



賽馬會齡活城市
Jockey Club Age-friendly City

Jockey Club

Age-friendly City Project

Final Assessment Report

Kwai Tsing



Tsing Ma Bridge

Initiated and funded by:



The Hong Kong Jockey Club Charities Trust

Project partner:



香港中文大學
The Chinese University of Hong Kong



香港中文大學
賽馬會老年學研究所
CUHK Jockey Club Institute of Ageing



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Executive Summary

The CUHK Jockey Club Institute of Ageing has conducted baseline and final assessments in the Kwai Tsing District under the Jockey Club Age-friendly City Project initiated and funded by The Hong Kong Jockey Club Charities Trust. The project aims to evaluate the age-friendliness of different districts and to implement age-friendly related initiatives to build an age-friendly Hong Kong.

The final assessment was conducted between May 2020 and August 2021 using the framework of eight domains (i.e., Outdoor spaces and buildings, Transportation, Housing, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services) of an age-friendly city set out by the World Health Organization. It comprised both quantitative (i.e., questionnaire survey on 566 residents) and qualitative approaches (i.e., five focus group interviews).

Questionnaire survey showed that residents in Kwai Tsing were most satisfied with the domain of Transportation in the district, while there were more room for further improvement in the domains of Community support and health services as well as Civic participation and employment. On the latter two domains, residents participating in focus groups raised more specific issues, such as limited employment opportunities for those aged 65 and above, long waiting times for health services and insufficient information on community support services.

Results of the final assessments shed light on future directions for a more age-friendly Kwai Tsing District. Building on the well-established foundation by District Council, government departments and NGOs, it is suggested that further initiatives could be launched to promote and facilitate employment of older people as well as to strengthen the community support and health services to them. Recommendations such as implementing re-employment programmes for retired persons and empowering elders to better self-manage their health are set out in the report for discussion and adoption in building an age-friendly city.



1. Background

Drastic demographic changes have posed immense challenges for Hong Kong and population ageing remains a critical issue for the city, particularly due to the highly dense urban living, environmental degradation, and limited provision of resources. Various initiatives have been launched to continue articulating “age-friendliness” as a future development pathway for Hong Kong.

In the Policy Address 2016, the HKSAR government was committed to tackling the ageing population in the next five years, with the aim of promoting active ageing and age-friendly communities at district level. Efforts have been focused on exploring and encouraging older adults’ contributions to the community, as well as providing easier access to pedestrians and public facilities for older adults. Fast forward to five years later, have these policies met the needs of the elderly and what are their opinions towards them? How do they view the current age-friendliness of their own community? These important questions need to be answered before any initiative is proposed and implemented.

Despite the continuous collaborative effort in developing an age-friendly city over the past few years, Hong Kong has been under the great impact of local social unrest since 2019 and the global pandemic of COVID-19 since 2020. Hence, this study serves to illustrate the current state of age-friendliness of the Kwai Tsing District in Hong Kong amidst the aforementioned challenges. Both questionnaire survey and focus group interviews have been conducted. The report consists of four sections:

1. Overview of the ageing population in Hong Kong, the current project, and the major characteristics of the district
2. Objectives and methodologies
3. Key findings
4. Relevant recommendations for future policy-making processes and community-based projects

1.1 Ageing population in Hong Kong

Population ageing is persistently posing enormous challenges for Hong Kong. It is expected to continue and it will accelerate notably in the coming two decades, with the most rapid acceleration taking place in the next 10 years. The elderly population is projected to increase by about 1.2 million in the next 20 years (2019-2039), far more

than the increase of 0.61 million over the past 20 years (1999-2019). With post-war baby boomers entering old age, the number of elderly persons aged 65 and over is projected to increase sharply by 57% from 1.32 million (18% of the total population) in 2019 to 2.07 million (26%) in 2029. It will further increase to 2.52 million (33.3%) in 2039. The elderly population is projected to remain at over 2.5 million for at least 30 years. In 2069, the number of elderly persons is projected to reach 2.58 million (38.4%). On the other hand, due to the persistently low fertility rate, the proportion of the population aged under 15 is projected to decrease gradually from 12.2% in 2019 to 7.6% in 2069 (Figure 1.1).

Population ageing can be reflected by the elderly dependency ratio which is defined as the number of persons aged 65 and over per 1,000 persons aged 15-64. The ratio is projected to rise continuously from 249 in 2019 to 408 in 2029 and 508 in 2039, and further to 606 in 2069. In other words, in 2019, every 5 persons of working age had to support 1 elderly person on average, which will increase to 2 and 2.5 elderly persons respectively in 10 and 20 years' time. In 2069, every 5 persons of working age will have to support 3 elderly persons on average. The ageing trend is also revealed by the increasing median age of the population, which will rise from 44.6 in 2019 to 47.7 in 2029 and further to 54.2 in 2069 (Census and Statistics Department, HKSAR Government, 2020).

人口數目及年齡結構（不包括外籍家庭傭工）

Population size and age structure (excluding foreign domestic helpers)

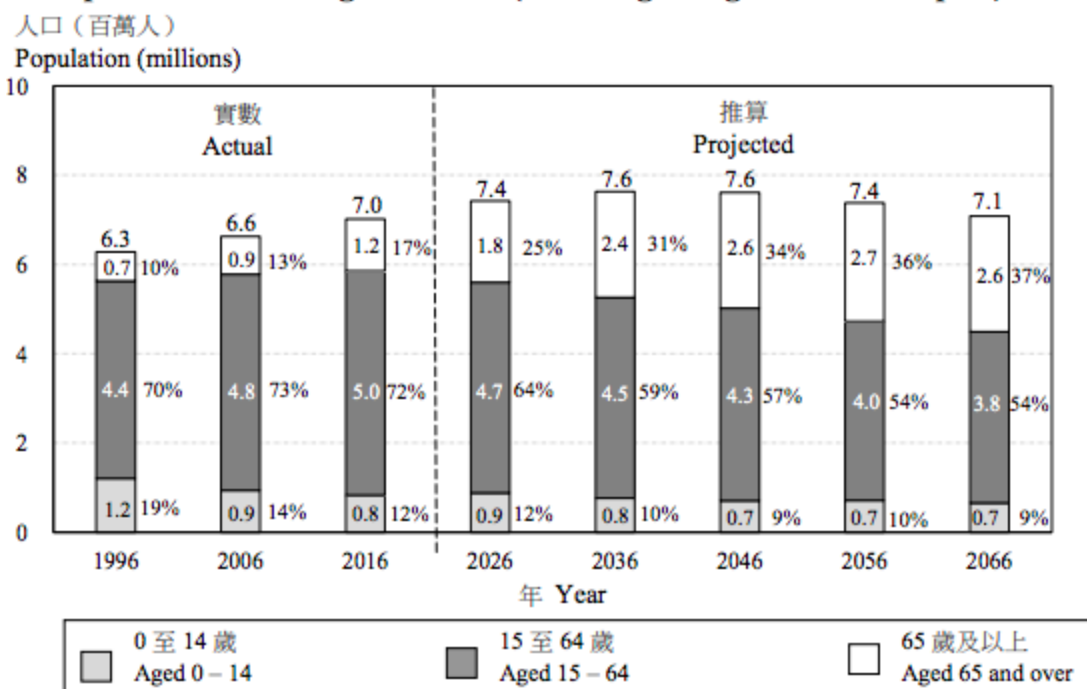


Figure 1.1 Population Ageing in Hong Kong (Source: Census and Statistics Department, HKSAR (2017, Chart 2))

One point to note is that the overall educational attainment of elderly in Hong Kong has been improving. The proportion of older people with secondary or higher education increased drastically from 25.0% in 2006 to 39.6% in 2016. Furthermore, the proportion of older people with post-secondary education also increased from 6.6% in 2006 to 9.5% in 2016 (Census and Statistics Department, HKSAR Government, 2018). It suggests that the majority of elderly of the next and future generations are likely to be better educated and informed than previous generations and new ways for them to be socially included can be explored.

Geographically, the older population is not evenly distributed in Hong Kong and there was a considerable geographical redistribution of older persons during the past ten years. In 2016, 50.9% of the older population resided in the New Territories, while 31.4% and 17.8% in Kowloon and Hong Kong Island (Census and Statistics Department, HKSAR Government, 2018). According to the proportion of the elderly by District Council districts, Kwun Tong was the largest, followed by Wong Tai Sin and Kwai Tsing (Figure 1.2).

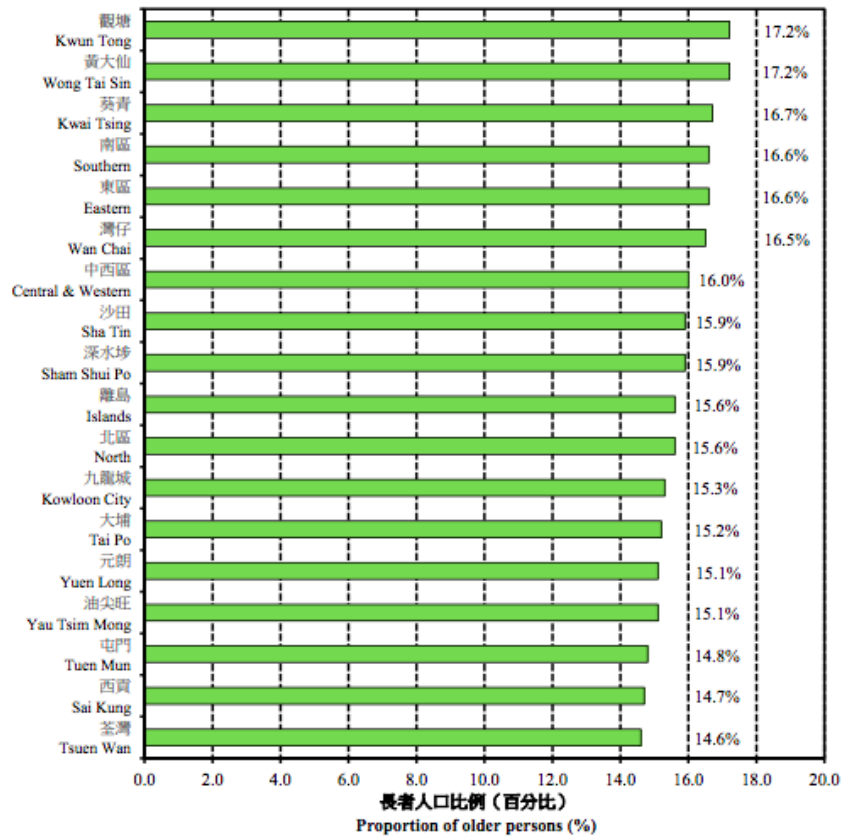


Figure 1.2 Proportion of Older People by District Council Districts, 2016) Source: Census and Statistics Department, HKSAR Government (2018, p. 79))

The above characteristics of population ageing reveal three issues to be addressed. First, population ageing needs an in-depth study in particular with reference to different locations. Understanding context-specific characteristics affecting ageing well is essential for effective elderly policies. Second, neighbourhood is the primary resource the elderly use to satisfy various needs. As such, certain attributes of neighbourhood, that is, the built environment, housing, transportation, etc., should be carefully studied and evaluated. Last but not least, pertinent policies on community must focus on the quality of home and neighbourhood environment, instead of hospital care, for the elderly to improve their well-being. Older people play a crucial role in communities that can only be ensured if they enjoy good health and if society addresses their needs. These three propositions inform our study in Kwai Tsing wherein various domains of neighbourhood and elderly behaviours are benchmarked with the World Health Organization (WHO)’s Age-friendly Model through quantitative and qualitative research methods.

1.2 Age-friendly City Project by the World Health Organization

Making cities and communities age-friendly is one of the most effective policy approaches for demographic ageing. A society with an increasingly ageing population will generate additional demands different from those in general. In 2007, WHO published *Global Age-friendly Cities: A Guide*. According to the definition, “an age-friendly environment fosters active ageing by optimising opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2007a, p.1). Eight domains were highlighted based on the opinions of the elderly and caregivers. The eight domains include the Outdoor spaces and buildings, Transportation, Housing, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services (Table 1.1).

Community is one critical geographical scale to promote an Age-friendly City (AFC), upon which public awareness of older people and needs can be enhanced, the living condition improved, and social and cultural life revitalised. The *Guide* provides a useful reference to articulate age-friendliness under the urban context. Central to this idea is to provide an enabling environment through a checklist of action points integral to the creation of health, wisdom, justice, social networks and economic wellbeing of older people. In 2010, WHO launched the “Global Network for Age-friendly Cities and Communities” in an attempt of encouraging the implementation of policy recommendations. By March 2021, 1,114 cities and communities in 44 countries are part of the Network, covering over 262 million people worldwide. The points of action provide a useful reference for our study in designing a questionnaire that encompasses the most relevant aspects.

Table 1.1 WHO's Age-friendly City domains and major areas of concern

AFC domains	Major areas of concern	
Outdoor spaces and buildings	<ul style="list-style-type: none"> - Environment - Green spaces and walkways - Outdoor seating - Pavements - Roads - Traffic 	<ul style="list-style-type: none"> - Cycle paths - Safety - Services - Buildings - Public toilets
Transportation	<ul style="list-style-type: none"> - Affordability - Reliability and frequency - Travel destinations - Age-friendly vehicles - Specialised services - Priority seating - Transport drivers - Safety and comfort 	<ul style="list-style-type: none"> - Transport stops and stations - Information - Community transport - Taxis - Roads - Driving competence - Parking
Housing	<ul style="list-style-type: none"> - Affordability - Essential services - Design - Modifications - Maintenance 	<ul style="list-style-type: none"> - Ageing in place - Community integration - Housing options - Living environment
Social participation	<ul style="list-style-type: none"> - Accessibility of events and activities - Affordability - Range of events and activities - Facilities and settings 	<ul style="list-style-type: none"> - Promotion and awareness of activities - Addressing isolation - Fostering community integration
Respect and social inclusion	<ul style="list-style-type: none"> - Respectful and inclusive services - Public images of ageing - Intergenerational and family interactions 	<ul style="list-style-type: none"> - Public education - Community inclusion - Economic inclusion
Civic participation and employment	<ul style="list-style-type: none"> - Volunteering options - Employment options - Training - Accessibility 	<ul style="list-style-type: none"> - Civic participation - Valued contributions - Entrepreneurship - Pay
Communication and information	<ul style="list-style-type: none"> - Information offer - Oral communication - Printed information 	<ul style="list-style-type: none"> - Plain language - Automated communication and equipment - Computers and the Internet
Community support and health services	<ul style="list-style-type: none"> - Service accessibility - Offer of services 	<ul style="list-style-type: none"> - Voluntary support - Emergency planning and care

Source: WHO Global Age-friendly Cities: A Guide (2007b)

1.3 Jockey Club Age-friendly City Project

In tandem with the vision of the CUHK Jockey Club Institute of Ageing to make Hong Kong an age-friendly city, the Institute has participated in the “Jockey Club Age-friendly City Project” (JCAFC Project) initiated and funded by The Hong Kong Jockey Club Charities Trust together with the other three gerontology research institutes in Hong Kong – Sau Po Centre on Ageing of The University of Hong Kong, Asia-Pacific Institute of Ageing Studies of Lingnan University, and Institute of Active Ageing of The Hong Kong Polytechnic University (Figure 1.3). The key objectives of the project are:

- Build the momentum in districts to develop an age-friendly community through an assessment of their respective age-friendliness;
- Recommend a framework for districts to undertake continual improvement for the well-being of our senior citizens; and
- Arouse public awareness and encourage community participation in building an age-friendly city.

The study is confined to the eighteen districts in Hong Kong. The Institute has conducted baseline and final assessments in Sha Tin, Tai Po, Kwai Tsing, North and Sai Kung districts. Based on the framework of eight domains of an AFC set out by WHO, the Institute aims to reach out and understand the views from citizens of different age groups and socio-demographic backgrounds through questionnaire survey and focus groups interviews, which serve as a useful reference for future initiatives.

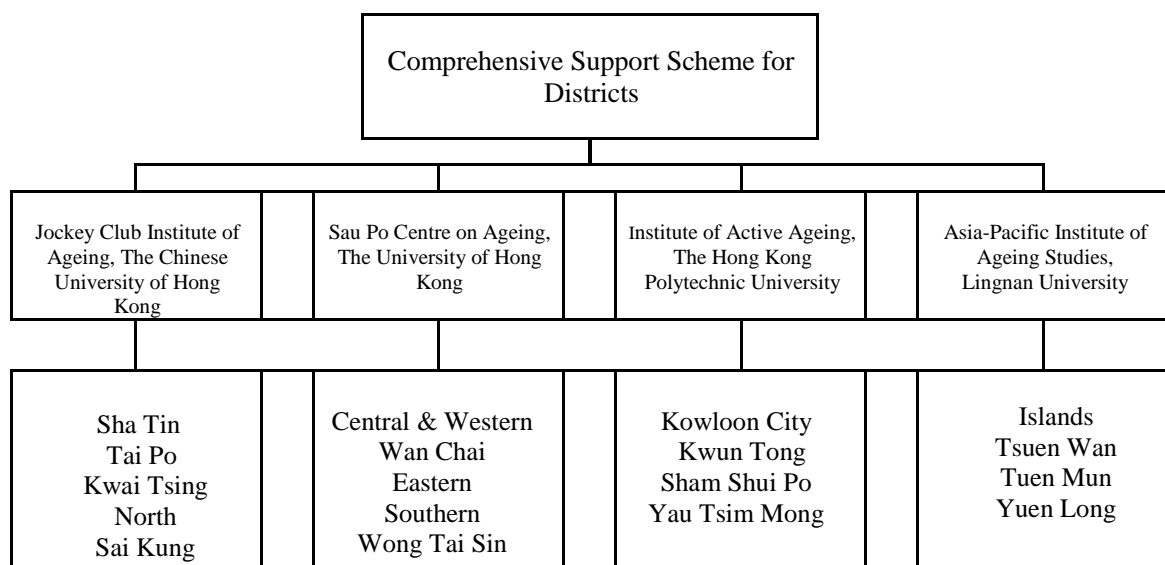


Figure 1.3 Jockey Club Age-friendly City Project

In addition, an ambassador scheme for the JCAFC Project has been launched with the aim of encouraging the general public to acquire knowledge on an age-friendly city and share the AFC concept to the community; and encouraging the general public to participate in and promote the JCAFC Project. Residents aged 18 and above were recruited from all districts as ambassadors.

1.4 District characteristics of Kwai Tsing

Kwai Tsing is situated in the southwest of the New Territories (Figure 1.4-1), consisting of Kwai Chung and Tsing Yi Island with a land area of about 2,237 hectares.



Figure 1.4 Locations of 18 Districts in Hong Kong

Kwai Tsing has a total population of 520,572 according to the 2016 population by-census (Census and Statistics Department, 2016a), recording a mild increase from 511,167 in 2011. Yet, the proportion of population aged 65 and above rose from 14.7% to 16.7% of the total district population over the same period, placing Kwai Tsing the third “oldest” among the 18 districts in terms of the proportion of the elderly population (Figure 1.1-2), with a median age of 43.5 years (Census and Statistics Department, 2011, 2016a).

Regarding educational attainment, 30.1% of the district population aged 65 and above had attained secondary or tertiary education, and yet this proportion among those aged 45-64 was 70.8% (Census and Statistics Department, 2016b).

In terms of the 174,800 domestic households by types of housing in Kwai Tsing, 58.3% (101,944) of which resided in public rental housing, 25.9% (45,218) in private permanent housing, and 15.3% (26,658) in subsidised home ownership housing (Census and Statistics Department, 2016a).

In terms of the economic characteristics, the median domestic household income was HKD21,600 in Kwai Tsing. Approximately one-third of the domestic households (34.1%; 59,545) had a monthly income of less than HKD15,000. 29.8% (52,073) of all households had a monthly income between HKD15,000 – 30,000, and the remaining 36.1% (63,182) had HKD30,000 or more (Census and Statistics Department, 2016a).

The median individual monthly income was HKD14,000, which was lower than the average of Hong Kong (HKD15,500). Most of the working population in Kwai Tsing engaged in elementary occupations, accounting for approximately 22.1% of the total district workforce, followed by 19.5% (50,521) of service and sales workers (Census and Statistics Department, 2016a).

Kwai Tsing is one of the pioneer districts in Hong Kong for age-friendliness promotion. Starting from 2009, the Kwai Tsing District Council has been conducting various age-friendly programmes with NGOs, utilising a bottom-up approach to encourage older people's participation. In 2014, Kwai Tsing became the first district in Hong Kong to join the WHO Global Network for Age-friendly Cities and Communities.

In 2013, the Hong Kong Government launched a Signature Project Scheme (SPS), which aimed at strengthening district administration with a one-off HKD100 million to each district. Working closely with Yan Chai Hospital and Kwai Tsing Safe Community and Healthy City Association, Kwai Tsing District Council (K&TDC) has put forth great effort in providing Kwai Tsing residents with community health care support. Eligible target groups in Kwai Tsing receive subsidised services such as dental care, optometric/ocular examination and seasonal flu vaccination. In the 2017 Policy Address, the Chief Executive proposed to set up a district health centre (DHC) in Kwai Tsing with a model for district-based medical-social collaboration and public-private

partnership. The first DHC has been operated in Kwai Tsing in 2019 which aimed to provide district-based primary healthcare services and enhance the public's capability in self-management of health. The DHC in Kwai Tsing served as the pilot scheme and more DHCs were being setup in other districts such as Sham Shui Po, Wong Tai Sin and Tuen Mun.

1.5 District-based Programmes in Kwai Tsing

There were eleven district-based programmes under the JCAFC Project with the aim to enhance the eight AFC domains. These programmes were organised by neighbourhood centres, district elderly centres, women association, NGOs and the professional support team of JCAFC Project. The number of direct beneficiaries of the programmes was about 25,000. Programme details are at Appendix 2.



2. Objectives and method

2.1 Objectives

The JCAFC Project adopts a bottom-up and district-based approach to address population ageing in Hong Kong. Using both quantitative (questionnaire survey) and qualitative (focus group interview) approaches, the final assessment measures the age-friendliness of districts and identifies areas of improvement by drawing comparison to the baseline assessment.

2.2 Quantitative approach of final assessment

2.2.1 Sampling methods

All prospective respondents were community dwellers of Chinese origin, aged 18 and above, normally residing in Hong Kong and able to speak and understand Cantonese at time of participation. Foreign domestic helpers and individuals who were mentally incapable of communicating were excluded. All eligible respondents had lived in Kwai Tsing District for not less than six consecutive months at time of participation in the survey.

Respondents were mostly recruited directly from the community, with a minor proportion of elders who regularly visit District Elderly Community Centres (DECCs) and Neighbourhood Elderly Centres (NECs).

Approximately 69% of the questionnaires were conducted on a face-to-face basis with participants recruited directly from the community. Nevertheless, face-to-face interviews were later called to a halt due to the outbreak of the COVID-19 pandemic and social distancing measures. As a contingency measure, online and telephone questionnaire surveys were conducted instead.

Sampling sites were distributed across diverse communities in the two major geographical regions of the Kwai Tsing District, namely Kwai Chung and Tsing Yi Island. We sampled questionnaire respondents from three major types of housing, including public rental housing, subsidised home ownership housing and private permanent housing. Currently, they accommodate almost 99% of the Hong Kong population (Census and Statistics Department, 2011).

To avoid over-sampling of particular demographic representation in the final sample, convenience sampling was applied to set quotas on age and sex. Accordingly, five age strata were applied to the overall sample, which set to include 50 samples from 18-49, 160 from 50-64, 230 from 65-79, and 60 from 80 and above, to reflect and examine divergent views on the neighbourhood environment across ages. A sex (male-to-female) ratio of approximately 0.88 was set to match with the overall sex ratio of the district population. With this approach, the prospective respondents would represent views and opinions from a wide spectrum of local residents, including the most vulnerable elderly and residents with different geographical, socio-economic and demographic characteristics.

2.2.2 Data and materials

A structured questionnaire (Appendix 1) was used in the survey, which consisted of two major sections. The first section sought information on the respondents' perception of the age-friendly neighbourhood environments, and their sense of community (SOC). The second section collected the respondents' individual characteristics, including age, sex, marital status, educational level, type of housing, residential area, total length of residence in the neighbourhood, living arrangement, economic activity status, occupation, prior experience of delivering informal care to elderly, use of elderly centre services, income, and self-rated health.

Respondents' perception of the age-friendly neighbourhood environments was assessed with reference to the checklist of the essential features of AFC developed by WHO (WHO, 2007a). In the assessment, a tailor-made version of questionnaire items was developed, with reference to the original checklist. We examined and worded each of the checklist features according to Hong Kong's context, so that local residents are more familiar with the checklist items being asked about. The questionnaire consisted of 53 items across the eight AFC domains, covering physical, social and service environments, which mapped onto Outdoor spaces and buildings (9 items), Transportation (12 items), Housing (4 items), Social participation (6 items), Respect and social inclusion (6 items), Civic participation and employment (4 items), Communication and information (6 items), and Community support and health services (6 items). On each item, respondents were asked to rate the age-friendliness of their

neighbourhood on a six-point Likert-type scale, ranging from “strongly disagree” (1) to “strongly agree” (6).

The SOC was measured using an 8-item Brief Sense of Community Scale (BSCS), consisting of four dimensions including needs fulfilment, group membership, influence and shared emotional connection. Each dimension contains two items. On each item, respondents were asked to rate the statement on a five-point Likert scale, ranging from “strongly disagree” (1) to “strongly agree” (5).

2.2.3 Procedures

Data were mainly collected by trained research assistants via face-to-face or telephone interviews. Online questionnaire surveys were self-administered with telephone assistance from trained research assistants when required.

The study protocol was approved by the Survey and Behavioral Research Ethics Committee (SBREC) of The Chinese University of Hong Kong (Ethical code: 070-15). All prospective respondents were fully informed of the procedures, in speech and in writing. Written informed consent was sought from respondents prior to the interview.

2.2.4 Quantitative data analysis

Responses to individual AFC items were averaged to produce a mean AFC domain score. Mean domain scores were calculated only if over half of the domain items had valid responses (1 to 6). Standard deviations and confidence intervals were calculated for the mean scores of AFC domains. In terms of SOC, responses to each of the four dimensions were summated to produce a component score. A total score of SOC was also calculated by summating all component scores.

Differences in mean scores of AFC domains were analysed by respondents’ individual characteristics and geographical locations, using Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA) adjusting for demographic and socio-economic characteristics of the questionnaire respondents. The individual characteristics included age, sex, marital status (currently married, currently not married), educational level (primary and below, secondary, post-secondary), type of housing (public rental housing, subsidised home ownership housing, private permanent housing), total length of

residence in the neighbourhood, living arrangement (living alone, not living alone), economic activity status (working, not working), self-rated health (poor/fair, good/very good/excellent), prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income (insufficient, enough/abundant). Geographical variations of mean scores of AFC domains were examined at regional level, adjusting for individual characteristics. All statistical procedures were carried out using the Window-based SPSS Statistical Package (version 26.0; SPSS, Chicago, IL, USA), where a significant level at 5% was adopted for all statistical tests.

2.3 Qualitative approach of final assessment

2.3.1 Sampling methods

The design of the focus group methodology is based on the Vancouver Protocol, which aims to “provide rich descriptions and accounts of the experiences of older people” and “bring together and compare the discussions of the nine areas (warm up question and eight topics) across the groups in order to bring to light aspects of the community that are age-friendly (advantages), barriers and problems that show how the community is not age-friendly (barriers), and suggestions to improve the problems or barriers identified” (WHO, 2007c).

Conditions upon which a person was considered eligible as a questionnaire respondent were also applied to focus group participants. Based on the Vancouver Protocol, five focus groups were formed and interviewed in Kwai Tsing. Diverse demographic characteristics were built into the sampling of groups in order to collect opinions of three age groups and three housing types (Table 2.3-1). Effort was made to recruit four to six interviewees in each group to comply with COVID-19 social distancing measures, with similar numbers of male and female.

Effort was also made to recruit participants living in the same or adjacent housing estates. Otherwise, divergent views and experiences emerging from a group might simply be due to participants living in different neighbourhoods, evaluating different transport routes, or using different parks.

Table 2.3-1. Summary of the profiles of five focus groups in Kwai Tsing

Group	Age (Year)	Housing Type
1	65 and above	Public
2	65 and above	Public
3	65 and above	Subsidised, Private
4	50 to 64	Public, Subsidised
5	18 to 49	Public, Subsidised, Private

Similar to the Vancouver Protocol, we attempted to recruit focus group participants in different age groups. However, we are interested not only in comparing views of the old-old and young-old, but a wider range of age groups. Therefore, we recruited participants in the age groups of 18-49, 50-64, 65 and above.

Housing type is an important factor affecting resident perceptions of age-friendliness towards their community. Effort was made to form more groups of participants living in public and subsidised housing, corresponding to the Vancouver Protocol in recruiting participants from middle and low socio-economic levels.

We aimed to include the views from participants unable to come to the focus group interview due to frail or disabled conditions. As such, caregivers were recruited with a view to offering more comprehensive views from the elderly. Different from the Vancouver Protocol, we did not form a separate group exclusively for caregivers of the disabled elderly. Instead, we incorporated caregivers into our existing focus groups. A survey question from the demographics section was used to identify these caregivers¹ among questionnaire respondents.

2.3.2 Interview procedures and protocol

A venue accessible by participants was chosen for carrying out each focus group, with a total of approximately 1.5 hours allocated for each group. Participants were identified

¹ Question 10: Do you have experience taking care of elderly aged 65 and above?

by a number assigned to them, yet they were addressed by their names during the interview.

Each group began with a brief introduction of the JCAFC Project, the purpose of the focus group and how participants would contribute towards the project. The use of audio recorders and steps for ensuring confidentiality of participants were also explained. A consent form similar to the one used with the questionnaire interview was distributed to each participant for signature after explanation by interviewer.

The interview consisted of three parts, including warm-up, discussion of the eight topic areas based on the WHO AFC domains, and wrap-up. In line with the Vancouver Protocol, open questions were used so that participants were able to “spontaneously raise the specific areas and concerns relevant to them” (Vancouver Protocol, p.10). Further questions were used to prompt participants to explore additional issues once an issue has been sufficiently explored. Participants were also asked to provide specific examples to illustrate their views. During the final wrap-up, participants were invited to share how age-friendliness of the district has changed over the past few years (i.e., since baseline assessment in 2017).

Following the same principle adopted by the Vancouver Protocol (WHO, 2007c) when interviewing non-elderly participants (i.e. service providers and caregivers groups), the group aged 18-49 was asked to think of advantages and barriers as faced by the elderly in their community and suggestions in relation to the elderly. Interview sessions were audio-recorded using two recorders to be transcribed in full as soon as possible afterwards.

The focus group was administered by a focus group facilitator and two assistants. The focus group facilitator, with experience in conducting focus group interview and familiar with the JCAFC Project, was responsible for various duties including welcoming participants, taking questions that participants had about the project, and supervising the signing of consent forms. Assistants, who had received briefing beforehand, were mainly responsible for setting up and using the recording equipment during the interview, as well as taking brief notes to ease the transcription process.

2.3.3 Qualitative data analysis

The analysis of focus group interviews followed the guidelines of the Vancouver Protocol and aimed to highlight under the eight domains those aspects of the community that are age-friendly (advantages), problems in the community that are not age-friendly (barriers), and suggestions to improve the barriers identified, all grounded in the local participants' response.

Since the common view, rather than individual view, was sought, advantages and barriers that elicited the greatest consensus were coded as key features. These were then compared across the five groups, leading to the identification of common advantages and barriers under the eight AFC domains.

In addition, less commonly cited views were included if they addressed the following:

- a) a unique scheme providing a useful reference/model for other districts
- b) concerns over vulnerable groups, oldest-old (aged 80y and above), disadvantaged groups, e.g. persons with disability, older people living alone, elderly marginalised for other reasons
- c) issue(s) that can be generalised and applied to other districts/regions despite few mentions e.g. perceived insufficiency of burial sites

Driven by the bottom-up approach of the JCAFC Project which emphasises the initiation of change from community members themselves, participants' suggestions for improving their local community were seen as important. Therefore, effort was made to include in the findings suggestions that are relevant to the eight AFC domains whether or not they were common across all groups.



3. Key findings

3.1 Quantitative assessment

3.1.1 Socio-demographic characteristics of the questionnaire survey respondents

A total of 566 completed questionnaires were collected in Kwai Tsing and included in the analysis. Of these respondents, the mean age was 64.4 ± 16.2 years (range 18 to 92 years). 44.2% were aged 65y and above and 55.7% were female (Figure 3.1-1a and Figure 3.1-1b). 66.3% were married, and 55.7% had secondary education and above (Figure 3.1-1c and Figure 3.1-1d).

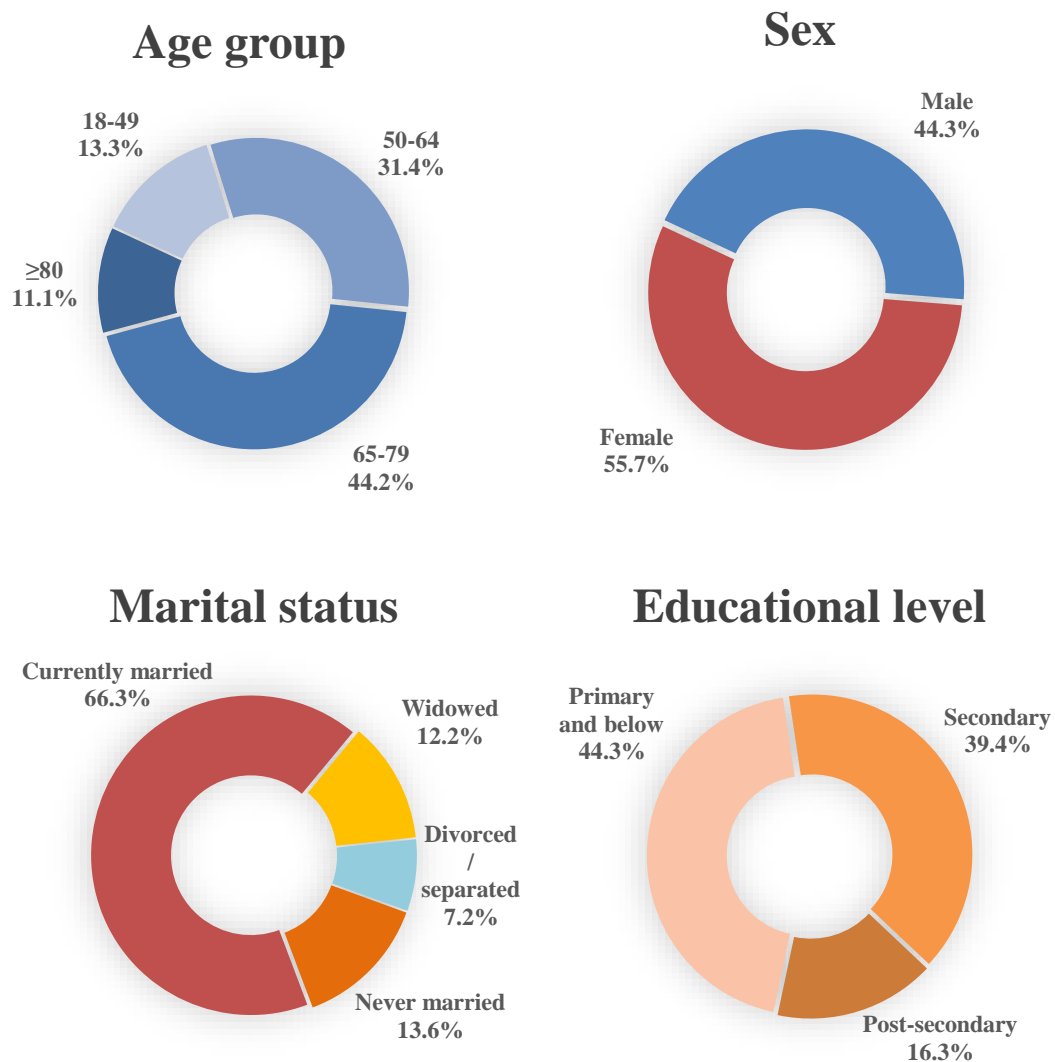


Figure 3.1-1. Distribution of questionnaire respondents by age group (Figure 3.1-1a, Upper Left), by sex (Figure 3.1-1b, Upper Right), by marital status (Figure 3.1-1c, Lower Left), by educational level (Figure 3.1-1d, Lower Right)

Over 99% of the respondents lived in public rental housing (52.9%), subsidised home ownership housing (19.1%) and private permanent housing (27.6%) (Figure 3.1-1e). Mean length of residence in the neighbourhood was 20.8 ± 11.8 years. 85.2% of the respondents lived with family or others, while 14.8% were living alone (Figure 3.1-1f).

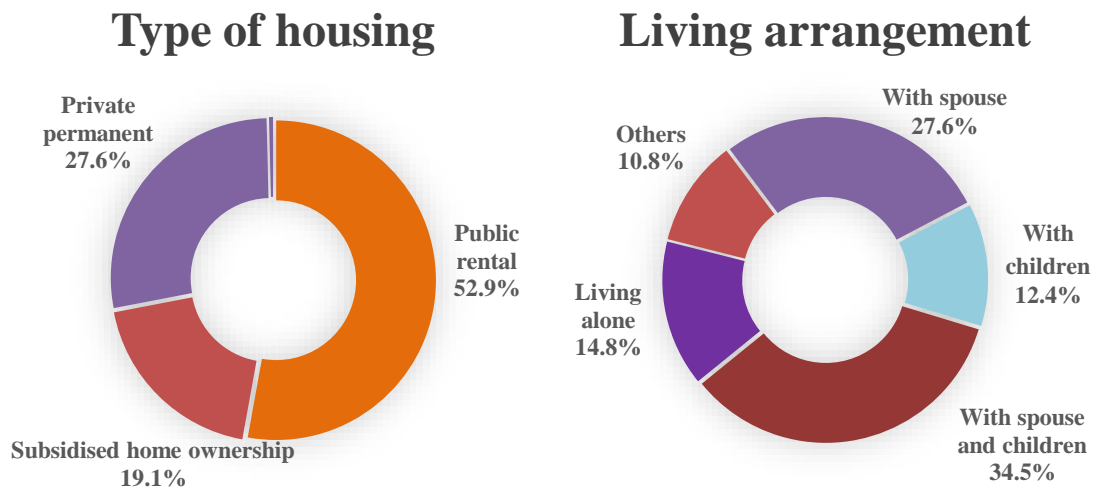


Figure 3.1-1. Distribution of questionnaire respondents by type of housing (Figure 3.1-1e, Left), by living arrangement (Figure 3.1-1f, Right)

In terms of economic activity status, 26.1% of the respondents were working full-time or part-time, while 52.3% had retired and 21.6% were economically inactive, including unemployed persons, home-makers and students (Figure 3.1-1g). Financially, 62.0% of the respondents expressed having enough fund for daily expenses (Figure 3.1-1h), yet 82.0% had a monthly personal income <HKD 15,000 (Figure 3.1-1i), whereas the median monthly income from main employment in Hong Kong was HKD 15,500 according to the 2016 by-census figures (Census and Statistics Department, 2016b).

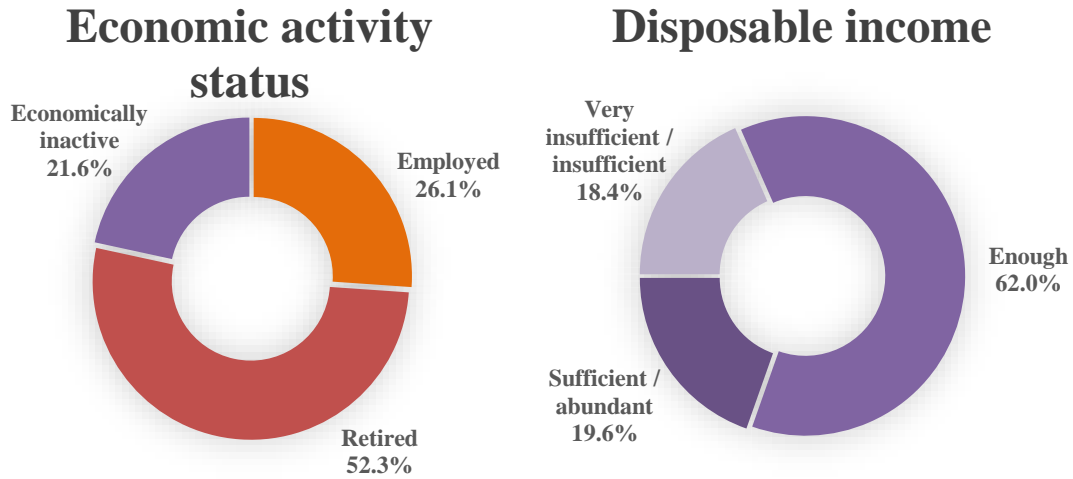


Figure 3.1-1. Distribution of questionnaire respondents by economic activity status (Figure 3.1-1g, Left), by disposable income (Figure 3.1-1h, Right)

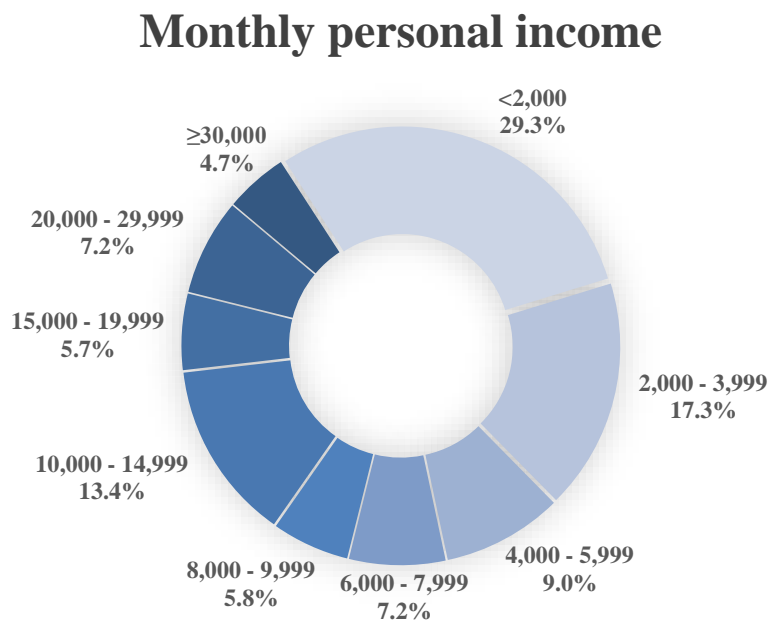
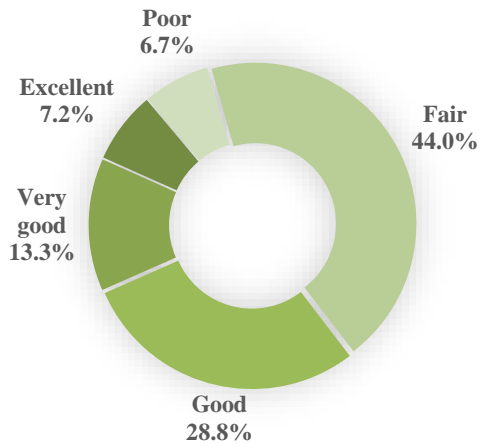


Figure 3.1-1i. Distribution of questionnaire respondents, by personal monthly income

In terms of their overall health condition, 49.3% of the respondents rated their health condition as good, very good or excellent (Figure 3.1-1j). Of all respondents, 48.7% had prior experience of delivering informal care to older persons (Figure 3.1-1k). Approximately one-fifth of them (19.8%) were members or service users of elderly community centres (Figure 3.1-1l).

Self-rated health



Experience of delivering informal care to the elderly

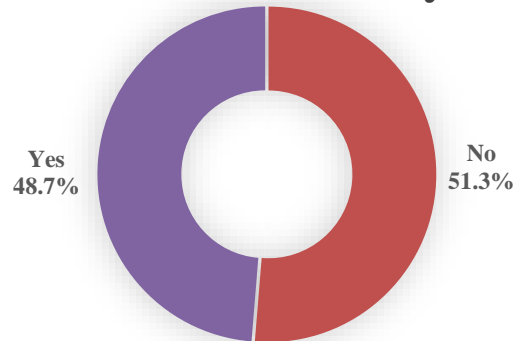


Figure 3.1-1. Distribution of questionnaire respondents by self-rated health (Figure 3.1-1j, Left), by experience of delivering informal care to the elderly (Figure 3.1-1k, Right)

Use of elderly centres in the past 3 months

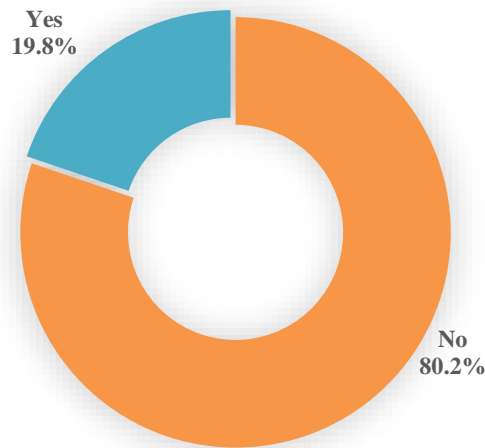


Figure 3.1-1. Distribution of questionnaire respondents by use of elderly centres (Figure 3.1-1l)

3.1.2 Mean scores of the Age-friendly City domains in Kwai Tsing

The mean score of the domain of transportation ranked significantly higher at the top; whilst the civic participation and employment, and community support and health services domains scored the lowest in Kwai Tsing (Figure 3.1-2).

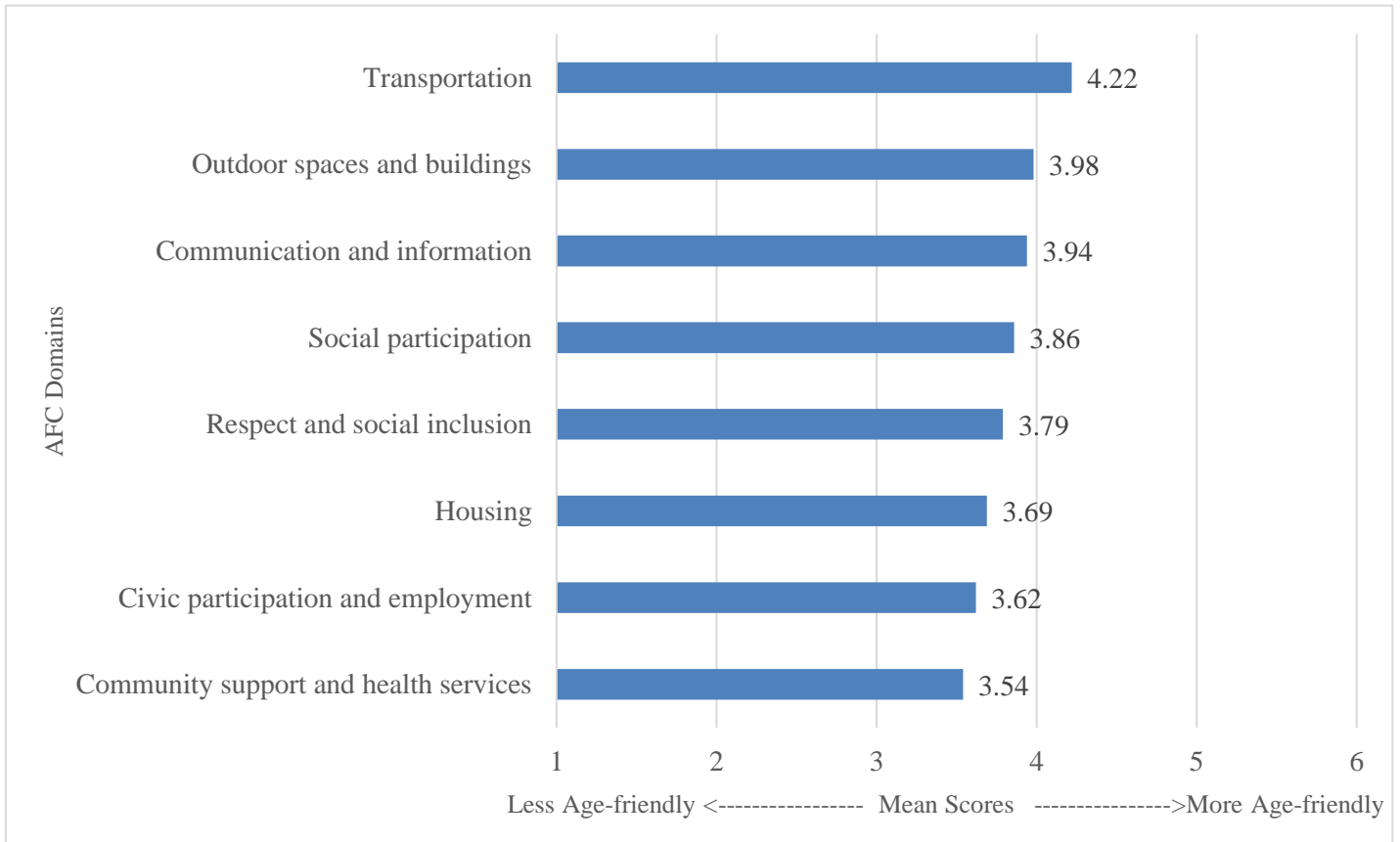


Figure 3.1-2. Mean scores of the eight Age-friendly City domains

Table 3.1-3. Mean scores of the age-friendly city items and domains in Kwai Tsing

AFC items and domains	Mean	Std. Deviation	Rank of item / domain	
			Within domain	Across domains
Domain: Outdoor Spaces and Buildings	3.98	0.78	..	2
Item A1: Cleanliness	4.36	1.08	1	7
Item A2: Adequacy, Maintenance and Safety	4.30	1.13	2	9
Item A3: Drivers' Attitude at Pedestrian Crossings	4.12	1.16	5	14
Item A4: Cycling Lanes	3.61	1.50	7	42
Item A5: Outdoor Lighting and Safety	4.19	1.21	3	11
Item A6: Accessibility of Commercial Services	4.17	1.26	4	13
Item A7: Arrangement of Special Customer Service to Persons in Need	3.40	1.44	9	50
Item A8: Building Facilities	4.10	1.21	6	15
Item A9: Public Washrooms	3.54	1.42	8	45
Domain: Transportation	4.22	0.77	..	1
Item B10: Traffic Flow	4.40	1.04	5	5
Item B11: Public Transport Network	4.51	1.12	1	1
Item B12: Affordability of Public Transport	4.47	1.15	2	2
Item B13: Reliability of Public Transport	4.07	1.23	8	18
Item B14: Public Transport Information	4.07	1.19	9	19
Item B15: Condition of Public Transport Vehicles	4.45	1.01	4	4
Item B16: Specialised Transportation for disabled people	3.87	1.32	11	29
Item B17: Transport Stops and Stations	4.46	1.07	3	3
Item B18: Behaviour of Public Transport Drivers	4.25	1.18	7	10
Item B19: Alternative Transport in Less Accessible Areas	3.77	1.25	12	34
Item B20: Taxi	3.91	1.19	10	24
Item B21: Roads	4.39	1.03	6	6
Domain: Housing	3.69	1.02	..	6
Item C22: Sufficient and Affordable Housing	3.65	1.40	2	40
Item C23: Adequacy of Interior Spaces and Level Surfaces for Movement	4.04	1.21	1	20
Item C24: Home Modification Options and Supplies	3.53	1.23	3	46
Item C25: Housing for Frail and Disabled Elders	3.50	1.31	4	48
Domain: Social Participation	3.86	1.02	..	4
Item D26: Mode of Participation	4.02	1.27	2	21
Item D27: Participation Costs	4.10	1.24	1	16
Item D28: Information about Activities and Events	3.91	1.23	3	25
Item D29: Variety of Activities	3.81	1.31	4	31
Item D30: Variety of Venues for Elders' Gatherings	3.76	1.32	5	35
Item D31: Outreach Services to Less Visible Groups	3.61	1.28	6	43
Domain: Respect and Social Inclusion	3.79	0.91	..	5
Item E32: Consultation from Different Services	3.52	1.37	5	47
Item E33: Variety of Services and Goods	3.58	1.27	4	44
Item E34: Manner of Service Staff	4.35	1.05	1	8
Item E35: School as Platform for Intergenerational Exchange	3.40	1.34	6	51
Item E36: Social Recognition	3.98	1.24	2	22
Item E37: Visibility and Media Depiction	3.90	1.16	3	26
Domain: Civic Participation and Employment	3.62	1.05	..	7
Item F38: Options for Older Volunteers	3.71	1.27	1	37
Item F39: Promote Qualities of Older Employees	3.70	1.26	2	38
Item F40: Paid Opportunities for Older People	3.37	1.33	4	52
Item F41: Age discrimination	3.67	1.35	3	39
Domain: Communication and Information	3.94	0.94	..	3
Item G42: Effective Communication System	4.09	1.26	2	17
Item G43: Information and Broadcasts of Interest to Elders	3.80	1.32	5	32
Item G44: Information to Isolated Individuals	3.75	1.22	6	36
Item G45: Electronic Devices and Equipment	4.19	1.22	1	12
Item G46: Automated Telephone Answering Services	3.88	1.23	4	28
Item G47: Access to Computers and Internet	3.90	1.33	3	27
Domain: Community Support and Health Services	3.54	0.91	..	8
Item H48: Adequacy of Health and Community Support Services	3.80	1.35	3	33
Item H49: Home Care Services	3.63	1.30	4	41
Item H50: Proximity between Old Age Homes and Services	3.84	1.27	2	30
Item H51: Economic barriers to Health and Community Support Services	3.93	1.23	1	23
Item H52: Community Emergency Planning	3.44	1.27	5	49
Item H53: Burial Sites	2.58	1.32	6	53

.. : Not applicable

Table 3.1-3 shows the mean scores by age-friendly item and domain. The mean item scores varied from the public transport network (highest-rated item: 4.51 ± 1.12) to burial sites (lowest-rated item: 2.58 ± 1.32). Analysed by rank of items, the ten highest rated items clustered in transportation (7 items). In the transportation domain, half of the items were rated as the ten highest rated items. On the other hand, the ten lowest-rated items were distributed across various domains.

3.1.3 Mean scores of Age-friendly City domains by individual and geographical characteristics

Analysed by age group, significant trend differences ($p \leq .05$) were observed across the groups for outdoor spaces and buildings, and community and health services. Figure 3.1-3a shows the mean scores of AFC domains by age group.

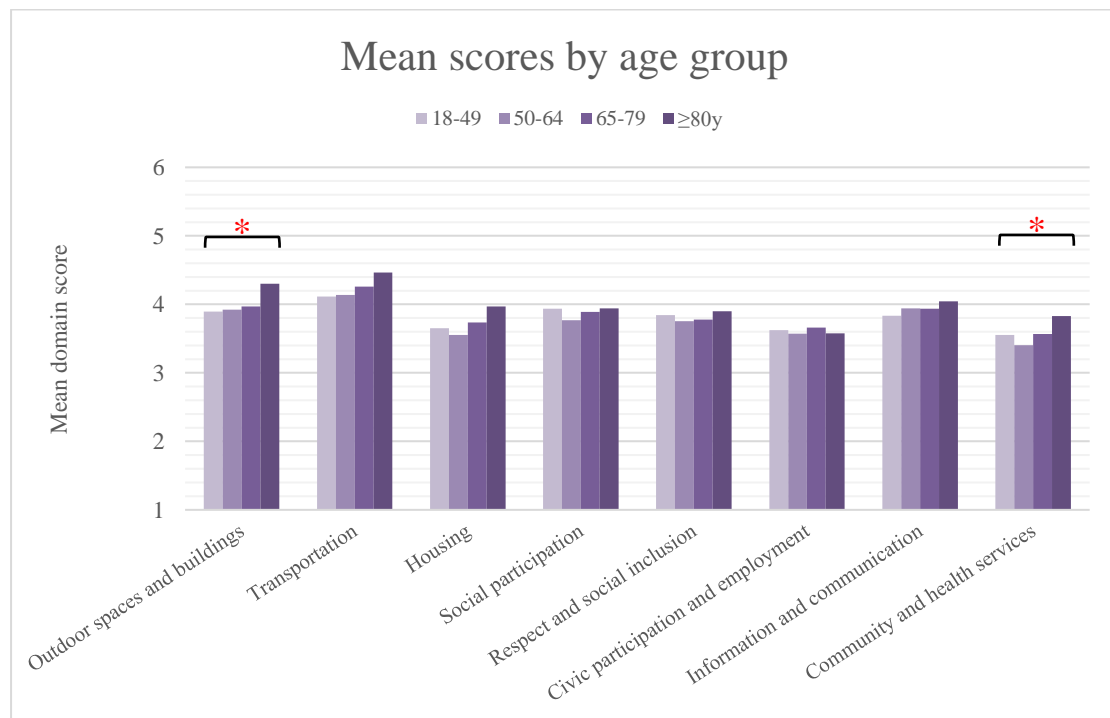


Figure 3.1-3a. Mean scores of the eight Age-friendly City domains, by age group

Analysed by type of housing, significant trend differences ($p \leq .05$) were observed across the groups for social participation, respect and social inclusion, and civic participation and employment. Figure 3.1-3b shows the mean scores of AFC domains by type of housing.

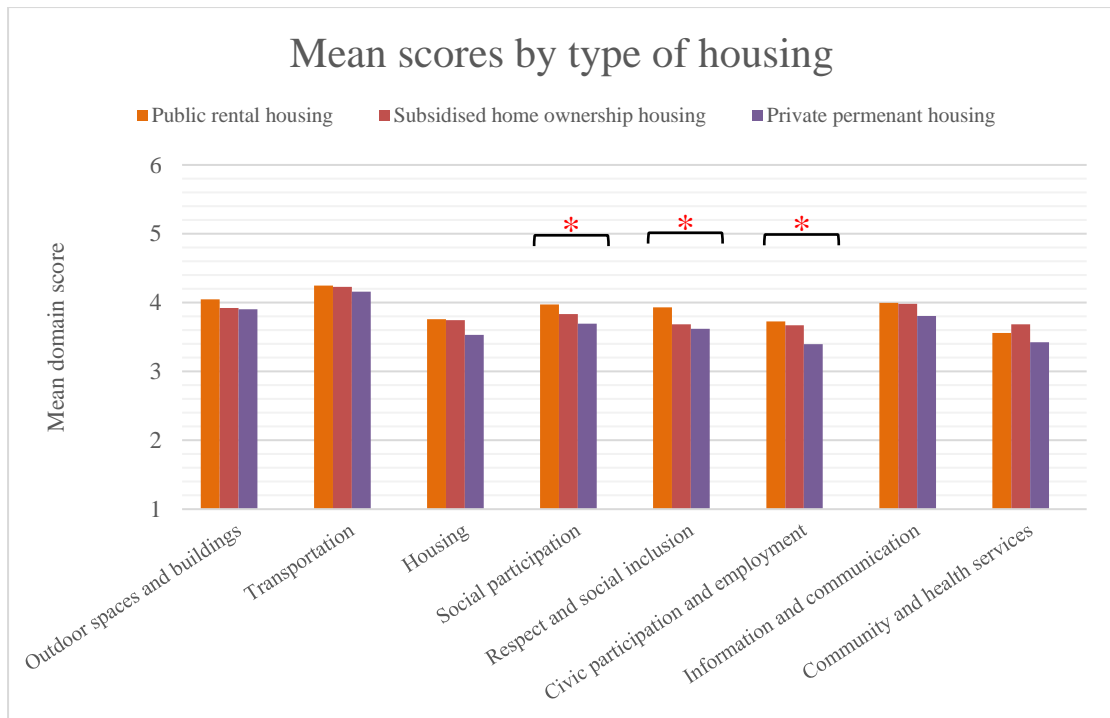


Figure 3.1-3b. Mean scores of the eight Age-friendly City domains, by housing type
 Analysed by use of elderly centres, significant trend differences ($p \leq .05$) were observed across the groups for outdoor spaces and buildings, transportation, social participation, respect and social inclusion, and community and health services. Figure 3.1-3c shows the mean scores of AFC domains by use of elderly centres.

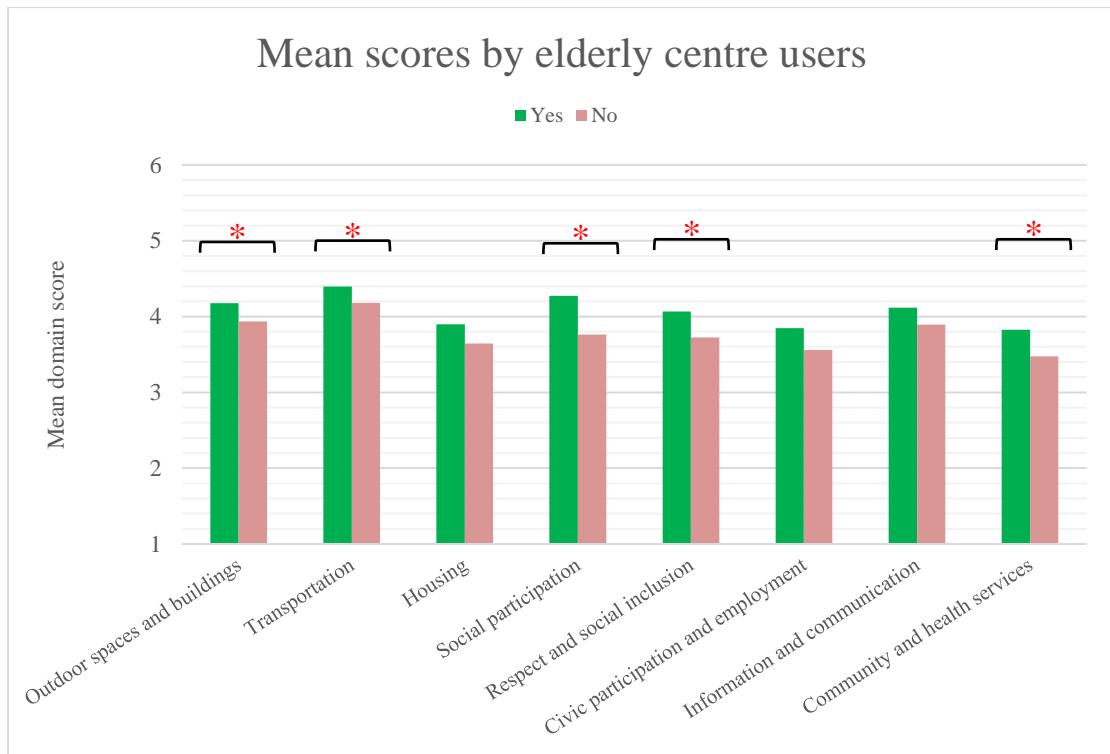


Figure 3.1-3c. Mean scores of the eight Age-friendly City domains, by use of elderly centres

Analysed by economic activity, no significant trend difference ($p \leq .05$) was observed across the groups for all AFC domains. Figure 3.1-3d shows the mean scores of AFC domains by economic activity.

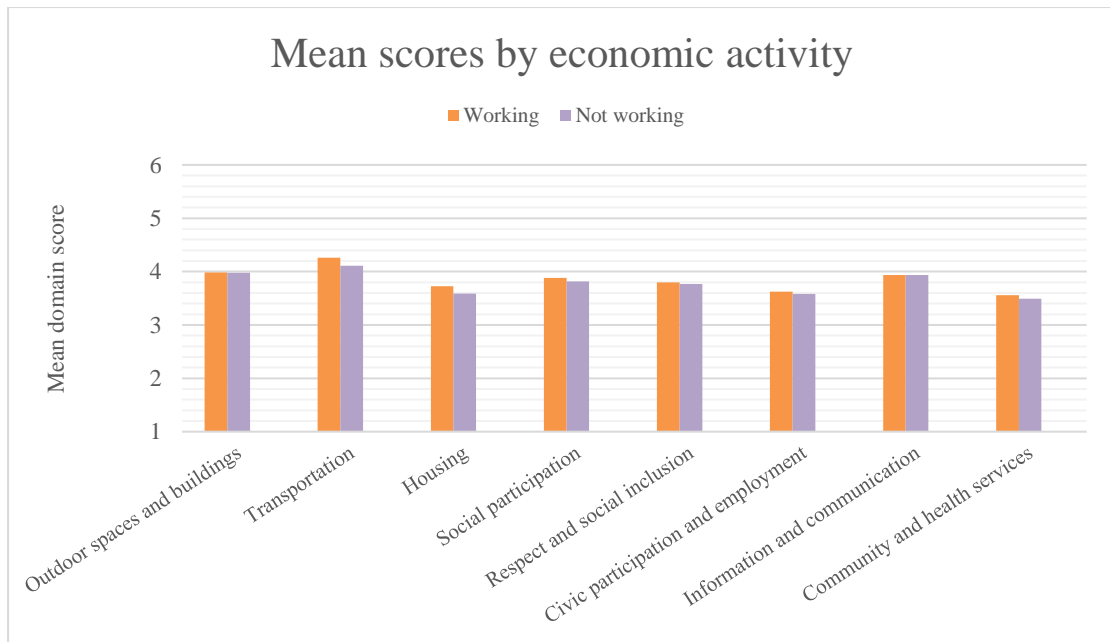


Figure 3.1-3d. Mean scores of the eight Age-friendly City domains, by economic activity status

Analysed by self-rated health, significant trend differences ($p \leq .05$) were observed across the groups for outdoor spaces and buildings. Figure 3.1-3e shows the mean scores of AFC domains by self-rated health.

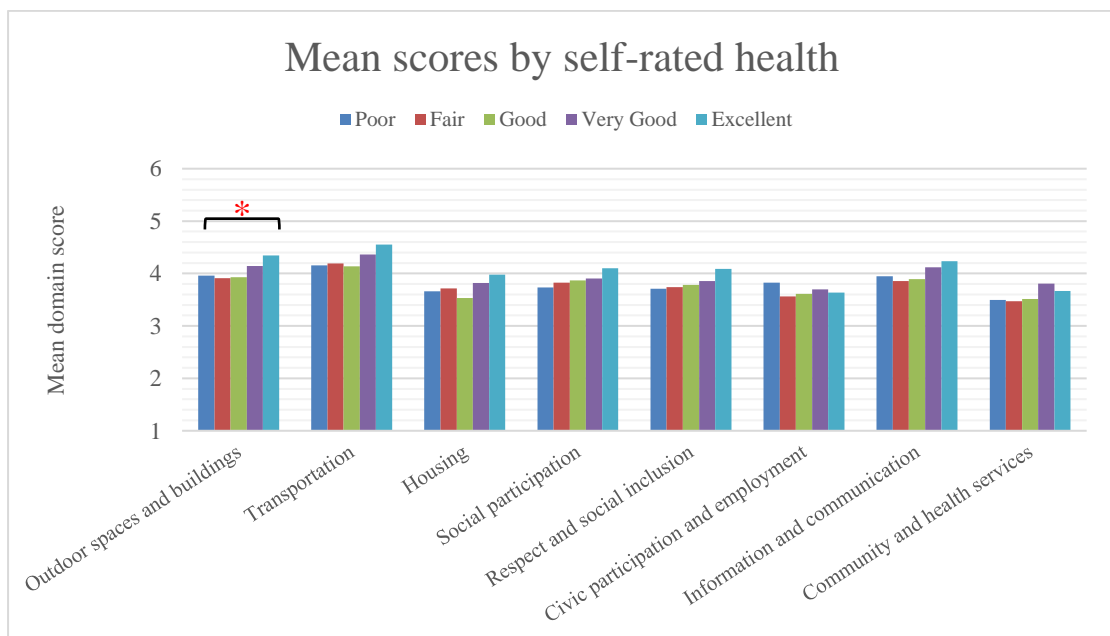


Figure 3.1-3e. Mean scores of the eight Age-friendly City domains, by self-rated health

Analysed by sex, significant trend differences ($p \leq .05$) were observed across the groups for social participation. Figure 3.1-3f shows the mean scores of AFC domains by sex.

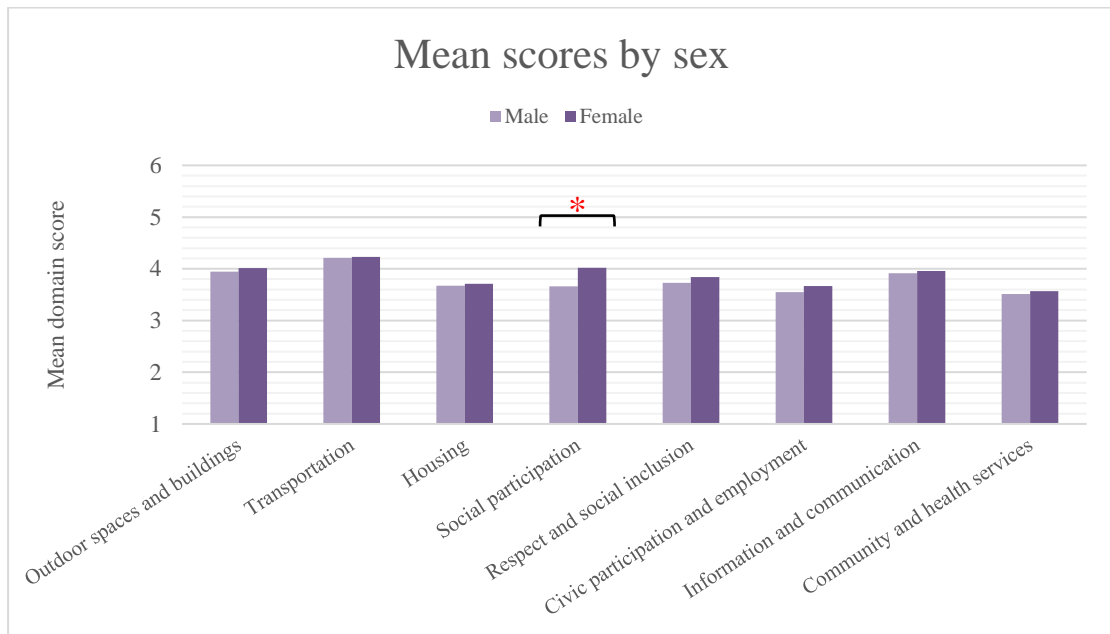


Figure 3.1-3f. Mean scores of the eight Age-friendly City domains, by sex

3.2 Qualitative assessment

3.2.1 Socio-demographic characteristics of the focus group participants

Table 3.1 Socio-demographic characteristics of focus groups participants

Group	1	2	3	4	5
N	4	9	6	4	5
Age range (years)	65 and above	65 and above	65 and above	50-64	18-49
Gender Ratio (M:F)	0:4	4:5	3:3	1:3	0:5
Housing Type	Public	Public	Private, subsidised	Public, subsidised	Public, private

3.2.2 Age-friendliness of Kwai Tsing by domains

i. Outdoor spaces and buildings

Table 3.2a Advantages and barriers perceived by participants in outdoor spaces and buildings

Advantages	<ul style="list-style-type: none">• Parks and spacious outdoor spaces are available• Age-friendly and barrier-free facilities are available
Barriers	<ul style="list-style-type: none">• Inadequate age-friendly and barrier-free facilities in certain areas• Unsafe pedestrian walkways• Unpleasant open spaces because of poor hygiene and air pollution

The availability of parks and spacious outdoor spaces was perceived by the residents in Kwai Tsing across different age groups as an age-friendly advantage. Many parks were located near the residential areas, which provided spaces for the residents to do exercise and have social gatherings with their friends. The older people admired the **improved age-friendly and barrier-free facilities** in the community. They indicated that the numbers of seats, shelters, fitness facilities and greenery had been increased in outdoor spaces, also more handrails and ramps were installed in parks, shopping centres and the open spaces in housing estates. The increasing number of lifts installed at the footbridges were appreciated by the older people, they expressed that the facility helped them a lot in reaching out to the community.

However, the older people commented that the **age-friendly and barrier-free facilities in certain areas were still inadequate**, especially the areas with steep slopes. Many residential housing estates were built on the uphill areas in Kwai Tsing, residents had

to walk along steep slopes or climb dozens of steps to reach community facilities. Some of these estates did not have sufficient elevators installed, some of the elevators were broken very often and the maintenance periods were unsatisfactory long. **Unsafe pedestrian walkways** were perceived as another barrier of age-friendliness, especially in the Kwai Chung area. Many streets at Kwai Chung were narrow and they were also blocked by the stores of wet markets, these created an unsafe walking environment for older people. The older people also commented on the **unpleasant open spaces**, they found the hygiene in the open spaces in public housing estates were unsatisfactory as many residents left their rubbish there. Many open spaces were also built near the traffic road, which were not ideal for leisure and social activities due to the air and noise pollutions. **The availability of public toilets** was a major concern of the older people on the age-friendliness of open spaces. They were discontented with the inadequate number of public toilets and also their inconvenient locations in parks and outdoor areas. Many older people had to walk for a long distance to use the public toilet in shopping centres, which was an obstacle for them to enjoy the spacious open spaces.

Table 3.2b Participants' suggestions in outdoor spaces and buildings

<ul style="list-style-type: none"> • Improve community facilities in terms of quantity and age-friendliness
--

Participants of the focus groups suggested to improve the quality and age-friendliness of the community facilities. This included the number of seats, shelters and toilets near the fitness facilities in open spaces. The maintenance of the evaluators at the footbridges should also be in good quality to make sure they were functioning well.

ii Transportation

Table 3.3a Advantages and barriers perceived by participants in transportation

Advantages	<ul style="list-style-type: none"> • Adequate age-friendly facilities at transport stops and stations • Good attitude of drivers towards older people and person with disabilities
Barriers	<ul style="list-style-type: none"> • Unreliable public transport services • Inadequate age-friendly and barrier-free facilities in public transport • Limited choice of alternative transport to hospital / health centres • Road safety issues caused by narrow pedestrian walkways

The participants of focus groups were satisfied with the **good transport network in Kwai Tsing and affordable transport fares**. They also appreciated the increasing number of age-friendly facilities at bus-stops and mini-bus stops, such as the increasing number of seats and information display panels. They also had **good comments on the attitude of bus drivers** as most of them were helpful and willing to assist the older people and persons with disabilities to use the barrier-free facilities on the bus.

The older people lived in the uphill areas of Kwai Tsing, such as Cheung Tsing Estate, Kwai Shing East Estate and Wonderland Villas at Lai King, commented **the infrequency and unreliable of buses and mini-buses services**, which resulted in long waiting times. They also perceived the **services of mini-buses as not age-friendly**. The gates of mini-buses were too high and narrow for wheel-chair users. For most of the older people, mini-bus was a very convenient means of public transport service for them, as it provided point-to-point service from their home to hospitals and health centres. However, they perceived the mini-bus service as unreliable due to the infrequent services, especially during peak hours. The participants also expressed the **limited choice of alternative transport services to hospitals for frail elders**. Taxi and Rehabus were two available choices for wheel-chair users. However, the fares of taxis for wheel-chair users were too expensive, and the travelling time for Rehabus was too long since it had to stop at many locations to pick up the wheel-chair users, it usually may take several hours from their home to the hospital. So both taxis and Rehabus were not preferable for older people.

The participants also expressed their concerns on road safety, especially in the area near industrial buildings such as Shek Yum and Tai Wo Hau. They perceived the roads were narrow and steep, and the tracks also parked along the roads and blocked the pedestrian walkways, which may cause danger to the older people as their eyesight was not good enough to recognise the traffic.

Table 3.3b Participants' suggestions on transportation

- | |
|--|
| <ul style="list-style-type: none">• Increase the number of information display panels at transport stops |
|--|

The participants suggested that the information display panels should be installed at every transport stops, so that the older people can know the arrival time of the buses and mini-buses and reduce the waiting time at the stops.

iii Housing

Table 3.4a Advantages and barriers perceived by participants on housing

Advantage	<ul style="list-style-type: none"> • Availability of options of household maintenance in public housing
Barriers	<ul style="list-style-type: none"> • Inadequate information and expensive for household maintenance in private housing • Lack of shops for daily necessities and services in the neighbourhood

The participants appreciated the good living environment in Kwai Tsing, especially in Tsing Yi. The residents of public housing estates were **satisfied with the options of household maintenance**, the Housing Department and Housing Society would conduct household maintenance for them when necessary while district councillors or social workers were helpful to follow up the maintenance.

On the other hand, the residents in private housing estates were not benefitted from the household maintenance services. Most of them only received **limited information on household maintenance and had to pay huge maintenance cost** for services which were often poor in quality. In addition, as the buildings in Kwai Tsing were getting old, many private estates had to conduct renovation which involved a huge cost, which was quite costly for older people. The participants also commented on the **insufficient shops for daily necessities and services in their community**. They expressed that many small shops in their estates which used to sell daily necessities were closed, residents had to travel to the big shopping centres to purchase food and necessities goods from supermarkets, which were much expensive than the small shops. In addition, many banks had closed their branch in housing estates, the older people had to travel to the nearest shopping centres for bank service.

Table 3.4b Participants' suggestions in housing

<ul style="list-style-type: none"> • Increase the variety of shops in housing estates, so that choices of convenient goods and services can be provided in the neighbourhood

The participants suggested that the variety and number of small shops which provided daily necessities and services should be increased, so that residents, especially the older people can access these services in their neighbourhood at affordable prices.

iv Social participation

Table 3.5a Advantages and barriers perceived by participants in social participation

Advantage	<ul style="list-style-type: none"> • Diverse and affordable social activities
Barriers	<ul style="list-style-type: none"> • Inadequate promotion and limited availability of social activities • Inadequate choice of activities for elderly men

The older people agreed that **the activities organised by NGOs and community centres were diverse and affordable**. In addition, as the use of communication technology were more common, an increasing number of classes were organised to teach the older people to use computers, smartphones, and social media.

On the other hand, some participants commented on the **lack of promotion of social activities**, especially for those who did not join elderly centres. The older people living in private housing estates complained that **most of the activities organised in their estates were for children and families only**. The participants added that **the choices of activities for elderly men were limited in the community**. They commented that the activities organised in the elderly centres were not attractive for them, so they preferred to play chess, do exercises, or even stay at home instead of joining activities with a group of women in the elderly centres. Most of the participants perceived **the number of social activities had reduced a lot under the COVID-19 pandemic**. The class sizes of activities were reduced and most of the activities were conducted via online platforms, many participants expressed that it was difficult for them to handle the technology to join online activities.

Table 3.5b Participants' suggestions in social participation

<ul style="list-style-type: none"> • Increase the variety of activities to address the diverse interests of the older people with different backgrounds
--

NGOs can organise activities to meet the demands of different groups of older people, they also preferred to actively participate in the activities instead of just passively sitting at the venue.

v **Respect and social inclusion**

Table 3.6a Advantages and barriers perceived by participants in respect and social inclusion

Advantages	<ul style="list-style-type: none"> • Sense of respect and social inclusion • Good neighbourhood relationship
Barriers	<ul style="list-style-type: none"> • Insufficient opportunities for inter-generational interaction • Lack of consultation on the services for older people

The **sense of respect and inclusion in the community** was perceived by the participants as an advantage, especially in the housing estates which had been built for decades, the residents had established a **close neighbourhood relationship with the community**, most of the residents were willing to give a hand to others.

The participants commented that some of the young people seldom recognised the need of the older people, this can be reflected by their unwillingness to offer their seats in public transport since they were concentrated on their mobile phone. The older people expressed that it was not caused by the limited sense of respect of the young people, it may be caused by the lack of mutual understanding of different generations. Both the younger and older participants agreed that there were **insufficient opportunities for inter-generational interaction**, so they did not know how to communicate with each other.

Across the groups, all the participants did not find that the service providers of the community services and business had consulted them to improve their services for older people.

Table 3.6b Participants' suggestions in respect and social inclusion

<ul style="list-style-type: none"> • Facilitate better inter-generational understanding
--

The society should facilitate better inter-generational understanding by organising inter-generational activities. The younger participants suggested that inter-generational understanding can be achieved by simply talking and interacting with their grandparents more often, then they can understand the views of each other.

vi Civic participation and employment

Table 3.7a Advantages and barriers perceived by participants in civic participation and employment

Advantage	<ul style="list-style-type: none">• Voluntary work available
Barrier	<ul style="list-style-type: none">• Limited employment opportunity for older people

The **availability of voluntary work** was perceived by the participants as an advantage, the participants also appreciated that many training programmes were offered for the volunteers, so they can also learn different skills and knowledge besides volunteering.

The participants expressed the **limited employment opportunity for older people** aged above 65y. They found that it was getting more difficult to find a full-time job after retirement as most of the jobs required computer knowledge, which was a weakness of the older people. They also indicated that a full-time job was too demanding for them due to health problems, but the choices of part-time jobs or jobs with flexible working hours were limited in the society.

Table 3.7b Participants' suggestions in civic participation and employment

<ul style="list-style-type: none">• Provide allowance to the companies employing the older people

The older participants suggest the government can provide allowance to the companies which were willing to employ the older people, in order to encourage the business sector to employ retired persons continuously and to promote elderly employment.

vii Communication and information

Table 3.8a Advantages and barriers perceived by participants in communication and information

Advantage	<ul style="list-style-type: none">• Diverse channels for older people to receive information
Barrier	<ul style="list-style-type: none">• Difficult in using online platforms for communication and information dissemination• Inconvenient online services

The participants preserved that the communication and information in the community was convenient as there were **different channels for them to receive information**. WhatsApp became the most common mobile app for older people for the dissemination of information among different social groups. Under the COVID-19 pandemic, many

older people learned to use online platforms such as ZOOM to join activities organised by NGOs. Many elderly centres and district councilors organised training classes for using ZOOM and provided assistance to the older people when necessary. Benefitted from the communication technology, the older people who can access the internet were well connected with the community.

On the other hand, some participants expressed **difficulties in using online platforms and mobile apps for communication and information dissemination**. For older people who were not used to use smartphone, the online applications were too complicated for them. Even they had attended the classes on smartphone applications, they found they were difficult to follow and forgot what they had learned after a few days. In addition, many services had switched to online services, the participants commented that these **online services were very inconvenient**. Most of the older people did not use online banking, they were afraid that they would be cheated and did not want to disclose personal information. As they only required simple services such as withdrawing cash and checking account balances, they would not bother to use online banking services. The participants also commented on the inconvenience of the automatic booking system of General Out-patients Clinics. They expressed that the system was complicated and most of them did not know how to make medical appointments through the app “HA GO”, although many young people found the app was convenient.

Table 3.8b Participants’ suggestions in communication and information

<ul style="list-style-type: none">• Organise training classes on using online platforms• Disseminate information in paper form

As many older people have experienced difficulties in assessing online platform, NGOs can organise training classes to teach them to use smartphone and enroll on activities through online forms. The participants also claimed the importance of information dissemination in paper form, as many older people still relied on newsletters and posters to receive information. So they suggested posting information of activities on huge posters at the notice board at convenient locations such as community centres and parks.

viii Community support and health services

Table 3.9a Advantages and barriers perceived by participants in community support and health services

Advantage	<ul style="list-style-type: none">• Health and community support services available in the community
Barrier	<ul style="list-style-type: none">• Limitation of medical and health services• Lack of information on community support services

The participants agreed that **more health and community support services were available in their community**. The older people appreciated the health services provided by the newly established district health centres in different areas in Kwai Tsing, the number of mobile clinics was also increased in some old estates in Tsing Yi. The community support services provided by NGOs, such as meals delivery service, household cleaning and elderly escort service were perceived as an advantage.

The participants commented on the **limitation of medical and health services**, one of them being the long waiting times at Specialists Out-patients Clinics. Some of the participants commented on the inconvenient location of the district health centres. The participants were also discontent with the **insufficient information on the community support services**. They complained that they had to find out the information by themselves or through social workers, which was difficult for older people living alone or not active in the community.

Table 3.9b Participants' suggestions in community support and health services

<ul style="list-style-type: none">• Provide more community support services to encourage ageing in place
--

Since older people become healthier, they can stay at home and take care of themselves. The participants suggested more community support services should be provided, so that ageing in place can be promoted.



4. Recommendations

4.1 Comparisons between baseline and final assessments

Table 4.1 shows the mean score and rank differences between the baseline assessment and the final assessment for Kwai Tsing carried out in 2017 and 2020/2021 respectively. A statistically significant increase of mean score was observed for outdoor spaces and buildings, while a statistically significant decrease of mean score was observed for transportation, housing, and social participation.

Table 4.1 Comparisons of mean scores and ranks by assessment

AFC domains	Baseline mean	Baseline rank	Final mean	Final rank	Mean difference (Final – Baseline)	Rank difference (Final – Baseline)	Statistical significance of mean difference
Outdoor spaces and buildings	3.87	5	3.98	2	+0.11	+3	Yes
Transportation	4.33	1	4.22	1	-0.11	--	Yes
Housing	3.89	4	3.69	6	-0.2	-2	Yes
Social participation	3.98	3	3.86	4	-0.12	-1	Yes
Respect and social inclusion	3.84	6	3.79	5	-0.05	+1	No
Civic participation and employment	3.54	7	3.62	7	+0.08	--	No
Communication and information	4.00	2	3.94	3	-0.06	-1	No
Community support and health services	3.53	8	3.54	8	+0.01	--	No

4.2 Recommendations

In the following section, recommendations regarding the eight domains are presented based on the observations from both the questionnaire survey and focus groups.

4.2.1 Outdoor spaces and buildings

Outdoor spaces and buildings was the second-highest ranked domain in Kwai Tsing, the domain also observed a significant increase in mean score while comparing to baseline assessment. Different initiatives have been carried out by government departments to improve the age-friendliness of outdoor spaces and buildings recently,

such as the Universal Accessibility Programme by Highways Department and Consultancy Study on Enhancing Walkability in Hong Kong by Transport Department. Architectural Services Department also published the Elderly-friendly Design Guidelines for professionals in designing age-friendly buildings. From the result of questionnaire interviews, residents were generally satisfied with the cleanliness, sufficiency of green spaces, outdoor seating, lighting and safety of outdoor spaces, except that some of the older people were discontented with the adequacy and hygiene of public washrooms. Besides, residents also expressed that the arrangement of special customer service to persons in need was insufficient. Moreover, focus group interviews revealed the inefficient maintenance of barrier-free facilities and unsafe pedestrian walkways due to the occupation of narrow streets by roadside stores.

Recommendations to improve the age-friendliness of the domains outdoor spaces and buildings are purposed as follows:

Aim: To maintain vibrant and safe outdoor spaces with age-friendly design

- Engage the older people continuously in assessing the age-friendliness of the community, in particular the areas where services and facilities required improvement.
- Discuss with relevant departments to supervise the condition of public toilets and barrier-free facilities such as elevators and escalators effectively, to ensure timely maintenance of these facilities.
- Invite the older people to identify the blackspots of illegal occupation of pedestrian walkways, and discuss with departments to enforce regulations strictly.

Aim: To enhance the age-friendliness of shopping malls

- Encourage shops and services to consult the needs of the older people, so that they can provide customer services to cater for the needs of the elders.
- Encourage shopping malls to maintain the hygiene of toilets and provide adequate direction to toilets and other services such as supermarkets and banks.

4.2.2 Transportation

Transportation was the highest-ranked domain in Kwai Tsing. Residents appreciated the well-established transport network and affordable transport fare especially when the public transport concessionary fare of \$2 per trip will be extended to the young-old aged 60y to 64y in 2022. Nevertheless, the older people were dissatisfied with the specialised transportation for disabled people and the alternative transport in less accessible areas. These also reflected in focus group interviews that many respondents commented on the limited choice of alternative transport services to hospitals for frail elders and unreliable mini-bus service, as many people living in less accessible areas such as the uphill areas in Lai King relied on mini-bus services.

Recommendations to improve the age-friendliness of the domains outdoor spaces and buildings are purposed as follows:

Aim: to enhance the accessibility of public transport services in less accessible areas

- Promote the HKeMobility webpage and mobile app developed by Transport Department, and other mobile apps developed by public transport operators to the older people. Training classes for older people on these mobile apps can be provided by NGOs. So the older people in less accessible areas can know the arrival time of the bus and mini-bus through these mobile apps, then they do not need to wait at the transport station for a long time.
- Discuss with the mini-bus service providers and relevant departments to install information display panels at the mini-bus station in less accessible areas. So the residents can know the arrival time of the mini-bus.
- Discuss with relevant departments to strengthen the mini-bus services for residents in less accessible areas or provide shuttle bus services for these residents.

Aim: To improve the age-friendliness of transport services for frail elders

- Encourage mini-bus operators to improve the age-friendliness of mini-bus services to hospitals, such as increasing the number of barrier-free mini-buses.

- Encourage operators of Rehabus service to improve the services for frail elders, such as increasing the number of Rehabus or providing more direct services to reduce the travelling time of the passenger from their home to hospital.

4.2.3 Housing

Housing ranked 6th by residents of Kwai Tsing. A significant decrease of mean score from baseline assessment is observed, which leaves much room for improvement. In general, the residents were satisfied with the living environment, but they were discontented with the home modification options and suppliers, and also the availability of housing for frail and disabled elders. The focus group respondents expressed the limited information on home maintenance and the huge cost involved. They also revealed the limited choice of grocery stores and community services in the local community.

Recommendations to improve the age-friendliness of the domains housing are purposed as follows:

Aim: To enhance home modification services for older people

- Different organisations had set up resources centres on home modification, such as the Elderly Resources Centre operated by Housing Society and Jockey Club age at home organised by the Hong Kong Council of Social Welfare. These resources centres can extend their promotion to a wider community, so that more people can obtain information on home modification services from these resources centres.

Aim: To enhance the accessibility of community services

- Discuss with property management of housing estates to encourage the provision of small shops in the local community, such as offering rental discounts for small shops selling necessities in shopping centres of small housing estates.

4.2.4 Social participation

Social participation ranked 4th by residents of Kwai Tsing. A significant decrease in mean score from baseline assessment was observed. It can be reflected in the dissatisfaction of the older people on the limited choice and venue of social activities, although they were satisfied with the affordable social services in the community. The respondents of focus group interviews commented that promotion and availability of social activities during the COVID-19 pandemic were limited. On the other hand, when examining this domain in greater detail, a significant difference in the social participation scores by elderly centre users and non-users was found. Female respondents and respondents living in public housing estates also gave higher scores than males and respondents living in private housing estates. The finding was reflected by the discontent of respondents on the limited outreach services for less visible groups, while the focus group respondents also expressed the limited choice of activities for elderly men, as most of the elderly men did not use elderly centres.

Recommendations to improve the age-friendliness of the domains social participation are purposed as follows:

Aim: To facilitate social participation of older people with different backgrounds

- Relevant departments can provide training and technical supports to activity organisers, so that they can utilise the communication technology to enrich the experience of elders in participating social activities under circumstances of social gathering restriction.
- To encourage NGOs to explore the interests of older people with different backgrounds and organise activities to meet their needs, such as organising outreach activities for older people who are living alone or living in private housing estates, and organise activities that can attract elderly men.

4.2.5 Respect and social inclusion

In terms of age-friendliness of respect and social inclusion, this domain is ranked 5th. The elderly centre users and residents of public housing estates rated this domain significant higher. The older people agreed that the sense of respect was good in the community, but they did not consider that services and products had consulted their

needs. They also commented that intergenerational interactions were limited in the society.

Recommendations to improve the age-friendliness of the domains respect and social inclusion are purposed as follows:

Aim: To facilitate intergenerational exchanges

- Organise intergenerational activities, such as training class on smartphone, so that the young people can have more opportunity to communicate with the older people when teaching them to use smartphone.

Aim: To engage the elderly in building an age-friendly city

- Encourage service providers in the district to consult and listen to the views of elderly people.
- Engage the older people in different concern groups to enable them to express their opinions on social issues.

4.2.6 Civic participation and employment

In terms of age-friendliness of civic participation and employment, this domain is ranked 7th. The older people were satisfied with the options for older volunteers but discontented with the age discrimination issue. The item “paid opportunities for older people” obtained the second-lowest score among all the 53 items of the questionnaire. Interestingly, residents of public housing estates rated this domain significantly higher.

Recommendations to improve the age-friendliness of the domains civic participation and employment are purposed as follows:

Aim: To promote and facilitate employment for the elderly

- Many private and social enterprises had implemented re-employment programmes for their retired staff. These programmes should be promoted to the wider society to encourage elderly employment.
- Provide support to NGOs and small companies that are willing to employ retired persons, such as allowance or subsidies on insurance.

4.2.7 Communication and Information

Communication and information ranked 3rd in terms of age-friendliness by residents of Kwai Tsing. The older people were satisfied with the effective communication system, and the font size and buttons on electronic devices and equipment were large enough for them. Nonetheless, they were dissatisfied with the information to elders, especially the isolated individuals. This was revealed in the focus group interviews that many older people have difficulties in using online platforms and mobile apps for communication as well as online services. They found that these online services were too complicated for older people.

Recommendations to improve the age-friendliness of the domains communication and information are purposed as follows:

Aim: To enhance district communication and information for elders with different needs

- Further improve the existing online services to meet the needs of older people, consultation of the older people on the development of online services and mobile apps can enhance the experience of the elderly users.
- Encourage NGOs to organise more training classes on using online platforms for older people. Revision classes can be organised regularly to strengthen the memory of older people.
- Encourage information dissemination through newsletters and setting up of notice boards in public areas to facilitate information flow to elder residents.

4.2.8 Community support and health services

Community support and health services was the lowest-ranked domain in Kwai Tsing. Significant different of mean scores by residents in different age groups, and elderly centre users and non-users were found. Among the questionnaire items of this domain, the respondents gave the lowest scores to the availability of burial sites and community emergency plans for older people. They also found the home care services were insufficient although they did not find economic barriers to health and community support services. These can be revealed in the focus group interviews regarding the insufficient information on the community support services. The respondents also

commented on the insufficient health services in the community which resulted in long waiting times.

Recommendations to improve the age-friendliness of the community support and health services are purposed as follows:

Aim: To empower the elders to self-manage their health

- Promote the services of District Health Centre in the community, so that more elders can obtain medical consultation services and join health programmes to maintain their own health.
- Various health management programmes have been carried out by different organisations, these programmes can be organised continuously in the community to promote the concept of health management, so that the physical and mental well-being of the elders can be enhanced.
- As more elders learned to use online platforms, health information can be disseminated more efficiently. Organisations can produce online videos and disseminate health information through online platforms such as YouTube and Facebook.

Aim: To facilitate community support services with transparent information

- Discuss with district organisation and NGOs to provide one-stop information of home care services to the elders and carers. The information can also disseminate through community networks to make sure that it can reach the people in need.
- Encourage NGOs to provide different support services to meet the need of the elders to encourage ageing in place.

4.3 Conclusion

With the initiation and funding by The Trust, the JCAFC Project has helped build momentum in the district to arouse public awareness and encourage community participation in building an age-friendly city in Hong Kong. The final assessment helped identify the advantages and barriers of age-friendliness in Kwai Tsing District. Although not all domains have observed improvement in the mean scores, the

participants of the focus group interviews agreed that the age-friendliness of the community has been improved. However, since the awareness on age-friendly city of the general public has been aroused, many people found that there is room for improvement. It is observed that many initiatives have been carried out to improve the age-friendliness of the community, but many older people commented that some of these initiatives could not meet their needs, such as the mobile apps developed for public services. Engagement of older people in design process of products and services is encouraged to ensure the age-friendliness of these initiatives.

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Appendix 1 Questionnaire (Chinese version only)



計劃夥伴 Project Partner:



策劃及捐助 Initiated and funded by:



問卷編號： _____

問卷完整性： 部分完成 整份完成

調查方式： 面談 電話訪問 自行填寫

調查日期：	調查地點：	問卷員編號：
覆檢員編號：	數據輸入員編號（首輪）：	數據輸入員編號（次輪）：

「賽馬會齡活城市計劃」問卷調查

篩選問題：

1. 年齡： _____

2. 性別：男 / 女

3. 於現址連續居住六個月或以上：是 / 否

4. 住宅地區

- (1) 油尖旺 (2) 九龍城 (3) 黃大仙 (4) 深水埗 (5) 觀塘
 (6) 西貢 (7) 荃灣 (8) 葵青 (9) 沙田 (10) 大埔
 (11) 元朗 (12) 屯門 (13) 北區 (14) 中西區 (15) 灣仔
 (16) 南區 (17) 東區 (18) 離島

拒絕人次 []	重覆接觸人次 []	非合適受訪者 []						
		年齡						
		地區						

以下有些句子，請回答您對這些句子的同意程度，以1至6分代表。1分為非常不同意，2分為不同意，3分為有點不同意，4分為有點同意，5分為同意，6分為非常同意。

1	2	3	4	5	6
非常不同意	不同意	有點不同意	有點同意	同意	非常同意

請就你居住的地區評分，有*號題目，可就全港情況評分
有些題目中會列出一些長者友善社區的條件。如各項條件並不一致，請以使用該設施/環境的整體情況評分。

您有幾同意而家……

A	室外空間及建築	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	公共地方乾淨同舒適。	1	2	3	4	5	6
2.	戶外座位同綠化空間充足，而且保養得妥善同安全。	1	2	3	4	5	6
3.	司機喺路口同行人過路處俾行人先。	1	2	3	4	5	6
4.	單車徑同行人路分開。	1	2	3	4	5	6
5.	街道有充足嘅照明，而且有警察巡邏，令戶外地方安全。	1	2	3	4	5	6
6.	商業服務(好似購物中心、超市、銀行)嘅地點集中同方便使用。	1	2	3	4	5	6
7.	有安排特別客戶服務俾有需要人士，例如長者專用櫃枱。	1	2	3	4	5	6
8.	建築物內外都有清晰嘅指示、足夠嘅座位、無障礙升降機、斜路、扶手同樓梯、同埋防滑地板。	1	2	3	4	5	6
9.	室外和室內地方嘅公共洗手間數量充足、乾淨同埋保養得妥善，俾唔同行動能力嘅人士使用。	1	2	3	4	5	6
B	交通						
10.	路面交通有秩序。	1	2	3	4	5	6
11.	交通網絡良好，透過公共交通可以去到市內所有地區同埋服務地點。	1	2	3	4	5	6

以下有些句子，請回答您對這些句子的同意程度，以1至6分代表。1分為非常不同意，2分為不同意，3分為有點不同意，4分為有點同意，5分為同意，6分為非常同意。

1	2	3	4	5	6
非常不同意	不同意	有點不同意	有點同意	同意	非常同意

請就你居住的地區評分，有*號題目，可就全港情況評分
有些題目中會列出一些長者友善社區的條件。如各項條件並不一致，請以使用該設施/環境的整體情況評分。

您有幾同意而家……

12.	公共交通嘅費用係可以負擔嘅，而且價錢清晰。無論喺惡劣天氣、繁忙時間或假日，收費都係一致嘅。	1	2	3	4	5	6
13.	喺所有時間，包括喺夜晚、週末和假日，公共交通服務都係可靠同埋班次頻密。	1	2	3	4	5	6
14.	公共交通服務嘅路線同班次資料完整，又列出可以俾傷殘人士使用嘅班次。	1	2	3	4	5	6
15.	公共交通工具嘅車廂乾淨、保養良好、容易上落、唔迫、又有優先使用座位。而乘客亦會讓呢啲位俾有需要人士。	1	2	3	4	5	6
16.	有專為殘疾人士而設嘅交通服務。	1	2	3	4	5	6
17.	車站嘅位置方便、容易到達、安全、乾淨、光線充足、有清晰嘅標誌，仲有蓋，同埋有充足嘅座位。	1	2	3	4	5	6
18.	司機會喺指定嘅車站同緊貼住行人路停車，方便乘客上落，又會等埋乘客坐低先開車。	1	2	3	4	5	6
19.	喺公共交通唔夠嘅地方有其他接載服務。	1	2	3	4	5	6
20.	的士可以擺放輪椅同助行器，費用負擔得起。司機有禮貌，並且樂於助人。	1	2	3	4	5	6
21.	馬路保養妥善，照明充足。	1	2	3	4	5	6
C	住所						
22.	房屋嘅數量足夠、價錢可負擔，而且地點安全，又近其他社區服務同地方。	1	2	3	4	5	6

以下有些句子，請回答您對這些句子的同意程度，以1至6分代表。1分為非常不同意，2分為不同意，3分為有點不同意，4分為有點同意，5分為同意，6分為非常同意。

1	2	3	4	5	6
非常不同意	不同意	有點不同意	有點同意	同意	非常同意

請就你居住的地區評分，有*號題目，可就全港情況評分
有些題目中會列出一些長者友善社區的條件。如各項條件並不一致，請以使用該設施/環境的整體情況評分。

您有幾同意而家……

23.	住所嘅所有房間同通道都有足夠嘅室內空間同平地可以自由活動。	1	2	3	4	5	6
24.	有可負擔嘅家居改裝選擇同物料供應，而且供應商了解長者嘅需要。	1	2	3	4	5	6
25.	區內有充足同可負擔嘅房屋提供俾體弱同殘疾嘅長者，亦有適合佢地嘅服務。	1	2	3	4	5	6
D	社會參與						
26.	活動可以俾一個人或者同朋友一齊參加。	1	2	3	4	5	6
27.	活動同參觀景點嘅費用都可以負擔，亦都有隱藏或附加嘅收費。	1	2	3	4	5	6
28.	有完善咁提供有關活動嘅資料，包括無障礙設施同埋交通選擇。	1	2	3	4	5	6
29.	提供多元化嘅活動去吸引唔同喜好嘅長者參與。	1	2	3	4	5	6
30.	喺區內唔同場地(好似文娛中心、學校、圖書館、社區中心同公園)內，舉行可以俾長者參與嘅聚會。	1	2	3	4	5	6
31.	對少接觸外界嘅人士提供可靠嘅外展支援服務。	1	2	3	4	5	6
E	尊重及社會包融						
32.	各種服務會定期諮詢長者，為求服務得佢地更好。	1	2	3	4	5	6
33.	提供唔同服務同產品，去滿足唔同人士嘅需求同喜好。	1	2	3	4	5	6

以下有些句子，請回答您對這些句子的同意程度，以1至6分代表。1分為非常不同意，2分為不同意，3分為有點不同意，4分為有點同意，5分為同意，6分為非常同意。

1	2	3	4	5	6
非常不同意	不同意	有點不同意	有點同意	同意	非常同意

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您有幾同意而家……

34.	服務人員有禮貌，樂於助人。	1	2	3	4	5	6
35.	學校提供機會去學習有關長者同埋年老嘅知識，並有機會俾長者參與學校活動。	1	2	3	4	5	6
36.*	社會認同長者嘅過去同埋目前所作出嘅貢獻。	1	2	3	4	5	6
37.*	傳媒對長者嘅描述正面同埋有成見。	1	2	3	4	5	6
F	社區參與及就業						
38.	長者有彈性嘅義務工作選擇，而且得到訓練、表揚、指導同埋補償開支。	1	2	3	4	5	6
39.*	長者員工嘅特質得到廣泛推崇。	1	2	3	4	5	6
40.*	提倡各種具彈性並有合理報酬嘅工作機會俾長者。	1	2	3	4	5	6
41.*	禁止嘅僱用、留用、晉升同培訓僱員呢幾方面年齡歧視。	1	2	3	4	5	6
G	訊息交流						
42.	資訊發佈嘅方式簡單有效，唔同年齡嘅人士都接收到。	1	2	3	4	5	6
43.	定期提供長者有興趣嘅訊息同廣播。	1	2	3	4	5	6
44.	少接觸外界嘅人士可以喺佢地信任嘅人士身上，得到同佢本人有關嘅資訊。	1	2	3	4	5	6
45.*	電子設備，好似手提電話、收音機、電視機、銀行自動櫃員機同自動售票機嘅掣夠大，同埋上面嘅字體都夠大。	1	2	3	4	5	6
46.*	電話應答系統嘅指示緩慢同清楚，又會話俾打去嘅人聽點樣可以隨時重複內容。	1	2	3	4	5	6

以下有些句子，請回答您對這些句子的同意程度，以1至6分代表。1分為非常不同意，2分為不同意，3分為有點不同意，4分為有點同意，5分為同意，6分為非常同意。

1	2	3	4	5	6
非常不同意	不同意	有點不同意	有點同意	同意	非常同意

請就你居住的地區評分，有*號題目，可就全港情況評分
有些題目中會列出一些長者友善社區的條件。如各項條件並不一致，請以使用該設施/環境的整體情況評分。

您有幾同意而家……

1.	係公眾場所，好似政府辦事處、社區中心同圖書館，已廣泛設有平嘅或者係免費嘅電腦同上網服務俾人使用。	1	2	3	4	5	6
H	社區支持與健康服務						
2.	醫療同社區支援服務足夠。	1	2	3	4	5	6
3.	有提供家居護理服務，包括健康、個人照顧同家務。	1	2	3	4	5	6
4.	院舍服務設施同長者的居所都鄰近其他社區服務同地方。	1	2	3	4	5	6
5.	市民唔會因為經濟困難，而得唔到醫療同社區嘅支援服務。	1	2	3	4	5	6
6.	社區應變計劃(好似走火警)有考慮到長者嘅能力同限制。	1	2	3	4	5	6
7. *	墓地(包括土葬同骨灰龕)嘅數量足夠同埋容易獲得。	1	2	3	4	5	6

以下有些句子，請回答您對這些句子的同意程度，以 1 至 5 分代表。1 分為非常不同意，2 分為不同意，3 分為普通，4 分為同意，5 分為非常同意。

1	2	3	4	5
非常不同意	不同意	普通	同意	非常同意

請就你居住的社區/屋村/屋苑（簡稱社區）評分，您有幾同意而家.....

I	社群意識指數	非常不同意	不同意	普通	同意	非常同意
1.	喺呢個社區我可以得到我需要嘅東西。	1	2	3	4	5
2.	這個社區幫助我滿足我嘅需求。	1	2	3	4	5
3.	我覺得自己係這個社區嘅一份子。	1	2	3	4	5
4.	我屬於這呢個社區。	1	2	3	4	5
5.	我可以參與討論喺呢社區發生嘅事情。	1	2	3	4	5
6.	呢個社區嘅人們善於互相影響。	1	2	3	4	5
7.	我覺得同呢個社區息息相關。	1	2	3	4	5
8.	我同呢個社區嘅其他人有良好嘅關係。	1	2	3	4	5

以下有些句子，是關於您對生活不同方面的感受的程度。以 1 至 4 分代表。1 分為從來沒有這些感受，2 分為好少有這些感受，3 分為間中有這些感受，4 分為經常有這些感受。

1	2	3	4
從來沒有	好少	間中	經常

加州洛杉磯大學寂寞感量表(三項簡短版)	從來沒有	好少	間中	經常
1. 你有幾經常覺得自己缺乏人陪伴? 係從來沒有、好少、間中、定經常?	1	2	3	4
2. 你有幾經常覺得被忽略? 係從來沒有、好少、間中、定經常?	1	2	3	4
3. 你有幾經常覺得孤獨? 係從來沒有、好少、間中、定經常?	1	2	3	4

受訪者資料

1. 您嘅性別係：(1) 男 (2) 女

2. 您嘅婚姻狀況係(一定要讀出所有選擇)：
 (1) 從未結婚
 (2) 現在已婚
 (3) 喪偶
 (4) 離婚 / 分居
 (5) 其他(請註明)： _____

3. 您嘅教育程度係：
 (1) 未受教育/學前教育(幼稚園) (2) 小學
 (3) 初中 (4) 高中
 (5) 預科 (6) 專上教育：文憑/證書課程
 (7) 專上教育：副學位課程 (8) 專上教育：學位課程或以上

4. 居所類型：
 (1) 公營房屋
 (11) 租住(如公屋、長者屋)
 (12) 補助出售單位(如經「租者置其屋計劃」購入的公屋單位)
 (2) 補助出售居屋單位
 (21) 第二市場(未補地價)
 (22) 自由市場(已補地價)
 (3) 私人永久性房屋
 (31) 租住(包括免租如員工宿舍)
 (32) 自置(包括有按揭)
 (4) 私人臨時房屋(如鐵皮屋)
 (5) 其他(請註明)： _____ (如老人院)

5. 通訊地址： _____

6. 您喺以上住址/所屬社區住左幾耐： _____

7. 您的居住狀況？
 (1) 與伴侶同住 (2) 與子女同住
 (3) 與伴侶及子女同住 (4) 獨居
 (5) 其他(請註明): _____

8. 您而家有無返工？

(1)有 → 您而家嘅職位/工作：_____ (請註明)

(0)無 → 您係：(讀出所有選擇)

- (1) 失業人士 (2) 退休人士
 (3) 料理家務者 (4) 學生
 (5) 其他(請註明)：_____

9. 一般來說，您說您的健康係非常好、很好、好、一般或差？

- (1)差 (2) 一般 (3) 好 (4) 很好 (5) 非常好

10. 您有否照顧六十五歲或以上長者的經驗？

- (0)否 (1)有

11. 過去三個月內，您有否使用／參加過長者中心所提供的服務/活動？

- (0)否 (1)有

12. 您有無足夠嘅金錢嚟應付日常開支？

- (1)非常不足夠 (2)不足夠 (3)剛足夠 (4)足夠有餘
 (5)非常充裕

13. 您而家每個月收入係港幣幾多？

- | | |
|--|---|
| <input type="checkbox"/> (1) < 2,000 | <input type="checkbox"/> (7) 15,000 - 19,999 |
| <input type="checkbox"/> (2) 2,000 - 3,999 | <input type="checkbox"/> (8) 20,000 - 24,999 |
| <input type="checkbox"/> (3) 4,000 - 5,999 | <input type="checkbox"/> (9) 25,000 - 29,999 |
| <input type="checkbox"/> (4) 6,000 - 7,999 | <input type="checkbox"/> (10) 30,000 - 39,999 |
| <input type="checkbox"/> (5) 8,000 - 9,999 | <input type="checkbox"/> (11) 40,000 - 59,999 |
| <input type="checkbox"/> (6) 10,000 - 14,999 | <input type="checkbox"/> (12) ≥ 60,000 |

* 您是否願意留下你的電話號碼以作將來聯絡之用？

_____ (先生/女士/小姐) 電話號碼：_____

* 您是否有興趣參與聚焦小組作進一步意見分享？

- (0) 否 (1) 是 (2) 未確定

* MH: E / IE

* LA: E / IE

Summary of District-based Programmes in Kwai Tsing

BATCH I					
Programme (Organiser)	Objectives	Programme content	AFC domains	Approved funds	No. of direct beneficiaries
Jockey Club Age-friendly City Project – Age-friendly Employment Service Project (H.K.S.K.H. MacLehose Centre)	<ul style="list-style-type: none"> To promote active ageing through encouraging elderly employment To encourage participation in community 	<ul style="list-style-type: none"> Exhibition on AFC and employment information Self-discovery and career planning workshop (RIASEC) Job application and interview skill workshop Experiential learnings on local business Small group training on activity instructors Job expo for older people 	<ul style="list-style-type: none"> Civic Participation and Employment 	\$390,820	793
Jockey Club Age-friendly City Project – 3 E Age-friendly Community Project (SAGE Chan Tseng Hsi Kwai Chung District Elderly Community Centre)	<ul style="list-style-type: none"> To increase the knowledge of age-friendly community of older people To promote active ageing and ageing in place of the older people (especially the mild cognitive impairments or dementia patient) 	<ul style="list-style-type: none"> Trained ambassadors to collect views on age-friendliness of community facilities through questionnaire interviews and discussion forum Place audits focused on ‘outdoor spaces and buildings’ from the perspective of dementia patients Community educational talks to report the findings Meetings with 4 district councillors and 3 officers from Housing Authority to express views of ambassadors 	<ul style="list-style-type: none"> Outdoor Spaces and Buildings’ 	\$57,300	1,269
Jockey Club Age-friendly City Project - Active Ageing Programme (CUHK Jockey Club Institute of Ageing)	<ul style="list-style-type: none"> To empower older adults to develop a healthy lifestyle and voice opinions on communal amenities for active ageing 	<ul style="list-style-type: none"> Exercise class (12 hrs. in total) focusing on strength training & basics of nutrition for elderly Workshop in AFC concept & place audit skills Outdoor exercising & place audit practical Information Day 	<ul style="list-style-type: none"> Community Support and Health Services 	\$247,038	338

BATCH II					
Programme (Organiser)	Objectives	Programme content	AFC domains	Approved funds	No. of direct Beneficiaries
Jockey Club Age-friendly City Project –“Opening up” Elderly Community Support Project (Phase I) (Women Service Association)	<ul style="list-style-type: none"> To recruit young-olds and housewives as volunteers and equip them with elderly care skills To visit older people who lived alone and provide health care and community supports 	<ul style="list-style-type: none"> Volunteer training (28-29 sessions for each of the 4 classes) Home visits to the older people who lived alone 	<ul style="list-style-type: none"> Community Support and Health Services 	\$107,600	323
Jockey Club Age-friendly City Project – HITeam (Phase I) (Lok Chi Associated Limited)	<ul style="list-style-type: none"> To train volunteers (older people and mentally handicapped people) by organising health talks and exercise classes To equip the volunteers with home visit skills so that they can serve the underprivileged groups 	<ul style="list-style-type: none"> Opening ceremony cum health talk Exercise classes with 19 sections in total Training workshop on home visit Home visit activity Video aid on cooking with 16 videos 	<ul style="list-style-type: none"> Respect and Social Inclusion Community Support and Health Services 	\$108,075	226
Jockey Club Age-friendly City Project - Creating Mobile Community, Life Becomes Different (South Kwai Chung Social Service)	<ul style="list-style-type: none"> To train carers and senior volunteers to assist home visits, health check services and shopping services for frail elders To setup mobile clinic and provide basic health check services to senior residents 	<ul style="list-style-type: none"> Mobile clinic in public estates and elderly home Health checks on Osteoporosis Training workshops for volunteers Workshops on arts therapy Workshops on Aromatherapy Distribution of epidemic care packs to single elderly people Distribution of packed meals to the older people 	<ul style="list-style-type: none"> Community support and Health Services 	\$256,600	4,704
Jockey Club Age-friendly City Project - Active Ageing Programme (CUHK Jockey Club Institute of Ageing)	<ul style="list-style-type: none"> To equip senior participants to become a group of District Health Ambassadors (DHAs) promoting in the community the concept of elderly taking charge of own health through exercising and healthy diet. 	<ul style="list-style-type: none"> Exercise training classes Nutrition and healthy cooking classes Outdoor exercising and place audit at community parks Health talk for seniors Moments of various AAP activities were captured in mini-movies Focus group discussion 	<ul style="list-style-type: none"> Community support and health services Outdoor spaces and buildings Respect and social inclusion Social participation Civic participation and employment 	\$247,038	103

BATCH III					
Programme (Organiser)	Objectives	Programme content	AFC domains	Approved funds	No. of direct Beneficiaries
Jockey Club Age-friendly City Project –“Opening up” Elderly Community Support Project (Phase II) (Women Service Association)	<ul style="list-style-type: none"> To provide training programmes on elderly care and outreach health service for young-olds and housewives To provide flexible community care and support services for older people 	<ul style="list-style-type: none"> Home care and outreach health services Training sessions for ambassadors on home care and health services Sharing telephone calls 	<ul style="list-style-type: none"> Community Support and Health Services 	\$108,353	2,233
Jockey Club Age-friendly City Project – HITeam (Phase II) (Lok Chi Associated Limited)	<ul style="list-style-type: none"> To raise the awareness of the older people on physical health To encourage elder employment by training older people as instructors 	<ul style="list-style-type: none"> Filming of 65 videos by Chinese medicine practitioners, dietitians, physios, and elderly ambassadors on health information and home care. 	<ul style="list-style-type: none"> Civic Participation and Employment’ and ‘Community Support and Health Services’ 	\$121,686	15,408
Jockey Club Age-friendly City Project – Age-friendly Community Planning (Yan Chai Hospital Mrs. Annie Chan Social Centre for the Elderly)	<ul style="list-style-type: none"> To strengthen the connection of the older people with the community To raise the awareness of the community on the need of the older people, especially on age-friendly community planning 	<ul style="list-style-type: none"> Training sessions for ambassadors Site visit and design workshop Voting of the best route for outing Award presentation ceremony 	<ul style="list-style-type: none"> Housing’ and ‘Social Participation’ 	\$269,960	350
Jockey Club Age-friendly City Project - Active Ageing Programme 2020 (CUHK Jockey Club Institute of Ageing)	<ul style="list-style-type: none"> To promote the concept of elderly taking charge of own health through exercising and healthy diet through proper exercise training and video aids, so that they can form a habit of regular exercising and eating healthy 	<ul style="list-style-type: none"> Exercise training classes Video aids on nutrition for elderly Health talk on pain problems 	<ul style="list-style-type: none"> Community support and health services Social participation 	\$249 785	100

Jockey Club Age-friendly City Project



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CUHK Jockey Club Institute of Ageing



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