



賽馬會齡活城市
Jockey Club Age-friendly City

Jockey Club Age-friendly City Project Final Assessment Report

Tsuen Wan



Footbridge network

Initiated and funded by:



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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
Tsuen Wan District**

2019

Submitted by

**Asia-Pacific Institute of Ageing Studies
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 the concept of age-friendliness in Hong Kong across different districts. This report presents the final assessment work carried out in Tsuen Wan 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 launch of this Project in 2015 and to make recommendations to prepare the district to become more age-friendly. The final assessment used both quantitative and qualitative methods. A total of 611 questionnaire surveys were collected from 17 constituencies, including i) Tak Wah, ii) Yeung Uk Road, iii) Hoi Bun, iv) Clague Garden, v) Fuk Loi, vi) Discovery Park, vii) Tsuen Wan Centre, viii) Allway, ix) Lai To, x) Ting Sham, xi) Tsuen Wan West, xii) Tsuen Wan Rural, xiii) Ma Wan, xiv) Luk Yeung, xv) Lei Muk Shue, xvi) Shek Wai Kok and xvii) Cheung Shek. In addition, five focus group interviews with 32 participants were conducted.

The typical survey respondent was a married woman aged 65 or above who has resided in the district for 27.39 years, with primary education or below, not living alone in a privately owned apartment and receiving a monthly income of HK\$5,999 or less. Most respondents also reported exercising daily in the three months preceding the survey and perceived their health as fair. In addition, 47.1% of respondents had caregiving experience with a person aged 65 or above. Among those aged 60 or above, more than half (53.7%) used services or participated in activities offered by elderly centres.

Participants perceived Tsuen Wan District to be age-friendly in general. Comparing scores in different domains, 'Transportation' 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. In addition, respondents living in public housing had higher scores in all domains. Finally, the participants in the focus group showed appreciation for the improvements made over the years and offered feasible and sensible suggestions to further enhance the age-friendliness of the district.

The results of this final assessment revealed that Tsuen Wan District has spread and promoted the concept of an age-friendly city, yielding a reasonably good sense of community and perceived age-friendliness. The district is currently in the renewal stage with an improvement of community facilities. Future efforts to make the district more age-friendly should be built on its existing networks and infrastructures, involving various stakeholders in the process.

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 expected to increase from 16.6% of the total population in 2016 to 31.1% in 2036, and 36.6% in 2066 (Census and Statistics Department, 2017), which means that over one-third of the population will be an elderly in 2066. This radical transformation in our demographic profile is mainly due to the increase in life expectancy and lower fertility rate (LegCo, 2014). The overall dependency ratio, defined as the number of people under the age of 15 and those aged 65 and over per 1,000 people aged 15 to 64, is projected to increase from 397 in 2016 to 844 in 2066 (Census and Statistics Department, 2017). These figures have raised the alarm for society to look for ways to tackle the challenges of population ageing for public services, including to promote the idea of ageing in place. Thus, the idea of building an age-friendly city (AFC) is a proactive way of meeting the needs of our older citizens. Through the joint efforts of various sectors, an age-friendly city can enable the elderly to return to independent living with a good quality of life in the community.

Ageing is an inevitable and irreversible process, but not necessarily negative. To actively address 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 Tsuen Wan District (Phase 1), Islands District (Phase 1), Tuen Mun District (Phase 2) and Yuen Long District (Phase 2).

This report presents the final assessment findings in Tsuen Wan District. The objectives of the Project include: i) to build momentum in the districts to develop age-friendly communities by assessing their respective age-friendliness, ii) to recommend a framework for the districts to undertake continual improvements 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 (2017)”.

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

As recommended in *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. The guide 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

Tsuen Wan District was the first generation of new town developments in the 1970s. It strategically mixes residential and industrial areas to create a self-contained district. It is also a diverse community where urban and rural areas coexist harmoniously, with both traditional and modern elements.

According to the latest statistics, the population of Tsuen Wan District was about 318,916 in 2016, comprising 4.34% of the total population of Hong Kong. The proportion of the population aged 65 or above was 14.65% of total district population (Census and Statistics Department, 2017), which was slightly below the Hong Kong average of 15.8%.

As shown in Table 1, the 2016 Hong Kong Population By-census (Census and Statistics Department, 2017) revealed that the total number of domestic households in Tsuen Wan District was 109,079, of which 28.66% (N = 31,258) were elderly households (aged 65 or above). In addition, among all districts' residents, about one third (62.6%, N = 177,676) were in the labour force. Finally, the median monthly domestic household income was HK\$28,800.

Table 1. Domestic household characteristics of Tsuen Wan District in 2016

	2016 data
Total population	318,916
Total number of domestic households	109,079
Elderly households	31,258
Average domestic household size	2.8
Type of housing – private permanent housing	83,920
Median floor area of accommodation	44 m ²
Labour force	177,676
Median monthly domestic household income	HK\$28,800

The composition of housing type in Tsuen Wan District is dualized, with 76.9% of households living in private permanent housing and 21.2% in public rental housing (Census and Statistics Department, 2017). Based on all domestic households in Tsuen Wan District, the average domestic household size was 2.8, while the median floor area of accommodation was 44m², slightly above the Hong Kong average of 40 m². It is worth noting that as of January 2019, there were 9 neighbourhood elderly centres (NECs) (Social Welfare Department, 2019) and 2 district elderly community centres (DECCs) (Social Welfare Department, 2019) in Tsuen Wan District. In terms of healthcare services, 1 hospital (Hospital Authority, 2019), 2 general outpatient clinics (GOPCs) (Hospital Authority, 2019) and 1 elderly health centre (Department of Health, 2017) were found in Tsuen Wan 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 Tsuen Wan District. Without the participation of district residents, an age-friendly community cannot be created successfully. Thus, the Project adopted a bottom-up approach to collect residents' views on the 8 AFC domains recommended by WHO. The baseline assessment offered insights and recommendations to the Tsuen Wan District Council to develop a three-year strategic plan to advance age-friendly initiatives.

After the launch of the Project, the Comprehensive Support Scheme for Districts has been implemented in eight pilot districts since 2015. Based on the views of older people and the public in a bottom-up study, the baseline assessment findings were used to define the objectives and elements of different programmes. Professional support teams (PSTs) prepared a baseline

assessment report for each district, guided district councils (DCs) involved in the development of a three-year action plan and supported them to take age-friendly initiatives.

Table 2. Mean score of the eight AFC domains in the baseline assessment in 2016 (N = 533)

	<i>Mean (SD)</i>
Eight AFC domains:	
Outdoor spaces and buildings	4.14 (0.80)
Transportation	4.32 (0.76)
Housing	3.74 (1.00)
Social participation	4.36 (0.80)
Respect and social inclusion	4.15 (0.81)
Civic participation and employment	3.86 (0.97)
Communication and information	4.19 (0.80)
Community support and health services	3.67 (0.91)
Overall	4.05 (0.66)

During the baseline assessment, the Project team successfully recruited 533 respondents. Table 2 shows that the mean score of overall satisfaction for the eight AFC domains was 4.05 out of 6, indicating a slightly above average satisfaction. Among all the domains, respondents were the most satisfied with ‘Social participation’ (4.36) and ‘Transportation’ (4.32). This reveals a good route network and a vibrant community in Tsuen Wan District. However, respondents’ satisfaction with ‘Community support and health services’ was one of the lowest (3.67). The results also showed that there was a significant difference in the scores of respondents residing in different housing types. Therefore, special attention should be paid to the ‘Housing’ domain.

2.5 Age-friendly City Work in Tsuen Wan District

Building momentum for an age-friendly city at the community level requires the joint efforts of various stakeholders, including the Tsuen Wan District Council (DC), non-governmental organisations (NGOs), the private sectors and local residents of all ages in the 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 Tsuen Wan DC, the Project team collaborated closely with the Working Group on Age-friendly Community and Rehabilitation (the Working Group) to formulate development and promotion strategies for AFC. The Working Group served as a platform for open discussion about AFC among residents, encouraging social and civic participation in the community. In addition, it reviewed and articulated a three-year action plan to improve age-friendliness in the district.

In 2017-2018, three batches of district-based programmes in Tsuen Wan District were organised not only to enhance the sense of belonging and self-worthiness of the elderly, but also to cultivate the culture of love and care for the elderly. The programmes were supported by four agencies, i) Tsuen Wan Kwai Ching District Women's Association, ii) Yan Chai Hospital Chan Feng Men Ling Integrated Community Development Centre, iii) HKFYG - Tsuen King Youth S.P.O.T. and iv) Yan Chai Hospital Fong Yock Yee Neighbourhood Elderly Centre.

The Tsuen Wan Kwai Ching District Women's Association launched the 'Home Improvement and Support Scheme' project between March and June 2017 to establish a safe and comfortable living environment for the elderly in the district. It recruited 300 elderly households to undergo home safety assessments and home modifications.

To enhance social participation and alleviate pain in the elderly, the Yan Chai Hospital Chan Feng Men Ling Integrated Community Development Centre organised the 'Painless Living @ Tsuen Wan' programme in 2017. The programme offered medical treatment by Chinese Medicine Practitioners and delivered health promotion talks to 200 elderly to raise awareness of healthcare management.

The 'Tsuen Wan AFC Ambassador Training Programme' was implemented by the Tsuen Wan Kwai Ching District Women's Association between March 2017 and December 2018 to establish an extended network to facilitate the dissemination of AFC concept. A group of trained ambassadors conducted home visits and made minor home modifications for the elderly in the community.

The 'Integrated Farm' project was launched by the HKFYG - Tsuen King Youth S.P.O.T. in mid-2017. It aimed to strengthen intergenerational harmony and promote the concept of AFC in the community through training camps, planting activities and home visits. To this end, it conveyed messages about Respect and social inclusion in the community with the help of the younger generation.

The Yan Chai Hospital Fong Yock Yee Neighbourhood Elderly Centre carried out the 'YCH Dialogue with E-Senses @TW' project in 2018 to improve the readiness of employment of participants and foster mutual respect and understanding between younger and older generations. It successfully promoted Civic participation and employment, Communication and information and Respect and social inclusion in the community.

3. Methodology

The final assessment used both quantitative and qualitative research methods. Five focus groups of 32 participants and a community-wide survey of 611 selected residents from Tsuen Wan 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 the public's 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 Tsuen Wan District. To collect representative and generalisable data, 17 main constituencies were selected based on the 2015 District Council Election Constituency Boundaries (Electoral Affairs Commission, 2019) (Appendix 1), including Tak Wah, Yeung Uk Road, Hoi Bun, Clague Garden, Fuk Loi, Discovery Park, Tsuen Wan Centre, Allway, Lai To, Ting Sham, Tsuen Wan West, Tsuen Wan Rural, Ma Wan, Luk Yeung, Lei Muk Shue, Shek Wai Kok and Cheung Shek.

Table 3. Population in the 17 constituencies in 2016

		Frequency	Percentage (%)
Constituency:	Tak Wah	22,448	7.04%
	Yeung Uk Road	23,996	7.52%
	Hoi Bun	19,955	6.26%
	Clague Garden	17,294	5.42%
	Fuk Loi	14,729	4.62%
	Discovery Park	16,864	5.29%
	Tsuen Wan Centre	15,558	4.88%
	Allway	20,391	6.39%
	Lai To	19,308	6.05%
	Ting Sham	18,573	5.82%
	Tsuen Wan West	19,778	6.20%
	Tsuen Wan Rural	19,687	6.17%
	Ma Wan	15,012	4.71%
	Luk Yeung	14,579	4.57%
	Lei Muk Shue (East and West)	34,847	10.93%
	Shek Wai Kok	13,318	4.18%
	Cheung Shek	12,579	3.94%
Total		318,916	100.0

Respondents were recruited using purposive sampling, with invitations distributed through 10 non-governmental organisations and social service agents providing community care and support services in Tsuen Wan District. In addition, some respondents were recruited using snowball sampling, via 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 standardised answers. The questionnaire consisted of two sections. Section 1 included questions about 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 took approximately 20 and 40 minutes to complete. The 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, 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, consisting of 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 continuing 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 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) *Socio-demographic 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 the 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 socio-demographic characteristics 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 Tsuen Wan residents. The discussion also examined areas for improvement in terms of age-friendliness in the district, based on the eight AFC domains defined by the WHO.

3.2.2 Target population and sampling

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

Eligible participants were adults aged 18 to 85, Cantonese speakers and living and/or providing social services in Tsuen Wan District. The interviews lasted between 1.5 and 2 hours and were conducted in Cantonese with five to nine participants. The interview guideline was prepared in Chinese. Among the participants, half (50.0%) were aged 18 to 59 and the rest were aged 60 or above. An overwhelming proportion of participants were female (N = 27).

3.2.3 Data collection process

A semi-structured interview format was used during the focus groups to enable participants to share their views on age-friendliness in the community. The focus group

questions (Appendix 3) were guided under the eight AFC domains defined by WHO. Based on participants' 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. Based on the current literature and research objectives, key issues, perspectives and themes were identified in the framework analysis. Other issues raised by participants and recurring themes formed the basis of a thematic framework. At least two PST members listened the audio-recordings and checked the transcripts to ensure that the participants' words and underlying meanings supported the chosen themes. In addition, the 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

Six-hundred-and-eleven respondents were recruited. Table 4 shows the number of respondents in the 17 constituencies. More than 10% of respondents were from Ting Sham and Shek Wai Kok, followed by Fuk Loi (9.3%), Cheung Shek (7.4%) and Tsuen Wan West (7.2%).

Table 4. Number of respondents in the 17 constituencies (N = 611)

		Frequency	Percentage (%)
Constituency:	Tak Wah	29	4.7
	Yeung Uk Road	37	6.1
	Hoi Bun	14	2.3
	Clague Garden	15	2.5
	Fuk Loi	57	9.3
	Discovery Park	41	6.7
	Tsuen Wan Centre	29	4.7
	Allway	14	2.3
	Lai To	22	3.6
	Ting Sham	74	12.1
	Tsuen Wan West	44	7.2
	Tsuen Wan Rural	43	7.0
	Ma Wan	9	1.5
	Luk Yeung	23	3.8
	Lei Muk Shue (East and West)	41	6.7
	Shek Wai Kok	74	12.1
	Cheung Shek	45	7.4
Total	611	100.0	

The socio-demographic characteristics of the participants are presented in Table 5. The majority (75.3%) of respondents in Tsuen Wan District were female and aged 65 or above (59.8%). Among the respondents, 59.6% were married. More than one third (41.9%) had only primary education or below. In terms of employment status and living arrangement, more than three quarters (75.6%) were not working, while nearly one fifth (18.3%) lived alone. In addition, only 1.3% of respondents lived with a domestic helper. Finally, more than half earned a monthly personal income of below HK\$5,999.

Table 5. Socio-demographic characteristics (N = 611)

		Frequency	Percentage (%)
Age:	18-49 years	120	19.7
	50-64 years	125	20.5
	65-79 years	224	36.7
	80 years or above	141	23.1
Gender:	Male	151	24.7
	Female	460	75.3
Education:	Primary or below	256	41.9
	Secondary	223	36.5
	Post-secondary or above	132	21.6
Marital status:	Never married	83	13.6
	Married	364	59.6
	Widowed	138	22.6
	Divorced/Separated	22	3.6
Living arrangement†:	With a spouse	172	28.2
	With children	114	18.7
	With relatives	47	7.7
	With a domestic helper	8	1.3
	Alone	110	18.3
	Other	31	5.1
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	315	51.6
	\$6,000 - \$9,999	95	15.6
	\$10,000 - \$19,999	151	24.8
	\$20,000 - \$29,999	31	5.1
	\$30,000 - \$59,999	15	2.4
	\$60,000 or above	3	0.5
Employment status:	Working	148	24.2
	Not working	462	75.6

† Multiple answers allowed

Table 6 summarises the respondents' residence and health characteristics, social participation and caregiving experience in Tsuen Wan District. The average number of years of residence in the district was 27.39 years ($SD = 17.138$). In addition, 51.5% of respondents lived in privately owned housing, while more than one third (36.1%) lived in either rental or subsidised public housing. In terms of self-reported health status, although 70.7% reported exercising daily in the three months preceding the survey, more than two thirds (66.2%) rated their health as fair or poor ($Mean = 2.36, SD = .81$). About half (49.9%) of the respondents reported having at least one chronic illness. Among respondents aged 60 or above, more than half (53.7%) had used services or participated in activities provided by elderly centres in the last three months. Finally, about half (47.1%) of respondents had the experience of caring for someone aged 65 or above.

Table 6. Residence, health, social participation and caregiving experience (N = 611)

	<i>Mean (SD)</i>	Frequency	Percentage (%)
Years of residence	27.39 (17.138)		
Housing type:			
Public, rental		199	33.1
Public, subsidised		18	3
Private, rental		48	8
Private, owned		310	51.5
Other		27	4.5
Self-rated health:	2.36 (.81)		
Excellent		10	1.6
Very good		46	7.5
Good		150	24.5
Fair		351	57.4
Poor		54	8.8
Daily exercise		432	70.7
Chronic illness		305	49.9
Use of elderly centres*		328	53.7
Caregiving experience [#]		288	47.1

*Applicable only to participants aged 60 and over

[#]Caregiving experience with people aged 65 and over

4.1.2 Perceived age-friendliness

Figure 1 shows perceived age-friendliness across the eight domains of the WHO Age-friendly Cities Framework. The possible answers were the followings: 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 Tsuen Wan District as age-friendly. Across all eight domains, 'Transportation' (4.29) received the highest score, followed by 'Social participation' (4.26),

and ‘Respect and social inclusion’ (4.16). Compared to the baseline assessment, the age-friendliness score increased for ‘Respect and social inclusion’ and ‘Civic participation and employment’. Both were domains targeted by district-based programmes.

Figure 1. Perceived age-friendliness in Tsuen Wan District

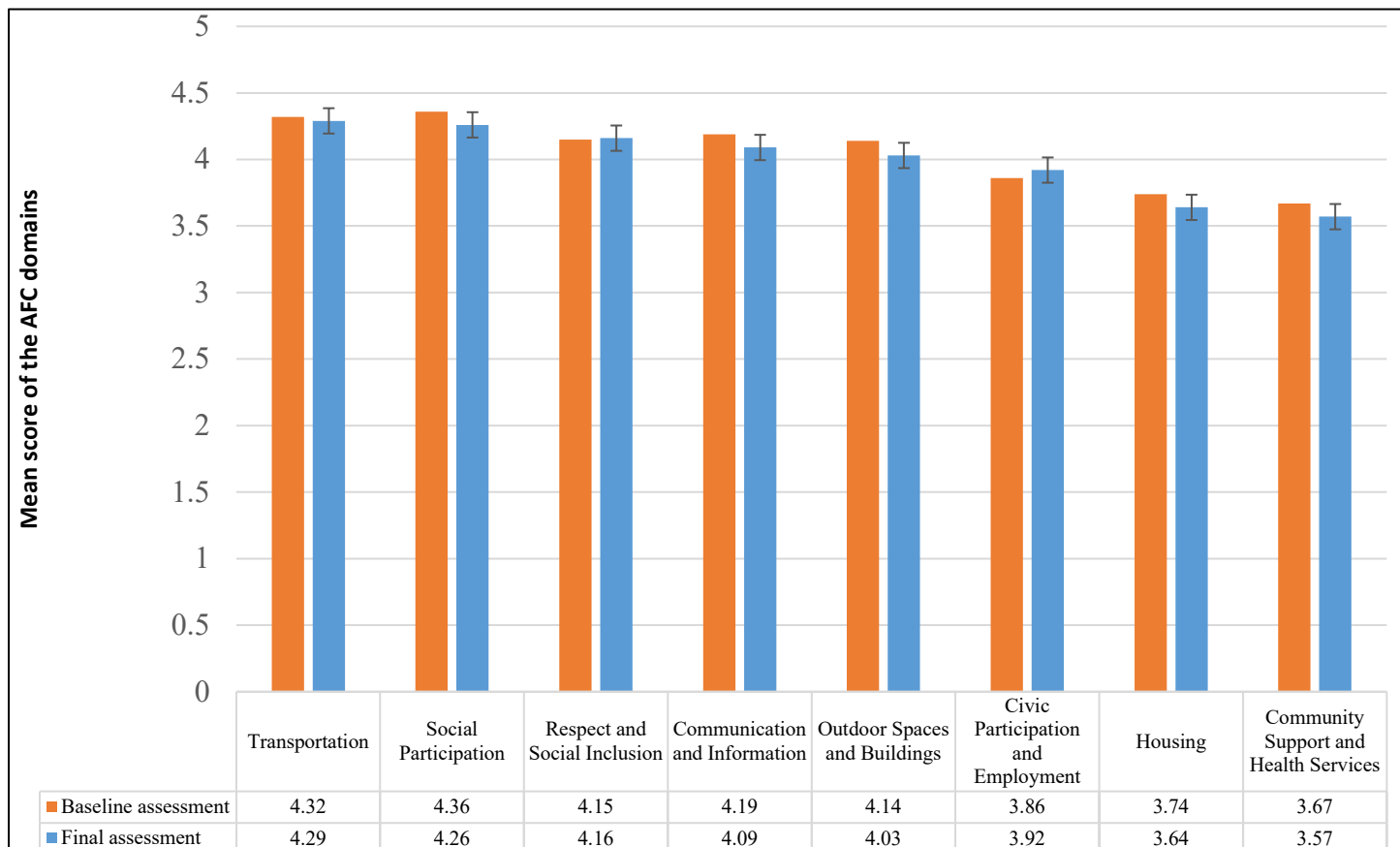


Table 7 summarises the item scores for each question. Perceived age-friendliness varied from one domain to another.

Table 7. Perceived age-friendliness (N = 611)

Perceived age-friendliness domains and items	Mean (SD)	Item rank	
		Within domains	Across domains
Domain 1: Outdoor spaces and buildings	4.03 (.88)		
Item 1 – Cleanliness	4.08	5	27
Item 2 – Outdoor seating areas and greenery	4.15	3	21
Item 3 – Drivers’ attitude at pedestrian crossings	4.06	6	30
Item 4 – Cycle lanes	3.44	9	50
Item 5 – Lighting and safety	4.15	4	22
Item 6 – Accessibility to commercial services	4.48	1	5
Item 7 – Organisation of services for people with needs	3.62	8	48
Item 8 – Barrier-free facilities	4.24	2	16
Item 9 – Public washrooms	4.01	7	32
Domain 2: Transportation	4.29 (.79)		
Item 10 – Traffic flow	4.31	7	13
Item 11 – Public transport network	4.69	1	1
Item 12 – Affordability of public transport	4.68	2	2
Item 13 – Reliability of public transport	4.24	8	17
Item 14 – Public transport information	4.13	9	23
Item 15 – State of public transport	4.44	4	7
Item 16 – Specialised transportation	3.92	11	38
Item 17 – Transport stops and stations	4.38	5	10
Item 18 – Public transport drivers’ behaviour	4.34	6	11
Item 19 – Alternative transportation	3.98	10	34
Item 20 – Taxi	3.89	12	39
Item 21 – Roads	4.46	3	6
Domain 3: Housing	3.64 (1.14)		
Item 22 – Sufficient and affordable housing	3.67	3	46
Item 23 – Interior design of housing	3.82	1	43
Item 24 – Affordable home modification services	3.68	2	45
Item 25 – Housing for frail and/or disabled elderly	3.39	4	51
Domain 4: Social participation	4.26 (.87)		
Item 26 – Mode of participation	4.41	2	9
Item 27 – Affordable participation fees	4.51	1	3
Item 28 – Activity information	4.34	3	12
Item 29 – Variety of activities	4.25	4	15
Item 30 – Variety of venues	4.07	5	29
Item 31 – Outreach services	4.00	6	33

Perceived age-friendliness domains and items	Mean (SD)	Item rank	
		Within domains	Across domains
Domain 5: Respect and social inclusion	4.16 (.85)		
Item 32 – Regular consultations	3.84	6	42
Item 33 – Variety of goods and services	3.94	5	37
Item 34 – Politeness of service staff	4.51	1	4
Item 35 – Platform for intergenerational exchange	4.20	3	18
Item 36 – Social recognition	4.30	2	14
Item 37 – Media representations of the elderly	4.20	4	19
Domain 6: Civic participation and employment	3.92 (.95)		
Item 38 – Volunteering	4.11	1	24
Item 39 – Promote the qualities of older employees	4.04	2	31
Item 40 – Paid job opportunities for the elderly	3.56	4	49
Item 41 – Without ageism	3.96	3	36
Domain 7: Communication and information	4.09 (.80)		
Item 42 – Effective dissemination methods	4.43	1	8
Item 43 – Information and dissemination of interests	4.20	2	20
Item 44 – Information to isolated individuals	3.97	5	35
Item 45 – Electronic devices and equipment	4.11	3	25
Item 46 – Automated phone answering system	3.73	6	44
Item 47 – Access to computers and the Internet	4.09	4	26
Domain 8: Community support and health services	3.57 (.98)		
Item 48 – Sufficient healthcare and community support	3.34	5	52
Item 49 – Home care services	3.67	4	47
Item 50 – Proximity between elderly care services	3.86	3	41
Item 51 – Affordable health and community services	4.08	1	28
Item 52 – Contingency planning	3.87	2	40
Item 53 – Sufficient cemeteries	2.57	6	53

4.1.3 Sense of community

Table 8 illustrates the sense of community in Tsuen Wan District. The possible range of each item score was between 2 and 10, while the total score ranged from 8 to 40. A higher sense of community is indicated by a higher score. The mean sense of community score in the district was 23.05 ($SD = 4.17$). Overall, ‘group membership’ scored highest (8.02), followed by ‘emotional connection’ (7.87), ‘influence’ (7.19) and ‘needs fulfilment’ (6.98).

Table 8. Sense of community (N = 611)

	Mean (SD)
Needs fulfilment:	6.98 (1.83)
Group membership:	8.02 (1.48)
Influence:	7.19 (1.57)
Emotional connection:	7.87 (1.50)
Overall	23.05 (4.17)

4.1.4 Age group comparison

Figure 2 shows 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. The results revealed that respondents aged 80 or above had the highest score for perceived age-friendliness in all domains, except for ‘Communication and information’. In general, respondents aged 65 or above had 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

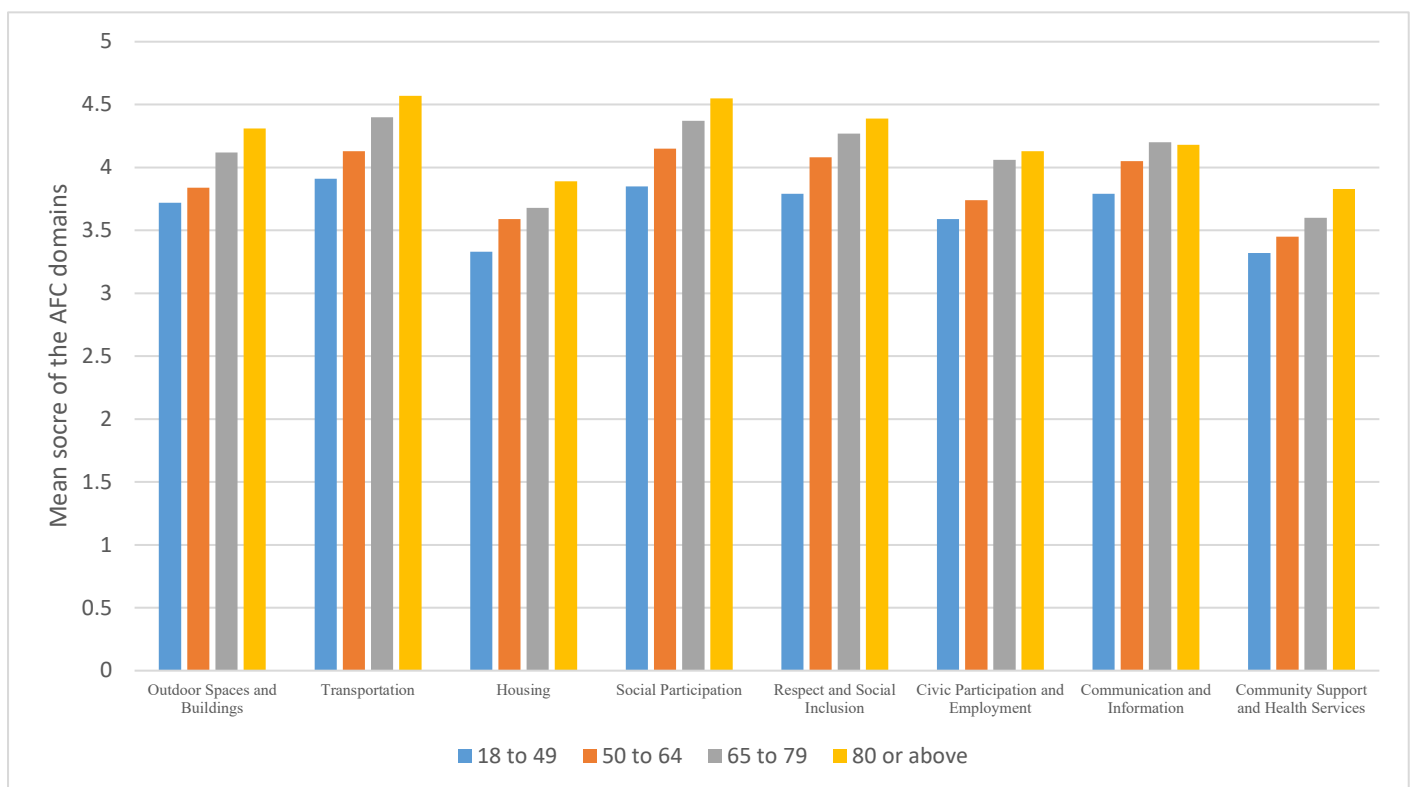
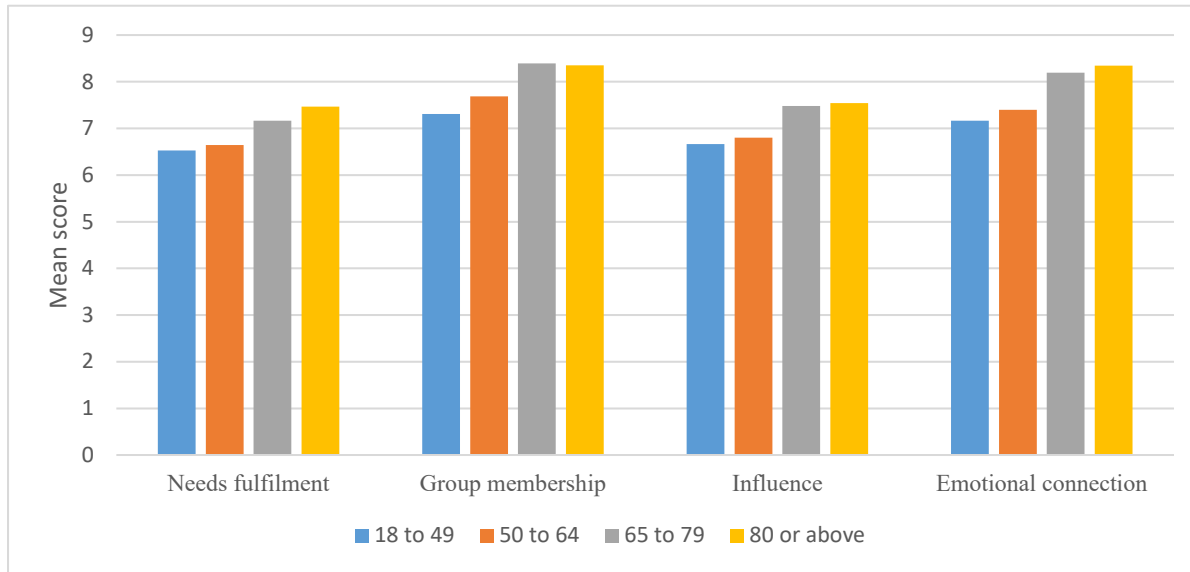


Figure 3 shows the sense of community across different age groups. Respondents aged 80 or above had the highest score for most items, except for ‘group membership’. Among all respondents, ‘group membership’ was one of the highest rated items, suggesting that they feel part of the community.

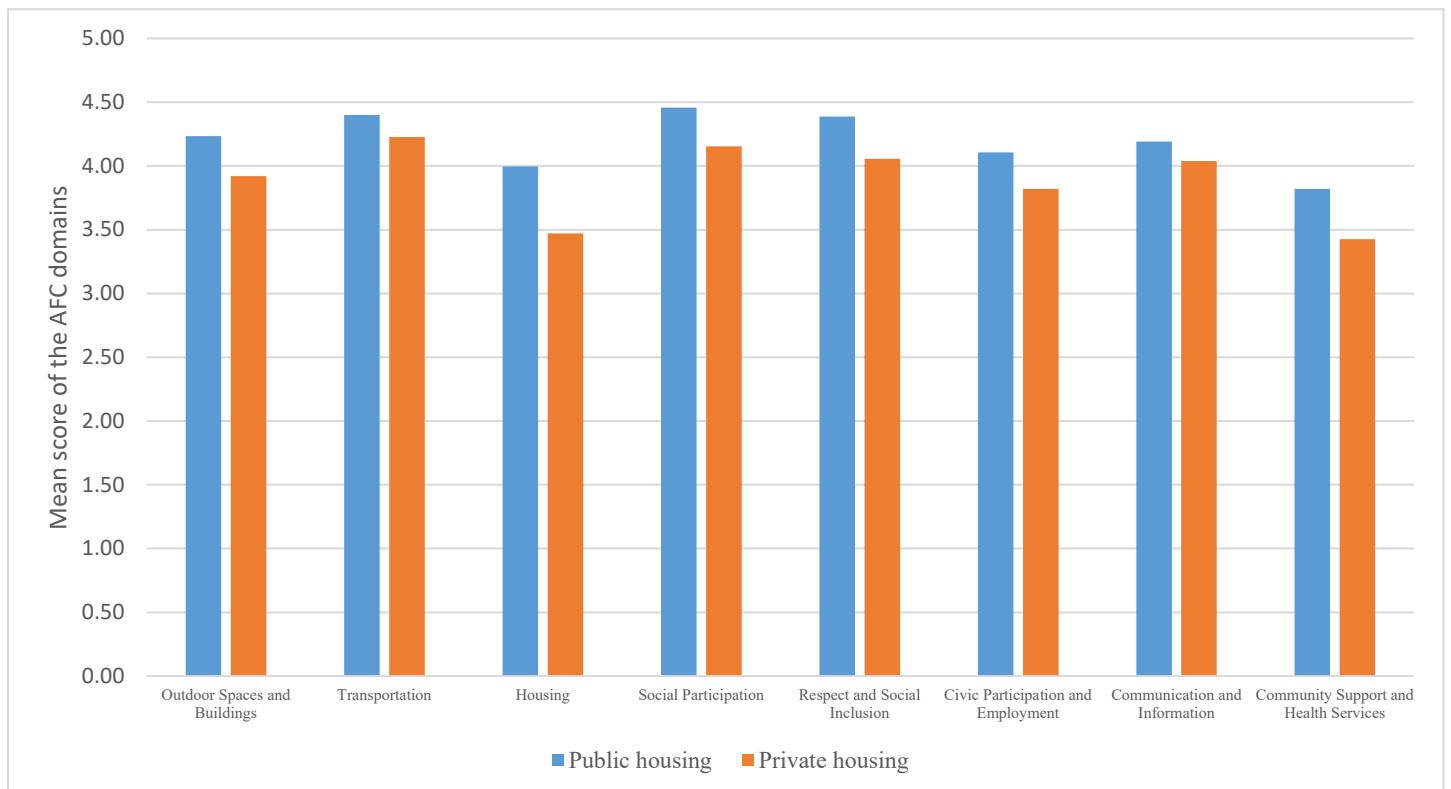
Figure 3. Age group comparison for sense of community



4.1.5 Housing type comparison

In general, respondents living in public housing had a higher score for perceived age-friendliness than those living in private housing for all domains. Three domains were ranked highest by both groups: ‘Social participation’, ‘Transportation’ and ‘Respect and social inclusion’.

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 (84.4%). More than one-third of the respondents (37.5%) were between 18 and 59 years old, 34.4% were between 70 and 79, and 28.1% were 80 or above. Half (50%) reported having a primary education or below, while those had secondary education and post-secondary or above were equally represented. In addition, around 18.8% of the participants lived alone and almost half of them (46.9%) lived with the children.

Table 9. Socio-demographic characteristics of focus group participants (N = 32)

		Frequency	Percentage (%)
Age:	18-59 years	12	37.5
	60-79 years	11	34.4
	80 years or above	9	28.1
Gender:	Male	5	15.6
	Female	27	84.4
Education:	Primary or below	16	50
	Secondary	8	25
	Post-secondary or above	8	25
Living arrangement†:	With spouse	11	34.4
	With children	15	46.9
	With relatives	5	15.6
	Alone	6	18.8
Employment status:	Working	17	53.1
	Not working	15	46.9

† Multiple answers allowed

The thematic analysis results of the focus groups are presented according to the eight domains of the WHO Age-friendly Cities Framework. Focus group participants were divided into five groups: i) participants aged 80 and over, ii) participants aged 60 to 79, iii) participants aged 18 to 59, iv) participants who were family caregivers of at least one person aged 60 or above and v) participants who were service providers in Tsuen Wan District.

4.2.2 Age-friendliness in Tsuen Wan District according to WHO domains

WHO Domain 1: Outdoor spaces and buildings

i) Accessibility

Footbridges were one of the features and best practices of Tsuen Wan District. Over the last three years, respondents indicated that more lifts had been installed in the existing footbridge network, increasing accessibility, especially for people with disabilities and older people. Respondents expected this to be a

continuous improvement. However, some carers found that road design and mom-and-pop restaurants were not suitable for people with disabilities. Therefore, more barrier-free facilities are needed.

ii) *Safety*

Respondents were mostly satisfied with the safety of the community and felt safe in Tsuen Wan District except in some older areas.

iii) *User-friendliness*

Some respondents indicated a slight improvement in shop front extensions (SFE), i.e., the occupation of public places by shops near their premises to conduct business activities, implemented in 2016. They expected improvement in SFE to be a sustainable action. In addition, from the interviews with young-olds and old-olds, respondents found that Tsuen Wan was becoming increasingly crowded. Public markets in Tsuen Wan were concentrated downtown and abandoned in subcommunities. Therefore, some respondents complained that shops and public markets were not convenient to purchase daily necessities. In addition, the switching time of pedestrian lights was too short for the elderly.

Overall, the respondents reported an improvement in age-friendliness over the last three years. However, the lack of public facilities such as markets was their main concern.

WHO Domain 2: Transportation

i) *Accessibility*

Respondents appreciated the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities. It allowed eligible people to travel around at low cost.

ii) *Convenience*

Respondents noted the new bus route service connecting all hospitals in the district. The transportation network covered most areas of the territory.

iii) *Frequency*

Respondents indicated that bus schedules were generally reliable. However, they were not satisfied with the frequency of buses in subcommunities (i.e., Shek Wai Kok and rural areas) during public holidays and festivals.

iv) *User-friendliness*

The attitude of drivers and carers towards barrier-free facilities for people with disabilities varied. Some respondents experienced undesirable treatment by taxi drivers and bus drivers. More importantly, barrier-free facilities were not enough to meet the growing demand of people with disabilities and older people with walking disabilities.

Overall, respondents were satisfied with accessibility and the transportation network. However, users with special needs, such as those living in remote areas and those less able to walk, perceived Tsuen Wan as less user-friendly.

WHO Domain 3: Housing

i) User-friendliness

As an old town, several recreational facilities were located near housing estates. Respondents appreciated this convenient arrangement. However, some respondents mentioned that the public housing estates of the Hong Kong Housing Society were better suited for older residents to live comfortably. Indeed, they responded better to their various needs than the public housing estates of the Housing Authority. Respondents also hoped to increase the provision of Senior Housing to meet the demand of the elderly. For instance, some single private residential buildings in downtown Tsuen Wan and some older public housing blocks, such as Lei Muk Shue (2) Estate Block 2, Clague Garden, do not have a lift landing on each floor. Therefore, respondents indicated that they are not suitable for people with disabilities.

WHO Domain 4: Social participation

i) Accessibility

Respondents appreciated the reasonable cost of community activities. This encouraged their active participation. For example, a social support network was set up with the participation of the Neighbourhood Elderly Centre (NEC) to reduce the loneliness of the elderly and prevent suicides in the community. Respondents also mentioned that they developed sense of belonging by visiting the 'Caritas Hong Kong NEC' and the 'Yan Chai Hospital Fong Yock Yee NEC'. However, some respondents had difficulty receiving promotion about NGO activities.

ii) User-friendliness

Resources for older residents and people with disabilities were limited. In addition, the capacity of the activities was not sufficient to accommodate all users. Thus, there were various service gaps in the community. One service provider revealed several limitations preventing NGOs from offering various activities, such as undersized areas, lack of facilities and limited budget.

WHO Domain 5: Respect and social inclusion

i) Respect

Respondents, particularly those in the old-old group, appreciated the increase in government financial support. Over the last three years, intergenerational activities and public education have promoted the positive image of older people. Nevertheless, inconsiderate behaviour and neglect persisted in communities and families. More promotional activities are needed to strengthen intergenerational harmony in communities and families.

WHO Domain 6: Civic participation and employment

i) Dearth of employment opportunities

Respondents, particularly those aged 60 to 79, had a strong desire to work after retirement. Some companies, such as The Hongkong and Shanghai Banking Corporation Limited, have become role models for employing senior citizens. Nevertheless, most employment opportunities are limited to low-paid and menial work at the grassroots level. In addition, respondents felt being discriminated during the job search process, such as the upper age limit for employees' compensation insurance.

ii) Volunteering

There were many opportunities for the elderly to volunteer. Therefore, respondents were satisfied with volunteering opportunities in the community.

iii) Voice

Older people used the bottom-up approach to express their opinion and willingness on community issues, such as objections to the new residential home for fire safety reasons. However, some respondents complained about the lack of appropriate channels to express their views on government policies.

iv) Retirement readiness

Some respondents mentioned that support services for retirement planning were inadequate, particularly with respect to re-employment.

Overall, the main channel for civic participation is volunteer work. Re-employment and opportunities to voice concerns are limited by public perception and institutional constraints.

WHO Domain 7: Communication and information

i) Accessibility

Elderly centres served as an information hub for older people to receive public information, including government policies, social news and resource references. These centres also provided sufficient training for smartphone use, helping older people to become familiar with instant messaging apps to communicate with their friends. Respondents indicated that they had been equipped with scam prevention messages through various channels, such as monthly gatherings, daily news reading in NECs, radio and TV. However, they wanted more channels to verify the reliability of the information.

ii) User-friendliness

Presentation (small font size) and communication channels (online platforms) made it difficult for service users (i.e., older people with low literacy skills) to receive information. Compared with public estates, respondents living in private estates also highlighted the difficulty of receiving information because of insufficient public announcements. Therefore, some respondents suggested that a one-stop service for social information may be a good option.

Overall, the channels of communication and information dissemination were not user-friendly enough for older people with diverse needs.

WHO Domain 8: Community support and health services

i) Accessibility

Respondents reported that elderly centres had various health-related activities and facilities for older people. Some respondents pointed out that the district-based programme under the JCAFC Project, 'Painless Living @ Tsuen Wan' met the demands of older people. They hoped for similar service programmes in the future. In particular, home-based community care services in subcommunities were insufficient to meet the needs of residents.

ii) User-friendliness

Advertising and better arrangements will help promote 'green burials' and 'life and death topics' among older people. Indeed, some respondents mentioned that disrespectful arrangements in designated green burial gardens reduced their interest in them. In addition, respondents were dissatisfied with the current Health Care Voucher (HCV) arrangements, such as insufficient quantity and misuse. The long waiting time for emergency and specialist medical services and the telephone reservation system were other drawbacks.

Overall, given the rapidly ageing population, the respondents asked for more community and health services.

5. Recommendations

To consolidate the results of the questionnaire survey and focus group interviews, the Project team proposed a number of suggestions in each domain. For ‘Outdoor spaces and buildings’, residents suggested extending the footbridges with lifts and rest points in subcommunities and rural areas, such as Allway Garden, Shek Wai Kok and the Tsuen Wan rural area. They also proposed to install the ‘Smart Device for the Elderly and the Disabled to extend Flashing Green Time’ near medical institutions, such as crossing points on Sha Tsui Road near Lady Trench Polyclinic and Kwan Mun Hau Street near Yan Chai Hospital. In addition, they suggested creating rest points on the ground near the exit of the footbridges/ showing the nearest rest points along the footbridges. Finally, they recommended reviewing the use of the deserted markets of Food and Environmental Hygiene Department (FEHD), Hong Kong Housing Authority and LINK in Sham Tseng, Tsuen King Circuit, Cheung Shan and Shek Wai Kok, to provide services to the elderly, especially meal services and small-scale shopping, such as fresh food.

With regard to ‘Transportation’, residents suggested reviewing public bus and minibus services, especially during public holidays and festivals. To enhance age-friendliness, the minibus design should also be reviewed.

For ‘Housing’, residents suggested exploring the possibility of creating residential areas for older people, so that they can build a social support network and have more barrier-free facilities. Residents also proposed improving policies and procedures for the maintenance and transfer of support services in public housing and the maintenance of support services in private housing.

Elderly centres in the community play a crucial role in promoting Social participation. Residents and service providers pointed out that the capacity and resources of elderly centres are limited but there is a growing need for services. To provide sufficient community support, it is necessary to review the planning of services in NECs, especially services for older people with disabilities.

For ‘Respect and social inclusion’, the effective use of information technology should be improved. There is a need to bridge the digital divide between younger and older generations through intergenerational activities and the promotion of smart ageing and gerontology.

‘Civic participation and employment’ showed poor results. More proactive initiatives should be undertaken, including support services for job matching, retirement planning and legislation to prevent age discrimination.

To improve age-friendliness in terms of ‘Communication and information’, residents suggested extending fibre optic networks to remote areas in Tsuen Wan District. In addition to improving hardware, support services should make it easier for older people to use smartphones and Wi-Fi. Moreover, a one-stop information delivery point will provide reliable and up-to-date information to residents. Public information delivery services should also be reviewed in private estates.

Residents also made suggestions for ‘Community support and health services’. For instance, they proposed to improve the operation of the telephone reservation system, Health Care Vouchers and green burial

services. They also suggested reviewing the use of the deserted markets of FEHD, Hong Kong Housing Authority and LINK in Sham Tseng, Tsuen King Circuit, Cheung Shan and Shek Wai Kok, to provide day care services, respite services, meal services, home care services, enhanced home care services and residential care services.

6. Conclusion

Overall, Tsuen Wan has a good AFC foundation. For example, it became a member of the WHO Global Network for Age-friendly Cities and Communities in 2015. In addition, continuous improvements are underway, such as the expansion of the footbridge network with barrier-free facilities, the rerouting of the bus network, age-friendly housing demonstration and the joint participation of elderly-related agencies and residents.

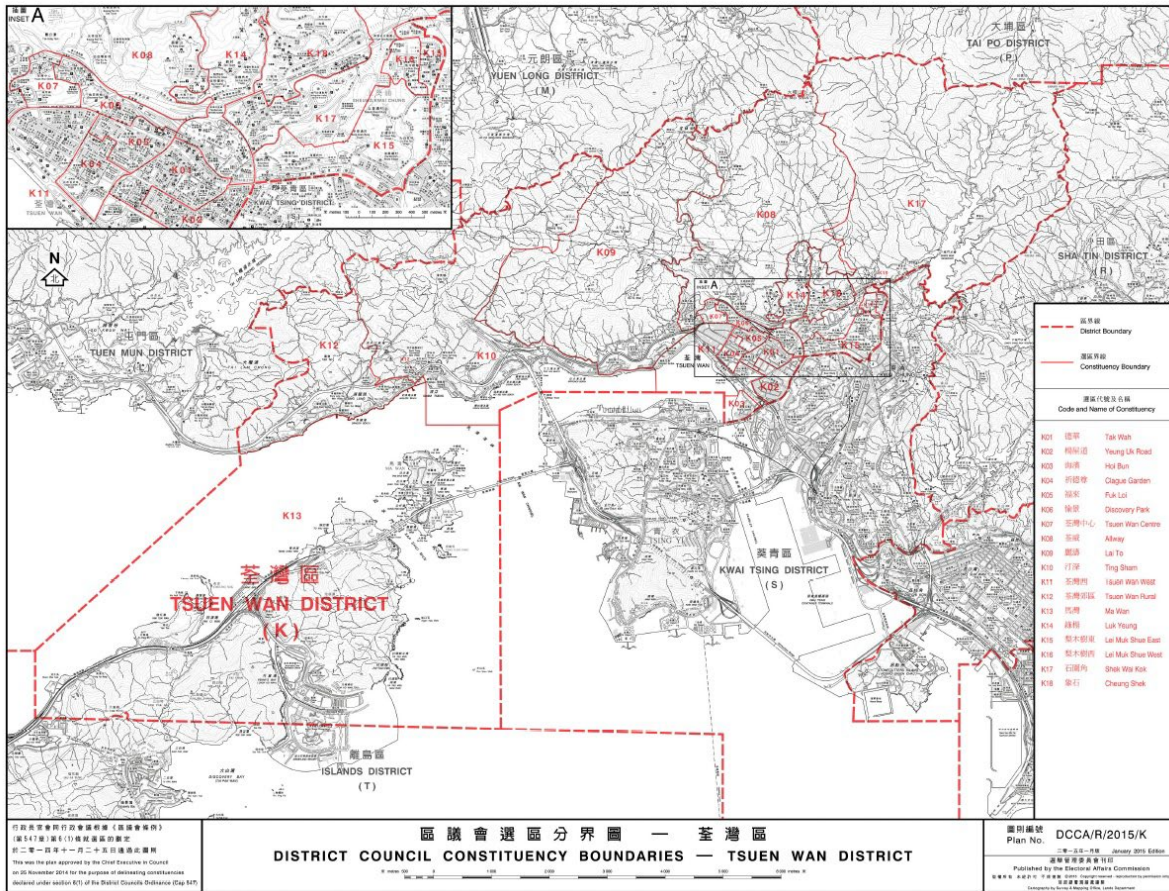
However, as the first generation of new town developments in Hong Kong in the 1970s, Tsuen Wan now faces a bottleneck with deadlock problems, such as limited space, slow redevelopment progress, high real estate prices, complicated housing maintenance procedures, rapid growth in the demand for medical services and cemeteries and the immature momentum of work after retirement in the territory due to the low employment rate of senior residents. These issues affect residents' satisfaction with the eight AFC domains with respect to daily living. Moreover, we observed an overall decline in the mean score of the eight AFC domains in the 18 to 49 age group, contributing to the overall decrease in perceived age-friendliness.

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8. Appendices

Appendix 1 - District Council Election Constituency Boundaries Map (Tsuen Wan 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：



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（請在適當位置劃上別號「✓」）：

- (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
-------	-----	-------	------	----	------

A. 醫社服務

(1) 防病及宣傳		1	2	3	4	5	6
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		1	2	3	4	5	6
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		1	2	3	4	5	6
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		1	2	3	4	5	6
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
---------------	-------------	-----------------------	------------------	--------	------------------

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（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？ - 對殘疾人士設計？

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>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。同時希望你提供改善意見。</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，社會人士所作出適當反應如何？ - 長者被諮詢？

題目及問題	提示
<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>	<ul style="list-style-type: none"> - 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>對於以上提到的不足，有何改善的建議？</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...

<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？

<p>結尾問題</p> <p>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？</p>	<p>無須提示</p>
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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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