quality of life by causing isolation. It can also be a barrier to accessing health-related information, activities and services.

It appears that many physically disabled Chinese people are older and, for many, their families have grown up and moved away. People in these circumstances rely heavily on the interpreting service, mostly provided through Glasgow Translation and Interpreting Service (GTIS). There were two key issues about using interpreters that were raised consistently by all focus groups.

- The standard of interpreting is very variable. Sometimes it is known to be inaccurate and people have ‘*lost confidence in the service*’. Participants feel that it can be difficult to accurately convey feelings or symptoms to health care staff when working through an interpreter. They feel that interpreters should be well trained, especially in relation to issues of working in a healthcare setting.

- People feel they do not know how to complain to the interpreting service. It was suggested that the Chinese Community Development Partnership could promote the mechanism for giving feedback to GTIS, through its regular newsletters.
- Confidentiality is felt to be an issue. The Chinese community is close-knit and there is a fear that people, working through an interpreter, may not wish to divulge personal information.

In addition to the need for interpreting support at health care and other appointments, people felt that they needed help with translating letters as *'sometimes you don't know whether it is an important letter about an appointment or junk mail'*. Apparently, San Jai (a local Chinese community project) used to facilitate a letter-reading service but this service has recently ceased. There is still a need for this service and it was suggested that volunteers might be able to fulfil this role.

Interest in English classes was mentioned briefly throughout the focus groups and people acknowledged there is a range of different classes available now. However, it was reported that for many older disabled Chinese people, the focus seems to be on trying to get access to good quality interpreting services.

5.1.4 Being accompanied

It was consistently reported that disabled Chinese people liked to have someone to accompany them on outings or to appointments. This was perceived to be due to low confidence and difficulty with speaking English. Lack of confidence was felt to be a key issue due to being both disabled and Chinese.

Whilst family and friends could fulfil this role, it was reported that not everyone has access to this type of support and people can become isolated. Focus group participants felt that many of the physically disabled Chinese community in Glasgow would benefit from bilingual community support workers, advocacy workers or befriending volunteers. However, people would still need a separate and good quality interpreting service.

5.1.5 Homehelp services

The need for homehelp services for physically disabled Chinese people was mentioned frequently in all 3 focus groups. Help with cleaning, ironing and food preparation was cited as something that could enhance disabled people's health and well-being.

The staff focus group had some examples of disabled Chinese people who had refused homehelp services, despite needing it, because the homehelp would speak English and they would be unable to communicate. The ideal situation would be bilingual homehelp but the group acknowledged that people with bilingual skills would be well educated and would be employed in higher status jobs. Better pay and conditions would be required. Having a service run by volunteers e.g. from churches, was an alternative suggestion.

5.1.6 Discrimination Issues

The issue of discrimination by other non-disabled Chinese people was also raised, although only in the focus group with staff. Participants reported that the Chinese community was *'less tolerant of disabled people than the Western community and that attitudes need to change'*.

The group discussed potential solutions and ways in which attitudes could be challenged. For example, respected Chinese organisations could become models of good practice in supporting disabled members of the community, e.g. giving 'disabled people awards' or 'awards for carers'. Similarly, talks by professionals at open days or at the Chinese New Year, could help to challenge negative attitudes to disabled people within the Chinese community.

5.1.7 The role of the CHLC

- **Health-related information**

Participants felt that the disabled people they cared for would be interested in having access to information about health issues. Food issues and nutrition (provided it was culturally sensitive) was the only example cited, despite prompting with other issues by the facilitator.

Information should be offered in written Chinese or preferably should be available in audio-visual forms (DVD, videos, CDs and tapes) in people's own language. This would help to overcome the issue of low literacy especially amongst the older Chinese population. It was suggested that such information could be sent (or lent) directly to people's own homes.

However, there was a strong message from participants that having everything home-based was not the solution, and there should also be opportunities for disabled Chinese people to go 'out and about' to access information, such as attending open days, health fairs, or talks. It is perceived that people like to have the opportunity to socialise. This idea inevitably led participants to raise the need for accessible transport to facilitate this. The Chinese Supermarket was suggested as an alternative venue for promoting information on health issues.

- **Activities and groups**

Participants felt that the disabled people whom they cared for would appreciate having access to appropriate forms of physical activity (e.g. swimming or walking, 'chair Tai Chi'). This was cited as being something that might enhance people's sense of physical and mental well-being. Participation could be enhanced by offering classes or activities which are specifically targeted at disabled people. Participants felt this would be popular, especially if transport is provided. Also, there should be a strong emphasis on social or fun activities (e.g. English classes, Chinese Chess, computer classes) which promoted friendship and would help reduce isolation. Having said this, focus group participants commented that many physically disabled people are old and frail and that poor physical health may be a significant barrier to them taking part in activities.

- **Promoting access to health and other services**

Lack of knowledge about health and social services (and how to access them) was reported in each focus group as being a significant issue for disabled people. Some ideas or ‘enablers’ were proposed to address this issue. These included having awareness days, talks or health fairs. An alternative suggestion was to ensure there was a focal point for the Chinese community (perhaps an office or a telephone helpline) that could help people to access various services to which they are entitled.

Comments were made about health care staff, some positive, some negative. For example, *‘The way health care staff treat people (i.e. with more courtesy) has improved over the last 10 years’*. On the other hand, someone said, *‘The GP receptionist refused to request an interpreter for me, saying that I can speak some English. But I told her that I need someone who can help me to understand what the doctor says to me.’*

Similarly, there was a perception that Chinese do not get the same standard of service, and that there is still a need to address racism and lack of cultural sensitivity within the health service. It was suggested that, for example, employing more staff of Chinese origin would be appreciated.

Physiotherapy services and being able to apply for a wheelchair were also cited, albeit very briefly, as things that might enhance disabled people’s wellbeing.

5.1.8 Financial Issues

Financial issues were mentioned briefly by two of the focus groups. People felt that money troubles can have a negative impact of the health and well-being of disabled Chinese people. Furthermore, it was mentioned that some people are not severely disabled enough to receive some benefits and are ‘trapped’ with very little money.

The Independent Living Fund (ILF) can be used to buy services or transport but people are generally unable to access bilingual services so they do not get the sort of services they really need.

5.1.9 Funding of Chinese Projects

The staff focus group felt strongly that funding issues severely limit the ability of their organisations to meet the needs of disabled Chinese people, for example, *‘We cannot move forward because we are just trying to survive’*.

People felt that general Black and minority ethnic (BME) services are not culturally specific enough to meet the needs of the Chinese community. Chinese community projects could, people felt, ‘bridge the gap’ between statutory services and the Chinese community as they are familiar with the types of services and activities that are culturally appropriate.

5.2 Results: Interviews

Of the 29 people who originally gave consent to be interviewed, only 21 agreed to take part when contacted by the interviewers. People were not obliged to give a reason for having changed their mind about taking part, however, anecdotally, it seemed that a few people had returned to Hong Kong for the Chinese New Year in the intervening period.

Twenty-one face to face interviews took place in January and February 2007. Seventeen of these interviews were directly with physically disabled adults. The other 4 interviews were with carers of physically disabled adults. During the interviews, both quantitative and qualitative data were collected using a semi-structured questionnaire. The data were analysed qualitatively using a themed approach and quantitatively. The results are presented in the section that follows.

A note about the process: Working across different languages is always a challenge for the research process. Four different sessional workers were used partly to ensure competence across the range of potential languages that participants would want to use (Cantonese, Hakka and Mandarin) and partly to support a community development process in which people from the Chinese community had the opportunity to be trained on, and use, interviewing skills. One interviewer conducted ten interviews while the others completed 3 or 4 interviews each. Despite efforts to ensure a consistent approach across all the interviews, considerable variety did emerge. Of particular relevance was the use of prompts; some of the interviewers consistently used all the prompts, and others did not. As a result, the number of ‘missing values’ was quite high in some questionnaires. This was compounded by the fact that many of the participants were older and infirm and did not wish to offer an opinion on every question or prompt.

One interviewer felt that the Chinese translation of the questionnaire used rather formal language. Sometimes rephrasing of the question using simpler language was necessary. This may have led to some inconsistency between interviews. In general, however, the majority of questionnaires were completed to a high standard and good data were collected.

5.2.1 Background information & demographics

- **Age and Gender:** In total, 21 interviews were conducted. There was a fairly even split between the genders (9 males vs.12 female) and across age groups (9 were aged between 16-65 years with 12 being 65 years or over).
- **Wheelchair use:** Frequency of wheelchairs usage was used as an indication of severity of physical disability. The majority of people interviewed were mild-moderately disabled with 16 out of 21 people stating that they ‘never’ or ‘sometimes’ use a wheelchair (see Table 1).

Table 1: Level of Disability	Frequency of wheelchair use		
	Always	Sometimes	Never
How often, if at all, do you use a wheelchair?			
Numbers	5	3	13

- **Language:** Most of the interviews (n=17) were conducted in Cantonese. Only 3 were conducted in Hakka and 1 in English. Mandarin was not used at all. Most people said that they ‘were not very confident’ at speaking or reading English, with very few people indicating that they were ‘OK’ or ‘very confident’ at reading or speaking English (see Table 2).

Looking at gender and language together, one in three men were ‘OK’ or ‘very confident’ at speaking English compared to only one in six women. (Stephani – I have added gender analysis to Table 2 below)

	‘very confident’	‘OK’	‘not very confident’
How confident are you at speaking & understanding spoken English?	3 (1 male, 2 female)	2 (both male)	16 (6 male, 10 female)
How confident are you in being able to read English? (NB. 1 value missing)	1 (1 female)	4 (3 male, 1 female)	15 (6 male, 9 female)

- **Physical and Mental Well-being:** All interviewees rated their physical well-being as either ‘OK’ or ‘poor’. Most people had multiple health problems, for example, *‘I had a stroke, got heart problems, diabetes, and also one eye cant see...too many problems, I cant mention them all’*. Among the most commonly mentioned health issues were stroke, high blood pressure, heart disease and musculo-skeletal problems. Diabetes, gout, liver and kidney problems were also mentioned but much less frequently.

Mental well-being seemed to be more evenly spread, with 13 respondents indicating that their mental well-being was ‘OK’ or ‘quite good’, for example, *‘I am relaxed, retired and enjoying life’* and *‘I am an optimistic person. I always think positive’*. However, several people related their poor mental health directly to their physical health issues, for instance, *‘Due to my health problems, I feel quite stressed’*. See Table 3 for information on self-reported physical and mental well-being.

	Very poor	Fairly poor	OK	Quite good	Very good
Physical well-being (1 missing value)	4	6	10	0	0
Mental well-being (2 missing values) (1 ‘don’t know’)	1	4	7	6	0

5.2.2 Physical Access Issues

- **Steps at front entrance of CHLC:** People were asked if they would find it difficult to enter the CHLC as it has 8 steps leading to its front entrance. Eleven people said that this would not pose them any problem. However, 5 people indicated that they would need ‘some help’ and 4 people (all of whom use a wheelchair at all times) said it would be ‘impossible’ (1 value was missing). Of those who said they would require ‘some help’, being accompanied or having electric doors were cited most frequently as being useful adaptations, *‘Please put self-opening doors at the entrance; that would be a great help’*.
- **Other Physical Access Issues:** People were asked what sort of things make it easier for them to enter and move around public buildings. Four of the 21 respondents felt that it was ‘not relevant’ to answer as they did not require any help to enter or move around public buildings.

Of the 17 who expressed an opinion about physical access issues, having easy access to the main entrance was a key issues for most people. Other physical access issues were also important, for instance, *‘Wide doors, wide corridors, no stairs at all, are all important’*. Looking at the quantitative and qualitative data together, the idea of self-opening electric doors seemed to the next most helpful adaptation, for example, *‘Some doors are quite heavy and stiff to open’* and *‘Some disabled people can’t manage to push or pull doors therefore self-opening doors are helpful for us’*.

Although it is difficult to generalise with such small numbers, there is an indication that issues such as being able to move around inside by wheelchair, having disabled toilet facilities and ‘all on one level’ accommodation, were less significant, especially for those who had rated themselves as ‘mildly’ physically disabled. Yet issues such as easy access to the main entrance, handrails and self-opening doors seemed popular adaptations, irrespective of severity of disability. Table 4 shows the range of physical access issues and the scores which were attributed to each one.

	Perceived level of importance		
	Very	Fairly	Not at all
Disabled parking near-by (3 missing values)	11	1	2
Easy access to main entrance (1missing value)	13	1	2
Being able to move around inside by wheelchair (2 missing values, 1 ‘don’t know’)	10	0	4
Disabled toilets or raised toilet seats (3 missing values)	10	0	4
All on one level – no internal stairs (2 missing values)	10	1	4
Handrails to help me move around inside (3 missing values)	8	4	2
Self-opening doors (3 missing values)	11	0	3

5.2.3 Health Information

Participants were told that the CHLC provides information on health issues such as mental health, healthy eating, physical activity, etc. People were asked if they would be interested in getting information on such topics. Their responses, along with some themed comments, are presented in Table 5 below.

The majority of participants were ‘very’ or ‘fairly’ interested in having access to information about health issues, *‘I only listen to my GP but sometimes I do read books or leaflets about health’*. Many people offered an explanation for their response. Most of those who were keen, said they would like to have health information so they could find out more about their current condition or prevent other ailments, for example, *‘I’d like to know more to prevent other illnesses and to know more about the health problem I have at the moment’*. Those who were less interested in health information mostly cited their age or low literacy levels as reasons (of those, 3 were male and 1 was female), for instance, *‘I am too old, I wouldn’t stay long. Also I cant read or write English or Chinese’*.

Table 5: Interest in Health Information	Very interested	Fairly interested	Not interested
Number of participants	6	11	4
Themed Comments	Yes, health reasons	No, too old	No, literacy/ other reason
Number of participants (5 missing values and 1 ‘don’t know’, 1 multiple response to bring total to 22 comments)	12	2	2

Participants were invited to give their views on ways in which they would like to receive health information. The responses are presented in Table 6 below.

- **Leaflets:** Leaflets appeared to be the most popular way in which participants would like to receive information on health. Traditional Chinese would be the most appropriate written form for leaflets for the majority of people (n=15). Only one person could read simplified Chinese only. One person indicated that English would be suitable but that they also read both traditional and simplified forms of Chinese too. Those who said that leaflets were *not* suitable cited illiteracy as the reason. Most people (n=14) would prefer this information to be posted to their own homes. One person, even although this was their preference, said, *‘The best way is to post it to my house but this will cost extra for the CHLC....it would be nice if we could get them at the Cash and Carry’*. Only 5 people expressed a preference to receive leaflets at Wah Lok or at other community groups.
- **Audio/visual formats:** Receiving health information in audio and visual form also seemed to be popular. People expressed a strong preference for these to be in their own language (n= 16) and most people, who expressed a preference, would like to view or listen to health information in their own homes.

- **Seminars and Health Fairs:** Attending seminars and health fairs seemed to be less popular ways in which to receive health information. Reasons given for not wanting to attend seminars were age or poor memory, for example, *'I am too old, it is difficult to learn'* and, *'I don't think I will understand and I only trust my GP'*. Also the need to be accompanied seemed to be significant for a few people, *'If someone could come and take me'*. Positive reasons for being interested in attending talks/seminars are to learn about health, *'We need to broaden our knowledge of how to stay healthy by attending talks/seminars, reading more books and doing what the GP tells you, especially as we are getting older, we need to watch our intakes'* and, *'I always go to Wing Hong for seminars, as long as I understand I will go'* and *'Yes, if I am free and the topic is important to me'*.

Levels of interest in attending health fairs seemed to be more mixed with 11 people expressing an interest and 9 people saying they were not interested. Reasons for not wanting to attend included issues around literacy and their disability, for example, *'It would be too much of me'*. Those who expressed an interest did so because they wanted to learn more about health issues, *'To expand my knowledge of health'*.

- **Internet:** When people were asked if they were interested in getting health-related information from the internet, the overwhelming response was *'No!'*. Many people said they are not interested in learning about computers or the internet, for instance, *'I don't know anything about computers'*. However, 2 people who said the internet was a good way to get information about health issues - both were over 65 years (1 male, 1 female). Interestingly both of them said they had gained computer skills from the CHLC, *'I learned it from CHLC'*.

Table 6: Delivering Health Information

Leaflets		DVD/video/audiotape		Seminars	Health Fairs	Internet
Interest?	Language *	Interest?	Language *	Interest?	Interest?	Interest?
17 yes 3 no -	15 Tradit'l Chinese 5 Simplf'd Chinese 1 English	15 yes 4 no -	16 own 1 Eng -	13 yes 7 no -	11 yes 9 no -	2 yes 18 no -
1mv 2 nr	3 mv 2 nr	2 mv	2 mv 3 nr	1 mv	1 mv	1 mv
Key: mv = missing value; nr = not relevant * denotes where people have indicated more than one choice thus totals exceed 21.						

5.2.4 Groups and Activities

People were asked if they were interested in participating in the types of group activities and classes offered by the CHLC. Table 7 shows the responses.

Two people (both carers) said that nothing would be suitable for the disabled person they cared for as, *'None of the activities at Wah Hong would suit her'* or another said, *'...it would be so hard for him to join in any activities or classes'*.

The most popular activities were Tai Chi and massage (each having 10 participants who were 'very' or 'fairly' interested). Gaining moderate interest were aerobics classes and a mental health group (e.g. *'I need somebody to talk to so I can put aside the pressure for a while'*). Activities that generated lower levels of interest were yoga, healthy eating and cooking, smoking cessation (many people indicated that they are non-smokers), social group/hobby-based group.

Least popular of all appeared to be English classes, (e.g. *'Waste of time and money...we're too old to learn'*) and pain management groups (the high level of missing values and 'don't knows' indicates that people may not have been clear about what was on offer at this type of group). In addition (and in keeping with the earlier comments about potential sources of health information), internet classes were very unpopular, with 13 people saying they were not interested. For example, a common comment was, *'I am too old to learn'*. Nonetheless, internet classes had 1 supporter, who said, *'I have been to 3 beginners lessons and found it very helpful'*). Interestingly, both English classes and internet classes had been suggested by the staff and carers focus groups. There was only one suggestion for another group/activity, for 'outings'.

	Very interested	Fairly interested	Not interested
Aerobics (suitable for disabled people) (7 missing value) (1 don't know)	4	2	7
Tai Chi (7missing value) (1 don't know)	5	5	3
Yoga (9 missing value) (2 don't know)	3	1	6
Massage class (5 missing value)	7	3	6
Healthy eating/cooking (7 missing value) (2 don't know)	3	2	7
Smoking cessation (7 missing value)	4	0	10
Mental Health (7 missing value) (1 don't know)	4	3	6
Social group/hobby (6 missing value) (4 don't know)	1	3	7
English language class (5 missing value)	2	0	14
Internet class (6 missing value) (1 don't know)	0	1	13
Pain management group (8 missing value) (5 don't know)	2	0	6
Other suggestions	1 suggestion for 'outings'		

5.2.5 Barriers and Enablers

The next section of the questionnaire explored some of the barriers to taking part in healthy activities. Also, people were invited to give their views on things that would help them to be able to take part in activities – known as ‘enablers’. The results appear in Table 8 below.

Interviewees said that the most significant barriers for them were not having appropriate transport, not understanding the language (e.g. *‘There’s no point to join in if I don’t understand it’*) and, to a slightly lesser degree, not having someone to accompany them to things. This was reinforced by looking at the perceived enablers for people. People said that the following things would make it more likely for them to participate in healthy activities such as those provided by CHLC:

- having appropriate transport,
- knowing that activities would be conducted in their own language, e.g. *‘This is very important because I can’t speak English’*, and also, *‘There are a lot of activities in Hakka but I don’t understand Hakka’*.
- having someone to accompany them, for example, *‘I cant walk and need someone to accompany me’*.

Making buildings more physically accessible also received significant support. Being able to ‘meet others and have fun’ seemed to be a positive enabler too, for many people who responded. Interestingly, however, this issue was reported as being ‘not at all important’ for 4 people (all of them were men, 3 of whom were over 65 years).

Although 4 people said that ‘being the only disabled person there’ was a significant barrier for them, most interviewees (n=10) did not seem to be very concerned about this, with a common comment being, *‘I don’t mind’*. This was reinforced by the fact that ‘knowing that there would be other disabled people there’ was not a significant enabler. However, clearly the stigma of being disabled is quite profound for some people as one carer reported, *‘He is ashamed to be seen in a wheelchair and doesn’t like people to stare, so he refuses to go places where there are lots of people. He thinks activities won’t help him. He refuses to go out for any activities since the stroke, apart from a hair cut and dinner once a month’*. Another alluded to wider discrimination amongst the community by saying, *‘Nobody comes to speak to my husband when we go out even though my husband knows them. Maybe it’s because he has difficulty speaking after the stroke. I don’t know why nobody comes and shows their friendship to him’*.

Lack of money, as a potential barrier, was evenly split between 6 people who felt this was an important issue and 6 people who did not. Similarly, being able to ‘get information sent to my own home’ was a very strong ‘enabler’ only for about half of those who responded to this question (there was some indication that those who were less keen on information being sent to their homes were those with literacy difficulties).

Additional ‘enablers’ were suggested and these appear at the foot of Table 8.

Table 8: Barriers and Enablers to Taking Part in Healthy Activities

BARRIERS	Perceived Level Of Importance		
	Very	Fairly	Not at all
No-one to accompany me (4 missing values) (1 'don't know')	10	2	4
No transport (4 missing values) (1 'don't know')	13	1	2
Places not being accessible for disabled people (7 missing values) (3 'don't know')	10	0	1
Being the only disabled person there (7 missing values)	4	0	10
Not understanding the language (6 missing values)	12	2	1
Lack of money (9 missing values)	6	0	6
Other?	No suggestions		
ENABLERS	Very	Fairly	Not at all
Someone to accompany me (3 missing values)	12	1	5
Having access to appropriate transport (3 missing values)	12	4	2
Knowing that places will be physically accessible (7 missing values)	9	1	4
Being able to get information sent to my own home (6 missing values)	8	2	5
To have groups/activities run in my own language (3 missing values)	14	2	2
Being able to meet others & have fun (4 missing values)	12	1	4
Knowing there would be other disabled people there (6 missing values)	3	2	10
Other?	<ul style="list-style-type: none"> • 'Has to be interesting enough to attract him' • '24 hour carer' 		

5.2.6 Access to Health and Social Care Services

Access to health and social care services was identified by the focus groups as potentially being a very important issue for physically disabled Chinese people. Thus the final part of the interview focussed on 3 areas relating to health and social care services:

- (i) investigating key issues on accessing services (knowledge, language, transport etc);
- (ii) investigating people's views on a central information point to support access to services;
- (iii) finding out views on some currently available services.

The results are presented below.

(i) Issues around accessing services

People were asked directly about 3 issues that were identified by the focus groups as potentially being significant with regard to accessing services:

- knowing what services are available and how to get them,
- transport issues,
- language barrier.

Interviewees were also given the opportunity to comment on other possible issues they might have in trying to access health and social services. The results are presented in Table 9.

- **Language:** Language seemed to be the most significant issue, with 15 out of 20 people saying they felt that the language barrier makes it difficult for them to access services, for example, '*Yes this is the main barrier as I can't speak English*'. Interestingly, 5 people said language was not an issue for them yet this did not seem to correlate with their self-reported language ability. Two of them had earlier described themselves as being confident in English, 1 was 'OK' and 2 were not confident in English. However, one person did say, '*No, language is not a problem because the interpreting service will be provided when asked*'.

In terms of gender bias, more women than men (10 versus 5) said that the language barrier makes it difficult for them to access services. Conversely, more men than women (4 versus 1) said that language is *not* a significant barrier.

- **Knowledge/Information:** About half of the respondents (n=10) did not feel that they had enough information about what services are available or how to get them. Note that this is in contrast with the staff focus group who thought this would be a very significant issue. This appears to be more of an issue for women than men (7 versus 3). People mentioned language and literacy issues as compounding factors. A few others mentioned that CHLC is good at fulfilling this role, for example, '*Wah Hong (CHLC) already sent all kinds of info*'.
- **Transport:** Transport seems to be a less significant issue than knowledge or language, with 7 people saying they have access to appropriate transport and 5 saying they did not (7 people were unsure). There is an indication that transport may be more of an issues for women than men (5 versus 2), however, numbers are small and should be interpreted with caution. Few comments were received. There was one reference to using free public transport (for older people) and a few other references to using private cars. One person was less fortunate and said, '*No transport is provided because I live outside Glasgow*'.
- **Other Possible Issues:** Interviewees were asked about some other issues that had the potential to make it difficult for them to access health and social care services. These are listed in Table 9. Significant issues for a number of people seemed to be:
 - lack of confidence;
 - issues with the interpreting service;
 - feeling they are not involved in their own care.

A less clear cut picture emerged for some issues. Although numbers are small, it seemed that most people did not feel they are treated differently by staff because they are Chinese, or that cultural insensitivity was a big issue. Negative attitudes of staff received a more equal score between those who felt it was a very significant issue (n=4) and those who did not (n=5).

Table 9: Issues Around Accessing Health and Social Care Services

Main Issues		Yes		No	
Knowledge (do you feel you what services are available and how to get them?) (1 missing value; 1 don't know)		9		10	
		M	F	M	F
		5	4	3	7
Transport (do you have access to appropriate transport to enable you to use services?) (2 missing values; 7 don't know)		7		5	
		M	F	M	F
		2	5	5	-
Language (do you feel the language barrier makes it difficult for you to use services?) (1 missing value)		15		5	
		M	F	M	F
		5	10	4	1
Other possible issues *		Very significant	Fairly significant	Not significant	
Lack of confidence (7 missing values; 3 don't know)		6	1	3	
Issues with the interpreting service (5 missing values; 3 don't know)		7	1	4	
Negative attitudes of staff (7 missing values; 1 don't know)		4	3	5	
Services are not sensitive to Chinese culture (5 missing values; 5 don't know)		2	3	5	
Don't get the same standard of service because I am Chinese (7 missing values; 3 don't know)		0	4	6	
Feel I am not involved in my care or what happens to me (8 missing values; 4 don't know)		7	0	1	
* One participant said that they did not need any services at the moment and so did not complete the rest of this section of the questionnaire, therefore only 20 set of data were received.					
Key: M = male; F = female					

(ii) Central Information Point

Interviewees were asked what they thought about having a central point (an office or a telephone helpline) that could help them to access the right services. Most people (n=14) thought that this was a very good idea (note: there were 4 missing values and 3 don't know).

Many people made positive comments to illustrate their support for this idea. These fell into the following themes:

- **Language:** A number of people referred to the fact that a central information point would help overcome the language barrier, for example, *'Yes, very good. People like us can't speak any English and this central point will be a great help for us'* and *'Yes, it's a very good idea because people don't understand English and don't know what they are entitled to'*. However, it was suggested that the service should not only provide translation but should be there to provide some support, for example, *'To speak my own language and help solve problems'*.
- **Literacy:** One person mentioned literacy as the main reason they would find this type of service helpful, for example, *'Yes, especially as I am not literate. If someone can explain to me, it'll be very helpful'*.
- **Telephone service:** There were some comments in support of this type of service being available by telephone, mainly for convenience due to mobility difficulties, for example, *'Yes, very good, over the phone because I can't walk'*, and *'Yes, I stay quite far from the city centre therefore it is difficult for us to use Chinese services in the city centre. So it would be a great help for us if there is a 24-hour telephone helpline'*.
- **Emergencies:** A few people referred to the fact that this sort of service would be good for emergencies, for example, *'A 24 hour service will be much better. If an emergency occurs during the evening we would know where and who to contact'*.

(iii) Views on selected services

Finally, people were asked for their views on some services that are currently available, namely *homehelp*, *community support worker*, *befriender* and help with *reading letters*. Participants were given a brief explanation of these services and then were asked whether they were already using these services and if they had found (or think they would find) the services helpful.

It is difficult to make any generalisations about the data from this part of the questionnaire, mainly because of the considerable numbers of missing values or 'don't knows'. This may be due to people not being clear about what was offered by these services, despite being given an explanation. This data was also analysed for gender, but numbers are small and rarely showed a gender bias. It can be seen that help with reading letters is the most popular service, while a befriending service may be the least helpful. The findings are presented in Table 10 and some of the comments offered by interviewees are outlined below.

- **Homehelp:** Only 4 people indicated that they had experience of this service. A few additional comments were received, some positive, for example, '*It's very helpful when he's in pain*' and some were rather negative, for example, '*Not good, always late, so everything is late - medication, meals – and can't cook a Chinese meal*'. One person said that they would like a Cantonese-speaking homehelp. This was an issue that also was raised by the staff focus group. A few people mentioned that this service would not be helpful as they (or their carer) can manage household activities. No gender bias was found in relation to questions on the homehelp service.
- **Community Support Worker:** A couple of people who said they had used this service were very positive about it. For example, one carer said, '*Yes they come to take her to different activities with transport – things that suit her*' and another reported, '*Very helpful. They organised everything for my wife – take her to her medical appointments and day trips*'. One person indicated that they '*prefer to get help directly from Wah Hong*' (i.e. Chinese Healthy Living Centre).

It seems that there was some support for this type of service, with 8 out of 10 people, who expressed a view, indicating that they felt it would be 'very helpful' or 'fairly helpful'.

There was a slight gender bias found in response to questions about the Community Support Workers service, although this must be interpreted with caution as numbers are small. More women had already used this service before (3 : 1) and more women than men indicated that they would find this a very helpful service (4 : 2).

- **Befriender:** Of the 4 services, this one had been the least used and seemed to be the least popular with the participants. One person indicated that they already use this service and they find it very helpful. Another person said, *‘I have asked for this service for my husband but it is not available at the moment’*. Another interviewee (a carer) said that, although she feels her husband would benefit from this type of service, he is reluctant because of personal physical issues with which a befriender may not be willing to help.

Looking at the gender analysis for the Befriending service, no apparent gender bias is apparent.

- **Help with reading letters:** Of the 4 services, this one had been the most used by participants. It also scored highest for being very helpful. All those who indicated it is or would be a very helpful service had described themselves as ‘not very confident’ or ‘OK’ at speaking/writing English. Of the 3 people (all men) who said it would not be a helpful service, 2 had previously indicated that they were ‘very confident’ or ‘OK’ at speaking/writing English. The third person said they would not find it helpful because, *‘I have my children to help me’*. In fact, a few others mentioned asking relatives to read letters for them.

It is difficult to draw any firm conclusions about gender bias in relation to this service, although there may be a slight indication that it may be a more helpful service for women. This would be consistent with the language/gender analysis in Section 5.2.1 (Table 2), which indicated that a greater proportion of women are not confident at speaking or writing English.

Several people said that they use Chinese community organisations - Wah Lok, Wing Hong, San Jai or the CHLC - to read letters, for instance, *‘CHLC is very helpful to us – me and my wife – they make appointments, read letters etc...thanks!’*, and other said *‘I take all my letters to Wing Hong Day Centre and the staff there will sort and organise an appointment for me’*.

Table 10: Views on Selected Services

Type of Service	Used before?				How helpful would it be/ has it been? *					
	Yes		No		Very helpful		Fairly helpful		Not helpful	
Homehelp (* 4 missing values; 6 don't know)	4		12		4		2		4	
	M	F	M	F	M	F	M	F	M	F
	2	2	6	6	2	2	1	1	2	2
Community Support Worker (* 1 missing values; 9 don't know)	4		5		6		2		2	
	M	F	M	F	M	F	M	F	M	F
	1	3	3	2	2	4	1	1	1	1
Befriender (* 1 missing values; 10 don't know)	1		6		3		2		4	
	M	F	M	F	M	F	M	F	M	F
	-	1	4	2	2	1	-	2	2	2
Help with reading letters (* 3 missing values; 6 don't know)	8		4		8		0		3	
	M	F	M	F	M	F	M	F	M	F
	4	4	3	1	3	5	-	-	3	-
Key: M = number of males; F = number of females										

5.2.7 Gender Issues

The final part of the interview investigated the potentially different issues and barriers facing disabled people, depending on whether they are a woman or a man. People were asked whether they thought there are particular issues for women or for men that service providers should take into account when planning or providing services.

Of the 10 people who responded, 5 (3 males and 2 females) said 'yes' and 5 said 'don't know' (11 missing values). One woman said, '*Absolutely!*' Only a couple of respondents offered some explanation for their response or suggestions, for example, '*It'll be more comfortable for my husband if a man becomes his befriender rather than a woman, because they can share and talk about more topics. If there is a male social worker I think that'll be more helpful too*'. Another reported, '*Service providers should try to arrange female interpreters for ladies and male interpreters for gents as some of the health issues are quite personal and embarrassing. Also toilet seats should be higher for gents than for ladies as they are taller and it will make it easier to sit on the toilet and get up again*'.

5.2.8 Additional Comments

Participants were given the opportunity, at the end of the interview, to make any additional comments or suggestions. These are presented under the following themes:

- **'Useless research!':** one person said that they did not feel our research was useful as it would only end up duplicating the work of another organisation called, *Carer*. He suggests that this is a waste of resources if the CHLC do not combine with Carer.
- **Wheelchairs:** CHLC should do a 'wheelchair for rent' scheme.
- **Transport to CHLC:** People would like to use the CHLC but, because they do not have a car and or find it difficult to use public transport, feel it is impossible to get there.
- **Interpreting Service:** Interpreting service is a very important service for the Chinese community.
- **Acupuncture and Massage:** Could the NHS provide traditional Chinese massage and acupuncture (carried out by Chinese doctors) as part of mainstream NHS services?
- **Help from Council:** One mother feels she gets plenty of support from 'the council' for her disabled daughter. This gives her time for her other children and for herself.
- **Comparison to services in Hong Kong:** one person talked about how well disabled people are cared for by Social Workers in Hong Kong. In particular he mentioned a weekly home visit and hopes that a similar service can be established here.
- **Thanks to CHLC:** 'Chinese Healthy Living Centre is very helpful!'

Section 6:

Conclusions & Recommendations

This section draws together the findings of the 3 focus groups and 21 individual interviews to form conclusions. The number of interviews was disappointing (the desired number was 30). However, the quantitative and qualitative data from the interviews generally (though not always) concurred well with the findings of the 3 focus groups, and so the conclusions can be stated with some confidence.

This section also recommends ways in which the CHLC may develop its role to become more accessible to physically disabled people. Whilst the recommendations have been made specifically with the CHLC in mind, many of the issues raised might be of interest to other partner agencies. Furthermore, whilst the recommendations are focussed on *physically disabled* Chinese people, some of the suggested changes may also improve the Centre's access for people with other forms of impairment, such as sensory impairment.

6.1 Physical and mental well-being of participants

The physical and mental well-being of the physically disabled Chinese adults who took part in the study, or whose carers participated in a focus group, is mostly reasonable to poor. Reports of good or excellent physical and/or mental health appear to be rare amongst this group.

Both the physical and mental wellbeing of this group of disabled people seems to be affected by their disability and, for many of them, because they have a number of co-existing ailments. This may be a reflection of the fact that most people interviewed are of an older age group.

It is interesting to note that the carers and staff focus groups felt that the disabled people they cared for, or with whom they had contact, experienced significant levels of isolation, loneliness, stress and depression. Interestingly, this was not frequently reported by the disabled people themselves during face to face interviews. This may be due to the fact that people find it more difficult to volunteer information about issues relating to their mental health than they do about physical ailments.

Although this research did not set out to look at the needs of carers (as this would be a substantial investigation in itself), many of the comments about disabled people's complex physical and mental issues imply that carers may be under a significant and long-term strain.

RECOMMENDATIONS: Physical and Mental Well-being

- Be aware of, and account for, the fact that disabled Chinese people may have quite poor physical and mental health when developing information, services and activities for them, e.g. they may need extra support to attend groups.
- Consider investigating the needs of carers of disabled Chinese people, with other relevant partner agencies.

6.2 Physical Access to the CHLC

Being able to physically get into a building is, understandably, the most important issue for physically disabled people. Currently, the 8 steps at the entrance to the CHLC makes it *impossible* for more severely disabled people (who have to use a wheelchair at all times) to access the CHLC. However, this is only a relatively small proportion of the physically disabled people surveyed. Irrespective of the severity of their physical impairment, easy access to the front entrance was an important issue for most disabled people.

Most of the potential internal adaptations suggested to the interviewees were popular, but some had more universal support than others, for example, hand rails and self-opening doors. Action on these issues would, it seems, really improve the physical accessibility of the Centre.

RECOMMENDATIONS: Physical Access to CHLC

- Consider the potential of making the entrance to the CHLC accessible for people who need to use a wheelchair.
- Ensure other methods of support/assistant are publicised and available (e.g. staff available to help people up the front steps, self-opening front door).
- Consider making some physical adaptations to the interior of the CHLC, prioritising the fitting of handrails and self-opening internal doors.

6.3 Health Information

6.3.1 Materials in printed and audio-visual formats

Physically disabled Chinese people are generally interested in having access to information about health, mostly so they can learn more about their own condition or to prevent further health problems. The few people who are less keen on receiving health information are likely to be male, older and have literacy issues. In fact, language and literacy are the main issues to consider when planning the format of health information.

Presenting health information in audio-visual (DVD's, videos) and audio (CDs, tapes) formats may be one of the most effective ways to get health information to this target group. Materials would need to be available in Cantonese and Hakka. The need for Mandarin-based materials is not conclusive on the basis of this study and should be explored further.

Leaflets are also a popular format for receiving health information but they need to be in Chinese. According to this study, traditional Chinese should be prioritised over simplified Chinese but the CHLC may wish to check that this is true for a wider Chinese population. According to the findings, printing leaflets in English may not be necessary for this target group, mainly due to the age profile. Even if people do read English it is likely that written Chinese will also be suitable.

Providing information in both written and audio-visual formats helps to overcome the mixed levels of literacy found within this population. Furthermore, giving people the option to have materials (written or audio-visual) sent to their own homes would be a significant way to improve physically disabled Chinese people's access to health information. This should not be done, however, at the expense of supporting people to attend the Centre as the potential for social interaction may be valuable.

RECOMMENDATIONS: Materials in printed and audio-visual formats

- **Information formats:** Health information, wherever possible, should be provided in 2 formats in order to account for language and literacy issues: leaflets (using traditional Chinese characters) and audio-visual/audio formats (using Cantonese and Hakka). The need for Mandarin-based materials should be explored further.
- **Database of disabled Chinese people:** Consider developing a register /database of disabled Chinese people who wish to receive or borrow written or audio-visual material in their own homes and ensure regular mailings.

6.3.2 Seminars and health fairs

Although less popular than leaflets and audio-visual formats, attending seminars seem to be a fairly acceptable way to receive health-related information. Again, people are keen to learn about health issues, although seminars may have limited appeal to some older members of the disabled Chinese Community. Levels of interest in attending health fairs seemed to be more mixed, probably due to literacy issues.

Despite this, seminars and health fairs may be useful ways to reach the disabled population, particularly due to the opportunity for socialising. However, these should be offered in conjunction with other methods (e.g. leaflets, audio-visual) to ensure wider appeal. Disabled people may be more likely to attend seminars and health fairs if they are accompanied and if transport is provided.

RECOMMENDATIONS: Seminars and Health Fairs

- **Accessibility:** Ensure the CHLC's programme of seminars and health fairs are held in venues that are accessible for physically disabled people. Also ensure that verbal and written communication at these events take account of language and literacy issues.
- **Accompanying people:** Consider setting up a service (perhaps provided by volunteers and/or befrienders) in which disabled people are offered an 'escort' at health fairs/seminars to help them move around and access information. The 'escort' could also offer to provide or arrange transport for the disabled person, if required.

6.3.3 Computer/internet

Using computers or the internet to help people to access health information does not appear to be a viable option for this target group. Most people did not have a computer at home or the skills to use one, nor did there seem to be any interest in learning these new skills for the majority of people. However, the internet clearly has been useful for a few people in accessing health information and should continue to be available at the CHLC for this client group.

RECOMMENDATIONS: Computer and internet

- **Low Priority:** Computers/internet should not be prioritised as a way of helping physically disabled people access health information.
- **Accessible classes:** Computing/internet classes, currently on offer at the CHLC, should be sensitive to the needs of this target group by ensuring easy physical access, and accounting for language/literacy issues.

6.4 Group Activities

It was clear that, for a few severely disabled people, taking part in health-related group activities or classes was not possible or appealing, according to their carers. However the majority of physically disabled people would value having the opportunity to take part in some activities. The most popular activities may be Tai Chi and massage.

Yoga, healthy eating/cooking and social/hobby-based groups may have more limited appeal, although there is some indication that social/hobby groups could generate interest given the right focus and support for people to attend. There should be an emphasis on fun and socialising.

English classes seemed to be entirely unpopular, probably due to the older age group of this population, and a sense that they were too old to learn a new language now. A focus on having access to a good quality interpreting service would be more appropriate for the majority of this target group. Pain management groups also seemed to be unpopular, however this may have been due to some uncertainty about the nature of this type of group.

Asking participants about potential enablers and barriers gave a good insight into how to make activities more accessible for physically disabled people. The main enablers which would encourage and support people to attend activities were:

- providing accessible transport;
- having groups run in Chinese languages;
- being accompanied.

One issue, which is less clear cut, is whether activities should be run for 'disabled people only'. Carers and staff felt that the people they cared for, or had contact with, would find it difficult to be the only disabled person attending a group. However, disabled people themselves gave more a mixed response to this suggestion and the majority did not seem to find it a significant barrier.

The wider issue of discrimination by the Chinese community was raised as a very important issue in the staff focus group and by one interviewee. The questionnaire for face to face interviews perhaps did not give people sufficient opportunity to raise discrimination by the Chinese community as a key issue (although discrimination amongst health and social care staff was investigated but was not found to be a very significant issue). Despite not being mentioned by interviewees, the strength with which this issue was expressed by staff, suggests it should not be ignored. It is potentially a serious issue and deserves some attention. The CHLC could, as suggested by the staff group, take the lead along with partner organisations in challenging this stigma of disability, through its services, activities and events. Good practice, in this respect, should be routine within the CHLC and its partner agencies.

Although not a universal barrier, lack of money is a significant issue for some people and this should be taken into account when planning new groups/activities.

RECOMMENDATIONS (Group Activities)

- **Disability Audit:** Ensure all activities offered at the CHLC are as accessible as possible to physically disabled people (including those who are older and may have language and literacy issues). This could be supported by doing a ‘disability audit’ for existing and new groups/activities.
- **Prioritise Tai Chi and Massage:** Consider developing Tai Chi and Massage groups, if they do not already exist, and target physically disabled people e.g. by having publicity at, for example, elderly day centres or being sent to their homes using the database mentioned in 6.3.
- **Transport:** Consider providing transport, or linking into existing services, to enable those who do not have access to suitable transport to attend activities (this should include access to transport for those living outwith Glasgow).
- **Accompanying people:** Develop a pool of volunteers who are willing to accompany disabled people to activities/groups should they wish.
- **Language issues:** Ensure activities are run in Chinese languages or that interpreting support is provided.
- **Money issues:** Try, as far as possible, to provide groups and activities free of charge or for a minimum fee.
- **Challenge discrimination:** Work with partner agencies to demonstrate good practice (through services, activities and events) in promoting the needs of disabled members of the Chinese community. Consider setting up an anti-stigma steering group to oversee this.

6.5 Access to Health and Social Care Services

Since its inception, the CHLC has had a key role in helping people to access health and social care services. Some of the findings of this research should help inform development of that role. There were 3 main issues that both disabled people themselves and carers/staff identified as being relevant to accessing services:

- knowledge/information about services;
- the language barrier;
- transport issues.

It is interesting to note that these are the same 3 issues that were identified as key barriers for accessing services in a study of disabled Chinese people in London¹².

Carers and staff anticipated that the most significant issue would be lack of knowledge about what services are available and how to access them. However, although disabled people themselves felt this was an important issue, the most significant factor for them appeared to *language*. Having access to appropriate transport, although important, seemed to be less of a priority for them. The language barrier, lack of knowledge about services and lack of accessible transport, although important issues for all disabled Chinese people, may have particular significance for women in this group.

It is more difficult to draw firm conclusions about the influence of other issues relating to health and social services, probably due to the relatively small numbers of interviews. There is, however, some indication that the following issues were important for some people, although this should be interpreted with caution:

- lack of confidence (this is probably linked to lack of knowledge and language issues);
- issues with the interpreting service (staff and carers anticipated that this might be an important issue for most people, e.g. that they may find the service to be of variable quality or that confidentiality was a worry for them);
- people feeling that they are not involved in decisions around their care (again, lack of knowledge and the language barrier may contribute to this).

A much less clear cut picture emerges when asking people about cultural issues (e.g. being treated differently because of being Chinese, or cultural insensitivity or negative staff attitudes). Although these issues may not be as universally significant as others, they are clearly important for some Chinese disabled people, and for carers and staff, and therefore merit action.

The idea of developing a central information point (e.g. an office where people could drop-in or a telephone helpline) which could help people to access the services they need, was almost universally popular. Such a service would have a major role to play in providing information (particularly in emergencies or out of hours), overcoming the language barrier and supporting those with literacy issues. Because of mobility issues of the physically disabled population, this service should (also) be available by telephone.

RECOMMENDATIONS: Access to health and social care services

- **Promote the role of CHLC:** Ensure that disabled Chinese people are aware (through targeted promotional material) that the CHLC can help them to access the services they need (e.g. by reading letters or setting up appointments);
- **Provide information:** Ensure that disabled Chinese people are given information in appropriate formats (written, audio-visual, seminars) to help them understand the structure of the NHS in Greater Glasgow and to inform them how to access services themselves.

¹² *Report of a Feasibility Study Project: Meeting the Needs of Chinese Disabled People in London.* Report by the Chinese in Britain Forum (date not given).

- **Language support:** Develop materials to ensure that disabled Chinese people are aware of their right to an interpreter when attending health and social care appointments.
- **GTIS Quality:** Consider, along with partner agencies, whether and how to approach Glasgow Translation and Interpreting Service (GTIS) about quality issues such as ensuring a consistently good standard of interpreting and confidentiality.
- **Central information point:** Consider developing a central information point (available in different Chinese languages, by telephone and out of hours) to support all Chinese people in Glasgow/Scotland to access services and which is fully accessible for disabled Chinese people. This could be done in conjunction with other Chinese/BME organisations. Alternatively, make efforts to ensure that existing services of this type (e.g. NHS 24) are culturally and linguistically accessible for the Chinese population.
- **Awareness training for staff:** Liaise with the appropriate team in NHS Greater Glasgow and Clyde to ask about current approaches to training front line staff in Chinese issues (including culture, language and literacy issues), with a view to informing and influencing Chinese awareness training for staff. Alternatively, this could be done in conjunction with a similar organisation trying to promote race awareness for other Black and minority ethnic groups¹³.
- **Transport:** Consider how best to overcome the issue of transport, so that people know how and where to seek help to attend health care appointments.

¹³ Staff training was also an issue identified in the London study, *Report of a Feasibility Study Project: Meeting the Needs of Chinese Disabled People in London*. Report by the Chinese in Britain Forum (date not given).

6.6 Other Services

It was useful to investigate the potential interest in 4 different services that the staff and carers focus groups felt would be useful to physically disabled people: *homehelp*; *community support worker*; *befriender* and help with *reading letters*.

A deeper insight into the usefulness of these services was presented by the disabled people themselves.

- **Help with reading letters:** Of the above services, help with reading letters was almost universally helpful and, given the language and literacy levels indicated within this population group, it is hardly surprising. It seems that most people, through necessity, have already developed support for reading letters, for example, using Chinese community projects (Wah Lok, Wing Hong, San Jai or the CHLC) or getting help from relatives. Anecdotally, this service seems to be rather under threat. It is a valuable and essential service, particularly for women who may be less confident in English, and should be made more secure.
- **Community support workers:** This seems to be a highly valued service for those who use it and seems to fulfil people's needs on many levels. This service provides the language skills and knowledge to be able to arrange appointments for people. It provides social interaction and reduces isolation, as well as facilitating access to appropriate transport. It also has the potential to fulfil the need for people to be accompanied to events, classes or activities. No doubt it also provides some brief respite for carers. This service should be made widely available to all physically disabled Chinese people. It may prove to be particularly popular with women.
- **Home Help Service:** For those people that need it, the home help service is invaluable. This service would meet people's needs more effectively if it were provided by people with bilingual skills. The potential for this may be extremely limited as those with bilingual skills are likely to seek more highly paid employment.
- **Befriender:** Very few of the interviewees had had experience of using a befriender service and, perhaps because of lack of experience or knowledge about this type of service, there did not seem to be much interest in it. In contrast, the carers and staff working with disabled Chinese people felt that this would be a useful service for disabled people. Like the community support worker, a befriender has the potential to help disabled people overcome many of the barriers they expressed (e.g. language, knowledge of services, the desire to be accompanied when visiting places). Perhaps if the role of a befriender was explained more fully to people, they might be more positive about it. Certainly, the idea of a befriender service received lots of support from carers and staff during the focus groups.

All of the above services have the potential to significantly improve the well-being and quality of life of physically disabled Chinese people (and their carers) and their potential should be explored, developed and consolidated.

RECOMMENDATIONS: Other services

For each of the above services, consider the following processes in order to ensure these services are available and appropriate for all physically disabled Chinese people:

- *Review each of the services* (Where, how and under what circumstances are they available? To what extent are they culturally and linguistically sensitive to the needs of physically disabled Chinese people?);
- *Try to influence each of the services* (What can they do to become more accessible to this target group? Are they or can they become mainstreamed? Use the findings of this report as evidence of need);
- *Develop promotional materials, mailings and events* (in order to promote these services and how to access them for physically disabled people and their carers).

6.7 Gender Issues

It is difficult to draw any firm conclusions about people's views on whether they feel men and women face different issues when trying to access services. This is mainly because few comments were received in response to this question.

Given that no-one responded that gender was *not* an issue, we can conclude that it is either a neutral issue for most people¹⁴ or that it is (or could be) an important issue in accessing health and social care services for physically disabled Chinese people.

By looking at a gender analysis and examining some of the comments received it seems that certain services should be offered on a gender-sensitive basis, for example, community support services and the interpreting service. It is worth noting that men expressed less interest in social activities than women. Furthermore, the disabled Chinese women in this study seemed to be less confident in their English language skills than men – a well established pattern for many Black and minority ethnic communities of this age group. In addition to language, it seems that women may have less knowledge of services and may have more transport issues than their male counterparts. Although language, knowledge and transport are significant issues for all disabled Chinese people, service providers should be particularly aware that disabled Chinese women may have particular needs around these issues.

6.8 Other Issues to Consider

A mixture of other issues, which do not easily fit into the main framework of this report, were raised during the focus group discussions or in individual interviews. The CHLC may wish to consider some of these issues in the future:

- **Wheelchairs:** Could the CHLC do a 'wheelchair for rent' scheme?
- **Acupuncture and massage:** Could the NHS provide massage and acupuncture (carried out by Chinese doctors) as part of mainstream NHS services?
- **Links to 'Carer':** Could the CHLC consider liaising with the organisation 'Carer' to clarify any potential duplication of services and consider future links.
- **Funding of Chinese community projects:** the staff focus group felt strongly that lack of mainstream funding for their projects limit their ability to meet the needs of disabled Chinese people and that agencies should work together to try to establish more secure funding.

And Finally.....

'The Chinese Healthy Living Centre is very nice to us, me and my wife. They make appointments, read letters etc...thanks!'

¹⁴ Of the 10 people who responded, 5 (3 males and 2 females) said 'yes' and 5 said 'don't know' (11 missing values).

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APPENDIX A:

Letter of Invitation to Participate in Staff/Volunteer Focus Group

9 October 2006

INVITATION TO PARTICIPATE IN A FOCUS GROUP TO ASSESS THE NEEDS OF PHYSICALLY DISABLED CHINESE PEOPLE

Dear.....,

A group of organisations that serve the Chinese Community in Greater Glasgow have come together to look at the needs of physically disabled Chinese people in terms of being able to access information, services and activities about staying healthy. These organisations are:

- Chinese Healthy Living Centre
- Chinese Community Development Partnership
- Chinese Carers Association
- West Community Health & Care Partnership (NHS Greater Glasgow & Clyde).

As partners, we have asked a researcher, Lesley Sherwood to conduct the assessment of the need of Chinese disabled people. The first stage of the project is to talk to staff/volunteers who work or have worked with physically disabled Chinese people to find out what they feel are the key issues for disabled people and what sorts of things might help them lead a healthy lifestyle.

At the moment, we are not able to include in this study people who are disabled by way of having: *sensory impairment, severe communication difficulties, a learning disability, cognitive impairment or mental health problems*. If you decide to attend, please bear this in mind during the discussions in the focus group.

The information from the focus groups will be analysed by an experienced researcher and will be used to inform the things about which we want to talk to physically disabled people. It will also be used to shape the findings of a final research report. The partner agencies will use the research report and recommendations to try to improve the way in which they provide health-related information, activities and services for physically disabled people. Everyone who participates in the study will be sent a short summary of the research report.

We warmly invite you to attend the focus group and voice your views on the needs of Chinese disabled people. By doing so you will provide us with fundamental information to enable us to serve Chinese disabled people better.

If you would like more information or if you would like to discuss the study with someone before taking part, you can contact:

- In the English language: contact Lesley Sherwood (Researcher) on 01360 770838(from Monday 16 October onward).
- To speak to someone in Cantonese, please contact Sze Man Ho at the Chinese Healthy Living Centre on 0141 248 4388.

We are suggesting the following dates and time to hold the focus group. Please choose the date/s and time/s that you are available. A member of Chinese Healthy Living Centre staff, Sze Man Ho will be in touch with you to ask for your availability.

Please tick your available date/s and time/s:

Dates	AM	PM
Wednesday 25 the October	<input type="checkbox"/>	<input type="checkbox"/>
Thursday 26 th October	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for your attention and we will be in touch with you shortly after you receive this letter. I urge you to take part in the focus group; by doing so you will help us to better meet the needs of physically disabled Chinese people in Greater Glasgow.

Yours sincerely,

Stephani Mok, Manager, Chinese Healthy Living Centre

APPENDIX B:

Staff Focus Group Plan

Guidance for Facilitator & Focus Group Plan (staff)

Needs Assessment of Chinese Disabled People

GENERAL GUIDANCE

Preparing for your Group:

Set up the room in advance. Place the chairs round a table or in a circle so that everyone taking part will be able to see and hear each other.

Make sure that you have all the **materials** you will need on the day including:

- this guidance note and focus group plan,
- flipchart and pens
- extra pens and paper for participants,
- registration form printed out,
- labels and pens so people can have name tags,
- equipment for recording the discussion,
- questions on flipchart up on the wall,
- parking sheet – see later.

On the day:

- **Registration:** Registration form to be completed on arrival. People do not have to give their names if they not want to but if they do, they will get a copy of the final report (in summary form). Make it clear that people's names will not be reported and their comments will be anonymous.
- **Timing:** Make sure there is a clock or a watch so you can keep things to time. The Focus Group discussion itself should last for a maximum of 60 minutes.
- **Materials:** check you have to hand all the material listed above.

Facilitation tips!

- **Participation:** it is important to try to get everyone to take part, so encourage quieter participants (e.g. ask them directly, '*What do you think of that?*' or '*Does that reflect your experience?*'). If necessary, keep control of those who have louder voices ('*That's interesting, I am keen to hear what others think about that*' and then ask other members of the group to respond). Also, lose eye contact with them!
- **Use questions to get clarification:** question what people say, just to be really clear what they mean, (if you need to), e.g., '*So what you're saying is....*', or '*Can I just*

check that I am understanding your point correctly...?'

- **Checking for consensus:** try to check key things with the rest of the group, so we have a sense of whether this is only one persons view or whether it is a widely held opinion, e.g., *'What do the rest of you think about that...does anyone agree or disagree with that?'*. For really important points, you may to take a show of hands.
- **Use 'probes' to explore issues further:** use probing questions to get to the bottom of issues, if you feel it might be important e.g. *'Can you tells us why you feel that way?'*
- **Keep relevant** – allow flexibility for the discussion to develop but if you feel it is definitely wandering off the point, bring it back round, e.g., *'OK that's really interesting but we need to stick to the point here which is'*

You may wish to put a **'parking sheet'** on the wall...this is a sheet of flipchart that can be used to get rid of stuff which is important, but is not strictly relevant to the discussion. We need to agree what will happen with things that go here, e.g. it will be followed up by the Carers Association or the CHLC???

- **Polite encouragement:** Thank individuals for their comments/input as they give their opinions and at the end of the session.

FORMAT FOR THE FOCUS GROUP

TIME	INTRODUCTION
<p>Approx 6 mins</p>	<p>To begin the session</p> <ul style="list-style-type: none"> - Welcome: welcome everyone and thank them for attending - Introductions: Introduce myself - Introduce themselves: names and orgs only. - Some background to why we're here: Explain, before starting the open discussion, that you want to let everyone know a little bit of the background to the focus group. <p>The Chinese Healthy Living Centre and its partners (the Chinese Community Development Partnership, and the West Community Health and Care Partnership of NHS Greater Glasgow and Clyde) are concerned that their services may not be accessible to disabled Chinese people. They wanted to do some research so they can better understand the some of the barriers facing physically disabled people in terms of being able to access services, information and activities that can help people to be healthy.</p> <p>Present the aim of the research:.</p> <p><i>The aim of the research is to identify actions that will help enhance the health and well-being of physically disabled Chinese adults (16+ years) in Greater Glasgow by identifying problems and potential solutions regarding their ability to access information, services and activities that potentially enhance a healthy lifestyle.</i></p> <p>2 strands: focus groups with staff and carers and then 30 interviews with disabled Chinese people.</p> <p>While we want to get you general views on what you think are the key issues for disabled people, will focus on information, activities and services, because this is the type of services provided by the CHLC and partners, feel free to raise wider issues for disabled people.</p> <p>(If anyone asks why we're only looking at <i>physical</i> disability, you can say that we are seeing looking at the needs of physically disabled people as a <i>starting point</i> and that partners may be able to consider other forms of disability in the future).</p>

- **What is a focus Group:**
This is an informal group discussion that will be based around a few questions. We want to know what you think, in your experience of working with disabled Chinese people, identifying key issues and exploring possible solutions. There are no right or wrong answers and that every opinion is important.
- **Groundrules:** explain that agreeing some groundrules helps the focus group to work well. These should include (put them up on flipchart beforehand or write them at the time...it's up to you):
 - one person speaks at a time
 - don't hog the 'airtime', give everyone a chance to speak
 - listen to what others have to say
 - what people say should be kept confidential, don't repeat it outside
 - keep to the point (refer to the questions you have on the wall)Check that everyone *agrees* with these and ask if anyone wants to *add* anything.
- **Structure of the session:** refer to flipchart. Explain that the session will be divided into 4 sections.
- **Breaks/ lunch:** Not planning any breaks as it will only last 1 hour....but if you need to.... Lunch will be provided at the end, at 1pm.
- **Housekeeping issues:** Tell people about location of loos and fire escapes. Make sure that everyone is settled and comfortable.

TIME	TOPIC	YOUR NOTES
<p>approx 15 mins</p>	<p>SECTION 1: KEY ISSUES</p> <p>Q 1. What do you feel are the key issues for the physically Disabled Chinese people that come into contact with your service and why? In terms of their physical and mental well-being and QOL</p> <p>Q 2. What sort of things do you think enhance their overall sense of health and well-being?</p> <p><u>Prompts:</u> having contact with people, getting out and about, taking part in leisure activities, Being a member of a community/social group Helping others / volunteering being physically active Having good food Having enough money Having good health/social care</p> <p>Q 3. What sort of things do you think make them feel worse or less healthy, physically and mentally?</p> <p><u>Prompts:</u> being socially isolated / lonely, not being able to get out and about, not being able to take part in leisure activities, Not feeling confident at speaking in English Racism Discrimination – because disabled Not having enough money Living in an unsuitable home environment Not feeling safe in the community Smoking, alcohol or drugs issues?</p>	
<p>approx 2 mins</p>	<p>Summarise: summarise the key points arising from this section only if you feel it's appropriate.</p>	


TIME	TOPIC	YOUR NOTES
<p>approx 10 mins</p>	<p>SECTION 2: HEALTH INFORMATION</p> <p>Q 1. The CHLC and partners provide information on various topics to help people lead a healthy lifestyle. Do you feel that the disabled people you have had contact with would value or be interested in getting information about health issues?</p> <p>This might include things such as mental health, healthy eating, staying active, giving up smoking, alcohol, addictions, sexual health, and disease issues (diabetes, heart disease).</p> <p>Q 2. If so, what do you think would be the most useful way to provide this type of information for the disabled person you care for?</p> <p><u>Prompts:</u> Leaflets Videos / Audiotapes Talks / seminars Health Fairs / awareness days Website/internet Posters</p> <p>Q 3. What do you think would be the best way to get this information to disabled Chinese people?</p> <p><u>Prompts:</u> sent to home CHLC Community group Chinese supermarkets Chinese restaurants local GP</p> <p>Q4. What do you think would be the main barriers for disabled people in being able to access this sort of 'health information'?</p> <p><u>Prompts:</u> not being able to get out and about they are not interested in health issues They wouldn't understand the language etc....</p> <p>Q 5. What sort of things do you think would help them to be able to access health information? ('enablers')</p> <p><u>Prompts:</u> Information in their own language Being able to get out into the local community etc....</p>	
<p>approx 2 mins</p>	<p>Again, summarise the key points, if appropriate.</p>	

TIME	TOPIC	YOUR NOTES
<p>approx 10 mins</p>	<p>SECTION 3: ACTIVITIES TO ENHANCE HEALTH</p> <p>Q 1. The CHLC and partners provide various <u>activities</u> which can help improve people's health and well-being such as aerobics classes, Tai Chi, internet and English classes. Do you feel that the disabled people you have contact with would be interested taking part in any of these sorts of activities?</p> <p>Q 2. What sort of activities do you think they would enjoy? <i>(try to gauge how many people agree with each option...just roughly!)</i></p> <p><u>Prompts:</u> Physical activity (but OK for their physical ability) Tai chi (is there 'Chair Tai Chi', like chair aerobics??), Healthy eating group/healthy cooking classes Smoking cessation group addictions support group Mental health group Social group / hobby classes Language classes / Internet classes</p> <p>Q 3. What do you think would be the main <u>barriers</u> to them being able to access these types of activities?</p> <p><u>Prompts:</u> Not being able to get out of the house Lack of suitable transport Lack of wheelchair access to places Not having anyone to go with Lack of confidence/being the only disabled person Lack of interest Lack of money</p> <p>Q 4. What sort of things would make it easier for them to take part in these sorts of activities? ('enablers')</p> <p><u>Prompts:</u> Having suitable transport Wheelchair access Having someone to go with / take them Having special activities for disabled people If activities were free If there took place at a familiar place any other ideas, no matter how 'mad'???</p>	
<p>2 mins</p>	<p>Again, summarise the key points, if appropriate.</p>	

TIME	TOPIC	YOUR NOTES
<p>approx 10 mins</p>	<p>SECTION 4: ACCESS TO HEALTH AND SOCIAL CARE SERVICES</p> <p>Q 1. The CHLC and partners provide have a role to help Chinese people to understand and access health services. What do you feel are the main <u>barriers</u> to accessing health or social care services (e.g. home helps), if any, for the disabled people you have contact with?</p> <p><u>Prompts:</u> Don't know who to go to first Language barrier Don't like to use interpreters for personal issues Services are not sensitive to our culture (why?) Western is not effective, it doesn't work Prefer to use traditional Chinese therapies Feel discriminated against because Chinese Feel discriminated against because disabled Don't feel doctor/staff listen to my views Not involved in the decisions about my care Not given enough info re. condition or treatment</p> <p>Q 2. What sort of things might make it <u>easier</u> do you think would make it easier for disabled people to be able to access health and social care services they need? ('enablers')</p> <p><u>Prompts:</u> if someone could help us understand the system Someone to accompany us to appointments Confident that interpreting service is confidential Services are culturally sensitive (e.g.....) To be treated well by all staff & culture respected To feel people are listening to me To feel involve din decisions about my care To be able to get info about my condition and treatment (and in my own language)</p>	
<p>approx 2 mins</p>	<p>Summarise: Again, you may want to take a minute or so just to summarise the key points arising from this section.</p> <p>Final comments: Ask if anyone has any other final comments that they would to make about any of the issues covered today.</p> <p>Thank You: Then thank the participants for coming along and end the session.</p>	
	<p>Feedback with SG, over lunch, if possible</p>	

APPENDIX C:

Letter of Invitation to Participate in Carers Focus Group



INFORMATION FOR FOCUS GROUP PARTICIPANTS

STUDY: 'ASSESSING THE HEALTH NEEDS OF DISABLED CHINESE PEOPLE IN GREATER GLASGOW'

OCTOBER 2006

A group of organisations that serve the Chinese Community in Greater Glasgow have come together to look at the needs of physically disabled Chinese people in terms of being able to access information, services and activities about staying healthy. These organisations are:

- Chinese Healthy Living Centre
- Chinese Community Development Partnership
- Chinese Carers Association
- West Community Health & Care Partnership (NHS Greater Glasgow & Clyde).

As partners, we have asked a researcher and some local Chinese people to work with disabled people from the Chinese community as well as carers of physically disabled Chinese people and staff/volunteers who work with disabled Chinese people.

We are planning a 2-stage process. The first stage will be to talk to carers of physically disabled people (and staff/volunteers), to find out what they feel are the key issues for disabled people and what sort of things might help them lead a healthy lifestyle.

1. Why are we approaching you?

The Chinese Carers Association thought that you, as a carer of a physically disabled Chinese person, might be willing to share your views with us. Thank you for agreeing to participate in the 'carers' focus group.

2. Who cannot be included?

At the moment, we are not able to include in this study people who are disabled by way of having: *sensory impairment, severe communication difficulties, a learning disability, cognitive impairment or mental health problems*. However, partner agencies may wish to separately consider the health needs of these groups at some stage in the future. If you care for a Chinese person within one of the above categories, we will not need your views at this time but we may contact you again in the future.

3. What about the focus group

The focus group will take place on **5th October, 10.30 – 12.00** at the Chinese Healthy Living Centre. After the focus group, lunch will be provided.

It will be conducted by a member of staff from the Chinese Healthy Living Centre and will be conducted in **Cantonese**. They will ask the group specific questions and will want to hear everyone's views. They may take of a note of the sort of things everyone says.

4. What about confidentiality?

You can be sure that your contact details will only be used for this study and will not be passed onto anyone else or any other organisation. Any information or opinions that you give during the focus group will be **anonymous** and will not be attributed to you.

5. What will happen to the information that I (and others) give?

The information from the focus groups will be analysed by an experienced researcher and will be used to inform the things we want to talk to physically disabled people about. It will also be used to shape the findings of a final research report. The partner agencies will use the research report and recommendations to try to improve the way in which they provide health-related information, activities and services for physically disabled people. Everyone who participates in the study will be sent a short summary of the research report.

6. If I agree to take part, what will happen next?

You should only participate if you feel you understand this information and are happy to do so. If you agree to take part, you are free to change your mind at any time, without giving a reason, and we would not contact you again.

7. Before deciding, how can I find out more information?

If you would like more information or if you would like to discuss the study with someone before taking part, you can contact:

- In the English language: contact Lesley Sherwood (Researcher) on 01360 770838.
- To speak to someone in Cantonese, please contact the Sze Man Ho at the Chinese Healthy Living Centre on 0141 248 4388.

8. If I decide to take part, what do I do next?

If you decide to take part, we would be grateful if you would complete the registration form. We only need your name and address so that we can send you a summary copy of the final research report. You don't have to give your details if you do not want to.

I very much hope you take part in the focus group; by doing so you will help us to meet the needs of physically disabled Chinese people in Greater Glasgow.

With many thanks and best wishes,

Stephani Mok, Manager, Chinese Healthy Living Centre

APPENDIX D:

Carers Focus Group Plan

Guidance for Facilitator & Focus Group Plan (Carers)

Needs Assessment of Chinese Disabled People

Size Man – I have prepared a few **general guidance** notes for you about running a focus group, if you need them (especially as I forgot to leave the book with you). This is followed by a **plan for the focus group** that contains covers what you should say in the introduction, followed by the questions and some prompts. I hope this is useful ...please ring me later if you want to discuss anything.

GENERAL GUIDANCE

Preparing for your Group:

Set up the room in advance. Place the chairs round a table or in a circle so that everyone taking part will be able to see and hear each other. Can you make sure that Linda has a table to lean on, if possible, and that there is space for me to sit with her. Make sure that it is somewhere where she will be able to hear clearly what is said.

Make sure that you have all the **materials** you will need on the day including:

- this guidance note and focus group plan,
- flipchart and pens (I do think it may be useful for you to use a flipchart too, write in Chinese, as it will help people to keep up with main points of the discussion)
- extra pens and paper for participants, just in case anyone wants them, but don't encourage it as it might mean they won't participate so well,
- registration form printed out,
- labels and pens so people can have name tags,
- equipment for recording the discussion,
- questions on flipchart up on the wall,
- parking sheet – see later.

On the day:

I should be with you by 10am and can help any last minute setting up. Or we can use some of that time to have a chat and make sure you're happy with everything.

- **Registration:** At the end of this document is a proforma that can be filled in as people arrive. People do not have to give their names if they not want to but if they do, they will get a copy of the final report (in summary form). Make it clear that people's names will not be reported and their comments will be anonymous.
- **Timing:** Make sure you can see a clock or a watch so you can keep things to time. I can help you with time-keeping, if you like. Just let me know in the morning. The Focus Group discussion itself should last for a maximum of 90 minutes.
- **Materials:** check you have to hand all the material listed above.

Post-focus groups chat: I'd be grateful just to have 10-15 minutes with you and Linda, after lunch, just see how you feel it went (e.g. did the questions work well?) and if

there are any issues you feel were particularly significant or that were contentious. Also, it may be that you feel it might be relevant to give me some cultural context for some of the comments.....or anything else that you feel might help in the analysis.

Facilitation tips!

- **Participation:** it is important to try to get everyone to take part, so encourage quieter participants (e.g. ask them directly, *'What do you think of that?'* or *'Does that reflect your experience?'*). If necessary, keep control of those who have louder voices (*'That's interesting, I am keen to hear what others think about that'* and then ask other members of the group to respond). Also, lose eye contact with them!
- **Use questions to get clarification:** question what people say, just to be really clear what they mean, (if you need to), e.g., *'So what you're saying is....'*, or *'Can I just check that I am understanding your point correctly...?'*. This is for yourself and also so other participants are clear (and Linda too!)
- **Checking for consensus:** try to check key things with the rest of the group, so we have a sense of whether this is only one persons view or whether it is a widely held opinion, e.g., *'What do the rest of you think about that...does anyone agree or disagree with that?'*. For really important points, you may to take a show of hands.
- **Use 'probes' to explore issues further:** use probing questions to get to the bottom of issues, if you feel it might be important e.g. *'Can you tells us why you feel that way?'*
- **Keep relevant** – allow flexibility for the discussion to develop but if you feel it is definitely wandering off the point, bring it back round, e.g., *'OK that's really interesting but we need to stick to the point here which is'* (Refer to the question on the wall.

You may wish to put a **'parking sheet'** on the wall...this is a sheet of flipchart that can be used to get rid of stuff which is important, but is not strictly relevant to the discussion. You need to agree what will happen with things that go here, e.g. it will be followed up by the Carers Association or the CHLC???

- **Polite encouragement:** Thank individuals for their comments/input.

FORMAT FOR THE FOCUS GROUP

The Focus Group Plan provides an outline for the discussion with your community group. The column on the right offers a space for you to make notes or reminders to yourself, if you like....or you can just ignore it!

The Plan also has an approximate time allowance guide in the column on the left. You can make a note of the real timings, if you like, to help you on track. Let me know if you want me to help with this.

TIME	INTRODUCTION
<p>Approx 7 mins</p>	<p>To begin the session</p> <ul style="list-style-type: none"> - Welcome: welcome everyone and thank them for attending - Introductions: Introduce yourself, Linda and Lesley and explain your different roles. You: Your role to facilitate the focus group - to ask questions and make sure that the discussion is relevant and that we keep to time. Also to make sure that everyone has a chance to give their options. Linda Lee: She is bilingual and will be taking a note of the discussion in English so Lesley can analyse it afterwards. She will only record what is said, not who said it. Lesley Sherwood: She is the researcher that has been commissioned by the CHLC and partners to plan and write up the research. She will be sitting with Linda so she can keep track of the discussion and clarify any points, if necessary. - Introduce themselves: if they do not know each other already, ask the participants to introduce themselves ...only their names! - What is a focus Group: Explain that a 'focus group' is really just an informal group discussion that will be based around the questions on the walls. You are interested in hearing their views about the things that might help the physically disabled people that they care for, so the more they can contribute the better. Explain that that there are no right or wrong answers and that every opinion is important. - Groundrules: explain that agreeing some groundrules helps the focus group to work well. These should include (put them up on flipchart beforehand or write them at the time...it's up to you):

	<ul style="list-style-type: none"> - one person speaks at a time - don't hog the 'airtime', give everyone a chance to speak - listen to what others have to say - what people say should be kept confidential, don't repeat it outside - keep to the point (refer to the questions you have on the wall) <p>Check that everyone <i>agrees</i> with these and ask if anyone wants to <i>add</i> anything.</p> <ul style="list-style-type: none"> - Structure of the session: explain that the session will be divided into 4 sections – each one with a slightly different focus. - Breaks/ lunch: explain that there will be a five minute break after section 2, in case anyone needs to go to the toilet. Remind them that lunch will be provided at the end, at 12noon (if we start on time!). - Permission to record: Ask if everyone if they are OK with the session being recorded. This is just so we can make sure we don't miss anything and the tape will be deleted in a few days time. Nothing anyone says will be attributed to them...everything will be anonymous. - Housekeeping issues: Tell people about location of loos and fire escapes. Make sure that everyone is settled and comfortable
<p>Approx 3 mins</p>	<p>Before starting the open discussion:</p> <ul style="list-style-type: none"> - Explain, before starting the open discussion, that you want to let everyone know a little bit of the background to the focus group. <p>The Chinese Healthy Living Centre and its partners (the Chinese Community Development Partnership, the Carers Association and the West Community health and Care Partnership of NHS Greater Glasgow and Clyde) are concerned that their services may not be accessible to disabled Chinese people. They wanted to do some research so they can better understand the some of the barriers facing physically disabled people in terms of being able to access services, information and activities that can help people to be healthy.</p> <p>(If anyone asks why we're only looking at <i>physical</i> disability, you can say that we are seeing looking at the needs of physically disabled people as a <i>starting point</i> and that partners may be able to consider other forms of disability in the future).</p> <ul style="list-style-type: none"> - Also explain that the focus for the discussion will be about things that will help disabled people to stay healthy, and lead a healthy lifestyle, as this the sort of thing that is provided by the CHLC and partners. We will therefore be talking about health-related information, activities, and services.

TIME	TOPIC	YOUR NOTES
<p>approx 20 mins</p>	<p>SECTION 1: General health and well-being</p> <p>Q 1. To what extent do you think that the disabled person you care for has a good quality of life and a sense of <u>physical</u> well-being, despite their physical disability?</p> <p>On a scale of 1-5 (1 = very poor; 5 = excellent)</p> <p>(record responses on a flip chart ‘ <i>who would say 1, who would say 2</i>’ etc)</p> <p>Q 2. To what extent do you think that the disabled person you care for has good <u>mental and emotional</u> well-being?</p> <p>(use above scale to record responses)</p> <p>Q 3. What sort of things do you think enhance their overall sense of health and well-being?</p> <p><u>Prompts:</u> having contact with people, getting out and about, taking part in leisure activities, Being a member of a community/social group Helping others / volunteering being physically active Having good food Having enough money Having good health/social care</p> <p>Q 4. What sort of things do you think make them feel worse or less healthy, physically and mentally?</p> <p><u>Prompts:</u> being socially isolated / lonely, not being able to get out and about, not being able to take part in leisure activities, Not feeling confident at speaking in English Racism Discrimination – because disabled Not having enough money Living in an unsuitable home environment Not feeling safe in the community Smoking, alcohol or drugs issues?</p>	
<p>approx 2 mins</p>	<p>Summarise: You may want to take a minute or so just to summarise the key points arising from this section (or you may feel things will lose momentum, so only if you feel it’s appropriate).</p>	

TIME	TOPIC	YOUR NOTES
<p>approx 20 mins</p>	<p>SECTION 2: HEALTH INFORMATION</p> <p>Q 1. The CHLC and partners provide information on various topics to help people lead a healthy lifestyle. Do you feel that the disabled person you care for would be interested in information on the ‘health topics’?</p> <p>This might include things such as mental health, healthy eating, staying active, giving up smoking, alcohol, addictions, sexual health, and disease issues (diabetes, heart disease).</p> <p>Q 2. If so, what do you think would be the most useful way to provide this type of information for the disabled person you care for?</p> <p><u>Prompts:</u> Leaflets Videos / Audiotapes Talks / seminars Health Fairs / awareness days Website/internet Posters</p> <p>Q 3. Where do you think they would like to receive this information?</p> <p><u>Prompts:</u> sent to home CHLC Community group Chinese supermarkets Chinese restaurants local GP</p> <p>Q4. What do you think would be the main barriers for the disabled person you care for in being able to access this sort of ‘health information’?</p> <p><u>Prompts:</u> not being able to get out and about they are not interested in health issues They wouldn’t understand the language etc....</p> <p>Q 5. What sort of things do you think would help them to be able to access health information? (we call these ‘enablers’)</p> <p><u>Prompts:</u> Information in their own language Being able to get out into the local community etc....</p>	
<p>approx 2 mins</p>	<p>Again, You may want to take a minute or so just to summarise the key points arising from this section.</p>	
<p>5 mins</p>	<p>BREAK</p>	

TIME	TOPIC	YOUR NOTES
<p>approx 20 mins</p>	<p>SECTION 3: ACTIVITIES TO ENHANCE HEALTH</p> <p>Q 1. The CHLC and partners provide various <u>activities</u> which can help improve people's health and well-being such as aerobics classes, Tai Chi, internet and English classes. Do you feel that the disabled person you care for would be interested taking part in any of these sorts of activities?</p> <p>Q 2. What sort of activities do you think they would enjoy? (<i>Sze Man, try to gauge how many people agree with each option...just roughly!</i>)</p> <p><u>Prompts:</u> Physical activity (but OK for their physical ability) Tai chi (is there 'Chair Tai Chi', like chair aerobics??), Healthy eating group/healthy cooking classes Smoking cessation group addictions support group Mental health group Social group / hobby classes Language classes / Internet classes</p> <p>Q 3. What do you think would be the main <u>barriers</u> to them being able to access these types of activities?</p> <p><u>Prompts:</u> Not being able to get out of the house Lack of suitable transport Lack of wheelchair access to places Not having anyone to go with Lack of confidence/being the only disabled person Lack of interest Lack of money</p> <p>Q 4. What sort of things would make it easier for them to take part in these sorts of activities? ('enablers')</p> <p><u>Prompts:</u> Having suitable transport Wheelchair access Having someone to go with / take them Having special activities for disabled people If activities were free If there took place at a familiar place any other ideas, no matter how 'mad'???</p>	
<p>Approx 2 mins</p>	<p>Again, you may want to take a minute or so just to summarise the key points arising from this section.</p>	

TIME	TOPIC	YOUR NOTES
<p>approx 20 mins</p>	<p>SECTION 4: ACCESS TO HEALTH AND SOCIAL CARE SERVICES</p> <p>Q 1. The CHLC and partners provide have a role to help Chinese people to understand and access health services. What do you feel are the main <u>barriers</u> to accessing health or social care services (e.g. home helps), if any, for the disabled person you care for?</p> <p><u>Prompts:</u> Don't know who to go to first Language barrier Don't like to use interpreters for personal issues Services are not sensitive to our culture (why?) Western is not effective, it doesn't work Prefer to use traditional Chinese therapies Feel discriminated against because Chinese Feel discriminated against because disabled Don't feel doctor/staff listen to my views Not involved in the decisions about my care Not given enough info re. condition or treatment</p> <p>Q 2. What sort of things might make it <u>easier</u> for the disabled person you care for be able to access health and social care services they need? ('enablers')</p> <p><u>Prompts:</u> if someone could help us understand the system Someone to accompany us to appointments Confident that interpreting service is confidential Services are culturally sensitive (e.g.....) To be treated well by all staff & culture respected To feel people are listening to me To feel involve din decisions about my care To be able to get info about my condition and treatment (and in my own language)</p>	
<p>approx 2 mins</p>	<p>Summarise: Again, you may want to take a minute or so just to summarise the key points arising from this section.</p> <p>Final comments: Ask if anyone has any other final comments that they would to make about any of the issues covered today.</p> <p>Thank You: Then thank the participants for coming along and end the session.</p>	
<p>Approx 10-15 mins</p>	<p>Feedback discussion with Lesley (after lunch).</p>	

APPENDIX E:

Questionnaire for face to face interviews

[NOTE: THE BILINGUAL VERSION OF THIS QUESTIONNAIRE IS AVAILABLE
FROM THE CHINESE HEALTHY LIVING CENTRE].

**Chinese Healthy Living Centre (Wah Hong)
 Needs Assessment: Disabled Chinese People
 Interview Questionnaire (December 2006)**

Please complete this part before meeting with interviewee, if possible. If not, complete it after the introduction below.

Interviewer:			
Date & time:			
Location of interview:			
Language for interview		Participant Code Number	
Gender: tick	Male	Female	
Age group: (tick)	16 - 64	65+	
How often, if at all, do you use a wheelchair? (tick)	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>

Before starting the interview, please read or say this statement.

‘Thank you for agreeing to take part in this study by sharing some of your views with us.

I am (give your name, if you have not already done so).

First of all I will briefly explain why I am here. Wah Hong is a special centre set up to try to improve the health of Chinese people in Glasgow. They want to find out how to make the things they do more accessible and appealing for disabled Chinese people. This research is about finding out the views of disabled people so they can try to make positive changes.

You have indicated previously that you are willing to give us your views by answering some questions. Are you still willing to give us your views? Yes No

It should take about 30-40 minutes. Is that OK? There are no right or wrong answers – it is your views that are important to us. You will have an opportunity, at the end, to make any additional comments which are important to you. Anything you say will be completely anonymous and confidential and you will receive a copy of the summary report. Please just ask if you feel any of the questions are not clear.

Just before I get started, it would be useful for Wah Hong to know how confident people are in using spoken and written English.

<i>How confident are you are in speaking and understanding spoken English? (Tick answer)</i>	<i>Very confident</i> <input type="checkbox"/>	<i>OK</i> <input type="checkbox"/>	<i>Not very confident</i> <input type="checkbox"/>
<i>How confident are you in being able to read English? (Tick answer)</i>	<i>Very confident</i> <input type="checkbox"/>	<i>OK</i> <input type="checkbox"/>	<i>Not very confident</i> <input type="checkbox"/>

Thank you. Are you happy for me to get started on the main questions?’

1. GENERAL HEALTH AND WELL-BEING (self-perceived)						
1.1	I'd like to start by asking you about your general <u>physical well-being</u> . How would you rate your sense of physical well-being?					
	<table border="1"> <thead> <tr> <th>5 (very good)</th> <th>4 (quite good)</th> <th>3 (OK)</th> <th>2 (fairly poor)</th> <th>1 (very poor)</th> </tr> </thead> </table>	5 (very good)	4 (quite good)	3 (OK)	2 (fairly poor)	1 (very poor)
	5 (very good)	4 (quite good)	3 (OK)	2 (fairly poor)	1 (very poor)	
Note any comments here:						
1.2	And what about your <u>mental well-being</u> , for example, stress worries, depression. Again, how would you rate your mental well-being?					
	<table border="1"> <thead> <tr> <th>5 (very good)</th> <th>4 (quite good)</th> <th>3 (OK)</th> <th>2 (fairly poor)</th> <th>1 (very poor)</th> </tr> </thead> </table>	5 (very good)	4 (quite good)	3 (OK)	2 (fairly poor)	1 (very poor)
	5 (very good)	4 (quite good)	3 (OK)	2 (fairly poor)	1 (very poor)	
Note any comments here:						

2.	PHYSICAL ACCESS TO WAH HONG	
	Wah Hong is based near Charing Cross, and offers a variety of information and activities on health issues, for example, a library and Tai Chi classes. Staff at Wah Hong are keen to know what sort of things make it easier for disabled people to enter and move around buildings.	
2.1	Wah Hong has 8 steps leading to its front entrance. To what extent would it be difficult for you to enter the building?	
	Impossible <input type="checkbox"/>	I could manage it with some help <input type="checkbox"/>
	No problem <input type="checkbox"/>	
	If 'some help' is required, what sort of help and how much?	
2.2	Thinking about public buildings in general, what sort of things makes it easier for you, as a disabled person, to enter and move around? <i>(Let people give answer the questions unprompted but use the prompts below, if you need to)</i> <i>(You can use ticks to indicate how strongly someone felt about a particular issue, if you wish, e.g. ✓✓✓ for strong, ✓✓ for medium, and ✓ for a less significant issue)</i>	
	Prompts	Comments
	Disabled parking near-by	
	Easy access to the main entrance (with assistance or with ramps)	
	Being able to move around inside by wheelchair (wide doors)	
	Disabled toilets or raised toilet seats	
	All on one level – no internal stairs	
	Hand-rails to help me move around inside	
	Self-opening doors	

3. HEALTH INFORMATION & GROUP ACTIVITIES				
3.1	Wah Hong provides <u>information</u> on health issues to help people lead a healthy lifestyle. Do you feel you would be interested in getting information on the 'health topics', such as mental health, healthy eating, taking more exercise, smoking, heart disease?			
	Yes, very interested <input type="checkbox"/> (tick)	Fairly interested <input type="checkbox"/> (tick)	Not at all interested <input type="checkbox"/> (tick) Write any comments below and go to Section 3.3	
	Could you explain why?			
3.2	What would be the most useful way for you to receive this sort of information, for example....(go through list below)?			
	Leaflets Y <input type="checkbox"/> No <input type="checkbox"/> (if not, why?)	In traditional Chinese <input type="checkbox"/>	In simplified Chinese <input type="checkbox"/>	In English <input type="checkbox"/>
	Where would you like to get health information? (Prompts: sent to home, community group, Chinese supermarket, GP?)			
	Video/DVD/ audio tapes) Y <input type="checkbox"/> No <input type="checkbox"/> (if not, why?)	In own language (please specify):	In English (tick) <input type="checkbox"/>	
	Where? (Prompts: own home, Wah Hong, community group, library?) (please specify)			
	Talks / seminars Y <input type="checkbox"/> No <input type="checkbox"/> (if not, why?)	Could you explain why? (Prompts: Any particular topics? Where would you like these to take place?)		
Health Fairs / awareness days Y <input type="checkbox"/> No <input type="checkbox"/> (if not, why?)	Could you explain why this appeals to you?			
Internet/ websites Y <input type="checkbox"/> No <input type="checkbox"/> (if not, why?)	At home? <input type="checkbox"/> (tick)	Other location? (Please specify)		

3.3	<p>Wah Hong provide various <u>group activities</u> and <u>classes</u> which can help improve people's health and well-being. Would you like to suggest any activities or classes that you would like to take part in? Please indicate if you already do some of these activities. <i>(Let people give answer the questions unprompted but use the prompts below, if you need to)</i></p> <p><i>(You can use ticks to indicate how strongly someone felt about a particular issue, if you wish, e.g. ✓✓✓ for strong, ✓✓ for medium, and ✓ for a less significant issue)</i></p>	
	Prompts (activities)	Comments
	<u>Aerobics</u> (or chair aerobics) or specially adapted <u>fitness studio</u>	
	<u>Tai Chi</u> (or chair Tai Chi)	
	<u>Yoga</u> classes	
	<u>Massage</u> classes	
	Healthy <u>eating</u> or healthy cooking classes	
	<u>Smoking</u> cessation group	
	<u>Mental health</u> support group	
	<u>Social</u> group / <u>hobby</u> classes	
	<u>English</u> language classes?	
	<u>Internet</u> classes	
	Other things such as <u>chronic pain</u> management classes or <u>oxygen chamber</u> for MS sufferers,	
	Other suggestion?	
	Other suggestion?	

4.	BARRIERS AND ENABLERS	
4.1	<p>What do you think would be some of the <u>barriers</u> for you, as a disabled person, in being able to get out taking part in these sorts of healthy activities?</p> <p><i>(Let people give answer the questions unprompted but use the prompts below, if you need to)</i></p> <p><i>(You can use ticks to indicate how strongly someone felt about a particular issue, if you wish, e.g. ✓✓✓ for strong, ✓✓ for medium, and ✓ for a less significant issue)</i></p>	
	Prompts (Barriers)	Comments
	No-one to <u>accompany</u> me	
	No <u>transport</u>	
	Places may <u>not be accessible</u> to me (e.g. stairs, heavy doors, inadequate disabled parking, no lifts, no accessible toilet)	
	Feeling that I would be the <u>only disabled person</u> there.	
	I would not understand the <u>language</u>	
	Lack of <u>money</u>	
	Other? (please specify)	
	Other? (please specify)	

4.2	<p>What sort of things do think would <u>help you</u> to be able to take part in activities such as those provided at Wah Hong? ('enablers')</p> <p><i>(Let people give answer the questions unprompted but use the prompts below, if you need to).</i></p> <p><i>(You can use ticks to indicate how strongly someone felt about a particular issue, if you wish, e.g. ✓✓✓ for strong, ✓✓ for medium, and ✓ for a less significant issue)</i></p>	
	Prompts (enablers)	Comments
	Someone to <u>accompany</u> me	
	Having access to appropriate <u>transport</u>	
	Knowing that places are <u>physically accessible</u> for me	
	Being able to get information sent to <u>my own home</u>	
	To have information or groups activities run in my own <u>language</u>	
	Knowing that I would also <u>meet others</u> and have fun	
	Knowing that there would be <u>other disabled people</u> there	
	Other? (please specify)	
	Other? (please specify)	

5.	ACCESS TO HEALTH AND SOCIAL CARE SERVICES	
5.1	Wah Hong have a role to help Chinese people understand and access health services and other services such as social services.	
	Do you feel you have enough <u>information</u> to know what services are available and how to get them? Yes <input type="checkbox"/> No <input type="checkbox"/> (tick)	Comments?
	Do you have access to appropriate <u>transport</u> to enable you to use services? Yes <input type="checkbox"/> No <input type="checkbox"/> (tick)	Comments?
	Do you feel that the <u>language</u> barrier makes it difficult for you to use services? Yes <input type="checkbox"/> No <input type="checkbox"/> (tick)	Comments?
5.2	Can you think of any other issues that might make it difficult for you to use health and social care services (e.g. home helps)? (Let people give answer the questions unprompted but use the prompts below, if you need to). (You can use ticks to indicate how strongly someone felt about a particular issue, if you wish, e.g. ✓✓✓ for strong, ✓✓ for medium, and ✓ for a less significant issue)	
	Prompts	Comments
	Lack of <u>confidence</u>	
	Issues with the <u>interpreting service</u> (inaccuracy or worry about confidentiality)	
	Negative <u>attitudes</u> of staff	
	Services are not sensitive to the <u>Chinese culture</u>	
	Don't get the same <u>standard of service</u> because I am Chinese	
	Feel I am <u>not involved</u> in my care or what happens to me	

5.2	What do you think about the idea of having a <u>central point</u> (an office or telephone helpline) that could help you to get to the right service?			
	Write answer here:			
5.3	How useful would the following services be for you (or please tell me if you already use these services)?			
	Homehelp (for shopping, cleaning etc)	Very helpful <input type="checkbox"/>	Fairly helpful <input type="checkbox"/>	Not v. helpful <input type="checkbox"/>
	Already use this service (tick) <input type="checkbox"/>	Comments? (prompt for language issues)		
	Community support worker (to help you at activities or appointments, but not as interpreter)	Very helpful <input type="checkbox"/>	Fairly helpful <input type="checkbox"/>	Not v. helpful <input type="checkbox"/>
	Already use this service (tick) <input type="checkbox"/>	Comments? (prompt for language issues)		
	Befriender (who visits you at home or goes out with you)	Very helpful <input type="checkbox"/>	Fairly helpful <input type="checkbox"/>	Not v. helpful <input type="checkbox"/>
Already use this service (tick) <input type="checkbox"/>	Comments?			
Help with reading letters	Very helpful <input type="checkbox"/>	Fairly helpful <input type="checkbox"/>	Not v. helpful <input type="checkbox"/>	
Already use this service (tick) <input type="checkbox"/>	Where should this service be offered? Other Comments?			

That is the end of all the questions that I have to ask you. Before we finish, do you have any other comments that you would like to make?

Many thanks for all your help. We really appreciate it. Your comments will help Wah Hong to make positive changes to the way in which it does things for physically disabled Chinese people. We will make sure that you receive a summary of the final report.

Thank you once again.

Please use this additional space if required (please indicate the question number)

APPENDIX F:

Letter from CHLC inviting local agencies to help with recruitment

4 December 2006

Dear

Recruitment of disabled Chinese people for research study

You may be aware that CHLC and partner organisations are carrying out a needs assessment of disabled Chinese people in Greater Glasgow. Our partner organisations are Chinese Community Development Partnership, Chinese Carers Association and West Glasgow Community Health & Care Partnership (NHS Greater Glasgow & Clyde).

Purpose of the study

The study will look at the needs of physically disabled Chinese people in terms of being able to access information, services and activities about staying healthy.

The partner agencies will use the research findings and recommendations to try to improve the way in which services are delivered to physically disabled Chinese people.

Research Methodology

We wish to carry out one-to-one interviews with 30 physically disabled Chinese people as soon as possible. The attached leaflet and consent form for potential participants contains brief details about what the study is trying to achieve. It will be translated into Chinese but the main method of promotion will be word of mouth. The interviewers carrying out the individual interviews will be Cantonese/Hakka/Mandarin speakers as appropriate.

Please help us

We really need your help in getting the word to potential participants and their families about this opportunity to influence planning and service provision for disabled Chinese people in Glasgow.

Please would you kindly arrange for the enclosed letters and information to be distributed to the Chinese-speaking interpreters working for GTIS? We are guessing that the interpreters would be most likely to come across the sorts of people we would like to recruit for our research. 30 copies of information are attached.

Should you wish to discuss matters Sze Man Ho, Information Officer, or myself at CHLC on 0141 2484388, are available to answer any questions; or contact Lesley Sherwood (Researcher) on 01360 770838.

Thanking you for your kind attention and in anticipation of your cooperation.

Sincerely,

Stephani Mok
Centre Manager

APPENDIX G:

Leaflet ‘Information for Prospective Participants’ and Consent Form

[NOTE: THIS INFORMATION SHEET WAS GIVEN TO PROSPECTIVE PARTICIPANTS IN A5 LEAFLET FORMAT BUT IS PRESENTED HERE IN NORMAL FORMAT TO BE CONSISTENCY WITH THE REPORT].

Assessing the Health Needs of Disabled Chinese People in Greater Glasgow

Information for participants – about the study and how to take part

Lead Researcher: Lesley Sherwood, Independent Consultant
Timescale of study: September '06 – January '07

1. About the Purpose of the Study

A group of organisations that have come together to look at the needs of physically disabled Chinese people in terms of being able to access information, services and activities about staying healthy. These organisations are:

- Chinese Healthy Living Centre
- Chinese Community Development Partnership
- West Community Health & Care Partnership (NHS Greater Glasgow & Clyde).

They have asked a researcher and some local Chinese people to work with some physically disabled people from the Chinese community to find out what sort of things would help them to be able to access information, activities and services about keeping healthy.

2. Who would we like to be included?

We would like to recruit adults who are **physically disabled** and who would be willing to take part in the study. If you answer 'yes' to both of the questions below, then you would be eligible to take part in this study.

Q1 Do you have a physical impairment that affects your ability to carry out normal daily activities, e.g.:

- walking, shopping
- eating,
- taking care of yourself (e.g. dressing, bathing)?

Yes....
No
(please tick one)

Q2 If so, is this impairment likely to last longer than 12 months?

Yes....
No
(please tick one)

3. If I answered 'yes', what might happen next?

If you answered 'yes' to both of the above questions, then you are eligible to take part. However, it is up to you to decide whether or not to participate. If you agree to take part, you are free to change your mind at any time, without giving a reason, and we would not contact you again.

If you agree to participate in the study, a local Cantonese/Mandarin/Hakka-speaking person might contact you and arrange to ask about your views, at your convenience. It should take about 30 minutes.

4. What about confidentiality?

If you agree to participate, you can be sure that your contact details will only be used for this study and will not be passed onto anyone else or any other organisation. Any information or opinions that you give during the interview will be **confidential and anonymous**.

5. If I agree to take part, will I definitely be interviewed?

It may be that not everyone on the list will be invited to give an interview. We will let you know if we do not need to speak to you.

6. What will happen to the information that I give?

All the interviews will be analysed by an experienced researcher and a report will be written for the partner agencies who commissioned the study. Everyone who participates in the study will be sent a short summary of the research report. The partner agencies will use the research findings and recommendations to try to improve the way in which they provide health-related information, activities and services for physically disabled Chinese people.

7. Before deciding, how can I find out more information?

If you would like more information or if you would like to talk to someone before deciding whether or not to take part, please contact the following people:

- In the English language: contact Lesley Sherwood (Researcher) on 01360 770838.
- To speak to someone who speaks Cantonese, Hakka or Mandarin, please contact Sze Man Ho at the Chinese Healthy Living Centre on 0141 248 4388.

8. If I decide to take part, what do I do next?

If you wish to take part, we would be grateful if you would complete the attached consent form (in English) and return it before the **XXXX** (insert date) to:

- Chinese Healthy Living Centre, 138 Holland Street, Glasgow, G2 4NB.
- If you'd prefer to register your consent verbally with the Chinese Healthy Living Centre, using your own language, please telephone 0141 248 4388 and ask for Sze Man Ho.

Assessing the Health Needs of Physically Disabled Chinese People

Consent Form (Interviews)

Commissioning Agency: Chinese Healthy Living Centre, Glasgow

Lead Researcher: Lesley Sherwood, Independent Consultant

Timescale of study: September '06 – January '07

I have read and understood the information in the attached leaflet and I confirm that:

- *I have answered 'yes' to Questions 1 and 2 in the attached leaflet and am therefore eligible to participate in the study.*

(please initial box)

- *I am willing to participate in the study: 'Health Promotion Needs Assessment for Disabled Chinese People'. I understand that I can withdraw from the study at any time and without explanation.*

(please initial box)

Signature:

Name: (please print)

Address:

.....

Telephone:

Best time to call me is:

The language I prefer to speak in is: (please insert language)

I would prefer to be interviewed :	In my own home (if yes, please tick)	Another location (please specify below)	
Gender: (please tick)	Male	Female	
Age group: (please tick)	16 - 64	65+	
How often, if at all, do you use a wheelchair? (please tick)	Always, at all times	Sometimes, for going long distances	I never use a wheelchair

Many thanks for your help. We will be in touch shortly.

APPENDIX H:

Training Programme for Interviewers



Training for Sessional Interviewers
Needs Assessment: Disabled Chinese People
Chinese Healthy Living Centre
Thursday 23rd November 2006, 10.00am – 12.30pm

PROGRAMME

TIME	ITEM
10.00 - 10.15	Welcome, programme and introductions (warm-up exercise)
10.15 – 10.20	What's the study all about?
10.20 – 10.25	Aims of the training The aim of the training is to ensure that the interviewers are equipped with appropriate knowledge and skills so they are able to collect good quality data through the interviewing process. To do this, they need: <ul style="list-style-type: none"> • To be familiar with the background to the project and their role in it • To be clear about their role in setting up the interviews • To be familiar with the content of the questionnaire • To be confident in interviewing techniques • To know how to record the interview in English • To know how and where to get support and help • To be able to raise and deal with any other issues
10.25 – 10.55	Your role <ul style="list-style-type: none"> • Setting up interviews • Prior to each interview • Doing the interview (tricks of the trade!) • After the interview
10.55 – 11.05	Other Issues <ul style="list-style-type: none"> • Working with disabled people • Confidentiality • Personal safety
11.05 – 11.15	BREAK
11.15 – 11.20	Language issue
11.20 – 12.20	Give it a go! <ul style="list-style-type: none"> • Familiarisation with draft questionnaire • Role play exercise with the draft questionnaire • Debrief (5mins)
12.20 - 12.25	Help! What support is available?
12.25 – 12.30	Review <ul style="list-style-type: none"> • Review aims of the training? • Any remaining fears?
12.30	Close and lunch