



賽馬會齡活城市  
Jockey Club Age-friendly City

# Jockey Club

# Age-friendly City Project

# Final Assessment Report

## Sai Kung



Hong Kong Velodrome Park

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 assessment in the Sai Kung 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 568 residents) and qualitative approaches (i.e., five focus group interviews).

The questionnaire survey showed that residents in Sai Kung were most satisfied with the domain of Transportation in the district, while there was 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, insufficient information on community support services and difficulties in using the booking system of General Out-patient Clinics.

Results of the final assessments shed light on future directions for a more age-friendly Sai Kung 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 the 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 the 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 Sai Kung 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

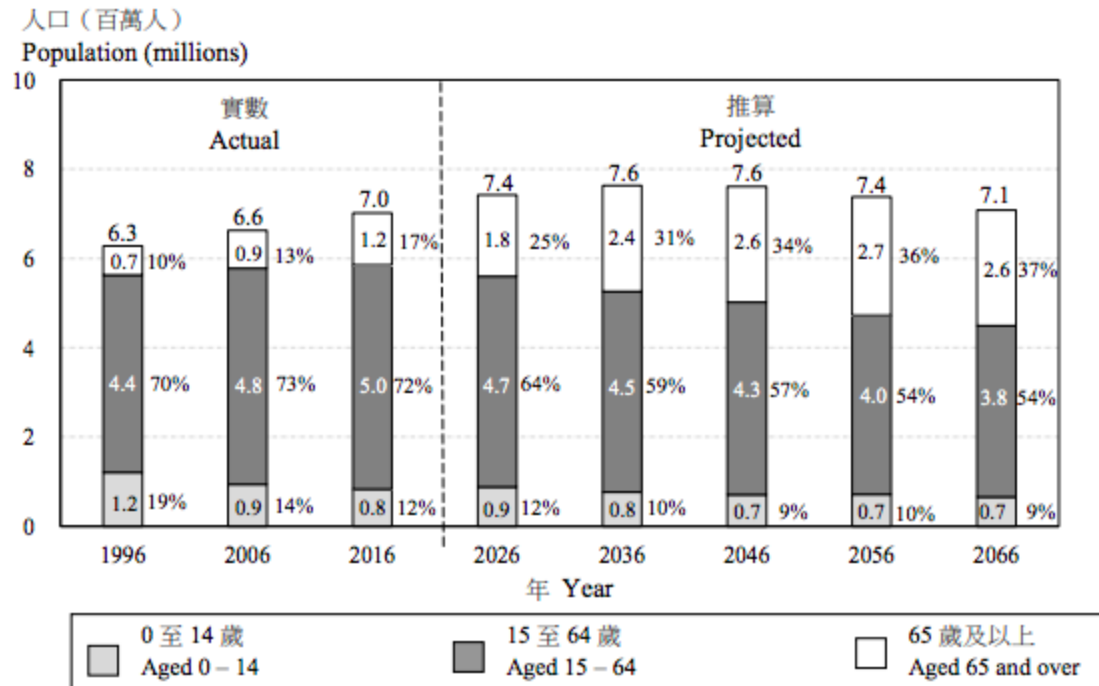
increase sharply by 57% from 1.32 million (18% of the total population) in 2019 to 2.07 million (26%) in 2029. It will further increase to 2.52 million (33.3%) in 2039. The elderly population is projected to remain at over 2.5 million for at least 30 years. In 2069, the number of elderly persons is projected 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)

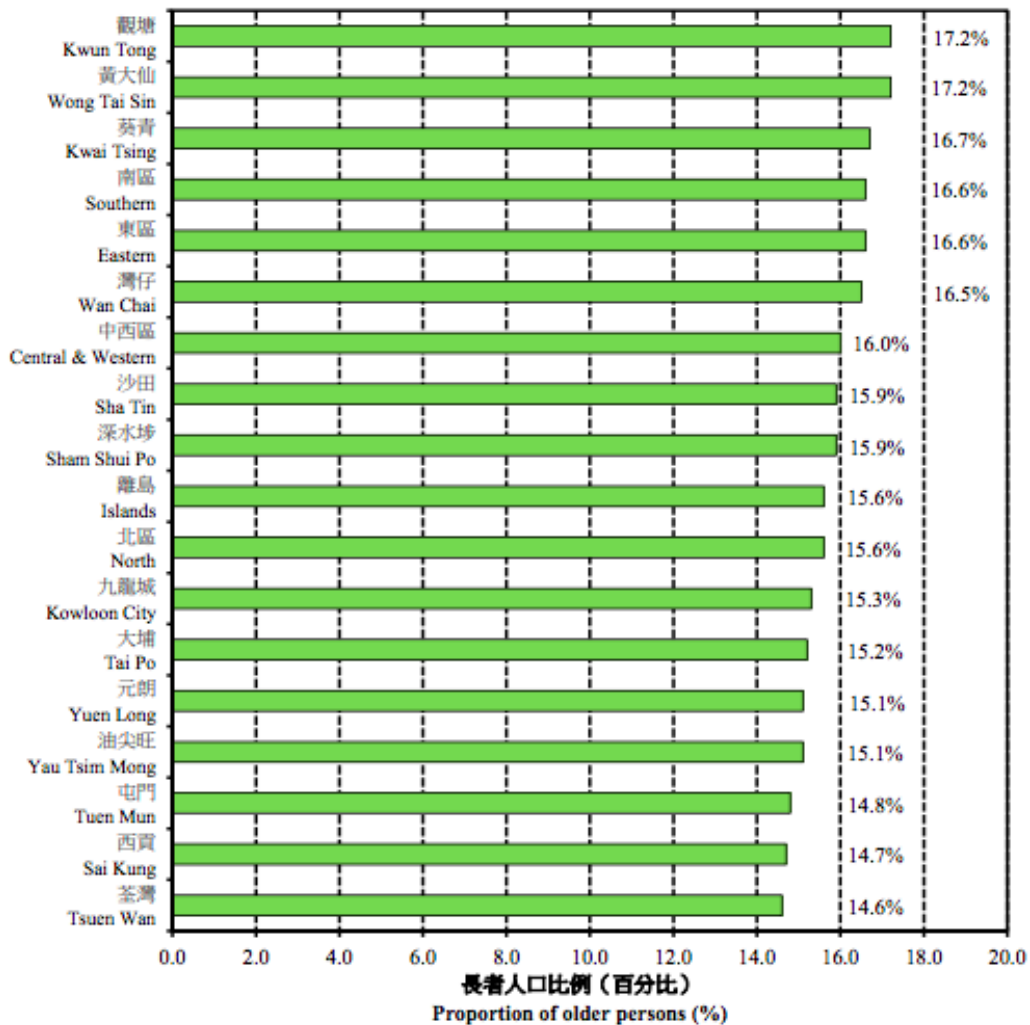


**Figure 1.1 Population Ageing in Hong Kong**

(Source: Census and Statistics Department, HKSAR (2017, Chart 2))

One point to note is that the overall educational attainment of the 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, 2018a). 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, 2018a). 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, the neighbourhood is the primary resource the elderly use to satisfy various needs. As such, certain attributes of the 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 Sai Kung wherein various domains of the 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 optimizing opportunities for health, participation and security in order to enhance the 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 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**

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

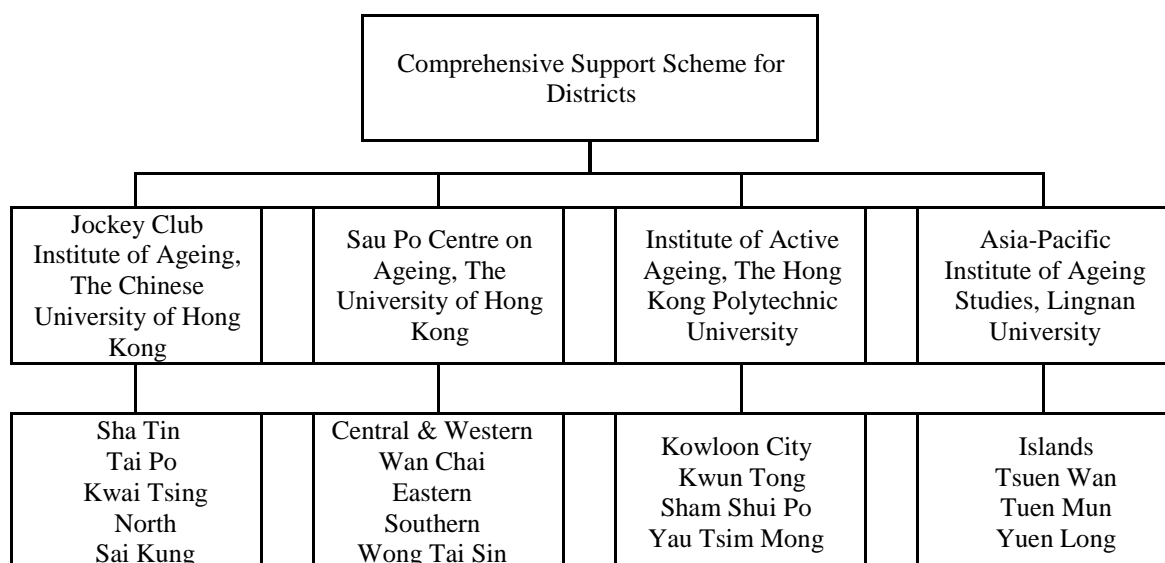
Source: WHO Global Age-friendly Cities: A Guide (2007b)

### 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 the 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 Sai Kung

Sai Kung is located in the southeastern part of the New Territories (Figure 1.4-1), consisting of Sai Kung, Tseung Kwan O, and Hang Hau rural area. The land area of the district is about 13,632 hectares (Sai Kung District Council, 2017).



**Figure 1.4 Locations of 18 Districts in Hong Kong**

Tseung Kwan O is one of the latest and most rapidly developing new towns in Hong Kong, connecting the Sai Kung Peninsula to the Kowloon urban areas. It has now been developed with tall buildings and large mansions. The urban development has led to rapid population growth in Sai Kung, with an increase of population from 436,627 in 2011 to 461,864 in 2016. (Census and Statistics Department, 2011, 2016).

With reference to the 2016 population by-census, the total population in Sai Kung is 461,864. Among the total population, the proportion of the elderly population aged 65 and above accounted for 14.7%, which increased significantly from 9% in 2011 (Census and Statistics Department, 2011, 2016).

Regarding educational attainment, 45.3% of the population aged 65 and above had attained secondary or tertiary education. Yet, the corresponding proportion for those aged 45-64 was 79.0% (Census and Statistics Department, 2016).

Among the 147,945 domestic households residing in Sai Kung, 20.6% of them lived in public rental housing whereas 30.2% lived in subsidised home ownership housing and 48.7% lived in private permanent housing. The proportions of those living in non-domestic housing and temporary housing were 0.3% and 0.2% respectively (Census and Statistics Department, 2016).

The labour force participation rate in Sai Kung was 62.8% in 2016. In terms of economic characteristics, the median domestic household income was HKD32,470 in Sai Kung. Of all domestic households, 23.6% had a monthly income less than HKD15,000; and 22.2% had a monthly income of HKD15,000 – HKD30,000 (Census and Statistics Department, 2016).

The median individual monthly income in Sai Kung was HKD18,000, which was slightly higher than the average of Hong Kong (HKD15,500). The income characteristics might be associated with the types of occupation. Most of the working population in Sai Kung were associated professionals, accounting for approximately 23.3% of the total district workforce, followed by 19.2% of elementary career and 14.8% of clerical support workers (Census and Statistics Department, 2016).

The rapid economic and urban development in Sai Kung, especially in Tseung Kwan O has caught the attention of different concern groups in the district. Several concern groups have been formed with an aim of improving the community facilities and services in different dimensions. The Age-friendly City Working Group under the Sai Kung District Council was also established in 2015, it was one of the first working groups under District Councils with elderly representatives as working group members. Over the past years, the working group has been giving suggestions on the age-friendliness of facilities to the District Council, such as pedestrian crossing on major roads and rain shelters at a local hiking spot. Sai Kung was also among the first batch of districts in Hong Kong to join the WHO's Global Network for Age-friendly Cities and Communities.



## **1.5 District-based Programmes in Sai Kung District**

There were seven district-based programmes under the JCAFC Project with the aim to enhance the eight AFC domains. These programmes were organised by district elderly centres, community centres and the professional support team of the JCAFC project. The number of direct beneficiaries of the programmes was about 8,700. Programme details are in Appendix 2.



## 2. Objectives and methods

## **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 comparisons 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 the time of participation. Foreign domestic helpers and individuals who were mentally incapable of communicating were excluded. All eligible respondents had lived in the Sai Kung District for not less than six consecutive months at the 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 27% 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 different regions of the Sai Kung District. 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 were 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 summing all component scores.

Differences in mean scores of AFC domains were analyzed 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 the 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 significance 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 (warmup 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 Sai Kung. 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). An effort has been made to recruit four to six interviewees in each group to comply with COVID-19 social distancing measures, with a similar number of males and females.

**Table 2.3-1. Summary of the profiles of five focus groups in Sai Kung**

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

An 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.

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 residents' perceptions of age-friendliness towards their community. An effort has been 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 interviews 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 caregivers<sup>1</sup> 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 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 the 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 the 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

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



to share how the 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 interviews and being 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 the 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 80 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, an 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 568 completed questionnaires were collected in the Sai Kung District and included in the analysis. Of these respondents, the mean age was  $63.76 \pm 16.3$  years (range 18 to 95 years). 61.8% were aged 65 and above and 59.5% were female (Figure 3.1-1a and Figure 3.1-1b). 65.5% were married, and 62.7% had secondary education and above (Figure 3.1-1c and Figure 3.1-1d).

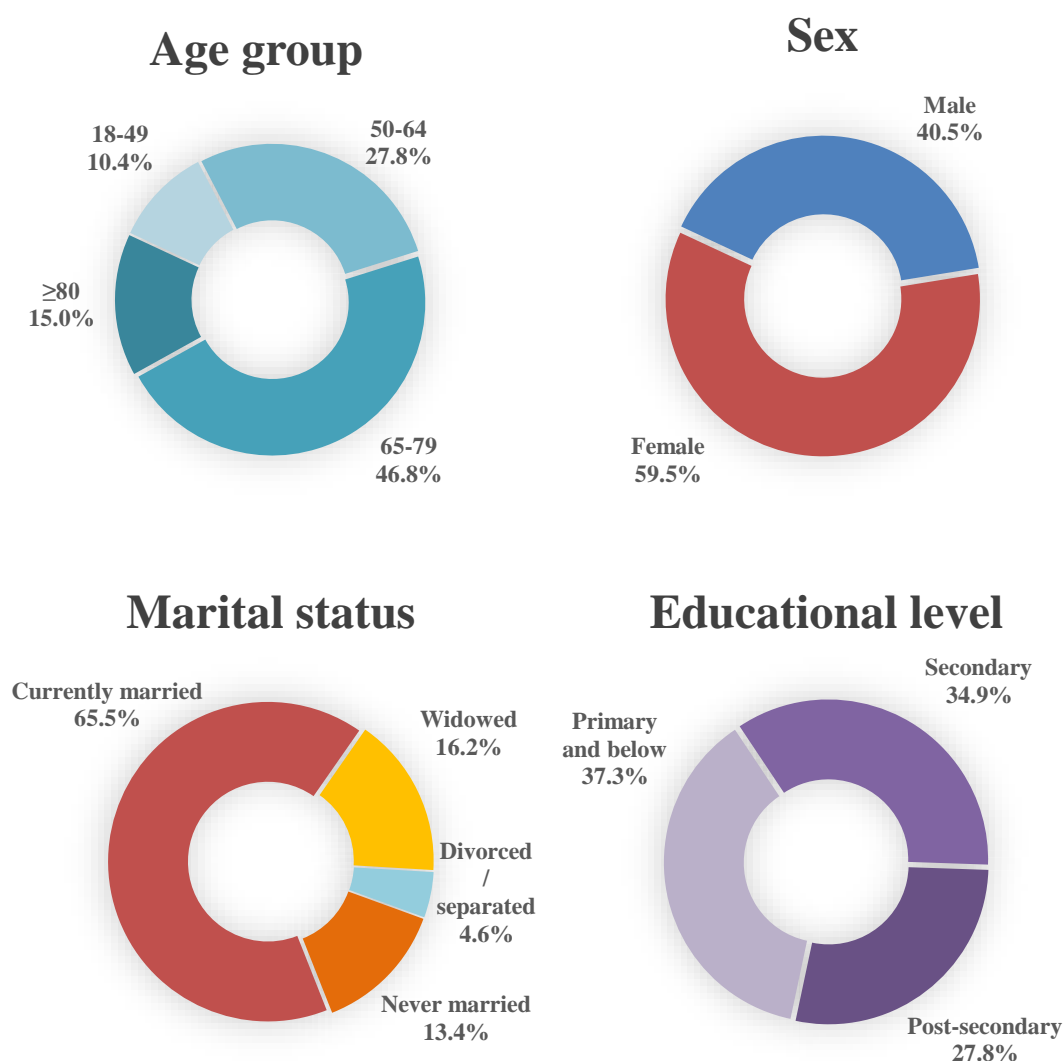
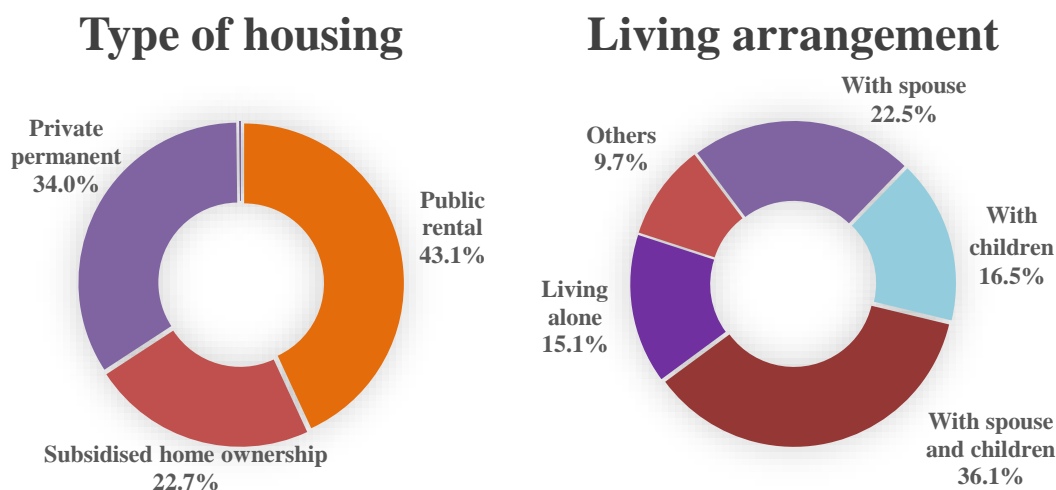


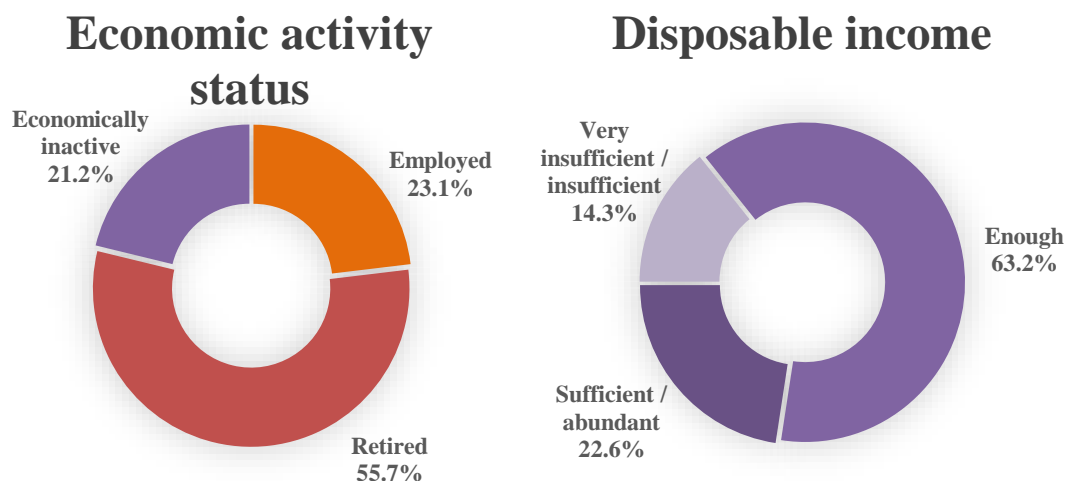
Figure 3.1-1. Distribution of questionnaire respondents by age group (Figure 3.1-1a, upper left), by sex (Figure 3.1-1b, upper right), by marital status (Figure 3.1-1c, lower left), by educational level (Figure 3.1-1d, lower right)

Over 99% of the respondents lived in public rental housing (43.1%), subsidised home ownership housing (22.7%) and private permanent housing (34.0%) (Figure 3.1-1e). The mean length of residence in the neighbourhood was  $18.8 \pm 9.5$  years. 84.9% of the respondents lived with family or others, while 15.1% were living alone (Figure 3.1-1f).



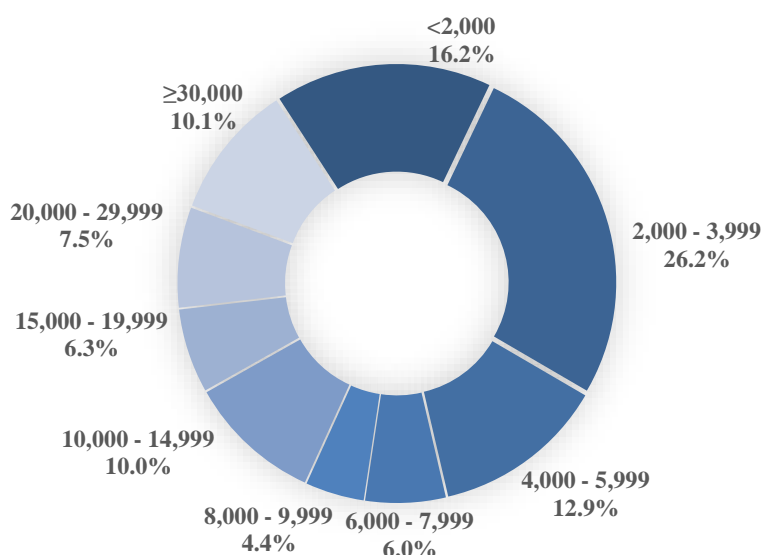
**Figure 3.1-1. Distribution of questionnaire respondents by type of housing (Figure 3.1-1e, left), by living arrangement (Figure 3.1-1f, right)**

In terms of economic activity status, 23.1% of the respondents were working full-time or part-time, while 55.7% had retired and 21.2% were economically inactive, including unemployed persons, home-makers and students (Figure 3.1-1g). Financially, 63.2% of the respondents expressed having enough funds for daily expenses (Figure 3.1-1h), yet 75.7% had a monthly personal income below HKD15,000 (Figure 3.1-1i), whereas the median monthly income from main employment in Hong Kong was HKD15,500 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)**

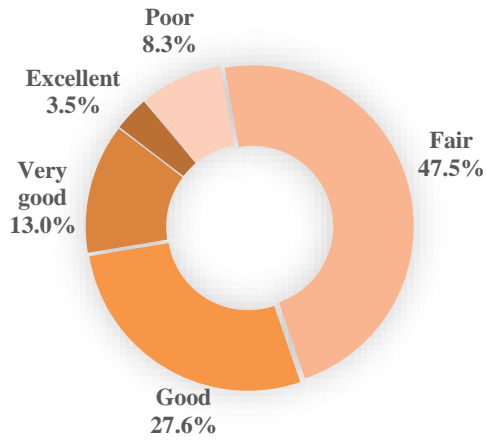
### Monthly personal income



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

In terms of their overall health condition, 44.1% of the respondents rated their health condition as good, very good or excellent (Figure 3.1-1j). Of all respondents, 50.7% had prior experience of delivering informal care to older persons (Figure 3.1-1k). Approximately one-quarter of them (22.2%) were members or service users of elderly community centres (Figure 3.1-1l).

### Self-rated health



### Experience of delivering informal care to the elderly

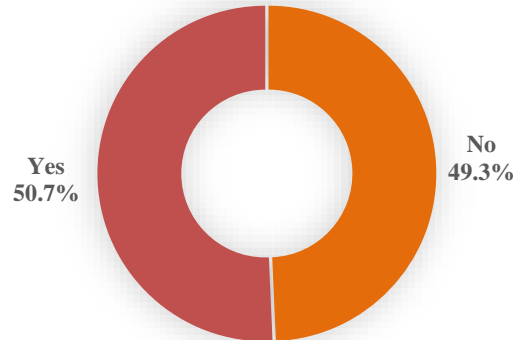


Figure 3.1-1. Distribution of questionnaire respondents by self-rated health (Figure 3.1-1j, left), by experience of delivering informal care to the elderly (Figure 3.1-1k, right)

### Use of elderly centres in the past 3 months

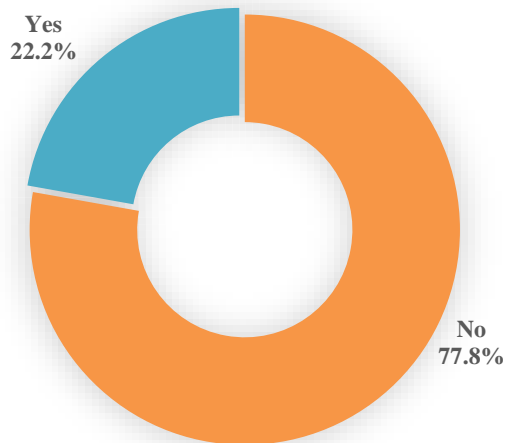
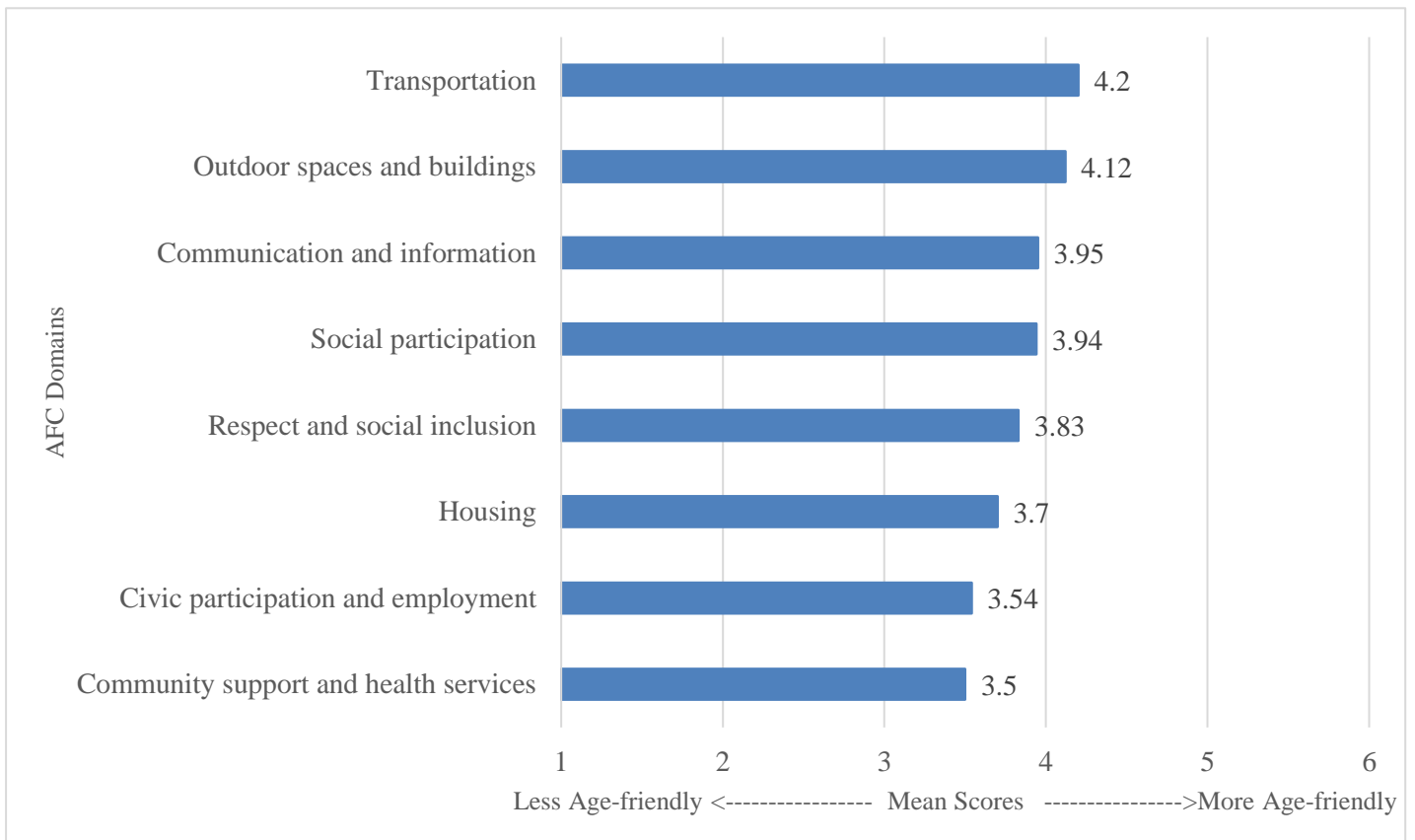


Figure 3.1-1. Distribution of questionnaire respondents by use of elderly centres (Figure 3.1-1l)



### 3.1.2 Mean scores of the Age-friendly City domains in Sai Kung District

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 the Sai Kung District (Figure 3.1-2).



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

**Table 3.1-1. Mean scores of the age-friendly city items and domains in Sai Kung District**

AFC items and domains	Mean	Std. Deviation	Rank of item / domain	
			Within domain	Across domains
<b>Domain: Outdoor Spaces and Buildings</b>	<b>4.12</b>	<b>.80</b>	..	<b>2</b>
Item A1: Cleanliness	4.42	1.06	2	6
Item A2: Adequacy, Maintenance and Safety	4.14	1.20	4	13
Item A3: Drivers' Attitude at Pedestrian Crossings	4.08	1.18	6	17
Item A4: Cycling Lanes	4.25	1.30	3	10
Item A5: Outdoor Lighting and Safety	4.12	1.24	5	14
Item A6: Accessibility of Commercial Services	4.64	1.11	1	1
Item A7: Arrangement of Special Customer Service to Persons in Need	3.50	1.40	9	46
Item A8: Building Facilities	4.01	1.22	7	20
Item A9: Public Washrooms	3.92	1.26	8	25
<b>Domain: Transportation</b>	<b>4.20</b>	<b>.81</b>	..	<b>1</b>
Item B10: Traffic Flow	4.43	1.02	4	5
Item B11: Public Transport Network	4.47	1.10	3	4
Item B12: Affordability of Public Transport	4.53	1.20	1	2
Item B13: Reliability of Public Transport	4.10	1.19	8	15
Item B14: Public Transport Information	4.00	1.25	9	22
Item B15: Condition of Public Transport Vehicles	4.29	1.11	5	8
Item B16: Specialised Transportation for disabled people	3.92	1.25	10	26
Item B17: Transport Stops and Stations	4.28	1.14	6	9
Item B18: Behaviour of Public Transport Drivers	4.25	1.11	7	11
Item B19: Alternative Transport in Less Accessible Areas	3.74	1.24	12	36
Item B20: Taxi	3.85	1.33	11	31
Item B21: Roads	4.49	1.02	2	3
<b>Domain: Housing</b>	<b>3.70</b>	<b>1.03</b>	..	<b>6</b>
Item C22: Sufficient and Affordable Housing	3.46	1.52	3	48
Item C23: Adequacy of Interior Spaces and Level Surfaces for Movement	3.98	1.33	1	24
Item C24: Home Modification Options and Supplies	3.50	1.29	2	47
Item C25: Housing for Frail and Disabled Elders	3.42	1.34	4	51
<b>Domain: Social Participation</b>	<b>3.94</b>	<b>.99</b>	..	<b>4</b>
Item D26: Mode of Participation	4.08	1.22	2	18
Item D27: Participation Costs	4.23	1.09	1	12
Item D28: Information about Activities and Events	3.99	1.16	3	23
Item D29: Variety of Activities	3.89	1.26	4	29
Item D30: Variety of Venues for Elders' Gatherings	3.89	1.30	5	30
Item D31: Outreach Services to Less Visible Groups	3.58	1.30	6	43
<b>Domain: Respect and Social Inclusion</b>	<b>3.83</b>	<b>.94</b>	..	<b>5</b>
Item E32: Consultation from Different Services	3.61	1.31	5	41
Item E33: Variety of Services and Goods	3.74	1.24	4	37
Item E34: Manner of Service Staff	4.38	1.09	1	7
Item E35: School as Platform for Intergenerational Exchange	3.45	1.34	6	49
Item E36: Social Recognition	3.90	1.26	2	27
Item E37: Visibility and Media Depiction	3.85	1.17	3	32
<b>Domain: Civic Participation and Employment</b>	<b>3.54</b>	<b>1.10</b>	..	<b>7</b>
Item F38: Options for Older Volunteers	3.70	1.27	1	39
Item F39: Promote Qualities of Older Employees	3.51	1.28	3	45
Item F40: Paid Opportunities for Older People	3.34	1.33	4	52
Item F41: Age discrimination	3.61	1.35	2	42
<b>Domain: Communication and Information</b>	<b>3.95</b>	<b>.93</b>	..	<b>3</b>
Item G42: Effective Communication System	4.01	1.22	3	21
Item G43: Information and Broadcasts of Interest to Elders	3.77	1.22	6	35
Item G44: Information to Isolated Individuals	3.79	1.22	5	34
Item G45: Electronic Devices and Equipment	4.09	1.18	1	16
Item G46: Automated Telephone Answering Services	3.90	1.23	4	28
Item G47: Access to Computers and Internet	4.06	1.19	2	19
<b>Domain: Community Support and Health Services</b>	<b>3.50</b>	<b>.98</b>	..	<b>8</b>
Item H48: Adequacy of Health and Community Support Services	3.73	1.35	2	38
Item H49: Home Care Services	3.53	1.25	4	44
Item H50: Proximity between Old Age Homes and Services	3.69	1.25	3	40
Item H51: Economic barriers to Health and Community Support Services	3.85	1.32	1	33
Item H52: Community Emergency Planning	3.45	1.25	5	50
Item H53: Burial Sites	2.66	1.36	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 accessibility of commercial services (highest-rated item:  $4.64 \pm 1.11$ ) to burial sites (lowest-rated item:  $2.66 \pm 1.36$ ). Analysed by rank of items, the ten highest rated items clustered in Transportation (6 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.

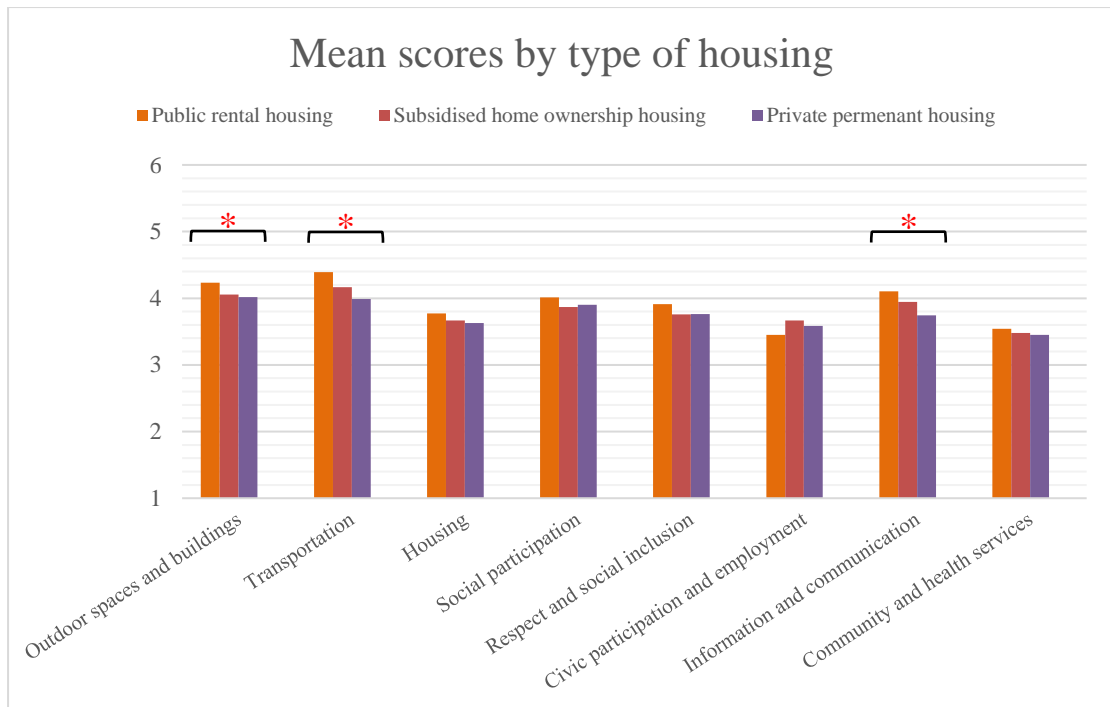
### 3.1.3 Mean scores of Age-friendly City domains by individual and geographical characteristics

Analysed by age group, significant trend differences ( $p \leq .05$ ) were observed across the groups for all AFC domains, apart from Civic participation and employment. Figure 3.1-3a shows the mean scores of AFC domains by age group.



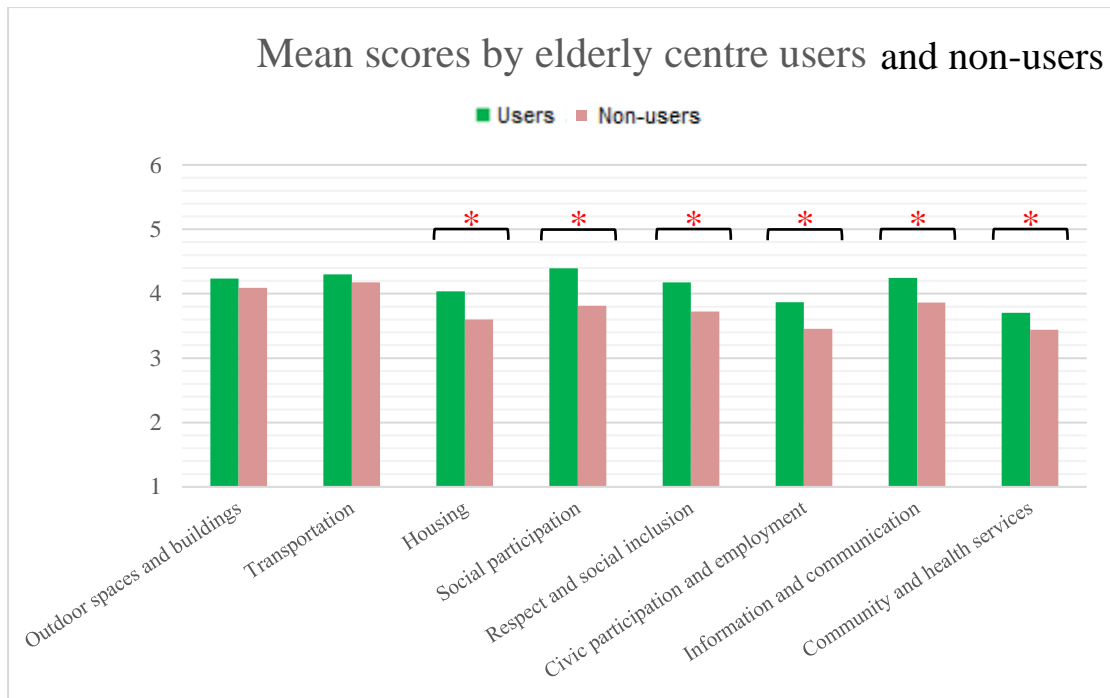
**Figure 3.1-3a. Mean scores of the eight Age-friendly City domains, by age group**

Analysed by type of housing, significant trend differences ( $p \leq .05$ ) were observed for Outdoor spaces and buildings, Transportation, and Communication and information. Figure 3.1-3b shows the mean scores of AFC domains by type of housing.



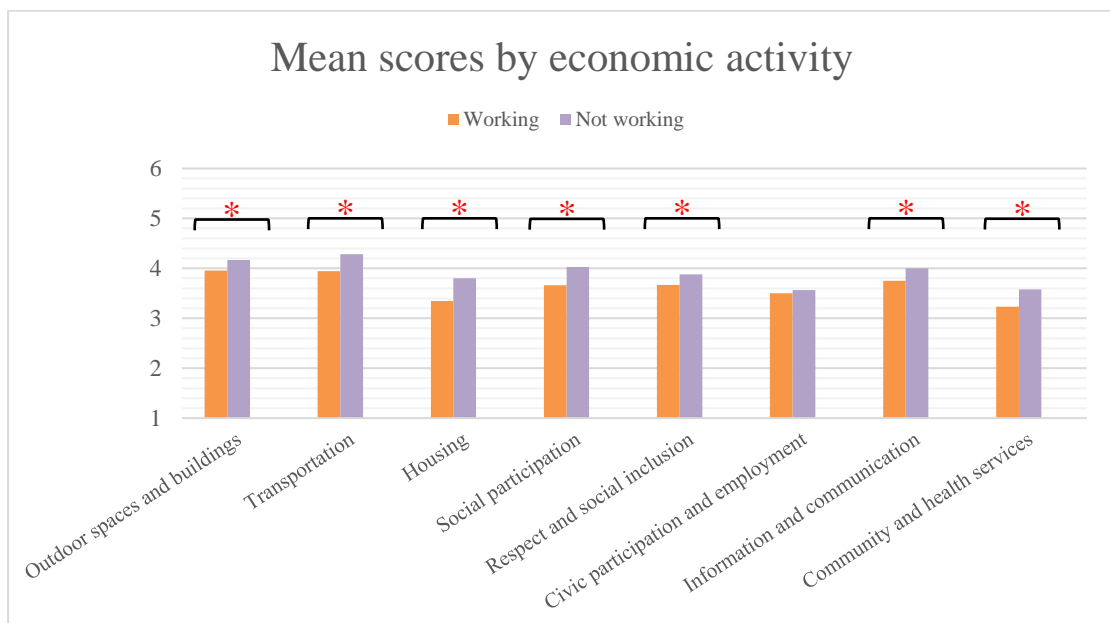
**Figure 3.1-3b. Mean scores of the eight Age-friendly City domains, by housing type**

Analysed by use of elderly centres, significant trend differences ( $p \leq .05$ ) were observed across the groups for all AFC domains, except Outdoor spaces and buildings and Transportation. Figure 3.1-3c shows the mean scores of AFC domains by use of elderly centres.



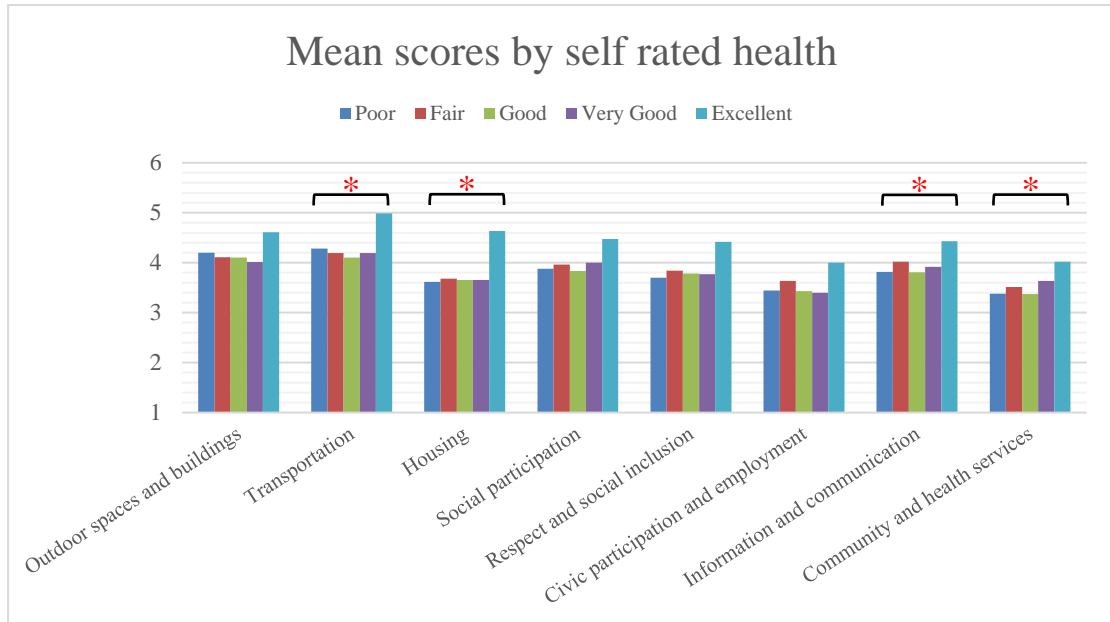
**Figure 3.1-3c. Mean scores of the eight Age-friendly City domains, by use of elderly centres**

Analysed by economic activity, significant trend differences ( $p \leq .05$ ) were observed across the groups for all AFC domains, except Civic participation and employment. Figure 3.1-3d shows the mean scores of AFC domains by economic activity.



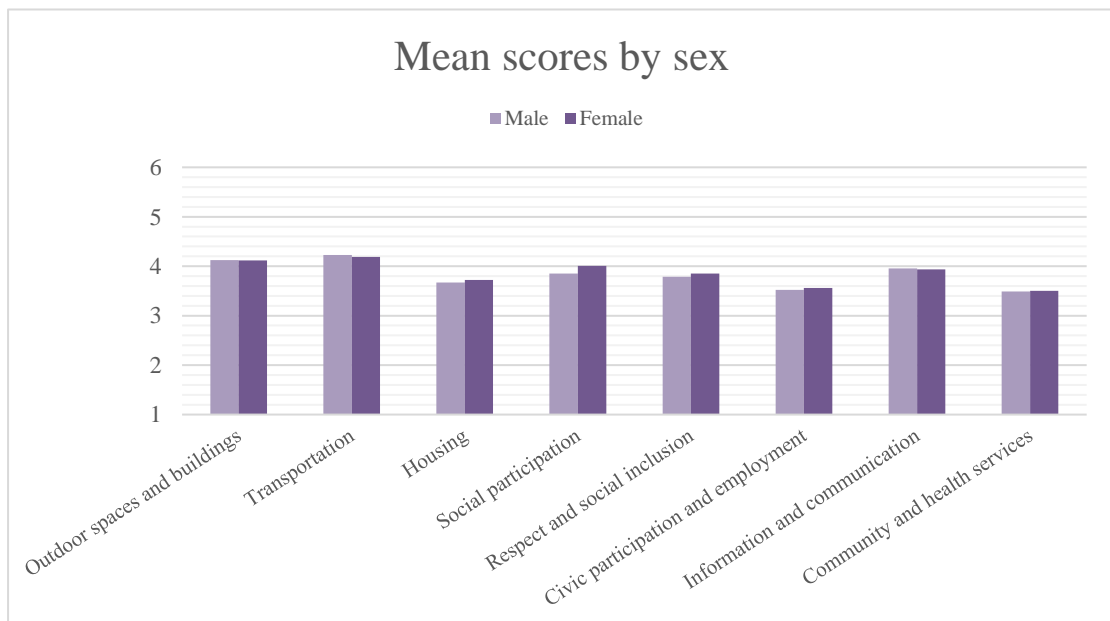
**Figure 3.1-3d. Mean scores of the eight Age-friendly City domains, by economic activity status**

Analysed by self-rated health, significant trend differences ( $p \leq .05$ ) were observed across the groups for Transportation, Housing, Communication and information, and Community support and health services. 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, no significant trend difference ( $p \leq .05$ ) was observed across the groups for all AFC domains. 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
<b>Number of participants</b>	8	7	4	5	7
<b>Age range (years)</b>	65 and above	65 and above	50-64	65 and above	18-49
<b>Gender Ratio (M:F)</b>	4:4	4:3	2:2	1:4	3:4
<b>Housing Type</b>	Public, subsidised, private	Private	Private, subsidised	Public, subsidised, Private	Public, subsidised, private

### 3.2.2 Age-friendliness of Sai Kung by domains

#### i Outdoor spaces and buildings

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

Advantages	<ul style="list-style-type: none"> <li>• Parks and spacious outdoor spaces are available</li> <li>• Age-friendly and barrier-free facilities in outdoor spaces</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Inadequate age-friendly and barrier-free facilities in outdoor spaces</li> <li>• Lack of leisure facilities and unsatisfactory hygiene in rural villages</li> <li>• Unpleasant environment due to major construction project</li> </ul>
Suggestion	<ul style="list-style-type: none"> <li>• Increase the provision of shelters along the major streets to public services</li> </ul>

The **spacious outdoor spaces in the Sai Kung District** was perceived as an age-friendly advantage by the participants, many parks with improved greenery were available such as Po Hong Park and Velodrome Park. The participants also appreciated that **the age-friendly and barrier-free facilities in outdoor spaces had been improved**. For example, older people requested the provision of age-friendly facilities at Duckling Hill, which has been a popular hiking hot spot for older people in Tseung Kwan O. With the help of the Sai Kung District Council, a pavilion and public toilet have been set up and it created a pleasant hiking environment for older people.

On the other hand, the participants also expressed the **inadequate age-friendly and barrier-free facilities in outdoor spaces**. They pointed out that the **shelters were not**



**enough** in outdoor recreational areas, it was challenging for older people when doing exercise in outdoor areas during summer. On the other hand, although the number of seats has been increased in outdoor spaces, most of them were made from wood or steel, which were not comfortable as wood could deteriorate easily and steel would be hot when exposed to the sun. The availability of public toilets in outdoor areas was another concern of the participants. They expressed that the locations of the public toilets were not convenient. Also, most of the public toilets did not install handrails and the floor was wet.

The participants who lived in rural villages in Sai Kung complained about the **lack of leisure facilities in their villages**. So that many older people who cannot walk very well were forced to stay at home. They also perceived **the unsatisfactory hygiene in the outdoor spaces** as the barrier of age-friendliness. They reported that dog owners left dogs' excrement on the street which make the outdoor areas smelly.

The participants who lived in Tseung Kwan O South indicated that the construction project of Tseung Kwan O – Lam Tin Tunnel was carrying out in Tseung Kwan O South This created **noise and air pollution** in the area which made the environment unpleasant to the residents.

The participants suggested that more shelters should be provided along the major streets to public facilities such as sport centres, swimming pools and libraries. Since many older people use these facilities very often, the shelters can improve walkability and encourage more older people to use these facilities.

## ii Transportation

**Table 3.3a Advantages and barriers perceived by participants and suggestion in Transportation**

Advantages	<ul style="list-style-type: none"> <li>• Adequate age-friendly facilities at transport stops and stations</li> <li>• Information on bus services available</li> <li>• Improved public transport services in certain remote areas</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Limited choices of public transports besides MTR</li> <li>• Unreliable public transport services in remote areas</li> <li>• Inadequate barrier-free facilities in mini-bus</li> </ul>
Suggestion	<ul style="list-style-type: none"> <li>• Provide more choices of bus services</li> </ul>

In Sai Kung, **adequate age-friendly facilities at transport stops and stations** was perceived by the residents as an age-friendly advantage. They observed that many bus stops had installed seats for the passengers. They also appreciated the **development of mobile apps by bus companies**. For older people who learned to use these mobile

apps, it was convenient to obtain information on bus services. The **public transport services had been improved in some remote areas**. Some of the residents who lived in Lohas Park expressed that more choices of mini-bus services had been provided.

The participants commented on **the limited choices of public transport services** in the Sai Kung District. They expressed that most of the residents in Tseung Kwan O used MTR, so the number of bus and mini-bus services was limited. Since many older people preferred to travel by bus and mini-bus, it was inconvenient for them. Some of the participants indicated that **many bus stops did not install information display panels**, it was inconvenient for older people to check the bus arrival time. Many participants also complained about the **unreliable public transport services in remote areas**, especially mini-bus services. For the residents who lived in uphill areas of Tseung Kwan O such as Tsui Lam Estate and Hong Sing Gardens, and those who lived in rural villages in Sai Kung, they relied on mini-bus for travelling to town centres. However, the participants expressed that the mini-bus services were infrequent. Many residents who lived in rural villages in Sai Kung preferred to walk for over 15 minutes to the town centre or the grocery store nearby to purchase daily necessities. The participants also perceived the **inadequate barrier-free facilities in mini-bus** as a barrier of age-friendliness. They pointed out that the steps to ride on the mini-bus were too high for older people, and most of the drivers would not wait for older people to sit down. This was dangerous for older people so most of them would choose to sit at the front. The participants expressed that the unreliable public transport service discouraged them to join social activities, so many older people preferred to stay at home.

The participants suggest more bus services from Sai Kung to other districts should be provided. Most older people preferred to use bus services as they were more age-friendly, increased bus services can provide more choices of transport for them.

### iii Housing

**Table 3.4a Advantage and barriers perceived by participants and suggestion in Housing**

Advantage	<ul style="list-style-type: none"><li>• Accessible social services and activities in the community</li></ul>
Barriers	<ul style="list-style-type: none"><li>• Limited choices of shops and elderly services in old housing estates</li><li>• Inadequate bank services for older people in the community</li></ul>
Suggestion	<ul style="list-style-type: none"><li>• Provide more elderly services for the older residents in housing estates</li></ul>

The participants agreed that it was **convenient to reach social services and activities in their community**. There were many shopping centres, supermarkets and banks in the Sai Kung District. Community facilities such as libraries, sport centres, and swimming pools were also enough. The participants appreciated that more social activities and services for older people were provided by property management such as Housing Society. They were also satisfied with the safety of their community.

In spite of the convenient social services and activities, the participants perceived **the limited choices of shops and elderly services especially in old housing estates** as an age-friendly barrier. The participants expressed that although there were many shopping centres in Tseung Kwan O, most of them were selling luxury products, the choices for older people were limited. They also commented that many markets had been upgraded, although the shopping environment was improved, many older people found the prices of ingredients were too high for them, so they decided to buy them in other districts. The residents of King Lam Estate also complained that their market was under refurbishment, the supermarket there also closed recently. Therefore, the residents had to buy food and necessities at other estates, which was very inconvenient for older people since they had to walk for a longer distance.

The participants also commented on the **inadequate bank services for older people in the community**. Many banks reduced the number of branches or the service counters, then encouraged their customers to use online banking. However, many older people did not use online banking or even ATMs. So that they had to travel to the big shopping centres to access the bank services. The waiting time was also long due to the reduced number of service counters. Since the residents in the old housing estates were getting old, the participants suggested that Housing Authority or property management should provide more elderly services for the tenants to meet their needs.

#### iv Social participation

Table 3.5a Advantage and barrier perceived by participants in Social participation

Advantage	<ul style="list-style-type: none"><li>• Adequate social activities for the elders of different backgrounds</li></ul>
Barrier	<ul style="list-style-type: none"><li>• Inadequate promotion and limited availability of social activities</li></ul>

The **increasing number of social activities for older people of different backgrounds** was perceived as an age-friendly advantage in the Sai Kung District. The participants admired that besides the usual activities organised by NGOs, some interest groups for elderly men were formed to organise activities that can cater for their needs. Some NGOs also organised volunteer teams to visit the hidden elders who were living alone, so that these elders can maintain their connection with the community.

The participants commented on the **inadequate promotion of social activities** for older people, many older people who did not join elderly centres could not receive the activities information. They also expressed that under the COVID-19 pandemic, social gatherings were avoided, many activities organised by NGOs were cancelled or the numbers of participants were reduced. Many activities were also conducted via online platforms such as ZOOM, it was difficult for older people as most of them did not know how to use it. As a result, their **opportunities to join social activities were limited**.

#### v Respect and social inclusion

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

Advantages	<ul style="list-style-type: none"><li>• Sense of respect and social inclusion</li><li>• Views of older people were consulted by District Council</li></ul>
Barriers	<ul style="list-style-type: none"><li>• Lack of consultation on the services for older people</li><li>• Room for improvement regarding the attitude of both young and older people</li></ul>
Suggestions	<ul style="list-style-type: none"><li>• Facilitate better inter-generational understanding by organising social activities</li><li>• Invite senior citizens to join advisory bodies</li></ul>

The **sense of respect and inclusion in the community** were perceived as an age-friendly advantage by the participants. They expressed that the attitude of staff at banks, restaurants, and supermarkets etc. towards older people improved, most of them were willing to help upon request. Some of the participants admired that **views of older people at the district level were consulted by Sai Kung District Council**. A group

of older people formed a concern group through the help of NGOs to strive for the improvement of elderly facilities in the Sai Kung District. They gained the support of the District Council and a working group on age-friendly city was formed to collect the views of older people on elderly facilities and services.

Nonetheless, some of the participants were discontented with the **lack of consultation on the services for older people in the community**. They raised that older people were not informed when the market of King Lam Estate carried out refurbishments, they felt disrespected and commented that they should be informed and prepared for the refurbishment at least.

The participants agreed that there was **room for improvement regarding the attitude of both young and older people**. They expressed that the attitude of some of the young people was disappointing, they focused on their mobile phone while travelling on public transport and did not observe the need of older people. However, they also commented on the behaviour of older people in public areas, such as not wearing masks or leaving their rubbish in public open spaces. They commented that older people should also behave so that other people would respect them.

The participants suggest **more opportunities should be provided for inter-generational communication**, so that they can understand the lifestyle of different generations. For example, universities can organise social service programmes to train university students to serve hidden elders, such as home visits of older people living alone, or to teach older people how to use smart phones, etc. Some participants also suggested that **older people should be invited to join the advisory bodies** such as the Estate Management Advisory Committee of public housing estates, so that their voices can be heard.

## vi Civic participation and employment

**Table 3.7a Advantage and barrier perceived by participants in Civic participation and employment**

Advantage	<ul style="list-style-type: none"> <li>• Voluntary work available with the provision of training programmes and allowance</li> </ul>
Barrier	<ul style="list-style-type: none"> <li>• Limited employment opportunities for older people</li> </ul>

The participants agreed that the **voluntary work opportunities had been increased** in the community. Many NGOs and social enterprises received funding from charities, so that they can **provide training and allowance to the volunteers**, which were

appreciated by the elderly volunteers.

**Limited employment opportunities for older people in the society** was perceived as an age-friendly barrier by the participants. They commented that age discrimination existed and not many jobs for older people were available. They expressed that they could not compete with the young people for the same job due to their health conditions.

## vii Communication and information

**Table 3.8a Advantage and barriers perceived by participants and suggestions in Communication and information**

Advantage	<ul style="list-style-type: none"> <li>• Diverse channels for older people to receive information</li> </ul>
Barrier	<ul style="list-style-type: none"> <li>• Difficult to use online platforms for communication and information dissemination</li> <li>• Newsletters and posters were unavailable in private housing estates</li> <li>• Difficulties in information dissemination under COVID-19</li> </ul>
Suggestions	<ul style="list-style-type: none"> <li>• Develop simple mobile app for older people</li> <li>• Organise training courses to teach older people to use the internet and mobile apps</li> </ul>

The participants perceived the **diverse channels for older people to receive information** as an age-friendly advantage in Sai Kung. They expressed that an increasing number of NGOs disseminated information through social platforms, such as Facebook and WhatsApp. Older people who learned to use these social platforms received information easily.

Nevertheless, many participants felt **difficult to use online platforms for communication and information dissemination**. They commented that more and more information was disseminated through mobile apps, such as health information and weather, but the apps were quite difficult to use for older people. In addition, many older people were not willing to learn new technology. Although they had spent a lot of time to learn the new technology, they still cannot remember. They also suffered from headaches when they focused on the monitors of computers or smart phones for extended periods. The participants also commented that **in many housing estates, especially the private housing estates, newsletter distribution or displaying posters from NGOs and District Councillors were prohibited**. Then older people who did not join elderly centres or use online platforms were difficult to receive information from the community. The participants indicated that many older people used to collect information through social gatherings, like doing exercise in parks, eating dim sum with

friends in restaurants, etc. However, as social gatherings were restricted during COVID-19, **information dissemination through social groups of older people was difficult.**

The participants suggested the mobile apps for older people should be simple and easy to use. They suggested more training courses on using the internet and mobile apps should be provided for older people. The tutors should also have patience and understand that older people had to spend more time to learn new things.

### viii Community support and health services

**Table 3.9a Advantage and barriers perceived by participants and suggestions in Community support and health services**

Advantage	<ul style="list-style-type: none"> <li>• Improved community support and health services for older people</li> </ul>
Barrier	<ul style="list-style-type: none"> <li>• Limitation of medical and health services</li> <li>• Lack of information on community support services</li> </ul>
Suggestions	<ul style="list-style-type: none"> <li>• Provide a health centre in every small district</li> <li>• Provide health management programmes for older people</li> </ul>

In the Sai Kung District, the **improved health services for older people** was perceived as an age-friendly advantage. The participants appreciated that the new District Health Centre Express provided free health check service for older people, some NGOs provided outreach supporting services for older people living alone and provided mobile clinics in rural areas.

The participants commented on the **limitation of medical and health services** provided by the government, including the difficult General Out-patient Clinics telephone booking system and HA GO mobile app, the long waiting times at the Specialist Out-patient Clinics, the insufficient medical services at night and the higher charges of private clinics if they used Health Care Vouchers. In addition, many participants commented on the **lack of information on community support services.** Most older people and their carers did not know how to apply, most of the services were not free and also involved long waiting times. Most participants knew that the District Health Centre would be operated in Sai Kung, but only a few of them know what kind of services will be provided.



The participants suggested a health centre should be operated in every small district to provide primary healthcare services to meet the overwhelming demand for health services for older people. They also suggested that more health management programmes should be organised for older people to manage their own health.



## 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 Sai Kung District carried out in 2017 and 2020/2021 respectively. No significant difference of the mean score was observed for the eight AFC domains..

**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	4.07	2	4.12	2	+0.05	--	No
Transportation	4.22	1	4.20	1	-0.02	--	No
Housing	3.72	6	3.70	6	-0.02	--	No
Social participation	3.93	4	3.94	4	+0.01	--	No
Respect and social inclusion	3.83	5	3.83	5	--	--	No
Civic participation and employment	3.58	7	3.54	7	-0.04	--	No
Communication and information	3.94	3	3.95	3	+0.01	--	No
Community support and health services	3.42	8	3.50	8	+0.08	--	No

## 4.2 Recommendations

In the following section, recommendations regarding the eight AFC 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 Sai Kung, the domain also observed an increase of the 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 accessibility of commercial services and cleanliness of outdoor spaces and buildings, except that some of the residents were dissatisfied 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. Respondents of focus group interviews commented that further improvement on age-friendliness and barrier-free facilities in outdoor spaces were required. Older people in rural villages also expressed the insufficient leisure facilities and unsatisfactory hygiene in rural villages.

Recommendations to improve the age-friendliness of the Outdoor spaces and buildings domain were purposed as follows:

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

- Engage 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 washrooms and barrier-free facilities such as elevators and escalators effectively, to ensure timely maintenance of these facilities.

*Aim: To enhance the age-friendliness of shopping malls*

- Encourage shops and services to consult the needs of older people, so that they can provide customer services to cater for their needs.
- 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 Sai Kung. Residents appreciated the well-established transport network and affordable transport fare especially when the public transport concessionary fare of HKD2 per trip will be extended to the young-old aged 60 to 64 in 2022. Besides, the residents were also satisfied with the road maintenance, public transport network and traffic flow. Nonetheless, the residents were dissatisfied with the age-friendliness of taxis and the alternative transport in less accessible areas. The participants of focus group interviews agreed that the age-friendly

facilities at transport stops and public transport services in less accessible areas had been improved, but still have room for improvement. In addition, they were dissatisfied with the choices of public transports besides MTR and barrier-free facilities of mini-bus.

Recommendations to improve the age-friendliness of the Transportation domain were purposed as follows:

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

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

### **4.2.3 Housing**

Housing ranked the 6<sup>th</sup> by residents of Sai Kung. It leaves much room for improvement. In general, the residents were satisfied with the living environment, but sufficient and affordable housing, home modification options and suppliers, and housing for frail and disabled elders obtained low mean scores. The focus group interviews revealed the limited choice of shops and inadequate bank services for older people in communities.

Recommendations to improve the age-friendliness of the Housing domain were 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” Gerontech Education and Rental Service organised by the Hong Kong Council of Social Welfare. These resources centres can extend their promotion to the wider community, so that more people can obtain information on home modification services.

*Aim: To enhance the availability of community services in the local community*

- Engage older people to identify the areas which required improvements in community services, such as library and bank services and grocery stores.
- Further explore the possibility with relevant departments and service providers of providing services in the communities with greater demand.

#### **4.2.4 Social participation**

Social participation ranked the 4<sup>th</sup> by residents of the Sai Kung District. The residents were satisfied with the mode and affordability of social activities in the community but were dissatisfied with the availability of outreach services to less visible groups. When examining this domain in greater detail, a significant difference in the mean score by elderly centre users and non-users was found. The focus group interviews revealed the inadequate promotion of social activities for older people, and limited opportunities to join activities under the COVID-19 pandemic.

Recommendations to improve the age-friendliness of the Social participation domain were purposed as follows:

*Aim: To facilitate the social participation of less visible groups*

- Encourage the operation between owners’ corporation of private housing premises or village representatives and NGOs, so that more social activities can be organised for the senior residents in the premises and villages that are less accessible by NGOs.
- Discuss with owners’ corporation of private housing premises, village representatives and property management of housing estates that are less

accessible to post information on social activities on the notice board which can be accessed easily by the residents.

- 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 who participate in social activities under circumstances of social gathering restriction.

#### **4.2.5 Respect and social inclusion**

Respect and social inclusion ranked the 5<sup>th</sup> by residents of the Sai Kung District. The respondents highly appreciated the manner of services staff, but they were dissatisfied with the limited consultation of services as well as the limited intergenerational activities. The participants of focus group interviews appreciated that Sai Kung District Council consulted the views of older people on elderly services in the community, but they also expressed the lack of consultation in their neighbourhoods by property management. In addition, the participants commented that there is room for improvement regarding the attitude of both young and older people.

Recommendations to improve the age-friendliness of the Respect and social inclusion domain were purposed as follows:

*Aim: To facilitate intergenerational exchanges*

- Organise intergenerational activities, such as training classes on smart phones, social service programmes of university students to visit hidden elders, etc., to facilitate communications between different generations.

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

- Engage older people in advisory bodies such as the Estate Management Advisory Committee of public housing estates, so that their voices can be heard.

#### **4.2.5 Civic participation and employment**

Civic participation and employment ranked the 7<sup>th</sup> by residents of the Sai Kung District. Both respondents of the questionnaire survey and focus group interviews agreed that options for elderly volunteers were sufficient in the district, but the paid opportunities for older people were limited. The item “paid opportunities for older people” obtained the second-lowest score among the 53 items in the questionnaire survey.

Recommendations to improve the age-friendliness of the Civic participation and employment domain are proposed 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.
- Many elders were well trained to provide elderly care services through volunteering programmes. Relevant departments can support NGOs to employ these trained elders to provide elderly care services as freelancers by funding support.

#### **4.2.7 Communication and information**

Communication and information ranked the 3<sup>rd</sup> in terms of age-friendliness by residents of Sai Kung. In general, the respondents were satisfied with the access to computers and the internet in public areas as well as the font size and buttons on electronic devices and equipment. Nevertheless, they were dissatisfied with the information and broadcasts of interest to elders and information to isolated individuals. Participants of focus group interviews expressed that although information could be disseminated through diverse channels in the community, older people felt difficult to receive information through online platforms, so most of them prefer to receive newsletters. However, the dissemination of publicity materials was prohibited in most of the private housing estates.

Recommendations to improve the age-friendliness of the Communication and information domain were purposed as follows:

*Aim: To enhance and strengthen district communication and information channels*

- Further improve the existing online platforms and mobile apps to meet the needs of older people, consultation of older people on the development of communication technology 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 timely to strengthen the memory of older people.



- Encourage information dissemination through newsletters and setting up 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 Sai Kung. Residents were satisfied with the availability of health and community support services without economic barriers, but dissatisfied with the availability of burial sites and community emergency planning. The focus group interviews revealed the insufficient health services and lack of information on community support services in the community.

Recommendations to improve the age-friendliness of the Community support and health services domain were purposed as follows:

*Aim: To empower the elders to self-manage their 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, hence 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.
- Consider extending the service of the existing District Health Centre Express at Po Lam Estate to other estates in Sai Kung, especially those old estates with a larger number of senior residents, so that older people in Sai Kung can receive primary healthcare services conveniently.

*Aim: To facilitate community support services with transparent information*

- NGOs in Sai Kung had developed a resources map on services for dementia patients in the community, it included the community support services for dementia patients. It is suggested to support the NGOs to update the resources map regularly and print enough copies to reach older people in need.

### **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 the Sai Kung District. Although not all AFC 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 of 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 the elderly services seldom considered the need of older people living in less accessible areas or with special needs. They also commented on the lack of consultation when developing online services and mobile apps. These resulted in complicated interfaces of online services and mobile apps which discouraged older people to access community services. Engagement of older people in the design process of products and services is encouraged to ensure the age-friendliness of these initiatives.

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Appendix 1  
Questionnaire (Chines 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							



計劃夥伴 Project Partner:



策劃及捐助 Initiated and funded by:



## 賽馬會齡活城市計劃 參加者同意書

現誠邀閣下參與香港中文大學賽馬會老年學研究所的「賽馬會齡活城市計劃」，該計劃由香港賽馬會慈善信託基金主導，聯同本地四間老年學研究單位：香港中文大學賽馬會老年學研究所、香港大學秀圃老年研究中心、嶺南大學亞太老年學研究中心、香港理工大學活齡學院，與社區不同持份者共建「齡活城市」，讓香港成為適合長者及不同年齡人士生活的地方。

### 研究目的

根據世界衛生組織的《全球長者及年齡友善城市建設指南》檢視香港各區對長者及不同年齡人士生活的方便及友善程度。

### 程序

您現只需完成一份有關長者及年齡友善社區的問卷（需時約半小時至一小時）。另外，我們亦會以聚焦小組的形式邀請閣下接受訪問（需時約一小時三十分至兩小時），而當中的對話內容會被錄音以作研究記錄用途，但卻不會作公開播放。

### 風險

是次研究並不存有已知的風險。

### 利益

當完成問卷後，您將獲得港幣伍拾圓正現金禮券。另外，當完成以聚焦小組形式訪問後，您亦會獲得港幣伍拾圓正現金禮券（即合共港幣壹佰元正）。您於問卷及聚焦小組訪問中所提供的寶貴資料，將有助研究長者及年齡友善的課題。

### 私隱

是次研究所收集的資料只供有關「賽馬會齡活城市計劃」之用，個人資料將絕對保密，除獲本研究所授權的人員外，將不會提供予其他人士。

### 參與及退出

參與純屬自願性質，您可隨時退出而不會對您造成負面影響。

如您對是項研究有任何查詢，請與汪先生聯絡（電話：3943 9294；地址：香港沙田中文大學康本國際學術園 6 樓 602 室；電郵：ioa@cuhk.edu.hk）。如您想知道更多有關研究參與者的權益，請聯絡香港中文大學調查及行為研究操守委員會（電話：3943 6777）。

如您明白以上內容，並願意參與是項研究，請簽署以下之同意書。

姓名：\_\_\_\_\_

簽署：\_\_\_\_\_

日期：\_\_\_\_\_

批准研究到期日：\_\_\_\_\_ 2021 年 8 月份

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
<b>C</b>	<b>住所</b>						
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
<b>D</b>	<b>社會參與</b>						
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
<b>E</b>	<b>尊重及社會包融</b>						
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

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……

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
<b>F</b>	<b>社區參與及就業</b>						
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
<b>G</b>	<b>訊息交流</b>						
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
<b>H</b>	<b>社區支持與健康服務</b>						
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。

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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.....

<b>I</b>	<b>社群意識指數</b>	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。

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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

Appendix 2

**Summary of District-based Programmes in Sai Kung District**

<b>BATCH I</b>					
<b>Programme (Organiser)</b>	<b>Objectives</b>	<b>Programme content</b>	<b>AFC domains</b>	<b>Approved funds</b>	<b>No. of direct beneficiaries</b>
Jockey Club Age-friendly City Project – Brain Big Fun Sai Kung 2018 (Hong Kong Sheng Kung Hui Tseung Kwan O Aged Care Complex – Jockey Club District Elderly Community Centre cum Day Care Unit)	<ul style="list-style-type: none"> <li>To provide community support to dementia patients</li> <li>To engage older people and carers to promote dementia-friendly through training and community activities</li> <li>To arouse public awareness of dementia</li> </ul>	<ul style="list-style-type: none"> <li>Training on the use of assessment tools for early detection of dementia patients</li> <li>Training workshop on AFC, identifying the early stage of dementia, skills to produce resource map</li> <li>Test out the dementia game</li> <li>Elderly centres visits</li> <li>Design of resource map</li> <li>Workshop on blog establishment and promotion</li> <li>Health days in 3 estates</li> <li>Home visits, home assessments and modifications, and cleaning services for over 1800 elderly households</li> <li>Music therapy for dementia patients</li> <li>Family photo services for 30 dementia patients</li> <li>Closing ceremony</li> </ul>	<ul style="list-style-type: none"> <li>Community Support and Health Services</li> <li>Respect and Social Inclusion</li> <li>Civic Participation and Employment</li> <li>Communication and Information</li> </ul>	\$500,000	4274
Jockey Club Age-friendly City Project - Active Ageing Programme (CUHK Jockey Club Institute of Ageing)	<ul style="list-style-type: none"> <li>To empower older adults to develop a healthy lifestyle and voice opinions on communal amenities for active ageing</li> </ul>	<ul style="list-style-type: none"> <li>Exercise class (12 hrs. in total) focusing on strength training &amp; basics of nutrition for elderly</li> <li>Workshop in AFC concept &amp; place audit skills</li> <li>Outdoor exercising &amp; place audit practical</li> <li>Information Day</li> </ul>	<ul style="list-style-type: none"> <li>Community Support and Health Services</li> </ul>	\$247,038	226
<b>BATCH II</b>					
<b>Programme (Organiser)</b>	<b>Objectives</b>	<b>Programme content</b>	<b>AFC domains</b>	<b>Approved funds</b>	<b>No. of direct Beneficiaries</b>
Dementia Friendly Community Networking Project (Haven of Hope Christian Service – Haven of Hope District Elderly Community Service)	<ul style="list-style-type: none"> <li>To establish supporting network for carers</li> <li>To support dementia patients by organising volunteer training for older people</li> <li>To enhance community awareness on dementia by organising public educational activities</li> </ul>	<ul style="list-style-type: none"> <li>Training workshops and 4 gatherings for carers of dementia patients</li> <li>Music therapy and 3 performances for dementia patients</li> <li>Training and gatherings for volunteers on community supporting services</li> <li>Promotional activities and sharing sessions for community stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Social participation</li> <li>Respect and social inclusion</li> <li>Community support and health services</li> <li>Communication and information</li> </ul>	\$376,520	859

The Community Support Platform for the Aged and Carers: Age-friendly Home and Life'  (Caritas Sai Kung Community Development Project)	<ul style="list-style-type: none"> <li>To support carers by organising workshops about daily caring knowledge and skills for older people</li> <li>To encourage the involvement of retirees in volunteering activities by providing training on home modification</li> <li>To improve communication and information by providing audio-newspaper services for older people</li> </ul>	<ul style="list-style-type: none"> <li>Training workshops on basic caring skills for carers</li> <li>Training course on home modification</li> <li>Training course to assess the risk of elderly fall</li> <li>Fitness class for older people</li> <li>Home visits to assess the elderly fall</li> <li>Follow up assessments on elderly fall by occupational therapists</li> <li>Home modification for older people in high risk of elderly fall</li> </ul>	<ul style="list-style-type: none"> <li>Housing</li> <li>Civic participation and employment</li> </ul>	\$123,480	323
Jockey Club Age-friendly City Project - Active Ageing Programme (CUHK Jockey Club Institute of Ageing)	<ul style="list-style-type: none"> <li>To equip senior participants to become a group of District Health Ambassadors (DHAs) promoting in the community the concept of elderly taking charge of their own health through exercising and a healthy diet.</li> </ul>	<ul style="list-style-type: none"> <li>Exercise training classes</li> <li>Nutrition and healthy cooking classes</li> <li>Outdoor exercising and place audit at community parks</li> <li>Health talk for seniors</li> <li>Moments of various AAP activities were captured in mini-movies</li> <li>Focus group discussion</li> </ul>	<ul style="list-style-type: none"> <li>Community support and health services</li> <li>Outdoor spaces and buildings</li> <li>Respect and social inclusion</li> <li>Social participation</li> <li>Civic participation and employment</li> </ul>	\$247,038	135
<b>BATCH III</b>					
<b>Programme (Organiser)</b>	<b>Objectives</b>	<b>Programme content</b>	<b>AFC domains</b>	<b>Approved funds</b>	<b>No. of direct Beneficiaries</b>
Brain Activation READY GO  (HK Sheng Kung Hui Tseung Kwan O Aged Care Complex - Jockey Club District Elderly Community Centre cum Day Care Unit)	<ul style="list-style-type: none"> <li>To support dementia patients and carers by organising volunteer training and home care services</li> <li>To enhance community awareness on dementia by organising public educational activities</li> </ul>	<ul style="list-style-type: none"> <li>Professional training for staff of elderly centres</li> <li>Volunteer training workshops</li> <li>Special care of carers and dementia patients by phone calls</li> <li>Music therapy for dementia patients and sharing of performance through social media</li> <li>Webinars for carers</li> <li>Promotional activities for community stakeholders</li> <li>Workshops on resource map</li> <li>Supporting services for elderly households such as purchasing home appliances and cleaning</li> <li>Home assessment for households with dementia patients</li> <li>Online sharing session</li> </ul>	<ul style="list-style-type: none"> <li>Social participation</li> <li>Respect and social inclusion</li> <li>Community support and health services</li> <li>Communication and information</li> </ul>	\$500,000	2548
Jockey Club Age-friendly City Project - Active Ageing Programme 2020 (CUHK Jockey Club Institute of Ageing)	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Video aids on exercise and cooking for elderly</li> <li>Health talk on pain problems</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Community support and health services</li> </ul>	\$249 785	350





## Jockey Club Age-friendly City Project



賽馬會齡活城市  
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## CUHK Jockey Club Institute of Ageing



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