



## Jockey Club Age-friendly City Project

### **Final Assessment Report Yuen Long District**

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Submitted by

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Lingnan University**

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## **1. INTRODUCTION**

### **Jockey Club Age-friendly City Project**

The Hong Kong Jockey Club Charities Trust (The Trust) has taken a proactive role in responding to population ageing. In 2015, to address the ageing issues in Hong Kong, The Trust initiated the Jockey Club Age-friendly City (JCAFC) 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 (APIAS) of Lingnan University.

The objectives of the project are 1) to assess the age-friendliness in each district and build the momentum for developing an age-friendly community, 2) to recommend a framework for districts to undertake continual improvement for the well-being of senior citizens and 3) to arouse public awareness and encourage community participation in building an age-friendly city.

### **Asia-Pacific Institute of Ageing Studies**

The APIAS of Lingnan University was established in 1998, with the aim of maximising the well-being of older generation through high quality research work and collaboration with health and social services practitioners, service users, policy makers, charities, public and private sectors, research institutions and local and international communities.



## **2. EXECUTIVE SUMMARY**

The Hong Kong Jockey Club Charities Trust (The Trust) initiated and funded the Jockey Club Age-friendly City Project (The Project) to build an age-friendly city that caters to the needs of people of all ages. The objectives of the final assessment are to evaluate the age-friendliness status after the implementation of The Project and provide recommendations for the future development of an AFC. The final assessment adopted quantitative (questionnaire survey) and qualitative (focus group and field observation) methods. A total of 513 participants from 39 constituencies completed the questionnaire survey. Five focus group interviews with 27 participants were conducted. This report presents the final assessment work conducted in Yuen Long District from October 2020 to August 2021 and compares the baseline and final assessment findings.

The typical survey respondent in the final assessment was a married female aged 65 years old and above, residing in the district for around 27 years with primary school education or below, living with family members in public rental housing and receiving a monthly income of HK\$5,999 or below but was still perceived as having adequate financial status. Around two-thirds of the respondents reported they had chronic diseases, whereas half of them rated their health status as fair. More than half of them had used services or participated in activities provided by elderly centres in the past three months. More than one third of the participants had caregiving experience.

The respondents generally perceived the Yuen Long District to be age friendly. Among the eight domains, the highest mean score was observed in ‘Social participation’, followed by ‘Transportation’ and ‘Respect and social inclusion’. The lowest ratings were found in ‘Community support and health services’ and ‘Housing’. Significantly higher ratings were noted in all the eight domains from baseline to final assessment. Additionally, more significant improvements in perceived age-friendliness were observed among the older respondents aged between 65 and 79, public rental flat and private housing residents, people with better health status, active members of elderly centres and respondents who had no caregiving experience. The residents in Yuen Long appeared to have a good sense of community and positive attitude towards technology utilisation. Participants in the focus group interviews appreciated the achievements made over the years, shared concerns regarding the current situation and provided sensible suggestions for the further improvement of the age-friendliness in the district.

To sum up, Yuen Long District is on the right track towards becoming an age-friendly community. According to the findings of the evaluation, a variety of recommendations are proposed to improve the age-friendliness continually. Further efforts should be made that rely not only on bottom-up approach but also on top-down support provided by the government to enhance the AFC in the long run.

### **3. BACKGROUND**

Population ageing is a demographic trend strongly impacting the world. Arising from increasing longevity and declining fertility, this significant change of age structure leads to various challenges to the government and society, such as shrinking labour force, heavier burden for the health care system and increasing demand for elderly care services.

Hong Kong is no exception to the widespread ageing trend. According to the Census and Statistics Department (2020a, 2020c), the elderly population aged 65 and above will increase from 18.4% of the total population to 33.3% in 2039 and 38.4% in 2069. The middle age of the population will rise from 45.5% in 2019 to 52.5% in 2039 and further to 57.4% in 2069. The percentage of households with only elderly (aged 60 and above) among all households is projected to rise from 17% in 2019 to 25.3% in 2029. Undoubtedly, the critical situation calls for active action to address the ageing issues so that the senior citizens can enjoy a happy and healthy life.

Therefore, the Trust launched the JCAFC Project in 2015. As one of the professional support teams (PSTs), APIAS has been providing comprehensive support for the JCAFC Project in four districts, namely, Tsuen Wan District (Phase One), Islands District (Phase One), Tuen Mun District (Phase Two) and Yuen Long District (Phase Two). The scope of support includes conducting a baseline assessment to measure the age-friendliness in the districts, developing action plan together with the District Council (DC) and other stakeholders, providing training to AFC ambassadors, implementing district-based programmes, evaluating the effectiveness of the JCAFC Project in the districts and consolidating best practices in building an age-friendly city.

From October 2020 to August 2021, APIAS conducted the final assessment for the JCAFC Project in Yuen Long District. The assessment aims to evaluate the changes in age-friendliness occurring since the commencement of The Project in Yuen Long District in 2017 and provide recommendations for future development of age-friendliness in the district. The findings of the final assessment are presented in this report.

#### **3.1 Introduction of Age-friendly City**

The World Health Organization (WHO) launched the Global Age-friendly Cities Project in 2005. According to WHO, an AFC encourages active ageing by optimising opportunities for health, participation and security 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. An age-friendly city is not merely ‘elderly-friendly’ but friendly for all ages (WHO, 2007).

In 2006, WHO led a focus group research in 33 cities around the world to understand elderly residents' concerns on age-friendly features. Eight domains summarising the factors of the urban environment that support active and healthy ageing, namely, (1) outdoor spaces and buildings, (2) transportation, (3) housing, (4) social participation, (5) respect and social inclusion, (6) civic participation and employment, (7) communication and information and (8) community support and health services (WHO, 2007). The JCAFC Project is developed based on the concept of AFC and the framework of the eight domains.

## **3.2 District Characteristics**

Located in the northwest of the New Territories, Yuen Long District has an area of 138.56 km<sup>2</sup> and is the third largest among the 18 districts in Hong Kong (Land Department, 2021). Yuen Long District is adjacent to the western part of the North District and Tai Po District as well as the north-eastern part of the Tuen Mun District. In the DC Election in 2019, Yuen Long District was divided into 39 constituency areas.

### **3.2.1 Development history**

Yuen Long has a long history of development and has been a traditional market town for a long time. Yuen Long Kau Hui was the focal point of rural activities in Yuen Long as early as the eighteenth century. In the early twentieth century, the market activities moved southwest, forming Yuen Long San Hui (Tuen Mun and Yuen Long West District Planning Office, 2019a). Owing to rapid urban growth and improvement in transportation to the New Territories, new town development started in Yuen Long District in the 1970s.

Yuen Long New Town is one of the second-generation new towns. The planning principle for the Yuen Long New Town is to develop a balanced and self-contained community with a range of economic activities, recreational services and community facilities (Tuen Mun and Yuen Long West District Planning Office, 2019a). The total development area is approximately 561 ha (Civil Engineering and Development Department, 2020a). Subsequently, Tin Shui Wai, formerly part of the wetland system in Inner Deep Bay, was selected as one of the third-generation new towns in the 1980s. Tin Shui Wai New Town was planned as a residential new town aimed to provide various housing types with community facilities and infrastructure to meet the increasing housing demand (Tuen Mun and Yuen Long West District Planning Office, 2019b). The development started in the Development Zone of 220 ha, located in the southern part of the new town. It later expanded to the remaining areas in the north, known as the Reserve Zone, with an area of 210 ha (Civil Engineering and Development Department, 2020b).

Currently, most of the planned development in Yuen Long and Tin Shui Wai has been completed (Tuen Mun and Yuen Long West District Planning Office, 2019a, 2019b). New areas for further

development have been identified. For example, Yuen Long South is positioned as an extension of Yuen Long New Town. The Yuen Long South development project aims to address the territory's housing needs in the medium to long term. Suitable sites have been reserved for various types of land uses, including residential, commercial, industrial and open spaces, and the provision of different kinds of community and infrastructural facilities to meet the needs of the future and existing population (Civil Engineering and Development Department, 2020a). Moreover, the Hung Shui Kiu New Development Area, which covers approximately 710 ha of land, is expected to become a regional economic and civic hub for the North West New Territories. It will cater to an integrated community with wide-ranging commercial, recreational and cultural facilities and provide ample employment opportunities serving itself as well as the adjacent areas of Tuen Mun, Tin Shui Wai and Yuen Long New Towns (Tuen Mun and Yuen Long West District Planning Office, 2019b).

Apart from the rapidly developing urban areas, there are six rural areas (Heung) in Yuen Long District (元朗六鄉), including Ping Shan Heung (屏山鄉), Ha Tsuen Heung (廈村鄉), Shap Pat Heung (十八鄉), Pat Heung (八鄉), San Tin Heung (新田鄉) and Kam Tin Heung (錦田鄉). The six areas cover over 140 villages. With lower population density, the rural areas have reserved abundant antiquities and monuments. For example, the first Heritage Trail in Hong Kong, Ping Shan Heritage Trail, is in Yuen Long. Various buildings of great historical significance can be found, such as Tsui Sing Lau Pagoda, Tang Ancestral Hall, Sheung Cheung Wai and Yu Kiu Ancestral Hall. Apart from historical remains, natural landscapes provide ecological function and act as education and tourism facilities, such as Mai Po Nature Reserve and Hong Kong Wetland Parks. That Yuen Long District has been transformed into a place of great diversity, blending the rural and the urban as well as the old and the new, can be concluded from the above discussion.

### **3.2.2 Demographic and domestic household characteristics**

According to Census and Statistics Department (2020b), as of 2020, Yuen Long District has a total population of 640,600. The proportion of elderly citizens aged 65 and above is 16.8%. The percentage is lower than the Hong Kong average and ranks third lowest among the 18 districts. In 2029, the total population is projected to rise to 708,200; the proportion of elderly aged 65 and above, 23.9% (Planning Department, 2021).

The majority of the population in Yuen Long District are residing in new town areas. As of 2020, the population in Yuen Long New Town and Tin Shui Wai New Town is around 171,000 and 280,000, respectively (Civil Engineering and Development Department, 2020c), accounting for 70.4% of the total population. The rest of the residents are staying in the rural areas.

As for domestic household, Table 1 shows the statistics of domestic household characteristics from the Census and Statistics Department (2021a). Table 2 presents the number of elderly singleton household and two elderly-person household in Yuen Long. The growth rate is around 12% from 2016 to 2020.

Table 1 Statistics of domestic household characteristics

	2017	2020
Number of domestic households	213,900	225,300
Average domestic household size	2.9	2.8
Owner-occupiers as a proportion of total number of domestic households	48.3%	53.7%
Median monthly household income (HK\$)	24300	25000

Table 2 Number of elderly singleton household and two elderly-person household in Yuen Long<sup>1</sup>

	2016	2020
Elderly singleton households	15,100	16,900
Two elderly-person households	9,100	10,200

In terms of education, 80.4% of the population in Yuen Long District possess secondary education and above. Of the elderly aged 65 and above, 44.5% is at this educational level (Census and Statistics Department, 2020b). In 2020, the labour force participation rate of people aged 55 and above is 32.6% (Census and Statistics Department, 2020b).

### 3.2.3 Housing, transportation and social and health services

Various housing types exist in Yuen Long District, including public rental housing, Home Ownership Scheme estates, private housing estates, single tenement buildings and village houses. From 2018 to 2020, 6,242 residential flats were newly completed in Yuen Long District (Census and Statistics Department, 2021b). According to the Housing Department, there are eighteen estates under the

<sup>1</sup>The 2020 update is from *Social Indicators on District Welfare Needs* downloaded from [https://www.swd.gov.hk/en/index/site\\_district/page\\_yuenlong/sub\\_districtpr/](https://www.swd.gov.hk/en/index/site_district/page_yuenlong/sub_districtpr/). The 2016 update is retrieved from the *Baseline Assessment Report of Yuen Long District of Jockey Club Age-friendly City Project*

Tenants Purchase Scheme and Public Rental Housing scheme as well as nine estates under Home Ownership Scheme, Private Sector Participation Scheme and Green Form Subsidized Home Ownership Scheme. As of 30 June 2021, there are 676,00 Public Rental Flats in Yuen Long District, and the authorised population living in these flats is 193,300 (Housing Department, 2021).

Yuen Long has a well-developed public transport network. It is easily accessible from different parts of Hong Kong by bus, mini-bus, taxi and railway. In terms of the road network, Routes 3, 9 and 10 pass the district. As for the railway system, there are currently five MTR stations (Kam Sheung Road, Yuen Long, Long Ping, Tin Shui Wai and Lok Ma Chau) and twenty-five light railway stations located in Yuen Long District. Moreover, the New Territories Cycle Track Network crosses Yuen Long District. It not only links up the Northwest with the Northeast New Territories but also functions as a recreational facility to enrich residents' leisure time.

According to the Social Welfare Department, there are two district elderly community centres (DECCs), eight neighbourhood elderly centres (NECs), six day care centres, two Enhanced Home and Community Care Services teams, four Integrated Home Care Services, thirty-one subsidised and forty-one non-subsidised residential care facilities in Yuen Long District. As for health care services, there are two public hospitals and five general outpatient clinics to take care of the elderly when they are feeling unwell.

### **3.3 Baseline Assessment and Key Findings**

In 2017, a baseline assessment was conducted to evaluate the state of age-friendliness in Yuen Long District and provide recommendations for further development.

#### **3.3.1 Methodology**

The study adopted a mixed-methods design, combining quantitative and qualitative approaches. Data collection was completed through questionnaire survey, focus group interview and field observation. The questionnaire and interview guide were designed based on the eight domains of AFC.

#### **3.3.2 Findings and suggestions**

A total of 546 respondents were involved in the questionnaire survey. As shown in Table 3, the mean score of overall satisfaction for all eight domains in the district was 3.73 out of 6. 'Social participation' and 'Transportation' received the highest rating, whereas 'Housing' and 'Community support and health services' received the lowest. People aged 80 and above had the highest overall satisfaction for all eight domains, followed by those aged 65 to 79, 18 to 49 and 50 to 64. Regarding urban–rural disparity, respondents from urban areas scored significantly higher than those from rural communities on all domains and subdomains. Among the eight domains, the biggest mean score difference was

found in ‘Outdoor spaces and building’, whereas the smallest was found in ‘Community support and health services’.

Table 3 Mean scores (SD) of eight AFC domains

Eight AFC Domains	Mean (SD)
Social Participation	4.05 (0.93)
Transportation	3.98 (0.84)
Respect and Social Inclusion	3.95 (0.92)
Outdoor Spaces and Buildings	3.82 (0.92)
Communication and Information	3.81 (0.93)
Civic Participation and Employment	3.62 (1.03)
Housing	3.30 (1.09)
Community Support and Health Services	3.28 (0.94)
Overall	3.73 (0.76)

Apart from the quantitative data from the questionnaire survey, discussions among five focus groups (residents aged 18–59, 60–79 and 80 and above; caregivers and service providers) further deepened the understanding of residents’ perceived age-friendliness. During the focus group interview, interviewees shared their satisfaction for various existing infrastructure and services in the district (e.g. wide variety of affordable activities, fare concession scheme that makes public transport affordable for elderly and improvement in bus service quality) which accounts for the high means score for ‘Transportation’ and ‘Social participation’. At the same time, their complaint about issues such as the high price for houses and maintenance, poor living environment and public renting housing management and insufficiency and unsatisfying quality of health and social services, reveals the underlying reasons for the low scores for ‘Housing’ and ‘Community Support and Health Services’. As for urban–rural disparity, interviewees pointed out that the limited resources in the rural areas (e.g. transportation and elderly activities) lead to inconvenience in residents’ daily life which explained the relatively lower scores of the rural community.

Areas for improvement were identified, and recommendations were provided for further development. The recommendations were expected to guide The Trust and stakeholders to create a better liveable and age-friendly community in Yuen Long District.

### **3.4 Age-friendly Works in Yuen Long District**

Yuen Long DC, Yuen Long District Social Welfare Office, non-governmental organisations (NGOs), community organisations and APIAS have been making joint efforts to promote age-friendliness in the district in the past few years.

All along, Yuen Long DC has been endeavouring to develop an age-friendly community in the district. The DC worked strenuously with government departments to provide adequate public services and facilities which laid a solid foundation for establishing the age-friendly community. DC members were consulted to formulate the three-year action plan for enhancing age-friendliness in the district. Valuable advice was provided to the JCAFC Project team for reference. The DC also set up the Working Group on Age-friendly Community in Yuen Long District to solicit proposals relating to age-friendly community development, make recommendations for the implementation of age-friendly community initiatives as well as follow up on the progress of the JCAFC Project. NGOs and APIAS were supported by the DC when organising activities. After Yuen Long District obtained the membership of WHO Global Network for Age-friendly Cities and Communities in 2018, the DC continued to act as the bridge between WHO and the local community to further enhance age-friendliness in the district.

The ‘District Office’ has always been paying much attention to the elderly residents in the district. Various efforts (e.g. implementing the Service Quality Group Scheme for Residential Care Homes for the Elderly) have been made to ensure the sufficiency and quality of elderly services. Besides, the District Office has organised multiple programmes to improve the well-being of the elderly and their caregivers, such as the echoing activities under the ‘Dementia Friendly Community Campaign’ (認知無障礙大行動) and ‘Support for Carers Project’ (護老同行計劃). All the above works become the strong backing for the development of age-friendly community in Yuen Long District.

Since 2018, NGOs and community organisations have implemented three batches of programmes under the JCAFC Project. Organisations involved are Tuen Mun Integrated Elderly Service Team and Integrated Discharge Support Program for Elderly Patients Team of Evangelical Lutheran Church of Hong Kong, Mrs. Wong Tung Yuen District Elderly Community Centre of Pok Oi Hospital, Mrs. Leung Hok Chiu Neighbourhood Elderly Centre of Yuen Long Town Hall Management Committee Limited, Pak U Neighbourhood Elderly Centre of New Territories Women and Juveniles Welfare Association Social Services Division Limited, Yan Oi Tong Tin Ka Ping Neighborhood Elderly Centre,



Tin Shui Neighbourhood Elderly Centre of The Neighbourhood Advice-Action Council and Yan Chai Hospital Wan Shing Memorial Social Centre for the Elderly.

The first batch of programmes was mainly completed between April and October 2018. Ageing Friendly in Yuen Long programme (「元」「善」長者在社區計劃) organised by Tuen Mun Integrated Elderly Service Team focused on older people's re-employment and need for support in daily activities. Assistance for daily activities included accompanying the elderly to go out/see doctor, home environment assessment, basic house maintenance and house cleaning, among others. As for re-employment, home care training was provided so that the participants could have a new skill set to look for employment. The other three programmes in this batch, namely, Friendly and Healthy Meal Programme (「友營」膳食計劃) implemented by Integrated Discharge Support Program for Elderly Patients Team of Evangelical Lutheran Church of Hong Kong, Achieving Community Health Service programme (社區健康服務做得好) conducted by Mrs. Wong Tung Yuen District Elderly Community Centre and Happy Healthy Community programme (健康社區樂融融) initiated by Mrs. Leung Hok Chiu Neighbourhood Elderly Centre, focused on elderly residents' health. Various kinds of services were offered in the three programmes, such as free meal delivery for the elderly living alone, health check for the elderly living in the rural areas, exercise session, cognition training, lectures regarding home safety, medication management, physical and mental health and so on.

The second batch of programmes was conducted between January and October 2019. Some organisers came up with various creative and joyful activities to enrich elderly citizens' life. For instance, in the E-Fit! programme (齡活健體大使) and YCH A New Era of Ageing Health @ Yuen Long programme (仁濟銀齡健康新紀元), the elderly were encouraged to join calisthenics (健康操) and resistance band (練力帶) exercises which are beneficial for their physical health. In the Social Inclusion City programme (包容城市), the elderly got the opportunity to join events such as touring the city on sightseeing bus and age-friendliness-related quiz game. Some programmes paid special attention to equipping older people with modern technology. For example, in the programme Age-Friendly in Yuen Long (友善社區在元朗) and Getting to Know the Change of Hong Kong (港建同步•友善同行), organisers trained the elderly to use cloud system for health check and multimedia for participation in social activities as well as sharing of age-friendly information. Apart from the above elements, concerns were also shown to the inter-generational communication. For instance, the organisers of Age-Friendly in Yuen Long, Getting to Know the Change of Hong Kong and Social Inclusion City arranged activities to facilitate the dialogue between the elderly and the young. This kind of communication can assist in improving the 'Respect and social inclusion' domain of AFC.

The third batch of programmes was organised between November 2019 and August 2020. All the four programmes, namely, Age-friendly in Yuen Long II (友善社區在元朗 II), The Growth of Public Transit, The Progress Towards Aged Friendly (交通發展 千里行 ▪ 長者友善倍安心), YCH A New

Era of Ageing Health @ Yuen Long II (仁濟銀齡健康新紀元 II) and Road of Social Participation (齡活之旅), paid attention to the domain ‘Social participation’. The organisers tried to foster older people’s continued integration in society through various kinds of activities, such as city orienteering and adventure activities with youngsters, visiting new infrastructure facilities, group resistance band exercises, vintage clothes show, flower art training and so on.

Apart from the programmes implemented by NGOs and community organisations, APIAS led two district-based programmes, namely, Rural Neighbourhood Development Project in 2018 and Building and Enhancing Supportive Trend: Rural United Nations (BEST RUN) project from 2019 to 2021. Both focused on the rural areas of Yuen Long District. Various services were provided to support the elderly living in the rural, such as home safety assessment, home modification and home-based support services.

Although the content of the above programmes varied, they all shared one thing in common, namely, the participation of volunteers and AFC ambassadors. Different kinds of training were provided to the volunteers and ambassadors according to the objectives of the programmes. The well-trained volunteers and ambassadors not only provided direct services to the elderly and carers but also shared the concepts of AFC and encouraged wider community participation in building AFC during publicity events. Their active performance contributed to the improvement of age-friendliness in Yuen Long District in the past few years.

## **4. METHODOLOGY**

The final assessment adopted a mixed-methods approach, which included quantitative and qualitative studies. Five focus groups of 27 participants and a community-wide survey with 513 residents from Yuen Long District were conducted to examine the perceived age-friendliness and sense of community in the district between October 2020 and August 2021.

### **4.1 Questionnaire Survey**

#### **4.1.1 Participants and recruitment methods**

The questionnaire survey aimed to recruit 500 interviewees aged 18 and above and resided in Yuen Long District. To collect sensible data comparable with the baseline assessment, quota sampling was adopted to recruit the participants in 39 main areas based on the District Council Election Constituency Boundaries 2019 (District Council Election, 2019). Eleven social service agents providing elderly services in Yuen Long District joined the final assessment to refer potential respondents, especially those who joined the baseline assessments. Some respondents were recruited using snowball sampling, invitations and referrals from friends, colleague, neighbours and relatives.

#### **4.1.2 Questionnaire and measurements**

The questionnaire consisted of five sections, covering the questions regarding the community care, perceived age-friendliness, sense of community, utilisation of smart technology and respondents' sociodemographic information (Appendix 1). Each interview took approximately 20 to 40 minutes to complete. Most interviewees completed the questionnaires with the assistance of trained helpers through face-to-face interviews. Owing to the outbreak of COVID-19, some participants filled in the online questionnaires by self-administration or joined interviews by Zoom or telephone.

##### **1) Community care**

Community care was measured by a 25-item scale that covered four domains, namely, healthcare services, financial protection, social participation and living arrangement. Each domain consisted of four to eight questions, using a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree).

##### **2) Perceive age-friendliness**

A 53-item perceived age-friendliness scale was designed in accordance with the framework of AFC based on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree) (WHO, 2007). Respondents were asked to rate their perceived age-friendliness in eight domains, namely, 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.

3) Sense of community

Sense of community was measured by applying an 8-item Brief Sense of Community Scale<sup>1</sup>, using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scale consists of four dimensions, namely, needs fulfilment (a perception that members' needs will be met by the community), group membership (a feeling of belonging or a sense of interpersonal relatedness), influence (a sense that a person matters, or can make a difference in a community and that the community matters to its members) and emotional connection (a feeling of attachment or bonding rooted in members' shared history, place or experience).

4) Utilisation of smart technology

A 5-item scale was adopted to evaluate the utilisation of smart technology, covering the usage of PC, smartphone, Internet and smart home equipment based on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

5) Sociodemographic information

The information included respondents' age, gender, education level, marital status, living arrangement, type of housing, length of residency in the community, economic activity status, monthly income, use of services provided by elderly centres, chronic diseases and experience in caring for the elderly. Respondents reported their perceived financial status 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 (Ware, Kosinski, & Keller, 1996).

### 4.1.3 Data Analysis

Descriptive analyses were performed to identify patterns in the sociodemographic of respondents. Further analysis was conducted to explore the differences in mean scores (mainly including eight AFC domains, AFC subdomains, sense of community, usage of smart technology) by respondents' characteristics and geographical locations with independent samples t-test and analysis of variance (ANOVA). Paired-samples t-test were performed for the respondents who joined both baseline and final assessments to evaluate the three-year change. All statistical procedures were carried out using the SPSS Statistical Package version 25.0, where a significant level at 5% was adopted for all statistical tests. Significant differences are shown in tables or text.

## **4.2 Focus Group Interview**

To address the need for deeper understanding of perceived age-friendliness among Tuen Mun residents, detailed information was collected through focus group interviews after the implementation of the questionnaire survey.

### **4.2.1 Target Group**

The research team developed the interview guidelines based on the Vancouver Protocol of the WHO Age-friendly Cities (WHO, 2007) (Appendix 2). We aimed to conduct a total of five focus groups, namely, residents aged 18–59, 60–79 and 80 and above; caregivers and service providers.

#### **1) *Residents aged 18–59 from the public***

An age-friendly community not only enables older people to enhance their quality of life and encourages them to be active participants in the community but also creates a better environment for residents of all ages. Therefore, members of the public aged from 18 to 59 were interviewed to offer an enhanced comprehensive view of age-friendliness in the district.

#### **2) *Residents aged 60–79 and those aged 80 and above***

Different ageing stages of life involve different challenges and needs. According to the Vancouver Protocol, older persons were further separated into two groups: young-old (aged 60 – 79) and old-old (aged 80 and above) (WHO, 2007a). To evaluate the district in term of its age-friendliness, interviews with the young-old and old-old can provide a better understanding of perceived age-friendliness in the district towards older people at different stages.

#### **3) *Caregivers***

Caregivers who take care of their elder family members and understand their situation and needs were interviewed to provide information about their daily living experience in the district. Caregivers were able to express their opinions on elderly policies and caregiver support services and offer suggestions for future improvement.

#### **4) *Service providers from elderly services***

Agency staff from the DECCs and NECs provide a wide range of community services to the elderly in the district. These individuals were interviewed to better understand their opinion on the service needs of the elderly. Moreover, service providers were able to comment on government policies and share their experiences whilst working with and providing services for the elderly.

#### **4.2.2 Participants and recruitment methods**

Convenience sampling was adopted to recruit participants. Each focus group comprised five to nine participants. Groups of participants aged 60–79, residents aged 80 and above, caregivers and eligible persons, who had completed the questionnaire survey and were interested in participation in the focus group, were invited. In addition, the groups of residents aged 18–59 and service providers were recruited from the public and local agencies, respectively.

#### **4.2.3 Procedure and materials**

At the beginning of the focus group, the moderator distributed the JCAFC Project leaflets to the interviewees with a brief introduction of the programme and the AFC concept. During the interviews, the moderator invited the interviewees to share their experiences and feelings about living in their communities. Interview questions covered all eight domains of the framework of the WHO age-friendly city.

Each focus group lasted for approximately 60–90 minutes. A break of 10–15 minutes was given in the middle of the interview. All focus groups were conducted between March and June 2021. The interviews were recorded in tape, and full transcripts were prepared for data analysis.

### **4.3 Field Observation**

Insightful and frequently mentioned opinions during the questionnaire survey interview were captured and summarised as part of the qualitative findings to provide a comprehensive picture of how age-friendliness looks like in the district.

## 5. FINDINGS

### 5.1 Quantitative Study

#### 5.1.1 Participants' portfolio

A total of 513 respondents were recruited from thirty-nine constituencies. Of the respondents, 10.4% were from San Tin, followed by Shui Pin (8.4%) and Tin Yiu (6.1%); 135 respondents (26.3%) of the final assessment joined the baseline assessment as well.

Table 4 presents the sociodemographic information of the respondents. Majority of them were female (74.7%) and aged 65 and above (69.6%). Approximately half of the respondents (47.7%) received primary education or below (47.7%). Nearly half of them were married (49.9%), whereas most of them were living with their family members (67.9%). Regarding the financial and employment status, most of them were retired (56.9%). Of the respondents, 48.8% were earning a monthly personal income below HK\$5,999; only 16.0% reported inadequate or very adequate finance for daily expenses,

Among the respondents who joined both assessments, majority of them were female (76.3%), aged 65 and above (92.6%) and had primary education or below (62.2%); 43.7% of them were widowed, whereas 43.0% of them were married. Around two-thirds were living with their family (57.5%). Majority of them were retired (78.5%) and had monthly personal income below HK\$5,999 (74.0%). Only 16.3% of them perceived their financial status as inadequate or very inadequate.

Table 4 Sociodemographic characteristics

		Final ( <i>N</i> = 513)		Final and Baseline ( <i>N</i> = 135)	
		<i>N</i>	%	<i>N</i>	%
Age	18–49 years	93	18.1	5	3.7
	50–64 years	63	12.3	5	3.7
	65–79 years	240	46.8	66	48.9
	80 years and above	117	22.8	59	43.7
Gender	Male	130	25.3	32	23.7
	Female	383	74.7	103	76.3
Education	No schooling or pre-primary	62	12.1	34	25.2
	Primary	167	32.6	50	37.0
	Secondary	188	36.6	45	33.3
	Post-secondary and above	96	18.7	6	4.4
Marital status	Never married	79	15.4	8	5.9
	Married	256	49.9	58	43
	Widowed	146	28.5	59	43.7

Living arrangement*	Divorced/Separated	32	6.2	10	7.4
	Living alone	136	27.1	52	38.8
	With family members	340	67.9	77	57.5
	With others (e.g. housemate and domestic helper)	9	1.8	3	2.2
	With family members and others (e.g. housemate and domestic helper)	16	3.2	2	1.5
Financial adequacy	Very inadequate	14	2.7	4	3
	Inadequate	68	13.3	18	13.3
	Adequate	357	69.6	99	73.3
	Fairly adequate	68	13.3	12	8.9
	Very adequate	6	1.2	2	1.5
Income	Below \$2,000	47	9.2	11	8.1
	\$2,000–\$3,999	167	32.6	59	43.7
	\$4,000–\$5,999	83	16.2	30	22.2
	\$6,000–\$7,999	51	9.9	11	8.1
	\$8,000–\$9,999	29	5.7	8	5.9
	\$10,000–\$14,999	33	6.4	10	7.4
	\$15,000–\$19,999	34	6.6	1	0.7
	\$20,000–\$24,999	26	5.1	1	0.7
	\$25,000–\$29,999	17	3.3	1	0.7
	\$30,000–\$39,999	13	2.5	2	1.5
	\$40,000–\$59,999	11	2.1	1	0.7
	\$60,000 and above	2	0.4	0	0
Economic Activity Status	Unemployed	5	1	1	0.7
	Working	97	18.9	6	4.4
	Retired	292	56.9	106	78.5
	Homemaker	103	20.1	22	16.3
	Student	13	2.5	0	0
	Others	3	0.6	0	0

\*Some data were missing during data collection.

Table 5 presents respondents' residence and health characteristics, social participation and caregiving experience. The average number of years of residence in the district was 27.04 years (SD = 18.34).



Majority of the respondents were living in either rental or subsidised public housing (52.3%). In terms of health status, around half of the respondents reported their health status as fair (52.8%) and were suffering from chronic diseases (61.0%). Around half of them had used services or participated in activities provided by elderly centres in the past three months (53.1%), and 38.6% of them had experience in providing care for the elderly.

Among the respondents who joined both assessments, their average number of years of residence in the district was 32.01 (SD = 20.59). More than half of them were living in either rental or subsidised public housing (54.1%). As for health status, 54.1% of the respondents perceived their health status as fair and majority of them had chronic diseases (79.3%). More than half of them had used services or participated in activities provided by elderly centres in the past three months (57.8%), and 36.3% of the respondents had experience in providing care for the elderly.

Table 5 Residence, health, social participation and caregiving experience

		Final ( <i>N</i> = 513)			Final and Baseline ( <i>N</i> = 135)		
		Mean (SD)	N	%	Mean (SD)	N	%
Residence		27.04			32.01		
years		(18.34)			(20.59)		
Housing	Public Rental Flats		201	39.2		54	40
type	Subsidised Home Ownership Scheme Housing (HOS, TPS)		67	13.1		19	14.1
	Private Rental Housing		28	5.5		7	5.2
	Private Self-owned Permanent Housing		174	33.9		41	30.4
	Others (e.g. private temporary housing, institution etc.)		43	8.4		14	10.4
Self-rated		2.46			2.40		
health		(0.94)			(1.05)		
	Poor		48	9.4		19	14.1
	Fair		271	52.8		73	54.1
	Good		126	24.6		22	16.3

	Very good	45	8.8	12	8.9
	Excellent	23	4.5	9	6.7
Chronic illnesses		313	61	107	79.3
Use of elderly centres		260	50.7	78	57.8
Caregiving experience		198	38.6	49	36.3

\*Some data were missing during data collection.

### 5.1.2 Perceived age-friendliness

This section reports the perceived age-friendliness across the eight domains and subdomains as well as significant differences among age group, education background, type of housing, use of elderly centres and rural–urban communities. No significant difference was found in participants’ perceived age-friendliness across the eight domains by gender, self-rated health status and whether respondents have caregiver experience. By comparing the scores of eight domains from baseline and final assessments, changes of perceived age-friendliness in the Yuen Long District were also explored.

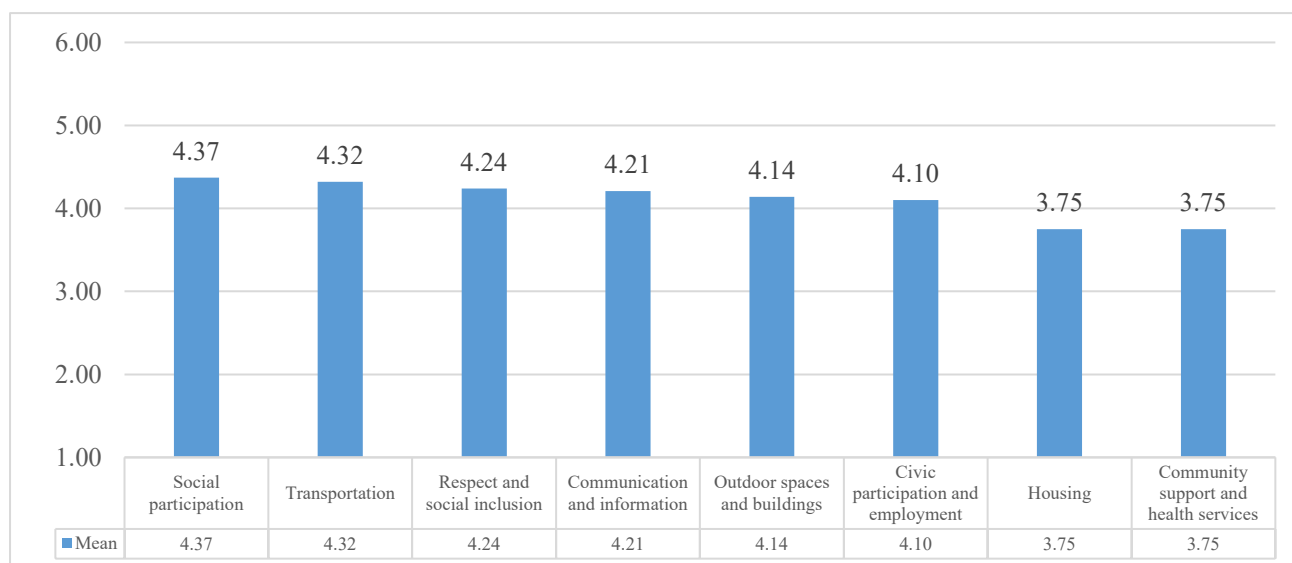
#### 5.1.2.1 Key findings from final assessment

##### 1) AFC domains and sub-domains

Figure 1 presents the perceived age-friendliness across the eight domains. Possible responses include 1 (strongly disagree), 2 (disagree), 3 (slightly disagree), 4 (slightly agree), 5 (agree) and 6 (strongly agree).

As shown in Figure 1, respondents perceived the Yuen Long District to be age friendly. Among the eight AFC domains, the highest mean score was observed in ‘Social participation’ (4.37), followed by ‘Transportation’ (4.32) and ‘Respect and social inclusion’ (4.24). The AFC domains with the lowest score were ‘Housing’ (3.75) and ‘Community support and health services’ (3.75), followed by ‘Civic participation and employment’ (4.10).

Figure 1 Perceived age-friendliness in Yuen Long District



Among all the sub-domains, ‘Accessibility of public transport’ (4.41) and ‘Availability and accessibility of social activities’ (4.41) had the highest scores, followed by ‘Comfort to use public transport’ (4.36) and ‘Road safety and maintenance’ (4.36). The lowest mean score was ‘Burial services’ (2.90) of the ‘Community support and health services’, which apparently lowered the satisfaction of the mentioned domain (Table 6). Besides, within the domains ‘Outdoor spaces and buildings’, ‘Transportation’, ‘Social participation’, ‘Respect and social inclusion’, ‘Civic participation and social inclusion’ and ‘Communication and information’, the mean scores of all sub-domains were rated above 4.

Table 6 Perceived age-friendliness by eight AFC domains and sub-domains ( $N = 513$ )

	Final Mean (SD)	Sub-domains rank (Across domains)
<b>Outdoor spaces and buildings</b>	4.14 (0.86)	
Outdoor spaces	4.14 (0.94)	9
Buildings	4.14 (0.95)	9
<b>Transportation</b>	4.32 (0.82)	
Road safety and maintenance	4.36 (0.92)	3
Availability of specialised services (transport)	4.03 (1.01)	13
Comfort to use public transport	4.36 (0.92)	3
Accessibility of public transport	4.41 (0.95)	1
<b>Housing</b>	3.75 (1.08)	
Affordability and accessibility of housing	3.62 (1.20)	18
Environment of housing	3.87 (1.13)	16
<b>Social participation</b>	4.37 (0.91)	

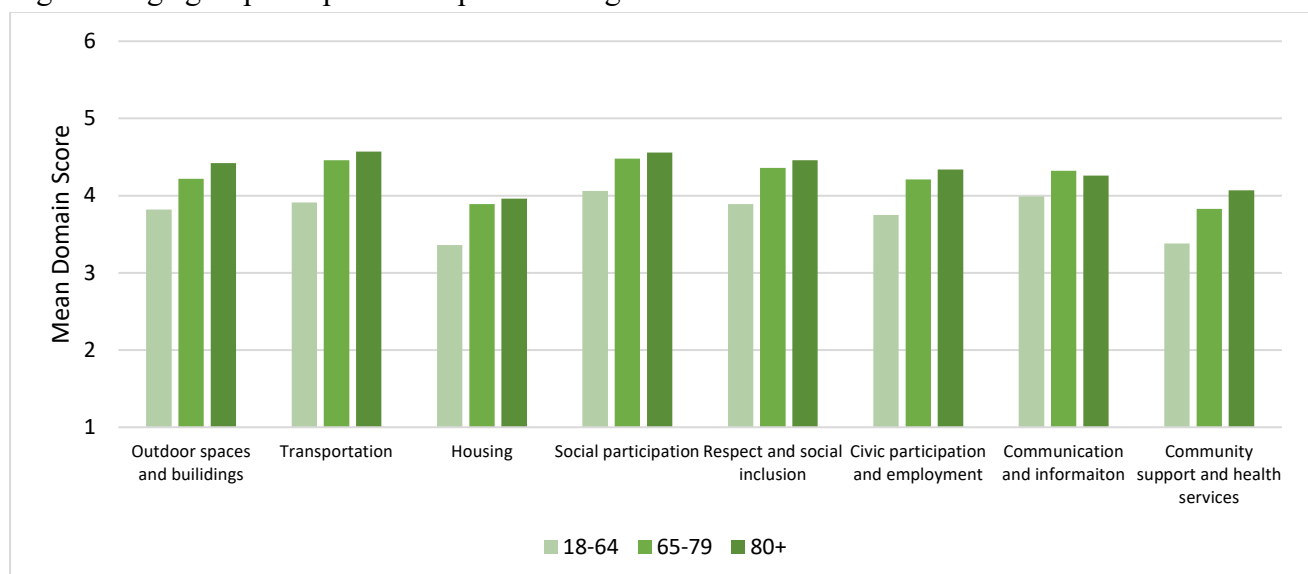
Facilities and settings (social participation)	4.34 (1.00)	5
Availability and accessibility of social activities	4.41 (0.93)	1
<b>Respect and social inclusion</b>	4.24 (0.88)	
Attitude	4.31 (0.86)	7
Opportunities for social inclusion	4.11 (1.07)	11
<b>Civic participation and employment</b>	4.10 (1.00)	
Civic participation	4.34 (1.16)	5
Employment	4.02 (1.03)	14
<b>Communication and information</b>	4.21 (0.83)	
Information	4.27 (0.85)	8
Use of communication and digital devices	4.09 (1.00)	12
<b>Community support and health services</b>	3.75 (0.98)	
Availability and affordability of medical/social services	3.95 (1.03)	15
Emergency support	3.81 (1.32)	17
Burial service	2.90 (1.37)	19

\*Some data were missing during data collection.

## 2) Age group

Figure 2 shows the perceived age-friendliness across the age groups. Respondents were divided into three age groups for comparison: i) 18–64 years, ii) 65–79 years and iii) 80 years and above. Respondents of 80 years and above group got the highest score for perceived age-friendliness in all domains, except for ‘Communication and information’ domain. Compared with the younger respondents, people aged 65 and above rated a higher score for perceived age-friendliness in all eight domains.

Figure 2 Age group comparison in perceived age-friendliness



As showed in Table 7, the one-way analysis of variance (one-way ANOVA) was conducted, with the age groups, i.e. the group of 18–64 years, the group of 65–79 years and the group of 80 years and above being set as the independent variables, and the means of eight AFC domains as the dependent variables. The results showed significant main effects in six eight AFC domains: ‘Housing’ ( $F(2, 510) = 15.27, p < 0.001$ ); ‘Social participation’ ( $F(2, 510) = 13.72, p < 0.001$ ); ‘Respect and social inclusion’ ( $F(2, 510) = 19.97, p < 0.001$ ); ‘Civic participation and employment’ ( $F(2, 510) = 15.08, p < 0.001$ ); ‘Communication and information’ ( $F(2, 510) = 7.91, p < 0.001$ ) and ‘Community support and health services’ ( $F(2, 510) = 19.29, p < 0.001$ ). Therefore, multiple comparison was performed according to the Bonferroni method. The results showed that the mean scores of the 18–64 years group were significantly lower in the mentioned six domains compared with those of the 65–79 years group and 80 years and above group.

Table 7 Mean (SD) of scores across age groups and results of one-way ANOVA and multiple comparison in perceived age-friendliness

	18–64	65–79	80+	<i>F</i>	Bonferroni
Outdoor spaces and buildings	3.82 (0.93)	4.22 (0.79)	4.42 (0.76)	19.01	
Transportation	3.91 (0.88)	4.46 (0.72)	4.57 (0.70)	31.84	
Housing	3.36 (1.08)	3.89 (1.00)	3.96 (1.10)	15.27***	18–64 < 65–79 18–64 < 80+
Social participation	4.06 (0.90)	4.48 (0.88)	4.56 (0.92)	13.72***	18–64 < 65–79 18–64 < 80+
Respect and social inclusion	3.89 (0.88)	4.36 (0.83)	4.46 (0.81)	19.97***	18–64 < 65–79 18–64 < 80+
Civic participation and employment	3.75 (1.00)	4.21 (0.97)	4.34 (0.93)	15.08***	18–64 < 65–79 18–64 < 80+
Communication and information	3.99 (0.88)	4.32 (0.78)	4.26 (0.81)	7.91***	18–64 < 65–79 18–64 < 80+
Community support and health services	3.38 (1.02)	3.83 (0.96)	4.07 (0.81)	19.29***	18–64 < 65–79 18–64 < 80+

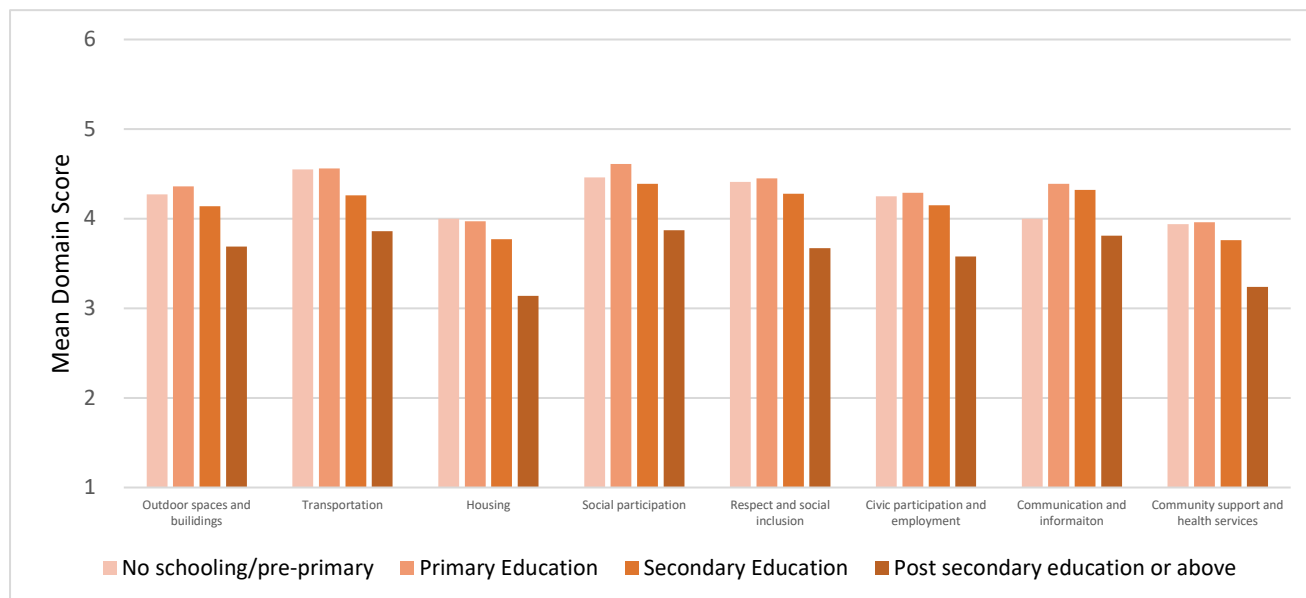
Note: \*\*\*  $p < 0.001$ .

### 3) Education background

Figure 3 showed the perceived age-friendliness across the people with different education backgrounds. People with primary education rated the highest score in all the eight domains. In general, the results indicated that respondents with better education background had a lower score for perceived age-

friendliness in the community. People with primary or below education rated higher scores than people with secondary or above education, except for ‘Communication and information’ domain.

Figure 3 Education background comparison in perceived age-friendliness



One-way ANOVA was conducted among the people with different education backgrounds, i.e. no schooling/pre-primary (NS), primary education (PE), secondary education (SE) and post-secondary education or above (PS) being set as the independent variables, and the means of eight AFC domains as the dependent variables (Table 8). The results showed significant main effects in seven AFC domains: ‘Outdoor spaces and buildings’ ( $F(3, 509) = 13.99, p < 0.001$ ); ‘Housing’ ( $F(3, 509) = 14.86, p < 0.001$ ); ‘Social participation’ ( $F(3, 509) = 14.51, p < 0.001$ ); ‘Respect and social inclusion’ ( $F(3, 509) = 19.67, p < 0.001$ ); ‘Civic participation and employment’ ( $F(3, 509) = 12.21, p < 0.001$ ); ‘Communication and information’ ( $F(3, 509) = 13.16, p < 0.001$ ) and ‘Community support and health services’ ( $F(3, 509) = 12.68, p < 0.001$ ). Therefore, multiple comparison was performed according to the Bonferroni method. The results showed that the mean scores of the PS were significantly lower in the six domains compared with those of the NS, PE and SE. As for ‘Communication and information’, the NS and PS groups rated significantly lower than the SE and PE groups.

Table 8 Mean (SD) of scores across different education backgrounds and results of one-way ANOVA and multiple comparison in perceived age-friendliness

	NS	PE	SE	PS	<i>F</i>	Bonferroni
Outdoor spaces and buildings	4.27 (0.82)	4.36 (0.73)	4.14 (0.89)	3.69 (0.86)	13.99***	NS > PS
						PE > PS
						SE > PS

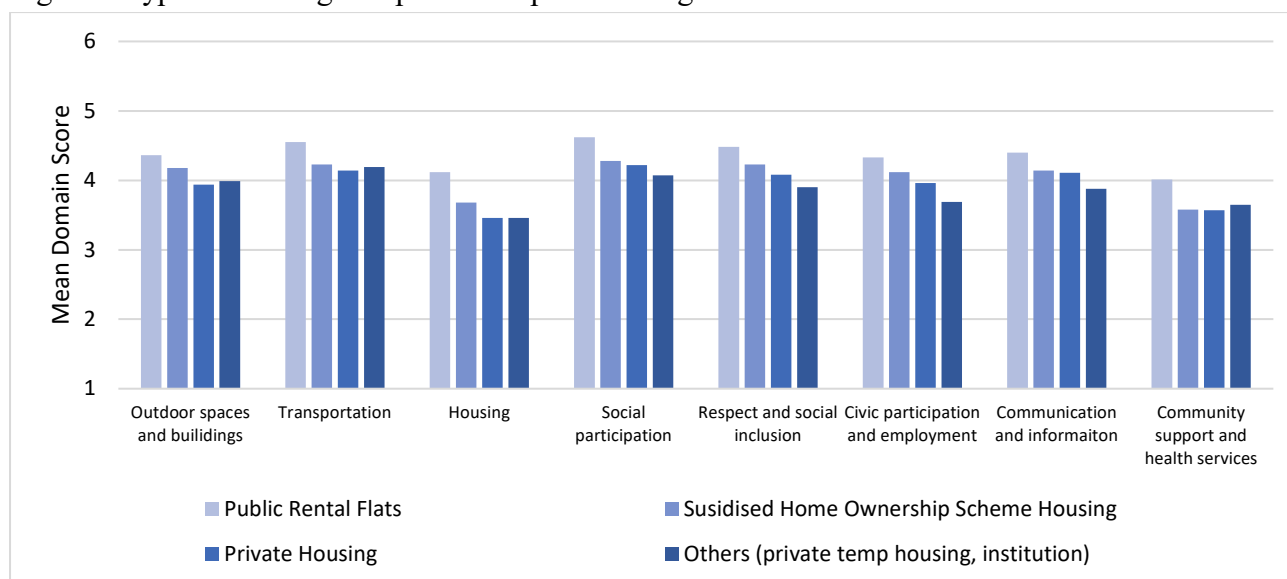
Transportation	4.55 (0.63)	4.56 (0.66)	4.26 (0.86)	3.86 (0.86)	18.81	
Housing	4.00 (1.11)	3.97 (0.99)	3.77 (1.07)	3.14 (1.02)	14.86***	NS > PS PE > PS SE > PS
Social participation	4.46 (1.01)	4.61 (0.85)	4.39 (0.86)	3.87 (0.88)	14.51***	NS > PS PE > PS SE > PS
Respect and social inclusion	4.41 (0.86)	4.45 (0.77)	4.28 (0.88)	3.67 (0.80)	19.67***	NS > PS PE > PS SE > PS
Civic participation and employment	4.25 (1.00)	4.29 (0.91)	4.15 (0.99)	3.58 (0.98)	12.21***	NS > PS PE > PS SE > PS
Communication and information	4.00 (0.89)	4.39 (0.72)	4.32 (0.81)	3.81 (0.85)	13.16***	PE > NS SE > NS PE > PS SE > PS
Community support and health services	3.94 (0.87)	3.96 (0.95)	3.76 (0.98)	3.24 (0.94)	12.68***	NS > PS PE > PS SE > PS

Note: \*\*\*  $p < 0.001$ . Note: NS = No schooling/pre-primary; PE = Primary education; SE = Secondary education; PS = Post-secondary education or above.

#### 4) Type of housing

Figure 4 showed the perceived age-friendliness across the people living in different types of housing. Respondents living in public rental flats rated the highest score in all the eight domains. In general, the results presented that people living in private housing and other types of housing (e.g. private temporary housing and institution) had lower scores for perceived age-friendliness in the community.

Figure 4 Type of housing comparison in perceived age-friendliness



One-way ANOVA was conducted among the people living in different types of housing, i.e. public rental flats (PRF), subsidised home ownership scheme housing (SHOSH), private housing (PH) and others (OTHs) being set as the independent variables, and the means of eight AFC domains as the dependent variables (Table 9). The results showed significant main effects in six AFC domains: ‘Housing’ ( $F(3, 509) = 15.16, p < 0.001$ ); ‘Social participation’ ( $F(3, 509) = 9.15, p < 0.001$ ); ‘Respect and social inclusion’ ( $F(3, 509) = 9.66, p < 0.001$ ); ‘Civic participation and employment’ ( $F(3, 509) = 7.66, p < 0.001$ ); ‘Communication and information’ ( $F(3, 509) = 6.97, p < 0.001$ ) and ‘Community support and health services’ ( $F(3, 509) = 8.34, p < 0.001$ ). Therefore, multiple comparison was performed according to the Bonferroni method. The results showed that the mean scores of the PRF were significantly higher in the mentioned six domains compared with that of the PH. As for ‘Housing’ and ‘Social participation’ domain, the PRF group were also significantly higher than SHOSH and OTHs group. Regarding to ‘Respect and social inclusion’, ‘Civic participation and employment’ and ‘Communication and information’, the ratings of the PRF group were significantly higher than those of the PH and OTHs groups. As for ‘Community support and health services’, the PRF group had significantly higher ratings than SHOSH and PH groups.

Table 9 Mean (SD) of scores across different types of housing and results of one-way ANOVA and multiple comparison in perceived age-friendliness

	PRF	SHOSH	PH	OTHs	<i>F</i>	Bonferroni
Outdoor spaces and buildings	4.36 (0.76)	4.18 (0.86)	3.94 (0.92)	3.99 (0.75)	9.09	
Transportation	4.55 (0.67)	4.23 (0.87)	4.14 (0.87)	4.19 (0.83)	9.65	
Housing	4.12	3.68	3.46	3.46	15.16***	PRF > SHOSH



	(0.97)	(1.23)	(1.03)	(1.06)		PRF > PH
						PRF > OTHs
						PRF > SHOSH
Social participation	4.62	4.28	4.22	4.07	9.15***	PRF > PH
	(0.85)	(0.98)	(0.89)	(0.97)		PRF > OTHs
Respect and social inclusion	4.48	4.23	4.08	3.90	9.66***	PRF > PH
	(0.85)	(0.91)	(0.85)	(0.81)		PRF > OTHs
Civic participation and employment	4.33	4.12	3.96	3.69	7.66***	PRF > PH
	(1.00)	(0.93)	(0.94)	(1.14)		PRF > OTHs
Communication and information	4.40	4.14	4.11	3.88	6.97***	PRF > PH
	(0.78)	(0.82)	(0.84)	(0.79)		PRF > OTHs
Community support and health services	4.01	3.58	3.57	3.65	8.34***	PRF > SHOSH
	(0.97)	(0.94)	(0.95)	(1.01)		PRF > PH

Note: \*\*\*  $p < 0.001$ . Note: PRF = Public rental flats; SHOSH = Subsidised home ownership scheme housing; PH = Private housing; Others = OTHs

##### 5) Participation in elderly centre

Figure 5 and Table 10 shows that regardless of whether respondents joined the activities provided by the elderly centres or not, they generally perceived the Yuen Long District were age friendly. Independent t-test was adopted to assess whether the fact that people participated in the services of elderly centres or not influenced their perceived age-friendliness. The results showed that respondents who participated in the services of the elderly centres had significantly higher scores for perceived age-friendliness in the community in all domains (Table 10). ‘Civic participation and employment’ and ‘Transportation’ had the most differences, whereas ‘Community support and health services’ had the least differences between people who used the services of elderly centres in the past three months and those who did not.

Figure 5 Participation in elderly centre comparison in perceived age-friendliness

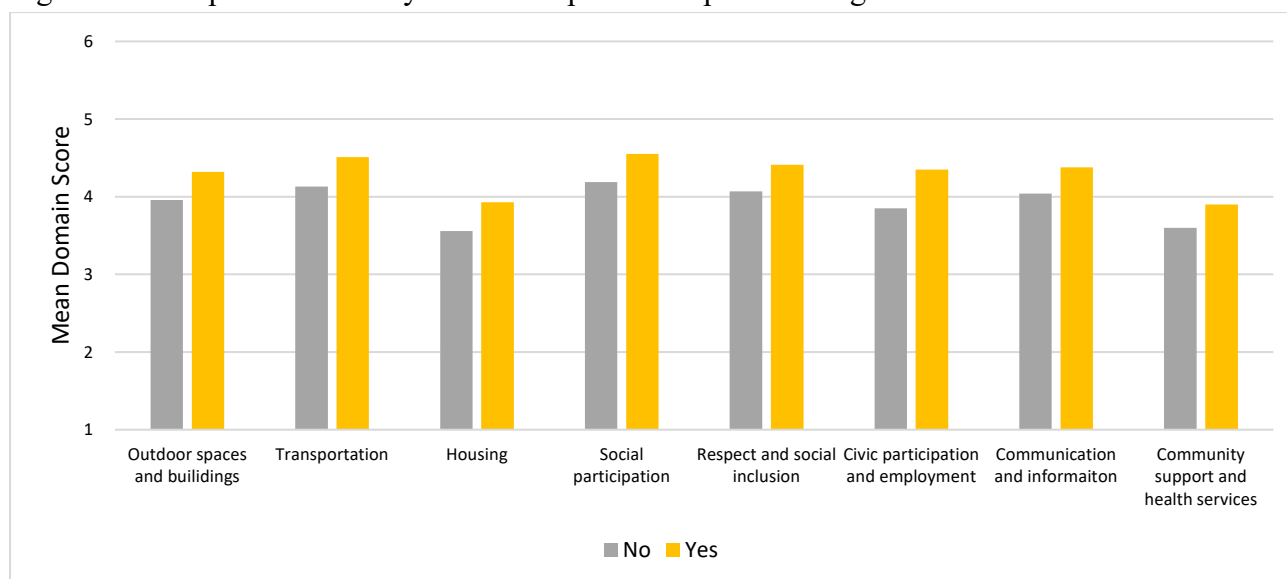


Table 10 Mean (SD) of scores in participation in elderly centre and results of independent t-test in perceived age-friendliness

	Participation in elderly centre		t
	No	Yes	
Outdoor spaces and buildings	3.96 (0.89)	4.32 (0.79)	-4.73***
Transportation	4.13 (0.88)	4.51 (0.70)	-5.39***
Housing	3.56 (1.09)	3.93 (1.03)	-3.96***
Social participation	4.19 (0.97)	4.55 (0.82)	-4.51***
Respect and social inclusion	4.07 (0.92)	4.41 (0.80)	-4.44***
Civic participation and employment	3.85 (1.05)	4.35 (0.88)	-5.80***
Communication and information	4.04 (0.87)	4.38 (0.75)	-4.72***
Community support and health services	3.60 (0.98)	3.90 (0.96)	-3.53***

Note: \*\*\*  $p < 0.001$ .

#### 6) Rural-urban area

Figure 6 and Table 11 presents the comparison between rural and urban communities in Yuen Long district on perceived age-friendliness by using independent t-test. Significant differences were found between rural and urban areas in all the domains, except 'Community support and health services'.

'Housing' domain has the highest mean difference score between urban and rural communities among the eight AFC domains (urban: 3.83, rural: 3.53,  $p = 0.004$ ), whilst 'Community support and health services' domain has the lowest mean difference between the two areas (urban: 3.78, rural: 3.68,  $p = 0.29$ ).

Figure 6 Means (SD) of scores in living area and results of independent t-test in perceived age-

friendliness

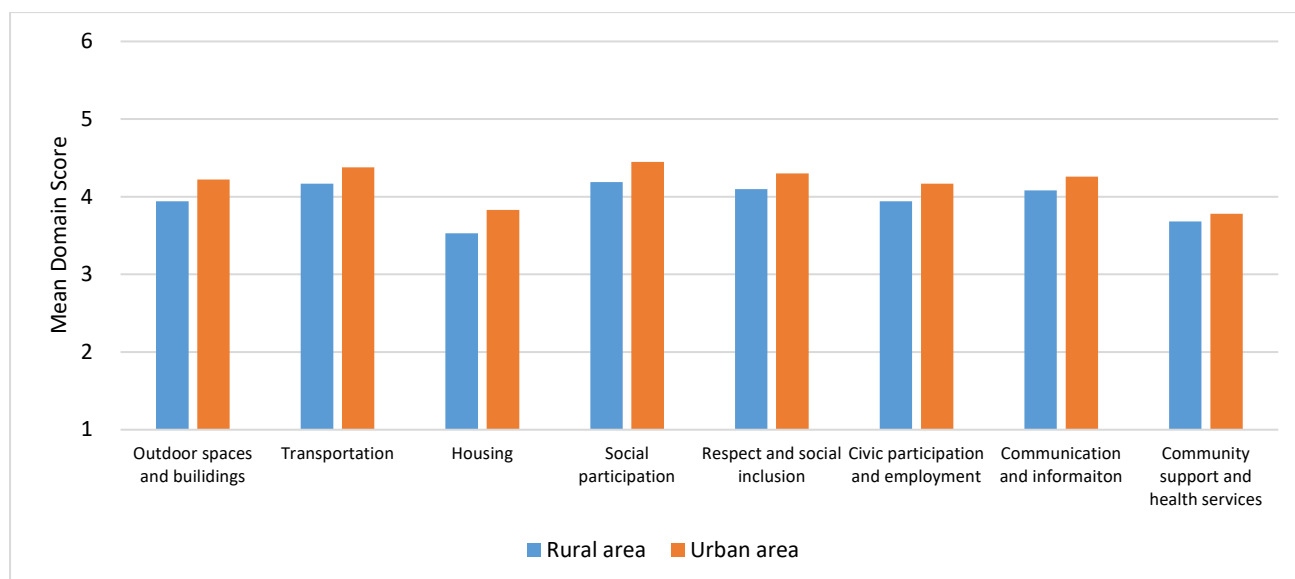


Table 11 Means (SD) of scores in living area and results of independent t-test in perceived age-friendliness

	Living area		t
	Rural area	Urban area	
Outdoor spaces and buildings	3.94 (0.95)	4.22 (0.81)	-3.10**
Transportation	4.17 (0.92)	4.38 (0.76)	-2.73**
Housing	3.53 (1.07)	3.83 (1.07)	-2.89**
Social participation	4.19 (0.97)	4.45 (0.88)	-2.87**
Respect and social inclusion	4.10 (0.86)	4.30 (0.88)	-2.40*
Civic participation and employment	3.94 (1.04)	4.17 (0.97)	-2.36*
Communication and information	4.08 (0.86)	4.26 (0.81)	-2.20*
Community support and health services	3.68 (0.96)	3.78 (0.99)	-1.06

Note: \*  $p < 0.05$ , \*\*  $p < 0.01$ .

### 5.1.2.2 Comparison between baseline and final assessment

To evaluate the effectiveness of the project, we worked closely with the local social service providers to recruit the respondents who joined the baseline assessment to participate in final assessment purposively. As mentioned before, 135 pairs of respondents joined both assessments. Paired-samples t-tests were conducted to eliminate the individual differences that occur between respondents and explore the changes from baseline to final assessment.

Table 12 presents the changes in eight AFC domains and nineteen sub-domains between baseline and final assessments. In general, respondents gave significantly higher scores in all the domains and subdomains in final assessment, except for two subdomains: 'Facilities and settings (social

participation)’ and ‘Civic participation’. Among the eight domains in baseline and final assessments, ‘Social participation’ had the highest mean (baseline: 4.34, final: 4.58), followed by ‘Respect and social inclusion’ (baseline: 4.15, final: 4.52). The domain with the lowest mean and rank in both assessments was ‘Housing’ (baseline: 3.37, final: 3.89). As mentioned, all the eight domains had significant improvement: ‘Outdoor spaces and buildings’ (baseline: 3.97, final: 4.31,  $p < 0.001$ ), ‘Transportation’ (baseline: 4.13, final: 4.43,  $p < 0.001$ ), ‘Housing’ (baseline: 3.37, final: 3.89,  $p < 0.001$ ), ‘Social participation’ (baseline: 4.34, final: 4.58,  $p = 0.008$ ), ‘Respect and social inclusion’ (baseline: 4.15, final: 4.52  $p < 0.001$ ), ‘Civic participation and employment’ (baseline: 3.77, final: 4.31,  $p < 0.001$ ), ‘Communication and information’ (baseline: 4.01, final: 4.26,  $p = 0.004$ ) and ‘Community support and health services’ (baseline: 3.44, final: 3.95,  $p < 0.001$ ).

Table 12 Baseline and final assessment comparison in perceived age-friendliness ( $N = 135$ )

	Baseline	Rank	Final	Rank
<b>Outdoor spaces and buildings*</b>	<b>3.97</b>	<b>5</b>	<b>4.31</b>	<b>4</b>
Outdoor spaces*	<b>4.09</b>		<b>4.29</b>	
Buildings	<b>3.82</b>		<b>4.33</b>	
<b>Transportation*</b>	<b>4.13</b>	<b>3</b>	<b>4.43</b>	<b>3</b>
Road safety and maintenance*	<b>4.19</b>		<b>4.48</b>	
Availability of specialised services (transport)	<b>3.64</b>		<b>3.92</b>	
Comfort to use public transport	<b>4.19</b>		<b>4.53</b>	
Accessibility of public transport	<b>4.30</b>		<b>4.57</b>	
<b>Housing</b>	<b>3.37</b>	<b>8</b>	<b>3.89</b>	<b>8</b>
Affordability and accessibility of housing	<b>3.37</b>		<b>3.85</b>	
Environment of housing	<b>3.37</b>		<b>3.93</b>	
<b>Social participation*</b>	<b>4.34</b>	<b>1</b>	<b>4.58</b>	<b>1</b>
Facilities and settings (social participation)	4.35		4.50	
Availability and accessibility of social activities*	<b>4.32</b>		<b>4.64</b>	
<b>Respect and social inclusion</b>	<b>4.15</b>	<b>2</b>	<b>4.52</b>	<b>2</b>
Attitude	<b>4.20</b>		<b>4.58</b>	
Opportunities for social inclusion	<b>4.04</b>		<b>4.40</b>	
<b>Civic participation and employment</b>	<b>3.77</b>	<b>6</b>	<b>4.31</b>	<b>4</b>
Civic participation	4.23		4.46	
Employment	<b>3.62</b>		<b>4.26</b>	
<b>Communication and information*</b>	<b>4.01</b>	<b>4</b>	<b>4.26</b>	<b>6</b>
Information*	<b>4.11</b>		<b>4.33</b>	
Use of communication and digital devices	<b>3.78</b>		<b>4.11</b>	
<b>Community support and health services</b>	<b>3.44</b>	<b>7</b>	<b>3.95</b>	<b>7</b>
Availability and affordability of medical/social services	<b>3.68</b>		<b>4.20</b>	

Emergency support	<b>3.50</b>	<b>3.98</b>
Burial service	<b>2.41</b>	<b>2.94</b>

\*Some data were missing during data collection.

Note: All reported numbers are mean (SD). Outcomes with significant changes are marked in bold.

Tables 13, 14 and Table 15 present the changes in perceived age-friendliness by gender, age group, education background, residence area, type of housing, perceived health status, social participation and caregiver experience from baseline to final assessment.

Between the baseline and final assessments, both male and female participants gave significantly higher scores in ‘Outdoor spaces and buildings’ (male,  $p = 0.04$ ; female,  $p = 0.001$ ), ‘Transportation’ (male,  $p = 0.001$ , female,  $p = 0.006$ ), ‘Housing’ (male,  $p = 0.006$ ; female,  $p = 0.001$ ), ‘Social participation’ (male,  $p = 0.045$ , female,  $p = 0.045$ ), ‘Respect and social inclusion’ (male,  $p < 0.039$ , female,  $p < 0.001$ ), ‘Civic participation and employment’ (male,  $p = 0.001$ , female,  $p < 0.001$ ) and ‘Community support and health services’ (male,  $p = 0.001$ ; female,  $p < 0.001$ ). Male respondents’ ratings of ‘Communication and information’ ( $p = 0.005$ ) were also significantly improved, whereas female respondents perceived marginally positive change ( $p = 0.099$ ).

Older people had more significantly positive changes in perceived age-friendliness from baseline to final assessment, especially people aged between 65 and 79 years. Respondents aged 65 to 79 years gave significantly higher score in all the eight domains: ‘Outdoor spaces and buildings’ ( $p < 0.001$ ), ‘Transportation’ ( $p < 0.001$ ), ‘Housing’ ( $p < 0.001$ ), ‘Social participation’ ( $p < 0.001$ ), ‘Respect and social inclusion’ ( $p < 0.001$ ), ‘Civic participation and employment’ ( $p < 0.001$ ), ‘Communication and information’ ( $p = 0.002$ ) and ‘Community support and health services’ ( $p < 0.001$ ). People aged above 80 years showed significant improvement in two domains, ‘Housing’ ( $p = 0.009$ ) and ‘Community support and health services’ ( $p < 0.001$ ). Younger respondents aged between 18 and 64 years perceived no significant changes in any AFC domain.

Compared with respondents with secondary or above education, respondents with lower education background showed more significant improvements from baseline to final assessment. Significant improvement was found among people received primary or below education in seven domains, i.e. ‘Outdoor spaces and buildings’ ( $p = 0.002$ ), ‘Transportation’ ( $p = 0.001$ ), ‘Housing’ ( $p = 0.001$ ), ‘Respect and social inclusion’ ( $p = 0.001$ ), ‘Civic participation and employment’ ( $p < 0.001$ ), ‘Communication and information’ ( $p = 0.022$ ) and ‘Community support and health services’ ( $p < 0.001$ ). Respondents with secondary or above education had significant improvements in six domains, i.e. ‘Outdoor spaces and buildings’ ( $p = 0.012$ ), ‘Transportation’ ( $p = 0.021$ ), ‘Housing’ ( $p = 0.012$ ), ‘Social participation’ ( $p = 0.013$ ), ‘Respect and social inclusion’ ( $p = 0.008$ ) and ‘Civic participation and employment’ ( $p < 0.001$ ).

Regardless of living area, significant improvements were found in five domains: 'Outdoor spaces and buildings' (urban,  $p = 0.002$ ; rural,  $p = 0.015$ ), 'Housing' (urban,  $p = 0.001$ ; rural,  $p = 0.005$ ), 'Respect and social inclusion' (urban,  $p = 0.001$ ; rural,  $p = 0.008$ ), 'Civic participation and employment' (urban,  $p < 0.001$ , rural,  $p = 0.01$ ) and 'Community support and health services' (urban,  $p = 0.001$ , rural,  $p < 0.001$ ). People from urban area also rated significantly higher scores in 'Transportation' ( $p < 0.001$ ) and 'Social participation' ( $p = 0.009$ ). Residents residing in rural area perceived significant improvement in 'Communication and information' ( $p < 0.001$ ).

Respondents living in private housing showed the most significant improvements in all the eight domains. People living in public rental flats gave significantly higher ratings in six domains: 'Transportation' ( $p = 0.004$ ), 'Social participation' ( $p = 0.04$ ), 'Respect and social inclusion' ( $p = 0.003$ ), 'Civic participation and employment' ( $p < 0.001$ ), 'Communication and information' ( $p = 0.021$ ) and 'Communication support and health services' ( $p < 0.001$ ). Respondents from subsidised home ownership scheme housing had significant improvement in 'Transportation' ( $p = 0.034$ ) and 'Housing' ( $p = 0.001$ ).

People with better perceived health status had greater improvement in perceived age-friendliness from baseline to final assessment. People who perceived their health status as fair had significant improvement in all the eight domains, whereas those who perceived their health status as good rated significantly higher scores in seven domains, except 'Social participation'. People who rated their health status as good gave significantly higher scores in seven domains. Respondents with poor health status had no significant changes in any domain.

Respondents who used to participate in the activities provided by elderly centres in the past three months showed significant improvement in eight domains, whereas people who did not use the services of elderly centres had significant improvement in three domains in perceived age-friendliness from baseline to final, namely, 'Housing' ( $p = 0.04$ ), 'Civic participation and employment' ( $p = 0.006$ ) and 'Community support and health services' ( $p < 0.001$ ).

Caregivers showed significant improvement in five perceived age-friendliness domains: 'Outdoor spaces and buildings' ( $p = 0.001$ ), 'Transportation' ( $p = 0.043$ ), 'Housing' ( $p = 0.027$ ), 'Civic participation and employment' ( $p = 0.001$ ) and 'Community support and health services' ( $p = 0.022$ ). People who did not have caregiving experience showed significant changes in all the eight domains.

Table 13 Gender, age and education background – changes in perceived age-friendliness

	Gender				Age group						Education background			
	Male		Female		18–64 years		65–79 years		80 years and above		Primary or below		Secondary and above	
	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Outdoor spaces and buildings	<b>4.02</b>	<b>4.37</b>	<b>3.95</b>	<b>4.29</b>	4.21	3.83	<b>3.82</b>	<b>4.34</b>	4.10	4.35	<b>4.00</b>	<b>4.36</b>	<b>3.92</b>	<b>4.22</b>
	<b>(0.86)</b>	<b>(0.87)</b>	<b>(0.94)</b>	<b>(0.79)</b>	(0.63)	(0.97)	<b>(0.88)</b>	<b>(0.76)</b>	(0.98)	(0.81)	<b>(0.97)</b>	<b>(0.78)</b>	<b>(0.82)</b>	<b>(0.84)</b>
Transportation	<b>4.09</b>	<b>4.58</b>	<b>4.14</b>	<b>4.38</b>	4.13	3.83	<b>4.02</b>	<b>4.49</b>	4.24	4.45	<b>4.16</b>	<b>4.48</b>	<b>4.08</b>	<b>4.34</b>
	<b>(0.73)</b>	<b>(0.77)</b>	<b>(0.81)</b>	<b>(0.70)</b>	(0.69)	(0.84)	<b>(0.85)</b>	<b>(0.63)</b>	(0.74)	(0.75)	<b>(0.79)</b>	<b>(0.66)</b>	<b>(0.80)</b>	<b>(0.80)</b>
Housing	<b>3.30</b>	<b>4.09</b>	<b>3.39</b>	<b>3.83</b>	3.78	3.43	<b>3.33</b>	<b>3.97</b>	<b>3.34</b>	<b>3.88</b>	<b>3.34</b>	<b>3.89</b>	<b>3.42</b>	<b>3.89</b>
	<b>(1.10)</b>	<b>(1.15)</b>	<b>(1.18)</b>	<b>(0.93)</b>	(0.67)	(1.11)	<b>(1.18)</b>	<b>(0.90)</b>	<b>(1.21)</b>	<b>(1.05)</b>	<b>(1.14)</b>	<b>(1.04)</b>	<b>(1.21)</b>	<b>(0.92)</b>
Social participation	<b>4.27</b>	<b>4.58</b>	<b>4.37</b>	<b>4.58</b>	4.38	4.20	<b>4.25</b>	<b>4.70</b>	4.44	4.51	4.33	4.56	<b>4.36</b>	<b>4.61</b>
	<b>(0.80)</b>	<b>(0.91)</b>	<b>(0.83)</b>	<b>(0.87)</b>	(0.53)	(0.76)	<b>(0.86)</b>	<b>(0.72)</b>	(0.81)	(1.02)	(0.89)	(0.99)	<b>(0.70)</b>	<b>(0.66)</b>
Respect and social inclusion	<b>4.31</b>	<b>4.61</b>	<b>4.10</b>	<b>4.49</b>	4.07	3.85	<b>4.09</b>	<b>4.66</b>	4.23	4.47	<b>4.13</b>	<b>4.53</b>	<b>4.19</b>	<b>4.51</b>
	<b>(0.80)</b>	<b>(0.72)</b>	<b>(0.92)</b>	<b>(0.80)</b>	(0.72)	(0.90)	<b>(0.82)</b>	<b>(0.64)</b>	(1.00)	(0.85)	<b>(0.93)</b>	<b>(0.80)</b>	<b>(0.84)</b>	<b>(0.76)</b>
Civic participation and employment	<b>3.79</b>	<b>4.44</b>	<b>3.77</b>	<b>4.27</b>	3.88	3.93	<b>3.66</b>	<b>4.50</b>	3.89	4.17	<b>3.73</b>	<b>4.28</b>	<b>3.85</b>	<b>4.37</b>
	<b>(0.93)</b>	<b>(0.85)</b>	<b>(0.92)</b>	<b>(0.94)</b>	(0.53)	(0.79)	<b>(0.91)</b>	<b>(0.74)</b>	(0.98)	(1.07)	<b>(0.96)</b>	<b>(0.98)</b>	<b>(0.84)</b>	<b>(0.80)</b>
Communication and information	<b>3.91</b>	<b>4.46</b>	4.04	4.20	4.10	4.02	<b>4.00</b>	<b>4.37</b>	4.00	4.18	<b>3.90</b>	<b>4.20</b>	4.18	4.37
	<b>(0.89)</b>	<b>(0.78)</b>	(0.92)	(0.79)	(0.67)	(0.71)	<b>(0.86)</b>	<b>(0.65)</b>	(1.00)	(0.94)	<b>(0.99)</b>	<b>(0.87)</b>	(0.74)	(0.64)
Community support and health services	<b>3.39</b>	<b>4.11</b>	<b>3.46</b>	<b>3.90</b>	3.48	3.48	<b>3.43</b>	<b>3.94</b>	<b>3.44</b>	<b>4.04</b>	<b>3.34</b>	<b>4.00</b>	3.62	3.87
	<b>(0.88)</b>	<b>(0.97)</b>	<b>(0.96)</b>	<b>(0.82)</b>	(0.85)	(0.97)	<b>(0.96)</b>	<b>(0.85)</b>	<b>(0.94)</b>	<b>(0.84)</b>	<b>(0.93)</b>	<b>(0.89)</b>	(0.94)	(0.81)

Note: All reported numbers are mean (SD). Outcomes with significant changes are marked in bold.

Table 14 Residence area and type of housing – changes in perceived age-friendliness

	Residence area						Type of housing					
	Rural area		Urban area		Public rental flats		Subsidised home ownership scheme housing (HOS, TPS)		Private housing		Others (e.g. private temporary housing, institution etc.)	
	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Outdoor spaces and buildings	<b>3.65</b> <b>(0.96)</b>	<b>4.05</b> <b>(0.89)</b>	<b>4.16</b> <b>(0.84)</b>	<b>4.45</b> <b>(0.71)</b>	4.24 (0.88)	4.47 (0.74)	4.24 (0.76)	4.65 (0.64)	<b>3.66</b> <b>(0.95)</b>	<b>4.07</b> <b>(0.87)</b>	3.66 (0.75)	4.05 (0.74)
Transportation	3.95 (0.74)	4.21 (0.81)	<b>4.23</b> <b>(0.81)</b>	<b>4.55</b> <b>(0.63)</b>	<b>4.27</b> <b>(0.84)</b>	<b>4.58</b> <b>(0.66)</b>	<b>4.17</b> <b>(0.80)</b>	<b>4.64</b> <b>(0.61)</b>	<b>3.95</b> <b>(0.73)</b>	<b>4.28</b> <b>(0.77)</b>	4.11 (0.74)	4.08 (0.70)
Housing	<b>3.05</b> <b>(1.03)</b>	<b>3.64</b> <b>(1.01)</b>	<b>3.55</b> <b>(1.20)</b>	<b>4.03</b> <b>(0.95)</b>	3.68 (1.28)	4.02 (0.96)	<b>3.25</b> <b>(1.08)</b>	<b>4.30</b> <b>(0.88)</b>	<b>3.14</b> <b>(1.01)</b>	<b>3.70</b> <b>(0.98)</b>	3.13 (1.10)	3.46 (1.06)
Social participation	4.07 (0.75)	4.28 (1.11)	<b>4.50</b> <b>(0.82)</b>	<b>4.74</b> <b>(0.67)</b>	<b>4.49</b> <b>(0.89)</b>	<b>4.77</b> <b>(0.73)</b>	4.72 (0.58)	4.75 (0.69)	<b>4.10</b> <b>(0.74)</b>	<b>4.49</b> <b>(0.83)</b>	4.07 (0.76)	3.76 (1.39)
Respect and social inclusion	<b>3.88</b> <b>(0.96)</b>	<b>4.30</b> <b>(0.91)</b>	<b>4.30</b> <b>(0.82)</b>	<b>4.65</b> <b>(0.67)</b>	<b>4.20</b> <b>(0.93)</b>	<b>4.67</b> <b>(0.67)</b>	4.49 (0.56)	4.75 (0.73)	<b>4.07</b> <b>(0.90)</b>	<b>4.48</b> <b>(0.76)</b>	3.75 (1.00)	3.76 (0.94)
Civic participation and employment	<b>3.53</b> <b>(0.95)</b>	<b>4.01</b> <b>(1.11)</b>	<b>3.91</b> <b>(0.88)</b>	<b>4.49</b> <b>(0.74)</b>	<b>3.83</b> <b>(0.89)</b>	<b>4.47</b> <b>(0.79)</b>	4.22 (0.61)	4.63 (0.67)	<b>3.68</b> <b>(0.94)</b>	<b>4.30</b> <b>(0.89)</b>	3.25 (1.07)	3.32 (1.17)
Communication and information	<b>3.68</b> <b>(0.90)</b>	<b>4.04</b> <b>(0.94)</b>	4.19 (0.87)	4.39 (0.67)	<b>4.05</b> <b>(0.89)</b>	<b>4.35</b> <b>(0.74)</b>	4.29 (0.99)	4.41 (0.73)	<b>3.85</b> <b>(0.93)</b>	<b>4.31</b> <b>(0.79)</b>	4.04 (0.80)	3.56 (0.85)
Community support and health services	<b>3.22</b> <b>(0.82)</b>	<b>3.88</b> <b>(0.88)</b>	<b>3.57</b> <b>(0.98)</b>	<b>3.99</b> <b>(0.85)</b>	<b>3.44</b> <b>(1.05)</b>	<b>4.06</b> <b>(0.90)</b>	3.75 (0.71)	4.04 (0.68)	<b>3.36</b> <b>(0.96)</b>	<b>3.83</b> <b>(0.86)</b>	3.30 (0.60)	3.83 (0.94)

Note: All reported numbers are mean (SD). Outcomes with significant changes are marked in bold.



Table 15 Health, social participation and caregiving experience – changes in perceived age-friendliness

	Perceived health status						Elderly centre participation				Caregiving experience			
	Poor		Fair		Good		No		Yes		No		Yes	
	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Outdoor spaces and buildings	3.69 (0.85)	3.79 (0.91)	<b>4.01</b> <b>(0.91)</b>	<b>4.35</b> <b>(0.75)</b>	<b>4.04</b> <b>(0.95)</b>	<b>4.47</b> <b>(0.77)</b>	3.86 (0.92)	4.13 (0.94)	<b>4.05</b> <b>(0.91)</b>	<b>4.43</b> <b>(0.67)</b>	<b>3.94</b> <b>(0.95)</b>	<b>4.25</b> <b>(0.84)</b>	<b>4.02</b> <b>(0.87)</b>	<b>4.40</b> <b>(0.73)</b>
Transportation	3.93 (0.85)	3.83 (0.90)	<b>4.13</b> <b>(0.80)</b>	<b>4.50</b> <b>(0.60)</b>	<b>4.21</b> <b>(0.75)</b>	<b>4.58</b> <b>(0.69)</b>	4.14 (0.83)	4.25 (0.81)	<b>4.12</b> <b>(0.77)</b>	<b>4.56</b> <b>(0.62)</b>	<b>4.08</b> <b>(0.75)</b>	<b>4.42</b> <b>(0.78)</b>	<b>4.21</b> <b>(0.87)</b>	<b>4.44</b> <b>(0.61)</b>
Housing	3.25 (0.83)	3.21 (0.85)	<b>3.47</b> <b>(1.26)</b>	<b>3.93</b> <b>(0.87)</b>	<b>3.25</b> <b>(1.11)</b>	<b>4.11</b> <b>(1.12)</b>	<b>3.36</b> <b>(1.13)</b>	<b>3.76</b> <b>(1.01)</b>	<b>3.37</b> <b>(1.19)</b>	<b>3.98</b> <b>(0.97)</b>	<b>3.31</b> <b>(1.15)</b>	<b>3.88</b> <b>(1.00)</b>	<b>3.48</b> <b>(1.18)</b>	<b>3.91</b> <b>(0.97)</b>
Social participation	4.01 (0.84)	4.02 (1.38)	<b>4.35</b> <b>(0.81)</b>	<b>4.70</b> <b>(0.67)</b>	4.49 (0.79)	4.62 (0.83)	4.23 (0.89)	4.42 (1.04)	<b>4.43</b> <b>(0.76)</b>	<b>4.69</b> <b>(0.72)</b>	<b>4.29</b> <b>(0.75)</b>	<b>4.54</b> <b>(0.93)</b>	4.44 (0.92)	4.64 (0.76)
Respect and social inclusion	3.73 (1.16)	3.8 (1.14)	<b>4.25</b> <b>(0.83)</b>	<b>4.69</b> <b>(0.57)</b>	<b>4.16</b> <b>(0.84)</b>	<b>4.55</b> <b>(0.75)</b>	4.04 (0.95)	4.33 (0.90)	<b>4.23</b> <b>(0.85)</b>	<b>4.66</b> <b>(0.65)</b>	<b>4.16</b> <b>(0.93)</b>	<b>4.47</b> <b>(0.83)</b>	4.13 (0.84)	4.62 (0.69)
Civic participation and employment	3.38 (1.06)	3.78 (1.15)	<b>3.84</b> <b>(0.97)</b>	<b>4.48</b> <b>(0.75)</b>	<b>3.83</b> <b>(0.73)</b>	<b>4.27</b> <b>(0.99)</b>	<b>3.56</b> <b>(0.99)</b>	<b>4.06</b> <b>(1.06)</b>	<b>3.93</b> <b>(0.84)</b>	<b>4.50</b> <b>(0.75)</b>	<b>3.69</b> <b>(0.96)</b>	<b>4.25</b> <b>(0.99)</b>	<b>3.91</b> <b>(0.84)</b>	<b>4.42</b> <b>(0.77)</b>
Communication and information	3.56 (0.99)	3.46 (0.87)	<b>4.07</b> <b>(0.93)</b>	<b>4.34</b> <b>(0.68)</b>	<b>4.09</b> <b>(0.79)</b>	<b>4.48</b> <b>(0.74)</b>	3.84 (0.97)	4.05 (0.82)	<b>4.13</b> <b>(0.85)</b>	<b>4.41</b> <b>(0.74)</b>	<b>3.93</b> <b>(0.92)</b>	<b>4.23</b> <b>(0.85)</b>	4.14 (0.89)	4.32 (0.69)
Community support and health services	3.22 (0.71)	3.34 (0.74)	<b>3.52</b> <b>(1.00)</b>	<b>3.96</b> <b>(0.80)</b>	<b>3.40</b> <b>(0.92)</b>	<b>4.21</b> <b>(0.88)</b>	<b>3.30</b> <b>(0.87)</b>	<b>3.94</b> <b>(0.76)</b>	<b>3.55</b> <b>(0.98)</b>	<b>3.96</b> <b>(0.93)</b>	<b>3.37</b> <b>(0.90)</b>	<b>3.95</b> <b>(0.86)</b>	<b>3.57</b> <b>(0.99)</b>	<b>3.96</b> <b>(0.87)</b>

Note: All reported numbers are mean (SD). Outcomes with significant changes are marked in bold.

### 5.1.3 Sense of community

This section reports the sense of community in Yuen Long district during final assessment as well as the changes of sense of community from baseline to final assessments across age group, education background, type of housing, social participation, and residence area. The scale consists of four dimensions, each with a possible score ranging from 2 to 10. The possible range of the total score is between 8 and 40. A higher score means a better sense of community.

#### 5.1.3.1 Key findings from final assessment

As shown in Table 16, the mean sense of community score of the district was 30.60 (SD = 5.63). Among the four dimensions, ‘Group membership’ got the highest mean score (8.19), followed by ‘Emotional connection’ (7.87), whereas ‘Influence’ scored the lowest.

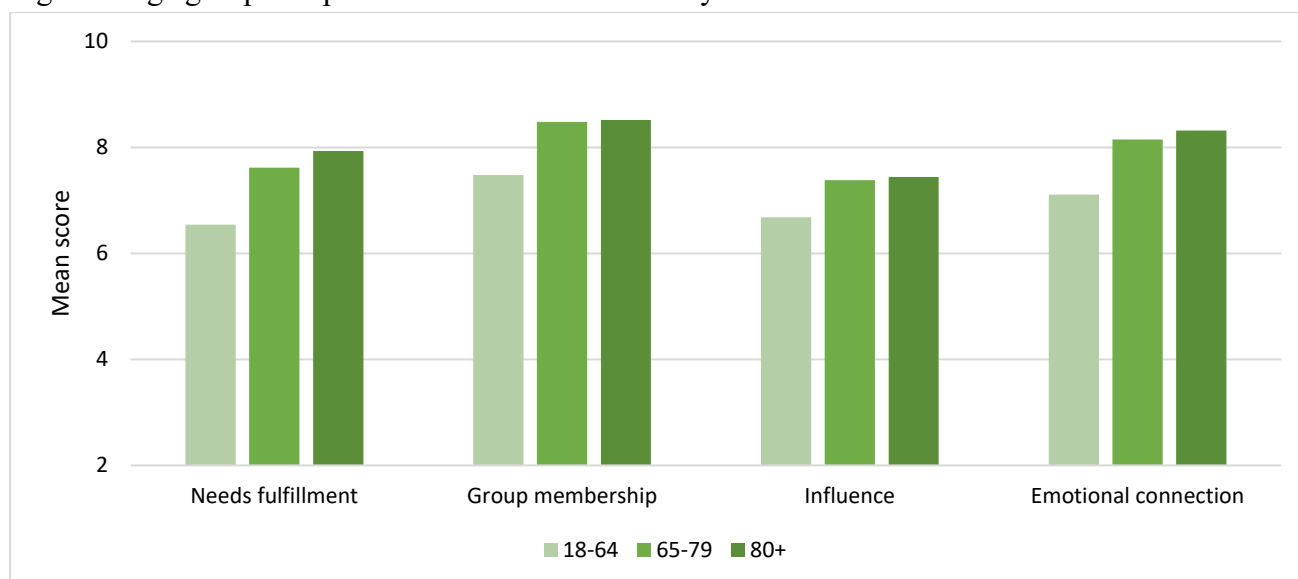
Table 16 Sense of community ( $N = 513$ )

	Mean (SD)
Needs fulfilment	7.36 (1.75)
Group membership	8.19 (1.55)
Influence	7.18 (1.75)
Emotional connection	7.87 (1.55)
Overall	30.60 (5.63)

#### 1) Age group

Figure 7 summarises the sense of community across the three age groups. Overall, compared with the younger respondents, people aged 65 and above gave higher scores in all the four dimensions in sense of community. Respondents from 80 years and above group had the highest ratings in all dimensions, whereas respondents aged below 64 had the lowest ratings.

Figure 7 Age group comparison in sense of community



As presented in Table 17, one-way ANOVA was conducted to explore the difference across the different age groups in sense of community. Three age groups were set as the independent variables and the mean score of four sense of community domains as the dependent variables. The results showed significant main effects in all the four dimensions: ‘Needs fulfilment’ ( $F(2, 510) = 28.76, p < 0.001$ ), ‘Group membership’ ( $F(2, 510) = 25.36, p < 0.001$ ), ‘Influence’ ( $F(2, 510) = 9.45, p < 0.001$ ) and ‘Emotional connection’ ( $F(2, 510) = 30.51, p < 0.001$ ). Therefore, multiple comparison was performed according to the Bonferroni method. The results showed that the mean scores of 18–64 years group were significantly lower in all the dimensions compared with the 65–79 years group and 80 years and above group.

Table 17 Mean (SD) of scores across age groups and results of one-way ANOVA and multiple comparison in sense of community

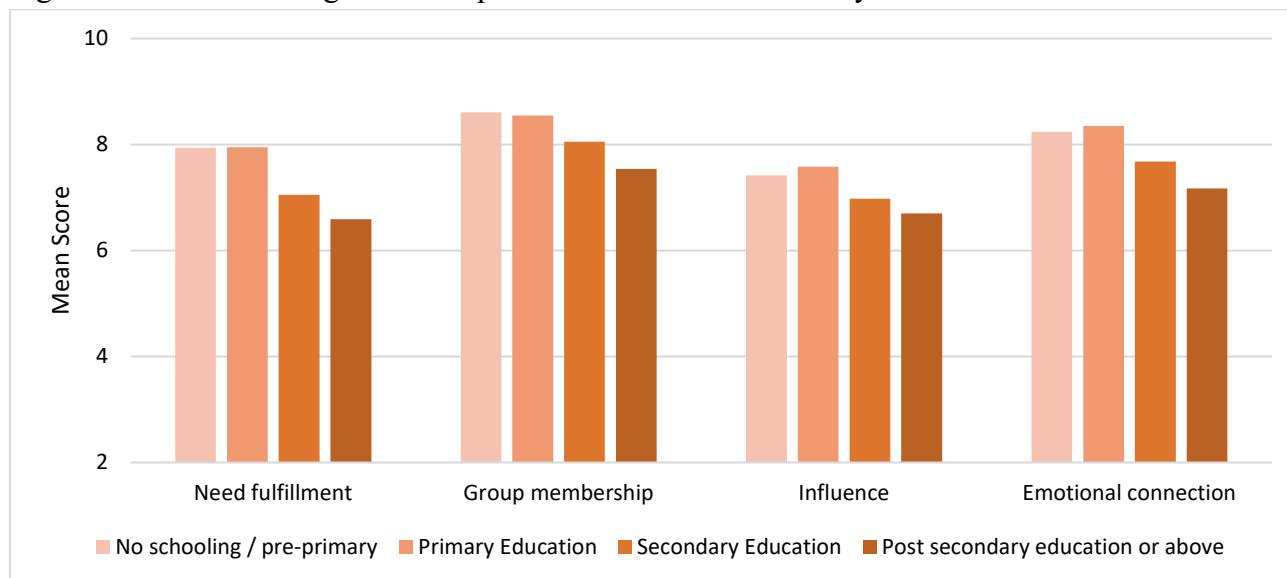
	18–64	65–79	80+	<i>F</i>	Bonferroni
Needs fulfilment	6.54 (1.54)	7.62 (1.79)	7.93 (1.53)	28.76***	18–64 < 65–79 18–64 < 80+
Group membership	7.48 (1.55)	8.48 (1.42)	8.52 (1.52)	25.36***	18–64 < 65–79 18–64 < 80+
Influence	6.68 (1.64)	7.38 (1.70)	7.44 (1.85)	9.45***	18–64 < 65–79 18–64 < 80+
Emotional connection	7.11 (1.50)	8.15 (1.47)	8.32 (1.44)	30.51***	18–64 < 65–79 18–64 < 80+

Note: \*\*\*  $p < 0.001$ .

## 2) Education background

Figure 8 and Table 18 present the sense of community among the people with different backgrounds. Overall, people with PE gave highest scores in all the four dimensions in sense of community, except for ‘Group membership’ dimension. Respondents from PSE and above had the lowest ratings in all dimensions.

Figure 8 Education background comparison in sense of community



As presented in Table 18, one-way ANOVA was conducted to explore the difference across the different education background groups in sense of community. Four education background groups were set as the independent variables and the means of four sense of community domains as the dependent variables. The results showed significant main effects in two dimensions: ‘Needs fulfilment’ ( $F(3, 509) = 11.31, p < 0.001$ ) and ‘Influence’ ( $F(3, 509) = 6.76, p < 0.001$ ). Therefore, multiple comparison was performed according to the Bonferroni method. The results showed that the mean scores of PS were significantly lower in the mentioned dimensions compared with those of NS, PE and SE. Besides, the PE group rated significantly lower scores than SE group. As for ‘Influence’ dimension, PE group had significantly higher scores than SE and PS groups.

Table 18 Mean (SD) of scores across different education backgrounds and results of one-way ANOVA and multiple comparison in sense of community

	NS	PE	SE	PS	<i>F</i>	Bonferroni
Needs fulfilment	7.94 (1.46)	7.95 (1.55)	7.05 (1.75)	6.59 (1.79)	18.30	PE > SE
Group membership	8.61 (1.19)	8.55 (1.40)	8.05 (1.56)	7.54 (1.75)	11.31***	PE > PS NS > PS SE > PS

Influence	7.42 (1.86)	7.58 (1.62)	6.98 (1.74)	6.70 (1.74)	6.76***	PE > SE PE > PS
Emotional connection	8.24 (1.41)	8.35 (1.36)	7.68 (1.59)	7.17 (1.57)	15.10	

Note: \*\*\*  $p < 0.001$ . Note: NS = No schooling/pre-primary; PE = Primary education; SE = Secondary education; PS = Post-secondary education and above.

### 3) Type of housing

Figure 9 and Table 19 summarise the sense of community across people living in different types of housing. In general, the results showed that people living in public rental flats had higher scores in all the dimensions of sense of community. Furthermore, respondents living in public rental flats rated significantly higher score than those living in private housing in ‘Needs fulfilment’ and ‘Group membership’ dimensions.

Figure 9 Type of housing comparison in sense of community

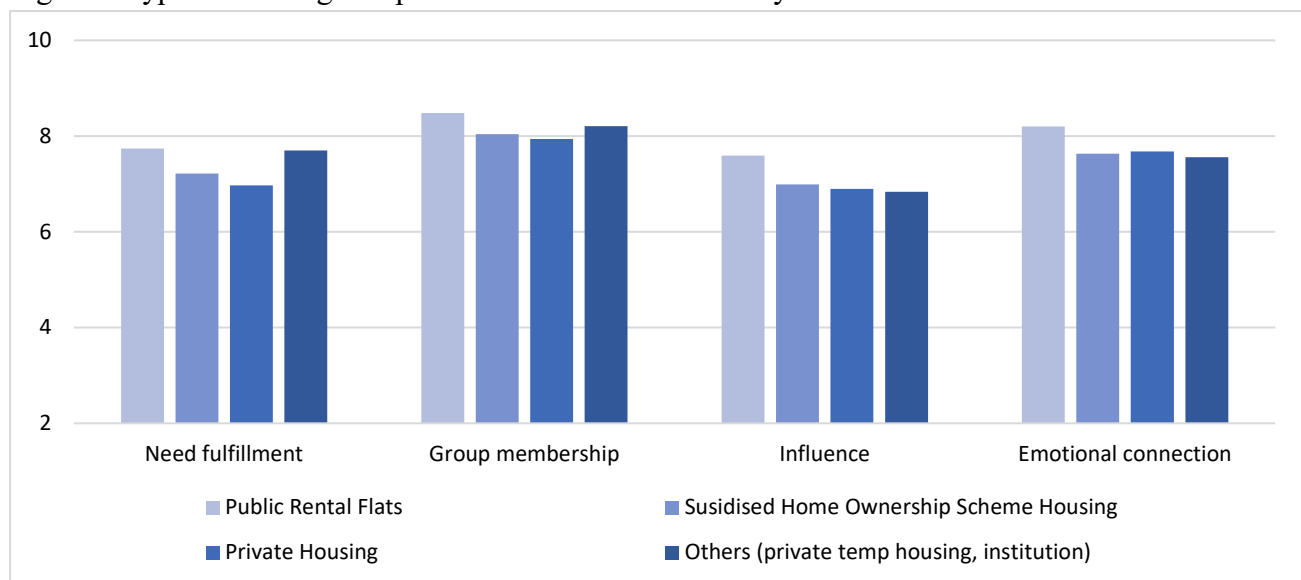


Table 19 Mean (SD) of scores across different types of housing and results of one-way ANOVA and multiple comparison in perceived age-friendliness

	PRF	SHOSH	PH	OTHS	<i>F</i>	Bonferroni
Needs fulfilment	7.74 (1.61)	7.22 (1.87)	6.97 (1.77)	7.70 (1.67)	7.41***	PRF > PH
Group membership	8.48 (1.36)	8.04 (1.55)	7.94 (1.66)	8.21 (1.67)	4.40**	PRF > PH
Influence	7.59 (1.52)	6.99 (1.82)	6.90 (1.80)	6.84 (2.06)	6.47	

Emotional connection	8.20 (1.36)	7.63 (1.58)	7.68 (1.64)	7.56 (1.70)	5.33
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Note: \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ . Note: PRF = Public rental flats; SHOSH = Subsidised home ownership scheme housing; PH = Private housing; Others = OTHs

#### 4) Participation in elderly centre

Figure 10 and Table 20 show that regardless of whether respondents joined the activities provided by the elderly centres or not, their sense of community was above the average. Independent t-test was adopted to assess whether receiving the services of elderly centres or not led to differences in sense of community. The results indicated that respondents who participated in the services of the elderly centres had significantly higher scores in all dimensions of sense of community. ‘Group membership’ reported the highest significant mean differences, whereas ‘Emotional connection’ recorded the lowest.

Figure 10 Participation in elderly centre comparison in sense of community

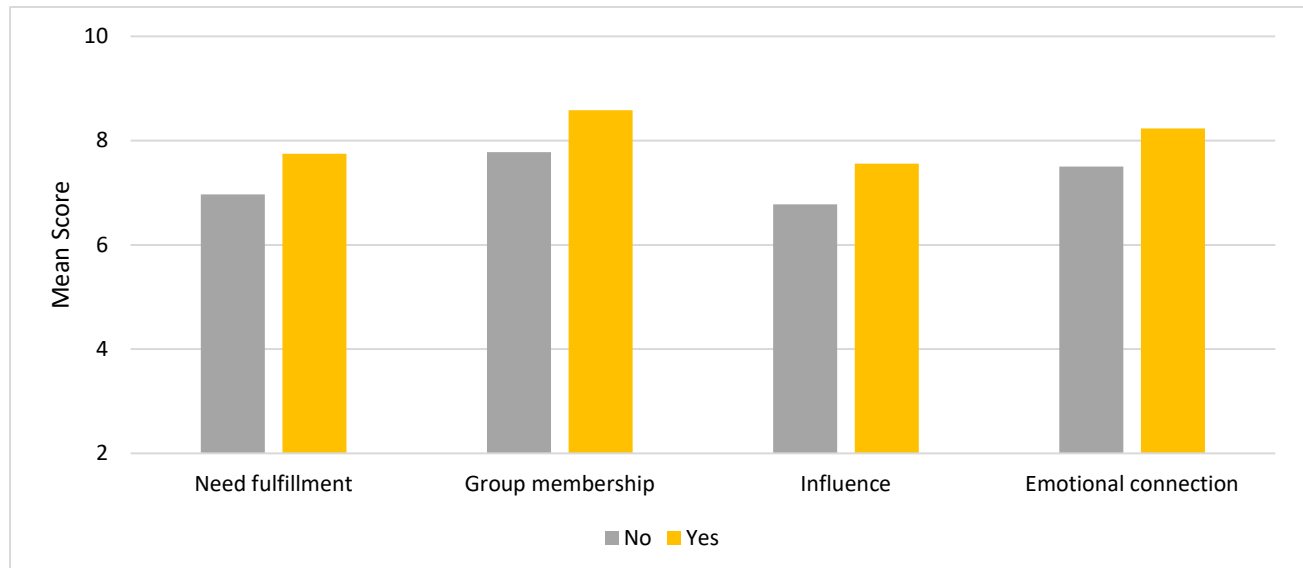


Table 20 Mean (SD) of scores in participation in elderly centre and results of independent t-test in sense of community

	Participation in elderly centre		t
	No	Yes	
Needs fulfilment	6.97 (1.73)	7.75 (1.68)	-5.20***
Group membership	7.78 (1.63)	8.58 (1.36)	-6.06***
Influence	6.78 (1.82)	7.56 (1.59)	-5.16***
Emotional connection	7.50 (1.67)	8.23 (1.34)	-5.42***

Note: \*\*\*  $p < 0.001$ .

#### 5) Rural–urban area

Figure 11 and Table 21 show that regardless of the living area, respondents had good sense of community. Independent t-test was adopted to explore whether people living in rural or urban area

differed in their sense of community. The results indicated that respondents living in urban area had significantly higher scores compared with those living in rural area in all dimensions of sense of community, except 'Influence'. 'Group membership' recorded the highest significant mean differences (rural: 7.86, urban: 8.32,  $p = 0.003$ ).

Figure 11 Living area comparison in sense of community

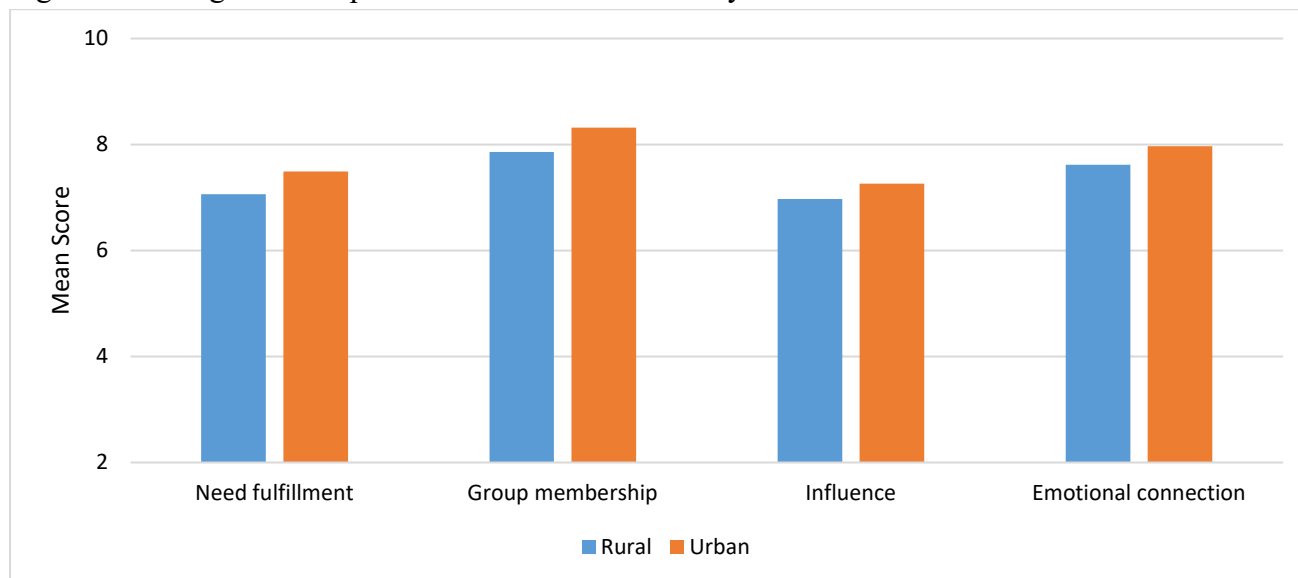


Table 21 Mean (SD) of scores in living area and results of independent t-test in sense of community

	Living Area		t
	Rural	Urban	
Needs fulfilment	7.06 (1.95)	7.49 (1.64)	-2.34*
Group membership	7.86 (1.75)	8.32 (1.45)	-3.03**
Influence	6.97 (1.99)	7.26 (1.64)	-1.61
Emotional connection	7.62 (1.67)	7.97 (1.50)	-2.20*

Note: \*  $p < 0.05$ , \*\* $p < 0.01$

### 5.1.3.2 Comparison between baseline and final assessments

To assess the changes in sense of community after the implementation of the project, paired-samples t-tests were conducted among the 135 paired respondents who joined both baseline and final assessments. As shown in Table 22, respondents' ratings on sense of community became higher in final assessment (overall baseline: 30.89; overall final: 31.75). Among the four dimensions, significant improvement was found in 'Needs fulfilment' (baseline: 6.99, final: 7.66,  $p < 0.001$ ). The results indicated that people's sense of community was improved during the implementation of the project. The respondents had more positive perception that their needs would be met by the community.

Table 22 Baseline and final assessment comparison in sense of community ( $N = 135$ )

	Baseline	Final
Needs fulfilment	<b>6.99 (1.90)</b>	<b>7.66 (1.66)</b>
Group membership	8.56 (1.23)	8.60 (1.25)
Influence	7.28 (1.50)	7.31 (1.79)
Emotional connection	8.07 (1.27)	8.18 (1.50)
Overall	30.89 (4.56)	31.75 (5.15)

Note: All reported numbers are mean (SD). Outcomes with significant changes are marked in bold.

Table 23 presents the changes in sense of community by age group, social participation and caregiving experience from baseline to final assessments. In general, younger participants aged from 18 to 64 years had marginal changes in four dimensions of sense of community. By contrast, older participants aged above 65 years gave significantly higher scores in ‘Needs fulfilment’ (65–79 years,  $p = 0.001$ ; 80 years and above,  $p = 0.007$ ). As for respondents aged between 65 and 79, marginal positive changes were found in ‘Group membership’, ‘Influence’ and ‘Emotional connection’ dimensions. The results indicated that The Project might have the most positive impact on respondents aged between 65 and 79.

Respondents who used to participate in the activities provided by elderly centres in the past three months reported positive changes in all the four dimensions of sense of community, especially a significant improvement in ‘Needs fulfilment’ (baseline: 7.35, final: 7.86,  $p = 0.012$ ). People who did not use the services of elderly centres had marginally negative changes in all the dimensions, except ‘Needs fulfilment’ (baseline: 6.49, final: 7.39,  $p = 0.006$ ).

Respondents living in urban areas had significant improvement in ‘Needs fulfilment’ (baseline: 7.26, final: 7.86,  $p = 0.008$ ) and marginal improvement in ‘Group membership’, ‘Influence’ and ‘Emotional connection’. People from rural areas presented significant changes in ‘Needs fulfilment’ dimension as well (baseline: 6.51, final: 7.31,  $p = 0.008$ ). No significant changes were found in the other three dimensions.



Table 23 Age group, social participation and residence area – changes in sense of community

	Age Group						Elderly centre participation				Residence area			
	18–64 years		65–79 years		80 years and above		No		Yes		Rural area		Urban area	
	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Needs	7.50	6.50	<b>6.92</b>	<b>7.80</b>	<b>6.97</b>	<b>7.69</b>	<b>6.49</b>	<b>7.39</b>	<b>7.35</b>	<b>7.86</b>	<b>6.51</b>	<b>7.31</b>	<b>7.26</b>	<b>7.86</b>
fulfilment	(1.35)	(1.65)	<b>(1.92)</b>	<b>(1.76)</b>	<b>(1.97)</b>	<b>(1.5)</b>	<b>(2.05)</b>	<b>(1.72)</b>	<b>(1.72)</b>	<b>(1.60)</b>	<b>(1.83)</b>	<b>(1.85)</b>	<b>(1.91)</b>	<b>(1.52)</b>
Group	7.90	8.10	8.42	8.71	8.81	8.56	8.67	8.42	8.47	8.73	8.53	8.29	8.57	8.78
membership	(1.91)	(1.20)	(1.20)	(1.12)	(1.07)	(1.39)	(1.23)	(1.35)	(1.24)	(1.17)	(1.23)	(1.47)	(1.24)	(1.08)
Influence	6.80	7.00	7.33	7.42	7.31	7.24	7.18	6.86	7.36	7.64	6.92	6.94	7.49	7.52
	(1.69)	(1.05)	(1.40)	(1.65)	(1.59)	(2.03)	(1.50)	(1.89)	(1.50)	(1.64)	(1.54)	(2.23)	(1.45)	(1.45)
Emotional	7.20	7.60	8.06	8.24	8.22	8.20	8.12	8.00	8.03	8.31	8.02	7.78	8.09	8.41
connection	(1.48)	(1.51)	(1.16)	(1.46)	(1.31)	(1.54)	(1.30)	(1.59)	(1.26)	(1.42)	(1.35)	(1.70)	(1.23)	(1.32)

Note: All reported numbers are mean (SD). Outcomes with significant changes are marked in bold.

#### 5.1.4 Smart technology utilisation

This section reports the smart technology utilisation (STU) in the Yuen Long District. The scale consists of five items, each with a possible score ranging from 1 to 5. A higher score means more positive attitude towards usage of smart technology. Possible responses include 1 (strongly disagree), 2 (disagree), 3 (fair), 4 (agree) and 5 (strongly agree).

Table 24 indicates that respondents generally had an open attitude towards smart technology utilisation. ‘I wish I could use smart home technology at home’ got the highest mean score (3.89), followed by ‘I think smart home technology can improve my quality of life’ (3.87). ‘I used to keep contact with others with computer’ had the lowest score (2.99), implying that computer was not the essential tool for residents in Yuen Long District to communicate with others.

Table 24 Smart technology utilisation ( $N = 513$ )

	Mean (SD)
STU 1. Free computer and Wi-Fi service in public space (e.g. government, community centre and library) is important for you to keep contact with others (e.g. contact family members or friends, search information online).	3.32 (1.28)
STU 2. I used to keep contact with others with computer.	2.99 (1.42)
STU 3. It is easy to seek help on technology utilisation (computer, smartphone) in the community.	3.40 (1.13)
STU 4. I think smart home technology can improve my quality of life.	3.87 (1.00)
STU 5. I wish I could use smart home technology at home.	3.89 (1.05)

##### 1) Participation in elderly centre

Independent t-test was adopted to assess if there were differences in smart technology utilisation when taking into account whether people participated in the services of elderly centres or not. The results showed that respondents who participated in the services of the elderly centres in the past three months had significant higher scores for STU items except STU 2 ‘I used to keep contact with others with computer’ (Figure 12, Table 25).

Figure 12 Participation in elderly centre comparison in smart technology utilisation

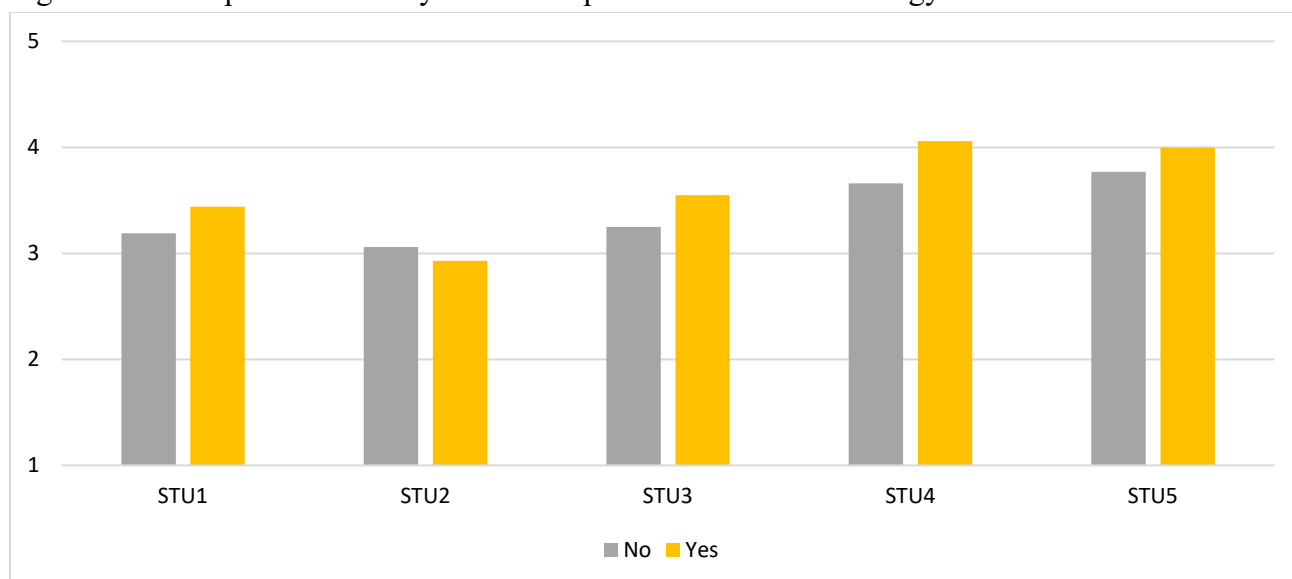


Table 25 Mean (SD) of scores in participation in elderly centre and results of independent t-test in smart technology utilisation

	Participation in elderly centre		t
	No	Yes	
STU1. Free computer and Wi-Fi service in public space (e.g. government, community centre and library) is important for you to keep contact with others (e.g. contact family members or friends, search information online).	3.19 (1.28)	3.44 (1.26)	-2.18*
STU2. I used to keep contact with others with computer.	3.06 (1.40)	2.93 (1.43)	1.00
STU3. It is easy to seek help on technology utilisation (computer, smartphone) in the community.	3.25 (1.12)	3.55 (1.12)	-3.01**
STU4. I think smart home technology can improve my quality of life.	3.66 (1.08)	4.06 (0.87)	-4.59***
STU5. I wish I could use smart home technology at home.	3.77 (1.09)	4.00 (1.00)	-2.48*

Note: \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ .

## 2) Rural–urban area

As shown in Figure 13, respondents residing in urban areas compared with those living in rural areas had more positive attitude towards smart technology utilisation. Independent t-test was conducted to compare the difference between the aforementioned two groups of respondents (Table 26). The results indicated that the group residing in urban areas rated significantly higher scores than the group residing in rural areas in all the five items of the scale, except STU 2. In sum, regardless of the residence area of the participants, their opinions on using computer as communication tool with others were the same.

Figure 13 Residence area comparison in smart technology utilisation

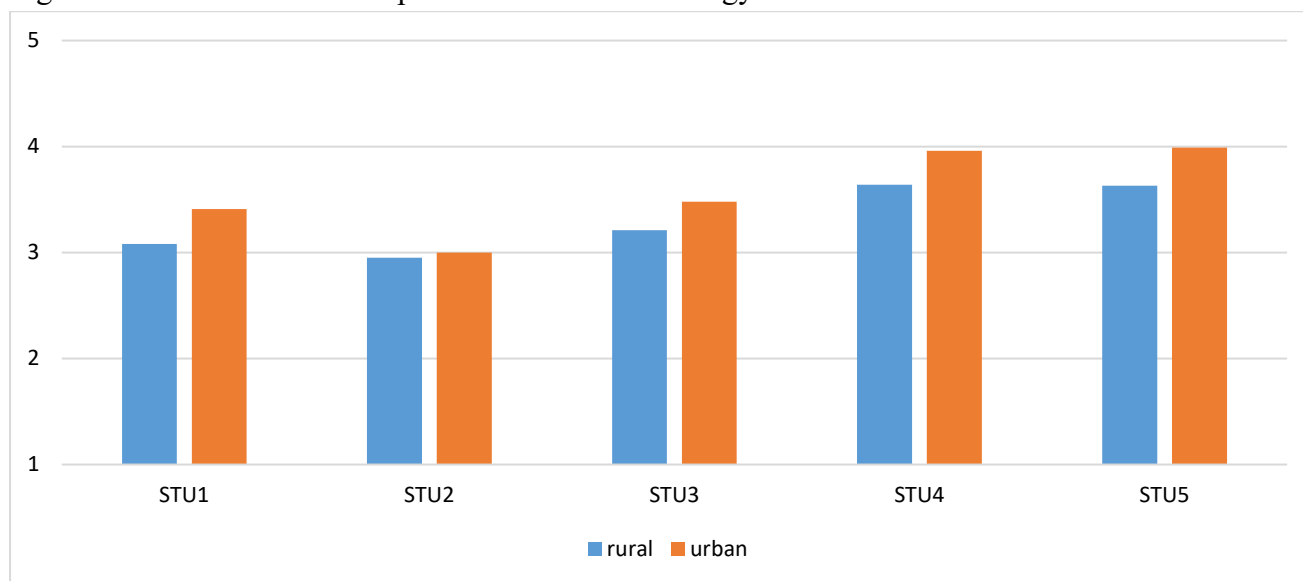


Table 26 Mean (SD) of scores in residence area and results of independent t-test in smart technology utilisation

	Residence area		t
	Rural	Urban	
STU1. Free computer and Wi-Fi service in public space (e.g. government, community centre and library) is important for you to keep contact with others (e.g. contact family members or friends, search information online).	3.08 (1.39)	3.41 (1.23)	-2.55**
STU2. I used to keep contact with others with computer.	2.95 (1.43)	3.00 (1.41)	-0.37
STU3. It is easy to seek help on technology utilisation (computer, smartphone) in the community.	3.21 (1.24)	3.48 (1.07)	-2.24*
STU4. I think smart home technology can improve my quality of life.	3.64 (1.20)	3.96 (0.89)	-2.86**

STU5. I wish I could use smart home technology at home.	3.63 (1.25)	3.99 (0.95)	-3.11**
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Note: \*  $p < 0.05$ , \*\* $p < 0.01$ .

### 3) Comparison between baseline and final assessments

Paired-samples t-tests were conducted to eliminate the individual differences that occur between respondents and explore the changes from baseline to final assessments in smart technology utilisation.

As shown in Table 27, significant lower scores were found in STU 1 (baseline: 3.42, final: 2.95,  $p = 0.001$ ), whereas significant improvements were found in STU 5 (baseline: 3.44, final: 3.79,  $p = 0.017$ ). Respondents gave marginally higher scores in STU 2 and STU 4 and marginal lower scores in STU 3. The results implied that people held more positive attitude towards smart technology utilisation from baseline to final assessments, such as smart home technology and communication tool. However, respondents rated lower scores in computer and Wi-Fi services usage and seeking help on technology in the community, which might be due to the outbreak of COVID-19.

Table 27 Baseline and final assessment comparison in smart technology utilisation ( $N = 135$ )

	Baseline	Final
STU1. Free computer and Wi-Fi service in public space (e.g. government, community centre and library) is important for you to keep contact with others (e.g. contact family members or friends, search information online).	<b>3.42 (1.26)</b>	<b>2.95 (1.44)</b>
STU2. I used to keep contact with others with computer.	2.36 (1.35)	2.49 (1.40)
STU3. It is easy to seek help on technology utilisation (computer, smartphone) in the community.	3.45 (1.18)	3.27 (1.24)
STU4. I think smart home technology can improve my quality of life.	3.67 (1.23)	3.72 (1.18)
STU5. I wish I could use smart home technology at home.	<b>3.44 (1.33)</b>	<b>3.79 (1.21)</b>

Note: All reported numbers are mean (SD). Outcomes with significant changes are marked in bold.

## 5.2 Qualitative Study

The qualitative assessment included focus group interviews and field observation, which aimed to gather insights and comments from the residents and service providers in Yuen Long District. Questions were asked based on the eight domains of Global Age-friendly Cities Framework suggested by the WHO (Appendix 2).

### 5.2.1 Sociodemographic characteristics of the respondents

A total of 27 focus group participants were recruited. Table 28 shows details of the focus group interviews of the baseline assessment. Majority of the respondents were female (70.4%), aged 65 and above (40.7%), were living with their family members (63.0%) and not working (66.7%). Around two-thirds of them completed secondary and above education (59.2%).

Table 28 Sociodemographic characteristics of focus group participants ( $N = 27$ )

		<i>N</i>	%
Age	18–49 years	10	37.0%
	50–64 years	1	3.7%
	65–79 years	11	40.7%
	80 years and above	5	18.5%
Gender	Male	8	29.6%
	Female	19	70.4%
Education	No schooling or pre-primary	2	7.4%
	Primary	9	33.3%
	Secondary	4	14.8%
	Post-secondary and above	12	44.4%
Living arrangement	Alone	9	33.3%
	Living with family members	17	63.0%
	Living with others	1	3.7%
Employment status	Working	9	33.3%
	Not working	18	66.7%

### 5.2.2 Key findings from focus group interview and field observation

Transcripts of the focus groups were analysed by adopting thematic analysis approach. Key findings of five focus groups and field observation were presented according to the eight domains of the WHO Age-friendly City Framework. During the focus group interview and field observation, the participants affirmed the development of age-friendliness in Yuen Long District. At the same time, they expressed concerns for unresolved issues and shared about their suggestions for further improvement.

## WHO Domain 1: Outdoor Space and Buildings

### Achievements

#### (1) Increased elderly-friendly facilities

A number of interviewees agreed that the elderly-friendly facilities have increased in the past few years. Barrier-free facilities, such as lift, handrail and inclined walkway, make mobilising in the community more convenient for senior citizens, especially when they are using mobility aid. The newly installed public seats provide more places for the elderly to rest when they need to walk for long distance. Besides, shelters have been arranged in more outdoor areas, and the broken pavement has been carefully repaired. These changes are helpful to reduce elderly people's safety risks, especially on rainy days.

#### (2) Pleasant outdoor environment in Tin Shui Wai area

Some interviewees shared about their satisfaction with the outdoor environment in Tin Shui Wai area. They opined that compared with the older areas in Yuen Long District, the development of outdoor environment in Tin Shui Wai is better designed. The estates and roads are more spacious, and the riverside areas are well utilised as a place for leisure.

#### (3) Comfortable environment in the rural areas

Yuen Long District has vast rural areas. Compared with the crowded and compact urban areas, the spacious rural areas make it possible for residents to live a life that is closer to nature. Some interviewees felt comfortable living in such an environment.

*If you ask where I prefer to live, the urban areas or the rural areas, I will choose the rural areas. When I am going to sleep at night, I will go up to the roof and sleep under the sky and moon. It is just right for me to live there. (Interviewee 4, 80+ Group)*

*如果你講到住市區定係住鄉郊好，我就會揀鄉郊。我夜晚呢，就會上屋頂度瞓，望住個天、睇住個月亮瞓。因為對於我嚟講呢，住就剛剛好囉。(受訪者四，80+年齡組)*

### Concerns

#### (1) Crowded and narrow spaces in Yuen Long areas

A number of interviewees complained about the outdoor environment in Yuen Long areas. They mentioned that the roads and street markets in Yuen Long areas are very narrow, such as Tai Kiu Market. It is always very crowded with many cars and pedestrians rushing on the streets. The lack of pedestrian crossing facility makes the situation even worse. There is little outdoor space for the residents to go for a walk.

## (2) Lesser activity space due to the COVID-19 pandemic

Some interviewees shared that after the outbreak of COVID-19, access to some public areas (e.g. park) is restricted for the need of pandemic control. Some public seats went out of use for social distancing purpose. Thus, the elderly had lesser places for leisure and exercise.

## (3) Unfavourable hygiene

Some interviewees complained that the hygienic condition in some public toilets and public markets was unpleasant. The interviewees mentioned that there was no water for flushing the public toilets. The street markets were hot, damp and dirty.

One of the interviewees mentioned that there were not enough rubbish bins in certain parts of the rural areas. It might cause littering behaviours and result in poor hygiene.

## (4) Unsatisfactory public facilities

Some interviewees pointed out that the current public facilities were insufficient to serve the residents. They mentioned that there were not enough seats in the shopping malls at the moment. If more seats could be installed, the elderly would have more places with air conditioning to rest when the weather was too hot or cold. The public signs in Yuen Long areas were reported to be unclear and confusing. It caused many difficulties for the elderly to navigate in the community.

## (5) Safety issues for the pedestrians

A number of interviewees expressed much concern for pedestrians' safety. Cyclists often ignored the traffic rules and rode the bike on the sidewalks and in the parks, which caused high risk of hurting pedestrians. The street trees broken during the rainstorms sometimes could not be removed timely which could also become potential hazards to pedestrians' safety.

## **Suggestions for Improvement**

The interviewees opined that increasing the supporting facilities was crucial to develop age-friendliness. The government should take timely actions to increase the public facilities to meet the needs of district development. Based on their observation of the outdoor spaces, the interviewees suggested to increase the number of facilities such as public seats, resting areas and rubbish bins.



## WHO Domain 2: Transportation

### Achievements

#### (1) Well-developed public transportation system in urban areas

Many interviewees expressed satisfaction with the convenient public transport network in the urban areas in Yuen Long District. There were various transport options for the elderly residents to choose from when they went out. The barrier-free facilities installed (e.g. wheelchair ramp) made it convenient for the older people, especially those on wheelchair, to get on and off the vehicles.

#### (2) Affordable public transportation for the elderly

Interviewees opined that the public transport was affordable for the elderly, and they were particularly satisfied with the \$2 concession scheme.

*The \$2 concession scheme is really good. If you can mobilise, you can cross over half of Hong Kong with \$2. (Interviewee 4, 80+ Group)*

*兩蚊的確係好嘅。呢度如果你識得運動呢，嗰兩蚊你真係可以飛越半個香港。(受訪者四，80+年齡組)*

### Concerns

#### (1) Indifferent attitude to the elderly passengers

Some interviewees observed that there were passengers and drivers showing little care and concern to the older people. They mentioned that a few people occupied the wheelchair positions on the bus. As the number of the position on each bus was limited, the wheelchair users sometimes could not get on the bus because of the improper occupation behaviour. Besides, some taxi drivers refused to provide service to the elderly using wheelchair.

#### (2) Unsatisfactory light rail service

Interviewees complained so much about the light rail services. Their dissatisfaction could be attributed to the following aspects. Firstly, it was always very crowded on the vehicle which resulted in uncomfortable passenger experience. Getting on the vehicle was hard during the peak hours. Some interviewees claimed that because of the crowdedness, the light rail was the last transport option they would consider.

*There are so many people on the light rail vehicles during the peak hour. The last few people getting on the vehicle should titter (as they are so lucky). I even stood for many stops until my feet started to hurt... It is so crowded during the peak hour... Sometimes it is even impossible to squeeze in. (Interviewee 5, 80+ Group)*

（輕鐵）放工放學嗰陣時不知幾多人。後面上到都偷笑呀。我都試過企好多個站，企到腳都軟...有時撞正啲人收工、後生仔返學嗰陣時就好迫...有時逼都逼唔入。（受訪者五，80+年齡組）

Secondly, there were much fewer facilities (e.g. ticket machines, add-value machines and screens showing the light rail schedule) in the light rail stations after the social unrest. The design of some ticket machines and add-value machines has also been changed (e.g. add touch screen). It caused much inconvenience for the passengers, especially the elderly passengers who often had difficulty for mobility and using digital devices. Thirdly, light rail did not have sufficient platform to disseminate the traffic information. The interviewees mentioned that information such as delay caused by traffic jam and temporary route change was only announced via station broadcast or the posters in the stations. There was no online platform for making such announcements. Thus, passengers were only able to get to know the information when they reached the stations. The font size of the posters were reported to be very small; therefore, passengers might probably overlook them if they were in a rush. All these issues could cause much inconvenience for the passengers and waste their valuable time.

### (3) Insufficient bus and minibus services

Some interviewees commented that the bus and minibus services were not enough to fulfil the residents' need. The schedule of minibus was not well arranged. Estimating when the mini bus would come was hard.

*Actually, many neighbours complained about the mini bus. Sometimes, there is no mini bus at all. When there are buses, the schedule is not stable. People may need to wait for 15 minutes... Sometimes, there are suddenly two or three buses coming together. (Interviewee 4, Service Provider Group)*

其實好多街坊成日都會話好投訴個小巴。因為可能一係就有車，一有車可能好唔穩陣...可能三個字先有車...有時又突然間一次過有兩、三架車過嚟。（受訪者四，服務提供者組）

The minibuses and buses were often very full, especially during peak hour. Interviewees shared that going to hospital for appointments by the minibus/bus was sometimes difficult for the elderly patients.

### (4) Limited transport options in Tin Shui Wai area

A few interviewees commented that the transport in Tin Shui Wai area was inconvenient. They shared that the public transport in Tin Shui Wai highly relied on light rail without many other options. As a result, the light rail was always extremely full during the peak hours. The MTR bus often became full after passing the first few stops. Thus, the residents coming from the later stops could hardly get on the buses.

*The transport option in Tin Shui Wai is limited. Usually, the transport relies on light rail. There are also MTR buses, but the waiting time can be long. The buses starting from the places deep inside*

*Tin Shui Wai often becomes full after passing the first few stops. Thus, it is hard for the elderly living near west rail station to get on the bus, especially during peak hour. I have seen many elderly residents who are on wheelchair and going to Tuen Mun Hospital for medical appointment cannot get on the bus. Nobody is willing to get off the bus and give the position to those elderly people. At the end, the elderly people's family members need to walk for the distance of one light rail stop and push the elderly to the west rail station. (Interviewee 3, Service Provider Group)*

的確天水圍呢剩係得、啲交通工具嘅種類好單一嘅。通常都主要靠輕鐵啦。仲有港鐵巴士...可能係好耐先一架嘅。同埋一啲比較天水圍住得入嘅地方呢開始開車嘅，咁個度都已經會載滿人㗎啦。所以呢，比較近西鐵站嘅耆長者呢，其實好難逼上車嘅...特別啲繁忙時間。我見過好多長者呢，推住輪椅呀，或者趕住番屯門醫院覆診，佢哋係上唔到車嘅。冇人會讓俾佢哋囉，大家都唔肯落車。咁跟住會變咗...佢哋屋企人推住佢哋行西鐵站，直接行一個輕鐵站咁樣囉 (受訪者三，服務提供者組)

#### (5) Inconvenient transportation in rural areas

A number of interviewees shared that the transport networks in the rural areas were inconvenient for the elderly. Many rural areas were not covered by the underground and light rail system. The elderly needed to take minibus to go out for daily activities or transfer to other means of transport. However, the waiting time for minibus was too long. It often took the elderly nearly one hour to reach the markets to purchase daily necessities.

#### (6) Insufficient and unreasonably designed facility

Some interviewees commented that more footbridges were needed in Yuen Long area. For instance, as mentioned, the areas near Tai Kiu Market were often crowded. Crossing streets was hard for pedestrians. Building up a footbridge there could alleviate this situation.

One of the interviewees complained that the shelters at the bus stations are made of glass instead of shading materials. The interviewee criticised the design as it cannot block sunlight.

#### (7) High transport expense for younger residents

Different from the elderly who were covered under the \$2 concession scheme, the younger residents did not enjoy much benefit for their transport expenses. One of the interviewees specifically highlighted the late-middle-aged people (aged between 50 and 60). The interviewee mentioned that these people's income probably has begun to decrease as they were about to retire and start to work less. As they were not eligible for the \$2 concession scheme, the transport expenses could be a burden for them.

### **Suggestions for Improvement**

The interviewees pointed out that the development of transport services must be fast enough to meet the increasing need resulted from population growth. With the growing number of people moving into the newly built estates in Yuen Long District, there was urgent need to provide more transport services of high quality. Thus, interviewees raised suggestions such as arranging more coupled-set light rail vehicles, increasing barrier free minibuses and building up new railway lines.

### **WHO Domain 3: Housing**

#### **Achievements**

Some interviewees were happy to see more public housing estates built up in recent years which to some degree relieved the shortage of supply. Transport and shopping facilities were well arranged around the new estates, bringing much convenience for the residents living inside.

#### **Concerns**

- (1) Prolonged processing time for public housing application after the outbreak of COVID-19 pandemic

Some interviewees from the service provider group shared that the processing time for public housing application has become longer after the outbreak of the pandemic. In the case mentioned during the interview, the applicant was informed by the officer from the Housing Department in July 2019 that since all documents had been submitted, the flat allocation should be conducted at the end of 2019 or early 2020. However, until 2021, the allocation was still not done.

- (2) Lack of facilities in tenement buildings and village houses

It was shared during the interviews that Yuen Long District had quite a number of tenement buildings and village houses. There was no lift in such kinds of buildings, which made it difficult for the elderly to go up and down. The narrow staircases and lack of lighting in these buildings also led to potential safety hazards.

#### **Suggestions for Improvement**

Home modification was considered as an important support to assist the elderly to live safely in the community, especially for those with mobility difficulty or other types of disability. Thus, some interviewees suggested NGOs to launch supporting projects to assist the elderly to modify their homes (e.g. installing handrails) so that their living environment could be more elderly friendly.

## WHO Domain 4: Social Participation

### Achievements

Some interviewees commented that there were plenty of activities provided by the elderly centres. Finding a centre and joining the activities were easy for the elderly residents. Some organisations had outreach service teams to visit the elderly living in the rural areas and provide support (e.g. cutting hair) to them.

### Concerns

#### (1) Uneven distribution of elderly centre

Some interviewees opined that the elderly centres in the district were not evenly distributed. It was hard for some elderly to find elderly centres.

*It is hard to find an elderly centre in the middle part of the road. I don't know whether it is because there was no elderly centre arranged in this area during the community planning. You cannot find any centre in the middle part. You can only find centres at the 'head part', such as Shui Pin Wai and Long Ping, or the 'tail part', such as areas near Yoho. (Interviewee 3, 18–59 Group)*

啲大馬路位啊中間嗰段路呢其實好難搵到長者中心。唔知係咪開頭整個社區規劃嘅時候都有 expect 有個地方放長者中心。你喺啲中間位係搵唔到㗎，你淨係會喺頭啦，頭嘅位，譬如水邊圍啊朗屏啊嗰啲位搵到長者中心。同埋尾尾近 Yoho 嗰邊搵到長者中心。(受訪者三，18–59 年齡組)

#### (2) Insufficient space in elderly centre

Some interviewees from the service provider group shared that the space of the elderly centre was insufficient to fulfil the need. Although the centre staff wanted to purchase sports equipment and organised exercising classes, there was no space to hold such activities. The current activity room was often used for multiple purposes. The older people joining different activities all had to use the same room, which made the environment noisy and crowded.

*Our room is used for multiple purposes. We consider it as the computer room with four to five computers inside. The elderly not only play computer but also play mahjong and read newspaper inside. Then those elderly residents will scramble for space... But the space is limited. Sometimes the room can be very noisy... There is no other room that can be used as other rooms are all used for other events. (Interviewee 2, Service Provider Group)*

我哋間房係多用途、當係電腦室啦... 電腦室裡面擺可能四、五部電腦咁樣啦。咁裡面嘅老人家會玩骨牌，即係嗰啲麻雀。間房入面睇報紙又要玩電腦、又骨牌，啲人就爭場...但個地方就有限嘛。咁變咗有時會嘈嘅... 都有咩其他房可以用。其他房用嚟搞活動啦。(受訪者二，服務提供者組)

### (3) Hidden elderly issues in rural areas

It was shared that the hidden elderly living in the rural areas were unable to fully utilise the resources in elderly centres. Although there were volunteers visiting them at home, they were still poorly supported and were unable to seek for help when needed.

### (4) Negative influence of COVID-19 pandemic and social unrest

Many interviewees opined that the COVID-19 pandemic and social unrest negatively affected elderly residents' social participation. There were fewer activities organised in the elderly centres during the pandemic. The outreach service and home visits also has been reduced or even cancelled. Owing to the safety concern caused by the pandemic and social unrest, older people's family members often requested them not to go out. The older people had to stay at home most of the time without anything to do, which resulted in their low mood and cognition deterioration. Although some elderly centres tried to organise online activities, only the young-old who were able to use internet could join in. The old-old people, especially those living in the rural areas, were unable to make use of the technology and benefited from the online activities due to the inadequate support.

*(The social unrest) is so serious in Yuen Long west rail station. The tiles on the street and footbridges have been broken. I did not dare to go out... Now there is pandemic. I stay at home every day, and it is so boring... My grandchild asks me not to go out. (Interviewee 5, 80+ Group)*

*(社會事件在) 元朗的西鐵站都幾犀利㗎... 嗰啲路呀、嗰啲行人道呀、啲階磚都爛曬... 唔敢(出街)... 又到依家呢個疫情呢, 成日都係屋企悶到死, 唔知幾悶呀... 孫都話叫我唔好出去。(受訪者五, 80+ 年齡組)*

### (5) Less active social participation of male elderlies

It was observed that the male elderlies were less willing to participate in activities than the female ones. An interviewee opined that it was because the male elderlies were generally shy.

## **Suggestions for Improvement**

### (1) Exploring more spaces for elderly centres to conduct activities

The interviewees from service provider group strongly advocated for providing more spaces for elderly centres to conduct activities. Apart from requesting the Social Welfare Department to allocate funding to expand the centre directly, some interviewees recommended to cooperate with youth centres and make use of their venues.

*Youth centre usually is open in the afternoon and closed in the morning. Can the elderly centre cooperate with youth centre for the elderly to use the venues in the youth centre in the morning? (Interviewee 4, Service Provider Group)*

其實可能因為youth centre 主要可能開晏晝嘅時間，朝早就唔開。咁會唔會其實可以有時youth 同長者中心個邊合作，啲長者朝早嘅時間(用youth centre 的場地)。(受訪者四，服務提供者組)

## (2) Increasing support services in rural areas

As mentioned before, the support for the hidden elderly in the rural areas was insufficient at the moment. Thus, interviewees suggested increasing the services, especially outreach services in the rural areas so that the older people living there could receive timely help when needed. One of the interviewees highlighted the importance of internet and suggested assisting the elderly in the rural areas to learn to use internet so that they could participate in the online activities.

## **WHO Domain 5: Respect and Social Inclusion**

### **Achievements**

#### (1) Courteous staff from public healthcare organisations

Some elderly interviewees gave positive comment on the friendly staff from public healthcare organisations. They mentioned that the staff were very patient and willing to explain the services to the elderly patients in detail.

#### (2) Enhanced intergenerational harmony between the youth and elderly

Some interviewees shared that in recent years, there have been many services designed to facilitate the communication and collaboration between the youth and the elderly. The youth showed much interest in interacting with the elderly in activities, such as fashion dress up game. These activities had promoted the mutual understanding and respect between different generations and enhanced the intergenerational harmony.

#### (3) Cordial neighbourhood relationship in rural areas

A few interviewees commented that the relationship between neighbours was more cordial in the rural areas than in the urban areas. In rural areas, there was more interaction between the neighbours. The residents living nearby were willing to help one another with daily tasks, such as caring for the infant. Such harmonious relationship was considered to be beneficial for elderly residents' mental health.

#### (4) Effective system to collect elderly residents' feedback on public services

Interviewees shared that the government departments had an effective system for the residents, including the elderly, to give feedback on the public services. One of the interviewees shared an experience about using the government hotline to provide feedback.

*I have one case. Opposite to where I live, there was a newly built temporary parking lot rented out by the government. When the parking lot was just open, there was black smoke coming out. I thought the parking lot had caught fire, so I called (the government hotline) and asked what happened. I was informed that the cause of the smoke is that someone was using diesel machine. Later, I was told that there were staff sent to investigate, and the machine was replaced at the end. The issue I raised was resolved within a few days. (Interviewee 1, 60–79 Group)*

我仲有一個個案嘅，係我哋對面嗰度起咗一個臨時停車場，政府租出去嘅，啱啱開嘅時候有黑煙出嚟，我以為火燭呀嘛咁我咪打電話去問點解囉，原來有人用柴油機所以燒咗啲黑煙上嚟，最後都有人覆返我去睇，之後覆返我報告，跟住換咗個機，咁樣係幾日內搞掂咗。（受訪者一，60–79 年齡組）

## **Concerns**

### **(1) Increased tension and decreased inclusiveness caused by social unrest**

Many interviewees shared that due to the massive social unrest, the respect and inclusiveness among people were greatly damaged. There was much tension between the groups with different political stands, and conflicts happened frequently. These conflicts even affected elderly people's relationship with friends and family members.

*I ever heard from the volunteers that the different political stands caused unhappiness within their families and made their friends quarrel with one another. Some volunteers quitted the volunteer group as they have different political opinions from other group members... There were street counters set up by council members from different parties. When the elderly queued for the counters of the council members who support the government to collect rice or other gifts, the young people passing by would harass them. (Interviewee 3, Service Provider Group)*

我都聽過有啲義工同我分享翻佢哋屋企情況呢，係因為呢啲事件令到屋企不和，又或者佢哋朋友之間有啲拗叫呀。可能本身同一個義工組其中一個意見唔同，跟住呢就 quit 咗 group... 都試過曾經係街度可能有啲唔同議員啦、唔同黨派嘅，佢哋(長者)去排一啲比較幫政府手嘅議員，去拎佢哋嘅派嘅野啦，米又好、咩都好嘅時候呢，係俾後生仔經過鬧嘅。（受訪者三，服務提供者組）

### **(2) Inadequate education for respecting the elderly**

Some interviewees opined that the parents nowadays did not make enough efforts to educate their children to respect the elderly. Thus, some children's attitude towards the older people was indifferent and disrespectful.

*I find the young parents nowadays have no awareness of respecting the elderly when they educate their children. For example, when the young parents and their children see an old person with grey hair getting on the bus, they will not give up their seats and offer the seats to the elderly. People*



*from our generation are not like that. We will definitely ask the children to give up their seats, or we give up our own seats, to offer to the elderly. (Interviewee 1, 60–79 Group)*

我見而家都好多後生個啲家長呢教育下一代呢，佢哋係好唔識得尊重啲老人家嘅，譬如話佢霸咗兩個位，見到有個老人家白曬頭髮上車，佢都唔會讓位嘅。我哋個代係唔會㗎嘛，我哋一定會叫個細路或者自己起身讓畀佢。(受訪者一，60–79 年齡組)

### **Suggestions for Improvement**

Respect is the foundation of creating an age-friendly community. In view of the tension existing between different generations, some interviewees advocated to make more efforts in promoting mutual respect between the young and the old.

## **WHO Domain 6: Civic Participation and Employment**

### **Achievements**

#### **(1) Various options for volunteer work**

Some interviewees expressed their satisfaction with the various volunteer work opportunities provided by the social service organisations. The elderly can join in the volunteer work based on their interest and personal background.

#### **(2) Improved employment situation after the pandemic is under control**

During the discussion of the service provider group, some interviewees opined that the employment situation has been improved after the pandemic is better controlled. One of the interviewees even assisted a bunch of elderly taxi drivers to apply for financial support from Community Care Fund in 2020. However, none of them came to apply in 2021. The interviewee inferred that it was because the taxi drivers had more business after the pandemic was better controlled in 2021, so their financial constraint has been relieved.

### **Concerns**

#### **(1) Fewer employment and volunteer opportunity caused by COVID-19 pandemic**

COVID-19 pandemic has greatly battered the development of economy. Although the employment situation has been improved after the pandemic was better controlled, the job market has not fully recovered so far, and the job opportunities were still in shortage. Many young people started to compete with the elderly in positions such as security guard. The employers were more willing to hire the young

job seekers as they had the biased view that the elderly was definitely less capable than the young people. Thus, the unemployment rate of the elderly was increased.

Volunteer opportunities have also been decreased after the outbreak of pandemic. As many elderly activities have been cancelled due to the need for pandemic control, the demand for volunteers has been lowered.

## (2) Limited participation of the elderly in discussion on public issues

Some interviewees pointed out that the elderly residents did not have enough channels to share their opinions on public issues. Although there were NGOs making efforts to create a platform for the elderly to discuss about their concerns (e.g. the Elderly-friendly Group organised by Caritas HK), such kind of chance remained very limited. Some DC members used to consult the residents for comment and opinions, but the frequency has greatly reduced after the social unrest and COVID-19 pandemic. One of the interviewees shared that even the elderly was invited to attend the DC meetings, they did not have much chance to participate in discussion.

*Previously when I attended the meeting of Yuen Long DC, I noted that the council nominally invited them (the Elderly-Friendly Group of Caritas HK). They attended the meeting, but only listen. When it came to the working group discussion, they did not have the chance to join the discussion or share opinions... (The elderly) are very happy to join such kind of meetings. They often express a lot during the group discussion in the elderly centre. However, they do not have the chance to voice out in the DC meeting. (Interviewee 3, Service Provider Group)*

之前去元朗區議會開會嘅時候，留意到佢名義上係俾咗個名佢哋(明愛長者友善小組)呀。佢哋到時呢就參與開會嘅，係側邊聽嘅。但係佢哋就旁聽囉純粹。到真係 working group 嘅時候，其實佢哋有份參與個俾意見呀，又或者一齊討論㗎㗎... (長者) 佢哋呢參加呢啲覺得好開心呀，我平時係小組、中心小組講好多野。但去到區議會嘅時候佢哋有呢個發聲嘅機會。(受訪者三，服務提供者組)

## **Suggestions for Improvement**

Many elderly people were more capable than the general public expected. They had rich work and life experience, which enabled them to continue to contribute to the economic and social development. Public education was suggested to enhance the public image of the elderly as well as increase the public and employers' understanding of the abilities of the elderly. To realise their potential, some interviewees suggested that the public and private sectors could consider creating more part-time job positions for them. Another recommendation was the government and district council could regularly invite the elderly to join discussion sessions so that the senior citizens could also have a platform to share their opinions on how to address the public issues.

## **WHO Domain 7: Communication and Information**

### **Achievements**

The growing popularity of smartphone and rapid development of internet technology brought great changes to how people communicate with one another, obtain news and disseminate information. As shared by the interviewees, there were enhanced services and support to the elderly using smartphones and internet for communication. Besides, a growing number of elderly created Facebook accounts to communicate with their friends and read latest news from all over the world. The elderly centres used WhatsApp to inform the elderly of the upcoming activities, which was more efficient than the traditional ways of communication.

### **Concerns**

#### **(1) Insufficient support for the elderly who are unable to use smartphone and Internet**

Although the number of elderly people who were able to use internet and smartphone was increasing, there were still some elderly facing difficulties to benefit from the new technology. There was no Wi-Fi installed in some single-elderly or two-elderly households. The internet coverage in the rural areas was also limited. Even in an environment with internet coverage, some old-old people did not know how to use smartphone and need the help from others. Although many of the old-old people were willing to learn how to use smartphone, the relevant courses conducted by the elderly centres had mostly been cancelled due to the COVID-19 pandemic. Besides, some of the courses were chargeable, but the elderly was not willing to spend money. As a result, the learning opportunity for the old-old was limited.

After the outbreak of COVID-19 pandemic, the elderly centres and the government have been relying more on the online platform to provide services and disseminate information. The elderly centres have considered the need of the elderly who were unable to use smartphone and internet and used alternative ways to get in touch with them (e.g. volunteer visit and phone call). However, these actions could not ensure these elderly people get the necessary information as timely as others. Some of the pandemic control measures involved the use of the smartphone (e.g. installing LeaveHomeSafe APP and booking appointment for vaccination), but the support for the elderly who lack relevant knowledge and facilities was insufficient.

*The elderly people like my parents do not know how to use (smartphone). Suddenly, the government requires people to install the LeaveHomeSafe APP. The elderly do not know how to install... There is no place that can help people to install. In the past, there usually were some street counters or service centres that had staff to help you install. But now there is not much information on such kind of support. (Interviewee 3, 18–59 Group)*

好似我爹哋媽咪咁,佢哋唔係好識用呢啲嘅。突然間又話要裝安心出行,其實佢哋唔識裝囉...又唔會話有啲咩特別嘅地方幫人裝啦,即係有時以前唔知有啲咩好似都會話擺嚇個街站,或者某啲中心去郵局定點,有個專人幫你裝又好咩都好,但係呢方面嘅資訊都唔係好多囉。(受訪者三, 18–59 年齡組)

## (2) Insufficient publicity of the elderly services

Some interviewees opined that the current publicity for elderly services is insufficient. They opined that the service providers nowadays seldom proactively disseminated the service information to the public via measures such as dispatching leaflets to the mailbox and street counter. When the young caregivers need the services, they need to search for the information via internet or call different service providers to inquire. Some of the social service agencies have been existing in the community for quite long, but the residents nearby were still unaware.

## (3) Unsatisfactory appointment hotline for public healthcare service

Some interviewees complained about the inconvenience when using the hotline to book appointment with public healthcare service providers. They mentioned that the hotline system was very complicated. It was hard to be directed to talk to the hotline staff, and successfully booking the appointment often took several times.

## **Suggestions for Improvement**

Elderly people might not be so familiar with the latest technology as the younger generations. Thus, alternative arrangement (e.g. home visit, face-to face workshop and hotline) should be done to make sure they could access the information and service they need. The designers of these alternative options should fully consider elderly users' characteristics and needs and make sure the design was age friendly. For example, instead of purely relying on the auto-reply of the system, the appointment hotline for public healthcare services should arrange more staff to attend to the elderly users directly.

## **WHO Domain 8: Community Support and Health Services**

### **Achievements**

Some interviewees opined that the overall healthcare service in Yuen Long District has been improved. The waiting time for Accident and Emergency (A&E) service in Tin Shui Wai Hospital was relatively shorter than that in other public hospitals.

### **Concerns**

#### (1) Insufficient public healthcare services

Many interviewees complained that the waiting time for public healthcare services was very long. Getting an appointment for outpatient services was hard. As for A&E service, although there was positive comment saying that the waiting time in Tin Shui Wai Hospital was relatively shorter than other public hospitals, some interviewees even experienced waiting for more than 10 hours.

The specialist clinics in Tin Shui Wai Hospital only cover limited disciplines. It caused much inconvenience for the nearby patients when they need certain specialist service.

*There is no obstetrics and gynaecology clinic in Tin Shui Wai Hospital. Previously, when my sister-in-law was about to give birth, she did not call 999 because she would be sent to Tin Shui Wai Hospital if she called 999... If she went to Tin Shui Wai Hospital, she would later be transferred to Tuen Mun Hospital or Pok Oi Hospital as there was no obstetrics and gynaecology clinic in Tin Shui Wai Hospital. This could be quite troublesome. (Interviewee 3, 18–59 Group)*

嗰邊冇婦科嘅，之前我阿嫂可能有BB啦...臨生嘅時候呢佢都唔會call 999嘅，因為call 999呢一定係送佢去天水圍醫院...但係呢去天水圍醫院就有婦科，咁都係要transfer返去屯門醫院或者博愛醫院嘅，咁反而仲麻煩左囉。(受訪者三，18–59年齡組)

Owing to the lack of manpower in Tin Shui Wai Hospital, some of the patients there, including outpatient, A&E and inpatient cases, need to be transferred to other hospitals nearby for treatment which increased the burden for those hospitals.

## (2) Shortage of subvented residential care service and poor quality of private residential care service

Lack of residential care service for the elderly has been a longstanding issue affecting the elderly people's well-being. Many interviewees highlighted this issue during the focus group discussion. They mentioned that the waiting time for the subvented elderly home was too long. As for the private homes, many of them were located in remote rural areas. The service of the private home was reported to be either too expensive or of poor service quality.

*The waiting time (for residential service) was 36 months when I applied for the first time. Now, it changed to 39 or 40 months. (Interviewee 5, 18–59 Group)*

我第一次申請(住宿服務)要36個月，依家變咗39,40個月。(受訪者五，18–59年齡組)

*According to what I know, many of the private elderly homes in Yuen Long are not good... They look like sub-divided flats inside. The staff there only ask you to come for meals at certain timing and ignore you during the rest of the time. Then, you just watch the TV all day... There is little air conditioning and only a few fans. The stairs are also narrow. You won't want your parents to stay in the private elderly homes. (Interviewee 5, 18–59 Group)*

元朗呢據我所知私院...好多個環境都唔係幾好嘅...入邊真係劏房咁㗎。大家姑娘淨係叫你呢個鐘數出嚟食飯咁啦，跟住呢就唔理你㗎啦，你就望住個電視啦成日...入邊呢冷氣又少啦，

跟住得兩把風扇喺度吹下吹下，跟住樓梯又迫啦，其實你好難想你嘅父母係呢啲嘅私院到住。  
(受訪者五，18–59 年齡組)

*My financial status is not good. The private elderly home introduced to me by Pok Oi Hospital is \$40,000 per month for a three-person room. To be honest, I can afford for two to three months. It will be the worst if I don't die fast enough. (Interviewee 2, 80+ Group)*

我經濟條件又唔好，一去到博愛醫院就介紹我...三人房四萬蚊一個月。老實講如果係兩三個月嘅話我都支持到，最弊我未死吓嘛。(受訪者二，80+ 年齡組)

### (3) COVID-19 pandemic affecting the arrangement of elderly services

The interviewees from service provider group shared that some of the elderly support services have been decreased after the outbreak of the pandemic, such as personal care and accompanying the elderly to go for medical appointments. The application progress was also delayed. According to some of the interviewees, it was because the Social Welfare Department was unable to allocate manpower to conduct the intake assessment for the new application.

### (4) Unwillingness to seek for medical treatment because of the COVID-19 pandemic

Owing to the fear of getting infected with COVID-19, some elderly participants were unwilling to go to hospital for follow up appointments. The family members of some older people postpone the older people's appointments for doctor consultation and only collect medication for the same reason. Some old-old people are worried that they will be hospitalised if they go to hospital. They feel that nobody will visit them during the hospitalization due to the pandemic, and they do not know how to use smartphone to contact their family and friends. Ultimately, the fear of being alone in hospital makes them unwilling to go for appointments.

### (5) Insufficient support for older people with dementia and their families

A few interviewees opined that the service for dementia patients and their families in Yuen Long District was insufficient. The patients and the family members would have to face heavy burden if the social service sector could not provide enough help to them.

## **Suggestions for Improvement**

Interviewees strongly advocated to improve the public healthcare services and the elderly residential care services. For the public healthcare services, various suggestions were raised, such as sending medical vehicles with nurses to visit the elderly living in the rural areas, arranging pharmacists to assist the elderly with medication management, expanding the services of Tin Shui Wai Hospital, increasing the manpower and facilities to reduce patients' waiting time and so on.

As for the elderly residential care services, recommendations provided include increasing the beds in public elderly homes, prioritising the elderly with urgent need when allocating the beds, setting up monitoring system for the private elderly homes to urge them to improve the service quality and providing social and rehabilitation service for the elderly living in the private elderly homes.

## 6. Conclusion

During the implementation of the JCAFC Project, various stakeholders including the government, Yuen Long DC, academia, NGOs, private sectors and local residents in Yuen Long District have been working closely to promote the concept of AFC and enhance the age-friendliness in the community. Despite the negative influence of social unrest and COVID-19 pandemic, significant progress has been witnessed towards the more age-friendly and liveable community in the district.

Yuen Long District has successfully become one of the members of the WHO Global Network for Age-friendly Cities and Communities in 2018. In general, our baseline and final assessments found that people in Yuen Long perceived the district to be age friendly. The findings of the project evaluation revealed that positive changes were found from baseline to final assessments. Among the eight AFC domains, ‘Social participation’ (4.37) had the highest ratings, followed by ‘Transportation’ (4.32) and ‘Respect and social inclusion’ (4.24). The dimensions with the lowest rank were ‘Community support and health services’ (3.75) and ‘Housing’ (3.75).

As mentioned in Section 5.1.2.2, the data of 135 pairs respondents who joined baseline and final assessments were analysed to explore the changes in age-friendliness in the past few years. Significant improvements were found in all the eight domains and seventeen subdomains from the baseline to final assessments. ‘Outdoor spaces and buildings’ from 3.97 to 4.31, ‘Transportation’ from 4.13 to 4.43, ‘Housing’ from 3.37 to 3.89, ‘Social participation’ from 4.34 to 4.58, ‘Respect and social inclusion’ from 4.15 to 4.52, ‘Civic participation and employment’ from 3.77 to 4.31, ‘Communication and information’ from 4.01 to 4.26, ‘Community support and health services’ from 3.44 to 3.95. More significant improvements in perceived age-friendliness were observed among the older respondents aged between 65 and 79, public rental flats and private housing residents, people with better health status, active members of elderly centres and respondents who had no caregiving experience.

The respondents of the focus groups appreciated the achievements in all eight domains, especially in the enhanced outdoor environment and elderly-friendly facilities, affordable and well-developed public transportation, increased public rental flats, sufficient social activities and outreach support for elderly living in rural area, supportive and respectful attitude towards the elderly, cordial neighbourhood relationship in rural areas, effective system to collect elderly’s opinions, improved options for volunteer work and employment situation, strengthened information accessibility and improved public health services in Yuen Long District.

Regarding the sense of community, respondents reported good scores in all the four dimensions. ‘Group membership’ got the highest mean score among the four dimensions, which indicated that Yuen Long participants had positive sense of belongings to the community. People aged 65 and above



gave higher scores compared with the younger generation in sense of community. Remarkable higher scores were also found among active members of the elderly centre and respondents living in urban area. As for the people who joined both baseline and final assessments, respondents' ratings on sense of community became higher from baseline to final assessments. Among the four dimensions, significant improvement was found in 'Needs fulfilment'. The result indicated that respondents had more positive perception that their needs would be met by the community.

The findings of the final assessment indicates that people in Yuen Long District had an open attitude towards the utilisation of smart technology. 'STU 5. I wish I could use smart home technology at home' got the highest ratings, followed by 'STU 4. I think smart home technology can improve my quality of life'. Active members of the elderly centre and residents living in urban area gave significant higher scores in all the items related to the smart technology utilisation except 'STU 2. I used to keep contact with others with computer'. As for the comparison between baseline and final assessments, although significant improvements were found in STU 5, obvious lower scores were found in STU 1. Participants perceived less importance of free equipment and Wi-Fi connection in public spaces possibly due to the influence of COVID-19.

## 7. Recommendations

Consolidating findings from the questionnaire survey, focus group study and fieldwork observation, The Project team proposed a number of suggestions in each domain to continually improve the age-friendliness in Yuen Long District. In terms of ‘Outdoor spaces and buildings’, people ranked this domain in the fifth place among the eight domains. Respondents mentioned noticeable improvements in outdoor environment and elderly-friendly facilities (e.g. barrier-free facilities, comfortable environment in Tin Shui Wai and rural area). Several suggestions were proposed to solve residents’ concerns. Participants felt increasing public supporting facilities was crucial to further develop age-friendliness, such as increasing public seats, resting area and rust bins as well as improving hygiene of public toilets and street markets. Besides, participants expressed the concerns on safety issues of the pedestrians. Therefore, improving pedestrian crossing facilities and separating walkways and cycle paths should also be considered.

Regarding ‘Transportation’, residents ranked this domain second. Respondents appreciated the availability and affordability of the public transportation system in urban areas. However, they also shared several concerns, such as indifferent attitude towards the elderly passengers, unsatisfactory light rail, bus/minibus services and facilities design, inconvenient transportation in rural area and high transport expense for the younger residents. To solve the mentioned issues, suggestions included increasing high quality transportation services to meet the need of growing population in Yuen Long District, such as arranging more coupled-set light rail vehicles, increasing barrier-free minibuses and building up new railway lines, among others.

‘Housing’ was one of the lowest-ranked AFC domains in Yuen Long District. Participants shared concerns about the prolonged processing time for public housing application after the outbreak of COVID-19 and lack of facilities in tenement building and village houses. To improve the age-friendliness in the ‘Housing’ domain, home modification was considered as an important support for the elderly in the community, especially for those with mobility difficulty or other types of disability. Local NGOs were recommended to launch supporting projects for assisting the elderly to modify their homes (e.g. installing handrails) so that their living environment could be more safety and elderly friendly.

As for ‘Social participation’, this domain was ranked the highest by the respondents. They were satisfied with the various accessible activities provided by the NGOs. Besides, outreach services were appreciated by providing support to the elderly living in rural area. In the future, the district can focus on two aspects. First is providing more spaces for elderly centres to conduct activities. Apart from requesting the Social Welfare Department to allocate funding to expand the centre directly, some interviewees recommended the elderly service units to cooperate with youth centres and make use of

activity venues in their spare time. Second is increasing supportive services for the elderly people in rural areas. Though there were outreach services provided by NGOs at the moment, more efforts should be made to support the hidden elderly in rural areas timely. Furthermore, to facilitate the elderly in rural areas to use online services under the COVID-19 pandemic, more training and assistance should be provided.

In terms of 'Respect and social inclusion', this domain was ranked in the third place. Participants in Yuen Long District recognised the positive changes in intergeneration relationship as well as cordial neighbourhood relationship in rural areas. They were also satisfied with the caring and courteous staff from public healthcare organisations and effective mechanism to receive elderly's opinions on public issues. To improve the age-friendliness in this domain, more efforts should be made to enhance mutual understanding and respect among different generations to ease the relationship tensions caused by social unrest. Furthermore, family education on respecting the elderly people should be promoted.

'Civic participation and employment' was ranked sixth by the respondents. Respondents spoke highly of the various options for volunteer work. Besides, they mentioned that the employment situation of the elderly was improved when the pandemic was under control. However, most participants opined that elderly people faced difficulties when turning back to the labour market, such as fewer employment opportunities caused by COVID-19, bias from employers and the public and so on. Moreover, elderly people had limited channels to voice their opinions on social issues. As a result, public education was suggested to enhance the public image of the elderly as well as increase the public and employers' understanding of the abilities of the elderly. Creating more part-time job positions was another way to increase job opportunities for the elderly. Furthermore, the government and DC could regularly invite the elderly to join the meetings or consultant sessions to involve them joining the decision-making process.

As for 'Communication and information', participants in Yuen Long District ranked this domain in the fourth place. They acknowledged the enhanced services and support to the elderly using smartphones and internet. Furthermore, they mentioned that a growing number of elderly began to use social networking services, such as Facebook and WhatsApp, for information and communication. Even so, alternative arrangement (e.g. home visit; face-to face workshop; hotline) should be done to make sure the elderly who were not familiar with the latest technology could access the information and service they need. Furthermore, on the one hand, as the growing popularity of smartphone and rapid development of internet technology, people have changed the way to communicate with one another, obtain news and disseminate information from offline to online. On the other hand, findings from the questionnaire indicated that elderly people held positive attitude towards smart technology utilisation. Consequently, it was suggested that government and NGOs to allocate regular resources

and funding to facilitate the elderly population to learn how to use the technology to keep connected with the society. In addition, more efforts should be made to promote the elderly services to let more people know about the resources.

Regarding ‘Community support and health services’, this domain was ranked in the last place along with the ‘Housing’ domain. Although the participants mentioned the improvement in public health services in Yuen Long District, several suggestions were strongly advocated to improve the age-friendliness in this domain. For the public healthcare services, more resources were suggested to allocate to the public hospital and rural areas, such as expanding the services of Tin Shui Wai Hospital, arranging medical vehicles to deliver health services to the elderly residing in rural areas and so on. As for residential care services, it was recommended to enhance the services of subvented elderly homes as well as set up monitoring system for the private elderly homes to guarantee its service quality. Besides, more support should be provided to the people with dementia and their family.

To sum up, improvements in age-friendliness and sense of community in Yuen Long District are obvious upon the implementation of the JCAFC Project. Future work to move the district to become more elderly friendly and liveable should not only rely on the bottom-up and district-based approaches. Top-down support will be crucial to undertake continual improvement in age-friendliness. The government, especially the Labour and Welfare Bureaus and Elderly Commission, are expected to take the lead in the future development of AFC in Hong Kong as they are able to coordinate various stakeholders and resources to develop or adapt interventions and policies from society level. In addition, the government can carry out large-scale publicity through various channels, such as TV and social media. Consequently, the concept of AFC will be known and accepted by an increasing number of citizens.

## 8. Appendices

### Appendix 1 – Questionnaire survey



問卷編號：

問卷填寫日期：

訪問員編號：

### 長者及年齡友善城市指標研究問卷調查

策劃及捐助：



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The Hong Kong Jockey Club Charities Trust  
同心 同步 同進 RIDING HIGH TOGETHER

計劃伙伴：



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

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！**請注意：**為保證禮券順利派發，請**準確填寫**所需的個人資料。**每位參加者只需填寫一份問卷，重複填寫問卷將不獲派發額外禮券（如已經填寫網上問卷，則無需填寫紙版問卷）。**

☐ 受訪者已明白以上內容。

受訪者簽署以確認已明白上述內容：\_\_\_\_\_

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 ☐ 80歲或以上的長者 ☐ 18-59歲的市民

(2) ☐ 護老者（凡照顧長者之人士） ☐ 服務提供者／專業人士 ☐ 不適用

受訪者居住的地區：

☐ 屯門區

<input type="checkbox"/> (1) 屯門市中心	<input type="checkbox"/> (2) 兆置	<input type="checkbox"/> (3) 安定	<input type="checkbox"/> (4) 兆翠
<input type="checkbox"/> (5) 友愛南	<input type="checkbox"/> (6) 友愛北	<input type="checkbox"/> (7) 翠興	<input type="checkbox"/> (8) 山景
<input type="checkbox"/> (9) 景興	<input type="checkbox"/> (10) 興澤	<input type="checkbox"/> (11) 新墟	<input type="checkbox"/> (12) 掃管笏
<input type="checkbox"/> (13) 三聖	<input type="checkbox"/> (14) 恒福	<input type="checkbox"/> (15) 悅湖	<input type="checkbox"/> (16) 兆禧
<input type="checkbox"/> (17) 湖景	<input type="checkbox"/> (18) 蝴蝶	<input type="checkbox"/> (19) 富新	<input type="checkbox"/> (20) 樂翠
<input type="checkbox"/> (21) 龍門	<input type="checkbox"/> (22) 新景	<input type="checkbox"/> (23) 良景	<input type="checkbox"/> (24) 田景
<input type="checkbox"/> (25) 寶田	<input type="checkbox"/> (26) 建生	<input type="checkbox"/> (27) 兆康	<input type="checkbox"/> (28) 欣田
<input type="checkbox"/> (29) 屯門鄉郊	<input type="checkbox"/> (30) 富泰	<input type="checkbox"/> (31) 景峰	<input type="checkbox"/> (32) 其他 (請註明：_____)

受訪者居住的地區：

☐ 元朗區

<input type="checkbox"/> (33) 豐年	<input type="checkbox"/> (34) 元朗中心	<input type="checkbox"/> (35) 鳳翔	<input type="checkbox"/> (36) 元龍
<input type="checkbox"/> (37) 十八鄉中	<input type="checkbox"/> (38) 水邊	<input type="checkbox"/> (39) 南屏	<input type="checkbox"/> (40) 北朗
<input type="checkbox"/> (41) 元朗東頭	<input type="checkbox"/> (42) 十八鄉北	<input type="checkbox"/> (43) 十八鄉東	<input type="checkbox"/> (44) 十八鄉西
<input type="checkbox"/> (45) 屏山南	<input type="checkbox"/> (46) 洪福	<input type="checkbox"/> (47) 廈村	<input type="checkbox"/> (48) 屏山中
<input type="checkbox"/> (49) 盛欣	<input type="checkbox"/> (50) 天盛	<input type="checkbox"/> (51) 天耀	<input type="checkbox"/> (52) 耀祐
<input type="checkbox"/> (53) 慈祐	<input type="checkbox"/> (54) 嘉湖南	<input type="checkbox"/> (55) 瑞愛	<input type="checkbox"/> (56) 瑞華
<input type="checkbox"/> (57) 頌華	<input type="checkbox"/> (58) 頌栢	<input type="checkbox"/> (59) 嘉湖北	<input type="checkbox"/> (60) 悅恩
<input type="checkbox"/> (61) 晴景	<input type="checkbox"/> (62) 富恩	<input type="checkbox"/> (63) 逸澤	<input type="checkbox"/> (64) 天恆
<input type="checkbox"/> (65) 宏逸	<input type="checkbox"/> (66) 屏山北	<input type="checkbox"/> (67) 錦繡花園	<input type="checkbox"/> (68) 新田
<input type="checkbox"/> (69) 錦田	<input type="checkbox"/> (70) 八鄉北	<input type="checkbox"/> (71) 八鄉南	<input type="checkbox"/> (72) 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

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

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

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

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) 法律保障							
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
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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
<b>C. 住所</b>							
22	房屋嘅數量足夠、價錢可負擔，而且地點安全，又近其他社區服務同地方。	1	2	3	4	5	6
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
<b>D. 社會參與</b>							
26	活動可以俾一個人或者同朋友一齊參加。	1	2	3	4	5	6
27	活動同參觀景點嘅費用都可以負擔，亦都有隱藏或附加嘅收費。	1	2	3	4	5	6
28	有完善咁提供有關活動嘅資料，包括無障礙設施同埋交通選擇。	1	2	3	4	5	6
29 (#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
<b>E. 尊重及社會包融</b>							
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	1	2	3	4	5	6

	關長者和年老的知識，並給予長者參與學校活動的機會）。						
根據 <u>你對現時居住社區的印象</u> ，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
<b>F. 社區參與及就業</b>							
38	長者有彈性嘅義務工作選擇，而且得到訓練、表揚、指導同埋補償開支。	1	2	3	4	5	6
39	長者員工嘅特質得到廣泛推崇。	1	2	3	4	5	6
40 (#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
<b>G. 訊息交流</b>							
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
<b>H. 社區支持與健康服務</b>							
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

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。

請就你居住的地區評分，你有多同意以下敘述？

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

請就你日常使用智能科技的情況評分，你有多同意以下敘述？

II	智慧城市	非常不同意	不同意	普通	同意	非常同意
1	公眾場所（例：政府辦事處、社區中心和圖書館）的免費電腦和上網服務對你與外界交流（例：與家人，朋友保持聯絡，上網尋找相關資訊）很重要	1	2	3	4	5
2	我有使用電腦與外界交流的習慣	1	2	3	4	5
3	社區中可以好快搵到人幫手解答資訊科技（如電腦、智能電話）的使用問題	1	2	3	4	5
4	我認為智能家居設備（例：無線感應沖水掣）能改善我的生活質素	1	2	3	4	5
5	我希望能為我的家居增添電子智能設備	1	2	3	4	5

受訪者資料（請在適當位置劃上剔號「✓」）

1. 年齡：\_\_\_\_\_歲

2. 性別：☐ 男 ☐ 女

3. 教育程度：

- |  |                               |   |
|--|-------------------------------|---|
| <input type="checkbox"/> 未曾接受教育 / 學前教育 | <input type="checkbox"/> 小學   | <input type="checkbox"/> 初中             |
| <input type="checkbox"/> 高中（包括毅進）      | <input type="checkbox"/> 預科   | <input type="checkbox"/> 專上教育：文憑 / 證書課程 |
| <input type="checkbox"/> 專上教育：副學士      | <input type="checkbox"/> 大學學位 | <input type="checkbox"/> 學士以上（碩士 / 博士）  |

4. 婚姻情況：

- ☐ 未婚 ☐ 已婚 ☐ 喪偶 ☐ 離婚 / 分居 ☐ 其他（請註明：\_\_\_\_\_）

5. 居住狀況（可多選）：

- |                                |                                |  |                                |
|--------------------------------|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> 與配偶同住 | <input type="checkbox"/> 與子女同住 | <input type="checkbox"/> 與配偶及子女同住      | <input type="checkbox"/> 與親戚同住 |
| <input type="checkbox"/> 與工人同住 | <input type="checkbox"/> 獨居    | <input type="checkbox"/> 其他（請註明：_____） |                                |

6. 居住房屋類型：

公營房屋：

- ☐ 租住公屋
- ☐ 自置公屋
- ☐ 租住居屋
- ☐ 自置居屋
- ☐ 長者屋

私人永久性房屋：

- ☐ 租住（包括免租，如員工宿舍）
- ☐ 自置（包括有按揭、已完成供款）
- ☐ 私人臨時房屋（如鐵皮屋）
- ☐ 其他（請註明）：\_\_\_\_\_（如老人院）

7. 你在這個社區居住了多少年？ \_\_\_\_\_年

8. 就業情況：

你現時有沒有工作？

☐ 有，現時的職業是：\_\_\_\_\_

☐ 沒有，現在是：

- ☐ 失業人士 ☐ 退休人士（退休前的職業是：\_\_\_\_\_）
- ☐ 料理家務者（如：家庭主婦） ☐ 學生 ☐ 其他（請註明：\_\_\_\_\_）

9. 你有沒有足夠的金錢應付日常開支？

- ☐ 非常不足夠    ☐ 不足夠    ☐ 剛足夠    ☐ 足夠有餘    ☐ 非常充裕

10. 現時每月個人收入（包括社會保障制度的援助及子女提供的生活費）：

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

11. 在過去三個月內，你有沒有使用 / 參加長者中心提供的服務或活動？

- ☐ 沒有    ☐ 有

12. 你是否患有長期疾病？    ☐ 沒有    ☐ 有

13. 你如何評價你的健康情況？

- ☐ 差    ☐ 一般    ☐ 好    ☐ 很好    ☐ 非常好

14. 你有沒有長期照顧長者的經驗？    ☐ 沒有    ☐ 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。

現金禮券確認收妥回條：

本人 \_\_\_\_\_（先生 / 太太 / 女士 / 小姐） \_\_\_\_\_（身份証號碼，請填寫首 4 個字）已完成問卷。

☐ 確認收妥上述問卷調查送贈的港幣伍拾圓正現金禮券（禮券編號：\_\_\_\_\_）

如有興趣參與下面其中一項，請留下聯絡資料：

☐ 有興趣參與**聚焦小組**形式訪問（完成後將獲得港幣壹佰圓正現金禮券以示感謝）

☐ 有興趣參與**嶺南大學亞太老年學研究中心**的其他研究

電話號碼： \_\_\_\_\_

簽署： \_\_\_\_\_ 簽收日期： \_\_\_\_\_

職員專用

機構： \_\_\_\_\_ 問卷編號： \_\_\_\_\_

\_\_\_\_\_

## Appendix 2 – Focus group guide

嶺南大學亞太老年學研究中心  
賽馬會齡活城市計劃  
聚焦小組

### 小組簡介：

「長者及年齡友善城市」是世界衛生組織在 2005 年提出的概念，它建基於積極老齡化的理論框架，旨在優化社區環境，促進長者的健康、社會參與和保障，和提升長者的生活質素。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。本次計劃已接近尾聲，項目組將透過問卷調查及聚焦小組的形式，對計劃展開評估工作。

本次聚焦小組將圍繞世界衛生組織所定下的「長者及年齡友善城市」的八個範疇來探討屯門區的實際情況，了解您對於本區的居住環境以及長者相關資源/服務的意見。

世界衛生組織提倡的「長者及年齡友善城市」主要由八個範疇組成，包括室外空間和建築、交通、房屋、社會參與、尊重和社會包容、公民參與和就業、信息交流、社區與健康服務。

### 「長者及年齡友善城市」的八個範疇：

1. **室外空間和建築：**建築設計能鼓勵及協助長者外出，參與日常社交活動  
\*戶外環境、綠化空間、馬路/過路設施、無障礙設施、戶外休息區、單車徑、建築物、行人路、安全性、指示牌、公共洗手間等
2. **交通：**交通的配套，如交通路線安排及車資，能促進長者參與日常活動  
\*公共交通連結的目的地、車站設備及服務、交通資訊、車長態度、可負擔性、不同交通工具的服務（巴士/地鐵/輕鐵/的士/復康巴等）、車資的可負擔性、無障礙服務及設施、班次的頻密程度及可靠性、安全及舒適度等
3. **房屋：**家居設計及居住環境能夠長者安全在社區生活及居家安老  
\*可負擔性、內部設計及改裝、附近的服務及設施、住屋選擇、家居維修及保養、社區融合、住所空間、居住環境等
4. **社會參與：**有多元化且合適長者參與的活動，費用和活動設計的合乎長者的需要  
\*社會活動的種類及可參與性、長者對活動的負擔能力、適合長者需要的活動設施、活動的覆蓋範圍、活動的推廣、促進社區一體化等
5. **尊重和社會包容：**肯定和尊重長者，有敬老意識及行為  
\*公眾的敬老意識、社區對長者的接納度、對貧窮長者的接納度、公眾教育、跨代和家庭交流等
6. **公民參與就業：**有合適長者參與的義工服務機會，有適合長者的再培訓課程及工作機會，令長者退休後仍能繼續貢獻社會  
\*就業機會、工作資訊/選擇/靈活性/待遇、培訓、長者創業、義務工作、社區事務的參與等
7. **信息交流：**資訊傳播簡單易明、清晰適時且可負擔，避免長者被社會孤立  
\*資訊傳播（電視、電台、報章、電話、口頭訊息、印刷品等）、簡單易明且容易獲得、電腦及互聯網的使用、自動化設施（電話語音系統、自動櫃員機、自動售票機等）等



8. **社區與健康服務：**有社區支援服務，如家居照顧服務、陪診、家居清潔等協助長者居家安老；有服務多元化、可負擔及容易到達的醫療服務
- \*提供足夠的社區支援服務、服務人員掌握服務長者的技巧並接受與長者溝通的培訓、提供家庭護理服務、服務設施安全且傷健人士都能使用

**討論問題：**

1. 整體而言，你認為屯門區長者的生活質素如何？ 哪些範疇最為長者友善？
  2. 從你的觀察，城市的長者與鄉郊長者的生活質素有大的差異嗎？若有，主要是哪範疇？
  3. 2017 年至今這幾年間，你認為哪三個範疇是最有進步？ 為什麼？
  4. 2017 年至今這幾年間，香港經歷社會事年及疫情重大事件，你認為哪幾個範疇影響較大？
  5. 整體而言(若沒有重大事件)，你認為本區長者在哪個範疇最需要關注？ 如何改善？（個人/社區/政府層面）
  6. 你覺得還有其他因素會影響「長者及年齡友善城市」的建設嗎？
  7. 如果「長者及年齡友善城市」計劃有延伸計劃，你對延伸計劃有什麼建議？
  8. 就著今天的討論，還有沒有其他補充？
- (備注：若有些範疇未有提及，訪問員也可多了解其中原因？)

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