



賽馬會齡活城市
Jockey Club Age-friendly City

Jockey Club

Age-friendly City Project

Final Assessment Report

Islands



New and old carrier

Initiated and funded by:



The Hong Kong Jockey Club Charities Trust

Project partner:



Lingnan 嶺南大學
University 香港 Hong Kong



亞太老年學研究中心
Asia-Pacific Institute
of Ageing Studies

Jockey Club Age-friendly City Project

**Final Assessment Report
Islands District**

2019

Submitted by

**Asia-Pacific Institute of Ageing Studies (APIAS)
Lingnan University**

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1. Executive summary

Initiated and funded by The Hong Kong Jockey Club Charities Trust, the Jockey Club Age-friendly City Project aims to enhance and promote the concept of age-friendliness in Hong Kong across different districts. This report presents the final assessment work done in the Islands District from September to November 2018 as part of the Project. The objective of the final assessment was to evaluate the current state of age-friendliness after the commencement of this three-year Project and to offer recommendations to prepare the district to become more age-friendly. The final assessment used both quantitative and qualitative methods. A total of 663 questionnaire surveys were collected from seven constituencies, including i) Lantau, ii) Yau Tung Estate (combined Yat Tung Estate North and Yat Tung Estate South), iii) Tung Chung, iv) Discovery Bay, v) Peng Chau and Hei Ling Chau, vi) Lamma and Po Toi, and vii) Cheung Chau (combined Cheung Chau South and Cheung Chau North). A total of five focus group interviews with 30 participants were conducted.

The typical survey respondent of the questionnaire survey was a married woman aged 65 or above who has resided in the district for 30.67 years with primary education or below, not living alone in a privately owned apartment, receiving a monthly income of HK\$5,999 or below but still felt financially adequate. Most respondents also reported having daily exercise in the past three months and perceived their health as fair. Around half of the respondents had caregiving experience with a person aged 65 or above. Among those aged 60 or above, less than half (47.4%) used services or participated in activities provided by elderly centres.

Participants generally perceived the Islands District to be age-friendly overall. Comparing the scores in different domains, “social participation” scored the highest while “housing” and “community support and health services” scored the lowest. The sense of community was particularly strong in terms of “group membership”, meaning the sense of being a member of the district. The older the resident, the stronger the sense of community and perceived age-friendliness. Respondents living in public housing had higher scores in all domains, except for “community support and health services”. Participants in the focus group interviews showed appreciation for the improvements made over the years and provided feasible and sensible suggestions to further enhance the age-friendliness of the district.

Results of this final assessment showed that the concept of an age-friendly city (“AFC”) has been accepted and promoted in the Islands District, yielding a reasonably good sense of community and perceived age-friendliness. Future efforts to make the district more age-friendly should be built on its existing network and infrastructures using an innovative approach, involving various stakeholders in the planning stage.

2. Introduction

2.1 Project background

Ageing is a major demographic challenge for all societies and Hong Kong is no exception to this global phenomenon. The number of people aged 65 or above is projected to increase from 16.6% of the total population in 2016 to 31.1% in 2036, and to 36.6% in 2066 (Census and Statistics Department, 2017), which means that over one-third of the population will be elderly in 2066. This radical transformation in our demographic profile is mainly attributed to the increase in life expectancy and lower fertility rate (LegCo, 2014). The overall dependency ratio, defined as the number of persons aged under 15 and those aged 65 and over per 1,000 persons aged 15 to 64, is projected to rise from 397 in 2016 to 844 in 2066 (Census and Statistics Department, 2017). These figures have raised the alarm for the society to search for every possibility in tackling the challenges posed on public services due to population ageing, including to promote the idea of ageing in place. Thus, the idea of building an age-friendly city is a proactive way to meet the needs of our older citizens. Through the joint effort of various sectors, an age-friendly city can enable the elderly to return to an independent living with a good quality of life in the community.

Ageing is an inevitable and irreversible process, but not necessarily negative. In order to actively cope with the challenges and opportunities of Hong Kong's ageing population, The Hong Kong Jockey Club Charities Trust ("The Trust") initiated the Jockey Club Age-friendly City Project ("the Project") in partnership with four local gerontology research institutes, namely the CUHK Jockey Club Institute of Ageing of The Chinese University of Hong Kong, the Sau Po Centre on Ageing of The University of Hong Kong, the Institute of Active Ageing of The Hong Kong Polytechnic University, and the Asia-Pacific Institute of Ageing Studies of Lingnan University. The Asia-Pacific Institute of Ageing Studies conducted the Project in the Tsuen Wan District (Phase 1), Islands District (Phase 1), Tuen Mun District (Phase 2) and Yuen Long District (Phase 2).

This report presents final assessment findings of Phase 1 in the Islands District. The objectives of the Project include i) to build the momentum in districts to develop age-friendly communities by assessing their respective age-friendliness, ii) to recommend a framework for the districts to undertake continual improvement for the well-being of the senior citizens, and iii) to arouse public awareness and encourage community participation in building an age-friendly city.

2.2 Age-friendly city

In 2005, the World Health Organization (“WHO”) launched the Global Age-friendly Cities project. According to the WHO,

“an age-friendly city encourages active ageing by optimizing opportunities for health, participation and security in order to enhance the quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities.” (WHO, 2017)

In other words, age-friendly city should be built for all ages.

As recommended in the *Global Age-friendly Cities: A Guide* published by the WHO in 2017, there are eight domains to be explored for building an age-friendly city, i) outdoor spaces and buildings, ii) transportation, iii) housing, iv) social participation, v) respect and social inclusion, vi) civic participation and employment, vii) communication and information, and viii) community support and health services. It also provides a checklist to define age-friendliness and enable different cities to tailor and integrate their own characteristics in building an age-friendly city.

2.3 District characteristics

The Islands District is a diverse community where urban and rural areas coexist harmoniously, with both traditional and modern elements. It is the largest district of the 18 administrative districts in terms of area size and has a huge developmental potential. A number of major infrastructures are located on the Islands District, such as the Hong Kong International Airport and the Hong Kong-Zhuhai-Macao Bridge which serve as the major transportation hub to overseas destinations. More than twenty islands of various sizes comprise the Islands District, including several major tourist spots, namely the Lantau Island, Lamma Island, Cheung Chau and Peng Chau.

According to the latest statistics, the population of the Islands District was approximately 156,801 in 2016, comprising 2.13% of the total population of Hong Kong. The proportion of the elderly population aged 65 or above was 15.6% of the total district population (Census and Statistics Department, 2017). Although the proportion of the elderly population was slightly lower the Hong Kong average of 15.8%, it is expected more residents will move to the Islands District due to its large physical size in the future.

As reported in Table 1, the 2016 Hong Kong Population By-census (Census and Statistics Department, 2017) revealed that the total number of domestic households in the Islands District was 55,035 of which 12.4% (N = 6,835) were elderly households (aged 65 or above). Among all the district’s residents, less than half (48.5%, N = 76,005) were in the labour force. The median monthly domestic household income was HK\$27,100.

Table 1. Domestic household characteristics of Islands District in 2016

	Frequency
Total population	156,801
Total number of domestic households	55,035
Elderly households	6,835
Average domestic household size	2.7
Type of housing – private permanent housing	36,544
Median floor area of accommodation	50m ²
Labour force	76,005
Median monthly domestic household income	HK\$27,100

The composition of housing types in the Islands District is dualized, with 65.9% of households living in private permanent housing (Census and Statistics Department, 2017). There were 10 public rental housing (“PRH”) or housing under the Tenants Purchase Scheme (“TPS”) in the Islands District, with approximately 27.7% of households living in. Accounting for all the domestic households in the Islands District, the average domestic household size was 2.7, while the median floor area of accommodation ranked the first (50m²) among other districts, and was much higher than the Hong Kong average of 40m². It is worth noting that there were 4 neighbourhood elderly centres (“NECs”) (Social Welfare Department, 2019) and 1 district elderly community centre (“DECCs”) (Social Welfare Department, 2019) in the Islands District as of January 2019. In regard to healthcare services, 1 hospital (Hospital Authority, 2019), 6 general out-patient clinics (“GOPCs”) (Hospital Authority, 2019), and 1 elderly health centre (Department of Health, 2017) were found in the Islands District.

The only hospital in the Islands District is the North Lantau Hospital (NLTH) which has commenced services since 2013. It provides accident and emergency (A&E) service, inpatient service as well as ambulatory care services. Therefore, residents in the district can get easier access to professional healthcare services (Hospital Authority, 2019). Apart from enhancing healthcare services, the Islands District also upgrades the transportation linkage with the commencement of the Hong Kong-Zhuhai-Macao Bridge and the upcoming construction of the Tuen Mun-Chek Lap Kok Link (Home Affairs Department, 2019), hoping to enhance convenience for district commuters and to encourage family members living in other districts to connect more often with residents of the Islands District.

2.4 Baseline assessment and key findings

In 2015, the Project was carried out in 8 districts. A common assessment framework was developed to measure the age-friendliness of these districts and identify areas for improvement. A baseline assessment was conducted in 2016 to evaluate the level of age-friendliness in various districts, including the Islands District. Without the opinions from district residents, an age-friendly community cannot be created successfully. Thus, the Project adopted a bottom-up approach to gather residents' views on the 8 AFC domains recommended by the WHO. The baseline assessment offered insights and recommendations to the Islands District Council to develop a three-year strategic plan to push forward age-friendly initiatives.

Table 2. Key findings in the baseline assessment in 2016 (N = 500)

		<i>Mean (SD)</i>
Eight AFC domains:	Outdoor spaces and buildings	3.79 (.88)
	Transportation	3.88 (.86)
	Housing	3.46 (1.12)
	Social participation	4.13 (.88)
	Respect and social inclusion	4.04 (.86)
	Civic participation and employment	3.77 (.98)
	Communication and information	3.99 (.84)
	Community support and health services	3.69 (.93)
Overall		3.84 (.73)

During the baseline assessment, the Project team successfully recruited 500 respondents. Table 2 indicates that the mean score of overall satisfaction for all eight AFC domains was 3.84 out of 6, indicating a slightly above average satisfaction. Among all the domains, respondents were most satisfied with “social participation” (4.13) and “respect and social inclusion” (4.04). This reveals a close neighbourhood/clan relationship, the culture of respect for the elderly, and social inclusiveness in the Islands District can facilitate social participation in the community. However, respondents' satisfaction of “housing” was among the lowest (3.46). The findings also discovered that there was a significant difference in the scores of respondents residing in different housing types, thus special attention should be paid to the “housing” domain.

2.5 Age-friendly city works in the Islands District

Building the momentum for an age-friendly city at the community level requires the joint efforts from various stakeholders, including the Islands District Council (“DC”), government departments, non-governmental organizations (“NGOs”), private sectors and local residents of all age in the Islands District. With their enthusiasm and determination to promote the concept of AFC and enhance the quality of life of the elderly, several major initiatives were carried out.

With the continuous support from the Islands DC, the Project team collaborated closely with the Islands Healthy City and Age-friendly Community Working Group (the Working Group) to formulate development and promotion strategies for the concept of AFC. The Working Group reviewed and articulated a three-year action plan to improve age-friendliness in the district, it also served as a platform for open discussions about AFC among the residents as well as encouraged social and civic participation in the community. In addition, the Islands District was successfully admitted as a member of the WHO Global Network for Age-friendly Cities and Communities (“WHO GNAFCC”) in 2017 (World Health Organization, 2017).

In 2017 – 2018, three batches of district-based programmes in the Islands District were held not only to enhance the sense of belongings and self-worthiness of the elderly, but also cultivate the culture of love and care for the elderly. All programmes were supported by four agencies, namely i) HKSKH Tung Chung Integrated Services, ii) The Neighbourhood Active-Action Council (“NAAC”), iii) OIWA Limited and iv) HKYWCA Tai O Community Work Office.

HKSKH Tung Chung Integrated Services launched a project called “New Vision” from March to June 2017 to encourage and facilitate residents to understand the concept of age-friendliness, and to establish a safe and comfortable living environment for the elderly in the Islands District. It recruited residents of all ages as AFC ambassadors and conducted home safety assessments and home modification works for the older people. “New Vision 2.0” was implemented from September 2017 to January 2018, it extended the service to encourage volunteerism in the community in order to reduce caregivers’ burden. From April to November 2018, the agency further upgraded its programme to “New Vision 3.0”. An elderly employment expo was held to provide more job opportunities to the older residents, and to encourage social inclusion. On top of that, an ambassador group was formed to provide regular home visits with rehabilitation and cognitive training.

To enhance community awareness and empower the elderly and their family members, NAAC organized two projects called “Love Together” and “Love Life Lantau Island” in 2017 and 2018 respectively. “Love Together” recruited community members as AFC ambassadors to conduct community education programmes, including various exhibitions, carnivals and health talks. “Love Life Lantau Island” further enhanced the service by partnering with allied health professionals to facilitate self-management of healthcare among elderly residents, this allowed the older people to regain autonomy regarding their health issues and lowered the burden of their caregivers. Besides, it

also took a proactive approach to identify hidden elderly in the community and raised their awareness of healthcare management.

“LO HO Life” programme was implemented by the OIWA Limited from March to June 2017, from August to December 2017 and from April to September 2018, aimed to establish an extended network which facilitates the dissemination of the AFC concept. A group of trained retired persons and homemakers, “LO HO Ambassadors”, conducted home visits and carried out minor home modification works for the elderly in the community. These ambassadors were also responsible for organizing workshops to teach the older residents on how to use smartphones. Mastering the basic skills of using smartphones can undoubtedly enhance social participation of the elderly and allow more connections between them and their family members living in different areas. Moreover, these ambassadors also increased their self-confidence and abilities by engaging in volunteer works.

In September 2017, “Tai O Age-friendly Community” was launched under the HKYWCA Tai O Community Work Office. It provided home safety assessment and home modifications to the elderly in Tai O. Stressed on communication and information enhancement, it also actively promoted the AFC concept in the community and encouraged residents to share their opinions and views regarding age-friendliness. Stepping into 2018, the programme further extended its focus on community support and health services. Messages on healthcare self-management were conveyed in the community with the help of trained ambassadors. Additionally, it built a platform for the elderly to express their opinions in a comfortable and autonomous environment.

Generally, the concerted efforts from various stakeholders took a proactive role in pursuing the goal to build momentum in the Islands District to develop an age-friendly community. With these experiences, a solid common ground has been built for further implementation of other innovative and feasible age-friendly initiatives.

3. Methodology

The final assessment utilized both quantitative and qualitative research methods. Five focus groups of 30 participants and a community-wide survey with 663 selected residents from the Islands District were conducted to examine the sense of community and perceived age-friendliness in the district.

3.1 Questionnaire survey

3.1.1 Objectives

A structured questionnaire was designed based on the WHO Age-friendly Cities Framework to evaluate public views of the community in terms of its age-friendly conditions and perceived age-friendliness in the district (World Health Organization, 2007).

3.1.2 Target population and sampling

The questionnaire survey aimed to recruit at least 500 respondents aged 18 or above residing in the Islands District. In order to collect generalisable and representative data, seven major constituencies were demarcated *a priori* with reference to the District Council Election Constituency Boundaries 2015 (Electoral Affairs Commission, 2019) (Appendix 1), including i) Lantau, ii) Yat Tung Estate (combined Yat Tung Estate North and Yat Tung Estate South), iii) Tung Chung, iv) Discovery Bay, v) Peng Chau and Hei Ling Chau, vi) Lamma and Po Toi, and vii) Cheung Chau (combined Cheung Chau South and Cheung Chau North).

Table 3. Population in seven constituencies in 2016

		Frequency	Percent (%)
Constituency:	Lantau	20,689	13.2
	Yat Tung	37,273	23.8
	Tung Chung	45,111	28.8
	Discovery Bay	20,271	12.9
	Peng Chau and Hei Ling Chau	6,487	4.1
	Lamma and Po Toi	6,014	3.8
	Cheung Chau	20,956	13.4
Total		156,801	100.0

Respondents were recruited using purposive sampling, with invitations distributed through ten non-governmental organizations and social service agents¹ providing community care and support services in the Islands District. Some respondents were recruited using snowball sampling, by invitations and referrals from friends, neighbours and family relatives.

3.1.3 Questionnaire and measurements

The survey questionnaire consisted of closed-ended questions (Appendix 2) in which participants were asked to choose from standardized answers. The questionnaire included two sections. Section 1 consisted of questions regarding community care and perceived age-friendliness. Section 2 collected data on respondents' socio-demographic characteristics, the frequency of using services provided by elderly centres, physical activity level, self-rated health and caregiving experience. Each questionnaire survey took approximately 20-40 minutes to complete. The questionnaire survey was conducted through face-to-face interviews (for illiterate respondents), while other respondents completed the questionnaire on a self-administered basis.

(a) Community Care

(1) Healthcare services

This variable measured the satisfaction level of healthcare services, including prevention and promotion, treatment, and rehabilitation and long-term care in the community, based on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree).

(2) Financial protection

This variable measured the satisfaction level of financial protection in the community, including four questions, using a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree).

(3) Social participation

This variable measured the satisfaction level of social participation in the community, including continuous education, volunteer work, social capital, and information dissemination, using a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree).

(4) Living environment

This variable measured the satisfaction level of the living environment in the community, including transportation and housing, using a 6-point Likert scale ranging from 1 (strongly

¹ Chung Shak Hei (Cheung Chau) Home for the Aged Limited, Wan Ho Kan Neighbourhood Elderly Centre, Everlasting Light Mission, HKPHAB Peng Chau Neighbourhood Elderly cum Children/Youth Centre, HKSKH Tung Chung Integrated Service, NAAC Tung Chung Integrated Services Centre, OIWA (Fu Tung Estate, Discovery Bay and Lamma Island), Pok Oi Hospital Chan Shi Sau Memorial Social Service Centre, Tung Chung Safe and Healthy City and HKYWCA Tai O Community Work Office.

disagree) to 6 (strongly agree).

(b) Perceived age-friendliness

A 53-item perceived age-friendliness scale was developed based on the WHO Age-friendly Cities Framework, using a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Respondents were asked to rate their perceived age-friendliness in eight domains, including i) outdoor spaces and buildings, ii) transportation, iii) housing, iv) social participation, v) respect and social inclusion, vi) civic participation and employment, vii) communication and information, and viii) community support and health services.

(c) Sense of community

The 8-item Brief Sense of Community Scale (BSCS) (Huang & Wong, 2014) (Peterson, Speer, & McMillan, 2008) was used to measure the sense of community among respondents, using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

(d) Sociodemographic information

This variable included respondents' age, gender, education level, marital status, living arrangement, housing type, employment status and monthly personal income. Respondents reported their self-rated financial adequacy using a 5-point Likert scale ranging from 1 (very inadequate) to 5 (very adequate). Self-reported health was captured using an item adopted from Short-Form Health Survey-version 2 (SF-12v2) (Ware, Kosinski, & Keller, 1996).

3.1.4 Data analysis

Univariate analyses were performed to identify patterns in community care, perceived age-friendliness, sense of community, and sociodemographic in the community. In addition, multivariate analyses were used to examine the differences towards perceived age-friendliness and sense of community between different age groups and housing types.

3.2 Focus groups

3.2.1 Objectives

In addition to the questionnaire survey, focus groups were conducted to collect data on the current state of age-friendliness after launching the project for three years, based on the experiences and opinions of the Islands District residents. The discussion also examined areas for improvement regarding age-friendliness of the district, with reference to the eight AFC domains defined by the WHO.

3.2.2 Target population and sampling

In order to capture the in-depth views and opinions of the Islands District residents, five focus group interviews were conducted between August and October 2018 in Hong Kong. Focus group participants were recruited using convenience sampling – survey respondents were invited to participate in the focus groups, and some participants were recruited from the community.

Eligible participants were adults aged between 18 and 85, Cantonese speakers, and living and/or providing social services in the Islands District. Interviews lasted between 1.5 and 2 hours and were conducted in Cantonese with 4 to 9 participants. The interview schedule was prepared in Chinese. Among the participants, half (50.0%) were aged 18 to 59, while the remainings were aged 60 or above. An overwhelming proportion of participants were female (N = 27). In addition, half (N = 15) of the participants were currently working.

3.2.3 Data collection process

A semi-structured interview format was used during focus groups to enable participants to discuss their views on age-friendliness in the community. Focus group questions (Appendix 3) were guided under the eight domains of the AFC defined by the WHO. Based upon participant responses to each of the open-ended questions, further probes and discussion were generated.

3.2.4 Data analysis

Focus group data were transcribed verbatim and analysed using thematic analysis. Drawing upon existing literature and research objectives, key issues, perspectives and themes were identified in the framework analysis. Other emergent issues raised by participants and recurring themes formed the basis of a thematic framework. In order to ensure the participants' words and underlying meanings are supporting the chosen themes, at least two PST members listened the audio-recordings and checked the transcripts. Theoretical validity of the results was ensured by referring to interview notes and summaries when illustrating a theme and associating different themes (Kuzmanić, 2009).

4. Findings

4.1 Questionnaire survey

4.1.1 Participants' portfolio

A total of 663 respondents were recruited, with two of them refused to indicate their place of residence. Table 4 shows the number of respondents in the seven constituencies. Nearly one-third of the respondents were from Cheung Chau (32.7%), followed by Tung Chung (23.0%), Yat Tung (13.0%), Lantau (12.6%), Peng Chau and Hei Ling Chau (8.5%), Lamma and Po Toi (4.5%), Others (3.6), and Discovery Bay (2.1%).

There was a higher proportion of respondents from Cheung Chau as several social service agents recruited more residents from Cheung Chau. It may also be attributed to the snowball sampling method, as some respondents had an extended personal network in Cheung Chau. For other areas, the responding representativeness proportion was similar to the population in seven constituencies in 2016 (Table 3).

Table 4. No. of respondents in the seven constituencies (N = 661)

		Frequency	Percent (%)
Constituency:	Lantau	83	12.6
	Yat Tung	86	13.0
	Tung Chung	152	23.0
	Discovery Bay	14	2.1
	Peng Chau and Hei Ling Chau	56	8.5
	Lamma and Po Toi	30	4.5
	Cheung Chau	216	32.7
	Others	24	3.6
Total		661	100.0

Participants' sociodemographic characteristics are presented in Table 5. The majority (79.5%) of respondents in the Islands District were female and aged 65 or above (57.0%). Among the respondents, 61.7% were married. More than half of the respondents (51.9%) had only primary education or below. In terms of employment status and living arrangement, more than two-thirds (67.4%) were not working while nearly one-fifth (17.6%) were living alone. Only 3.0% of the residents lived with a domestic helper. Although more than half (51.6%) of all respondents were earning a monthly personal income below HK\$5,999, only 16.4% reported inadequate finance for daily expenses.

Table 5. Sociodemographic characteristics (N=663)

		Frequency	Percent (%)
Age:	18-49 years	143	21.6
	50-64 years	142	21.4
	65-79 years	256	38.6
	80 years or above	122	18.4
Gender:	Male	136	20.5
	Female	527	79.5
Education:	Primary or below	344	51.9
	Secondary	230	34.7
	Post-secondary or above	89	13.4
Marital status:	Never married	82	12.4
	Married	409	61.7
	Widowed	138	20.8
	Divorced/Separated	34	5.1
Living arrangement†:	With spouse	340	51.3
	With children	284	42.8
	With relatives	65	9.8
	With domestic helpers	20	3.0
	Alone	117	17.6
	Other	7	1.1
Financial adequacy:	Very inadequate	16	2.4
	Inadequate	93	14.0
	Adequate	470	70.9
	Fairly adequate	75	11.3
	Very adequate	9	1.4
Income:	Below \$5,999	342	51.6
	\$6,000 - \$9,999	96	14.5
	\$10,000 - \$19,999	150	22.6
	\$20,000 - \$29,999	55	8.3
	\$30,000 - \$59,999	16	2.4
	\$60,000 or above	4	0.6
Employment status:	Working	216	32.6
	Not working	447	67.4

† Multiple responses allowed

Table 6 summarizes the respondents’ residence and health characteristics, social participation and caregiving experience in the Islands District. The average number of years of residence in the district was 30.67 years (SD=.085). 41.5% of respondents lived in privately owned housing, while more than two-fifths (41.3%) resided in either rental or subsidized public housing. In terms of the self-reported health status, although 68.2% reported exercising daily in the three months preceding the survey, more than two-thirds (68.0%) rated their health as fair or poor (*Mean* = 2.34, *SD* = .03). Around half (51.1%) of the respondents reported having at least one chronic illness. Among respondents aged 60 or above, less than half (47.4%) had used services or participated in activities provided by elderly centres in the past three months. Of all respondents, nearly half (48.0%) had experience in providing care for an elderly aged 65 or above.

Table 6. Residence, health, social participation, and caregiving experience (N = 663)

	<i>Mean (SD)</i>	Frequency	Percent (%)
Years of residence	30.67 (.85)		
Housing type:			
Public, rental		214	33.2
Public, subsidized		52	8.1
Private, rental		71	11.0
Private, owned		267	41.5
Other		40	6.2
Self-rated health:	2.34 (.03)		
Excellent		10	1.5
Very good		31	4.7
Good		171	25.8
Fair		409	61.8
Poor		41	6.2
Daily exercise		452	68.2
Chronic illnesses		339	51.1
Use of elderly centres*		314	47.4
Caregiving experience [#]		318	48.0

*Applicable only to participants aged 60 years or above

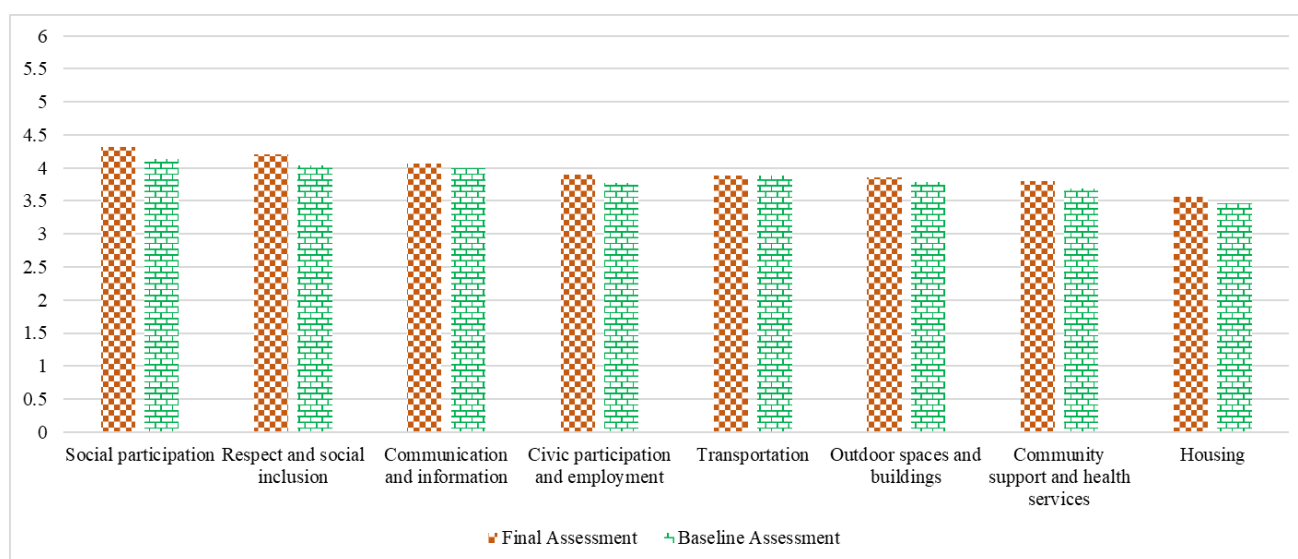
[#]Caregiving experience for elderly aged 65 or above

4.1.2 Perceived age-friendliness

Figure 1 shows the perceived age-friendliness across the eight domains of the WHO Age-friendly City Framework. Possible responses include 1 (strongly disagree), 2 (disagree), 3 (somewhat disagree), 4 (somewhat agree), 5 (agree) and 6 (strongly agree).

As illustrated in Figure 1, respondents generally perceived the Islands District to be age-friendly. Across all eight domains, the highest score was observed in “social participation” (4.32), followed by “respect and social inclusion” (4.21), and “communication and information” (4.07). Compared to the baseline assessment, the age-friendliness score increased in all the domains, indicating an overall increase in perceived age-friendliness.

Figure 1. Perceived age-friendliness in Islands District



As shown in Table 7, perceived age-friendliness varied within domains: “accessibility to commercial services” (4.22) was rated as the highest in “outdoor spaces and buildings” domain. Within the “transportation” domain, respondents were most satisfied with the “state of public transport” (4.28). In terms of the “housing” domain, “interior design of housing” that cater to elderly needs ranked the highest (3.71). Respondents rated “mode of participation” the highest (4.51) under the “social participation” domain. “Politeness of service staff” was rated the highest (4.62) in the “respect and social inclusion” domain, it was also rated as the highest across all the eight domains. Under the “civic participation and employment”, “without ageism” was rated as the highest (4.10). “Effective dissemination methods” scored the highest (4.34) within the domain of “communication and information”. Relatively polarized results were found within the “community support and health services” domain, with “affordable health and community services” scoring the highest (4.25) and “sufficient cemeteries” scoring the lowest (3.01), it was also rated as the lowest across all eight domains.

Table 7. Perceived age-friendliness (N = 663)

Perceived age-friendliness domains and items	Mean (SD)	Item rank	
		Within domains	Across domains
Domain 1: Outdoor spaces and buildings	3.86 (.03)		
Item 1 – Cleanliness	4.04 (.05)	4	26
Item 2 – Outdoor seating areas and greenery	4.17 (.05)	2	16
Item 3 – Drivers’ attitude at pedestrian crossings	3.89 (.05)	6	34
Item 4 – Cycle lanes	3.52 (.06)	8	46
Item 5 – Lighting and safety	4.07 (.05)	3	23
Item 6 – Accessibility to commercial services	4.22 (.05)	1	11
Item 7 – Arrangement of services to persons with needs	3.15 (.05)	9	51
Item 8 – Barrier-free facilities	3.72 (.05)	7	42
Item 9 – Public washrooms	3.91 (.05)	5	32
Domain 2: Transportation	3.89 (.04)		
Item 10 – Traffic flow	3.84 (.05)	9	40
Item 11 – Public transport network	4.07 (.05)	5	23
Item 12 – Affordability of public transport	4.18 (.06)	4	15
Item 13 – Reliability of public transport	4.21 (.05)	2	12
Item 14 – Public transport information	3.87 (.05)	8	36
Item 15 – State of public transport	4.28 (.05)	1	7
Item 16 – Specialized transportation	3.46 (.06)	11	48
Item 17 – Transportations stops and stations	3.95 (.05)	7	29
Item 18 – Public transport drivers’ behaviour	4.02 (.05)	6	27
Item 19 – Alternative transportation	3.11 (.06)	12	52
Item 20 – Taxi	3.47 (.05)	10	47
Item 21 – Roads	4.21 (.05)	2	12
Domain 3: Housing	3.56 (.04)		
Item 22 – Sufficient and affordable housing	3.60 (.05)	2	44
Item 23 – Interior design of housing	3.71 (.05)	1	43
Item 24 – Affordable home modification services	3.59 (.05)	3	45
Item 25 – Housing for frail and/or disabled elderly	3.34 (.05)	4	49
Domain 4: Social participation	4.32 (.03)		
Item 26 – Mode of participation	4.51 (.04)	1	2
Item 27 – Affordable participation fees	4.50 (.04)	2	3
Item 28 – Activities information	4.21 (.04)	5	12
Item 29 – Variety of activities	4.32 (.04)	3	6
Item 30 – Variety of venues	4.26 (.04)	4	9
Item 31 – Outreach services	4.11 (.05)	6	18

Perceived age-friendliness domains and items	Mean (SD)	Item rank	
		Within domains	Across domains
Domain 5: Respect and social inclusion	4.21 (.03)		
Item 32 – Regular consultations	3.90 (.05)	5	33
Item 33 – Variety of goods and services	3.87 (.05)	6	36
Item 34 – Politeness of service staff	4.62 (.04)	1	1
Item 35 – Platform for intergeneration exchange	4.07 (.05)	4	23
Item 36 – Social recognition	4.49 (.04)	2	4
Item 37 – Media representations of elderly	4.27 (.04)	3	8
Domain 6: Civic participation and employment	3.90 (.04)		
Item 38 – Volunteering	4.09 (.05)	2	20
Item 39 – Promote qualities of older employees	3.95 (.05)	3	29
Item 40 – Paid job opportunities for elderly	3.44 (.05)	4	49
Item 41 – Without ageism	4.10 (.05)	1	19
Domain 7: Communication and information	4.07 (.03)		
Item 42 – Effective dissemination methods	4.34 (.04)	1	5
Item 43 – Information and broadcasts of interests	4.14 (.04)	2	17
Item 44 – Information to isolated individuals	4.09 (.04)	3	20
Item 45 – Electronic devices and equipment	4.02 (.04)	5	27
Item 46 – Automated telephone answering system	3.73 (0.5)	6	41
Item 47 – Access to computers and the Internet	4.08 (.05)	4	22
Domain 8: Community support and health services	3.80 (.03)		
Item 48 – Sufficient healthcare and community support	3.93 (.05)	2	31
Item 49 – Home care services	3.89 (.05)	3	34
Item 50 – Proximity between elderly care services	3.87 (.05)	4	36
Item 51 – Affordable health and community services	4.25 (.04)	1	10
Item 52 – Contingency planning	3.87 (.05)	4	36
Item 53 – Sufficient cemeteries	3.01 (.06)	6	53

4.1.3 Sense of community

Table 8 presents the sense of community in the Islands District. The possible range of each item score was between 2 and 10, while the total score was between 8 and 40. A higher sense of community is indicated by a higher score. The mean sense of community score of the district was 30.63 ($SD = .18$). Overall, “group membership” scored highest (8.20), followed by “emotional connection” (7.96), “influence” (7.46) and “needs fulfilment” (6.99).

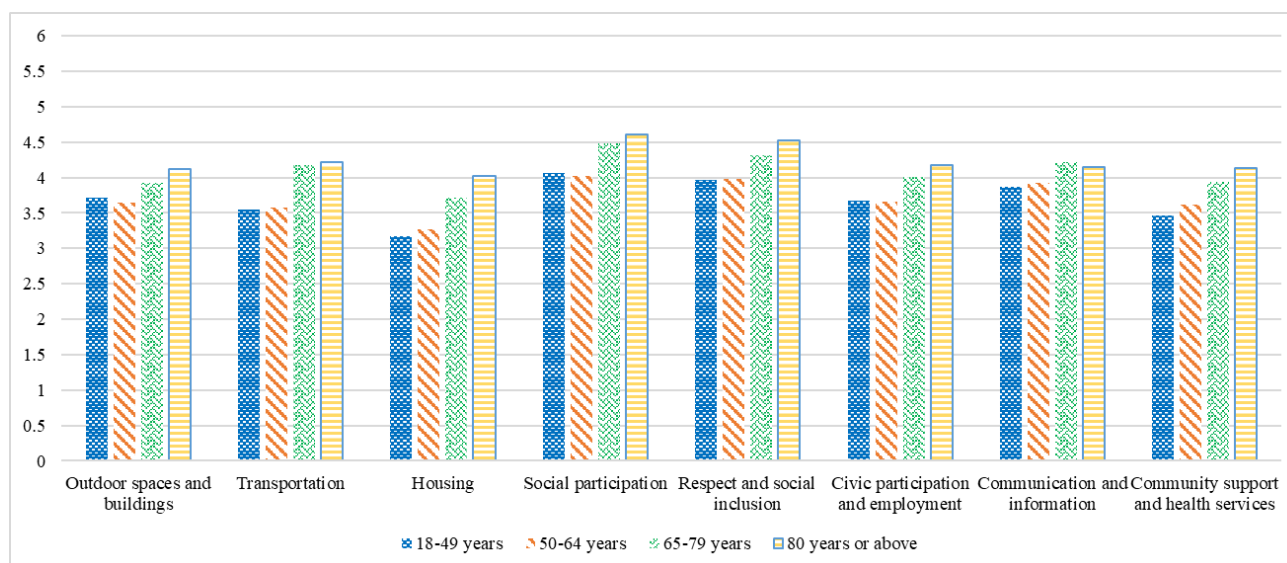
Table 8. Sense of community (N = 663)

	Mean (SD)
Needs fulfilment:	6.99 (.06)
Group membership:	8.20 (.06)
Influence:	7.46 (.05)
Emotional connection:	7.96 (.05)
Overall	30.63 (.18)

4.1.4 Age group comparison

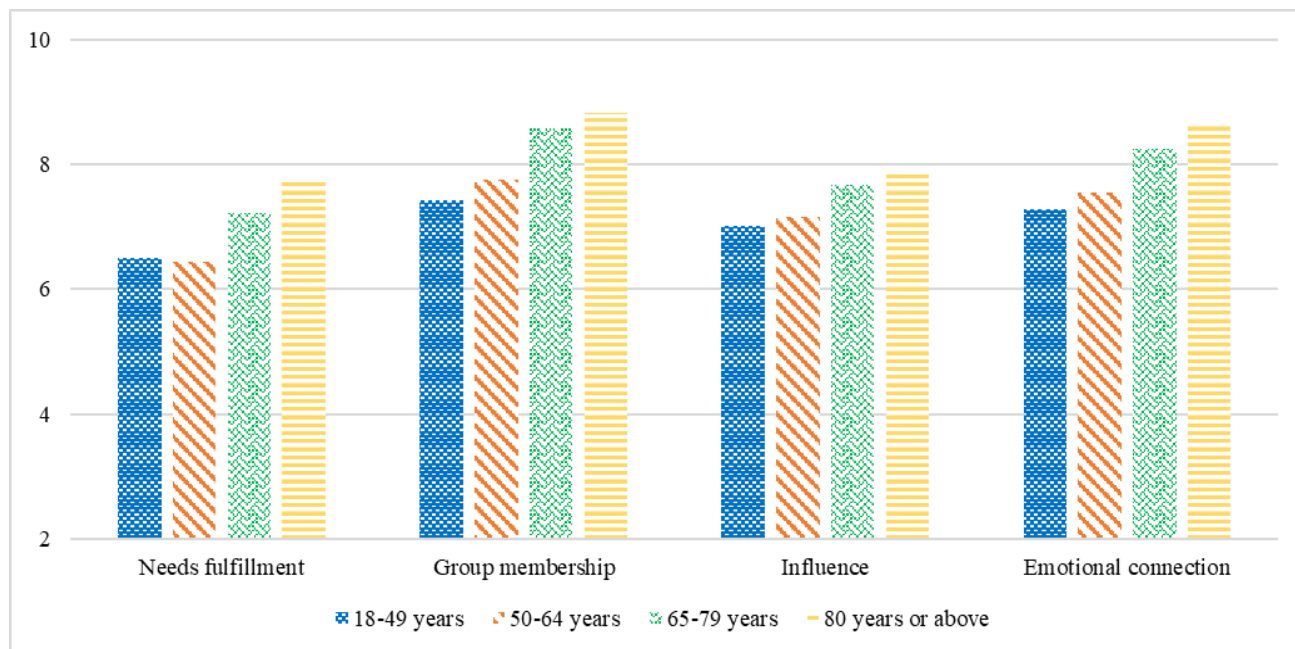
Figure 2 shows the perceived age-friendliness across four age groups. Respondents were divided into four age groups for comparison: i) aged 18 to 49, ii) aged 50 to 64, iii) aged 65 to 79, and iv) aged 80 or above. Results indicated that respondents aged 80 or above had the highest score for perceived age-friendliness in all domains, except for “communication and information” domain. Generally, respondents aged 65 or above rated a higher score for perceived age-friendliness in all eight domains, comparing to their younger counterparts.

Figure 2. Age group comparison for perceived age-friendliness



In terms of sense of community, respondents aged 80 or above rated the highest score for all four items, indicating the highest sense of community. Of all respondents, “group membership” was among the highest rated item, suggesting that they feel part of the community.

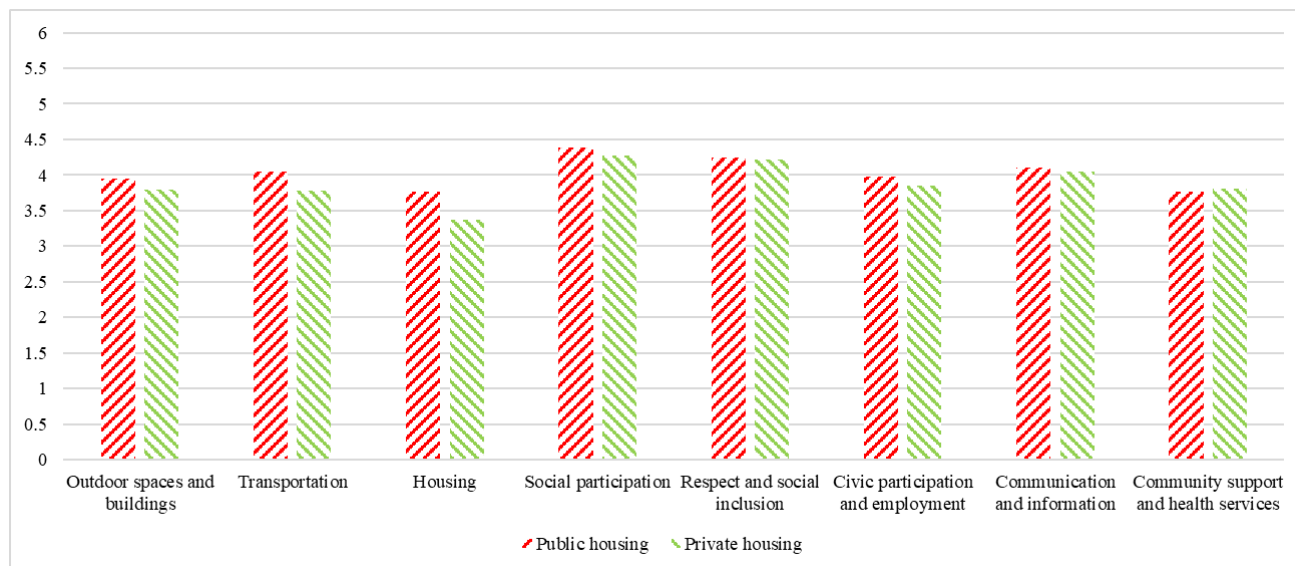
Figure 3. Age group comparison for sense of community



4.1.5 Housing type comparison

Generally, respondents residing in public housing had a higher score for perceived age-friendliness in the community than those living in private housing for all domains, except for “community support and health services”. Three domains were rated as the highest by both groups—“social participation”, “respect and social inclusion”, and “communication and information”.

Figure 4. Housing type comparison for perceived age-friendliness



4.2 Focus group interviews

4.2.1 Participants' portfolio

The socio-demographic characteristics of the focus group participants are listed in Table 9. An overwhelming proportion of participants were female (90.0%). Half (50.0%) of the participants were aged between 18 and 59 years, one-third (33.3%) were between 60 and 79 years, and 16.7% were 80 years or above. In addition, around 16.7% of the participants were living alone. One-third (33.3%) of the respondents had post-secondary education or above, while 40.0% received secondary education, and around 26.7% had only completed primary education or below.

Table 9. Socio-demographic characteristics of focus group participants (N = 30)

		Frequency	Percent (%)
Age:	18-59 years	15	50.0
	60-79 years	10	33.3
	80 years or above	5	16.7
Gender:	Male	3	10.0
	Female	27	90.0
Education:	Primary or below	8	26.7
	Secondary	12	40.0
	Post-secondary or above	10	33.3
Living arrangement†:	With spouse	17	56.7
	With children	14	46.7
	With relatives	3	10.0
	Alone	5	16.7
Employment status:	Working	15	50.0
	Not working	15	50.0

† Multiple responses allowed

Findings from thematic analyses of the focus groups are presented according to the eight domains of the WHO Age-friendly City Framework. Focus groups participants were divided into five groups, namely i) participants aged 80 or above, ii) participants aged 60 to 79, iii) participants aged 18 to 59, iv) participants who were family caregivers of at least one elderly who aged 60 or above and v) participants who were service providers in the Islands District.

4.2.2 Age-friendliness of Islands District according to WHO domains

WHO Domain 1: Outdoor spaces and buildings

(i) *Outdoor environment*

Participants showed a great appreciation to spacious outdoor areas in the Islands District for residents. They expressed sufficient benches and chairs are especially important to the elderly. They also mentioned about good air quality and plenty of greenery in the district. Participants also noted marked improvements in recent years in the Islands District, including the provision of lifts to footbridges which make life easier for both the elderly and wheelchair users.

(ii) *Safety*

Participants who were family caregivers commented that few crossroads in the Islands District can ensure the safety of the elderly. However, as most of the roads on islands were rocky, participants showed safety concerns during bad weather. They also suggested there should be a clear separation of bike lanes and pedestrian roads, especially in Cheung Chau as many visitors go there for cycling during weekends and holidays. Participants in Tung Chung also noted that there were many strangers entering certain public housing estates, which suggested the enforcement bodies to step up patrols.

(iii) *The proximity of recreational facilities*

Participants saw improvements in recreational facilities in recent years. However, they noted that these facilities were mainly concentrated near the central area in Tung Chung. These facilities were inaccessible to residents living in Yat Tung, especially for the frail elderly. They suggested that more recreational facilities should be built around Yat Tung to enhance the quality of life of the elderly in that area.

(iv) *Special service for elderly*

As mentioned above, participants noted some improvements in age-friendliness enhancements in the Islands District such as the installation of lifts and the increase in recreational facilities which were favourable to the elderly. However, they expressed that no special services were provided to the elderly. They suggested special counters should be set up for the elderly especially during long queues for public transportation, as frail older residents with physical pain and who need to walk with sticks/tripods were in need.

Overall, participants had mixed views on the outdoor spaces and buildings of the Islands District. Participants appreciated the spacious environment and greenery in the district and noted areas of improvement, as there were a few areas that need more enhancement for age-friendliness.

WHO Domain 2: Transportation

(i) *Transportation costs*

Age group differences were revealed in terms of transportation costs among participants in the Islands District. Participants aged 65 or above showed appreciation to the “Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities” in which they could travel on designated public transport services for a concessionary fare of \$2 per trip. However, participants who were not eligible for the scheme complained that the transportation costs in both money and time are high, especially for commuters. Some noted improvements in the transportation network and the provision of monthly tickets for long haul travel could help to reduce transportation costs.

(ii) *Frequency*

As the Islands District consists of various islands, ferries and buses were the main means of transportation. Participants complained that the frequency of ferries was low which cannot accommodate their daily needs, especially for the elderly who need to travel between islands. They also suggested that the night service should be enhanced in case of any emergencies and also facilitate family members of the elderly to come and visit, which can improve the psychological conditions of the elderly. In addition, since the Islands District is a major tourist spot, there were long queues for public transportation. Participants suggested a separate queue for local residents, especially for the elderly as many of them were unable to stand too long.

(iii) *Accessibility*

Participants in Tung Chung showed appreciation to the close proximity of the MTR station, but there were no stations near the Yat Tung area despite they have reflected for several years. Some participants found that there were improvements in Lantau buses, including installation of ramps for wheelchair users in recent years, but they also suggested that overhead covers should be installed at bus stops. In addition, participants aged 80 or above and service providers noted that the traffic information was unclear, which prevented elderly residents from travelling to other areas. Participants also showed great concern over the limited connection of the district to other parts of the city, as Tsing Ma Bridge was the only connection currently. The Islands will be isolated during bad weather as the bridge will be closed, so they suggested the government to pay more attention to this area.

Overall, participants had mixed views on transportation in the Islands District, in particular, transportation costs. Suggestions were given to improve the software and hardware of the transportation system to further enhance its age-friendliness.

WHO Domain 3: Housing

(i) *Home modification service*

Participants aged between 60 and 79, as well as service providers, noted home modification services were available to elderly residents. However, those aged between 18 and 59, as well as family caregivers, reported that they did not know about any home modification services in the community. Among participants living in public housing, they reported that the application procedures were complicated as home modifications required a referral letter from occupational therapists, while the elderly may not be able to reach these professionals. In addition, the waiting time for approval was long, which may hinder the daily living of older residents in the district. Participants also noted that a dilemma would be created for the elderly in need if their applications were not eligible for free home modifications provided by the government in the future (for those who have already modified their home in public housing estates).

(ii) *User-friendliness*

Participants residing in rural areas generally appreciated the spacious housing design but expressed concerns on the uneven roads and steps outside, which created safety issues to the older residents. Participants commented on relatively cheap and affordable price for public housing but found the housing size was small and not user-friendly to the wheelchair users. They suggested that the responsible government bodies should make reference to other countries in designing public housing to enhance age-friendliness and the possibilities of ageing in place.

(iii) *Social services for the elderly*

Participants who were family caregivers showed an appreciation for social services provided by the government bodies and social service organization in helping the elderly to replace electrical wiring. However, they also expressed that there were safety concerns, as this required the elderly to move their furniture and storage. They suggested the social service should be more holistic and moving service should be provided to the elderly, especially for elderly singletons and doubletons.

Overall, participants had mixed views on housing. More effort may be needed in improving the age-friendliness of housing, especially on home modifications within the district.

WHO Domain 4: Social participation

(i) *Mutual help within the community*

Participants expressed their enjoyment of a positive relationship with neighbours which created a strong network for mutual help, especially on small islands. Older participants shared that they escorted other older residents to the clinics for medical consultation, but participants who were service providers expressed safety concerns over this voluntary escort service. Among participants living in urban area, they found the relationship in the neighbourhood was comparatively worse than those who lived in rural area.

(ii) *Variety of activities*

Participants greatly appreciated the wide range of social activities and interest classes available to older residents in the Islands District, including but not limited to health talks, exercises classes, music and drama activities. Generally speaking, the variety, location and participation fee were all appreciated by all participants. These activities were considered very important in providing good quality of life for older residents and enhancing community cohesion. In terms of providing care to isolated individuals and the frail elderly, participants found that outreach activities were available in the district.

(iii) *Integrated services for different ethnic groups*

Participants aged between 18 and 59 and those who were service providers stressed their concerns for the elderly from different ethnic groups (those who were not Chinese / non-Cantonese speakers). Participants noticed that there were residents from other ethnic groups who moved to the Islands District when they were younger, but there was a lack of social activities for them after their retirement. In addition, participants who were service providers suggested that more social service can be provided to cater to the needs of the elderly from different ethnic groups. Language barriers and cultural differences may also create conflicts between elderly groups, so participants suggested more integrated activities should be held to improve social participation in the community.

Overall, participants in the Islands District expressed great satisfaction and joy in their social ties and friendships with other residents. In small communities and rural areas, a strong neighbourhood network facilitated mutual help and the sense of group membership. However, participants also suggested the need to further reach out to older residents of other ethnic groups. This is important in enhancing age-friendliness and the quality of life in the district for all its residents.

WHO Domain 5: Respect and social inclusion

(i) *Feedback mechanism*

Participants showed appreciation for a sufficient feedback mechanism in the Islands District. They shared positive experiences with the District Council as well as Rural Committee members who garnered their opinions and took actions enthusiastically. Participants also noted that there were elderly concern groups which actively engaged older residents in the district.

(ii) *Social inclusiveness*

Views regarding respect and social inclusiveness yielded a mixed result. While some participants had positive experiences with residents in the Islands District, such as having priority seats offered to them on buses, others recalled negative experiences and felt disrespected. For instance, participants who were caregivers had even felt that they were discriminated against when getting on buses with their chair-bound older family members.

(iii) *Intergenerational interaction*

While most participants espoused that they welcome visits by younger generations, some participants suggested that young people were not respecting the elderly. Some observed that youngsters in the district constantly had their eyes glued on their phones, reducing the interactions with the elderly. Participants suggested that schools should hold more activities to enhance intergenerational interactions. In addition, participants reported that their younger family members living in other districts only visited them once or twice a month.

(iv) *Media depiction of the elderly*

Participants observed that there were negative stereotypes of the elderly in the Islands District. Media images of the elderly were out of date, wizened hands and walking sticks were inappropriate depictions of them. They suggested that the elderly should not be equivalent to the needy and more promotions on active ageing are necessary. In addition, a rebranding of older people as energetic and hidden potential human resources is needed to enable age-friendliness.

Overall, participants had both positive and negative experiences when it came to respecting and social inclusion of the elderly. They suggested adding more intergenerational activities in the Islands District as well as a rebranding of older people to recognize their value.

WHO Domain 6: Civic participation and employment

(i) *Employment opportunities*

Participants aged 80 or above contended that they had few opportunities to engage in the workforce, while participants aged between 60 and 79 acknowledged that employment opportunities, whether full-time or part-time, were available to them as the airport is located in the Islands District. However, they expressed concerns on the dearth of job opportunities for the younger generation in the district, which may lower their motivation to stay within the district, thus creating more elderly singleton and doubleton families. Participants who were service providers observed that some older residents were eager to work even after they had passed the retirement age, but they were only hired in blue-collar jobs such as cleaners.

(ii) *Volunteering*

While views on paid employment opportunities were mixed, participants age 60 or above generally expressed that there were ample volunteer opportunities in the Islands District. In general, participants volunteered in various social service organizations to receive volunteer training and provide home visits, outreaching and escort services to the elderly in the community. Participants over 80 years old shared their considerations in choosing volunteer works rather than paid jobs, including a sense of meaning, proximity to home, family support and volunteer works with the least physical demand. Typically, they found that these volunteer activities added meaning to their lives and that they can feel their self-worthiness as they were able to learn new knowledge and skills concurrently.

(iii) *Ageism*

Generally, participants expressed that age discrimination did not exist in the Islands District. In particular for participants aged between 60 and 79, they were actively engaging in the community through volunteer work. They felt that they were not discriminated against when providing volunteer work to the elderly or the younger generation. In addition, participants found that the opinions and feedback from the elderly were collected regularly. However, participants who were service providers suggested social service organizations and the government should include the elderly in the planning stage of social service. This can help to understand more about the needs of the elderly and to ensure the feasibility of the social programmes.

Overall, participants noted that older residents were active in their civic participation, especially those who were actively engaged in volunteer groups. Engaging the elderly in social services planning is important to enhance age-friendliness in the Islands District.

WHO Domain 7: Communication and information

(i) *Smartphone utilization*

Age differences were observed in smartphones utilization in the Islands District. Among participants aged 80 or above, only one of them was using a smartphone while others were using traditional mobile phones which cannot connect to the Internet. Participants aged between 60 and 79 were using smartphones, except for the oldest participant in this group. They explained that they received smartphone training workshops in social service organizations and that the use of smartphones enable them to share information with family and friends constantly. In addition, they also regain a sense of autonomy when choosing which information to receive or ignore. Some participants suggested that mobile applications can be developed to enhance information flow. Participants also observed that Internet coverage has been enhanced in recent years.

(ii) *Telephone appointment system*

Participants shared their experiences in making medical appointment and registration of social activities via the telephone appointment system. While the younger participants viewed this system as more convenient, older participants expressed the tremendous difficulties in using this system. They were frustrated with the telephone appointment system, which is very inconvenient to navigate, especially for the elderly with hearing difficulties. These older residents can only resolve this problem by physically queuing up at the medical agencies, which causes them immense discomfort.

(iii) *Information dissemination*

While younger participants mainly receive information regarding the community via the Internet, older participants obtain information mainly from television, newspapers and local community talks. Participants residing in public housing estates showed appreciation to the amount of information they received, including but not limited to healthcare information and social activities. However, participants living in private housing expressed that they had fewer routes when it came to obtaining community information, probably due to the reluctance of accepting external information by property management agencies. Regarding effective information dissemination methods, participants suggested that posters and leaflets would enhance information flow. They also emphasized the need to use larger font sizes and more informational graphics on promotional materials, which can attract older residents.

Overall, participants had considerably easy access to information in the community, but the information flow in private housing estates was limited. Suggestions were also given on the formatting of promotional materials and dissemination methods.

WHO Domain 8: Community support and health services

(i) *Availability and accessibility*

Participants highlighted the convenience of healthcare service after the establishment of the North Lantau Hospital (“NLTH”), which provides accident and emergency (A&E) service, inpatient service as well as ambulatory care services to residents in the Islands District. However, participants suggested the government should recruit more specialists to NLTH so that residents do not need to be transferred to hospitals in other districts for inpatient service. Participants also stressed concerns for the lack of healthcare service in Tai O, Peng Chau and Mui Wo, as private clinics in these areas were relatively expensive. Participants found that older residents preferred to visit herbal doctors. However, there was a lack of stores that sell herbal medicine. Participants who were service providers observed that there were mobile vehicles with herbal medical service available.

(ii) *The dearth of banking services*

Most of the participants lamented the lack of banking services in the Islands District. They complained that there was only one bank in Tai O and Mui Wo, and it was not open on several weekdays, making it very inconvenient for residents, especially for the elderly who did not know how to use the automated teller machine. Some need to travel to other areas such as Tsing Yi for banking services.

(iii) *The dearth of food choices*

Participants living in Cheung Chau and Tai O expressed that food choices in wet markets were limited and that the food was relatively expensive. Those who aged 65 or above travelled to other areas such as Sham Shui Po for cheaper food as they enjoyed the transportation concession. However, for older residents who had physical difficulties, they were not able to travel a long distance for food. In addition, participants were discontented with the soaring prices in restaurants. Elderly who were unable to cook for themselves had limited choices for meals. They suggested that restaurants should consider promoting healthy meals to enhance the quality of life of the elderly.

(iv) *Insufficient number of cemeteries*

Most of the participants aged 65 or above had discussed end-of-life planning with their families, but they were concerned that there were insufficient cemeteries and columbariums in the district.

Overall, participants had mixed views on community support and health services. More effort should be placed in enhancing age-friendliness.

5. Conclusion

The Islands District has been admitted as one of the members of the WHO age-friendliness network. It is evident that various stakeholders in the community, including the Islands DC, Rural Committee, NGOs and local residents, have put in much effort into raising the awareness of AFC. In the past few years, improvement in barrier-free facilities and social services have been witnessed and appreciated by residents in the Islands District.

Overall, survey findings showed that respondents perceived the Islands District to be age-friendly in general. Among the eight AFC domains, “social participation” scored the highest, followed by “respect and social inclusion”, and “communication and information”. These are treasures within the Islands District that should be continuously retained and optimized for all the residents. On the other hand, more resources and effort should be put in the following domains, namely “community support and health services”, “outdoor spaces and buildings”, and “housing”, to enable the Islands District to become more age-friendly.

6. Recommendations

Consolidating findings from both the questionnaire survey and focus group study, the Project team proposed a number of suggestions in each domain. When it came to “outdoor spaces and buildings”, participants suggested to arrange special services to persons in need. Overhead covers at bus stops will enable residents to stay safe during bad weather conditions, while separate counters and queues for local residents, especially for the elderly, are needed to reduce inconvenience and physical fatigue.

In order to improve the age-friendliness of “transportation”, participants suggested increasing the frequencies of public transport. In addition, they also stressed their concerns about alternative transportation as the islands will be isolated in case of bad weather. Participants in Yat Tung were especially concerned about the far proximity of the MTR station which is inconvenient to not only commuters but also older residents who would like to travel to other areas. As Cheung Chau and Tai O are famous tourist spots in Hong Kong, participants found the transportation is too congested and crowded during weekends and holidays, which created hassles for local residents, such as long queues at bus stops and expensive transportation fees on holidays. Although tourism can bring economic benefits to the district, it hinders family members of the older residents from visiting them on weekends and holidays.

Under the “housing” domain, participants were discontented to the soaring housing price in the Islands District even though it is a common scenario across the city. Participants suggested the government reconsider the interior design of housing, especially in public housing estates, which can enhance the living quality for the frail elderly. Installation of ramps, larger flat entrance and bathroom

grab bars can be good options. Moreover, the application procedures of home modification services provided by the government can be reviewed to facilitate the elderly in need.

To improve the age-friendliness of “social participation”, participants suggested that more outreach services can be initiated to reach out to the isolated elderly. Building on the strong social bonding in the Islands District, participants reflected that the services for older residents from different ethnic groups can be enhanced. Among residents in urban areas, they suggested more integration activities can be held to enhance social cohesiveness and to encourage older residents to expand their social network.

While participants generally appreciated the effective feedback mechanism within the district, they also provided suggestions to improve age-friendliness of “respect and social inclusion”. For instance, they suggested schools in the Islands District can initiate more intergeneration interaction programmes and a need to rebrand the image of the elderly as energetic and potential human resources with wisdom.

For “civic participation and employment”, more job opportunities can be provided to the elderly who are able and willing to contribute. Various sectors can cooperate and promote the qualities of older employees, such as honesty and punctuality. Elderly job expos can be held to attract older residents and the possibilities of flexible working hours can bring more elderly back into the workforce. This can reduce the dependency ratio and increase self-worthiness.

To improve “communication and information”, participants suggested ways to enhance information dissemination methods, such as posters and leaflets. As medical appointments will become increasingly important when residents get older, it is suggested that enhancements on the automated telephone answering system is needed. Clear instructions and slower speed of speaking can enable the elderly to make appointments via telephone by themselves.

The government can consider recruiting more specialists to enhance medical service in the Islands District. To further improve the age-friendliness of “community support and health services”, banking services and food choices can be extended.

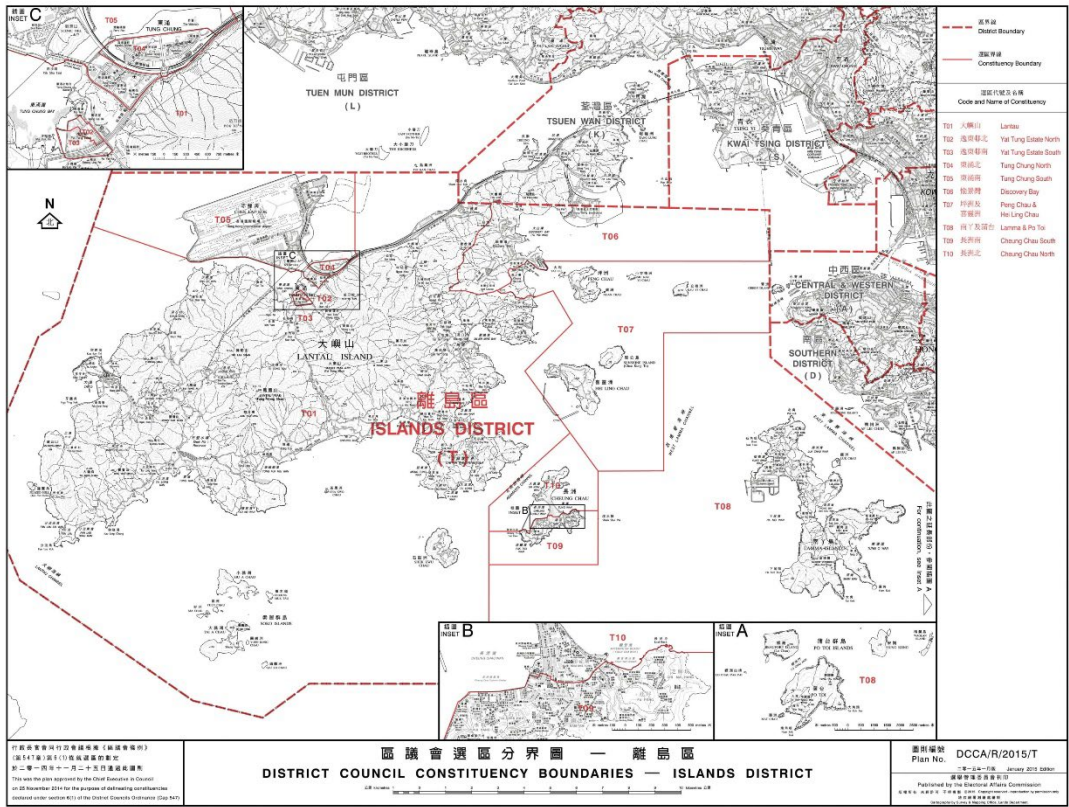
In sum, there is a generally positive view on perceived age-friendliness and sense of community in the Islands District as found in the final assessment. More knowledge exchange platforms can be created across the district to promote the concept of AFC, with the goal of creating an enjoyable environment for citizens to age in place.

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8. Appendices

Appendix 1 - District Council Election Constituency Boundaries Map (Islands District)



Appendix 2 – Questionnaire survey (Chinese version only)



問卷編號：

訪問員編號：

長者及年齡友善社區指標研究問卷調查（後測）

策劃及捐助：

主辦院校：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust
同心同步同進 RIDING HIGH TOGETHER



Lingnan 嶺南大學
University 香港 Hong Kong



簡介：

為協助香港建構長者及年齡友善城市，香港賽馬會慈善信託基金贊助本港四間大學於十八個地區推行「賽馬會齡活城市計劃」。現階段正展開後期的社區評估工作，透過問卷調查直接了解長者的需要。您所提供的資料只會作研究之用，內容絕對保密，除獲本研究所授權的人員外，將不會提供予其他人士，請放心填寫。參與問卷調查純屬自願性質，可隨時退出。完成問卷後，您將獲得港幣伍拾圓正現金禮券，以示感謝。謝謝您的參與！

受訪者已明白以上內容。

訪問員簽署以確認受訪者已明白上述內容：_____

受訪對象身份（請在適當位置劃上剔號「✓」）：

- (1) 60歲或以上的長者 18-59歲的市民
(2) 護老者* 服務提供者／專業人士# 不適用

*護老者：需定時提供照顧（無論任何形式）予同區，在家居住的長者之家人、親屬或朋友

#服務提供者／專業人士：提供專業長者服務人士，無論全職/ 兼職

受訪者居住的地區：

荃灣區

<input type="checkbox"/> (1) 德華	<input type="checkbox"/> (2) 楊屋道	<input type="checkbox"/> (3) 海濱	<input type="checkbox"/> (4) 祈德尊
<input type="checkbox"/> (5) 福來	<input type="checkbox"/> (6) 愉景	<input type="checkbox"/> (7) 荃灣中心	<input type="checkbox"/> (8) 荃威
<input type="checkbox"/> (9) 麗濤	<input type="checkbox"/> (10) 汀深	<input type="checkbox"/> (11) 荃灣西	<input type="checkbox"/> (12) 荃灣郊區
<input type="checkbox"/> (13) 馬灣	<input type="checkbox"/> (14) 綠楊	<input type="checkbox"/> (15) 梨木樹	<input type="checkbox"/> (16) 石圍角
<input type="checkbox"/> (17) 象石	<input type="checkbox"/> (18) 其他（請註明：_____）		

離島區

<input type="checkbox"/> (19) 大嶼山	<input type="checkbox"/> (20) 逸東	<input type="checkbox"/> (21) 東涌	<input type="checkbox"/> (22) 愉景灣
<input type="checkbox"/> (23) 坪洲及喜靈洲	<input type="checkbox"/> (24) 南丫及蒲台	<input type="checkbox"/> (25) 長洲	<input type="checkbox"/> (26) 大澳
<input type="checkbox"/> (27) 其他（請註明：_____）			

年齡友善社區指標研究調查問卷

請閱讀下列各部份的句子，並根據你對現時居住社區的印象來回答你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

第一部份：

根據你對現時居住社區的印象，你有多同意以下敘述？

非常不同意	不同意	有點不同意	有點同意	同意	非常同意
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A. 醫社服務

(1) 防病及宣傳		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1	區內有足夠的健康管理的宣傳和推廣活動（例：舉行講座、張貼海報和派發傳單）。	1	2	3	4	5	6
2	區內有不同的疾病預防服務（例：注射疫苗，心臟及血壓定期檢查）。	1	2	3	4	5	6
(2) 治療		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
3	市民能享用區內的醫療服務。	1	2	3	4	5	6
4	區內醫療服務種類能滿足長者需要（例：專科和物理治療），無須跨區使用服務。	1	2	3	4	5	6
(3) 復康與長期照顧		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
5	區內有足夠的輔助服務（例：復康巴士）讓有需要人士往返醫療或社區服務場所。	1	2	3	4	5	6
6	區內有足夠的安老院舍。	1	2	3	4	5	6
7	區內有足夠的善終及生死教育服務（例：寧養服務、生死教育和情緒支援）。	1	2	3	4	5	6
8	社區為護老者提供足夠支援（例：培訓和輔導）。	1	2	3	4	5	6

B. 權益保障

(1) 經濟保障		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
9	區內有為長者提供職業培訓和指導服務，提高長者的受聘機會。	1	2	3	4	5	6
10	社會保障制度（例：生果金、長者生活津貼、綜援、傷殘津貼）清晰，保障和資助足夠。	1	2	3	4	5	6
11	區內政府服務或機構有為長者提供不同的優惠。	1	2	3	4	5	6
12	區內有為長者提供生涯規劃服務（例：退休工作坊），為退休作準備。	1	2	3	4	5	6

根據你對現時居住社區的印象，你有多同意以下敘述？

非常不同意	不同意	有點不同意	有點同意	同意	非常同意
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C. 社會參與

(1) 持續教育							
13	區內有不同課程及興趣班組供長者持續進修。	1	2	3	4	5	6
14	區內的長者課程內容實用，設計恰當。	1	2	3	4	5	6
(2) 義務工作							
15	區內有不同義務工作選擇，並不會因缺乏培訓或其他問題（例：保險）而無法參加。	1	2	3	4	5	6
16	區內鼓勵長者參與義務工作。	1	2	3	4	5	6
(3) 社會資本							
17	區內有推動鄰舍互助的意識，協助長者拓展區內的人際關係。	1	2	3	4	5	6
(4) 資訊傳播							
18	無障礙資訊傳播的種類多元化，並能配合長者的個別需要（例：視力、聽力衰退），如字體大小。	1	2	3	4	5	6

D. 生活環境

(1) 交通與出行							
19	區內的道路設施及設計完善，有效維持良好的交通秩序及安全（例：人車分隔，行人路寬闊足夠輪椅通行）。	1	2	3	4	5	6
20	區內公共交通服務便利（例：班次充足及可靠、服務有選擇、交通網絡覆蓋廣、收費合理、服務便捷和有足夠舒適的候車空間）。	1	2	3	4	5	6
21	司機和乘客能關心長者在出行時的需要並給予支援（例：讓座、長者安坐後才開車）。	1	2	3	4	5	6
22	無障礙運輸交通工具的配置完善（例：低地台、輪椅升降台），司機亦懂得如何使用這些設備。	1	2	3	4	5	6
(2) 建築與住房							
23	區內房屋的數量充足，價錢又可負擔。	1	2	3	4	5	6
24	區內家庭照顧長者的支援服務充足（例：長者日間護理中心），能鼓勵家庭選擇與長者同住或鄰近居住。	1	2	3	4	5	6
25	住所鄰近區內的長者服務地點（例：長者中心）。	1	2	3	4	5	6

註：交通工具包括鐵路、電車、巴士、小型巴士、的士、渡輪、單車等；車站包括碼頭，單車停泊地方等。

第二部份

根據你對現時居住社區的印象，你有多同意以下敘述？

		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
A. 室外空間及建築							
1 (#1)	區內環境衛生乾淨，沒有垃圾。	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行先。	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 (#40)	建築物內外的無障礙設施配置充足（例：升降機、斜台、扶手等），方便長者出入。	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（例：司機和行人遵守交通規則）。	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
12	公共交通嘅費用係可以負擔嘅，而且價錢清晰。無論係惡劣天氣、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（例：復康巴士）。	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

根據你對現時居住社區的印象，你有多同意以下敘述？

		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
19	喺公共交通唔夠嘅地方有其他接載服務(例如:村巴、屋苑的接載巴士)。	1	2	3	4	5	6
20	的士可以擺放輪椅同助行器，費用負擔得起。司機有禮貌，並且樂於助人。	1	2	3	4	5	6
21	馬路保養妥善，照明充足。	1	2	3	4	5	6
C. 住所							
22	房屋嘅數量足夠、價錢可負擔，而且地點安全，又近其他社區服務同地方。	1	2	3	4	5	6
23 (#35)	區內居所的設計能配合長者需要，包括提供足夠的室內空間及設備(例：浴室設有扶手及防滑地磚)，以保障長者的居所環境安全。	1	2	3	4	5	6
24 (#39)	區內有可負擔的家居改裝服務，並清楚長者的居住需要(例：加裝扶手，斜台出入單位)。	1	2	3	4	5	6
25	區內有充足同可負擔嘅房屋提供俾體弱同殘疾嘅長者，亦有適合佢地嘅服務。	1	2	3	4	5	6
D. 社會參與							
26	活動可以俾一個人或者同朋友一齊參加。	1	2	3	4	5	6
27	活動同參觀景點嘅費用都可以負擔，亦都有隱藏或附加嘅收費。	1	2	3	4	5	6
28	有完善咁提供有關活動嘅資料，包括無障礙設施同埋交通選擇。	1	2	3	4	5	6
29(#29)	區內有多元化的文娛康樂活動吸引長者參與。	1	2	3	4	5	6
30 (#24)	區內不同場地(例：文娛中心、學校、圖書館、社區中心和公園)定期舉行適合長者參與的聚會及活動。	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(包括經濟和情緒支援，例如探訪活動)。	1	2	3	4	5	6
E. 尊重及社會包融							
32 (#30)	區內的公私營服務提供者會定期諮詢長者，重視長者提出的意見和建議，鼓勵長者關注社區事務。	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
34	服務人員有禮貌，樂於助人。	1	2	3	4	5	6
35 (#26)	區內有提供平台和機會給長者及年青人交流互動，促進跨代共融(例：區內的學校提供機會讓學生學習有關長者和年老的知識，並給予長者參與學校活動的機會)。	1	2	3	4	5	6

根據你對現時居住社區的印象，你有多同意以下敘述？

		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
36 (#18)	社會認同長者所作出的貢獻。	1	2	3	4	5	6
37 (#19)	傳媒對長者的描述正面。	1	2	3	4	5	6
F. 社區參與及就業							
38	長者有彈性嘅義務工作選擇，而且得到訓練、表揚、指導同埋補償開支。	1	2	3	4	5	6
39	長者員工嘅特質得到廣泛推崇。	1	2	3	4	5	6
40 (#14)	有足夠具彈性的工作機會支持長者再就業，並有合理的報酬。	1	2	3	4	5	6
41(#12)	長者不會遭受年齡歧視。	1	2	3	4	5	6
G. 訊息交流							
42	資訊發佈嘅方式（包括電視、收音機、告示板、報紙）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
47 (#27)	區內的公眾場所（例：政府辦事處、社區中心和圖書館）已廣泛設有免費的電腦和上網服務讓公眾使用。	1	2	3	4	5	6
H. 社區支持與健康服務							
48 (#5)	醫療及社區支援服務足夠（例：輪候時間合理、人手充足）。	1	2	3	4	5	6
49 (#9)	區內有足夠的社區生活照顧服務，能居家安老（例：上門支援服務）。	1	2	3	4	5	6
50	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
51	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
52	社區應變計劃（指有關天災人禍的緊急應變計劃，好似走火警）有考慮到長者嘅能力同限制。	1	2	3	4	5	6
53	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

請就你居住的地區評分，你有多同意以下敘述？

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。

I	社群意識指數	非常不同意	不同意	普通	同意	非常同意
1	在這個社區我可以得到我需要的東西。	1	2	3	4	5
2	這個社區幫助我滿足我的需求。	1	2	3	4	5
3	我覺得是這個社區的一員。	1	2	3	4	5
4	我屬於這個社區。	1	2	3	4	5
5	我可以參與討論在社區發生的事情。	1	2	3	4	5
6	這個社區的人們善於互相影響。	1	2	3	4	5
7	我覺得與這個社區休戚相關（息息相關）。	1	2	3	4	5
8	我與這個社區的其他人有良好的關係。	1	2	3	4	5

第三部份：

受訪者資料（請在適當位置劃上剔號「✓」）

請在適當位置劃上剔號「✓」：

1. 年齡：_____歲

2. 性別：
 - (1) 男
 - (2) 女

3. 教育程度：
 - (1) 未曾接受教育／學前教育
 - (2) 小學
 - (3) 初中（包括：TEEN 才再現）
 - (4) 高中（包括：毅進，預科）
 - (5) 預科
 - (6) 專上教育（包括：文憑／證書課程）
 - (7) 專上教育：副學士
 - (8) 大學學位
 - (9) 學士以上（碩士／博士）

4. 婚姻情況：
 - (1) 未婚
 - (2) 已婚
 - (3) 喪偶
 - (4) 離婚／分居
 - (5) 其他（請註明：_____）

5. 居住狀況（可選多項）：
 - (1) 與配偶同住
 - (2) 與子女同住
 - (3) 與親戚同住
 - (4) 與工人同住
 - (5) 獨居
 - (6) 其他（請註明：_____）

6. 居住房屋類型：

(1) 公營房屋：

1.1 租住（如公屋、長者屋）

1.2 補助出售單位（如居屋、私人購入的公屋單位）

(2) 私人永久性房屋：

2.1 租住（包括免租，如員工宿舍）

2.1.1 整個單位

2.1.2 套房或劏房

2.1.3 板間房

2.1.4 床位

2.2 自置（包括有按揭、已完成供款）

2.2.1 整個單位

2.2.2 套房或劏房

2.2.3 板間房

2.2.4 床位

(3) 私人臨時房屋（如鐵皮屋）

(4) 其他（請註明）：_____（如老人院）

7. 你係呢個社區住咗幾多年？ _____ 年

8. 就業情況：

你現時有沒有工作？

(1) 有，現時的職業是：_____

(2) 沒有，現在是：

2.1 失業人士

2.2 退休人士（退休前的職業是：_____）

2.3 料理家務者（如：家庭主婦）

2.4 學生

2.5 其他（請註明：_____）

9. 你有無足夠嘅錢應付日常開支？

(1) 非常不足夠

(2) 不足夠

(3) 剛足夠

(4) 足夠有餘

(5) 非常充裕

10. 現時每月個人入息

(包括社會保障制度嘅援助、子女提供嘅生活費、投資嘅利潤等等)：

- (1) 少於\$2,000
- (2) \$2,000 - \$3,999
- (3) \$4,000 - \$5,999
- (4) \$6,000 - \$ 7,999
- (5) \$8,000 - \$9,999
- (6) \$10,000 - \$14,999
- (7) \$15,000 - \$19,999
- (8) \$20,000 - \$ 24,999
- (9) \$25,000 - \$29,999
- (10) 30,000 - \$39,999
- (11) \$40,000 - \$ 59,999
- (12) \$60,000 或以上

11. 喺過去三個月內，你有無使用／參加長者中心提供嘅服務或活動？

- (1) 沒有
- (2) 有，每月_____次

12. 你有無長期疾病？

- (1) 沒有
- (2) 有

13. 喺過去三個月內，你有無每日運動嘅習慣？

- (1) 沒有
- (2) 有，類型：_____

14. 你點樣評價你嘅健康情況？

- (1) 差
- (2) 一般
- (3) 好
- (4) 很好
- (5) 非常好

15. 你有沒有長期照顧長者嘅經驗？

- (1) 沒有
- (2) 有

問卷已完成，謝謝您的意見！資料將於研究完成後六個月內銷毀。

Appendix 3 – Focus group guide (Chinese version only)

《長者友善社區》 聚焦小組

探討問題：

1. 今日嚟大家都係想講下長者及年齡友善社區。咁呢度有 8 個範疇。睇完呢八個範疇，以你既經歷，你覺得喺呢個區係點？
 - 甲、 令你最深刻/ 最想分享既係咩？
 - 乙、 有咩因素令你會咁諗？
 - 丙、 你點樣處理？
 - 丁、 感覺係點？為你嚟講，有咩意義/ 體會？
2. 咁呢個範疇係點？對你有咩影響？
 - 甲、 咩人，事係會同呢個範疇有關？
 - 乙、 個感受係點？
 - 丙、 可以有例子講下？
3. 如果有機會，呢個情況，點樣會好 D？
4. 有無 D 咩係關於呢 8 個方面，大家未曾討論，而你又好想講？/ 副主持人補充

注意：回應時盡量用參與者的言詞，即使小組內所提及的範疇未必與範疇的言詞相同，可以用參與者的關注點回應（例：我知道 65 歲以上就要退休無得做架啦？→參與者係講緊「溝通與資訊」範疇，主持人可以續問：你喺邊度，幾時，聽到，覺得點？（二個問題））以及跟隨小組的互動進程

減慢速度，每次只問一個問題，參與者較易回應

多問 How / Why 的問題，並以例子說明；對於不足，可追問有何解決的建議

善用觀察及沉默

總結

如果大家都無補充既話，今日既聚焦小組就完結。感謝大家既參與。特別是大家提到_____，係好有意思。再次多謝大家，再見。

問題綱領

題目及問題	提示
<p>熱身問題</p> <p>總體而言，你覺得長者在本區生活是否方便？為什麼？</p> <p>作為長者，你喜歡居住的地方是城市還是鄉郊地區？</p>	<p>詢問</p> <p>住在城市及鄉郊</p> <ul style="list-style-type: none"> - 好的特點 - 存在的問題
<p style="text-align: center;">題目 1</p> <p style="text-align: center;">戶外空間及建築</p> <p>現在討論一下戶外空間及建築，我希望你分享一些你的正面經驗及負面經驗。同時希望你提供改善意見。</p> <p>當你走出家門去悠閒散步、辦事或訪友，那兒是一個怎樣的環境？</p> <p>當你進入建築物內購物或辦事，你看見的情景是怎樣？</p> <p>對於以上提到的不足，有何改善的建議？</p>	<p>詢問</p> <ul style="list-style-type: none"> - 小徑，路面設計，保養？ - 過路及交界？ - 交通流量，音量？ - 特定日期，時間，例如晚上？ - 天氣情況？ - 綠化空間，步行區？ - 街燈？ - 對陽光，風雨的保護？ - 休憩區，長櫈？ - 人身安全？ - 對治安感覺？ - 走廊，室內，梯級，門，電梯，地台，照明，路標，洗手間，休憩區？
<p style="text-align: center;">題目 2</p> <p style="text-align: center;">運輸系統</p> <p>以下部份關於社區內的運輸系統，我希望你分享以下一些你的正面經驗及負面經驗。同時希望你提供改善意見。</p> <p>請形容一下你在區內使用公共運輸工具的經驗，例如電車、鐵路、輕鐵、火車、巴士、小巴。</p>	<p>詢問</p> <p>巴士，電車，鐵路……是否</p> <ul style="list-style-type: none"> - 收費可負擔？ - 容易到達目的地？ - 容易乘搭？ - 班次足夠？ - 準時？ - 覆蓋範圍充分？ - 候車處：照明，座位，保護？ - 治安保障？

題目及問題	提示
<p>你希望區內運輸設備是怎樣呢？</p> <p>對於以上提到的不足，有何改善的建議？</p>	<p>- 對殘疾人士設計？</p> <p>假如你是駕車人士，你認為以下的運輸配套如何？</p> <ul style="list-style-type: none"> - 路牌指示 - 街名標示 - 交接處的照明 - 交通指示容易明白 - 足夠及接近的停泊 - 殘疾車位 - 上/落客區 - 司機休息處
<p style="text-align: center;">題目 3</p> <p style="text-align: center;">住屋</p> <p>以下是關於住屋的部份，我希望你分享以下一些你的正面經驗及負面經驗。同時希望你提供改善意見。</p> <p>請講出你居住地區？</p> <p>如果你需要搬家，你會選擇那些地區？</p> <p>對於以上提到的不足，有何改善的建議？</p>	<p>詢問</p> <p>你對現時居住地區的接受程度如何？</p> <ul style="list-style-type: none"> - 成本？ - 舒適度？ - 人身安全？ - 治安？ - 對公共服務接近程度？ <p>你在屋內的移動性及獨立性如何？</p> <ul style="list-style-type: none"> - 容易走動？ - 物件容易接近及儲藏？ - 處理家務方便與否？
<p style="text-align: center;">題目 4</p> <p style="text-align: center;">尊重及社區認同</p> <p>以下部分關於社區如何尊重及接受長者，我希望你分享以下一些你的正面經驗及負面經驗。</p>	<p>詢問</p> <ul style="list-style-type: none"> - 社區人士對長者在禮貌方面的情況如何？ - 聆聽？ - 社區人士對長者提出幫助的情況如何？ - 長者在使用服務及參與活動時提出的需要時，

題目及問題	提示
<p>同時希望你提供改善意見。</p> <p>那些方面你覺得你在社區內是受尊重及不受尊重？</p> <p>在區內的活動中，那些方面你覺得你在社區內是得到認受及不受認受？</p> <p>對於以上提到的不足，有何改善的建議？</p>	<p>社會人士所作出適當反應如何？</p> <ul style="list-style-type: none"> - 長者被諮詢？ - 社會提供了多項選擇給長者嗎？ - 社會認同長者的貢獻嗎？ - 長者在同齡人士之間的活動情況如何？
<p style="text-align: center;">題目 5</p> <p style="text-align: center;">參與社區</p> <p>我們討論一下社交及休閒活動，我希望你分享以下一些你的正面經驗及負面經驗。同時希望你提供改善意見。</p> <p>你在區內參與活動、交際應酬有多容易？</p> <p>你可否分享一下你在以下活動的參與情況如教育，文化，康樂的靈活性嗎？</p> <p>對於以上提到的不足，有何改善的建議？</p>	<p>詢問</p> <p>社交及休閒活動是否…</p> <ul style="list-style-type: none"> - 收費可負擔？ - 容易接近？ - 次數充足？ - 位置方便？ - 開放時間方便？ - 提供多項選擇？ - 有趣？
<p style="text-align: center;">題目 6</p> <p style="text-align: center;">溝通及資訊</p> <p>以下部份是關於處理資訊方面，我希望你分享以下一些你的正面經驗及負面經驗。同時希望你提供改善意見。</p> <p>你是怎樣收取區內資訊？例如，服務及活動方面。</p> <p>從電話，收音機，電視，單張，有關人士…</p>	<p>詢問</p> <p>資訊（政府安老政策、NGO 活動訊息）是否…</p> <ul style="list-style-type: none"> - 容易接近？ - 有用？ - 適時？ - 容易明白？ - 設備難於操作，如電腦、資訊媒介…

題目及問題	提示
<p>對於以上提到的不足，有何改善的建議？</p>	
<p style="text-align: center;">題目 7</p> <p style="text-align: center;">參與公共事務及就業</p> <p>我想知道你參加義務工作，公共事務及就業方面的情況，我希望你分享以下一些你的正面經驗及負面經驗。同時希望你提供改善意見。</p> <p>請分享義務工作的情況？</p> <p>就業方面？你正在就業還是尋找工作？</p> <p>對於以上提到的不足，有何改善的建議？</p>	<p>詢問</p> <ul style="list-style-type: none"> - 為什麼希望做/ 不做 義工？ - 是否面對任何困難？ - 關於義務服務的資訊是否足夠？ - 義務服務種類多性？ - 義務服務的吸引力？ - 有何感受，正面？負面？經歷分享 <ul style="list-style-type: none"> - 為什麼希望參與/ 不參與 就業？ - 是否面對任何困難？ - 關於就業空缺的資訊是否足夠？ - 可接觸到這些空缺？ - 空缺品種多樣性？ - 吸引力？ - 經驗受認同？ - 報酬？ - 可調較至適合長者能力？ - 可調較至適合長者喜好？ - 鼓勵長者參與的方法？ - 請分享一下參加社區事務的情況？ 例如社區組織，議會方面。 - 有何感受，正面？負面？經歷分享
<p style="text-align: center;">題目 8</p> <p style="text-align: center;">社區支援及醫療服務</p> <p>我想知道你居住的社區內的社會服務及醫療服務的情況。我希望你分享以下一些你的正面經驗及負面經驗。同時希望你提供改善意見。</p> <p>你對你所居住社區所提供的長者服務有什麼經驗？</p> <p>對於以上提到的不足，有何改善的建議？</p>	<p>詢問</p> <ul style="list-style-type: none"> - 有那些服務提供？ - 是否滿足需要？ - 容易得到服務嗎？ - 使用的情況如何？ - 服務質素如何？ - 費用可負擔？ - 對有需要人士提出服務需要的反應速度？

題目及問題	提示
結尾問題 在訪問完成前，請問還有沒有一些之前沒有提出的討論而閣下希望現在提出呢？	無須提示

Source: 香港社會服務聯會-回應《香港高齡化行動方案》之「長者友善社區」拓展計劃附件五

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