

Social Inclusion and Health Conditions Among Chinese Immigrants in Hong Kong and the United Kingdom

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**Social inclusion and health conditions among Chinese immigrants
in Hong Kong and the United Kingdom: An exploratory study**

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Social inclusion and health conditions among Chinese immigrants in Hong Kong and the United Kingdom: An exploratory study

Abstract

Whether and how immigrants are included in the host society has become a hot topic in the context of globalization. How inclusive a society is for immigrants can be answered by comparing the inclusion of immigrants to near-culture host society and those to a different-culture society. This paper reports the social inclusion and their correlation with health conditions among Chinese immigrants in Hong Kong and the United Kingdom. Two non-probability sample surveys were conducted using the Social and Communities Opportunities Profile (SCOPE) and its Chinese version as survey instruments. Altogether 56 new arrivals in Hong Kong and 51 immigrants in UK were recruited through NGOs to participate in face-to-face individual interviews. Both Hong Kong and UK participants reported high overall social inclusion. The two sub-samples shared many similarities in the perceived opportunities and satisfaction of opportunities in various social domains. There was evidence that immigrants in a host society with similar language demonstrated higher perceived satisfaction with opportunities in contact with friends and family, as well as higher perceived opportunities for community involvement than immigrants in a society with a different language. However, overall social inclusion appeared to be independent of one's health conditions.

Social inclusion and health conditions among Chinese immigrants

in Hong Kong and the United Kingdom: An exploratory study

Introduction

Migration has been one of the defining global issues of the early 21st century (Beine, Bourgeon, & Bricongne, 2013; Peri, 2013). People migrate for various reasons and globalization is a major factor contributing to the increasing trend of population flow (International Organisation for Migration, 2003). The number of people living outside their countries of origin has risen from 120 million in 1990 to an estimated 215 million in 2012 (The World Bank, 2011). In other words, about 3.1 percent of the world's population is composed of immigrants.

The choice of migration may be due to economic, political or environmental reasons, including income differences between developed and developing countries, inequitable distribution of social resources, violence or civil strife, or natural disaster in their birth countries (Levin Institution, 2014). However, not exempted from discrimination or inequitable treatment, immigrants are considered general more vulnerable to societal changes than local residents (Herz & Johansson, 2012). It is because they face difficulties such as finding a job, securing an accommodation, learning a new language and adapting to a new culture. Lack of financial assistance and inability to integrate socially may lead to conflicts. Misunderstanding may occur easily when there are marked differences in the cultural norms between the host countries and home countries of immigrants. Different policies and programs are used to help immigrants integrate into the host society, and to mediate the protective views of the local citizens. On one hand, the host society needs immigrants to provide new manpower source, and impart new vigor into its economy, but on the other hand

either the inclusion or the exclusion of immigrants will pose a threat to social harmony and stability. Many countries have recognized the benefits of practice accommodating migration policy to encourage socio-economic, civic, and political inclusion of immigrants (Rudiger & Spencer, 2003). Throughout this paper, the immigrants are those with legal migrants, and not foreign workers. This is because in some societies, foreign workers can never become a citizen.

Language difficulties in migration have been to be associated with mental health problems (Hansson, Tuck, Lurie, & Mckenzie, 2009). Cultural conflicts can influence mental health and lead to barriers to social participation (Yeh, 2003). Language difficulties, culture differences, as well as lack of information prevent immigrants from access to health services and other social services (Hoang, 2008). China has become one of the largest emigration countries, ranked fourth following Mexico, India and Russia (The World Bank, 2011). Chinese immigrants who move to the United Kingdom (UK) may encounter a completely different culture or language while Chinese immigrants who moved to Hong Kong (HK) may encounter a familiar cultural background. However, mainland Chinese immigrants in HK often reported incidence of discrimination and social exclusion (Policy 21 Limited, 2013).

In this study, we compare the experience of social inclusion among Chinese immigrants in HK and UK. We examined their perceived social inclusion and explored its relation to their health conditions. Although there is some general understanding that lack of social inclusion may increase the risk of mental ill-health (Finch, Kolody, & Vega, 2000), it is unclear how close is this relation for immigrants in a near-culture society (Chinese immigrants in HK), and a different-culture

society (Chinese immigrants in UK). By looking into the comparisons, we will be able to understand more the concept of social inclusion, the validity of one of its empirical measures SCOPE-C, and the influence of culture on one's social inclusion and health status. These understandings can inform the continuing discussion and introduction of relevant social policies.

In view of the increase of immigrants in the global context, the current study is a timely one. Furthermore, the inclusion of results from HK and the UK provides a comparative perspective on the issues related with social inclusion and health conditions.

Research objectives and hypotheses

To encourage the social inclusion of immigrants, it is necessary to understand the difficulties they are facing as well as their experience of inclusion and exclusion in various social domains. The health conditions of immigrant population are expected to correlate with the social inclusion items. This study is designed to:

1. explore the social inclusion in different social domains among immigrants population in HK and the UK;
2. measure health conditions among immigrants in HK and the UK; and
3. compare the degree of association between social inclusion and health conditions in the two samples.

Social exclusion was found to be associated with stress and poor physical as well as mental health (Duffy, 1998; Stansfeld, 1999; Whitley, Gunnell, Dorling, & Smith, 1999). It was also found that low social inclusion was associated with poor health (Raphael, 2001; Wilson, Eyles, Elliott, Keller-Olaman, & Devcic, 2007). A study

among mental health services users found that perceived social inclusion correlated positively with participants' health conditions (Chan, Evans, Chiu, Huxley, & Ng, 2014). We therefore propose the first hypothesis: Overall social inclusion correlates positively with health and mental health conditions of the subjects.

Studies found that lack of proficiency in an official language as well as limited access to cultural knowledge would be a barrier for immigrants to be integrated in a society (Derwing & Waugh, 2012). Chinese is one of the official languages in HK, though there can be different dialects in spoken Chinese. In general Chinese immigrants in HK are experiencing closer language, cultural background, and living style than Chinese immigrants in UK. The geographical proximity to one's place of origin among immigrants in HK when compared with Chinese immigrants in UK also facilitates the communication and the securing of social supports from their hometowns. It is easier for Chinese immigrants in HK to pay a short visit to or make a longer stay at their place-of-origin during school holidays or festival periods. Based on these evidences, we propose the second hypothesis:

Perceived opportunities and satisfaction in social domains (e.g. contacts with friends) are at higher level in near-culture society (i.e. HK) than in different- culture society (i.e. UK), among the Chinese immigrants.

Literature Review

Mainland China immigrants in Hong Kong

The current largest Chinese immigration population in HK is from One Way Permits (OWP) scheme from mainland China. According to the Security Bureau, one- way permits offer an important avenue for population growth (Chow, 2013). One

Way Permit (OWP) scheme was implemented to enable mainland Chinese residents to apply entrance to stay/live in HK legally. The daily quota of OWP increased from 75 in 1982 to 105 in 1993. Since 1995, HK government allowed a daily quota of 150 for mainland Chinese residents to reside in HK mainly for family reunion. Most of these new-comers are wives of HK residents in mainland China (Home Affairs Department and Immigration Department, 2013). Statistic showed that most of the males who married with mainland women were among low-income groups (Home Affairs Department and Immigration Department, 2013). The introduction of OWP scheme marked the change in the profile of new arrivals from young working males and entrepreneurs to middle-aged married females with low educational attainment (Policy 21 Limited, 2013). So far, a population of almost one million ($150 \times 365 \times 17 = 930,750$) has been settled in HIK since July 1, 1997.

Scholars agree that some HK local residents try to exclude new immigrants because they perceive the new immigrants as threats in the labor market (Bonacich, 1972; Raijman, Semyonov, & Schmidt, 2003; Scheepers, Gijsberts, & Coenders, 2002). Survey results show that Hongkongers had generally negative perceptions of new immigrants. Local residents worried that the arriving immigrants would compete with them on job opportunities and/or lead to lower salary levels (Hong Kong Institute of Education, 2012). These negative perceptions hinder those new arrivals' adaptation to and integration into local society (Hong Kong Institute of Education, 2012). Some local residents perceived new immigrants as potential threats to their own interest. They felt that new comers would compete with them on limited resources such as medical services, housing, and social welfare (Bobo & Hutchings,

1996; Sniderman, Hagendoorn, & Prior, 2004). Recently, the High Court ruled that new immigrants who were previously barred from getting social welfare because of a residence of shorter than 7 years should be eligible to apply for welfare benefits. A survey among 1,610 HK people found that 42% of participants expressed concern about this decision. Close to 30% of the surveyed subjects felt angry about it (Sky Post, 2013).

A survey of 13,400 mainland Chinese immigrants who had been in HK for nine to twelve months for family showed that the main source of stress for the adult male was financial burden while that for the adult females were poor living conditions. About 20% of the adult participants reported experience of discrimination against them in their daily lives sometimes or frequently. About one sixth of the adult new arrivals did not have any friend in HK and about 31% had one to three friends. One-twelfth of the child new arrivals did not have any friend in HK, and about 15% had only one to three friends (Policy 21 limited, 2013).

The HK government advocates a tolerant and harmonious society, where overt discriminatory behavior can be taken to court by Equal Opportunity Commission, though most cases rarely reached the court. All people are supposed to live together in harmony with mutual understanding and respect (Information Service Department, 2012). To promote social integration of new arrivals, the Hong Affairs Department designed a public campaign using public services advertising broadcast in radio as well as television channels. The 30-second advertisement was titled “Acceptance of New Arrivals”. The advertisement featured people speaking with a variety of Chinese dialects, saying that “no matter where we came from or how long

we've been here, we are all part of the Hong Kong family" (Home Affairs Department, 2014). Besides the advertisement, the Civil Education Committee also created four broadcast public services advertisements that advocated mutual understanding, respect, and willingness to embrace different values (Information Service Department, 2013).

Chinese immigrants in UK

China has provided the most immigrants in UK than any other countries since 2013 (Dominiczak, 2013). Despite its large population, many Chinese immigrants are faced with stigma, language barriers and a lack of support (Cowan, 2001). A survey found that close to two-thirds of British people disagree that immigrants could claim welfare benefits until they stay within the European Union for more than three years (The Guardian, 2014). Another survey found that British people were more likely to see immigration as a social problem (The Economists, 2011). A survey among 113 Chinese immigrants in Birmingham found over 60% of participants had symptom of poor mental health (Huang & Spurgeon, 2006). Psychological adjustment among these participants depended heavily on strong ties with the Chinese community. There was only minimal contact with the host society. Another qualitative research study among Chinese immigrants in UK found that they failed to integrate into the mainstream society, largely due to limited participation in the job market (Chau & Sam, 2001).

A review of literature found that there was evidence that Chinese immigrants in HK and UK suffered from some forms of social exclusion. However, apart from the evidence that they were disadvantaged in the labor market, very little is known about

social inclusion/exclusion in different social domains. This study attempts to fill this gap.

Social inclusion measurement

Social inclusion refers to “promoting equal access to opportunities, enabling everyone to contribute to social and economic programs and share in its rewards” (The World Bank, 2013).

Social and Community Opportunities Profile (SCOPE)

Social and Community Opportunities Profile developed in UK described a framework encompassing indicative life domains of social inclusion. The SCOPE measurement was constructed by a concept mapping method (Huxley, Evans, Munroe, Webber, Burchardt, Mcdaid, & Knapp, 2006) and survey data (Huxley, Evans, Madge, Webber, Burchardt, Mcdaid, & Knapp 2012). The framework focuses on the availability of opportunity that a person can access to exercise his or her right as well as the person’s subjective perception of satisfaction toward the opportunity in various life domains (Huxley et al., 2006). It captures eight life domains including leisure and participation, housing and accommodation, safety, work, financial situation, education, self-reported health, as well as family and social relationships. From all these life domains, objective and subjective indicators, satisfaction with opportunities and perceived opportunities respectively were measured. The SCOPE provides an instrument to evaluate how people are included into the communities. The SCOPE was originally designed with 121 items. A short version of SCOPE with 48 questions were extracted based on confirmatory factor analysis. The short version of the SCOPE demonstrated reasonable internal consistency for the key variables ($0.60 \leq \alpha \leq 0.75$) (Huxley et al.,

2012). The SCOPE demonstrated good internal consistency, test-retest reliability over time, and validity among a sample of mental health services users as well as a student sample in UK (Huxley et al., 2012).

Chinese version of Social and Community Opportunities Profile (SCOPE-C) and its validity

A concept mapping study conducted in HK found that the concept of social inclusion shared much similarity among HK and UK participants (Chan, Evans, Ng, Chiu, & Huxley, 2014). A Chinese version of SCOPE scales (SCOPE-C) was developed on the basis of SCOPE with a validated translation, and adjusted measures to HK conditions. Altogether, there are 56 items generated, including 45 items with a framework focus on eight life domains and 9 additional items from Everyday discrimination scale (author, under review).

SCOPE-C was found to be a valid instrument as a measurement of social inclusion. Prior steps on concept mapping have been completed and MAPI translation protocol (2011) has been followed to ensure quality of the translation. The SCOPE-C was employed to investigate the social inclusion among 168 mental health service users recruited through various NGOs in HK. Satisfaction with opportunities and perceived opportunities in various social domains demonstrated a high reliability of (Cronbach's alpha at baseline: 0.82 and 0.67 respectively) (author, under review). Three variables, overall social inclusion, average satisfaction with opportunities and average perceived opportunities had significant positive correlation with one another. These three SCOPE-C variables also had positive correlation with participants'

physical health, but not with mental health (Chan, Evans, Chiu, Huxley, & Ng, 2014). This study will expand the use of the SCOPE and SCOPE-C to the immigrants.

Methods

Participants

There are altogether 107 immigrant subjects in the data pool. Among which, 56 of them were recruited through three non-government organisations that provide social services to new immigrants in HK, and another 51 participants were from a similar organisation in UK. All of them were of Chinese race and use Chinese language as their first language.

The demographic profiles of participants are shown in Table 1. Among HK participants, the majority of them were females (94.6%). The average age was 35 (SD=6.98). About one third of them were living in public rental housing units and less than two thirds of them were living in private residential units. The majority (69.6%) were looking after family or home and had no source of income. Less than 20% had employment, investment and property rental income. Among UK sample, 60% participants were female. The average age was 42.2 (SD=15.74). Almost 60% of these participants were living in private residential units. The majority of them were self-employed or in paid employment. Only less than 2% participants had no source of income.

[Insert Table 1 about here]

Procedure

The University's Committee on the Use of Human and Animal Subjects in Teaching and Research approved the ethical approval. Participants from both areas signed an

informed consent statement before interviews. Two interviewers conducted the face-to-face individual interviews in HK in Putonghua or Cantonese while English was employed for the interviews in UK. The interviews were conducted at the premises of the social services centers. HK participants received a payment of HK \$70 (equivalent to US \$9) as a token of appreciation after participating in the interviews. In the UK the NGO received a per capita honorarium of £10 for each person recruited to the study. HK and UK interviews were conducted during November 2013 and March 2014. The interviewing time lasted between 20 to 40 minutes.

Social and Communities Opportunities Profile (SCOPE) and the Chinese version of Social and Communities Opportunities Profile (SCOPE-C) were employed in UK and HK respectively.

SCOPE and SCOPE-C contain 45 questions covering eight social domains including: (1) leisure and participation, (2) housing and accommodation, (3) work, (4) financial situation, (5) safety, (6) education, (7) self-reported health, and (8) family and social relationships. For each of these eight domains, participants were asked about their subjective perception of opportunities as well as their satisfaction with opportunities. There are eleven items on satisfaction with opportunities for each social domain rated from 1 (extremely restricted opportunities) to 7 (plentiful opportunities). The Cronbach's alpha coefficients of satisfaction with opportunities were 0.81 for UK sub-sample and 0.69 for HK sub-sample. There are five items on perceived opportunities for each domain rated from 1 (feeling terrible) to 5 (feeling delighted). The Cronbach's Alpha coefficients of perceived opportunities were 0.69 and 0.68 for

UK and HK sub-samples respectively. Objective items such as number of friends they had were also asked.

Health. General health was measured by SF-12 (Ware, Kosinski, & Keller, 1995; 1996). Mean scores of the items of the four physical health dimensions were compiled to measure physical health while mean scores of the items of the four mental health dimensions were compiled to measure mental health. The mean scores were converted to 100-point scale according to the SF-12 algorithm. The Cronbach's Alpha coefficients of physical and mental health among HK participants were 0.77 and 0.68, and 0.69 and 0.67 regarding UK participants.

[Insert Table 2 about here]

Discrimination. Everyday Discrimination Scale (Krieger et al., 2005) was used to measure discrimination in everyday life among HK participants. It consisted of 9 items ranged from 1 (never) to 6 (almost everyday). Two typical questions were "You are treated with less courtesy than other people are" and "You are threatened or harassed". This scale has been showed reliable and valid (Krieger et al., 2005). This concept was not measured among the participants in UK due to funding limitations.

Other than the Everyday Discrimination Scale that was administered to HK participants only, the same tools (i.e. SCOPE and SF-12) were used for both sub-samples, though the categorization of some items such as educational level and housing type was adapted to local situations.

Results

Satisfaction with opportunities

The means and standard derivations for 11 items of satisfaction with opportunities among HK and UK sub-samples are summarized in Table 2. A series of t- tests were performed to examine if there was differences between two sub-samples. As most of the immigrants to HK went there for family reunion, it was not surprising that they were most satisfied with opportunities for contact with families. Participants from HK were also satisfied with social interactions, evidenced by the high satisfaction with opportunities for contact with friends, involvement with community groups, and leisure activities. They were least satisfied with opportunities for suitable housing and opportunities to increase income.

Participants from UK were most satisfied with opportunities of living safely in area, suitable housing and contact with friends. They were least satisfied with the opportunities to increase income. Five out of the eleven social domains registered significant differences between the two sub-samples. Not surprisingly, HK participants had a higher level of satisfaction with opportunities for contact with families and friends than United Kingdom (UK) participants. They were also more satisfied with opportunities for leisure activities and involvement with community groups than UK participants. However, UK participants were more satisfied with opportunities for suitable housing. There were no statistical difference between the two sub-samples in terms of satisfaction with opportunities and overall social inclusion.

[Insert Table 2 about here]

Perceived opportunities

The means, standard deviations for 5 items of perceived opportunities among HK and UK sub-samples are summarized in Table 3. HK participants perceived that there

were more opportunities for them to participate in community groups and get a suitable job than UK ones. Though, UK participants perceived more opportunities in having a suitable housing.

Our initial hypothesis that participants' perceived opportunities and satisfaction in domains related to social interactions including contacts with friends and involvement with community groups were higher among immigrants in a near-culture society (i.e. Chinese immigrants in HK) than in a different-culture society (i.e. Chinese immigrants in UK) was supported.

[Insert Table 3 about here]

Health conditions

The mean physical health and mental health reported in the HK sub-sample were 70.3 and 73.1 (on a 100-point scale) respectively. The mean physical health and mental health reported in the UK sub-sample were 72.1 and 63.5 respectively. Results of the t-tests found that there was no statistical difference between HK and UK sub-samples on physical health. However, the UK sub-sample reported a lower level of mental health than the UK sub-sample.

Everyday discrimination

Experience of discrimination in everyday life among new immigrants in HK is summarized in Table 4. Over three quarter of the HK sub-sample had never encountered four out of the nine items in the Everyday Discrimination Scale. For the remaining four items, about 10 to 30 percent of the HK participants experienced it a few times a year. Over one quarter of the HK participants reported that they were treated with less courtesy or people acted as if they were better than the participants.

[Insert Table 4 about here]

Participants who reported they had experienced discrimination described by the nine items at least a few times a year were followed up their perceived reason of discrimination. Close to 60% of these participants perceived that their language/dialect, or their ancestry and national origins were the reasons of discrimination. About one third of these participants perceived that education/income level was the cause of discrimination.

[Insert Table 5 about here]

Pearson correlation between key variables of SCOPE-C, physical health and mental health

Table 6 summarized the Pearson correlation coefficients between satisfactions with opportunities, perceived opportunities and overall social inclusion. For HK sub-sample, satisfaction with opportunities had significant positive correlation with perceived opportunities ($r=0.60$, $p<0.01$). No significant correlations were found between overall social inclusion and other satisfaction with opportunities items or perceived opportunities items.

Regarding the UK sub-sample, there was no significant correlation between satisfaction with opportunities and perceived opportunities. Furthermore, the overall social inclusion had no significant correlation with perceived opportunities, but had positive correlation with satisfaction with opportunities. Among the UK participants, overall social inclusion correlated with satisfaction with opportunities in seven domains. Among these domains, the strongest correlation was found between overall social inclusion and satisfaction with opportunities for contact with friends, and satisfaction with opportunities for suitable housing.

For both sub-samples, there was no significant correlation between overall social inclusion and physical as well as mental health. However, among new immigrants in HK sub-sample, mental health demonstrated positive correlation with satisfaction with opportunities as well as perceived opportunities. Mental health conditions of significant correlated with perceived opportunities in five domains and satisfaction with opportunities in six domains. Physical health condition correlated strongly with perceived opportunities for education.

Among immigrants in UK sub-sample, physical health and mental health had no significant linear relation with satisfaction with opportunities and perceived opportunities. Mental health condition correlated with satisfaction with opportunities for education and perceived opportunities. The second hypothesis was not supported.

[Insert Table 6 about here]

Discussion

A study was conducted among Chinese immigrants in HK and UK to examine their experience of social inclusion and health conditions. We found that the two sub-samples shared many similarities in the perceived opportunities and satisfaction of opportunities in various social domains. Chinese immigrants in HK and UK showed a general satisfaction in all eleven social domains. They also perceived that there were sufficient opportunities in the five selected social domains. For the HK participants, they were least satisfied with the opportunities for suitable housing. This can be attributed to the relatively high percentages (26%) of them living in private residential units of room/cockloft/bed space. Due to the high property price in HK and the low social economic background of the immigrants' families, most of these immigrants were unlikely to live in a spacious physical environment. Some

participants reported that their family income was insufficient to either rent or buy a decent type of housing unit. Because most of the HK participants came to settle for family reunion reasons, their satisfaction for opportunities for contact with the family were the highest. On one hand, it can argue that home is where you feel belonged to for your heart, and it matters not that much of the physical condition than the opportunity to live with your family members. On the other hand, it can be that these immigrants, irrespective of their current condition, are eligible to queue up for public housing, or are living with their HK spouse in public rental unit.

HK participants reported high level of satisfaction of opportunities for contact with friends. It should be noted that these friends may not be new friends they made in the host society. Some participants told us that they maintained good contacts with friends in mainland China through mobile phone and other communication technology. Access to and low cost modern communication technology certainly adds ease to more social contacts with friends and family members who live apart. Geographic proximity also makes it possible to visit friends in mainland China regularly at festival times. The HK participants were also satisfied with involvement with community group and leisure activities. This finding was contradictory to a previous study (Policy 21 Limited, 2013) that many new arrivals did not have friends in HK. One of the reasons may be attributed to the facts that our HK participants recruited through NGOs that provided services to them. Very often, enjoying the services provided by the NGO together with other immigrants would create a sense of community. For example, some participants told us that they appreciated the leisure activities such as family picnics organized by the NGOs.

Even though nearly half of the HK participants did not engaged in the job market or study, they reported high perceived opportunities for suitable work as well as education. Many of them during the interviews expressed that they were only temporary held from work because of the needs to take care of young children. They would like to work either part-time or full time once their children reached the elementary school age. Some told us that they saw recruitment advertisements for hourly paid work everywhere, especially at supermarkets and fast food restaurants. As a result, they perceived that they were able to find jobs easily when they are freed from family obligations.

Our findings from the UK sample showed a similar story. They were in general satisfied with the opportunities in various social domains and perceived sufficient opportunities out there. Unlike the HK sample, they were only marginally satisfied with the opportunities to increase income. They perceived there were few opportunities to increase income and opportunities for suitable work. Among those unemployed, they were also marginally satisfied with the opportunities to work. This may reflect the impact of the economic downturn in the UK on the labor market, which at the time of the study did not yet show the signs of recovery that are now appearing.

Even though perceived opportunities were not high among both HK and UK participants, they were often satisfied with the available opportunities. This finding is consistent to what a previous study found among mental health services users in HK (Chan, Evans, Chiu, Huxley, & Ng, 2014). This indicates that immigrants have to come to terms with the less-than-ideal reality. For the HK sub-sample, the lowering

of opportunities may be expected as a cost to pay for family reunion. It is another question whether we should help them to accept a lower-than-expected reality or to provide sufficient services support and opportunities to them.

Both HK and UK sub-samples reported high overall social inclusion. Contradictory to previous studies that found discrimination of immigrants, most of the HK participants did not experience discrimination frequently in everyday life. The most likely encounter of discrimination was reported in the consumption context. They felt that their lack of mastering of the Cantonese dialect had exposed their mainland identities and were therefore treated differently.

Among the HK sub-sample, most of the satisfaction with opportunities and perceived opportunities items were not correlated with overall social inclusion. The interpretation can be that even though there are opportunities out there in the community and they may be largely satisfied with it, they do not necessarily see themselves as better included socially. However, among the UK sub-sample, more than half of the items of satisfaction with opportunities were found correlated with overall social inclusion. For the UK subjects, the better they felt satisfied with the perceived opportunities, the better they felt included. It may be because the participants were heavily involved in caring for families, and varied in their sensitivity to the opportunities in various social domains. As a result, they did not have elaborated consideration about being included in a society. On the other hand, the UK participants, being mostly engaged in work and had a longer period of stay in the host society, had a fuller understanding of the issues of social inclusion.

Among the HK sub-sample, physical and mental health had a high correlation with satisfaction with opportunities for suitable housing and living safely in area.

Among the UK sub-sample, physical and mental health was not correlated with satisfaction with opportunities. This can be accountable by the different social economic profiles of the sample. For the grass-root class of new immigrants in HK, able to live in a decent housing was perceived as utmost important to health. For the income-earning immigrants in UK, perceived better opportunities did not help with better health conditions.

For both samples, in spite of the fact that mental health and physical health had significant linear relations with different dimensions of perceived opportunities and satisfaction with it, the overall social inclusion score did not have significant correlation with the physical and mental health. One possible reason may be there are quite a number of dimensions and the averaging of them all reduces the significance of a dimension. If that is the case, individual dimension score provides a more accurate picture of its relationship with one's health and mental health condition. The current method of averaging the means presumes that each dimension may carry equal weight. The picture of the overall will be quite different if the dimensions are weighted. However, a weighted summation will need not just methodological justification, but also conceptual support on the importance of some dimensions.

It is interesting to notice that there are considerably more perceived opportunities for suitable housing in UK and for suitable work in HK, and higher satisfaction with leisure activities, and involvement in community groups in HK. It points to the unique physical and financial environment of UK and HK. The dimension scores of the social inclusion are quite reflective of the actual context. In spite of some

contextual differences, SCOPE-C appears to be able to measure social inclusion in terms of its dimensions.

Limitations and future studies

Due to the small sample size and the non-probability sampling, the findings of this exploratory study were not able to generalize to the population. The observed differences may also be attributed to the differences between the two groups in terms of the socio-demographic factors. The current sample size has not been big enough to allow for statistical control on the socio-demographics. As there is no national or district registry of immigrants, random sampling was also not feasible. Future studies, however, can employ a larger sample size to improve on statistical power and facilitate cross tabulation by social-demographic variables. Similar to other cross-cultural studies, we assume that the interpretation of the questions by participants from the sub-samples were compatible, if not identical.

Conclusion

To conclude, the SCOPE-C and the SCOPE were found to be a valid instrument to measure social inclusion among immigrants with acceptable level of internal reliability. Chinese immigrants in HK and UK had similar levels of perceived satisfaction with opportunities, perceived opportunities and overall social inclusion. Contradictory to our hypothesis, overall social inclusion in both sub-samples did not correlate with physical or mental health of the subjects. There was evidence that immigrants in a host society with similar language (i.e. the HK sub-sample) demonstrated higher perceived satisfaction with opportunities in contact with friends

and family, as well as higher perceived opportunities for community involvement than immigrants in a society with a different language (i.e. the UK sub-sample).

Table 1 Demographic profile of the sample

Age	Mean SD	HK		UK		Combined	
		N	%	N	%	N	%
		35.0		42.2		38.4	
		7.0		16.7		12.4	
Gender (% Female)		53	94.6	31	60.8	84	78.5
Accommodation types (%)							
Public rental housing unit		19	33.9	5	9.8	24	22.4
Subsidized sale flat		3	5.4	5	9.8	8	7.5
Private residential (whole house/flat)		18	32.1	25	49.0	43	40.2
Private residential (room/cockloft/bed space)		15	26.8	3	5.9	18	16.8
Villas/bungalows/modern village house		0	0.0	5	9.8	5	4.7
Simple stone structures/traditional village house		1	1.8	4	7.8	5	4.7
Halfway house		0	0.0	2	3.9	2	1.9
Employment status							
Self employed		1	1.8	16	31.4	17	15.9
In paid employment		4	7.1	15	29.4	19	17.8
Unemployed		4	7.1	2	3.9	6	5.6
Retired from paid work		0	0.0	6	11.8	6	5.6
On maternity leave		0	0.0	1	2.0	1	0.9
Looking after family or home		39	69.6	3	5.9	42	29.3
Full time student/at school		0	0.0	2	3.9	2	1.9
Long term sick or disabled		0	0.0	2	3.9	2	1.9
On a government training scheme		8	14.3	0	0.0	8	7.5
Income source							
No source of income		42	75.0	1	1.9	43	40.2
Earned income		8	14.9	30	58.8	38	35.5
State pension or pension from a former employment		0	0.0	5	9.8	5	4.7
State benefits		2	3.6	7	13.7	9	8.4
Other source of income		1	1.8	0	0.0	1	0.9
Prefer not to say		2	3.6	3	5.9	5	4.7

Table 2 Satisfaction with opportunities in different social domains as well as overall social inclusion by sub-sample and t-test results

	HK		UK		t
	Mean	SD	Mean	SD	
SatOpps for leisure activities	5.04	-0.68	4.63	1.01	2.35*
SatOpps to be involved with community groups	5.05	0.72	4.55	0.80	3.30***
SatOpps for suitable housing	3.96	1.55	4.97	0.70	4.17***
SatOpps to work (for employed participants)	4.40	1.95	4.42	1.12	-0.03
SatOpps to work (for unemployed participants)	4.18	1.24	4.12	1.27	0.21
SatOpps to increase income	4.11	1.55	4.07	1.48	0.12
SatOpps to live safely in area	4.80	1.10	5.06	0.63	-1.40
SatiOpps for education	4.66	0.96	4.55	0.89	0.60
SatOpps for physical health care	4.51	0.81	4.45	0.87	0.32
SatOpps for mental health care	4.44	1.06	4.24	1.02	0.82
SatOpps for contact with family	5.82	1.08	4.85	1.45	3.89***
SatOpps for contact with friends	5.33	0.67	4.97	0.91	2.15*
Average of the SatOpps	4.72	0.54	4.58	0.69	1.19
Overall social inclusion	4.71	0.83	4.69	0.84	0.14

Note. 7-point scale. Higher means represent higher satisfaction.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 3 Perceived opportunities in different social domains by sub-sample and t-test results

	HK		UK		t
	Mean	SD	Mean	SD	
Perceived Opps for involvement with community groups	3.63	1.27	2.93	1.33	2.31*
Perceived Opps for suitable housing	2.96	1.22	3.54	1.12	-2.23*
Perceived Opps for suitable work	3.22	1.39	2.38	1.27	2.58*
Perceived Opps to increase income	2.76	1.39	2.27	1.05	1.67
Perceived Opps for education	3.69	1.27	3.58	1.18	0.38
Average of the Perceived Opps	3.23	0.94	2.98	0.98	1.43

Note. 5-point scale. Higher means represent higher perceived opportunities.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 4 Experience of discrimination in everyday life among HK participants (N=56)

	Never	Less than a few times a year	More than a few times a year
People act as if they are afraid of you	96.4	3.6	0.0
People act as if they think you are dishonest	94.6	3.6	0.0
You are threatened or harassed	92.9	7.1	0.0
You are called names or insulted	85.7	7.1	3.6
People act as if they think you are not smart	73.2	10.7	3.6
You are treated with less respect than other people are	58.9	17.9	0.0
You receive poorer service than other people at restaurants or stores	57.1	23.2	1.8
People act as if they're better than you are	51.8	26.8	5.4
You are treated with less courtesy than other people are	44.6	28.6	0.0

Table 5 Perceived reasons of discrimination (N=25)[#]

	Yes %
Your language/dialect	60
Your ancestry or national origins	56
Your education or income level	36
Your height	4
Your gender	0
Your age	0
Your religion	0
Your weight	0
Some other aspect of your physical appearance	0
Your sexual orientation	0
Your physical disability	0
Your mental disability	0

[#]Only for those who experienced some form of discrimination described in Table 4.

Table 6 Pearson correlations between the key variables in SCOPE-C, physical health and mental health

	Physical health		Mental health		Overall social inclusion	
	HK	UK	HK	UK	HK	UK
Average of SatOpps	0.23	0.13	0.46**	0.06	0.09	0.51**
SatOpps for leisure activities	0.06	0.03	0.07	0.11	-0.14	0.29*
SatOpps to be involved with community groups	0.10	0.04	0.28*	0.08	0.12	0.25
SatOpps for suitable housing	0.17	0.00	0.32*	-0.11	-0.14	0.45*
SatOpps to work (for employed participants)	-0.04	-0.07	#	0.13	0.17	0.26
SatOpps to work (for unemployed participants)	0.11	0.11	0.36**	0.05	0.16	0.24
SatOpps to increase income	0.16	0.10	0.33**	0.07	-0.05	0.41*
SatOpps to live safely in area	0.25	0.16	0.36*	0.13	0.08	0.39*
SatiOpps for education	0.16	0.04	0.27*	0.29*	-0.01	0.38**
SatOpps for physical health care	0.25	0.18	0.03	-0.07	0.20	0.29
SatOpps for mental health care	0.16	0.16	0.05	-0.13	0.36*	0.03
SatOpps for contact with family	0.03	0.19	0.10	0.12	-0.06	0.32*
SatOpps for contact with friends	0.06	-0.30	0.07	-0.04	0.21	0.58**
Average of Perceived Opps	0.31**	0.15	0.56**	0.28*	0.07	0.04
Perceived Opps for involvement with community groups	0.16	-0.04	0.32*	0.27	0.18	0.19
Perceived Opps for suitable housing	0.16	0.17	0.30*	0.18	0.00	-0.11
Perceived Opps for suitable work	0.14	0.06	0.34**	0.23	0.06	0.21
Perceived Opps to increase income	0.23	0.15	0.40*	0.23	-0.05	0.06
Perceived Opps for education	0.32*	0.09	0.46*	0.27	0.08	0.15
Overall social inclusion	0.03	-0.15	0.13	0.08	-	-

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

Not complied as there are only 5 employed person in the HK sub-sample

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