



賽馬會齡活城市
Jockey Club Age-friendly City

Jockey Club Age-Friendly City Project

Baseline Assessment Report



TSUEN WAN

Footbridge network

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Baseline Assessment Report of Tsuen Wan District



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Executive Summary

Purpose

The aim of this baseline assessment was to evaluate the current state of age-friendliness and make a list of recommendations for the future development of Tsuen Wan District (the District) through adopting a bottom up and district-based approach. The baseline assessment provided opportunities for the elderly to voice their opinions and served as an appropriate strategy to meet their needs. Additionally, stakeholders from diverse groups can work together to build and maintain an age-friendly community.

Method

This research used a mixed methods approach, combining quantitative and qualitative research methods. In the research, four target groups (including resident aged 60 or above, resident aged 16-59, carer and service provider) were defined. Interview questions were based on the eight Age-friendly City (AFC) domains, recommended by the World Health Organisation (WHO), and were utilised in both the questionnaire and focus group surveys. A total of 533 respondents were successfully interviewed in the questionnaire survey, which reviewed the views of the general public on the age-friendly condition in the District. After implementing the questionnaire survey, five focus group interviews were arranged to collect detailed information pertaining to the eight domains. Elderly residents were invited as “Age-friendly City Ambassadors” to conduct field observations in the District and investigate the community in terms of its age-friendliness.

Key Findings

The mean of questionnaire survey in overall satisfaction for all eight AFC domains in the District was 4.05 (± 0.66), which was equivalent to “agree” Tsuen Wan had been offering tangible and intangible age-friendliness items listed. Focus group interviewees noticed that the District had launched Age-friendly City Project in 2013 and they expressed their appreciation towards the current policies and facilities in the District.

Recommendations

After analysing the data gathered from the surveys, discussions were formed, based on interviewees and ambassadors’ living experiences. Recommendations were also made for creating a better liveable and age-friendly community within the District, according to the eight AFC domains. These recommendations were used to draft a future action plan.

Conclusion

In response to an increasing ageing population and its future implications, all stakeholders in the community were recommended to work out a variety of strategies and policies targeted to address the needs of aged people and prepare for an age-friendly and healthy community.

1. Introduction

1.1 Overview and Trend of Hong Kong's Ageing Population

Hong Kong is no exception when it comes to an increasingly ageing population. As this global trend continues, Hong Kong must face the challenges that arise from an ageing population. Between 2004 and 2014, the proportion of persons aged 65 or above in Hong Kong steadily increased from 12.1% to 14.7% while persons under the aged of 15 decreased from 14.8% to 11.1% (Census and Statistics Department, 2015a: 4). Hong Kong has faced a rapid population ageing in recent years and in future, the ageing trend is expected to continue. As a result of the further decline in mortality rates and a rise in life expectancy, which also happens to coincide with a low birth rate, the proportion of people aged 65 or above is projected to double and comprise of 33% of the city's entire population in 2064 (Census and Statistics Department, 2015b: 6). At the same time, the proportion of employed workers in Hong Kong is expected to decrease. Hence, the elderly dependency ratio of Hong Kong, which is the population aged 65 or above per 1,000 persons aged between 15 and 64, is projected to rise from 198 in the mid-2014 to 567 in the mid-2064 (Census and Statistics Department, 2015b: 6). This indicates that the ageing population in Hong Kong will continue to grow and our society must be prepared to deal with this situation.

1.2 Hong Kong's Responses to Population Ageing

In response to an increasingly ageing population and its future implications, the Hong Kong Government prepared and implemented a variety of strategies and policies targeted to address elderly issues. Table 1.1 shows a brief summary of elderly policies and services implemented in Hong Kong between 1977-2015:

1977-1990	1991-2000	2001-2006	2007-2015
<ul style="list-style-type: none"> • Green Paper Elderly Services • 5-year Plan on Community Care 	<ul style="list-style-type: none"> • Appoint a working group to understand the needs of the elderly • Introduce a Senior Citizen Card Scheme • Establish an Elderly Commission • Introduce WHO Healthy Cities 	<ul style="list-style-type: none"> • Implement Standardised Care Need Assessment Mechanism for Elderly Services • Propose “quality of life” and long term care • Form Elder Academies to encourage life-long learning and active ageing • Continue to ensure that the “Opportunities for the Elderly Project” regularly fosters a sense of worthiness among the elderly continuously 	<ul style="list-style-type: none"> • Launch Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities • Offer Old Age Living Allowance • Initiate the Pilot Scheme on Community Care Service Voucher for the Elderly • Invite the Elderly Commission to develop an Elderly Service Programme Plan

Table 1.1 Summary of elderly policies and services in Hong Kong (Tsuen Wan District Council *et al.*, 2014; Social Welfare Department, 2015b)

1.3 History and Concepts of Active Ageing in Age-friendly City: Health, Participation and Security

Apart from Hong Kong, many countries are experiencing an ageing trend in their population. In order to address the challenges of global ageing, the World Health Organisation (WHO) launched “Global Age-friendly Cities: A Guide” (the Guide) in 2008 after the development of an active ageing framework. According to the “Active Ageing: A Policy Framework”, “Health”, “Participation” and “Security” are the basic backbones of a strategic planning for active ageing (World Health Organisation (WHO), 2002). Based on the paradigm of active ageing, age-friendly city has further promoted the concept of active ageing through the optimisation of opportunities for “Health”, “Participation” and “Security” in all aspects of life (WHO, 2007: 1). The relationship between active ageing and age-friendly city is emphasised. The establishment of age-friendly city is essential to foster active ageing, while the concept of active ageing is used to guide the development of an age-friendly city. Hence, citizens from all stages of life can enhance their quality of life by establishing an age-friendly city.

The United Nations proposes that older persons should be given opportunities for participation in the decision-making process; thus, the WHO conducted focus group research with older persons, caregivers and service providers from 33 cities (WHO, 2007: 7). Through this research, it is apparent that older persons are given the chance to directly express their opinions as well as their first-hand experience. They are also able to actively participate in the process of policy formulation. Through this bottom-up participatory approach, age-friendly features are identified and the Guide helps to ensure that city planning accommodates residents of all ages. Key indicators from the Guide provide local governments with a comprehensive and practical tool to review the age-friendly situation as well as facilitate a timely policy response through a bottom-up participatory approach.

Age-friendly city consists of eight entities that influence active ageing and deal with the city’s structure, environment, services, and policies (WHO, 2007: 5-6). These eight entities include “Outdoor Spaces and Buildings”, “Transportation”, “Housing”, “Social Participation”, “Respect and Social Inclusion”, “Civic Participation and Employment”, “Communication and Information” and “Community Support and Health Services” (WHO, 2007). The Guide reveals that barrier-free environments can optimise mobility and foster independent living for people of all ages (WHO, 2007: 6). Therefore, it not only utilises the three backbones of the Active Ageing Policy Framework, but also emphasises the importance of a physical living environment.

1.4 Jockey Club Age-friendly City Project

The Hong Kong Jockey Club Charities Trust (“The Trust”) has taken a proactive role in tackling the challenges of ageing population, and stipulated building Hong Kong into an age-friendly city as one of the overarching strategic themes in the coming three to five years.

The Trust has developed an Elderly Strategy which aims to help elderly people extend their healthy and active years of life and enjoy more fulfilling lives.

There are four strategic priority areas under the strategy, including: (1) exercise, nutrition and preventative health; (2) employment and volunteering; (3) intergenerational harmony; and (4) mental wellness. Building Hong Kong into an age-friendly city spans across all strategic priority areas of the Trust’s Elderly Strategy and provides a foundation for actions.

In order to capture the current state of age-friendliness in Hong Kong, the Trust partnered with Hong Kong’s four gerontology research institutes – Jockey Club Institute of Ageing of The Chinese University of Hong Kong, Sau Po Centre on Ageing of The University of Hong Kong, Asia-Pacific Institute of Ageing Studies and Office of Service-Learning of Lingnan University, and Institute of Active Ageing of The Hong Kong Polytechnic University to implement the “Jockey Club Age-friendly City Project”. The first phase of baseline assessment was conducted from July 2015 to February 2016 in eight districts, including Central and Western, Islands, Kowloon City, Kwun Tong, Sha Tin, Tai Po, Tsuen Wan and Wan Chai.

The key objectives of the project are to:

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

2. Age-friendly City in Tsuen Wan District

2.1 Background and Characteristics of Tsuen Wan District

2.1.1 History and Development

Tsuen Wan District (the District), a land area of 62.62 km², is located in the southern part of the New Territories (Survey and Mapping Office / Lands Department, 2014). The northern coast of the District is generally hilly, while the land on southern part is mostly reclaimed from the sea. Tsuen Wan, Kwai Chung and Tsing Yi was grouped and identified as one of the new towns, in the first phase of new town development in the 1970s, known as Tsuen Wan New Town. Residential and industrial areas were clearly planned to establish a self-contained district. Residential areas included Shek Wai Kok Estate, Fuk Loi and Cheung Shan Estate, whereas industrial areas included Chai Wan Kok Industrial Area and Texaco Industrial Area. Though the secondary industries started declining, some companies and industries are still operating in the industrial areas in the District.

As time flies, Tsuen Wan has become a place where the new and the old coexist. Being a long time development, the District suffered from rising problems of ageing facilities, while limited buildings and outdoor spaces in the community aroused public concern, constraining the community's continuous development. Despite these restrictions, two commercial/ residential redevelopment projects ¹ were launched in Tsuen Wan and were completed in 2007 and 2009 respectively (Urban Renewal Authority, 2015a, 2015b). New modern residential housings and shopping malls are located right next to the old buildings and integrated into the original industrial area (Figure 2.1). Therefore, the surrounding infrastructure demonstrates the coexistence of old and new found in the District.



Figure 2.1 Coexistence of old and new buildings in Tsuen Wan

In 2014, the mid-year population in the District reached 305,100, representing 4.2% of the total population in Hong Kong (Census and Statistics Department, 2015c: 44). Additionally, the median age in the District was 41 years old, which is slightly younger than the median age of

¹ Including Tsuen Wan Town Centre Project (Vision city) and Yeung Uk Road Project (The Dynasty).

Hong Kong (Census and Statistics Department, 2015c: 6). Based on the statistical data in 2014, the District has the eleventh largest proportion of ageing population among the 18 districts in Hong Kong, accounting for 13.4% of the total population in Tsuen Wan (Census and Statistics Department, 2015c: 6). Additionally, the ageing population in Tsuen Wan has exponentially increased over the past ten years.

2.1.2 Age-friendly City Project in Tsuen Wan

In order to prepare for the increasingly ageing population in the District, Tsuen Wan District Council (DC) partnered with Yan Chai Hospital Social Services Department and Lingnan University to launch the “Age-friendly City Project in Tsuen Wan” in 2013 (WHO, 2014). Through a bottom-up approach, 48 older residents were trained to be “Senior Community Ambassadors” through workshops and field observations. These ambassadors were charged with reviewing the age-friendly situation in the District (WHO, 2014). Recommendations suggested by the ambassadors were adopted and the District became a participant of the “WHO Global Network of Age-friendly Cities and Communities” in 2015 (WHO, 2014). Now, different stakeholders in the District work together to continue building and maintaining the age-friendly community.

2.1.3 Characteristics of Tsuen Wan District

Outdoor Spaces and Buildings

Tsuen Wan Footbridge Network is a large footbridge network that connects two Mass Transit Railway (MTR) Stations, a City Hall, a sports ground, and a number of shopping malls, bus terminals, residential estates, wet markets and hotels. The footbridge network not only links the major shopping malls, but also the local street shops (Figure 2.2). Furthermore, a Working Group, under Traffic and Transport Committee, was set up



Figure 2.2 Footbridge in Tsuen Wan

to oversee the footbridge network. In effect, chairs and barrier-free facilities (like ramps, handles and fence) have been built to address the needs of an ageing population. Governmental buildings and centres in Tsuen Wan have created barrier-free environments for all residents including those with disabilities. The Transport and Housing Bureau has planned to retrofit barrier-free access facilities in thirteen locations within the District (Highways Department, 2015). Thirty-two public toilets, located primarily near the District’s villages and within Tsuen Wan downtown, have been built for public use (Food and Environmental Hygiene Department, 2014). Toilets for the disabled have also been implemented.

Transportation

Tsuen Wan downtown is a transportation hub, which offers convenient interchange transfer within the district and connection to outside public transportation systems. There are three MTR stations, more than fifty bus routes (Figure 2.3), and approximately fifty green minibus routes and thirty red minibus routes available within Tsuen Wan and neighbouring districts. Additionally, there are fourteen public transport interchanges and bus termini operating in the District. Apart from public transport, the infrastructure project to create a cycling track between Tsuen Wan and Tuen Mun is currently being planned (Civil Engineering and Development Department, 2015).



Figure 2.3 Bus stops in Tsuen Wan

Housing

In 2014, there were 103,400 domestic households in the District: a majority of which are owner-occupier households and the second largest proportion are sole tenants² (Census and Statistics Department, 2015c: 22-24). It was recorded that there were approximately nine public housing estates, fifty private housing estates, along with many villages in the rural area and several old private housing buildings. Particularly, Clague Garden Estate and Bo Shek Mansion, managed by Housing Society, provide Elderly Persons' Flats that are comfortable and safe. Elderly residents mostly live in public rental housing, such as Shek Wai Kok Estate, and villages in the rural area. Apart from large housing estates, various villages are still in existence in Tsuen Wan rural area, such as Chuen Lung Tsuen and Lo Wai Village. Tsuen Wan District Elderly Community Centre, attached to the Hong Kong Society for the Aged, is appointed to follow up the application of the Home Environment Improvement Scheme for the Elderly (Social Welfare Department, 2008).

Social Participation

In order to fulfil the needs of residents, community facilities for events and activities, such as community halls, parks, public libraries and sports centres, have been well established in Tsuen Wan. Among elderly services, eight government-funded elderly centres and two non-subsidised Social Centres for the Elderly are located in the District to provide various recreational and social activities for the elderly. To promote lifelong learning, an Elder Academy has been set up in two secondary schools and one primary school within the District (Elder Academy, 2012). Tsuen Wan District Council and Tsuen Wan District Office of the

² In 2014, 58.0% domestic households resided in the owner-occupier households while 37.6% was sole tenants (Census and Statistics Department, 2015c: 24).

Home Affairs Department have also organised different activities for the elderly to encourage them to take part in the community and make use of their leisure time.

Respect and Social Inclusion

Governmental departments and social centres for the elderly generally collaborate to hold intergenerational activities that promote the bond between the young and old generations in the community. For example, Tsuen Wan Public Library and the HKSKH Lady MacLehose Centre Dr. Lam Chik Suen District Elderly Community Centre held a workshop called “Storytelling by the Elderly” in 2014 (Hong Kong Public Libraries, 2014). Among the “Opportunities for the Elderly Project”, there are three 1-year projects (2014-2015) and three 2-year projects (2014-2016) launched by the organisations in the District to foster a sense of worthlessness among elderly (Social Welfare Department, 2016a, 2016b). In order to promote a sense of elderly worthiness to youth, one primary and one secondary school in Tsuen Wan participated in “School Promotion Project – Encouraging a Sense of Worthiness among the elders” (Social Welfare Department, 2016c).

Civic Participation and Employment

Tsuen Wan District Council (DC) has organised a “Meet-the-Public Scheme” and assigned a duty District Council Member, with the assistance of an executive officer from the District Council Secretariat, to provide support, answer enquiries and complaints. Two sessions for the “Meet-the-Public Scheme” are operated every week and mostly held on Tuesday and Friday (Tsuen Wan District Council, 2016). Additionally, Tsuen Wan Job Centre, located in Tsuen Wan Government Offices, provides a wide range of free employment services to job seekers of all ages (Figure 2.4).



Figure 2.4 Tsuen Wan Job Centre

Communication and Information

Tsuen Wan District Office and Tsuen Wan Public Enquiry Services Centre are located in Tsuen Wan Multi-storey Carpark Building. The Centre provides various types of information for residents about available governmental services. Staff of the Centre are expected to respond to

residents' questions. Also, government forms as well as pamphlets are distributed through the Centre so that the public can access to a wide range of information. Two public libraries and various social welfare service units (Figure 2.5) provide a number of desktop computers with free internet access. 21 GovWiFi hotspots provide free internet access in the District - most of which can be found in public libraries, sports centres and community halls (GovHK, 2015).



Figure 2.5 Tsuen Wan Government Offices and Tsuen Wan Public Library

Community Support and Health Services

Public and private healthcare services are provided, such as hospital service, out-patient service, elderly health service and dental service. Yan Chai Hospital, which is a public hospital, offers services of acute and extended care to the community, while Hong Kong Adventist Hospital is the only registered private hospital in the District. Community-based primary care services are offered by the Hospital Authority, such as two general out-patient clinics, for example, Lady Trench Polyclinic (Figure 2.6) and one dental clinic.



Figure 2.6 Lady Trench Polyclinic

Apart from healthcare services, community support services as well as residential care services for the elderly are available. Subsidised and non-subsidised residential care services for the elderly are provided in the District. Seven elderly homes offer subsidised services for the elderly (Social Welfare Department, 2015a). In addition, two residential care homes for the elderly and twenty private homes offer non-subsidised places for the elderly, of which nine private homes for the elderly have joined “Enhanced Bought Place Scheme” (Social Welfare Department, 2015a). Four recognised service providers have participated in the First Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly and provided various long term care services to eligible applicants (Social Welfare Department, 2013).

2.2 Research Methods for Baseline Assessment

This research adopted a mixed methods approach, which included a questionnaire survey, focus group interviews and a field trip, to collect both quantitative and qualitative data.

2.2.1 Questionnaire Survey

In order to capture the age-friendliness of each district, a questionnaire survey was conducted to review the general public views of the community in terms of its age-friendly condition and perception of the age-friendliness in the District.

The questionnaire consisted of 3 parts. In the first part, fifty-three questions were designed, based on the framework of Age-friendly City (WHO, 2007). The six-point scale scores used are as follows: “strongly disagree” (1), “disagree” (2), “slightly disagree” (3), “slightly agree” (4), “agree” (5) and “strongly agree” (6). The second part consisted of a brief Sense of Community Scale. The third part included information about interviewees’ socio-demographics, self-rated health, experience of caring the elderly, and frequency of using service provided by elderly centres. Each questionnaire interview took approximately 20-40 minutes to complete.

To find matching interviewees, covering a general and comprehensible geographical area, we demarcated the District into 17 main areas: Tak Wah, Yeung Uk Road, Hoi Bun, Clague Garden, Fuk Loi, Discovery Park, Tsuen Wan Centre, Allway, Lai To, Ting Sham, Tsuen Wan West, Tsuen Wan Rural, Ma Wan, Luk Yeung, Lei Muk Shue, Shek Wai Kok and Cheung Shek.

2.2.1.1 Target Population

500 interviewees from four target groups in the District were aimed to recruit in the questionnaire survey.

i. 350 residents aged 60 or above

According to the WHO active ageing framework, the wellbeing and worthiness of older persons should be emphasised in an age-friendly city (WHO, 2007: 4). To evaluate the District in terms of its age-friendliness, 350 older residents were interviewed to gain an understanding of their opinions on the age-friendly situation within their community.

ii. 50 residents aged 16-59 from general public

An age-friendly society not only enables the elderly to enhance their quality of life and encourages them to be active participants in the community, but it also creates a better environment for residents of all ages. Therefore, the general public aged 59 or below was also interviewed to provide a more comprehensive view of the age-friendliness within the District.

iii. 50 elderly carers

Carers, who take care of the elderly and understand elderly's situation and needs, were interviewed to provide more information about elderly's daily experience living in the District. Also, they were able to express opinions on elderly policies and carer support services and offer suggestions for future improvement. .

iv. 50 service providers from elderly services

Service providers from the public, voluntary and commercial sectors provide a wide range of community services to the elderly in the District. As a result, these individuals were interviewed to better understand their opinions on the service needs of the elderly. Even more, service providers were able to comment on government policies and share their experiences while working with and providing services for the elderly.

2.2.1.2 Sampling and sample size

Convenience sampling methods were used. Eight local agencies³, including family service and elderly service units, were invited to give referrals of eligible persons to be interviewees. Personal interviews and self-administered methods were adopted in the data collection. Trained helpers and centre staff provided face to face interviews to encourage the responses of participants who were illiterate. Interviewees who were literate finished the questionnaire on their own, but with assistance from helpers and agency staff if needed.

A total of 555 questionnaires were collected: of which 533 were successful, representing a response rate of 96.0% (Table 2.1).

³ Including Caritas Integrated Family Service Centre - Tsuen Wan (East), Hong Kong Alzheimer's Disease Association, SAGE Tsuen Wan District Elderly Community Centre, Social Service Department of Yuen Yuen Institute, the Yuen Yuen Institute - Tsuen Wan West Neighbourhood Elderly Centre, TWGHs Mrs. Wang Li Ming Tzun Tsuen Wan Neighbourhood Elderly Centre, Yan Chai Hospital Fong Yock Yee Neighbourhood Elderly Centre and Yuen Yuen Nursing Home cum Day Care Centre for the Elderly (Lei Muk Shue Estate).

Target Groups	No. of participants	
	Successful	Unsuccessful
Resident aged 60 or above	384	13
Resident aged 16-59	50	2
Carer	50	0
Service provider	50	7
Total	533	22

Table 2.1 Distribution of participants⁴

2.2.2 Focus Group Study

Detailed information was collected through focus group studies after the implementation of the questionnaire survey. In addition to a set of open-ended questions, interview questions covered the eight domains from the framework of the WHO Age-friendly City. The moderator first introduced the concept of age-friendly city to provide a basic understanding to interviewees and stimulate responses from participants. Then, participants were asked to share their experiences and feelings of living in their communities.

Convenience sampling methods were adopted. For the groups of Resident aged 60 or above and Carer, eligible persons who had completed the questionnaire survey before were invited to the focus groups, as they were already familiar with the age-friendly city concept. Additionally, the groups of Resident aged 16-59 and Service provider were recruited from public and local agencies. A brief introduction to the study and the age-friendly city concept was delivered to these groups before discussion began.

A total of five focus groups were performed, consisting of two groups of Resident aged 60 or above, one group of Resident aged 16-59, one group of Carer, and one group of Service provider (Table 2.2). Each focus group comprised of six to ten participants. 90-120 minutes was given for each focus group to respond to interview questions and a 10-15 minute break was given during that time. Studies were conducted between November 2015 and January 2016. The entirety of the focus group interviews was tape-recorded and a transcribed transcript was created in order to report the age-friendliness of the District.

⁴ Some participants can be classified into 2 or 3 target groups.

Group	Date	Nature (Code)	No. of participants
1	2015/11/04	Resident aged 60 or above (60+ Resident)	7
2	2015/12/08	Resident aged 60 or above (80+ Resident)	7
3	2015/12/14	Carer (Carer)	10
4	2015/12/29	Resident aged 16-59 (16-59 Resident)	7
5	2016/01/25	Service provider (Service Provider)	6

Table 2.2 Number of participants and nature of each focus group

2.2.3 Field Observation

In the meantime, the field trip was organised as a form of baseline assessment to collect data. The empirical observation of material conditions in the field trip allowed for the collection of evidence and a more comprehensive picture of what age-friendliness looks like in the District. The field trip was embedded as one element in a two-day training workshop for one ambassador group



Figure 2.7 Ambassador training in Tsuen Wan

(Figure 2.7). The first day of the training workshop was intended to help the ambassadors familiarise themselves with the major features of age-friendly city through the on-site observation and training. In day two, field observation was conducted to evaluate their community in terms of its age-friendliness. Table 2.3 shows the details of the two-day training workshop. After the field observation, data and comments were collected from participants, as they discussed and determined which improvements were needed.

	<i>Day One</i>	<i>Day Two</i>
Date	19 th February 2016	20 th February 2016
Venue	Clague Estate Garden and Lingnan University	Tsuen Wan District
Objective	1. To collect the field observation data by using a bottom up approach 2. To empower the elderly and further participation in the community 3. To engage in public education 4. To enhance intergenerational harmony	
Number of participants	32 Tsuen Wan older residents	17 Tsuen Wan older residents
Targets	1. Participants can learn the concept of Age-friendly city through: <ul style="list-style-type: none"> - Observation of Clague Estate Garden (An authenticated WHO Age-friendly Community). - Practical walk in Lingnan University with the guidance of trained helpers to observe the age-friendliness facilities in the campus. 2. Participants can become the ambassadors after joining the workshop.	1. Participants and helpers carry out field observation in routes which included: <ul style="list-style-type: none"> - Places that are commonly visited by Tsuen Wan elderly. - Shek Wai Kok which has the highest median age (48.1) and the second largest proportion of older persons residing in Tsuen Wan District.
Route		1. Hoi Pai Street Government School, Tsuen Wan JPC Club House and Hang Seng Bank (Sha Tsui Road) (<i>Respect and Social Inclusion</i>) 2. Tsuen Wan Public Library, Labour Department Tsuen Wan Job Centre (<i>Communication and Information, Civic Participation and Employment</i>) 3. Yeung Uk Road Market and surrounded area, Yan Chai Hospital Fong Yock Yee Neighbour Elderly Centre (<i>Social Participation, Outdoor Spaces and Buildings</i>) 4. Tsuen Wan Park and JC Tak Wah Park (<i>Outdoor Spaces and Buildings</i>) 5. Tsuen Wan MTR Station, Minibus Terminals and Bus Stop on Chung On Street (Castle Peak Road) (<i>Transportation</i>) 6. Yan Chai Hospital and Lady Trench General Out-patient Clinic (<i>Community Support and Health Services</i>) 7. Shek Wai Kok Estate and Market (<i>Housing</i>)

Table 2.3 Details of 2-day training workshop for Tsuen Wan ambassadors

2.3 Time Frame

Research was conducted from September 2015 to February 2016, including the questionnaire survey interview, focus groups interviews and field observation.

2.4 Analysis and Findings of the 8 AFC Domains

2.4.1 Personal Profiles of the Respondents

A total of 533 respondents were interviewed. 77.9% of them were female and 22.1% were male. The mean age was 66.15 with a standard deviation of 17.1 and 63.0% of them were aged 65 or above. 53.3% of the respondents had attended primary education or no schooling. 18.8% of them, which was the largest proportion of the sample, resided in Shek Wai Kok. Lei Muk Shue and Ting Sham were the second and the third largest proportion of respondents residing therein, constituting 12.9% and 11.4% respectively.

56.7% of the respondents were married. A large number of them were not living alone, accounting for 78.0% of the sampling size. 40.9% of the respondents lived in public rental housing while 39.6% lived in their own private permanent housing.

61.7% of the respondents were unemployed. 29.3% of individuals received between HKD 2,000 and HKD 3,999 as their monthly income. The second and the third largest proportions of the respondents had monthly income between HKD 10,000 and HKD 14,999 (16.5%) and from HKD 4,000 to HKD 5,999 (12.6%) respectively. 63.6% of the respondents thought they had merely enough money to afford the costs for living.

It is pleasing to learn that half of the respondents reported no chronic diseases (54.0%). 50.8% of the respondents thought their health status was average. In addition, 55.0% of them claimed they had experiences taking care of the elderly. 58.0% of them had used the services provided by elderly centres over the last three months.

2.4.2 Demographic Differences

2.4.2.1 Four Age Groups

As people at different ages have their specific experience, needs and conditions, four age groups were divided according to their common status. Table 2.4 shows the detail of definition towards four age groups. As a result of our purposive sampling, participants were recruited at elderly centres. All recruited participants were free from bed-rest and considered quite active in terms of their social participation.

Age	Status
16-49	working or in school
50-64	either way up and down the retirement norm
65-79	young-olds, generally active and can make social participation freely
80+	old-olds

Table 2.4 Definition of four age groups

Age Group	Outdoor Spaces and Buildings	Transportation	Housing	Social Participation	Respect and Social Inclusion	Civic Participation and Employment	Communication and Information	Community Support and Health Services	Mean score of 8 domains
16-49 Mean	4.09	4.12	3.76	4.21	4.05	3.57	3.96	3.76	3.94
N	93	93	93	93	93	93	93	93	93
SD	0.76	0.76	0.98	0.69	0.77	1.03	0.77	0.84	0.63
50-64 Mean	4.20	4.21	3.84	4.35	4.20	3.77	4.14	3.75	4.06
N	104	104	104	104	104	104	104	104	104
SD	0.85	0.77	0.97	0.76	0.79	0.98	0.72	0.82	0.65
65-79 Mean	4.04	4.32	3.70	4.33	4.10	3.96	4.20	3.54	4.02
N	201	201	201	201	201	201	201	201	201
SD	0.83	0.77	1.03	0.85	0.80	0.94	0.85	0.97	0.69
80 or above Mean	4.29	4.53	3.73	4.51	4.24	4.00	4.36	3.73	4.17
N	135	135	135	135	135	135	135	135	135
SD	0.72	0.67	0.99	0.82	0.84	0.90	0.75	0.92	0.64
Total Mean	4.14	4.32	3.74	4.36	4.15	3.86	4.19	3.67	4.05
N	533	533	533	533	533	533	533	533	533
SD	0.80	0.76	1.00	0.80	0.81	0.97	0.80	0.91	0.66

Table 2.5 Mean score among four age groups on eight Age-friendly City domains

The 16-49 group had statistically lower perception in overall satisfaction for all 8 Age-friendly City (AFC) domains (Table 2.5). However, there were no significant differences among four age groups when comparing the mean scores of overall satisfaction ($F(3) = 2.54, p = 0.056$) by a One-way ANOVA analysis. Significant differences in specific items under different AFC domains balanced out each other.

2.4.2.2 Gender

There was no significant difference with Gender in their perceived satisfaction to the 8 AFC domains for the District.

2.4.2.3 Residential Type

There were no significant difference with the five residential types in their perceived satisfaction to the 8 AFC domains for the District.

2.4.3 The 8 AFC Domains: Descriptive Analysis

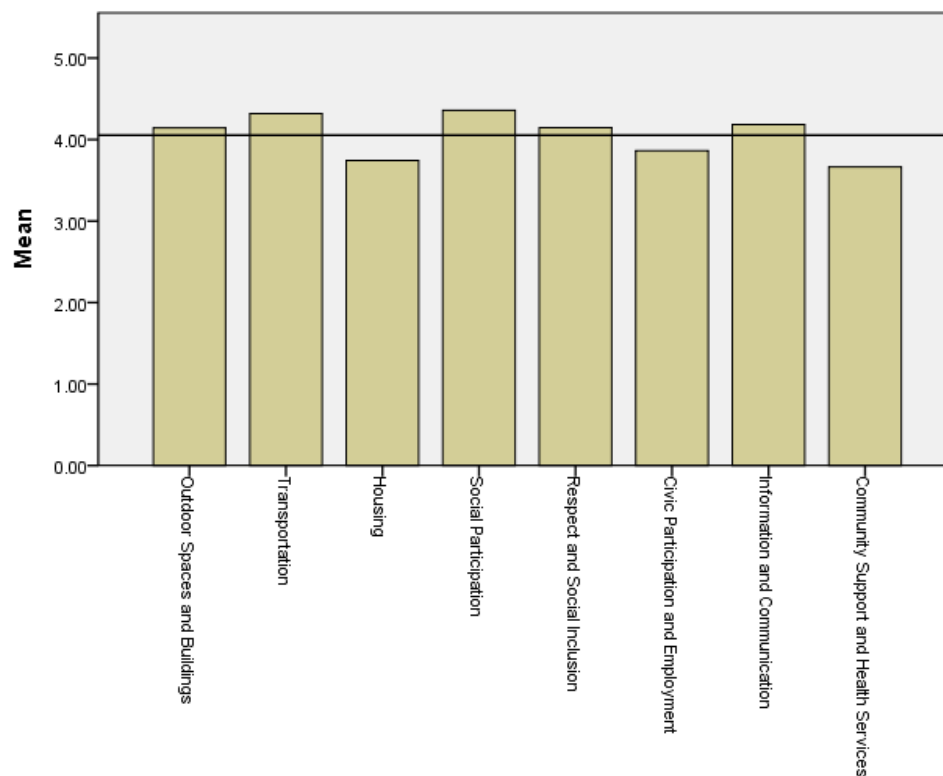


Figure 2.8 Comparison of perceived age-friendliness on each of the eight domains and the overall mean (overall satisfaction)

AFC Domain	Mean	Standard Deviation
Outdoor Spaces and Buildings	4.14	0.80
Transportation	4.32	0.76
Housing	3.74	1.00
Social Participation	4.36	0.80
Respect and Social Inclusion	4.15	0.81
Civic Participation	3.86	0.97
Communication and Information	4.19	0.80
Community Support and Health Services	3.67	0.91
Overall Mean	4.05	0.66

Table 2.6 Mean score of perceived age-friendliness on eight domains

The Overall Mean Score among AFC Domains is Average to High

Table 2.6 and figure 2.8 show that the perceived age-friendliness in the District across eight AFC domains and the overall mean after conducting questionnaire survey. The overall mean for all 8 AFC domains was 4.05 with a standard deviation of ± 0.66 , which was equivalent to “agree” Tsuen Wan had been offering tangible and intangible age-friendliness items listed in the questionnaire. Each AFC domain was slightly higher or lower than the overall mean, and the standard deviation of each domain was relatively close to one. This indicated that the scatter of ratings were different but relatively low.

Social Participation and Transportation as the Relatively High Mean among 8 AFC Domains

Among the mean scores of eight domains, the two most satisfied domains were “Social Participation” (4.36 ± 0.80) and “Transportation” (4.32 ± 0.76). It indicated that the residents in the District were “agree” that the current state of age-friendliness towards “Social Participation” and “Transportation” were satisfied.

Within the “Social Participation” domain, the mean of all items were rated more than 4 which was slightly higher than “agree” with reference to a 6-point Likert scale. Item 26 was rated as the highest item among all questions in “Social Participation” domain (4.59 ± 1.00). The mean of Item 26, which is “**social activities are open for individual or group participants**”, showed the respondents were mostly satisfied with the availability that they can attend activities or events with friends or alone. In addition, elderly respondents from focus group also appreciated a variety of activities and events which provided by elderly centres, such as interest class, gathering and entertainment, and they can participate appropriate activities according to their interest and specific needs (80+ Resident, 140). In addition, Item 27, “**affordable and clear activity fees**” (4.50 ± 0.92), had the second highest relative mean with relatively lower standard deviation.

With the rise of the nuclear family, children of the elderly may live in different districts and are unable to offer an immediate support. Elderly centre plays an important role providing not only activities, but also reliable information, safe gathering time, emergency help and family care, especially the singleton and couple elderly in the community (Service Provider, 94, 96). Thus, a large venue is needed to provide more activities and services to meet the demands of the elderly (60+ Resident, 22-32, 68, 112, 377-378, 658).

In terms of “Transportation”, the rating of item 12 (4.64 ± 0.98) which refers to consistent, clearly displayed and affordable public transportation cost, was the highest item among both “Transportation” domain and all 53 questions. From the focus group findings, respondents

commented that the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities provides the elderly with affordable fare and encourages their social participation. Also, the comprehensive transportation network provides a great convenience for the elderly to reach the places they want, which encourages them to walk into the community (60+ Resident, 72; Service Provider, 21).

The Lowest Mean Score among 8 AFC Domain: Community Support and Health Services

Still, three domains were rated below the overall mean, and counted from the bottom, they were “Community Support and Health Services” (3.67±0.91), “Housing” (3.74±1.00) and “Civic Participation and Employment” (3.86±0.97). Most of the items from the three domains were rated below 4, which indicated improvement in these items are needed.

From the domain of “Community Support and Health Services”, Item 53, which relates to the availability of burial places (2.77±1.40), was rated the lowest item and was the only item rated under 3 among both the domain and all 53 Items. However, we captured no mention about it in all focus groups. This warrants further investigation, as the results could be because of cultural avoidance among the elderly or a desperate long-existing problem across the territory.

Item 49 (**Community care services are sufficiently provided to encourage ageing in place among the elderly**) (3.59±1.27), and Item 48 (**Medical and social support service are sufficiently provided**) (3.61±1.34), were highlighted in the focus group as the carers and the elderly expressed that there was a long queue, but short treatment time in using medical service. They also indicated a preference for the redevelopment of the site of Lady Trench General Out-patient Clinics (GOPD) in order to maximize the capacity of meeting community needs (Carer, 296-341; 60+ Resident, 536). Additionally, the elderly suggested having more elderly-related specialist out-patient services in the District, such as orthopedics and ophthalmology, rather than using services in other districts (Service Provider, 52; Carer, 72, 76, 80).

Interestingly, the focus group respondents put a lot of concerns on the GOPD telephone booking system (80+ Resident, 295-301, 402, 491-504; Carer, 135). The rating of Item 46, which concerns the pacing of telephone answering system, (3.83±1.21), was relatively low in the domain of “Communication and Information” (4.19±0.80). This Item relates to the security of health and is a predominant concern of the elderly. The elderly hoped that the system could change from a technology answering machine to a customer-service officer, which would make them feel safe and be more user-friendly.

Other highlight and important suggestion were that the age in which individuals are eligible to receive the Health Care Voucher and the Elderly Dental Assistance Programme should be

lowered to 65, in order to fit with the current health situation and retirement situation (Carer, 65-70, 92-95, 395-403).

In the domain of “Housing”, all items rated under 4, including concerns about ability to move or to transfer to lower levels upon frail (item 25) (3.53±1.19), sufficient, affordable and safe housing (item 22) (3.71±1.33), adaptation and home modification (Item 24) (3.85±1.18) and the interior living environment (Item 23) (3.89±1.21). Negative comments about these four items were also recorded in the focus group interviews (16-59 Resident, 272, 306-312; 60+ Resident, 244). Additionally, the housing design which effects the establishment of neighbourhood network was also a concern in the focus group (80+ Resident, 645-649; 60+ Resident, 628-637). It is worth further investigation in order to improve the provision of age-friendly living scenarios.

Last but not least, the domain of “Civic Participation and Employment” was low in rating, which reflected a gap between the expectations of some elderly to join the workforce in the future and they never get a job again. Some focus group participants surmised that it was because of the age range coverage under the Employee's Compensation Insurance. One interviewer also recapped an experience seeking a cleaning job:

Interviewee 5: “因為呢就幾年前呢，咁我就因為睇到報紙，貪得意玩吓，咁呀嘉頓呢就請 part time，咁我就覺得咦睇下佢係咪可以容立啲長者去做啦咁，咁我都係玩吓啲嬉戲嘅心態去做，打電話俾佢。佢一聽到我報上年齡呢，「對唔住我哋唔請」，佢因為報紙上有話有限年齡，咁自報年齡呢佢即刻唔再同你講，咁我覺得，仍然有啲公司都存在緊年齡嘅歧視喺到裡面，雖然佢會大方去講話我唔會，但實質呢講一套，做就另外一套，咁我覺得應該要同啲大機構去溝通一下，有啲真係正如大家都知，有啲老人家退而不休，因為好想融入番啲社會裡面，但好多門埋道門又唔俾人入去，佢想人哋參與去做啲啲呢，即係勞動分子，係咪先，咁如果拎文職呢，多數都係唔會歡迎啲啦。”

(A few years ago, I read the newspaper in search of a part-time job in Garden Bakery. I wanted to check whether it was acceptable for the elderly employment so I tried it. I called the Bakery and mentioned my age, and they said, “Sorry, we don't hire”. Under the law, it is prohibited to have age discrimination, but the discrimination continues to exist. Although they never mention my age being a problem directly, I knew that was the reason and that age discrimination does really still exist. I think we need to communicate with “big companies” about this issue. As said so, elderly are retired but still want to contribute to the family and experience the social inclusion of working. Yet, the door is closed and we are not given the opportunities. It is possible to work as a blue-collars in old age, but it is not so welcome to be a white-collar in this stage of life.) (60+ Resident, 395)

This case showed that a comprehensive review for the elderly employment is needed to match with the ageing population.

2.4.4 Appreciations from Tsuen Wan Residents

In general, some elderly respondents in the focus groups were aware of the improvements in Tsuen Wan and that an age-friendly city project has been launched. They indicated that they were looking forward to future programmes (60+ Resident, 449,450).

In terms of the outdoor spaces and buildings in the District, services in downtown are situated together and the compact convenience for shopping in modern malls as well as the wet markets provides residents with a variety of choices (Carer, 517). Furthermore, the footbridge network in Tsuen Wan downtown is well-developed and lifts installed at the footbridges are convenient to access major locations in the District (Service Provider, 26, 50). Apart from Tsuen Wan downtown, Tsuen Wan Park and Tsuen Wan Riviera Park, are both located in the south of Tsuen Wan and are spacious for leisure activity (Service Provider, 28).

As mentioned in descriptive analysis, various transport services are available in the District. Two MTR stations, and many buses and mini buses operate a convenient transport network connecting Tsuen Wan downtown to other districts in Hong Kong (Carer, 53; 16-59 Resident, 124, 243; Service Provider, 17). The bus transportation and mini buses provide services linking the downtown to other sub-communities in the District. In addition, the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities was supported and appreciated in focus groups (60+ Resident, 72; Service Provider, 21). These supporters believed that it allows older persons to access any places with affordable fare and, therefore, stimulates their active participation in the community. Apart from the fare concession, some respondents from focus groups appreciated that bus drivers take care of elderly passengers and wheelchair users (Carer, 51, 55).

In terms of Housing, various types of housing are provided in the District, such as public estates, private housing, elderly housing, and village houses (16-59 Resident, 272). Married children may choose to live in nearby units which is close to their parents' house in order to take care of them. Also, elderly housing, such as Clague Garden Estate, are provided with comprehensive facilities and services (Service Provider, 60). There is a link between appropriate housing and access to community and social services in influencing the independence and quality of life of the elderly.

The contribution of elderly centres, community units and District Council members encourage elderly participation in the community and enhance effective communication. The sufficient activities and information platforms offered by elderly centres and community units were praised in the focus groups (80+ Resident, 130, 140; Service Provider, 112). Close and reliable relationship between elderly centres and elderly members build an efficient communication

chancel to spread information (60+ Resident, 215; Service Provider, 94, 95). Besides, District Council members in the District are close to the residents and willing to collect residents' opinions (Service Provider, 471, 478).

From the aspect of community support and health services, appreciations about social policy, special arrangement for the elderly and provision of services were mentioned. Elderly respondents said Health Care Voucher is easy to use (80+ Resident, 349, 355). Also, special arrangements on health care services are provided for the elderly, such as special consultation fees for the elderly offered by some private doctors and a reserved quota for the elderly (60+ Resident, 694, 695; 80+ Resident, 480; Service Provider, 51). Mental health services on psychiatry are provided in the community. Social workers can provide older persons who may have mental problems with a psychiatric nurse who can provide better assistance and support to the elderly (Service Provider, 55, 57).

2.4.5 Discussions and Suggestions

Table 2.7 to Table 2.14 show the suggestions that were proposed once combining the results of the quantitative and qualitative findings with the field observations by ambassadors and professional support teams. The priority of each suggestion is based on the opinion of respondents and the actuality that the suggestion could be presently implemented.

1. Outdoor Spaces and Buildings		
Discussions	Suggestions	Priority
Footpaths in Tsuen Wan downtown are relatively narrow and it is probably not suitable for wheelchair users.	➤ Enhance the barrier-free footbridge network as an alternative ways for wheelchair users	✓✓✓
Tsuen Wan Footbridge Network needs to be improved: → No lifts in some locations → No seats on the footbridge	➤ Inform the public about the construction progress ➤ Install lifts on the footbridge ➤ Install seats on the footbridge	✓✓✓
Unpleasant environment: → Walk the dogs illegally along the Promenade → Guano problem → Activities in the temples create nuisance (Air and noise pollution)	➤ Clarify the responsibilities and improve the management ➤ Set up dog excreta collection bins or dog latrines ➤ Provide regular cleaning services to the streets, promenade and parks ➤ Improve the incense burners and public address system (P.A. System) in the temples	✓✓✓
Unpleasant public washrooms	➤ Suggest improving the cleaning services ➤ Suggest enhancing the public education	✓✓✓
The temporary footpath linking Tsuen Wan West Station and Clague Garden Estate is designed with sealed cover and caused dizzy air	➤ Install vents	✓✓
Management problems in wet market	➤ Strengthen law enforcement ➤ Improve the management and maintenance ➤ Suggest more patrols	✓✓

Insufficient shops and services in small communities	<ul style="list-style-type: none"> ➤ Increase the services and business opportunities (e.g. decrease the rent) in small communities ➤ Re-establish post office in Sham Tseng for the elderly to settle their bills 	✓
Inadequate/ inaccessible elderly fitness stations	<ul style="list-style-type: none"> ➤ Install elderly fitness stations in the existing sheltered buffer zones ➤ Install shelters for the existing elderly fitness stations 	✓

Table 2.7 Discussions and suggestions on “Outdoor Spaces and Buildings”

2. Transportation		
Discussions	Suggestions	Priority
Illegal parking	➤ Suggest strengthening law enforcement	✓✓✓
Sufficient mini-bus routes but unclear information	➤ Improve the mini-bus information	✓✓✓
The transportation linking to temples is insufficient during festivals.	➤ Increase the service frequency during festivals	✓✓
Insufficient service frequency of existing bus and minibus routes and age-friendly transportation between sub-communities	➤ Increase the service frequency of bus and minibus routes	✓✓
	➤ Build a railway linking Sham Tseng and Tuen Mun	✓
Insufficient seat for passengers waiting at bus stops	➤ Install seats at the bus stops	✓
Elderly living in the sub-communities demand effective public transport interchanges in order to reach destinations in other districts.	➤ Reallocate bus routes in Tsing Lung Tau and Sham Tseng	✓
	➤ Provide point to point transportation	

Table 2.8 Discussions and suggestions on “Transportation”

3. Housing		
Discussions	Suggestions	Priority
Elderly worry about the maintenance of their housing	<ul style="list-style-type: none"> ➤ Make good use of existing maintenance services for the elderly and have more promotions among the elderly 	✓✓✓
Housing designs or renovations do not take elderly's abilities into accounts	<ul style="list-style-type: none"> ➤ Review the regular maintenance procedure and requirement in order to fit the age-friendliness ➤ Use door gate in order to allow the elderly to receive supports from neighbours 	✓✓✓
Youth gather at night and make noise	<ul style="list-style-type: none"> ➤ Suggest providing more places for teenagers to have entertainment in the District (especially for mid-night gatherings) 	✓✓
Inadequate elderly housing policy (including moving to suitable housing upon frail and living with children for separate housing in the same district to receive family support)	<ul style="list-style-type: none"> ➤ Suggest imposing policy for the elderly to move to more convenient accommodation among public housing estates ➤ Reconstruct Cheung Shan Estate ➤ Suggest turning Shek Wai Kok Estate into age-friendly housing ➤ Establish Elderly Persons' Flats in Sham Tseng 	✓

Table 2.9 Discussions and suggestions on "Housing"

4. Community Support and Health Services		
Discussions	Suggestions	Priority
Insufficient information about the service and referral channels of medical social service	➤ Promote and enhance the transparency of relevant information	✓✓✓
Insufficient supports for carers	<ul style="list-style-type: none"> ➤ Increase mental and technical supports for carers ➤ Adjust the opening hour of elderly centres ➔ More services for supporting carers ➤ Carry out more promotion to carers. 	✓✓
Some older persons worry that their Public Housing Units (PHUs) need to be returned and their property would be abandoned after entering elderly homes	➤ Improve the arrangement and support of surrendering PHUs after older persons move to elderly homes	✓✓
Inadequate graves and cremation column spaces	➤ Increase the supply of graves and cremation column spaces	✓
Health Care Vouchers and Community Care Fund Elderly Dental Assistance Programme should be available to young-olds.	➤ Lower the eligible age to 65 for both programmes	✓
Insufficient follow-up consultation for the elderly	<ul style="list-style-type: none"> ➤ Increase the capacity of specialist out-patient services (e.g. Ophthalmology, Orthopaedics, Traumatology) ➤ Redevelop Lady Trench General Out-patient Clinic 	✓
Community support and health services are not sufficiently provided in Sham Tseng. ➔ Lack of transportation directly connecting between sub-communities and community support and health services	<ul style="list-style-type: none"> ➤ Advocate the concept of “medical and social integration” to provide health care services in the community ➤ Increase the service frequency of “Easy Access Buses” accessing the Tsuen Wan Adventist Hospital ➤ Introduce more accessible transport services (e.g. Rehabs and Easy-Access Taxi) to and from the services units 	✓

<p>Telephone appointment service offered by the Hospital Authority is too complicated and not user-friendly</p>	<ul style="list-style-type: none"> ➤ Improve the service made based on the best interest of patients ➤ Give notification at the beginning once the quota is full and allow clients to provide information for staff to take follow-up actions ➤ Strengthen the neighbourhood mutual help network to provide safety and emergency care to the elderly 	<p style="text-align: center;">✓</p>
<p>Goods and services provided in small communities are insufficient.</p>	<ul style="list-style-type: none"> ➤ Suggest service units to assist elderly to purchase a little quantity of food ➤ To develop community kitchen for the elderly 	<p style="text-align: center;">✓</p>

Table 2.10 Discussions and suggestions on “Community Support and Health Services”

5. Communication and Information		
Discussions	Suggestions	Priority
Elderly may receive wrong or unproven information from instant messaging	➤ Make use of social network to spread and authenticate the information	✓✓✓
Low literacy rate → Difficult for the elderly to receive messages through written forms	➤ Teach the elderly to use instant messaging tools like WhatsApp recording	✓✓✓
	➤ Increase the number of free Wi-Fi hotspot/ promote special internet plan for the elderly	✓✓
	➤ Recycle old smartphones and distribute to the needy elderly	
	➤ Summarise and promoted elderly-related information to the older persons and their family members	

Table 2.11 Discussions and suggestions on “Communication and Information”

6. Social Participation		
Discussions	Suggestions	Priority
Activities for old-old are relatively rare and older persons worry about the safety.	<ul style="list-style-type: none"> ➤ Increase the type of suitable activities, especially activities relating to the older persons' occupation before retirement ➤ Pay attention to the elderly safety when designing activities or events (e.g. priority access for the elderly) 	✓✓✓
Older persons need to learn the latest skills	<ul style="list-style-type: none"> ➤ Provide more support about how to use computers and smartphones ➤ Suggest promoting advanced technology to the elderly 	✓✓✓
Insufficient space and quotas for elderly activities → Cannot build the sense of belongings	<ul style="list-style-type: none"> ➤ Extend the Neighbourhood Elderly Centres locating in the sub-communities ➤ Offer additional venues for activities and events for the elderly in Sham Tseng 	✓

Table 2.12 Discussions and suggestions on “Social Participation”

7. Respect and Social Inclusion		
Discussions	Suggestions	Priority
Elderly from the focus groups mentioned that teenagers do not respect the elderly.	<ul style="list-style-type: none"> ➤ Enhance intergenerational activities, especially in civic education, communication and maintaining pleasant environment in the society, which allow people of different ages to understand one another ➤ Eliminate discrimination through strengthening neighbourhood network and mutual understanding ➤ Carry out more age-friendly city ambassador trainings for promoting respect and social inclusion 	✓✓✓
Small retailers serve the elderly with bad attitude.	<ul style="list-style-type: none"> ➤ Strengthen public education 	✓✓✓
Elderly from the focus groups mentioned that elderly's images are negatively shown on public media.	<ul style="list-style-type: none"> ➤ Evaluate the current image of the elderly in various promotional products ➤ Carry out more public education about the positive image of the elderly 	✓

Table 2.13 Discussions and suggestions on “Respect and Social Inclusion”

8. Civic Participation and Employment		
Discussions	Suggestions	Priority
Elderly expect to receive clear service information from District Council (DC) members	<ul style="list-style-type: none"> ➤ Have better promotion (e.g. DC webpage and message spreading through WhatsApp) 	✓✓✓
Insufficient appropriate job opportunities for the elderly	<ul style="list-style-type: none"> ➤ Create more part time job opportunities (e.g. being an art tutor) or set up policy to encourage employers to hire the elderly ➤ Suggest providing short-term regular activities and hiring the elderly as the instructor 	✓✓✓
Channels to give views on government policy and consultation papers are not convenient or familiar to the elderly.	<ul style="list-style-type: none"> ➤ Promote government policies to the elderly through community groups, elderly centres and young people who can help to explain existing government policies ➤ Enhance the transparency of the consultation procedure and provide feedback 	✓✓
Social atmosphere, government policy and employment service are unfavourable for elderly employment.	<ul style="list-style-type: none"> ➤ Evaluate/ Review the existing laws to protect elderly employment ➤ Improve the existing consultation service on employment 	✓

Table 2.14 Discussions and suggestions on “Civic Participation and Employment”

2.5 Limitations

It is not easy to adapt a global guide to make a questionnaire for local survey. Some of the concepts are not applicable because of differences in local context. The 53 items questionnaire used in this research was prepared based on the WHO document *Checklist of Essential Features of Age-friendly Cities*⁵, which is a guide intended for 33 cities in 22 countries. One of the questions asked if “Cycle paths are separate from pavements and other pedestrian walkways.” (Q4 in our questionnaire used in Hong Kong). This question might be appropriate in some districts such as Yuen Long, Tai Po etc., but it is difficult for residents in urban area such as Tsuen Wan to comprehend as there are no cycling paths that exists there. Trained interviewers from our research team tried their best to explain this item and describe the importance of road safety for pedestrians in order to decrease misunderstanding. Meanwhile, it is likely that the elderly from Tsuen Wan downtown could have different references from those living in outskirts of Tsuen Wan.

Furthermore, quite a number of questionnaire items include more than one key point, e.g. “Outdoor safety is promoted by good street lighting, police patrols and community education” (Q5 in our questionnaire). In this question, three key concepts were asked in one item and one choice from the Likert scale of 6 points was expected. Single concept items are, therefore, preferred for easier responses and more specific research data.

Methodologically, our research team employed a convenience sampling strategy and communicated with our partner agents (welfare service providers, elderly centres etc.) to reach target subjects, which may have created bias in the data. Samples, therefore, may be skewed and perhaps only those elders who are more active, having higher level of social participation, and felt the social network of the age-friendly community were included in the study; they may be more knowledgeable about the operation of the community at work. It is, thus, likely that our samples have an underrepresentation of the elderly who behaved more often as isolated singletons. Further studies through outreach social workers are needed to identify the needs and expectations of less active and more isolated elderly.

Despite the intensive analysis, we discovered that the need for financial security was not included in the questionnaire. We addressed some of the worries on repairing an old private premise that elderly singleton expressed under the domain of Housing, but perhaps the problem is bigger than that and is, thus, worth investigating further in future.

⁵ www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf, WHO, 2013.

3. Conclusion

With the joint effort of the research team on the literature review, questionnaire collections, focus group interviews, along with the field observations by trained ambassadors, a comprehensive picture of the prospect of building an age-friendly city in Tsuen Wan District was sketched. Areas for improvements were proposed by using a bottom-up approach. It is encouraging to see Tsuen Wan is on the right track towards an age-friendly community. Also, it is important to make note of the high ratings on the domains of Transportation and Social Participation.

We are grateful to all participants, especially the elderly, with their great contribution and reflections, and useful data in regards to the current status of age-friendliness in the District. Moreover, their recommendations can serve as reference for how to plan for the future and create an age-friendly environment. With the support of the elderly, who are highly valuable resources, we are able to spread the idea and development of an age-friendly city in the District.

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6. Appendices

Appendix 1: Questionnaire Results from Tsuen Wan District

Domain	Mean	Standard Deviation
Outdoor Spaces and Buildings	4.14	0.80
Transportation	4.32	0.76
Housing	3.74	1.00
Social Participation	4.36	0.80
Respect and Social Inclusion	4.15	0.81
Civic Participation and Employment	3.86	0.97
Communication and Information	4.19	0.80
Community Support and Health Services	3.67	0.91
Overall mean score of 8 domains	4.05	0.66

Table 6.1 Mean score of perceived age-friendliness on eight domains

Outdoor spaces and buildings Q1-Q9

Question	Mean	Standard Deviation
Q1 公共地方乾淨同舒適。	4.26	1.13
Q2 戶外座位同綠化空間充足，而且保養得妥善同安全。	4.32	1.04
Q3 司機喺路口同行人過路處俾行人先。	4.24	1.03
Q4 單車徑同行人路分開。	3.70	1.41
Q5 街道有充足嘅照明，而且有警察巡邏，令戶外地方安全。	4.30	1.17
Q6 商業服務（好似購物中心、超市、銀行）嘅地點集中同方便使用。	4.54	1.05
Q7 有安排特別客戶服務俾有需要人士，例如長者專用櫃枱。	3.66	1.38
Q8 建築物內外都有清晰嘅指示、足夠嘅座位、無障礙升降機、斜路、扶手同樓梯、同埋防滑地板。	4.22	1.12
Q9 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。	4.06	1.19

Table 6.2 Item mean score of perceived age-friendliness on “Outdoor Spaces and Buildings”

Question	Mean	Std. Deviation
Q10 路面交通有秩序。	4.44	0.99
Q11 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。	4.57	0.99
Q12 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。	4.64	0.98
Q13 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。	4.17	1.11
Q14 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。	4.06	1.17
Q15 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。	4.49	0.97
Q16 有專為殘疾人士而設嘅交通服務。	4.03	1.20
Q17 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。	4.48	0.99
Q18 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。	4.53	0.99
Q19 喺公共交通唔夠嘅地方有其他接載服務。	4.01	1.34
Q20 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。	3.88	1.17
Q21 馬路保養妥善，照明充足。	4.52	0.94

Table 6.3 Item mean score of perceived age-friendliness on “Transportation”

Question	Mean	Std. Deviation
Q22 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。	3.71	1.33
Q23 住所嘅所有房間同通道都有足夠嘅室內空間同平地可以自由活動。	3.89	1.21
Q24 有可負擔嘅家居改裝選擇同物料供應，而且供應商了解長者嘅需要。	3.85	1.18
Q25 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。	3.53	1.19

Table 6.4 Item mean score of perceived age-friendliness on “Housing”

Question	Mean	Std. Deviation
Q26 活動可以俾一個人或者同朋友一齊參加。	4.59	1.00
Q27 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。	4.50	0.92
Q28 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。	4.36	0.96
Q29 提供多元化嘅活動去吸引唔同喜好嘅長者參與。	4.32	1.12
Q30 喺區內唔同場地 (好似文娛中心、學校、圖書館、社區中心同公園)內，舉行可以俾長者參與嘅聚會。	4.24	1.12
Q31 對少接觸外界嘅人士提供可靠嘅外展支援服務。	4.15	1.13

Table 6.5 Item mean score of perceived age-friendliness on “Social Participation”

Question	Mean	Std. Deviation
Q32 各種服務會定期諮詢長者，為求服務得佢地更好。	3.84	1.30
Q33 提供唔同服務同產品，去滿足唔同人士嘅需求同喜好。	4.06	1.11
Q34 服務人員有禮貌，樂於助人。	4.47	0.98
Q35 學校提供機會去學習有關長者同埋年老嘅知識，並有機會俾長者參與學校活動。	4.06	1.19
Q36 社會認同長者喺過去同埋目前所作出嘅貢獻。	4.29	1.07
Q37 傳媒對長者嘅描述正面同埋冇成見。	4.16	1.08

Table 6.6 Item mean score of perceived age-friendliness on “Respect and Social Inclusion”

Question	Mean	Std. Deviation
Q38 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。	4.10	1.10
Q39 長者員工嘅特質得到廣泛推崇。	3.96	1.16
Q40 提倡各種具彈性並有合理報酬嘅工作機會俾長者。	3.40	1.30
Q41 禁止喺僱用、留用、晉升同培訓僱員呢幾方面年齡歧視。	4.00	1.36

Table 6.7 Item mean score of perceived age-friendliness on “Civic Participation and Employment”

Question	Mean	Std. Deviation
Q42 資訊發佈嘅方式簡單有效，唔同年齡嘅人士都接收到。	4.54	1.01
Q43 定期提供長者有興趣嘅訊息同廣播。	4.28	1.03
Q44 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。	4.15	1.01
Q45 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。	4.12	1.08
Q46 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。	3.83	1.21
Q47 係公眾場所，好似政府辦事處、社區中心同圖書館，已廣泛設有平嘅或者係免費嘅電腦同上網服務俾人使用。	4.19	1.08

Table 6.8 Item mean score of perceived age-friendliness on “Communication and Information”

Question	Mean	Std. Deviation
Q48 醫療同社區支援服務足夠。	3.61	1.34
Q49 有提供家居護理服務，包括健康、個人照顧同家務。	3.59	1.27
Q50 院舍服務設施同長者嘅居所都鄰近其他社區服務同地方。	3.97	1.15
Q51 市民唔會因為經濟困難，而得唔到醫療同社區嘅支援服務。	4.14	1.15
Q52 社區應變計劃（好似走火警）有考慮到長者嘅能力同限制。	3.93	1.15
Q53 墓地（包括土葬同骨灰龕）嘅數量足夠同埋容易獲得。	2.77	1.40

Table 6.9 Item mean score of perceived age-friendliness on “Community Support and Health Services

Appendix 2: Sample Profile for Tsuen Wan District: Data Tables

Gender	Frequency	Percent (%)
Male	118	22.1
Female	415	77.9
Total	533	100.0

Table 6.10 Distribution of participants by gender

Age groups	Frequency	Percent (%)
16-49	93	17.4
50-64	104	19.5
65-79	201	37.7
80 or above	135	25.3
Total	533	100.0

Table 6.11 Distribution of participants by age group

Residing area	Frequency	Percent (%)
Tak Wah	27	5.1
Yeung Uk Road	20	3.8
Hoi Bun	10	1.9
Clague Garden	11	2.1
Fuk Loi	31	5.8
Discovery Park	8	1.5
Tsuen Wan Centre	17	3.2
Allway	9	1.7
Lai To	44	8.3
Ting Sham	61	11.4
Tsuen Wan West	26	4.9
Tsuen Wan Rural	60	11.3
Ma Wan	4	0.8
Luk Yeung	22	4.1
Lei Muk Shue	69	12.9
Shek Wai Kok	100	18.8
Cheung Shek	14	2.6
Total	533	100.0

Table 6.12 Distribution of participants by residential area

Education level	Frequency	Percent (%)
Primary or below	284	53.3
Secondary Education	182	34.1
Post-secondary Education	66	12.4
Total	532	99.8
Missing	1	0.2

Table 6.13 Distribution of participants by education level

Marital status	Frequency	Percent (%)
Never married	53	9.9
Now married	302	56.7
Widowed	157	29.5
Divorced/Separated	21	3.9
Total	533	100.0

Table 6.14 Distribution of participants by marital status

Living arrangement	Frequency	Percent (%)
Living with spouse	131	24.6
Living with children	136	25.5
Living with spouse and children	107	20.1
Living alone	116	21.8
Other	42	7.9
Total	532	99.8
Missing	1	0.2

Table 6.15 Distribution of participants by living arrangement

Type of Housing	Frequency	Percent (%)
Public Rental Housing	218	40.9
Subsidised sale flats	36	6.8
Rental private permanent housing	46	8.6
Ownership of private permanent housing	211	39.6
Temporary housing	21	3.9
Total	532	99.8
Missing	1	0.2

Table 6.16 Distribution of participants by housing

Monthly income	Frequency	Percent (%)
less than \$2,000	54	10.1
\$2,000 - \$3,999	156	29.3
\$4,000 - \$5,999	67	12.6
\$6,000 - \$ 7,999	41	7.7
\$8,000 - \$9,999	41	7.7
\$10,000 - \$14,999	88	16.5
\$15,000 - \$19,999	41	7.7
\$20,000 - \$ 24,999	14	2.6
\$25,000 - \$29,999	6	1.1
\$30,000 - \$39,999	9	1.7
\$40,000 - \$ 59,999	7	1.3
more than \$60,000	2	0.4
Total	526	98.7
Missing	7	1.3

Table 6.17 Distribution of participants by monthly income

Fulfilment of daily expenditure	Frequency	Percent (%)
Strongly not enough	21	3.9
Not enough	100	18.8
Merely enough	339	63.6
Enough	67	12.6
Very enough	4	0.8
Total	531	99.6
Missing	2	0.4

Table 6.18 Distribution of participants by fulfilment of daily expenditure

Self-ranked health status	Frequency	Percent (%)
Bad	38	7.1
Average	271	50.8
Good	126	23.6
Very Good	76	14.3
Excellent	22	4.1
Total	533	100.0

Table 6.19 Distribution of participants by self-ranked health status

Participation in Elderly Centres	Frequency	Percent (%)
No	216	40.5
Yes	309	58.0
Total	525	98.5
Missing	8	1.5

Table 6.20 Distribution of participants by participation in elderly centres

Experience of taking care of older people	Frequency	Percent (%)
No	236	44.3
Yes	293	55.0
Total	529	99.2
Missing	4	0.8

Table 6.21 Distribution of participants by experience of taking care of older people

Employment status	Frequency	Percent (%)
Employed	178	33.4
Retired	233	43.7
Unemployed/home-makers/students/others	96	18.0
Total	507	95.1
Missing	26	4.9

Table 6.22 Distribution of participants by employment status

Chronic diseases	Frequency	Percent (%)
No	288	54.0
Yes	239	44.8
Total	527	98.9
Missing	6	1.1

Table 6.23 Distribution of participants by chronic diseases

Jockey Club Age-friendly City Project



賽馬會齡活城市
Jockey Club Age-friendly City

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