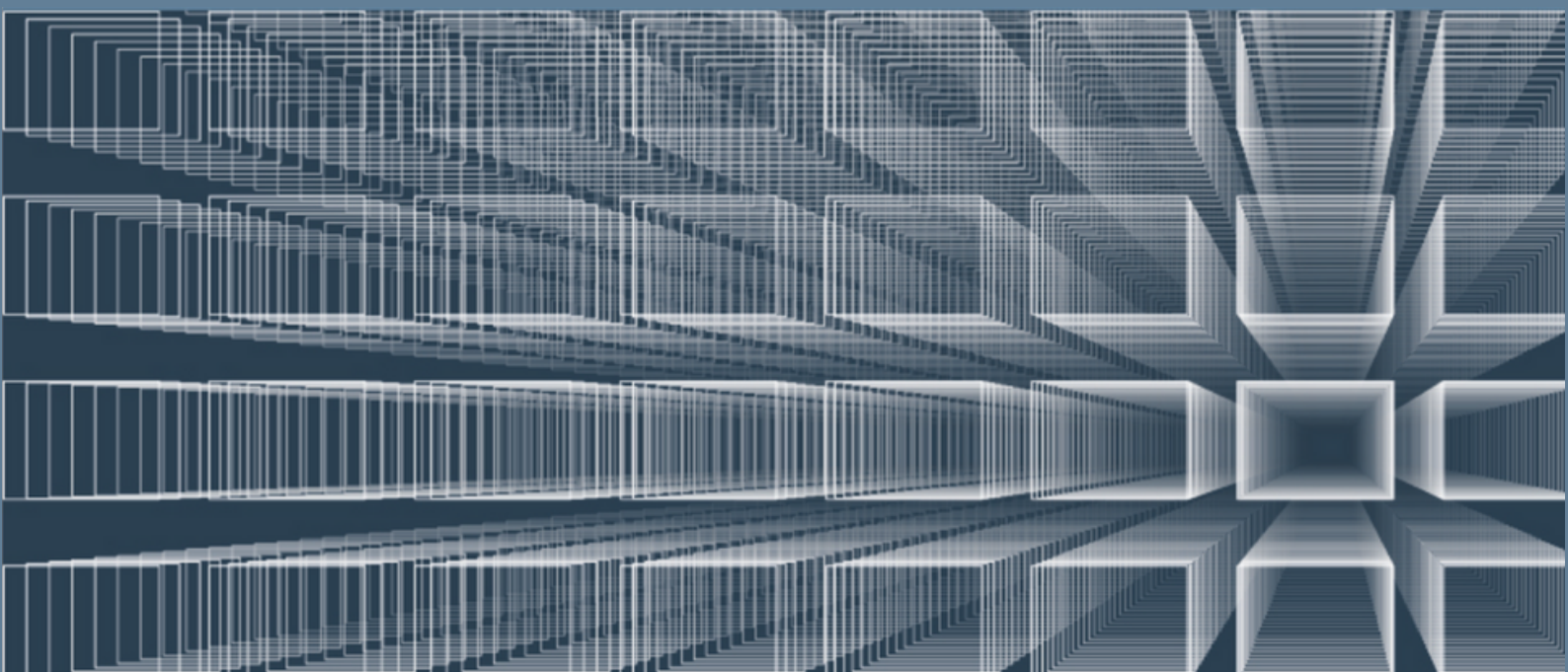


民主思路—香港政治及行政學苑研究專論第六號
PoD-HKAPP Occasional Paper No. 6

「長者園區」政策研究方向 Policy Study of Elderly Communities



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民主思路

民主思路是一個具使命感和目標為本的智庫，我們期望在一國兩制、港人治港、高度自治的大原則下，爭取民主發展的最大空間。我們相信民主發展需以溫和的態度來進行互信的溝通。為此，民主思路打造和創立一個平台，以：

- 凝聚社會上大多數的民主派支持者；
- 以進取的方式，推動溫和路線，在社會開拓新的政治空間；
- 設定議題，建立有系統的論述；
- 透過研究、對話、互動，與各持份者共同確立特區政治、社會、經濟、文化的新思維。

作者

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文章內容僅屬作者個人意見，不代表民主思路及香港政治及行政學苑立場。

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「長者園區」政策研究方向

陳進雄

摘要

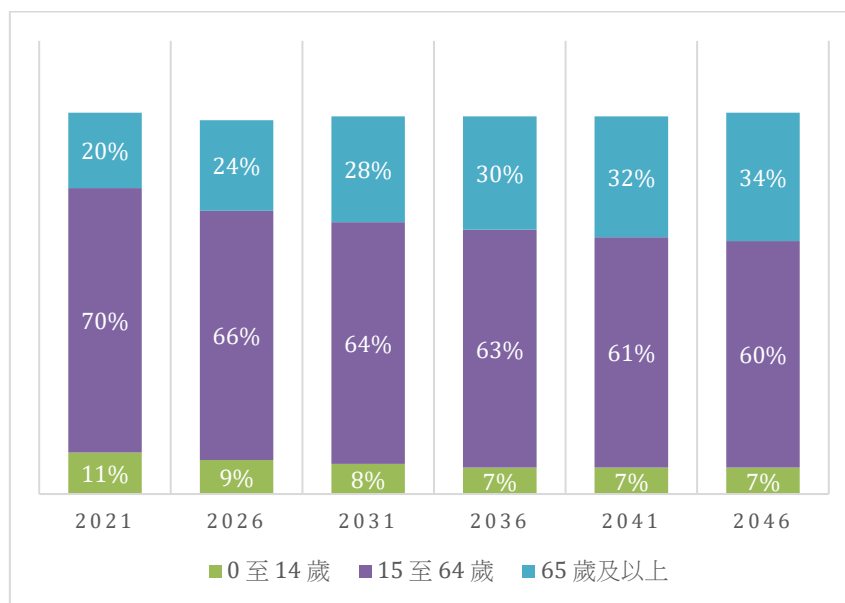
隨著香港人口老齡化現象日益加劇，未來的挑戰是，他們對合適的居住環境和服務的需求會越來越大。我們民主思路鼓勵政府推動更多的養老服務及設施的政策，應付不同長者的需求。我們建議的「長者園區」政策不單針對現時基層長者的需求，提供安全、舒適和社交互動機會，同時亦確保長者生活的尊嚴。考慮到未來人口老化帶來的挑戰及可行性，我們的政策研究會以結果為目標；目標如下：

- 確保基層及缺乏照顧的長者得到應有的尊嚴
- 解決護老業的問題 為長遠發展作出準備
- 妥善運用資源

1. 香港人口老齡化狀況

根據政府統計處《香港人口推算 2022-2046》(圖一示)，長者人口比例持續上升，從 2021 年的 20% 上升至 2046 年的 34%。相反，兒童比例卻一直下降，從 2021 年的 11% 下跌至 2046 年的 7%；主要原因是本地出生率下降，人口老齡化問題惡化。

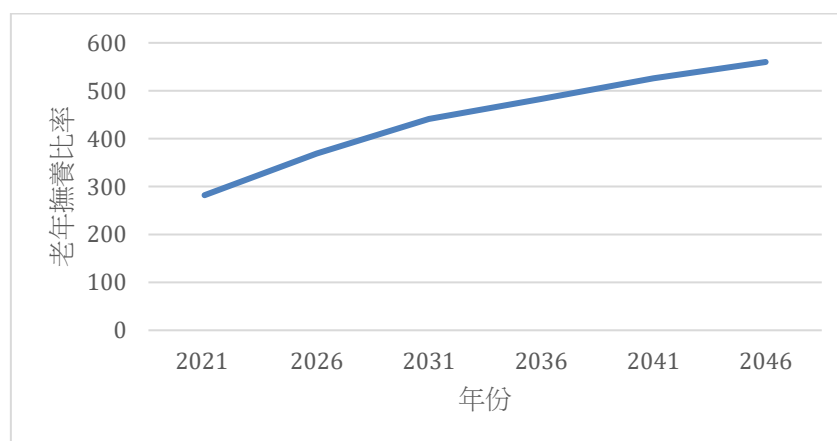
圖一 2021 至 2046 年按年齡劃分的推算人口比例



來源: 政府統計處(2023)

人口老齡化估計讓「老年撫養比率」*在 20 年間急升近倍(圖二示)。

圖二 老年撫養比率預測趨勢

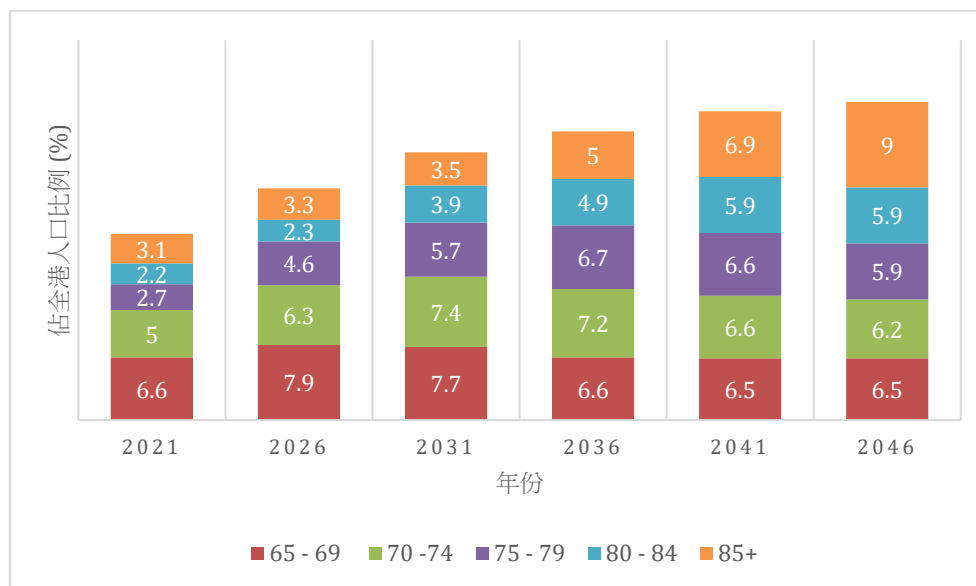


*老年撫養比率是指 65 歲及以上人口數目相對每千名 15 至 64 歲人口的比率。

來源: 政府統計處(2023)

長者人口持續上升，85歲以上的人口比例，按統計處的估算亦有顯著增加(圖三示)。在2046年，此類別的長者會增加至全港人口的9.0%。

圖三 選定年份及按年齡組別劃分的人口推算（不包括外籍家庭傭工）



來源: 政府統計處(2023)

2. 近年香港長者狀況

現時，大部份的長者居於公屋或臨時性房屋，很大程度受惠於政府資助的房屋政策，2021年時，當中92,460名獨居長者入住公屋(表一示)，而且這個數字從2011年起開始增加。

表一 2021年居住於公營租住房屋的長者住戶

居住於公營租住房屋的長者(人)	2011	2016	2021
獨居	62,149	76,915 (+23.8%)	92,460 (+20.2%)
與配偶同住: 並與子女同住	108,367	122,631 (+13.2%)	164,236 (+33.9%)
與配偶同住: 並不與子女同住	78,021	93,395 (+19.7%)	111,484 (+19.4%)
總計	248,537	292,941	368,180

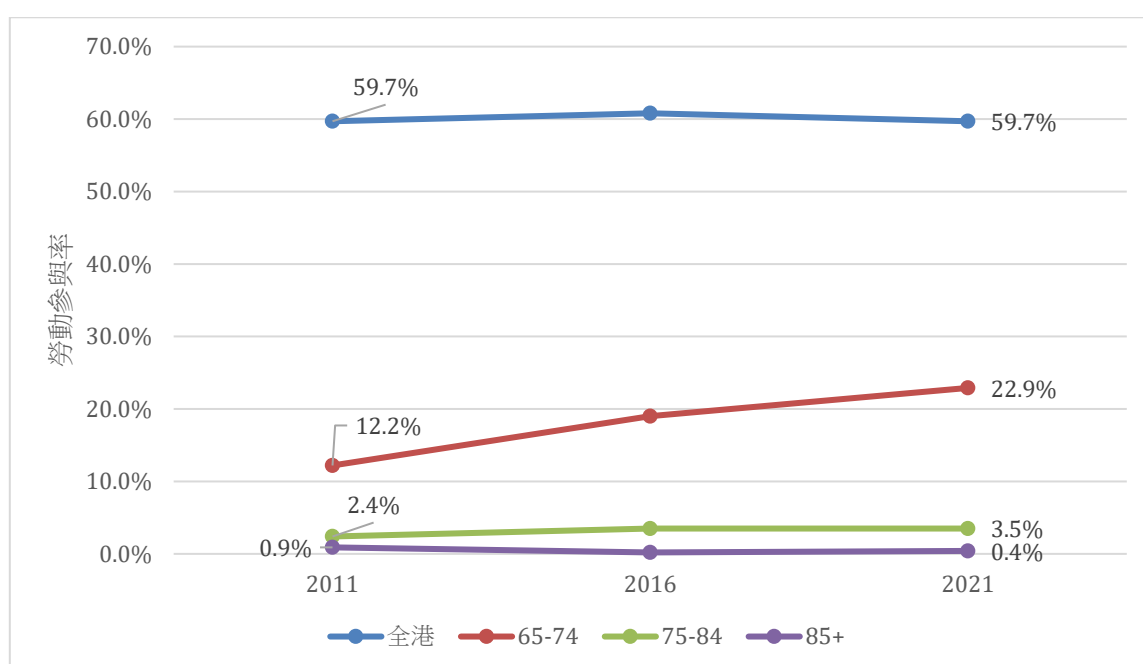
資料來源: 政府統計處(2022)

註: 括號內的百分比與對上一期人口普查資料的百分比變動。

在 2021 年，長者勞動參與率較低，相比起全港的勞動人口參與率的 59.7%，65-74 歲的比例只有 22.9%；而在 75 歲以後，只有 3.5% 的參與率。然而，長者勞動參與率卻有增長的趨勢，65-74 歲的比例由 2011 年的 12.2%，上升至 2021 年的 22.9% (圖四示)。

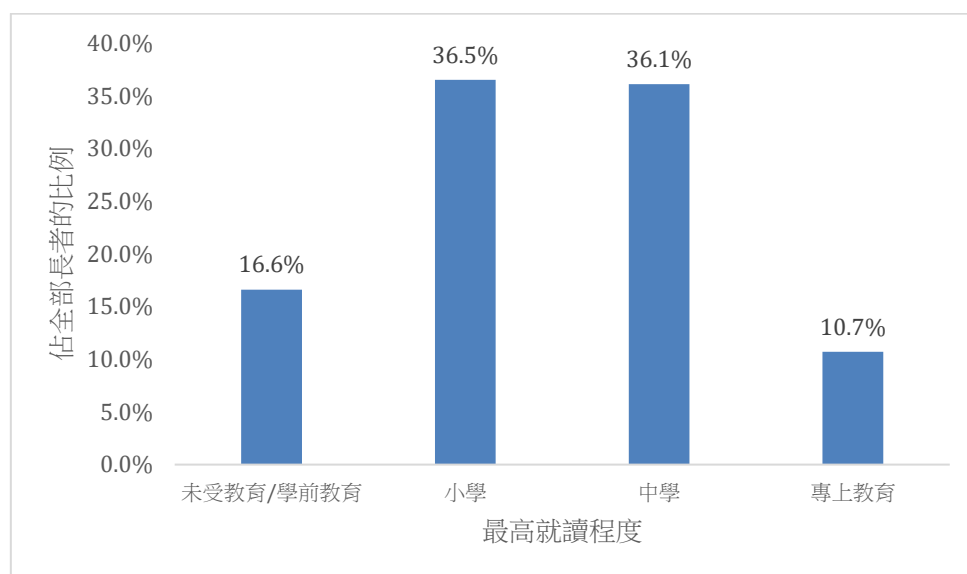
而且，約有 7 成長者未能達到高中的教育程度，估計大部分長者都是靠小額積蓄、子女供養或政府福利津貼過活 (圖五示)。

圖四 按年齡組別劃分的長者勞動人口參與率



來源: 政府統計處(2022)

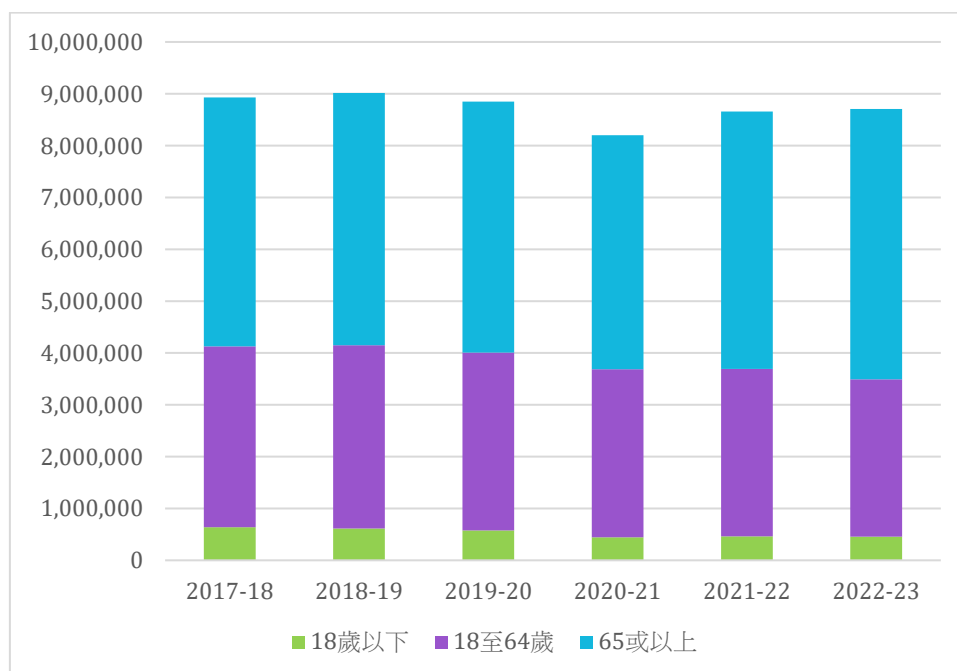
圖五 2021 年按教育程度 (最高就讀程度) 劃分的長者比例



來源: 政府統計處(2022)

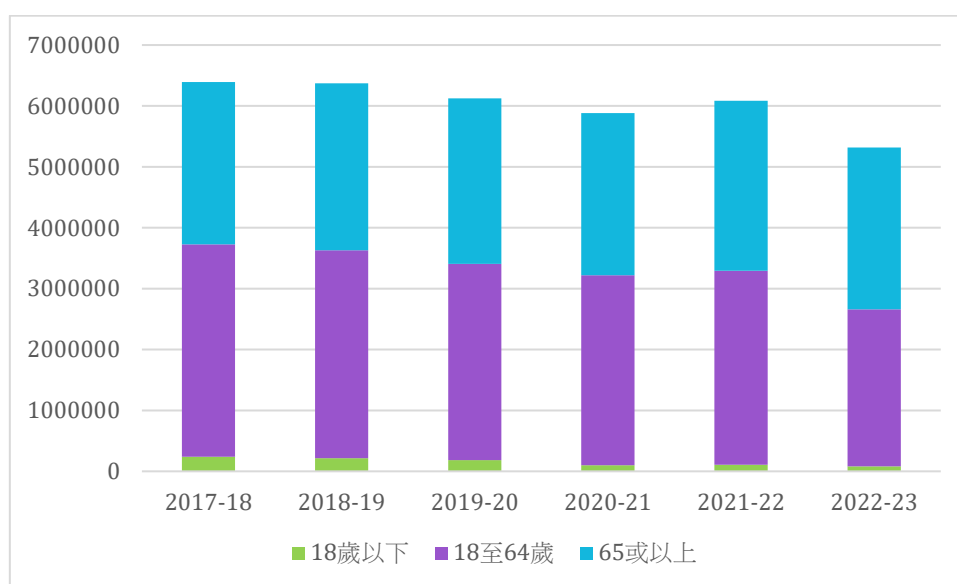
從醫管局數據顯示，長者的住院需求甚高，平均每名長者的住院日次大約是 18 至 64 歲組別的 6 倍；基層醫療就診總人次大約是 18 至 64 歲組別的 3 倍 (圖六示)。

圖六 2017 至 2022 年按年齡組別分類的病人住院日次



來源: 醫院管理局

圖七 基層醫療就診總人次



資料來源: 醫院管理局 (2023)

香港撒瑪利亞防止自殺會在 2023 年 7 月 29 日公布的一項統計數據顯示，2022 年內 60 歲或以上自殺死亡個案共有 477 宗，佔總自殺死亡數字 44.17%，自殺率則為 21.73，分別較 2021 年上升了 6.95% 及 0.61，是 1973 年以來最高；70 歲以上長者，近 5 年間的自殺數字亦由 188 宗升至 282 宗。該會認為，長者自殺死亡個案，有不斷上升及「破紀錄」的跡象。60 歲或以上群組的自殺死亡個案，更再次打破多年以來紀錄，錄得 477 宗。

表二 自 2021 年起香港近年發生的倫常慘案列表

日期	倫常慘案
2021 年 2 月 25 日	一名被精神病折磨達 30 年的婦人（73 歲），在凌晨 4 時許突然病發，向熟睡的 70 歲丈夫突襲。身中六刀的傷者雖然成功制服兇手，並喚醒其同住的女兒報警，但其頭部重創，終返魂乏術。
2021 年 4 月 24 日	83 歲容姓老翁疑因照顧壓力，先將其 85 歲、患有帕金森症 10 年的妻子勒斃，再上吊自殺。及後，當兒子返家時揭發此案。警方在事發現場檢獲兩老的遺書，指出因照顧壓力及健康問題，決定同歸於盡。
2022 年 3 月 7 日	70 歲陳姓老翁疑因不堪被其患有精神病的 32 歲女兒長年暴力虐待，於當日凌晨 4 時再度被暴打期間還

	手，並把她徒手扼斃。兩小時後，陳翁發現女兒已經死亡，遂通知同住前妻報警自首。
2022年8月4日	一名男子報案稱其81歲母親在土瓜灣樂民新村樂智樓的寓所昏迷，傷者送院後證實不治。警方調查後發現婦人插喉的喉管有血，懷疑事件有可疑，拘捕其86歲丈夫，案件列作誤殺。
2022年12月1日	灣仔金樂大廈一名53歲男子，疑不堪長期照顧年邁父親的壓力，以刀襲擊父親後在單位縱火，兩人葬身火海。
2022年12月11日	慈樂邨七旬夫婦疑長期照顧患病的47歲女兒壓力爆煲，有人趁女兒熟睡後用鐵錘撲襲。
2023年5月15日	美孚新邨雙命案，89歲父親與60歲女兒同住，兩人有長期病患及行動不便，失聯多日後被揭發倒屋內。
2023年5月25日	屯門藍地綠怡居66歲男子，難承受照顧患腦病30歲女兒的壓力，以膠袋套着女兒頭部，被妻子及時制止。該男子留下遺書離家，在屋苑會所男廁內上吊自殺。

3. 政府提供的長者房屋的政策

現時政府對於基層長者提供兩類房屋選擇：

1. 合資格長者可申請優先配置公屋單位；
2. 若長者需要入住設有提供院舍式及當值舍監服務住屋，他們可以考慮入住二型及三型設計的「長者住屋」單位。(詳情請參考：
<https://www.housingauthority.gov.hk/tc/public-housing/meeting-special-needs/senior-citizens/types-of-senior-housing/index.html>)

4. 「長者園區」焦點小組訪問紀錄

參與人數: 共 11 人

摘要:

本報告是基於一個由 11 名參與者組成的長者園區焦點小組所進行的訪談紀錄。討論主題包括長者園區的選址、設施需求、管理模式、私營安老院的質素、長者政策等。大部份參與者認同長者園區應接近醫院/醫療機構，並且根據長者的社交和醫療需要而設施相應。如果長者具有自理能力，則首選自己或與家人居住，否則才考慮入住院舍。政府資助院舍被認為質素遠比私立院舍為佳，且需加強監察外判管理情況。受訪者對於鼓勵長者往大灣區居住表示不會前往，因為對香港社交網絡和醫療系統有信心。

4.1 第一部份：長者園區設施與位置

在長者園區選址方面，參與者普遍認同其應靠近醫院/醫療機構，以便在需要時能夠得到及時的醫療支援。另外，根據長者的社交和醫療需求，設施可以進行相應的調整，以確保長者們在園區裡有更好的社交環境和醫療照顧。

對於那些還有自理能力的長者，首選是自己或與家人居住。只有當長者無法自理時，才會考慮入住院舍。在這方面，有些受訪者提到「貴價長者屋」作為一種選擇，但必須在長者有自理能力的情況下且負擔得起才會考慮。

另外，受訪者一致認同政府資助院舍的質素遠比私立院舍為佳，並建議政府加強對外判管理的監察，以確保院舍得到適當的管理和照顧。

對於鼓勵長者往大灣區居住，大部份受訪者表示不會前往。他們認為在香港有成熟的社交網絡和可信賴的醫療系統，所以不願意離開香港。

4.2 第二部份：長者園區 / 院舍討論 / 長者政策

在討論長者園區和院舍管理模式時，受訪者提出可參考內地酒店式住宿的管理方式，即設置醫護人員常駐，以確保長者的健康和 safety。如果將院舍外判給私營機構，則需要詳細交代計劃，以確保私營機構能夠妥善管理宿舍。

在討論私營安老院時，受訪者普遍認為其質素良莠不齊。因此，建議應優先照顧孤獨的長者，並為那些有社交活動能力或相對自立、能夠主動求助的長者提供相應的社區資源或宿舍。

另外，有一位受訪者指出香港的長者福利政策過於零碎，只能解決一時之需，無法長期治本。儘管福利項目不少，但在落實方面存在一定落差，因此建議加強監察，以改進政策執行情況。

4.3 小組結論：

根據長者園區焦點小組的訪談結果，可以得出以下結論：長者園區應選址接近醫院/醫療機構，並根據長者的社交和醫療需求進行設施規劃。政府資助院舍質素較佳，應加強監察外判管理。對於鼓勵長者往大灣區居住，多數長者不願意離開香港，因為對香港的社交網絡和醫療系統有信心。在長者園區和院舍管理方面，可參考內地酒店式住宿模式，並需詳細交代外判計劃。私營安老院的質素良莠不齊，建議優先照顧孤獨的長者，並提供適合有社交活動能力的長者的社區資源或宿舍。最後，香港的長者政策需要加強監察，以解決過於零碎的問題，長期治本。

5. 「長者園區」政策建議

我們在香港不斷增加的長者數目與多樣化需求的情況下，誠摯地向香港特區政府提出「長者園區」概念的建議。此概念旨在滿足住在公屋裡及隱藏在社會角落裡的有健康問題的長者獨居者及夫婦，以及其照顧者因能力不足無法獨自照顧患病長者的需求。我們期望透過打造一個結合醫療配套、生活活動中心、護理培訓中心以及樂齡科技研究中心的「長者園區」，為香港的長者提供一個尊嚴、舒適與全面的環境。

「長者園區」的目標：

- 在選址及各項配套都考慮到長者的需要，從改善長者身心健康出發，確保基層及缺乏照顧的長者得到應有的尊嚴。
- 開立護理培訓中心及推動樂齡科技發展，解決護老業的問題，為長遠發展作出準備。
- 園區能夠集中各樣長者相關設施，及釋放珍貴的公屋單位，做到妥善運用資源。

5.1 園區概念

- 地理位置是「長者園區」的重要考慮因素。小組認為，「長者園區」需接近醫療機構，以便在急需醫療服務時能及時得到救援。對於長者來說，接近醫療設施的宿舍能夠提供他們心理上的安慰，也確保他們在緊急情況下能快速獲得救治。除了醫療設施，社交設施也是「長者園區」需要考慮的因素。園區應該方便長者接觸親友，使他們能夠維持社交活動。
- 以一站式的建築群建立小社區，包括：長者住房樓宇、醫療護理中心、休閒活動中心、護理培訓中心、樂齡創科中心、戶外休憩空間等部份組成。
- 讓長者生活空間集中在小區中，便利長者活動。
- 我們建議將此園區設置在鄰近深圳的香港地區，以便家人朋友探望，同時也為內地醫護人員提供便捷的工作機會。透過中港合作，確保園區的營運和醫療服務能夠得到充分的支援。
- 園區內設立護理培訓中心，為香港及大灣區內有意從事護老行業的人員，提供護理、管理及相關的培訓。
- 參考中國養老護理員職業資格認證，使培訓後的人員可以中、港資格互通。
- 設有日間護理中心，為園區內或附近有需要的長者提供服務。
- 醫療到診及配送藥物 - 園區將提供醫療配套，包括醫療到診服務，讓長者在需要時能夠方便地接受醫護人員幫助。同時，藥物將由醫院進行配送，確保長者能夠按時取得藥物，並避免因此帶來的不便。
- 將地區康健中心及地區分科診所設於園區內，方便園區內的長者或附近有需要的人士使用。
- 樂齡創科中心有助創新科技公司在園區內測試樂齡產科技品，「長者園區」並會分享園區內的數據，推動樂齡科技產業發展。
- 運用科技監察長者狀況，及時作出反應。
- 園區內的設施一律按長者需要而設計，方便長者起居及提供安全舒適的居住環境。
- 園區將提供自由活動的空間，讓長者可以在其中自由活動，享受自主、獨立的生活。
- 招聘園區內的長者工作，增加長者的自我認同感。
- 集中不同的社福團體在區內設點，為園區及附近的市民服務。

- 公共食堂、餐廳及酒樓 - 設有餐廳及酒樓，讓長者及探訪者能夠在其中享受美食，同時增進社交交流。
- 公園及活動設施 - 園區將設有公園和各種活動設施，提供長者晨運和參與社交活動的場所。
- 將地區康健中心及地區分科診所設於園區內，方便長者使用。

5.2 房間設施

- 園區將提供獨立的房間及洗手間，確保長者得到舒適的居住環境與隱私空間。
- 房間內不設明火煮食爐具。

5.3 需求

- 增加鄰近醫院的長者醫療配套 - 建議政府增加鄰近園區的醫療配套，以確保長者在需要時能夠得到及時的醫療支援。
- 急救通道 - 為了確保長者在緊急情況下能夠得到迅速的急救服務，建議設立專用的急救通道。
- 收回公屋，加快上樓時間 - 為了滿足特殊需要的長者，建議政府考慮收回已遷入「長者園區」長者的公屋並重新分配給其他有需要人士居住，加快公屋輪侯冊人士的上樓時間。
- 費用希望可低於私人護老院 - 為了讓更多長者受惠，我們建議政府設定合理且可負擔的費用，以確保「長者園區」的住宿費用低於私人護老院。

這份建議書旨在提供一個創新的概念，而亦符合香港特區政府政策的長者服務方案。我們衷心希望政府能夠重視此建議並予以採納，讓香港的長者能夠在「長者園區」中得到更好質素及照顧的生活。

結語

「長者園區」計劃為我們社會中的基層長者提供了一個可行且具有吸引力的住所選擇，確保基層及缺乏照顧的長者得到應有的尊嚴；同時間解決護老業人手短缺的問題，及提升至專業化；並協助樂齡科技產業發展，既可

減少對人手的壓力，又可為長者增添更多的保障。我們建議政府支持和推動這個計劃的實施，以滿足長者人口的需求，提高他們的生活質量，並建立一個關懷和尊重長者的社會。

Path of Democracy

Path of Democracy (PoD) is a mission and action driven think tank that strives to create maximum room for democratic development under the principles of One Country Two Systems, Hong Kong people ruling Hong Kong and a high degree of autonomy. We believe that communications with mutual trust which is conducted under a moderate attitude is essential for the development of democracy. To this end, we have established Path of Democracy as a platform to:

- Consolidate the majority of supporters of the democratic camp in the society;
- Promote a moderate political approach in a proactive manner, and to carve out new political horizon in the society;
- Formulate agenda and construct systematic political discourse;
- Establish new ideological dimensions in the politics, society, economics and culture of the Hong Kong Special Administrative Region together with different stakeholders through research, dialogue and engagement.

Author

Jeffrey Chan is a Governor of Path of Democracy.

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Policy Study of Elderly Communities

Jeffrey Chan

Abstract

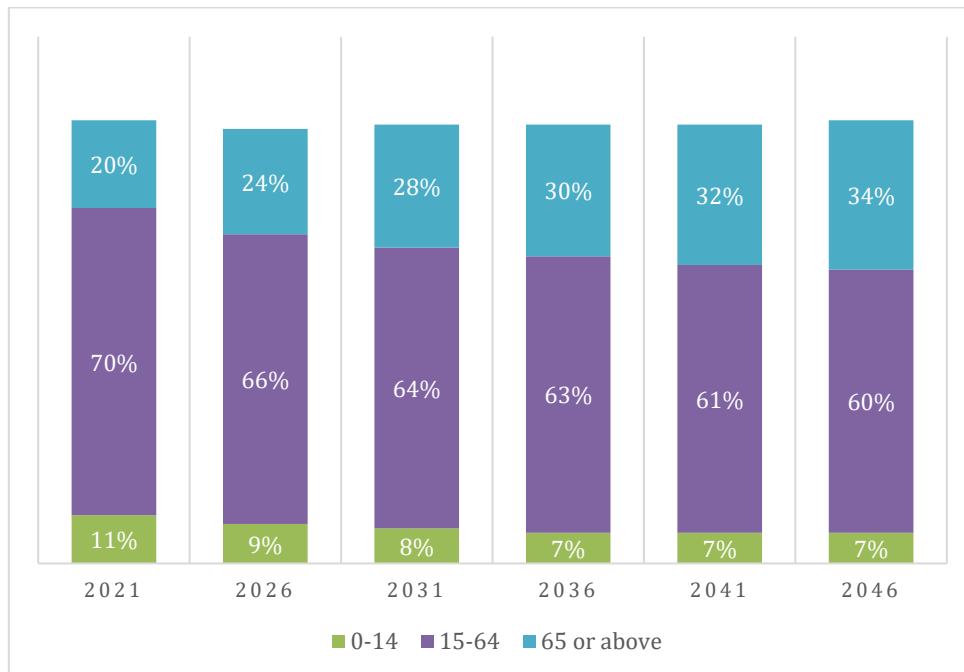
As the aging population in Hong Kong continues to increase, the future challenge lies in the growing demand for suitable living environments and services for the elderly. Path of Democracy encourages the government to implement policies that promote more elderly care services and facilities to meet the diverse needs of senior citizens. Our proposed "Elderly Communities" policy not only addresses the current needs of elderly citizens at the grassroots level but also aims to provide a safe, comfortable, and socially interactive environment, ensuring the dignity of their lives. Considering the challenges and feasibility brought about by the aging population, our policy research is results-oriented with the following objectives:

- Ensure that elderly citizens at the grassroots level and those lacking care receive the dignity they deserve.
- Address the issues in the elderly care industry to prepare for long-term development.
- Make efficient use of resources.

1. Aging Population in Hong Kong

According to the Hong Kong Census and Statistics Department's "Population Projection for Hong Kong 2022-2046" (as shown in Figure 1), the proportion of elderly individuals in the population continues to rise, increasing from 20% in 2021 to 34% in 2046. Conversely, the proportion of children has been consistently declining, dropping from 11% in 2021 to 7% in 2046. The primary reason for this trend is the decrease in the local birth rate, exacerbating the issue of population aging.

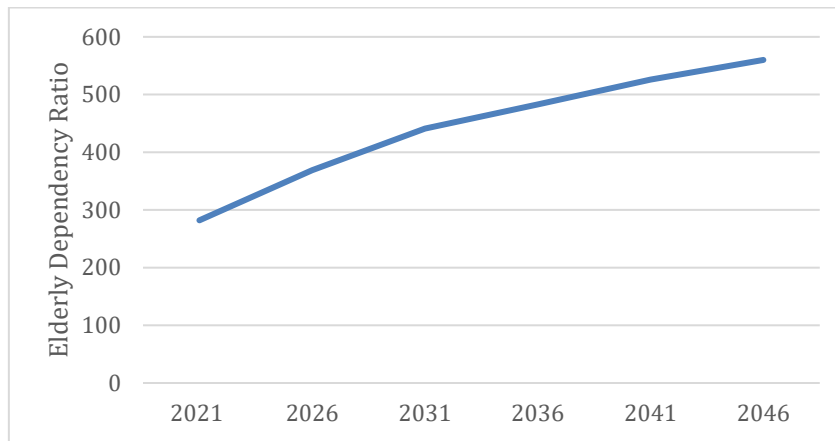
Figure 1 Population Projections by Age Group from 2021 to 2046



Source: HKC&SD (2023)

The estimated population aging has led to a nearly twofold increase in the "elderly dependency ratio"* over a 20-year period (as shown in Figure 2).

Figure 2 Predicted Trend of the Elderly Dependency Ratio

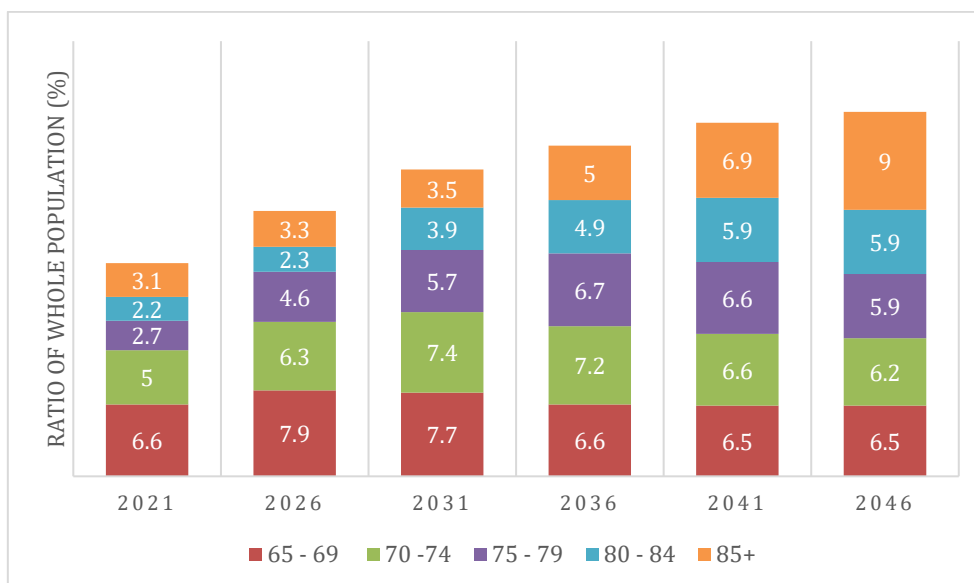


*The elderly dependency ratio refers to the ratio of the population aged 65 and above relative to every thousand people aged 15 to 64.

Source: HKC&SD (2023)

The elderly population continues to rise, and the proportion of individuals aged 85 and above has also significantly increased, according to the Census and Statistics Department's estimation (as shown in Figure 3). By 2046, this category of elderly individuals is projected to account for 9.0% of the entire population in Hong Kong.

Figure 3: Estimated Population by Selected Year and Age Group (Excluding Foreign Domestic Helpers)



Source: HKC&SD (2023)

2. Recent Situation of Elderly Citizens in Hong Kong

Currently, the majority of elderly citizens reside in public housing or temporary housing, largely benefiting from government-subsidized housing policies. In 2021, there were 92,460 elderly individuals living alone in public housing (as shown in Table 1), and this figure has been increasing since 2011.

Table 1 Older persons aged 65 and over living in domestic households in public rental housing

Living in public rental housing	2011	2016	2021
Living alone	62,149	76,915 (+23.8%)	92,460 (+20.2%)
Living with spouse: and with child(ren)	108,367	122,631 (+13.2%)	164,236 (+33.9%)
Living with spouse: and not with child(ren)	78,021	93,395 (+19.7%)	111,484 (+19.4%)
Total	248,537	292,941	368,180

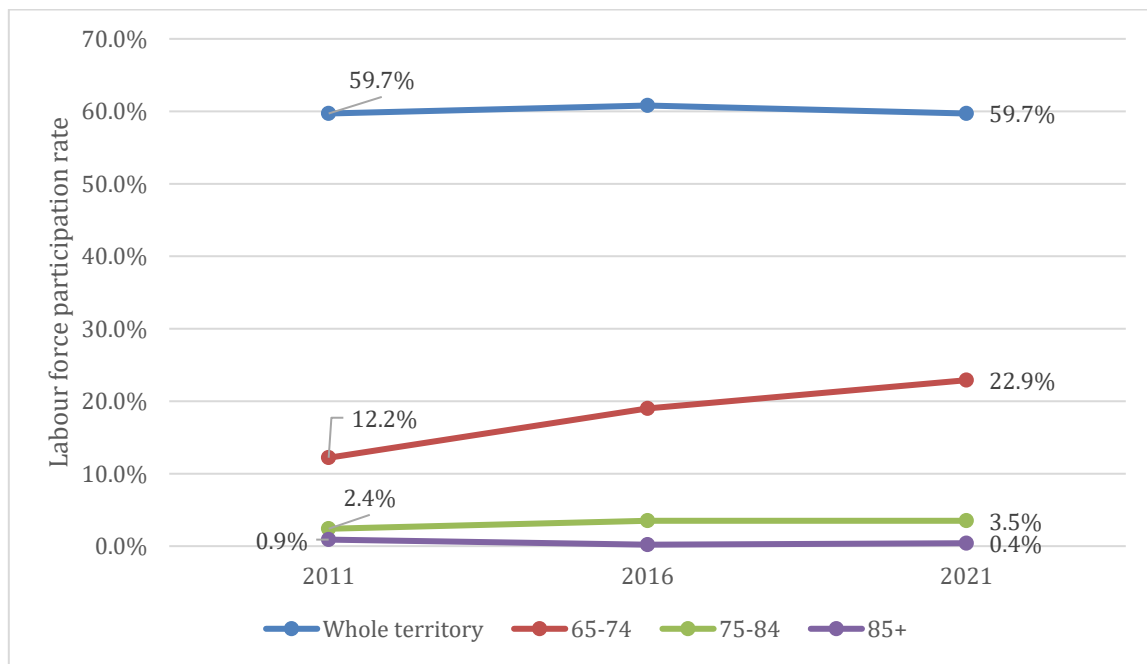
Source: HKC&SD (2021)

Note: The percentages in parentheses represent the changes of figures when compared to figures in previous population census.

In 2021, the labor force participation rate among elderly individuals was lower compared to the overall labor force participation rate in Hong Kong, which stood at 59.7%. Among those aged 65-74, the participation rate was only 22.9%, while for those aged 75 and above, it was only 3.5%. However, there is a growing trend in elderly labor force participation, with the proportion of those aged 65-74 increasing from 12.2% in 2011 to 22.9% in 2021 (as shown in Figure 4).

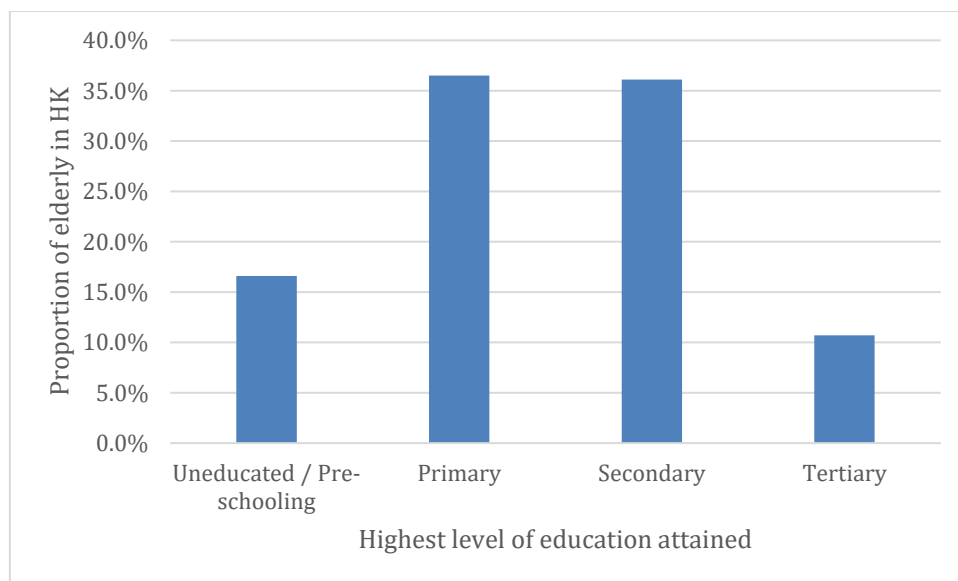
Furthermore, approximately 70% of the elderly population did not attain a high school education level, and it is estimated that most elderly individuals rely on small savings, support from their children, or government welfare subsidies to sustain their livelihood (as shown in Figure 5).

Figure 4 Labour Force Participation Rate of Older Persons by Age Groups



Source: HKC&SD (2023)

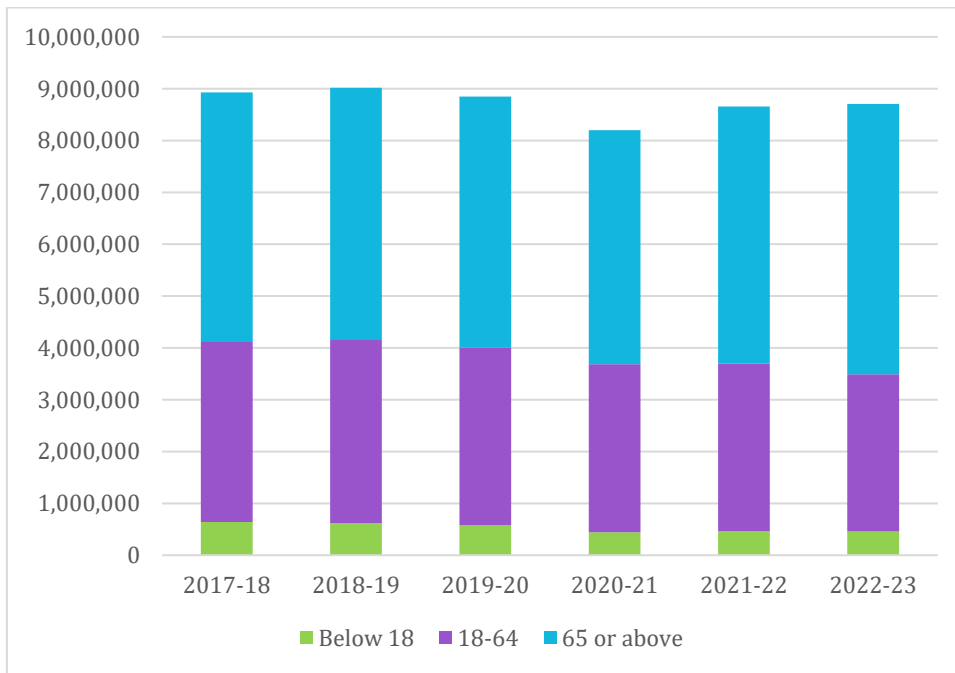
Figure 5 Proportion of Elderly by Level of Education (Highest Attained) in 2021



Source: HKC&SD (2023)

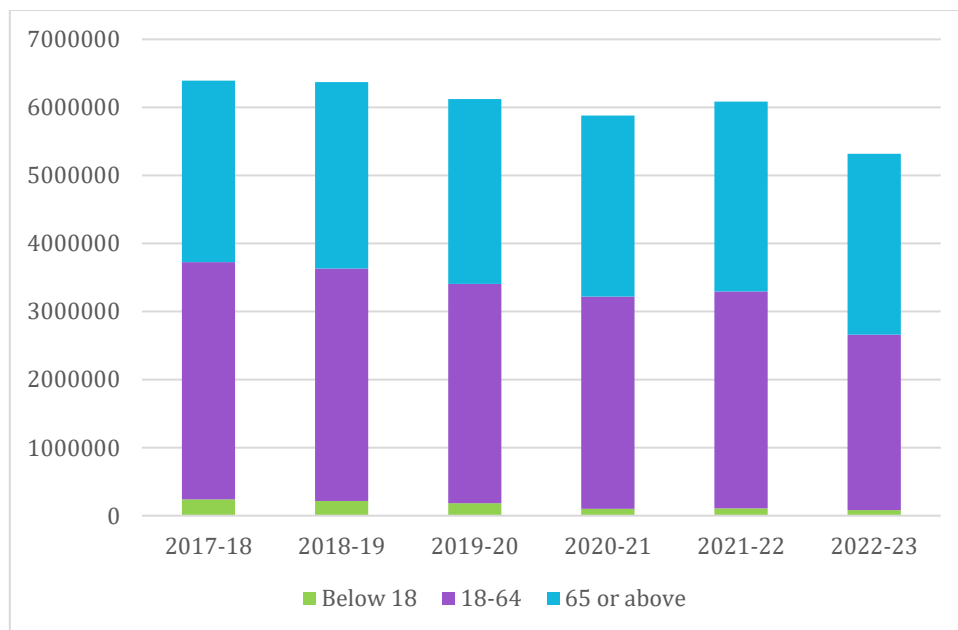
According to data from the Hospital Authority, there is a significant demand for hospitalization among the elderly population. On average, the number of hospitalization days for each elderly individual is approximately six times that of the 18 to 64 age group. Additionally, the total number of primary healthcare visits by the elderly is approximately three times that of the 18 to 64 age group (as shown in Figure 6).

Figure 6 Number of Patient Day by Age Group from 2017-18 to 2022-23



Source: Hospital Authority (2023)

Figure 7 Number of Primary Care Attendances by Age Group from 2017-18 to 2022-23



Source: Hospital Authority (2023)

Statistics released by the Samaritans of Hong Kong for the year 2022, announced on July 29, 2023, revealed a concerning trend in suicide deaths among individuals aged 60 and above. In 2022, there were a total of 477 cases of suicide deaths in this age group, accounting for 44.17% of the overall suicide death count. The suicide rate in this age group was 21.73, marking an increase of 6.95% compared to 2021 and representing a significant rise, reaching its highest point since 1973. Additionally, suicide numbers among individuals aged 70 and above have increased from 188 cases to 282 cases over the past five years. The Samaritans of Hong Kong emphasizes that the statistics indicate a continual rise in suicide deaths among the elderly, reaching a "record-breaking" level. The 477 cases of suicide deaths among individuals aged 60 and above have surpassed records held for many years.

Table 2 List of Recent Ethical and Moral Cases in Hong Kong Since 2021

Date	Ethical and moral cases
25 February 2021	A 73-year-old woman, who had been suffering from mental illness for 30 years, suddenly had a mental episode around 4 a.m. She attacked her 70-year-old husband while he was sleeping. Although the husband managed to subdue the assailant, he sustained severe head injuries and couldn't be revived.
24 April 2021	An 83-year-old man surnamed Yung, presumably due to caregiving stress, strangled his 85-year-old wife, who had been suffering from Parkinson's disease for 10 years, and then committed suicide by hanging himself. The incident was uncovered when their son returned home and discovered the situation. The police found two suicide notes at the scene, citing caregiving stress and health issues as reasons for their decision to end their lives.
7 March 2022	A 70-year-old man surnamed Chan, presumably due to enduring years of violent abuse by his 32-year-old daughter, who suffered from a mental illness, fought back during another assault and accidentally strangled

	<p>her to death. Two hours later, Chan discovered that his daughter had died and informed his ex-wife, who then called the police. He surrendered himself to the authorities.</p>
4 August 2022	<p>A man reported that his 81-year-old mother had fallen unconscious in their residence in Lok Man Sun Chuen, To Kwa Wan. After the woman was taken to the hospital, it was confirmed that she didn't survive. Following a police investigation, suspicious circumstances arose as there was blood found in her throat. The 86-year-old husband was subsequently arrested, and the case was categorized as a manslaughter case.</p>
1 December 2022	<p>A 53-year-old man in Kam Lok Mansion, Wan Chai, presumably unable to cope with the stress of long-term caregiving for his elderly father, attacked his father with a knife and set their unit on fire. Both individuals perished in the blaze.</p>
11 December 2022	<p>In Tsz Lok Estate, a couple in their seventies, presumably overwhelmed by the stress of caring for their 47-year-old daughter who was suffering from illness, attacked her with a hammer while she was asleep.</p>
15 May 2023	<p>Mei Foo Sun Chuen double fatality case, an 89-year-old father and his 60-year-old daughter, both of whom had long-term illnesses and limited mobility, lived together. After being out of contact for several days, they were discovered deceased inside their residence.</p>
25 May 2023	<p>A 66-year-old man in Botania Villa, Tuen Mun, struggling to cope with the pressure of caring for his 30-year-old daughter who had a brain condition, placed a plastic bag over his daughter's head but was stopped in time by his wife. The man left a suicide note and left their home, where he later hanged himself in the men's restroom of the housing estate clubhouse.</p>

3. Government Policy Related to Elderly Housing

Currently, the government offers two housing options for elderly citizens in the grassroots category:

1. Eligible elderly citizens can apply for priority allocation of public housing units.
2. If elderly citizens require accommodation with hostel-style and on-site warden services, they can consider residing in "Elderly Housing" units designed as Type 2 and Type 3. (For more details, please refer to: <https://www.housingauthority.gov.hk/tc/public-housing/meeting-special-needs/senior-citizens/types-of-senior-housing/index.html>)

4. Results of Focus Groups Interview for Elderly Housing

Total number of participants: 11

Abstract:

This report is based on interviews conducted with an Elderly Community Focus Group consisting of 11 participants. The discussions covered various topics, including the selection of locations for elderly communities, facility requirements, management models, the quality of private elderly care homes, and elderly policies, among others. Most participants agreed that elderly communities should be located in proximity to hospitals or healthcare facilities and should be tailored to meet the social and medical needs of the elderly. If elderly individuals are capable of self-care, they prefer to live independently or with their families, considering institutional care only when necessary. Government-funded facilities were regarded as having better quality compared to privately operated ones, and there was a call for increased oversight of outsourced management. Interviewees expressed confidence in the social networks and healthcare system in

Hong Kong and showed little inclination to relocate to The Greater Bay Area as a retirement option.

4.1 First Section: Location and Facilities of Elderly Housing

Regarding the selection of locations for elderly communities, participants generally agreed that these communities should be situated in proximity to hospitals or healthcare facilities to ensure timely access to medical support when needed. Additionally, they emphasized the need for facility adjustments based on the social and medical requirements of the elderly residents to create a conducive social environment and provide appropriate healthcare.

For those elderly individuals who are still capable of self-care, their preference is to live independently or with their families. Institutional care is only considered when self-care becomes impractical. In this regard, some interviewees mentioned "expensive elderly housing" as an option but clarified that it would only be considered if the elderly person has self-care ability and can afford it.

Furthermore, interviewees unanimously recognized that government-funded facilities have better quality compared to privately operated ones. They suggested that the government should strengthen oversight of outsourced management to ensure proper administration and care within these facilities.

As for encouraging elderly individuals to move to the Greater Bay Area, the majority of participants expressed their reluctance to do so. They cited the mature social networks and dependable healthcare system in Hong Kong as reasons for their unwillingness to leave the city.

4.2 Second Section : Elderly Communities / Discussion about Elderly Facilities / Elderly Policies

During discussions about the management models for elderly communities and care homes, participants suggested considering a management approach similar to hotel-style accommodations in mainland China. This approach would involve having healthcare professionals stationed on-site

to ensure the health and safety of the elderly residents. If the management of care homes is outsourced to private entities, it was emphasized that detailed plans should be provided to ensure that private institutions can effectively manage the facilities.

Regarding private elderly care homes, participants generally expressed concerns about the varying quality of these facilities. As a result, they recommended prioritizing the care of lonely elderly individuals and providing community resources or accommodations for those who have social activity capabilities or are relatively self-care and able to seek assistance when needed.

Additionally, one interviewee pointed out that Hong Kong's elderly welfare policies are fragmented and often address immediate needs without addressing long-term concerns. While there are numerous welfare programs, there is room for improvement in policy implementation. Therefore, it is suggested to enhance oversight to improve policy execution.

4.3 Focus Group's Conclusion

Based on the findings of the Elderly Community Focus Group interview, the following conclusions can be drawn:

Elderly communities should be strategically located near hospitals or healthcare facilities, with facility planning tailored to the social and medical needs of the elderly residents.

Government-funded care homes tend to offer better quality, and there should be enhanced oversight of outsourced management.

Encouraging elderly individuals to move to the Greater Bay Area may face reluctance as most elderly residents have confidence in Hong Kong's social networks and healthcare system.

When it comes to managing elderly communities and care homes, considering a model similar to hotel-style accommodations in mainland China is advisable. Detailed plans for outsourced management should be provided.

Quality in private elderly care homes varies significantly. Prioritizing care for isolated elderly individuals and offering community resources or accommodations for those with social activity capabilities is recommended.

Hong Kong's elderly welfare policies need stronger oversight and coordination to address the fragmented nature of the system and achieve more sustainable long-term solutions.

5. Policy Recommendations for Elderly Communities

In the context of Hong Kong's continuously increasing elderly population and their diverse needs, we sincerely propose the concept of "Elderly Communities" to the Hong Kong government. This concept is aimed at addressing the needs of elderly individuals, including those residing in public housing and those hidden within the community, who are living alone or with their spouses and who may have health issues. It also aims to provide support to caregivers who may lack the capacity to independently care for their ailing elderly family members.

We aspire to create a dignified, comfortable, and comprehensive environment for Hong Kong's elderly by establishing "Elderly Communities" that integrate healthcare facilities, community centers for life activities, nursing training centers, and elderly technology research centers.

The goals of "Elderly Communities" are as follows:

1. To prioritize the needs of the elderly in terms of location selection and facility offerings, with a focus on improving the physical and mental health of the elderly. This includes ensuring that grassroots and underserved elderly individuals receive the dignity they deserve.
2. To establish nursing training centers and promote the development of elderly technology to address the challenges in the elderly care industry and prepare for long-term development.
3. To centralize various facilities related to the elderly within these communities and free up valuable public housing units, thus ensuring the efficient utilization of resources.

5.1 Concept of Elderly Communities

Location consideration: The geographical location is a crucial consideration for "Elderly Communities." The group believes that these communities should be situated near healthcare facilities to ensure timely access to medical services in emergencies. Such proximity provides psychological comfort to the elderly residents and guarantees quick access to treatment. In addition to healthcare facilities, social amenities are also essential. The communities should facilitate easy contact between the elderly and their family and friends to maintain their social activities.

Integrated Facilities: Establishing small communities with an all-in-one approach, including elderly housing buildings, healthcare and nursing centers, recreational activity centers, nursing training centers, elderly technology research centers, and outdoor relaxation spaces.

Concentration of Elderly Living: Concentrating the living spaces of the elderly within the community for convenience in their activities.

Location: We propose setting up these communities in Hong Kong areas near Shenzhen, facilitating visits from family and friends and providing convenient job opportunities for mainland healthcare professionals. Through cross-border cooperation, ensure comprehensive support for the operation and healthcare services of the communities.

Nursing Training Center: Establish a nursing training center for individuals interested in the elderly care industry in both Hong Kong and the Greater Bay Area. Certifications should align with China's elderly care nurse qualifications for mutual recognition.

Daycare Centers: Set up daycare centers to provide services for elderly residents within the communities or nearby individuals in need.

Medical Visits and Medication Delivery: Provide healthcare services, including medical visits, to ensure easy access to healthcare professionals when needed. Medications should be delivered by hospitals to ensure timely access and convenience for the elderly.

Community Health Centers and Specialized Clinics: Place community health centers and specialized clinics within the communities to serve elderly residents and nearby individuals in need.

Elderly Technology Research Center: Establish an elderly technology research center to encourage innovation and allow tech companies to test elderly-related technology products within the communities. The community will also share data to promote the development of the elderly technology industry.

Technology Monitoring: Utilize technology for monitoring the well-being of the elderly and responding promptly to their needs.

Facility Design: Design all facilities within the community according to the specific needs of the elderly, providing a safe and comfortable living environment.

Free Activity Spaces: Offer spaces for free activities, allowing the elderly to enjoy independent and self-sufficient living.

Elderly Employment: Recruit elderly individuals within the community for work to enhance their self-identity.

Social Welfare Organizations: Centralize various social welfare organizations within the community to serve the residents and nearby citizens.

Public Cafeterias, Restaurants, and Eateries: Establish cafeterias, restaurants, and eateries to allow the elderly and visitors to enjoy food while promoting social interaction.

Parks and Activity Facilities: Develop parks and various activity facilities within the community for morning exercises and social engagement.

Community Health Centers and Specialized Clinics: Place community health centers and specialized clinics within the communities for the convenience of the elderly.

This proposal envisions comprehensive "Elderly Communities" designed to cater to the diverse needs of the elderly population while promoting their well-being, independence, and quality of life.

5.2 Room Facilities

Independent Rooms and Bathrooms: The community will provide independent rooms and bathrooms to ensure that the elderly have a comfortable living environment and privacy.

No Cooking Facilities in the Rooms: Cooking appliances with open flames will not be provided in the rooms.

5.3 Demand

Enhance Elderly Healthcare Facilities Near Hospitals: We suggest that the government enhance healthcare facilities near the community to ensure that the elderly can access timely medical support when needed.

Emergency Access Routes: To ensure that the elderly can receive rapid emergency medical services in urgent situations, we recommend establishing dedicated emergency access routes.

Reclaim Public Housing Units to Expedite Allocation: To meet the needs of elderly residents in the community, it is recommended that the government consider reclaiming public housing units that have been allocated to elderly residents moving into the "Elderly Community" and reassign them to other eligible individuals to expedite public housing allocation.

Affordable Rates Below Private Elderly Care Homes: In order to benefit a larger number of elderly individuals, we suggest that the government set reasonable and affordable rates to ensure that the accommodation costs in the "Elderly Community" are lower than those in private elderly care homes.

This proposal aims to provide an innovative concept that aligns with the elderly care service initiatives of the Hong Kong government. We sincerely hope that the government will consider and adopt this proposal, allowing the elderly in Hong Kong to receive higher quality care and services in the "Elderly Community."

Conclusion

The "Elderly Community" project offers a feasible and attractive housing option for the grassroots elderly population in our society, ensuring that elderly individuals at the grassroots level and those lacking adequate care receive the dignity they deserve. Simultaneously, it addresses the shortage of manpower in the elderly care industry and elevates it to a more professional level. It also contributes to the development of the gerontechnology sector, reducing the strain on the workforce while providing added security for the elderly. We recommend that the government support and promote the implementation of this project to meet the needs of the elderly population, enhance their quality of life, and establish a society that cares for and respects its elderly citizens.

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