

A Study on Silver Hair Market Development in Selected Economies

Final Report

Volume I

Submitted by

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Glossary

Abbreviation code	Description	
C&A Home	Care and Attention Home for the elderly	護理安老院
CCS	Community Care Services	社區照顧服務
CEF	Continuing Education Fund	持續進修基金
CSR	Corporate Social Responsibility	企業社會責任
CSSA	Comprehensive Social Security Assistance	綜合社會保障援助
D/Es	Day Care Centres	長者日間護理中心
DCUs	Day Care Units	長者日間護理單位
DECC	District Elderly Community Centres	長者地區中心
EBPS	Enhanced Bought Place Scheme	改善買位計劃
EC	Elderly Commission	安老事務委員會
EHCCS	Enhanced Home and Community Care Services	改善家居及社區照顧服務
EHV	Elderly Health Voucher	長者醫療券
FDH	Foreign Domestic Helpers	外籍家庭傭工
HA	Hospital Authority	醫院管理局
HCA	Home Care Alliance	
HDB	Housing & Development Board	
HKCSS	Hong Kong Council of Social Services	香港社會服務聯會
HKHA	Hong Kong Housing Authority	香港房屋委員會
HKHFA	Hong Kong Health Food Association	香港保健食品協會
HKHS	Hong Kong Housing Society	香港房屋協會
HKMA	Hong Kong Monetary Authority	香港金融管理局
HKMC	Hong Kong Mortgage Corporation	香港按揭證券公司
HKORC	Hong Kong Organic Resource Centre	香港有機資源中心
HKU	The University of Hong Kong	香港大學
HSC	Housing for Senior Citizens	長者租住公屋
ICT	Information Communication Technology	
IHCS	Integrated Home Care Services	綜合家居照顧服務
LEAP Programme	The Let Everyone Actively Participate Programme	
LORCHE	Licensing Office of Residential Care Homes for the Elderly	安老院牌照事務處
LTC	Long Term Care	長期護理
LTCI	Long Term Care Insurance	長期護理保險
MOE	Ministry of Education	教育部
MPF	Mandatory Provident Fund	強制性公積金
MTR	Mass Transit Railway	香港鐵路
NEC	Neighbourhood Elderly Centre	長者鄰舍中心

NHS	National Health Service	
NGOs	Non-government Organizations	非政府組織
NH	Nursing Home	護養院
OEP	Opportunities for the Elderly Project	老有所為活動計劃
PE-Link	Personal Emergency Link Service	平安鐘服務
PHC	Primary Health Care Services	基層醫療服務
PICOP	Pre-Investment Cooling-off Period	落單冷靜期
PPP	Public-private Partnership	公私營機構合作
PRH	Public Rental Housing	出租公屋
R&D	Research and Development	研究及發展
RCHE	Residential Care Homes for Elderly	安老院舍
RCS	Residential Care Service	安老服務
RM	Reverse Mortgage	逆按揭
SAGE	Society for the Aged	香港耆康老人福利會
SCNAMES	Standardised Care Need Assessment Mechanism for Elderly Services	安老服務統一評估機制
SCHSA	Senior Citizen Home Safety Association	長者安居協會
SEN	Senior Citizen Residences Scheme	長者安居樂住屋計劃
SHM	Silver Hair Market	銀髮市場
SJS	St. James' Settlement	聖雅各福群會
SLTCI	Social Long Term Care Insurance	
SNFs	Skilled Nursing Facilities	
SWD	Social Welfare Department	社會福利署
URA	Urban Renewal Authority	市區重建局

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CHAPTER ONE

EXECUTIVE SUMMARY

1. Hong Kong has to be well-prepared to face up with the challenges and opportunities posed by an ageing population. The “silver hair market” (SHM) provides a viable solution to addressing the needs of the older people, in promoting their quality of life commensurate with their specific needs, aspirations, and financial affordability. Development of the SHM serves both economic and social functions in promoting business and innovation, as well as enhancing social inclusion and integration.
2. The notion of SHM is premised upon the assumption that older people have different needs from the other age groups that requires specially designed “age-sensitive” or “elderly-friendly” products and services to cater for such needs. Such differences in need may be attributable to the different physiological and cognitive conditions and their changing aspirations in the life course, as well as their changes in financial condition that is resulted from their change in employment status. As the older people community exhibits diversity of characteristics, needs, aspirations, and financial condition, the SHM actually consists of multiple “markets”.
3. The Central Policy Unit of the HKSAR Government commissioned a research team composed of academics from the University of Hong Kong and the Chinese University of Hong Kong, and the Policy 21 Ltd. to conduct a study on exploring the development of SHM in Hong Kong in the period September 2010 to February 2011.
4. The objectives of the study are as follows:
 - i. to study the broad current market situation and identify the obstacles to developing the SHM in Hong Kong;
 - ii. to examine the experience and role of the government of selected economies in developing the SHM; and
 - iii. to assess the applicability of relevant international experience to Hong Kong.
5. The research team adopted multiple methods of data collection, including literature review, consultation with overseas experts, household survey, informant interviews, and focus group discussions.
6. The experience of 10 economies, including the United Kingdom, the United States of America, Canada, France, Germany and Australia in the West and Japan, Singapore, Taiwan and Shanghai in the East, were reviewed. Separate reports were prepared by overseas experts to reveal the current condition of development of SHM in the respective economies.

7. A household survey involving 406 respondents (in which 200 were aged 45-59 soon-to-be-old persons and 206 were aged 60 or above “older people” as operationally defined in this study) was completed. The survey findings reveal that firstly, there is need to enhance the computer literacy of the current cohort of older people, so as to enable them to benefit from the increasing prevalence of computer-aided services like on-line banking or shopping. This can also serve to avoid the problem of digital divide or exclusion of the older people from some domains of consumption of good or services. Secondly, there could be further development of more tailor-made insurance products to protect the older people in various aspects, e.g. travel insurance. Thirdly, there could be high potential demand for elder-friendly transportation means, like the accessible hire car, to facilitate mobility and thus social participation and consumption of the older people. Fourthly, there may be the need to explore the desirability and feasibility of regulating on the competence of domestic helpers in taking care of older people in the domestic setting, in view of the possible increasing popularity of hiring domestic helpers taking care of older people in the community. Fifthly, the Government may need to review its current policy of a restricted scope of dental service provided to the older people. This, on the one hand, may be favourable to promoting the private sector development; but may put the older people’s dental health at stake. Sixthly, in view of the potential greater market for older travellers who prefer packaged tours that include such aspects as museum attractions and relaxation, local travelling agents may need to explore providing specialized elderly tours.
8. Eight focus groups with 51 participants and interviews with 29 informants from 24 organizations/ companies/ institutes/ departments, who were the potential consumers and providers respectively, were held, to reveal the possible concerns in the demand and supply sides respectively in the development of SHM in Hong Kong. The focus group findings reveal that it is advisable to avoid having a specific label of “elderly” attached to products and services specifically designed to older people. There is currently limited market information accessible to older people. There is need for more advice on wealth management and post-retirement planning. Operators would prefer less government intervention but highlighted the constraints of limited manpower and premise in venturing into SHM.
9. Review of overseas experience reveals that the SHM has only recently been given higher attention. Governments of the various overseas economies have usually not set up specific departments in promoting SHM. However, governments provide funding to support research and development (R&D) on developing elderly-specific goods and services.
10. The needs and demands arising from the older people could be distinguished between those “need to have” (basic needs) and “nice to have” (extra needs that help to further improve quality of living beyond and above the basic needs). Governments in the various economies examined would guarantee the satisfaction of “basic needs” of older people. Different governments adopt different financing models of provision on a selective or a universal basis, ranging from tax-based, publicly-funded to social insurance, to contributory schemes. The

private sector, and to a lesser extent, the non-profit NGO sector, would cater for the “extra needs” of the older people with respect to their consumption power or affordability. The SHM could thus be conceived as the domain that is more attuned to cater for such “extra needs” that differs from the public provisions catering for the “basic needs”.

11. Hong Kong is a capitalist economy and that “big market, small government” is heralded as the overall government principle in promoting economic development. With a low tax regime though, the Government has already provided a host of social provisions, especially in the areas of housing, health and welfare that serve to guarantee the “basic needs” of the older people, especially those in the lower socio-economic strata. It would, therefore, be desirable to promote the “market” or the private sector in the provision of “nice to have” goods and services for the other older people who can afford to consume and who aspire for services the quality of which is higher than those provided by the public sector.
12. Findings of the present study reveal that there is yet a mature SHM in Hong Kong in both the demand and supply sides. Nonetheless, the survey findings also reveal that the soon-to-be-old or the future cohort of older people may have a potential in putting up demand for goods and services that are of higher quality and readily available in the private sector.
13. The relatively less developed SHM in Hong Kong should be understood with recognition of the specific socio-economic context of Hong Kong in which there is not yet a full-fledge pension scheme that can provide an adequate financial protection to any sizeable portion of the retired population. There exists a sizeable group of older people whose financial condition is not favourable. To a large extent, many older people in Hong Kong rely on public service provision by the Government, especially in the areas of housing, health and personal care services.
14. There is the need to examine the respective roles played by the Government, the private sector and the NGOs in the provision of goods and services in the process of developing the SHM. Specifically, while the Government and the non-profit NGO sector may focus more on ensuring the provision of goods and services to the less affordable strata of older people in the community, the private sector may concentrate in exploring the potential demand from amongst the middle and upper strata. Nonetheless, the Government should play the indispensable roles of regulation, monitoring and provision of support in the development of the SHM. It is only through the tripartite collaboration and partnership that the SHM could be developed in a healthy and sustainable way.
15. The following recommendations are made based on the following considerations: 1) with recognition of the local Hong Kong context; 2) with reference to the overseas experience; 3) with a view to promoting economic activities in the 12 domains examined in this study, that include the four pillars and six industries and thus promoting employment in such industries;

and 4) with a temporal dimension of “short-term” (next 3-5 years), and “medium-term” (5-10 years) respectively.

General recommendations

Short-term (next 3-5 years)

R1: Institutional framework to oversee SHM development

16. The Government may consider enhancing the role of the Elderly Commission (EC) in planning and developing relevant policies for the older people, and putting the development of SHM as one of its regular agenda or setting up a sub-committee to look after the development of SHM. The EC may also work collaboratively with the Commission on Strategic Development and Council for Sustainable Development and other relevant government committees in the deliberation and formulation of policy recommendations.

R2: Further promotion of the function and scope of Senior Citizen Card

17. The Government may consider outsourcing the Senior Citizen Card programme currently operated by the Social Welfare Department to the private or NGO sector, so as to capitalize on the private sector’s flexibility and its pre-existent business network. There should also be the exploration into working out a financing model that will encourage such operators to be more proactive in promoting discounts for the elderly. This would promote consumption amongst elderly people and stimulate business activities and create job opportunities.

R3: Exploration into implementing voucher schemes

18. The Government may consider exploring the possibility of introducing voucher schemes in such areas as long term care, dental services and travelling, so as to stimulate demand from the older people, building upon the accumulated experience in administering the Pre-primary Education Voucher Scheme, the Elderly Health Care Voucher Pilot Scheme and the like.

19. In the implementation of such voucher schemes, there should also be the element of “co-payment” so as to encourage sharing of responsibility as well as to avoid abuse of such government subsidy. It should be emphasized that it is better to avoid disbursing cash so as to ensure proper usage of the subsidy on targeted consumption. The use of an account or stored value card could be one possible ways to ensure that the voucher is used on the designated aspects and at the designated providers / suppliers of goods and services that are recognized by the Government (through such additional mechanism as licensing, accreditation or registration).

20. Further studies should be conducted on the scope of such vouchers, public receptivity towards a selective or a universal mode of provision, and the financial implications.

R4: Promotion of corporate social responsibility in protecting elderly consumers

21. The Government may consider putting the promotion of Corporate Social Responsibility (CSR) as a part of the policy responsibilities of the Commerce and Economic Development Bureau or some other relevant bureau or department. Alternatively, the Government may consider leverage on the existing Caring Company Scheme operated by the Hong Kong Council of Social Services to promote CSR with respect to the needs of elderly, as it has already established quite a wide network with numerous corporations participating in the Scheme.
22. In promoting CSR, the Government must ensure putting in place relevant and appropriate regulatory mechanisms to protect the rights of the older people as consumers, service users and investors. The Consumer Council should be able to play a major role in this aspect.

R5: Provision of funds to encourage and support providers / suppliers

23. The Government may need to consider adopting some “positive intervention” in stimulating and/or supporting the private sector. However, there should be prudence in the provision of direct financial support or subsidy to private operators. Recognizing that there could be an initial period for budding industries or trades to generate profit, especially in view of the not-yet-ready demand in the SHM, there may be merit in providing subsidies to budding operators, especially those developed by the NGOs and social enterprise, as well as the small-medium enterprises.
24. The Government may give some priorities to applications to the SME Funding Schemes (including the various Loan Guarantee Schemes and Development Fund) and the Enhancing Self-reliance Through District Partnership Programme that are related to the SHM. The Government may provide incentives, such as tax rebate or exemption, to encourage large enterprises that might be in a better market position in venturing into SHM.

R6: Promotion of research and development (R&D)

25. The Government may consider providing more specific funding targeting at the SHM via the existing bodies and public funding; for instance, the Innovation and Technology Commission may set up a specific centre that may be related to older persons under the Hong Kong Research and Development Centre Programme.

R7: Development of a data bank and better access to information for both providers and consumers

26. The Government may need to investigate the development of a data bank system to be managed by the Census and Statistics Department and the data are to be published periodically,

so as to facilitate the research institutes and private sector to keep abreast with the changing profile of the elderly population, that enables various parties to have better planning in developing relevant and appropriate goods and services. There may also be merit in developing an “elderly index” which embodies a range of social indicators that can provide comprehensive data on the socio-demographic and economic profile of the older population.

27. The Government may provide some assistance in conducting market research in exploring the older people’s demand and aspirations of the various types of goods and services and avail such information to the entire market sector, so that interested providers and suppliers may tailor-make their business strategy accordingly. This may be most relevant in such domains as elderly tourism and educational services, and other domains that are currently relatively less developed for older people, such as environmental industries, innovation and technological products, and cultural and creative industries.
28. The Government may explore the development of an open internet platform that is open to all providers and suppliers of goods and service, and which should be a neutral platform that could be operated by NGOs or the Government and that does not serve the commercial interest of any specific provider / supplier.
29. The Government may need to step up its efforts in enhancing digital inclusion so that information technology would not become the barrier for older people to access information and services.
30. There should also be a plurality of channels, including the internet, like the radio and television broadcast to enable different groups of older people to have access to information. The Government may consider increasing the designated time in the franchised broadcast companies that is specifically assigned for information related to older people. Furthermore, the Government hotline of 1823 may also serve as an easily accessible channel for older people to make inquiries and seek information.

Medium term (5-10 years)

R8: Explore the development of viable retirement protection scheme to enhance the consumption power of older people

31. The Government may need to explore the development of a viable retirement protection system for providing a steady stream of income for elderly to enhance the affordability or consumption power of older people in sustaining a SHM.

32. The Government may consider the setting up of a public pension trust fund in the future to make better use of the maturing MPF in case there is not sufficient incentive for private pension trust fund to be developed in Hong Kong due to the limited scale of economy.
33. The Government may need to review the existing retirement protection mechanism in Hong Kong and the establishment of a pension system may worth considering in the long run. In view of the magnitude and complexity of the issue, the Central Policy Unit and relevant government bodies, e.g. the Monetary Authority, Labour and Welfare Bureau, may need to start immediately engaging with relevant stakeholders in setting the stage for further investigation in this direction, and provide consultation papers in the coming 5 years, though the ultimate plan or policy may be implemented within a medium term.

Domain-specific recommendations

(1) Financial services

Short-term

34. The Government, through the Hong Kong Monetary Authority, should put more effort in monitoring the financial institutes in providing advice/services to older people in the process of financial transactions.
35. The Government may encourage the financial industry and relevant professional bodies to provide counselling, training and assistance to older customers who might have difficulties in using information communication technology, and in understanding the development of multifarious financial tools, products or derivatives. The Government may also encourage the financial industry to provide more tailor-made products in insurance, investment and pension / annuity schemes for older people so as to enable them ensure financial security in managing their asset.

(2) Tourism

Short-term

36. The Government may need to regulate on the insurance industry in providing insurance that adequately covers older travellers to remedy the current situation of insufficient provision of travel insurance for older people.

(3) Trading and Logistics (transportation)

Short-term

37. The Government may need to improve the infrastructure to make it more “age-friendly” to enable the older persons to have better access and can travel in the community more

conveniently for consumption of goods and services. The Government may further promote the adoption of “Universal Design” and barrier-free access in public and private premises and community facilities to enhance the mobility of older people. Greater efforts in enforcing the provisions of the Building Ordinance in obligatory and recommended design requirements would be desirable. The Government may also consider stipulating requirements in the franchise conditions for public transportation operators in providing more elder-friendly access facilities and concessionary fares to older passengers. The Government may also provide more support to developing specially designed vehicles that enhance the mobility and accessibility of frail older people.

(4) Professional service – personal care and health service

Short-term

38. The Government may, building upon the experience of the Elderly Health Care Voucher, consider issuing a “Long Term Care Voucher” that is administered on a “co-payment” basis to encourage older people in using non-subsidized long term care (LTC) services, so as to firstly relieve the long waiting list for subsidized services, and secondly to encourage and promote non-subsidized service provision by social enterprises and/or the private sector. This would probably serve to reconfigure the current financing mode of LTC provision in Hong Kong which is largely publicly funded.
39. The Government may also consider providing support to NGO and/or private operators in providing non-subsidized community care services (CCS) by better utilizing the premises and facilities of existing Residential Care Homes for Elderly (RCHE). This might require modification in the existing licensing regulations.
40. The Government may need to review the manpower training policies and measures in ensuring the supply of relevant manpower for the care industry. One possible measure may be the provision of training allowances to employees of private or self-financing elderly care operators to undertake in-service training, so as to enhance the skill competence of existing staff, and to attract new recruits into the care industry.

Medium term

41. The Government may consider exploring the development of long term care insurance (LTCI) that can have good interface with the proposed Health Insurance. The institution of insurance is congruent with the principle of shared responsibility in the financing of provision of services and goods amongst the older persons, the government and the private sector. In the development of insurance schemes, there is need to stipulate a low administration fee and premium that is affordable to most of the older people especially in view of the existence of a significant group of older persons in relatively less favourable financial condition.

(5) Education

Short term

42. The Government may consider injecting more funds to the Elder Academy programme initiated and supported by the EC to promote elder learning and inter-generational inclusion via the network of primary, secondary and tertiary education institutes.
43. The Government may consider extending the age eligibility for applying for Continuing Education Fund (CEF) beyond 65 years of age to encourage and support older persons to engage in lifelong learning.

(6) Medical services

Short term

44. The Government may consider issuing dental health voucher to older people to encourage them to attend to their dental health. The Government may consider further expanding the scope and increasing the value of Elderly Health Voucher (EHV), so as to diversify the current over-reliance of older people on public health service, which would also promote private health.

Medium Term

45. The Government may sustain its promotion of developing health insurance that could be a positive direction for promoting sharing of responsibility in health care financing. The Government's provision of specific financial support to older insurers is commendable.

(7) Testing and certification

Short term

46. The Government may consider providing incentives and support to private operators in developing and joining an accreditation system for residential care and community care services to ensure the service quality of such private operators.

(8) Innovation and Technology

Short term

47. The Government may need to specifically provide support to enterprises and operators in developing new products and innovative and technological devices that are "elder-friendly" that caters to the specific needs of older people whose physical, cognitive and locomotive abilities might require special product features. Furthermore, there should be corresponding promotion and education provided to the older people community to enhance their understanding, receptivity and mastery of such devices.

(9) Cultural and creative industries

Short term

48. The Government may explore supporting the development of innovative industries that are related to the design, advertising, software and digital design, digital entertainment and film and video production that are tailored specifically to older people.

(10) Housing

Short term

49. The Government may need to further gear up the collaboration with the Urban Renewal Authority (URA) and the Hong Kong Housing Society (HKHS) as soon as possible in providing assistance and financial support to elderly homeowners whose residential flat may require renovation and maintenance.

Medium Term

50. The Government may explore providing support and incentives for the private developers to develop purpose-built elderly housing flats to cater for the needs of those older people who can afford a market price for such type of accommodation, so as to provide wider choice for older people.

(11) Others

Medium term

51. **Funeral Services** - the Government may either restart the provision of public niches or review the various issues pertaining to regulations on fee charging, location, licensing scheme, land leases, as well as land zoning etc. The Government could also encourage the business sector in promoting alternatives of handling cremains in various sustainable and environmentally friendly ways.

第一章

行政摘要

1. 香港需要充分的準備以面對人口老化帶來的挑戰與機遇。「銀髮市場」可根據長者不同的需要、期望及經濟狀況，提供可行的方案以滿足他們獨有的需要及提高其生活質素。「銀髮市場」具有經濟及社會功能，促進商業市場和創新業務的發展，從而加強社會共融和整合。
2. 「銀髮市場」的概念是基於長者與其他年齡組別人士有不同需要，故此需要特別設計符合「年齡敏感」或「長者友善」原則的產品及服務以滿足他們的需要。這些不同的需要可能源自長者於身體機能及認知能力的不同、生命中不同階段的期望以至因就業情況不同而造成財政能力上的轉變。由於長者間有著不同的特性、需要、期望及財政能力，「銀髮市場」事實上是包含多個不同的市場。
3. 香港特別行政區政府中央政策組委託一個由香港大學和香港中文大學的學者及「政策二十一」組成的研究小組，由 2010 年 9 月至 2011 年 2 月期間負責研究香港「銀髮市場」的發展。
4. 研究目的如下：
 - i. 研究現時市場的概括情況並識別阻礙「銀髮市場」發展的因素
 - ii. 挑選一些經濟體系並研究其政府推動「銀髮市場」的經驗及當中所扮演的角色
 - iii. 評估有關的海外經驗是否適用於香港
5. 研究小組採用不同的方法收集資料及數據，包括文獻回顧、諮詢外國專家、住戶調查、與資訊提供者面談及焦點小組討論。
6. 是次研究挑選了十個經濟體系作檢視，包括英國、美國、加拿大、法國、德國、澳洲等西方國家及日本、新加坡、台灣及上海等東方經濟體系。相應的海外專家為每個經濟體系撰寫獨立的報告，檢視以上地區「銀髮市場」的現況。
7. 住戶調查訪問了 406 位人士，包括 200 位介乎 45 至 59 歲的「中年人士」及 206 位 60 歲以上的「長者」（以上兩個名詞為是次研究的操作定義），調查結果顯示六個要點。第一，我們需要加強現今長者運用電腦的能力，促進他們享受各種以電腦科技輔助的服務所帶來的好處（例如網上銀行及購物），這亦能避免長者因科技的關係而被隔離於某些消費及產品。第二，市場應按長者需要，進一步發展適合他們的保險計劃，為他們提供多方面的保障（例如旅遊保險）。第三，社會將可能對「長者友善」的交通工具有更大的需求，例如容易使用的租車服務，以促進他們的流動性以至社會參與及消費。第四，因應社會上可能有越來越多人士僱用家務助理照顧長者，有關部門需要研究立例規管家務助理於家居照顧長者的能力之好處及可行性。第五，政府可能需要檢討現時有限的長者牙科服務政策，這可能有利於私營市場的發展，但亦可能危及長者的牙齒健康。第六，長者旅遊市場有一定

的潛力，他們較喜歡參與旅行團，傾向參觀博物館等較輕鬆的行程，因此本地的旅行社可以考慮提供特別的長者旅行團。

8. 研究小組安排了八個焦點小組討論（共 51 位參加者）及與 29 位來自 24 個團體/公司/學會/部門的資訊提供者面談，從這些有潛力的消費者及供應者身上研究香港發展「銀髮市場」時的供求情況及需要考慮的問題。從焦點小組收集的資料反映以下建議：專為長者而設的產品及服務不應特別標籤為「長者專用」。此外，現時可讓長者接觸到的市場資訊亦相當有限，長者於財務管理及退休後計劃方面亦需要更多建議。至於營運者則傾向政府較少的介入，但同時指出了「銀髮市場」的發展將受到人力資源及空間的限制。
9. 海外的經驗顯示「銀髮市場」只是於近年才獲得較高的重視，不同海外經濟體系的政府一般都沒有設立專責部門負責推廣「銀髮市場」。然而，這些政府會撥款支援有關長者專用產品及服務的研究及發展。
10. 長者的需要及需求可以分成「基本需要」及「額外需要」（用於進一步改善生活質素）。於是次研究中被挑選的經濟體及其政府均會保證長者的「基本需要」得到滿足，不同政府採用不同的融資模式提供選擇性或全民性的服務，包括稅務為本、公帑資助社會保障，以及共同分擔的制度。私營機構及少部分非政府機構則根據長者的消費力或負擔能力，提供服務或產品滿足他們的「額外需要」。因此，我們可以將「銀髮市場」看成較側重于滿足長者「額外需要」的市場，跟以滿足「基本需要」為目標的公共服務有所不同。
11. 香港是一個資本主義經濟體系，「大市場、小政府」一直是政府推動經濟發展時的原則。在低稅制下，政府已提供不少公共服務，特別是在房屋、醫療、福利等範疇，以確保滿足長者（特別是社經地位較低的）的「基本需要」。因此，我們可以考慮推動「市場」及私營機構為消費力較高及期望獲得比公共服務質素更高的長者提供產品及服務，滿足他們的「額外需要」。
12. 是次研究的結果反映現時香港的「銀髮市場」不論在需求及供應方面均不成熟。然而，研究結果亦顯示「中高齡人士」或下一批長者或許對私營機構提供的高質素及容易獲得的產品及服務有較高需求。
13. 我們需要明白香港「銀髮市場」的發展滯後是基於本地特殊的社會及經濟狀況：香港至今仍沒有全面的退休保障計劃可以為大部分的退休人口提供充足的財政保障，因此有為數不少的長者的財政狀況並不良好，很多長者很大程度上依賴政府提供的公共服務，特別於房屋、醫療及個人照顧等範疇。
14. 我們需要檢討政府、私營機構及非政府機構於發展「銀髮市場」的產品及服務時可扮演的角色。當政府及非政府機構比較專注為社會上經濟承擔能力較低的長者提供產品及服務的時，私營機構可以專注研究經濟能力屬中、上層的長者的需求。然而，政府必須扮演規管、監察及支援整體市場發展的角色。我們必須透過三方面的協力及合作，「銀髮市場」的發展才會健康及持續。

15. 以下建議是根據四個考慮因素作出的，當中包括：1)香港本地的情況；2)海外經驗；3)可推動本研究報告提及的12個範疇中的經濟活動（包括四大支柱及六大產業），以及提高就業率；及4)短期(接下來的三至五年)及中期(五至十年)的影響。

一般建議

短期(未來三至五年)

建議一：以制度化的框架管理「銀髮市場」的發展

16. 政府可以考慮加強安老事務委員會於計劃及發展與長者相關政策的角色，並將「銀髮市場」的發展列為委員會中一個既定的議程，或成立小組委員會專責處理「銀髮市場」的發展，安老事務委員會亦可與策略發展委員會、可持續發展委員會及其他官方委員會加強合作，研究及制定相關政策提議。

建議二：進一步提升長者卡的功能及覆蓋範圍

17. 政府可考慮將現由社會福利署負責的長者卡計劃外判給私營部門或非政府機構營辦，以利用私營部門的靈活性和已建立的商業網絡。另外還應制定融資方案，以鼓勵營辦商更積極推動長者優惠。這可推動長者消費，亦可促進經濟及製造就業機會。

建議三：探討實施現金券計劃

18. 政府可參考推行學前教育學券計劃及長者醫療券試驗計劃等積累的經驗，考慮探討在長期護理、牙科服務及旅遊範疇引入現金券計劃的可能性，從而刺激長者的需求。
19. 在實施這些現金券計劃的同時，也應該包括「共同承擔款項」的元素，以鼓勵共同承擔責任以及避免濫用政府補貼的情況出現。值得強調的是政府應避免派發現金，以確保補貼使用在適當的消費項目上。使用帳戶或儲值卡也許是一個可行辦法去確保現金券用於政府認可（透過額外機制處理發牌，認證或登記事宜）的指定方面及指定提供者/供應商的商品和服務。
20. 有關部門應對現金券的使用範圍、公眾對一個選擇性或全民性提供模式的接受能力以及涉及到的財政作進一步的研究。

建議四：推廣企業社會責任，保障年長消費者

21. 政府可考慮將促進企業社會責任納入商務及經濟發展局或其他有關決策局或部門的政策責任。另外，政府亦可考慮加強由香港社會服務聯會推行的「商界展關懷」，按長者的需要推動企業社會責任，因為它已經與眾多參與該計劃的企業建立了相當廣泛的網絡。
22. 在促進企業社會責任上，政府必須確保有相關及適合的管理機制去保障長者作為消費者、服務使用者以及投資者的權利。消費者委員會應能夠在這方面擔當重要角色。

建議五：提供資金以鼓勵和支持提供者/供應商

23. 政府或許需要考慮在促進及/或支持私營部門上採取「積極干預」的態度。但是，在提供直接的財政支援或補貼給私人營運者時亦應謹慎，需要了解到新進工業或貿易在初期可能需要營運一段時期才可有盈利，特別是在「銀髮市場」的需求尚未準備好時，因此為新進私人營運者，尤其是那些由非政府機構、社會企業及中小企發展的私人營運者提供補貼或許有好處。
24. 政府可以優先處理與「銀髮市場」有關的中小企業資助計劃（包括各種貸款擔保計劃和發展基金）和夥伴倡自強社區協作計劃的申請。政府可提供誘因，例如退稅、免稅等去鼓勵有較大市場優勢的大企業參與「銀髮市場」。

建議六：促進研究與發展

25. 政府可考慮透過現有的組織和公共資金，為「銀髮市場」提供更針對性的資金。例如，創新科技委員會可在香港研究及發展中心計劃下，特別設立一個與長者有關的中心。

建議七：發展一個數據庫及讓供應者和消費者更有效地獲取資訊

26. 政府也許需要研究發展一個由政府統計處管理並將數據定期公佈的資料庫，以促使研究機構和私營部門可為不斷轉變的長者人口的概況剖析作出更新，使到各方對發展相關和合適的商品與服務有更好的規劃。發展包含一系列社會指標的「長者指數」也有好處，可以提供有關長者人口在社會與人口和經濟概況方面的全面的數據。
27. 政府可提供一些援助支援有關長者對各類商品和服務的需求和意向的市場研究，並向整個市場提供有關資訊，讓有興趣的提供者和供應商可制定度身訂造的商業策略。這在長者旅遊和教育服務等領域最為相關，亦適用於其他領域例如環保工業、創新及科技產品和文化及創意產業等目前相對較少發展長者業務的範疇。
28. 政府亦可探討發展一個開放式互聯網平台，並開放給所有商品和服務提供者和供應商的可行性。而該平台應為一個中立的平台，可以由非政府組織或政府機構經營，而非為了任何特定提供者/供應商的商業利益而設。
29. 政府或許需要在加強數碼共融上付出更多努力，使資訊科技不會成為長者獲取資訊和服務的障礙。
30. 政府還應建立一個多元化的渠道，包括互聯網，電台和電視廣播，使到不同群體的長者也能獲取資訊。政府可考慮在各個專營的廣播公司增加指定播放時間，專門發放和長者有關的資訊。此外，政府設立的熱線 1823 也可以作為容易達到的渠道，讓長者查詢及搜尋資訊。

中期(五至十年)

建議八：探討如何發展一個可行的退休保障制度，促進長者的消費力

31. 政府可能需要考慮發展一個可行的退休保障計劃，為長者提供穩定的收入以提升他們的財政承擔或消費能力，以維持「銀髮市場」的發展。
32. 若香港因經濟規模有限而沒有足夠的誘因推動私營退休信託基金，政府可以考慮於將來設立公共退休信託基金，以更有效地運用正在成熟的強積金保障制度。
33. 政府可能有需要檢討香港現行的退休保障機制，長遠而言，政府或許可以考慮建立退休金制度。即使是中期的政策建議，但由於此項議題相當複雜且牽涉甚廣，中央政策組及相關官方部門，例如金管局、勞工及福利局等需要與相關持份者共同探討此項議題，於未來五年提供諮詢文件。

各範疇的具體建議

(1) 財政服務

短期

34. 政府可透過香港金融管理局，付出更多的努力以監管金融機構在交易過程中提供諮詢/服務予長者。
35. 政府可以鼓勵金融業和相關的專業組織為在使用資訊通信科技有困難的年長消費者提供諮詢、培訓及援助，以及了解多元化的金融工具、產品或衍生工具的發展。政府亦可鼓勵金融業為長者提供更多度身訂造的保險，投資和退休金 / 年金計劃，鼓勵他們確保在管理資產上的財務安全。

(2) 旅遊

短期

36. 現時的保險業界並沒有提供足夠的旅遊保險予長者，政府有需要調整業界的服務，以確保外遊的長者得到合適的保障。

(3) 貿易及物流（交通）

短期

37. 政府應以「長者友善」為本的方向去改善現時的公共交通建設，使長者可以更方便地到達社區各個地方購物及使用服務。另外，政府亦可提倡於公眾及私人場所和社區設施中採用「通用設計」和無障礙通道，以方便長者的行動。為取得理想的效果，政府應大力加強建築物條例的規定及有關的設計建議。同時，政府可考慮在公共交通營運者的特許條款中加

入規條，要求提供更多「長者友善」的通道設施和長者特惠車資。政府也要提供支持去發展特別設計的交通工具，以提高體弱長者的社區活動能力及便利他們使用。

(4) 專業服務 --個人護理及健康服務

短期

38. 參考長者醫療券的經驗，政府可考慮推出以共同承擔款項為概念的「長期護理券」去鼓勵長者使用非資助的長期照顧服務，相信這可以先舒緩偏長的輪候資助服務的時間，繼而鼓勵及推廣由社會企業及/或私人業界所提供的非資助服務。而現行以政府資助為主的長期照顧服務資助模式亦大有可能會被重整。
39. 政府亦可考慮善用現有安老院的場所及設備，以支援非政府機構及/或私人營運者去提供非資助社區照顧服務，但可能涉及修訂現時的發牌制度。
40. 政府需要重新檢討人才培訓政策和方法，以保證護理業有足夠的相關人力供應。其中一個可行方案是向私人或自負盈虧長者護理服務的員工提供培訓津貼，鼓勵他們參與在職培訓，以提升現職員工的技能和吸引新人投身護理行業。

中期

41. 政府可研究發展長期護理保險，這與現時提倡的醫療保險有密切關連。保險制度須配合長者、政府和私營機構共同承擔的融資原則去提供服務和產品。考慮到大部分長者的經濟能力都較弱，故在制定有關保險計劃時必需要訂立一個低廉而大部分長者都能負擔的行政費及保險費。

(5) 教育

短期

42. 政府可投放更多的資金予由安老事務委員會創辦和資助的「長者學苑」計劃，讓更多長者有機會於小學、中學和大學所建立的網絡參與學習活動，並推動跨代共融的訊息。
43. 政府亦可考慮放寬申請持續進修基金的年齡資格至六十五歲以上，從而鼓勵及支持長者終身學習。

(6) 醫療服務

短期

44. 政府可考慮推出牙科醫療券予長者，從而鼓勵他們關注口腔的健康情況。政府亦可考慮進一步擴大長者醫療券涵蓋的範圍及其面額，以解決大眾過分依賴公營醫療系統的問題並推動私營醫療發展。

中期

45. 政府應持續宣揚醫療保險作為推動共同負擔醫療費用責任的方向，政府建議向購買保險的長者提供特別的經濟支持是值得表揚的。

(7) 測試及檢定

短期

46. 政府可考慮向私人營運者提供獎勵及支援，讓他們於院舍照顧和社區照顧上發展及採用評審機制，以確保其服務質素。

(8) 創新及科技

短期

47. 政府需特別向企業和營運者提供支援，讓他們可以研發一些長者友善的新產品和科技去滿足長者在身體、認知和活動能力上的特別需要。另外，於長者社區進行推廣和教育亦可令長者更加了解、接受和掌握有關產品。

(9) 文化及創意工業

短期

48. 政府可致力探索發展創意工業，並向他們提供支援以研創相關的設計、宣傳、軟件和數碼設計、數碼娛樂、電影和錄像去迎合長者的需要。

(10) 房屋

短期

49. 政府需要進一步推動市區重建局及香港房屋協會的協作，盡快為需要維修改動樓宇的長者業主提供援助及財政支援。

中期

50. 政府可向私人發展商提供支援和獎勵去發展一些專為長者需要而特別建造的房屋，讓有能力負擔市場價格的長者在住屋方面有更多的選擇。

(11) 其他

中期

51. 殯儀服務 – 政府可重新提供公眾骨灰龕或重新檢視相關的議題，如：收費條款、地方、發牌制度、批地契約、土地分區制等。此外，政府也可鼓勵商業界推出可持續發展及環保的方案去處理骨灰。

CHAPTER TWO

BACKGROUND OF STUDY

Ageing population and its changing profile in Hong Kong

52. The world's population is ageing rapidly. According to the United Nations (UN) (2009), the global population of older people (i.e. those aged 60 or above) is growing at an average annual rate of 2.6%. The number of older people in 2009 triples that of in 1950, at about 600 million.
53. Hong Kong is no exception. According to UN, Hong Kong now has the second highest proportion of older people in the population in Asia, after Japan and is ranked the 46th in the world (UN, 2009). The proportion of people aged 60 or above comprised as much as 16.2% in 2006; while those aged 65 or above in Hong Kong increased from 7.6% in 1986 to 12.4% in 2006 (Census and Statistics Department, The Government of the Hong Kong Special Administrative Region (C&SD, HKSARG), 2007a). It was estimated that the proportions of people aged 60 or above and 65 or above will respectively jump to 33.8% and 28% by 2039 (C&SD, HKSARG, 2010a).
54. In the present study, the age 60 would be taken as the demarcation for designating a person as "elderly" or "older people". The choice of age 60 in this study is based on the consideration that it is consistent with the Government's official retirement age for the civil service as well as that adopted by many large corporations and the non-government organizations (NGOs). Furthermore, the Government also set age 60 as the eligibility criterion for using subvented elderly services. For instance, people reaching the age of 60 would be eligible for enrolling as members of the elderly social service centres, including the District Elderly Community Centre, Neighbourhood Elderly Centre and Social Centre for the Elderly. On the other hand, the Government's Comprehensive Social Security Assistance Scheme also set the age of 60 as the eligibility criterion for applying for the "old age category" of the Scheme. The change in occupational status will also affect people's daily living pattern, financial condition and related activities, as well as their consumption pattern which would have a direct implication on the exploration of the issue of SHM covered in this study.
55. According to C&SD (2011), at the end of 2010 people aged 60 or above account for 18.6% of the total population while those aged 50-59 constitute 16.1%. The projected population aged 60 or above would rise to 1.99 million accounting for 25.8% of the population in 2020. Furthermore the Hong Kong people are living much longer than they did in the past and older people comprise an increasingly larger proportion of the population. The expectation of life at birth for males and females have increased from 67.8 years and 75.3 years in 1971 to 79.8 years and 86.1 years in 2009 respectively, showing increases of over 10 years for both sexes in 38 years

(C&SD,HKSARG, 2010a). The increased number of older people may imply there are potential for the development of SHM.

56. It is postulated that there are differences in the needs between the current cohort and coming cohort of older people due to their differences in demographic profiles of the two generations. In terms of health, the rate of older persons aged 60 or above who are living in domestic household having selected chronic health conditions slightly decreased from 71.6% in 2004 to 70.4% in 2008 (C&SD, HKSARG, 2005a; 2009a). The percentage of elderly aged 65 or above having positive self-perceived general health condition (i.e. rating as excellent/ very good/ good) increased from 37.6% in 2006 to 39.4% in 2008 (C&SD, HKSARG, 2007b; 2009b). This apparently reveals that the general health of the older population has improved, which might be attributable to improved health services provided in the community and better health awareness amongst the general citizenry.
57. On the other hand, the rate of having selected chronic health conditions as told by practitioners of Western medicine increased with age of persons: the rate increased from 15.8% for those aged 45-54 to 56.6% for those aged 65 and over. With respect to self-perceived general health condition, the soon-to-be-old age group (i.e. aged 55-64) had less proportion (44%) having rated themselves as "fair/poor" while the older age group (aged 65 or above) recorded a higher percentage (60.5%) (C&SD, HKSARG, 2009b). If this pattern persists, it could be postulated that the future cohort of older people might be relatively healthier than the current cohort of older people.
58. In terms of living arrangement, it is observed that more and more proportion of older persons are living alone or living with spouse only. The percentage of older persons aged 60 or above living alone and living with spouse only increased by 2% from 10.7% and 22.7% in 2004 respectively to 12.7% and 24.7% in 2008 (C&SD, HKSARG, 2005a; 2009a). The increase of household having elderly only showed that more supportive services will be needed for the elderly to enable them age in place.
59. With respect to educational attainment, according to census figures, (C&SD, HKSARG, 2007c), in 2006, over 60% of the soon-to-be-old (aged 45-59), compared with only 30% of those aged 60 or above, had attended secondary education or above. This reflects that the coming cohort of older people would be better educated. Improved literacy and higher educational attainment would be advantageous for the future cohort of older people to be more accessible to information that are relevant to their daily living.
60. There is also a possible trend that the future cohort of older persons is comparatively more proficient in the mastery of computer technology which would become an essential tool for people's work, daily living and leisure activities. Based on census data (C&SD, HKSARG, 2009c), there are 72% of people aged 45-54, 42% of aged 55-64 and only 10.6% of aged 65 or above

having knowledge of using personal computer. Higher computer literacy amongst the future cohort of older people would be an advantage for them to manage their daily living of people in the future, as compared to the current cohort.

61. Probably due to the changing economic structure and configurations in employment opportunities, it is observed that over the years the proportion of elderly aged 65 or above staying in the labour force is decreasing. The percentage dropped from 9.8% in 1996 to 7.2% in 2001 to 7% in 2006 (C&SD, HKSARG, 2007a). On the contrary, the proportion of elderly being employers increased substantially from 13.3% in 1996, 18.1% in 2001 to 21.1% in 2006 (C&SD, HKSARG, 2008a). In addition, the percentage of those working older persons being managers and administrators, professionals, and associate professionals is increasing from 19.4% in 1996 to 23.8% in 2001 to 29.9% in 2006. Such a trend might reflect that those elderly in a higher position may choose to stay in the labour force instead of retire at the age of 65 (C&SD, HKSARG, 2008a).
62. For those who are working, the median monthly income from main employment of those aged 55-64 increased from \$7,000 in 1996 to \$8,000 in 2001 to \$8,500 in 2006 (C&SD, HKSARG, 2007a). On the other hand, probably due to retirement and thus reduced income, the median personal monthly income of those aged 60 or above living in domestic household is lower than those having employment, though it still increased slightly over the years from \$3,000 in 2004 to \$3,300 in 2008 (C&SD, HKSARG, 2005a; 2009a).
63. Apart from recurrent income, older people might also have savings and/or other assets. As revealed from the C&SD Thematic Household Reports No. 40 (2009a) and No. 21 (2005a), most (82.1% in 2008 and 83.1% in 2004) of the older persons (aged 60 or above) had “cash / savings or fixed deposits”; and 7.8% in 2008 and 6.7% in 2004 had “stocks / bonds / investment funds”. One of the main items of asset is the ownership of residential property. There was a slight increase in the percentage of those aged 60 or above having self-occupied properties from 25.9% in 2004 to 27% in 2008. Besides, the percentage of those aged 60 or above who owned asset (excluding owner occupied properties) at the value of \$1,000,000 doubled from 2.6% in 2004 to 5.5% in 2008 (C&SD, HKSARG, 2005a; 2009a). However, according to the C&SD, there is no information about asset ownership amongst the soon-to-be-old.
64. In terms of retirement protection there was an increase from 14.3% in 2004 to 19% in 2008 of older persons aged 60 or above having retirement protection. Though there is an increase in the coverage of retirement protection for older people, yet, it is still quite low in the overall percentage in the older population. On the other hand, there were 55% of older persons aged 60 or above in 2004 reported that they had not made any arrangement to meet future financial need (C&SD, HKSARG, 2005a). Such a figure decreased to 47.3% in 2008, apparently indicating that the elderly people have become more aware of the need to have a better planning for retirement in terms of financial needs.

65. Given that some of the current and coming cohorts of older people are relatively better off in financial terms and better educated, they might have different needs, aspirations and patterns of consumption as compared with the current cohort. They may not necessarily be satisfied with the present provision of goods and services that are currently available in the market, or provided by the Government or NGOs, and have higher expectations on the quality of services and different types of services as distinct from those of the current cohort. There may be the need to gauge their needs, demands and expectations of the range of goods and services and the corresponding providers or producers, so as that the relevant economic and social infrastructures could be better prepared for meeting such needs. Thus, it is time to explore the potential of SHM in Hong Kong.
66. The Government, through the Central Policy Unit (CPU), has commissioned the University of Hong Kong research team to study this issue. The study commenced on 1st September, 2010 and was completed in February 2011.

Objectives of the study

67. The objectives of the study are as follows:
- i. to study the broad current market situation and identify the obstacles to developing the SHM in Hong Kong;
 - ii. to examine the experience and role of the government of selected economies, including Australia, France, Germany, UK, Canada and USA in the West and Singapore, Taiwan, Japan and Shanghai in the East, in developing the SHM; and
 - iii. to assess the applicability of relevant international experience to Hong Kong.

Conceptualization of “silver hair market” in the Hong Kong context

68. In the international scene and academic literature, the term “SHM” is sometimes used interchangeably with “silver market” or “silver economy”. The concept is actually a newly emerging concept and is in the process of development. The development of “SHM”, according to the European Commission, can be regarded as efforts to promote the development and marketing of innovative products and services aimed at older consumers. Governments in the European developed economies have already been aware of taking a window of opportunity before the baby-boom generation retires to tackle the challenge (European Commission, 2009). The evolution of and interest in this emerging phenomenon could also be attributed to the ascendancy of such concepts as “healthy ageing”, “active ageing”, and “age-friendliness” by such international organizations as the World Health Organization (WHO) (WHO, 2002; 2007). The World Health Organization (WHO) guidelines on “Global Age-friendly Cities” set out standards in eight areas: 1) Outdoor spaces and buildings, 2) Transportation, 3) Housing, 4)

Social participation, 5) Respect and social inclusion, 6) Civic participation and employment, 7) Communication and information, and 8) Community support and health services. These eight domains can grossly encompass all the various needs pertaining to ensuring quality of life of older people.

69. This is particularly related to the increasing awareness of the changing socio-economic and demographic profile of the coming cohort of older people. In addition there is heightened recognition of human rights and dignity of older people in society, which helps to promote the general realization of the need for paying more attention to meeting the needs and aspirations of the older population in various ways.
70. Due to the physical and psychological changes in the ageing process, people's need for the daily necessities will also change accordingly in order to facilitate daily living under different stages of the life cycle. The consumption of new products and services is driven by an internal need rather than derived from any external stimulation (Vitality, 2008). Nonetheless, in understanding the varying needs of older people, it might be insightful to make reference to the classic notion of "hierarchy of needs" propounded by Abraham Maslow (1943, 1987). The hierarchy denotes five levels of human needs, including 1) physiological needs, 2) security needs, 3) love and belonging needs, 4) esteem needs, and 5) self-actualization needs. The range of needs may be grossly conceived as covering some "basic" needs that are essential to sustain basic survival, and other "higher order" needs that are beyond the "basic" survival needs. Alternatively, these needs could be conceived as falling within a continuum between the "need to have" and "nice to have" domains. In practical terms, people would strive to attain and satisfy "basic needs" for survival, and if financial condition allows, they would proceed to satisfy "higher order" needs. The SHM in the present discussion would cover the wide range of needs on both ends of the continuum, with respect to the varying financial condition, and thus affordability, of older people from different socio-economic strata.
71. In this study, the term "SHM" is operationally conceptualized as the market that caters for the multifarious needs of people aged 60 and above in the Hong Kong context. In the relevant literature, the age threshold for the SHM is sometimes lowered to 50 (Kohlbacher and Herstatt, 2008). Notwithstanding the above, given that there is a need to project and forecast possible aspirations and demands for various kinds of products and services, this study finds it necessary to also include the "soon-to-be-old" i.e. people aged 45-59, as our target of investigation. Thus, participants in the age range of 45 to 59 as well as 60 and above are included in the focus groups and household survey of this study.
72. In Hong Kong, the SHM concept was introduced by the EC (CRIEnglish, 2006). In late 2006, the EC and the Labour and Welfare Bureau jointly organized the first-ever Silver Hair Market Fair for the various business sectors in Hong Kong. The Fair displayed products and services that were tailor-made for senior consumers or customers, for instance, health food, packaged tour,

assistive equipment, and the like. The Fair attracted some 3,000 visitors and 15 business organizations to introduce to older people, their family members and various service organizations products, technology or services (HKSAR Government, 2006). The Hong Kong Council of Social Services and other NGOs conducted a small scale survey in 2006, and suggested that based on the improved financial, education and health conditions of the “soon-to-be-old” cohort, there could be considerable potential for developing the SHM in Hong Kong (Hong Kong Council of Social Services, 2006). The Senior Citizen Home Safety Association organized a forum in 2010 to promote the SHM concept to various industries. The Association also conducted a small scale survey on the topic and revealed that the “young-old” (aged 55-65) were more willing to have higher consumption and their expectations on the quality of goods and services were also higher. These senior consumers were most concerned about the quality, safety, “elder-friendliness” of products, apart from the price (Senior Citizen Home Safety Association, 2010).

73. On the other hand, though there have been efforts by some developed countries, like Japan, Germany in developing the SHM, it is found that there is limited documentation and research on the evolution of SHM in these different countries in general and whether and how such overseas experiences could provide reference for Hong Kong. Specifically, in the local context, there is yet a study that attempts to examine whether the strategies and plans for meeting the older people’s needs in developed countries are applicable to the Hong Kong context, to the best of the research team’s knowledge. This study therefore helps open up new ways and ideas for various parties and stakeholders in Hong Kong, including the government, the private sector, the NGOs and other individuals, to seize the opportunities and meet the challenges of population ageing.
74. The development of the SHM is not merely satisfying the needs of the older population, but also helps to stimulate innovation and new ideas in providing the services and products, thus bringing benefits to the economy. Furthermore, the development of the SHM can enhance the collaboration between public and private sectors, and even cross-sector and inter-disciplinary collaboration. For instance, the Government may provide funding and support in enabling the private business and NGOs to develop new products and services for older people. On the other hand, private foundations may provide funding to encourage and support NGOs in providing services, and the Government may also set up seed funding to incubate budding social enterprises that provide goods and services for older people. Medical professional practitioners may collaborate with information technology professionals in exploring new “tele-health” products; physiotherapists may work with architects in the design of elder-friendly home environments.
75. At the same time, this is also a way to promote active ageing. For instance, if the market and the community could provide older people with adequate channels and opportunities they may engage themselves in such activities as lifelong learning, tourism, and even serve as volunteers.

As a result, the SHM will be a win-win situation that brings benefits to various sectors and stakeholders in society.

76. The SHM actually encompasses a wide array of products and services that cater for the needs of a wide range of different customers and consumers who may have divergent values, attitudes, needs and wants. Actually, the community of older people comprises a wide variety of people with multifarious dimensions in terms of gender, race and ethnicity, socio-economic status, education and skills, financial condition or affordability, cognitive ability and health condition, self-care ability, work experience, marital status and family support network, living arrangement, religious and spiritual life, group affiliation, and a host of other salient features (Maddox, 1987; Ferraro, 2007; Chui, 2010). Such diversity logically implies that they have varying strengths, needs, problems, and aspirations that are stemmed from their respective features. Such diversity within the elderly population can be found in developed countries like the United Kingdom (Age Concern, UK, 2008) and the United States in the West and Singapore in the East.
77. In light of the above, these various sub-groups of the older people community would have different needs in housing, financial security, activity and social engagement, health and personal care, consumption, and many other pursuits. In corollary, these require the provision of appropriate, multidimensional professional services and products that span across a wide variety of disciplines and industries.
78. SHM covers a huge scope of goods and services, and can range from the necessities of daily living (e.g. food, clothing, house, transportations, etc.) to enjoyment, leisure, medical and personal care, financial planning and luxuries. On the other hand, the target consumers are not only older people (aged 60 or above) or those older people with chronic illness or disabilities. Depending on the types of product, such as retirement plan, the target consumers are not limited to the older people but also those who are planning for their retirement, or referred to as “soon-to-be-old” and those older people who are physically and cognitively intact. Furthermore, the range of goods and services may also cater to the need of the family caregivers and formal professional caregivers who take care of the older people. In this regard, the SHM actually consists of various silver markets (Herstatt and Kohlbacher, 2008:495), and is not a monolithic, homogeneous one; within which there are segments which grow faster than others, and some larger than others (Visvabharathy and Rink, 1995).
79. On the other hand, a market is constituted by “demand” and “supply”. That is to say, there is a demand for various kinds of goods and services from amongst the community of older people. Such demand might be met by the provision or supply from various sectors, including the private, the non-profit and even the governmental sectors. As the community of older people is heterogeneous, there could be a complicated matrix in which different demands posed by different “market strata” of the older population should be catered by different sectors. For instance, while those financially affluent older people could consume higher-end services and

products provided by the private business corporations; the less well-off older people might have to rely on non-profit organizations or even the Government in providing affordable goods and services.

80. Currently in Hong Kong, the Government has already provided quite a wide range of public services, ranging from medical and health, social service, housing, education and many other aspects. However, as the Government's provision is catered to the general public and is usually provided on a universal basis accessible to all citizens, it usually charges a low fee that is affordable to most citizens. On the other hand, given that Hong Kong is a low-tax regime and that social policies cannot be excessively benevolent, some social services are provided on a selective basis with means-test administered for the applicants, and some services such as long term care are provided based on clinical assessment of need. This is also a way to ensure efficient use of public revenue. As a result, most government services in general, and those for older people in particular, usually are purported to meet the basic needs of people. Though such services are already of reasonably good quality, there might be the potential and perhaps undiscovered need from other older people who could afford a higher fee for even better quality of services. Such other goods and services may better be provided by the private market in consideration of a more equitable and efficient utilization of public revenue. It is therefore desirable to explore the desirability and feasibility of developing a private sector for the SHM in Hong Kong to enable a better market segmentation that could serve different segments of the older population.
81. Although the SHM is concerned with older people as "consumers", it would be desirable to also consider them as "producers" or "providers" at the same time in the SHM. This is based primarily on the consideration that the coming cohort of older people is in a better position in health, education, and aspiration. Some may be pursuing active ageing by means of volunteering; others might wish to continue with "optional retirement" that is characterized by flexible, part-time employment. Nonetheless, as the aspect of older people's re-employment and taking up the roles of producer or provider is rather complex and would require a separate study, the present study would only discuss such issues briefly, but focus more on exploring the "consumption" aspect of the elderly population.
82. The scope of services, goods and products that are of relevance to the SHM is actually very immense, covering a wide range of industries and trades. To enable a systematic presentation of the information and analysis, the scope of services and goods relevant to the SHM in the local Hong Kong context are categorized with reference to the "four traditional pillar industries" and the "six economic areas" highlighted by the Task Force on Economic Challenges (TFEC). The former include the financial services, tourism, trading and logistics, and professional services which have been the driving force of Hong Kong's economic growth, providing impetus to the growth of other sectors, and creating employment (C&SD, HKSARG, 2004a). The latter, namely, educational services, medical services, testing and certification, innovation and technology,

cultural and creative industries and environmental industry, may bring new heights to Hong Kong's economy.

83. These ten areas have been highlighted in the Chief Executive's previous Policy Addresses as being crucial to the development of the Hong Kong economy, and as such, they are relevant to the development of the SHM. Furthermore, housing is a fundamental domain of basic consumption, and so would also be included as an essential component of the SHM. Other areas that may be of specific relevance to the "silver hair" community (for instance, entertainment, funeral planning, etc.) could also be identified in the course of the study. For systematic analysis and presentation, CPU has suggested analysing the SHM by making handy reference to the twelve domains insofar as they are relevant. These domains are also consistent with the WHO's eight domains embodied in the Age Friendly City programme, that are relevant to promoting quality of life of older people.
84. It is acknowledged that not all the specific contents of these domains are directly relevant to the development of the SHM. However, the research team would initially adopt a more encompassing approach and thus include all these domains at the initial stage, and would critically examine the relevance of these in the process. Appendix I lists out some of the goods and services in these 12 areas that are most relevant to the "silver hair" community. These 12 areas are listed and their respective scopes are briefly stated below:
85. Financial services cover a wide range of services including banking, insurance, stock brokerage, fund management, and other financial services. Such services include a wide range of products and services to both local and international, and both retail and institutional market users. In the banking industry, there are a wide range of retail and wholesale banking business that includes deposit taking, trade financing, corporate finance, treasury activities and securities broking. The stock market involves the trading of shares, unit trusts and mutual funds (C&SD, HKSARG, 2004a).
86. Tourism covers inbound or domestic tourism and outbound or overseas tourism. According to the definition of the C&SD, tourism covers retail trade, hotels and boarding houses, restaurants, other personal services, travel and airline ticket agents, and passenger transport services, pertaining to visitors to Hong Kong and Hong Kong residents (C&SD, HKSARG, 2004a).
87. "Trading" refers to conventional import and export as well as offshore trade; while "logistics" refers to "the process of planning, implementing and controlling the movement and storage of goods (including raw materials, goods in progress and finished goods), services and related information from the point of origin to the point of consumption. These include freight transport, freight forwarding, storage, postal and courier services" (C&SD, HKSARG, 2004a).

88. The scope of “professional services” is very wide and may cover such aspects as personal care, legal, accounting, auditing, information technology related services, advertising and related services, engineering and related technical services, and architectural design and surveying services (C&SD, HKSARG, 2004a).
89. Education services encompass a range of services related to formal, informal, academic and professional and/or vocational training and education. While formal and professional / vocational education or training would normally be delivered by formally accredited educational institutes leading to specific qualifications, informal education can be offered by organizations with a less structured format, and can be related to leisure and interest activities.
90. Medical services encompass a wide range of services at different levels. It can range from primary, to secondary and tertiary levels of health care, designating respectively, prevention of disease, and health education, clinics and rehabilitation services, and hospital and research services. Such services can be delivered in a range of organizations, including mainly hospitals and clinics. At the same time, medical services may also have interface with “health” services; which may sometimes be dichotomized as being the “cure” and “care” services respectively.
91. Testing and certification services involve those for food and consumer products (including household electrical appliances, toys and textiles) making particular reference to international standards. It also includes the provision of accreditation service for a wider range of testing, certification and inspection service, such as accreditation service for home care, nursing home, and etc.
92. Innovation and technology involves the development of hi-technology and high value-added industries. Such technological innovation may be applicable to a wide range of other economic and social activities, including the production of goods and the provision of services.
93. Cultural and creative industries serve to produce relevant products and services to satisfy people’s aesthetic, recreational and cultural needs and aspiration. These industries may include such areas as design, advertising, software and digital design, digital entertainment and film and video production (TFEC, 2009).
94. Environmental industries may include the provision of goods and services that are associated with environmental protection, including impact assessment and audit, regulatory design, installation and operation of systems for compliance, waste collection, remediation and recycling, and design and operation of environmental infrastructure (TFEC, 2009).
95. Housing is a basic need for every person in terms of providing safe and comfortable accommodation. It can take various forms, ranging from ordinary domestic independent living, assisted living, to communal residential care arrangements. In addition, it also involves relevant

financial arrangements that are related to mortgage, rental, management and maintenance of residential units.

96. The domain of “others” may include any other goods and services that are relevant to meeting the needs of older people that are not included in the other 11 domains.

97. It suffices to add that, these 12 domains are not necessarily discrete, but there could be “cross-over” between the domains. For instance, “reverse mortgage” (RM) could fall within the domain of “finance” and “housing”, the “smart home” may be related to both “housing” and “technology” and even “professional service”. However, for the sake of convenience, these domains will be treated as discrete as presented In this report, while cross reference would be made as appropriate.

Project team

98. This study is undertaken by a team of academics affiliated to the Sau Po Centre on Ageing and the Department of Social Work & Social Administration of the University of Hong Kong, The Chinese University of Hong Kong and Policy 21 Ltd. The composition of the consulting team is shown below:

Name	Position	Role
Dr. Ernest Wing-Tak CHUI	Director, Sau Po Centre on Ageing, HKU	Project Director
Dr. Chi-Kwong LAW	Associate Professor, Department of Social Work and Social Administration, HKU	Co-investigator
Prof. Paul Siu-fai YIP	Professor, Department of Social Work and Social Administration, HKU	Co-investigator
Dr. Karen Siu-lan CHEUNG	Research Assistant Professor, Department of Social Work and Social Administration HKU	Co-investigator
Dr. Stephen Chi-kin LAW	Research Assistant Professor, Hong Kong Institute of Asia-Pacific Studies, CUHK	Co-investigator
Mr. Hak-Kwong YIP	Director, Policy 21 Limited	Survey Director

CHAPTER THREE

METHODOLOGY

99. In investigating the development of the SHM, it is imperative to examine both the demand and supply sides i.e. consumers (the current and future cohorts of elderly people) and the potential suppliers of goods and services. The study on current and future consumers would touch upon the understanding of their possible aspirations, needs, and consumption patterns while that for the possible producers and providers for goods and services for the SHM would concern about the business plans and strategies. These would require collecting both quantitative and qualitative data from both sides to provide a holistic appraisal of the possible impacts on the development of the SHM in Hong Kong. It thus follows that a variety of research methods has to be employed to collect such a diverse variety of information. The present study has employed the following methods in collecting data, namely, i) literature review, ii) consultation with overseas experts, iii) focus group discussions, iv) individual informant interviews, and v) household survey.

Literature review

100. An extensive review of literature (including both print and electronic media) from local and overseas sources had been conducted. The review on literature on local SHM development reveals that there is relatively scant documentation on the topic. The review of literature on overseas experiences covers nine countries/regions and one city, namely Australia, Canada, the UK, USA, Germany, France for the “West” and Japan, Singapore, Taiwan, and Shanghai, for the East. The choice of Shanghai is based on the consideration that it is the most developed city, as well as the city having the highest ratio of elderly population in Mainland China. Results of the literature review on overseas experiences are to be matched with the country-specific reports prepared by overseas experts (to be detailed in paragraphs 101-102 below).

Consultation with overseas experts

101. Through the international network of the research team, consultation had been conducted with relevant academics and experts in the various countries/regions/city being studied (Appendix II). Such consultation and contact had been conducted mainly via email and telephone communications, and sometimes face-to-face discussions when those experts came over to visiting Hong Kong.

102. In addition, all the overseas experts were invited to write up a report on their respective country/region/city with reference to a framework provided by the research team (Please refer to Appendix II). Each report covers the following aspects: brief descriptions of the elderly population, the tax regime, the current situation and characteristics of the SHM, the policies and practices adopted by the governments of the respective economies in developing their SHMs. These country reports also cover the 12 domains as embodied in the framework mentioned above, that is, encompassing the “four pillars industries” and the “six economic areas”, plus the area of “housing” and “others”. All these provide insights to analyze the benefits of SHM in this study which will help formulate relevant policies or programs for the Hong Kong Government.

Focus group discussions and interviews with producers and providers

103. The research team drew up a list of relevant stakeholders that are either current or potential providers and/or suppliers of goods and services for the silver hair population, with reference to the 12 domains identified through the network of the research team, and the introduction by local organizations and government departments. As a result, a total of 31 agencies or companies were identified and contacted. If “commercial secrecy” is not a major concern amongst the invited informants, focus group discussions were to be held. The merits of such group discussions lie in the mutual stimulation and generation of new ideas amongst participants, and the possible effect of “cross-over” between different industries and/or professions.

104. Due to the fact that most invited informants preferred to have individual interviews, only one focus group with four participants was held. On the other hand, there were 28 interviews with 26 informants (as two of them each represented two different companies/organizations). Semi-structured interview schedules were developed for guiding the process of interviews and group discussions, covering the scope of goods and services provided, problems encountered in promoting and marketing such goods and services, and the future plans for offering new products and services to the elderly clients. The process of the group discussions and interviews were audio-recorded, if and when consent was given by the participants. Transcription of summary notes was conducted after the interviews and discussions. The list of focus group participants and informants is provided at Appendix III.

Focus group discussions with current and potential consumers

105. Through the personal network of the research team and referral by relevant social service agencies and retiree groups, participants were recruited to join focus group discussions. A total of eight focus groups with 51 participants had been conducted. Two of these groups involved 13 participants aged 45-59 who are regarded as the “soon-to-be-old” or working population category and are therefore conceived as future or potential consumers of SHM; and six groups involved 38 participants aged about 60 or above who are current consumers. The “soon-to-be-old” participants included university staff, accountant, physiotherapist, clerk and insurance agent. The “elderly” group comprised public housing residents, as well as retired middle-rank civil servants. The profile of the focus group participants is presented in Table 3.1 below.

	Organization	Profile of focus group	No. of participants (total =51)
Soon-to-be-old aged 45-59	HKU	4 participants were current staff of the University of Hong Kong and 1 was a relative of a HKU staff.	5
	Recruited by snowball	The group comprised part time university lecturer, accountant, physiotherapist, nurse, insurance agent, clerks.	8
Elderly Aged 60 or above	Tin Wan Caritas DECC	Most participants were public rental housing residents.	6
	Wah Fu Social Centre	All participants were Wah Fu Estate residents.	7
	SAGE Chai Wan DECC	Most participants were public rental housing residents.	7
	SAGE Chai Wan DECC	Most participants were public rental housing residents aged over 70.	6
	St. James' Settlement C&W DECC	Most participants were aged below 70.	5
	St. James' Settlement Retired Persons' Service Centre	The participants were from the middle class. Most were retired civil servants.	7

Household survey by questionnaire with current and potential consumers

106. A small-scale survey covering the soon-to-be old (age 45-59) and the elderly (60 and above) population had been conducted by means of household face-to-face interviews by the Policy 21, a research company formerly affiliated to HKU that is specialized in conducting household surveys. This small scale study is justified on the ground that the duration of the proposed study is rather short i.e. four months; and that there is a need to collect the initial views and aspirations of the potential consumers in the SHM, so as to provide empirical support to the potential configuration, size and affordability of the consumer market.

107. In order to capture the need and mode of expenditure of the existing middle class elderly and soon-to-be-old citizens, a target-specific survey with a sample size of 400 (200 elderly and 200 soon-to-be-old) had been conducted in various private housing estates with higher proportion of elderly residents and higher median monthly income. The sample size derived was based on the estimation of precision to be in the region of plus or minus 5% at 95% confidence level. As a

result, 406 respondents were interviewed, in which 200 were aged 45-59 soon-to-be-old persons and 206 were aged 60 or above “older people” as operationally defined in this study.

108. The proportion of elderly residents and median monthly income of estates were extracted from Centamap online, where statistics from population census 2006 compiled at building group and large street block group levels and for District Council districts were disseminated. Only those private housing estates with relatively higher proportion of elderly residents in the district and median monthly household income higher than \$11,125 (which was the median monthly domestic household income of household with older persons in 2006) were selected.

109. For each selected estate, systematic random sampling was adopted in each building. For each selected household, one household member aged 45 or above in the households sampled will be chosen randomly by last birthday method. If the age of the one chosen falls within the age group 45-59, the household will be in the group of soon-to-be-old and similarly if the age of the one chosen falls within the age group 60 or above, the household will be in the group of elderly. The selected sampling frame is presented in Table 3.2. below:

District	Building	Proportion of Aged 40-64 ¹	Proportion of Aged 65+ ²	Median income
Central and Western	Rhine Court	44.8%	9.8%	\$17,500
Wan Chai	Greenville Garden	40.3%	10.1%	\$16,250
Eastern	Taikoo Shing, Nan Fung Sun Chuen	32.1-48.1%	10.6-19.3%	\$13,500-68,320 ³
Southern	Chi Fu Fa Yuen, South Horizons	33.3-46.1%	4.3-15.6%	\$13,400-\$21,500
Island	Tung Chung Crescent, Caribbean Coast, Coastal Skyline	29.1-42%	2.3-9.2%	\$16,250-\$23,750
Yau Tsim Mong	Charming Garden	29.4%-37.8%	10.6-15.5%	\$12,000-\$14,500
Kowloon City	Whampoa Garden	31-48.1%	6.7-14.8%	\$12,500-\$14,000
Sham Shui Po	Mei Foo Sun Chuen	29.5-44.9%	9.9-21.5%	\$11,500-\$20,000
Wong Tai Sin	Hsin Kuang Centre	37.3%	10.8%	\$12,000
Kwun Tong	Telford Garden	26.5-42.9%	2.5-18.3%	\$11,750-\$20,000
Sai Kung	Wo Ming Court	30.1-30.5%	8.5-10.6%	\$12,500-\$13,000
Tuen Mun	Aegean Coast	34.1-36.8%	5.6-6.7%	\$16,000-\$17,000
Sha Tin	Belair Gardens, Ghevalier Garden, Royal Ascot, Sui Wo Court,	37.6-47.5%	1.5-12.6%	\$14,000-\$24,375

	Jubilee Garden			
North	Flora Plaza	27.5-33.5%	5.4-8.5%	\$15,000-\$15,500
Tai Po	Tai Po Centre	40.9-43.5%	4.7-11.5%	\$12,500-\$14,500
Tsuen Wan	Luk Yeung Sun Chuen, Allway Garden	34.1-43.0%	6.6-13.7%	\$12,000-\$17,500
Kwai Tsing	Kwai Hong Court	35.2%	18.6%	\$13,500
Yuen Long	Kingswood Villas, Sun Yuen Long Centre	30.1-39.2%	3.3-10.2%	\$18,000-\$27,000

Note 1,2: the C&SD population data is based on the cut-points of age 40-64 and 65 and above; while the sampling frame of the current study is 45-59 and 60 and above. The percentages of the two age groups only serve as a reference.

Note 3: there are different stages and household sizes within the Taikoo Shing, and thus the median income displays a wide range.

110. Questions in the questionnaire were designed with a view to exploring the potential demand for some specific products and services targeting the elderly population with reference to the 12 domains (please refer to Appendix I).

CHAPTER FOUR

INTERNATIONAL SCENE

111. This chapter highlights some of the practices found in the various economies being reviewed in the study. This is not meant to be an exhaustive listing of all the goods, services and policies found in those economies, as there are individual chapters on all the 10 economies that are included in the appendices. The following provides some of the most spectacular measures taken by the various economies in the development of SHM, with reference to the 12 domains used throughout the whole study. The respective roles of the government, the private sector and the NGO sector would be highlighted where appropriate. These measures may not necessarily be entirely applicable or “replicated” in the local context. Nevertheless, these may still provide some reference for Hong Kong in contemplating some innovative steps towards developing the SHM.
112. It warrants to highlight an important aspect that is critically relevant to the development of SHM i.e. the financial security and thus consumption power or affordability of the older people. This relates to whether the older population in a society has obtained viable retirement protection schemes. In this connection, before reviewing the domain-specific development of various economies, it is imperative to examine the prevailing retirement protection mechanisms in these economies.
113. With reference to the World Bank, a retirement protection system would usually comprises a three-pillar structure: the first pillar is a social security system that ensures a minimum standard of living, which is funded by government; the second pillar is a compulsory retirement pension plan that employees or the beneficiaries have to make contributions; and the third pillar is the voluntary saving or private retirement plan. The first pillar is usually administered on a selective basis by means of a means tested scheme, and provides the beneficiary with monthly income. The second pillar of pension scheme requires contributions from people when they are working. There are two types of benefits for the public retirement protection scheme: a lump sum payment (e.g. Superannuation guarantee in Australia) or monthly benefit (e.g. Canada Pension Plan in Canada, National Pension fund in Japan) or even weekly benefit (e.g. Basic State Pension in UK). In Singapore and Taiwan, people may choose to withdraw their balance from the retirement plan, i.e. the Central Provident Fund in Singapore and New labour pension system in Taiwan respectively, either in a lump sum or monthly payment. The institution of a viable retirement protection scheme, comprising various pillars and sources of income, could guarantee a stable stream of income for the older people, so as to sustain their consumption power, which is fundamental and conducive to the development of SHM.

(1) FINANCIAL SERVICES

114. Financial services cover a wide range of services including banking, insurance, mortgage, stock brokerage, fund management, investment and other financial services. Older people, like people of other ages, may need these services to protect their financial security. However, as older people may enter into the stage of retirement and they may need special care in securing the sustainability of their asset, and to secure a stable stream of income to cover their daily living expenses and meet sudden demands. They may be more concerned about managing their savings, investment, mortgage and insurance. Furthermore, due to natural physiological changes, older people may have problems in hearing, eyesight and locomotion, and so they may need extra services and facilities that are more easily accessible and manageable, so that they can manage their personal financial matters effectively and efficiently.

Personal banking services

115. With the pervasive trend of the internet, personal banking has increasingly been operated through on-line banking. While this may provide more easily accessible personal banking services in which people can manage their asset virtually anywhere away from the bank offices, older people who are having difficulty in mastering computer technology or simply having poor eyesight may have difficulty in using online banking. There is thus a need to explore how the financial sector could accommodate the special needs of older people in accessing personal banking services.

The government

116. Governments in the various economies have not provided personal banking services to their citizens though some would have a central bank to serve as the lender of last resort and regulatory body of the monetary sector.

117. While governments do not provide retail services to individuals, they usually support the provision of information to the citizens in general, and some would cater for the special needs of older people who might have difficulty in vision, hearing, locomotion and mastery of technology in accessing banking services. For instance, in Australia, the Department of Families, Community Services and Indigenous Affairs provides funding to the National Information Centre on Retirement Investments Inc. (NICRI) that provides free investment information to individuals who are investing for retirement through publications, toll-free telephone lines and organizing seminars and meetings (NICRI, 2011).

The private sector

118. The private sector of banking services provides personal or retail services to their customers. While e-commerce and electronic banking are becoming more and more common, the use of electronic banking among elderly is still low in many of the countries reviewed. Therefore, some banks have launched programmes to encourage seniors to use online banking. In Australia, the Commonwealth Bank provides a programme named “Banking Made Easy for Older Persons Programme” to teach older people to use electronic banking. Retired bank officers deliver seminars that discuss about the different methods by which older people can conduct their banking. Older people can have the chance to have hands-on experience with EFTPOS and ATM demonstration equipment which is specifically designed for use in these seminars. In 2002, the Commonwealth Bank also set up an Online Learning Centre to assist the older people to understand e-commerce and to provide hands-on Internet experience.
119. In Canada banks in different provinces provide exclusive offers to elderly. For instance, the Canadian Imperial Bank of Commerce (CIBC) 60Plus Advantage provides banking benefits for seniors aged 60 and above; The Bank of Montreal has Senior Plan and there is no banking plan fee for seniors over 60; and the Scotiabank also has a Scotia Plus Programme for Seniors.
120. There are also self-regulatory mechanisms operated by the banking industry that promote elder-friendliness in banking services. For instance, the New Zealand Bankers’ Association set “Voluntary Guidelines to Assist Banks to Meet the Needs of Older and Disabled Customers”. The guidelines suggested banks should provide training for all staff interacting with customers to understand the needs of older and disabled customers and to develop their ability to recognize signs of potential financial abuse.
121. Some large financial institutions in the USA, such as Wells Fargo bank, provide financial planning services targeted to elderly. The Wells Fargo Elder Services division of Wells Fargo offers a 24-hour call centre service available to elderly customers. The division provides traditional services like wealth and real estate management; and also non-traditional services such as transportation to important appointments like health services, grocery shopping, connecting the customers with separate vendors, commercial real estate managers, personal bill payers and income tax preparers.
122. In Singapore, a research conducted by Spire Research and Consulting (2006) suggested that some banking and investment companies are targeting on silver-haired consumers. For instance, one of the trust insurance companies, named “Life21”, has provided tailor-made financial plans for people of all ages, including those aged 60 or above. Financial planners would advise aged clients on various aspects, including the amount of adequate savings, appropriate term insurances, investment in a low cost investment fund, and the like, by considering the past saving, present financial status, and inflation rate, so as to prepare the older people with

emergency cash for their future retirement life (TKL & Associates, 2009). The United Overseas Bank has launched a savings account product yielding extra interest for consumers that are at least 55 years old, while British insurer Aviva sells an investment instrument for Central Provident Fund (CPF) members who turned 55 on or after the beginning of 1999. One of the leading local banks OCBC has stated that they are focusing on silver-haired consumers and will launch a product aimed at the retirement segment.

The NGO sector

123. The NGOs usually serve an advocacy role in protecting the consumer rights of older people by providing them with ample information and reporting problematic cases to relevant authorities. For instance, In the USA, the American Association of Retired Persons (AARP), which is a very strong nation-wide advocacy organization, has developed a programme since 1981 to deliver free money-management help directly to seniors in their homes. The programme involves a system of safeguards that include detailed monthly reporting and third-party oversight to protect both the elder clients and the money-management volunteers serving those older people (Hylan, 2006).

Relevance to Hong Kong

124. Personal and retail banking should rightly be the ambit of the private market. Governments in different economies serve to regulate the industry and protect the customers with relevant legislation and regulations. The banks and financial institutions should cater to the special needs of older people in consideration of their possible limitations in various aspects and provide supportive services like training, counselling and information. Advocacy groups or NGOs may assist in channelling the older people's needs and demands to the banks to ensure that such support services are provided.

Insurance for older people

125. Insurance for older people is mostly concerned with health and LTC as they are more prone to have chronic illnesses. With advancement in medical technology, there is a trend that medical expenses (including treatment and medication) increase substantially. As older people are prone to have more chronic illnesses that need medical treatment and sustained medication, they would be concerned about covering their medical expenses, especially those who are retired. Health and LTCI may provide a possible solution to ensure the older people to cover such expenses. Thus, the following section will focus on health and LTCI for older people.

The government

126. In the USA where the insurance market is very vibrant, there are plenty of insurance products for seniors. While the US government does not provide a publicly funded national health system like that of UK and Canada, it provides a social insurance programme i.e. the Medicare. The programme benefits the seniors by covering medically necessary care and medical acute care (US Department of Health and Human Services, 2009). Other than public programme, there are LTCI schemes provided by insurers available to cover the costs of LTC services. In 2006, the Wall Street Journal reported that LTC insurers are making the policies easier to understand and trying to cut prices in order to attract more business (Kaiser Foundation, 2006).

127. Long term care insurance in Germany and Japan are provided by means of social insurance programme. In Germany, the Social Long Term Care Insurance (SLTCI) is a part of social insurance system which is mandatory for all employees. The SLTCI is co-administered by the existing health insurance funds. The SLTCI is basically a pay-as-you-go scheme. In Japan, municipalities and special wards in the metropolitan area serve as insurers, thus characterizing it as a public programme. The system is using co-payment model that the service users need to pay 10% charge for the service regardless of their income. Under this system, users can choose the service provided by various organizations, such as private companies, agricultural cooperatives, livelihood cooperatives and volunteer organization, etc., instead of only municipalities and public organizations (Ministry of Health, Labour and Welfare, 2002). Thus, it can also be regarded as a public-private partnership.

The private sector

128. Insurance companies provide insurance for “high-risk” groups, e.g. some provide medical travel insurance for people with pre-existing medical conditions, disability, and the older people, who find difficulty in getting travel insurance elsewhere. For example, AllClear Travel in the UK is a private insurance company that provides travel insurance for seniors with pre-existing medical conditions, without age limits (AllClear Travel website, 2010). The Australian Seniors Insurance Agency specializes in providing insurances for elderly. The Lincoln Financial Group in the USA launched a long term care insurance that guarantees a constant premium, thus protecting the insured from inflation.

129. In Taiwan, insurance is the simplest form of investment for retirement planning. It is because it can transfer the basic risk and also reduce tax. Annuity saving is the most popular kind of insurance in Taiwan, especially those short term payment, such as 5 years, 6 years or 10 years as the policyholders can get the return in short time. Ascending life-long insurance is another retirement planning. The property of this insurance is that the benefits will grow very fast but the policyholders cannot get any of them until they decease. It is suitable for those people with rich asset and need to reduce tax. Also there is a retirement medical insurance which can

bridge with the fixed term medical insurance when the policyholders reach the age of 60. Besides, there are life-long cancer insurance and severe illness or LTCL.

The NGO sector

130. There can be partnership between the business sector and NGOs in providing insurance-related advice to seniors. For instance, National Seniors Australia which is the largest not-for-profit organisation representing people over 50s in Australia, has teamed up with the Allianz Australia Insurance Limited, a private business, to underwrite the insurance products offered by the latter to its members.

Relevance to Hong Kong

131. As older people retire, they may be concerned about having a steady stream of recurrent income to cover daily expenses. They are also concerned about having some unexpected expenses arising from sudden incidents. Besides, LTC service expenses could be a recurrent expense for older people in view of their deterioration of physical and cognitive condition and thus self-care ability. Thus, insurance products, especially LTC insurance, could probably help to ensure the older people to either generate recurrent income or meet incidental needs of payment.

Reverse Mortgage

132. RM scheme is a financial product which was introduced in USA two decades ago. It is a loan against property owned by the borrower and the loan becomes repayable when the borrower dies or leaves his/her residence permanently. The borrower may receive cash in a number of ways including a lump-sum payment, term plan (monthly payment for a fixed period of time), tenure plan (monthly payment for the remaining lifetime of the borrower), a credit-line payment (up to a maximum amount that can be paid at various times) or a combination of these several options. It may be an attractive option for the elderly homeowners who consider turning their fixed asset into liquid recurrent income, and it allows them to stay in their own home with full title. It provides extra income to the elderly without forcing them to move out of their houses.

133. RM is available in many western countries, such as the USA, UK, New Zealand, Europe and Australia (Chan, 2007). In USA, RM or home equity conversion schemes were introduced two decades ago that offers an alternative source of income for retired older adults (AARP, 1996; Leviton, 2001). This provides a viable income protection plan for the 12 million elderly home-owners who own their homes free and clear (Merrill et al. 1994).

The government

134. In 1989, the US Congress created a new type of RM called the “home equity conversion mortgage”, or HECM, which completely protects the borrower's tenure in his or her house. As long as the borrower pays the property taxes, maintains the property and does not change the names on the deed, he can remain in the house forever. Furthermore, if the RM lender fails, any unmet payment obligation to the borrower is assumed by the Federal Housing Administration (Guttentag, 2010). The most crucial feature of the USA RM programme is the statutory requirement of compulsory counselling provided to the older mortgagors. This ensures that the older people can be best informed in their choice in engaging in RM. The US experience shows that more than 90 per cent of RM borrowers prefer a safe plan as provided by the federal government-insured US HECM programme (Huang, 2010). This also shows the important role played by the government in providing insurance and protection in the development of RM.

135. Different from the USA case, there is no government-sponsored RM programme in Canada. The Office of the Superintendent of Financial Institutions (OSFI) is responsible for regulating and supervising financial institutions offering RM and other loans.

136. In the Asian region, there have been RM products provided in Japan, Singapore and Taiwan, variably having government support. In Japan, the Musashino municipality in the Tokyo metropolitan area launched a RM programme in 1981, which was followed by several other municipalities. Subsequently, the Ministry of Health, Labour and Welfare (MHLW) commenced in 2002 to provide RM to elderly homeowners with low incomes. The Taiwan government has also announced that RM will be available in Taiwan in 2012. The government will take on the risk for this "last stage" and continue to provide the seniors with money for living expenses.

The private sector

137. RM is known as lifetime mortgage in UK for people aged 62 or above, provided by private companies, such as building societies, banks, and credit unions. The home to be mortgaged must be owned by the borrower, either individually or as a joint holder. S/he must have lived in the home for the majority of the years and the property must be his primary residence. The borrower must decide the manner in which the amount received through the RM is to be disbursed. The government does not tax the amount received on the mortgage, and the borrower is free to use the money in the way s/he likes. Customers who want a regular income can draw a regular monthly payment. Some customers want a credit line opened in their name so that they can draw cash as and when they want (Thakur, 2010). Besides, the Home Reversion Plan allows the owner to sell up to 100 per cent of the property, but s/he will not receive the full market value of the share as s/he will remain living in the property rent free for the rest of his/her life (Mortgages.co.uk, 2010).

138. In Canada, the Canadian Mortgage and Housing Corporation (CMHC) commenced providing the Canadian Home Income Plan (CHIP) in 1986. It was modelled on similar programmes in the UK and USA. Consultants engaged in promoting CHIPs, who are Certified Mortgage Brokers and Licensed Insurance Agents have to abide by the professional standards of the relevant regulatory bodies in their respective provinces. The Reverse Annuity Mortgage (RAM) is the most common RM product currently available in Canada. Such plans provide the borrowers with a lump sum payment with which they can purchase an annuity that ensures their continued receipt of recurrent income even when the home is sold and the RM plan is terminated. Such RM products are tailored to seniors of age 62 or above and the loan is normally only 10 to 40% of the property value.

139. The development of RM is rather new in Australia compared to USA and UK and it has not gained in popularity in Australia until the past five years. In 2005, there were 10 providers of RM in Australia but only three of them were with major banks St George, Commonwealth and Macquarie (Amro, 2005).

140. In Asia, private banks and housing corporations in Japan began to offer RM schemes in the early 2000s (Hirayama, 2010). In Singapore, the OCBC Bank is currently the only other financial institution that offers RM for homeowners of private properties (Chan, 2007). However, due to various restrictions on the age of mortgager (70 or above), type of housing, and the maximum loan period of 20 years, the RM market in Singapore had remained thin and new RM loans had ceased by mid-2009.

The NGO sector

141. In Singapore RM was first launched by a NGO - the National Trades Union Congress (NTUC) Income, since 1994 for private property owners. In 2006, NTUC Income launched RM on the government HUB flats.

Relevance to Hong Kong

142. RM can be a viable means for “asset rich income poor” elderly homeowners to turn their fixed asset into recurrent income to meet their living expenses. Overseas experience reveals that there should ideally be a “critical mass” of a sizeable market of such homeowners who are willing to mortgage their property with a view to its being resumed by the mortgage provider (e.g. a bank or financial institution) and thus not leaving bequest to their surviving family members. In addition, the US experience shows the critical role played by the government in serving as the final resort of insurance or guaranteed payment to the homeowners, and the statutory requirement of professional counselling for the older people before they engage in RM.

Overall appraisal of Financial Services

143. Financial services, including personal / retail banking, investment, insurance and mortgages, are indispensable to older people in ensuring their financial security. With the development of the financial industry, including the more pervasive application of information communication technology, and the development of multifarious financial tools, products or derivatives, there is the need to provide information, support and counselling to the older customers who may not be accustomed or able to keep abreast with such new developments. Furthermore given the relatively short span of their later life, older people may want more conservative investment modes that secure their dwindling asset. Thus, there is a need to develop more tailor-made financial products for older investors.

144. With specific reference to the financial product of RM, it should be reckoned that RM in overseas countries usually involve the mortgage of stand-alone “houses” rather than “flats” in multi-strata ownership multi-storey apartment buildings. As in the case of the USA where the federal government serves as the insurer of last resort, it could be a strong backing for the sustenance of RM. But this would require the heavy commitment by the government in shouldering the risks of failure on either side of the mortgagors or the lenders / financial institutions.

145. Overall, stringent regulation and monitoring of the performance of the financial sector in delivering financial services to the older people are critical in protecting their consumers’ rights. Here, the government, the financial industry, professional bodies and NGOs / advocacy groups, should have their respective responsibilities in protecting the older people in their financial management. Specifically, governments may review relevant legislative and regulatory provisions, provide guidelines and/or set requirements for the financial institutions, provide support and encouragement to organizations in enhancing the information dissemination and/or education to older people in accessing financial services.

(2) TOURISM

146. Travelling and sightseeing is a social activity that enhances people’s social life and contributes to one’s quality of life. Many older people would like to travel, especially those who have retired and thus are free from other work and/or family engagements or obligations. However, as some of the older people might have mobility problems, and they might have different dietary requirements and other aspirations and needs that are different from other age groups, there might be the need to explore if there should be some tourist arrangements that are tailor-made specifically for older people.

147. As many of the economies reviewed have already developed a mature retirement protection scheme for their senior citizens, it is observed that senior tourism has been relatively well developed, grounded upon the secure financial condition of the elderly population. Due to the increasing travel demand from among the elderly population, there is need to develop more diverse tourism products to meet those needs. There are different travelling programmes and hostels for elderly around the world.

The government

148. Governments may serve as information provider to enable older people to participate in tourist adventures, instead of as direct provider of tourist programmes. For instance, in Australia, the New South Wales (NSW) Department of Ageing, Disability and Home Care teamed with Tourism NSW initiated a Senior Discovery Pack for Senior Card members. The Pack provides information about saving money when travelling or enjoying holiday in NSW, a NSW Discovery Map and Discovery Travel Directory. The Department has also set up a Senior Card Travel Website to provide updated information, specials and discounts for older travellers. In France, many museums and monuments offer a discount for senior travellers, in some cases of up to 40%. Some sites begin the discount at age 65, but if the visitor is over 60 but he/she could ask just in case, and show passport or other ID to prove their ages. In order to give older people in France a chance to enjoy a time-honored French tradition—the vacation—the ANCV (National Agency for Vacation-Cheques) has launched the programme “Seniors on holiday” in 2008. The programme is aimed to give seniors with modest incomes direct financial assistance and also connects them with preferential rates from professionals in the tourist industry. The Agency also unveiled offers of vacations at discount prices designed for groups of 30 to 80 people willing to travel outside of the traditional tourist season, and to finance half of the cost of these stays. To qualify, people must be at least 60 years old, and neither the beneficiary nor his or her spouse can be employed. They must be willing to pay for transportation to the vacation venue, and also be resident in France. The programme was going to add an arm specifically devoted to elderly vacationers who are disabled in coming year (Web in France Magazine, 2008).

The private sector

149. There are a wide variety of travel-learning programmes for seniors provided by the business sector. For instance, the ***AmeriSpan*** in the USA is a programme that offers immersion programmes for seniors to travel to different countries and learn different languages. This provides specialized programmes that combine activities including cooking, wine-tasting, sailing, golf and dance with language classes. The ***Centre for Global Education*** organizes travel-study seminars to different parts of the world for seniors to learn about unfamiliar cultures and contemporary challenges. The tours are specifically designed with all-inclusive tour itineraries and themes. The ***Elderhostel Educational Programmes***, targeting the 65 to 75 age group, are all-inclusive with no hidden expenses, including all meals, lectures, field trips, cultural excursions,

gratuities, and medical or insurance coverage. **Road Scholar** is a recent offshoot of Elderhostel that caters to a slightly younger, more active, independent-minded educational vacationer at age 50 to 60. The programmes are more up-scale and less structured than the Elderhostel programmes. The **ElderTreks** are small group adventure travel tours for travellers 50 and over. It focuses on adventure, culture and nature. To illustrate, such tours may include a wildlife safari in Tanzania, exploring Mongolia by camel, hiking to Patagonia's Torres del Paine, navigating the ruins of Angkor Wat or stepping foot on the Antarctic Peninsula.

150. The **Routes to Learning Canada** in Canada is a nation-wide learning travel agent for older adults to acquire knowledge about cultural, natural, and historical environments across the world. It caters to participants from every walk of life to learn together, exchange ideas, and explore Canada and other countries. Interested customers could visit its website and fill in personal information, interest on the travel learning, destination and duration preference, and etc., the online search engine would match up number of appropriate programmes for them to determine. At a glance, available programmes span 3 categories i.e. 1) Canadian Adventures across Eastern, Western, and Central Canada that usually take 3-13 days and charge from US\$800 – 3,000; 2) Cruising Expeditions that take more than a week and charge from US\$3,000 – 6,000; 3) International Adventures that take 10-16 days and charge from US\$2,000 – 3,500 (Routes to Learning Canada, no date).

151. **Elderhostel** in European countries also offers numerous cultural programmes, ranging from exploring and walking through various regions and appreciating various arts and cultures. Also, French Language and Culture Programmes for Students aged 50+, German Language and Culture Programmes for Students aged 50+, and Italian Language and Culture Programmes for Students aged 50+ are designed for French, German, and Italian seniors to learn overseas' languages (Transitionsaboard.com website). In Germany, the share of the 60-plus among the holiday tourists has significantly increased in comparison to the other age groups. While only 5% of travellers was aged 60 or above in 1994, this age group accounted for 30% of all travellers in 2004. On the whole, one can recognize a trend to up-market accommodation, coach tours and inland trips. Thus, for older people, Germany is an above-average popular travel destination (Enste et al., 2008).

152. In Asia, **Elderhostel** is a big company with numerous cultural programmes in a majority of countries of Asia, and Europe, including cruises at Yangtze River of China. The same programme in Japan is named "Tracing Japanese History".

153. In Singapore, Jubilee-Luxury Tours & Travels mainly focuses on providing newly designed trips for older adults, such as experience of living in a farmhouse in Taiwan, once-in-a-lifetime balloon ride in Kenya, etc. Citizens aged 55 and above are entitled to a 20% discount for all in-house package tours and all coach tickets (Han, 2006). One of the studies, presented at Accessible Tourism Conference 2009, showed that 34% among the baby boomers' population are willing to

pay for senior-centric travel. Moreover, there is a trend for medical travel / health tourism. Some packages include a complete body check-up with other services such as meditation, spa, and sports resorts for achieving relaxation while undertaking the medical check-up or examination. Those packages normally are carried out in Malaysia or Thailand where the results can be given back to the clients right after their enjoyment of health related activities (e.g. spa, golf) (Leong, Ping & Tan, 2009).

154. There is increasing number of trips in China targeted to elderly. For example, there is a trip targeted to people aged 45 to 75, provided by Chang Sha Travel Company Limited. The selling point of the trip is “6-star” intergenerational tourist mode. There are some arrangements designed for elderly in the trip, such as no shopping spot and healthy meals (Chang Sha Travel Company Limited, 2011). The travel agencies in Chang Xing also initiated many specialized trips for elderly, such as “Golden Silver anniversary trip”, “Single middle age party trip”, etc.

Relevance to Hong Kong

155. Tourism can cater to different market segments, ranging from general to up-market ones. The business sector may design a wide variety of tourist packages that cater to the different needs, aspirations and affordability of different groups of older people. While governments may not be in the appropriate position to provide tourist services, they may serve to provide information to the older people in general, and to enact relevant laws, set up appropriate regulatory and monitoring mechanisms to protect the elderly tourists of their consumer rights.

(3) TRADING AND LOGISTICS

156. In the present context, “trading” refers to conventional import and export as well as offshore trade¹; while “logistics” refers to “the process of planning, implementing and controlling the movement and storage of goods (including raw materials, goods in progress and finished goods), services and related information from the point of origin to the point of consumption. These include freight transport, freight forwarding, storage, postal and courier services” (C&SD, HKSARG, 2004a). There is no readily available trade information about the nature and volume of goods that are specifically targeted to the older people. Thus, in the following, discussion is confined only to the part about “logistics” or more specifically “transportation” that is related to older people in particular. Furthermore, it would also be more concerned with vehicular transportation, but less so on marine /ferry traffic and air traffic as daily commuting would normally be concentrated in land transportation. Public transportation in various economies display a wide variety of models of provision: while some mass transit systems would be state-owned, others may be operated by private, franchised or licensed corporations, and there

1 According to the C&SD (2004), “Hong Kong’s trading firms are engaged in two main types of trading activities: (a) conventional trading activities which involve sourcing goods locally and internationally (particularly from the Mainland) for re-exports through Hong Kong to other economies; (b) offshore trading activities which involve sourcing goods from and selling goods to parties outside Hong Kong, without the goods passing through Hong Kong”.

is similar divergence in the provision of public bus service; but usually taxis would be operated by private companies or even individual operators.

157. Transportation is the bridge connecting individuals and the community. Mobile social life that is important in one's quality of life can be achieved with the provision of easily accessible transportation. Mobility is undoubtedly one of the crucial issues in contributing to active ageing in the community. A user-friendly transportation system is not only providing its passengers easy access; furthermore, it aims at providing senior citizens with a feeling of control over the timing of and the route to their destination (FamilyCare America, 2010). Older people usually expect a transportation system to provide them with a sense of independence, security and dignity. Some of the older people may be physically challenged in using public transportation, for instance, poor eyesight might hinder their reading of road signs, physical frailty might render them having slow locomotion, using walking aids. Thus it is necessary to ensure the existing transportation system and facilities would not incur barriers and constraints for the older people to have social participation.

The government

158. Some governments may operate mass transit systems in providing easy and low-cost public transportation to the general public, including the older people; others would implement franchise system in regulating private corporations in operating mass transit systems. Instead of providing funding to private operators in providing concessionary fares to older people, governments in the various economies reviewed would provide some subsidy schemes either at the national, provincial or municipal level to older people to encourage them to travel at a lower cost.

159. Some also support private operators in providing specialized transportation services to the older people with mobility problems, thus achieving public-private partnership. For instance, in the USA, the Federal Transit Administration set up the "Federal Transit Administration's Transportation for Elderly and Persons with Disabilities Programme" which awards grants to non-profit organizations to serve the transportation needs of seniors or people with disabilities when public transit is deemed inadequate or inappropriate.

160. ***The Golden Connections Programme*** is one of the pilot projects within the Victorian Transport Connections Programme launched by the provincial government of Victoria, Canada, in order to assist the transport of disadvantaged members of the community. The service is very user-friendly that even if there is only one passenger booking the service, it would still be offered. If demand exceeds the achievable level of service using the available vehicles, other vehicles are brokered (e.g. private operators, school buses). In 2006, the programme had patronage levels between 300 and 800 passengers per month (Zwart, & Welsby, 2006). The

programme provides the following on-demand community transport services using 12-seater community buses and a station wagon:

- i. Door-to-door community car service for medical and social trips;
- ii. Community bus hire for groups (volunteer driver or self-drive) with rates based on distance travelled and petrol costs;
- iii. Services to identified community and social events, including planned excursions; and
- iv. Regular transport routes to larger towns and regional centres such as a Friday night service.

161. In Taipei, the municipal government provides subsidy for the older people with moderate or severe level of impairment to rent private car. The subsidy depends on the incomes of the older people and there is a limit of 8 travels for each month and TWD\$95 is the limit for each travel.

162. In China, many provinces provide free public transportations to seniors. For example, people aged 65 or above in Beijing and people aged 60 or above in KunMing enjoy free public transportation.

163. In UK, concessionary travel is funded by the UK Government to provide free off-peak travel on all local buses anywhere in England for people aged 60 or above and eligible disabled people. Those eligible will get free travel on local buses from 9.30am until 11pm on weekdays, and all day weekends and bank holidays, across England. They may also receive any other further concessions which their local authority might choose to offer on top of that. The types of discretionary concession offered by local authorities may include: companion passes for those who are unable to travel alone; free travel on other modes or transport where buses are limited or scarce; and relaxation of time restriction to allow travel in peak periods (Department of Transport, UK, 2010). Other concessionary travels are also available such as "Senior Railcard", in which aged 60 or above citizens could use the card throughout England, Wales and Scotland. The card is valid for 12 months that offers a third off most standard and first-class fares. Aged eligible visitors to Britain can also purchase a Senior Railcard to get the benefit (Directgov, UK, 2010). Apart from using local transport, Senior Railcard holders also enjoy other special offers, like 2-for-1 entry to museums, galleries, theatre, restaurants, boat trips, and discounts on magazine, accommodation and restaurants. All these may help to enhance elderly life (SeniorRailcard, UK, 2011).

164. The Australian Gold Coast City Council operates a **Council Cab Shared Transport Service** project to provide subsidised taxi transport to residents who have difficulty accessing public transport. The service is developed as a government-private partnership with taxi companies. The service currently operates scheduled door-to-door share taxis to local shopping precincts in different suburbs, at a cost to the passenger of between \$1.00 and \$3.00 per trip. Research demonstrated that the service experienced superior rates of satisfaction among users, and

gained high approval for destinations, frequency and the overall service. The relatively low operating cost of the programme indicates that it is an efficient method of transporting people who are transport disadvantaged (Australian Local Government Association, 2006).

165. In France, several concessionary tickets and discounts provide for local elderly people to travel within France. Since France has a very extensive rail network connecting anywhere in the country, the SNCF (French State railway company)'s Carte Senior entitles aged 60 or above to have discounts of 25-50% on all train journeys. Another 30% discount on rail journeys in 22 other European countries is an extra privilege. Regarding flight service, Air France offers elderly customers a 10% discount on internal flights around the country and 10% discounts to those over 62 on selected international flights (White, 2011). In order to encounter the rapid increasing demand of accessibility for both old and disabled people, the STIF transport authority conducted a comprehensive strategy, including a series of assessment of all transports and a "master plan" with the aim of achieving a more friendly transport system for people with reduced mobility. It is anticipated to benefit older people using the Ile de France (Paris region) transport network (AENEAS, 2009). According to the European Conference of Ministers of Transport (ECMT) (2009), cities in France such as Grenoble have adapted special buses for disabled people on both regular and on-demand schedules. This experimental service collaborated with taxis to provide a good level of service for users, mainly blind and partially sighted people.

The private sector

166. Private companies in various economies provide special services for people with disability and older people. For instance, in the USA, many private companies such as taxicab companies supply vehicles known as "cabulances" or coaches. A cabulance has wheelchair accessibility and provides door-to-door service with assistance from the driver who will escort the passenger from house into the cabulance. Such companies offer accessible vans and trained drivers, and some provide discounted fares. Some of those provide stretcher service for people unable to sit upright. However, a non-medical trip can run from US\$20 to US\$100 or more with the possibility of Medicare covered and it must be scheduled far in advance. On the other hand, "private ambulances" contract with nursing homes and hospitals to provide transportation for their clientele who have high degree of physical impairment. Two types of ambulance services exist depending on the needs of the patient: the first is equipped with basic life support devices for monitoring the person's vital signs throughout the trip, and second is more advanced that a trained staff member on the trip can operate an IV (intravenous transfusion) or administer oxygen to the patient, for emergency circumstance.

167. In Taiwan, a private company "Red Heart Enterprise" provides private rebus service and also produces the "Welfare Car". Both of the 5-seat or 7-seat Welfare Cars are designed for wheelchair user to facilitate their going out with friends or family. An easy manual passenger

rotating seat is equipped at the front part (for 5-seat) or at the rear part (for 7-seat) of the car to enable the attendant to assist moving of mobility impaired passengers (Red Heart Enterprise, 2009).

168. In France, private companies also offer services of accompanying and transport around France Island and sometimes in the province. The AGE of Gold SERVICES association offers support for the elderly with a vehicle to appointments to the hospital, a doctor or a station. Those private companies in France also offer an accompanying vehicle for Paris and the near suburb. These transport services can be very practical for seniors who can no longer travel or only go to medical appointments. Some of these companies also provide delivery of drugs and that service is specially designed for wheelchair users.

The NGO sector

169. Non-profit organizations provide transportation services to their elderly members to assist them in such activities as attending medical appointments, group outings, and grocery shopping. For instance, in the USA, NGOs like the American Red Cross, the United Way, the American Cancer Society, local churches and other community organizations also provide transportation services to those who need them. Local senior and social service centres offer another transportation resource for seniors and their family caregivers. For example, a group of old church mates would schedule a regular grocery shopping trip at a fixed day weekly that they could share the cost of renting a van. This “ridesharing” approach serves to save money for them and provides a sense of companionship and mutual help amongst the older passengers.

170. In Australia, the majority of older people in metropolitan areas access to places by driving. For those who are lacking of self-driving ability, transport assistance is available for community-dwelling older adults through different community aged care programmes. Clients may receive ad hoc service as needed to attend medical appointments, group outings organised by community transport services, and/or regular transport to and from centre-based activities. There are also other provisions like formal services provided by aged care services or special transport programmes, assistance from family and friends, motorised scooters, and taxis.

171. ***The Gold Coast Mobility Office (GCMO)*** in Australia provides non-profit, volunteering service for giving information and support for non-profit organizations and people who are having difficulty using public transport. The GCMO aims to provide effective coordination of existing transport services in order to increase the use of seating capacity and to improve service flexibility. The GCMO acts like a clearinghouse that groups together demands for transport service and then matches them to service providers. It provides information on transport options, operates a booking service for Council Cab and Blue Care and a brokerage system utilizing both community and privately owned vehicles. Mini buses operated by volunteer drivers are also available for hire by social organizations or community groups. This provides an

inexpensive and convenient door-to-door service for medical, shopping and some social trips for many older people (Gold Coast City Council website)

Relevance to Hong Kong

172. While there could be merits in operating a state-owned public transportation system, for instance, in providing relatively cheaper transportation to the general public, there might be possible limitations in such aspects as inefficiency, fiscal, administrative and political pressure. Privately operated systems may bring in competition, innovation, and flexibility that could better respond to market demand. If the older people could present a readily viable market demand, the private sector could be having the flexibility in providing tailor-made services that cater to the specific needs of older customers in such aspects as providing “cabulance” with assistive facilities and/or personnel. Governments may provide support to the private operators or NGOs in operating such tailor-made services, thus adopting provider-subsidy approach; or provide subsidies to older people to encourage them to travel, thus using a user-subsidy approach.

173. Hong Kong is a compact city that is already quite well served by a public transportation network with numerous private providers, thus enabling accessibility for the general public. However, due to problems of limitations in mobility, older people may find it difficult in using public transportation that does not provide barrier-free facilities or access. There may be the need to make reference to overseas experience in developing more elder-friendly transportation means specifically serving the older people, such as the “cabulance”. Furthermore, Hong Kong may make reference to such practices as providing concessionary fares to older people, so as to encourage them to engage in social and community activities.

(4) PROFESSIONAL SERVICE

174. The scope of “professional service” is very wide, including personal care, legal, accounting, auditing, information technology related services, advertising and related services, engineering and related technical services, and architectural design and surveying services (C&SD, HKSARG, 2004a). In the following section, focus will be placed on aged care (or “Long term care” LTC) services only, as LTC services cater to the need of older people arising from deterioration of physical and cognitive health conditions.

Aged care / Long Term Care (LTC) services: Residential Care Service (RCS) and Community Care/ Home care (CCS)

175. In the international scene, aged care is usually conceived as “long term care” (LTC) the scope of which comprises a wide range of services to enable frail elderly people to live with dignity, and maintain an optimal level of quality of life. Such services usually include, 1) community care services, 2) institutional services, which are the two major types; and other ancillary services

that include 3) access services (e.g. transportation, case management, information and referral, and income maintenance; 4) housing options (e.g. assisted living, retirement communities, universal design and tele-health/care services and facilities); and 5) protective services (e.g. guardianship, representative payee) (Wilber, Schneider & Thorstenson, 1997).

176. In a more restrictive sense, LTC encompasses residential care service (RCS) and CCS that play crucial roles in the older people's retirement life. RCS embraces institutionalized service, nursing home, care and attention home, and etc., while CCS (called formal home care) involves the provision of nursing care and assistance in the activities of daily living for patients in their homes. The following section would focus on these two aspects only.
177. In countries that adopt a publicly funded or 'tax-based' mode of financing LTC service, it would normally adopt a 'selective' basis of services provision. The selection is based normally on some means-test mechanisms on the recipients' assets and incomes. This selection mechanism is to ensure the services are targeted to some specific groups of beneficiaries, with consideration of the latter's financial conditions and thus affordability to LTC services. This is also based on the consideration that publicly funded programmes would incur heavy fiscal burden on the government if LTC services are provided universally, especially with an increasingly aged population that is characterized by high morbidity and increasing demand for such services.
178. For countries that adopt a universal provision of LTC services, there is usually a high tax regime in order to provide a comprehensive coverage of LTC services; for instance, individual tax rates could be as high as 48% in Norway, 50% in Austria and 57% in Sweden (www.worldwide-tax.com 2009).
179. In countries that adopt social insurance schemes (e.g. Germany, Japan) pensioners are required to pay premium by deductions from their pensions or out-of-pocket contributions. Furthermore, the introduction of "co-payment" (as practiced in Japan and Germany) would help reduce abuse of services. However, there should be an objective and impartial assessment of service need so as to avoid the problem of "suppressing" the actual service need of the elderly by the users or their family members so as to reduce the co-payment amount. There should also be good interfacing between health care and LTC so as to avoid or prevent the insurance company/agent to deny the users' access to health services which usually would be more expensive than LTC services.
180. Irrespective of whether a country adopts a tax-based or social insurance model; or a universal or selective provision of LTC services, there is the need to have a viable pension system that can provide financial security for their retired elderly people to pay for their insurance premium or out-of-pocket "top-up" charges.

181. There is a trend amongst the advanced economies to promote “ageing in place” and “community care” as the policy direction, and have promoted policies of deinstitutionalisation and community-based care for the elderly. This is reflected in the higher proportion of people over 65 receiving home care than residential care (Anderson and Hussey, 2000). Appendix IV & V summarises the community care service programmes at Australia, UK, US, Singapore, Taiwan, and Mainland China (Chui, et al, forthcoming). These policies are actually responses to the common problem of rising cost of residential care that is associated with population ageing, and the challenge of providing improved care for the elderly (Mira, Francois, & Howard, 2003). Some countries establish special home care programmes such as Home and Community Care (HACC) in Australia and Care Support and Home Support in New Zealand, some implement home care in their long-term care programme such as Austria, Germany, Japan and Norway, others provide home care services in their community care or social care such as Ireland and Korea (OECD, 2005). Some countries set out nation-wide standards of home care, e.g. Australia and Japan. In other countries, e.g. Austria and Canada, standards of home care are monitored by regional or local governments.

The government

182. In many western economies, the major source of fund for LTC is general taxation/governmental fund and insurance contribution, while the private sector merely plays a minimal role (Table 4.1). While the UK, Australia and Canada adopt a tax-based model, basing upon their National Health Service (NHS) system; Germany and Japan have set up LTC Insurance schemes. However, the services are provided by independent or private, or NGO operators, while the government provides subsidies to the provider or the users and the insurance companies reimburse the expenses to the users in the case of LTC insurance. The government monitors and regulates the service quality of the service providers.

	Total expenditure			Public expenditure			Private expenditure		
	HCC	RCS	Total	HCC	RCS	Total	HCC	RCS	Total
Australia	0.38	0.81	1.19	0.30	0.56	0.86	0.08	0.25	0.33
Canada	0.17	1.06	1.23	0.17	0.82	0.99	n.a.	0.24	0.24
Germany	0.47	0.88	1.35	0.43	0.52	0.95	0.04	0.36	0.40
Ireland	0.19	0.43	0.62	0.19	0.33	0.52	n.a.	0.10	0.10
Japan	0.25	0.58	0.83	0.25	0.51	0.76	0.00	0.07	0.07
Netherlands	0.60	0.83	1.44	0.56	0.75	1.31	0.05	0.08	0.13
New Zealand	0.12	0.56	0.68	0.11	0.34	0.45	0.01	0.22	0.23
Norway	0.69	1.45	2.15	0.66	1.19	1.85	0.03	0.26	0.29
Spain	0.23	0.37	0.61	0.05	0.11	0.16	0.18	0.26	0.44
Sweden	0.82	2.07	2.89	0.78	1.96	2.74	0.04	0.10	0.14
UK	0.41	0.96	1.37	0.32	0.58	0.89	0.09	0.38	0.48

USA	0.33	0.96	1.29	0.17	0.58	0.74	0.16	0.39	0.54
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Data for Australia, Norway, Spain and Sweden are for age group 65+; n.a. = not available.
Source: Canada, Germany, Norway: *OECD Health Data 2004*; Australia: Productivity Commission (2003); Ireland: estimates based on O’Shea (2003) and Mercer Limited (2003); Poland: Kawiorska (2004); Spain: Marin and Casanovas (2001); United States: *OECD Health Data 2004* and GAO (2002); Austria, Japan, Luxembourg, Norway, New Zealand, Sweden, United Kingdom: Secretariat estimates based on replies to the OECD’s questionnaire on long-term care. (See Huber, 2005a, for a more detailed documentation of sources and methods.)

183. In Canada, the jurisdictional responsibility for home care, as well as most other healthcare and social programmes, rests with the provincial governments, because home care is categorized as an extended health care service in the *Canada Health Act (CHA) 1984* (Health Canada, 2010). Home care services in Canada vary widely between provinces/territories, even between regions within some jurisdictions.

184. In the UK, different levels of governments provide different types of publicly funded home care services, depending on whether the services are health services or social services. Nationally, the Central government, through the NHS, is responsible for administering health services including home health services (Dalley, 2000). Yet, the UK government is planning to launch reform in improving its home care in 2014 (Department of Health, UK, 2010).

185. In the USA, several federal and state government programmes fund home care including Medicare, Medicaid, Older Americans Act, Social Services Block Grant, Supplemental Security Income (SSI), and a range of supportive arrangements (Kassner, 2006). Actually the USA exhibits another model of financing the LTC services, by a range of federal and state government funding programmes. The Medicare and Medicaid are the two major programmes with the following features:

- i. Medicaid is the largest source of public funding for home care services, which is administered by states with rules mandated by the federal government.
- ii. State participation in the Medicaid programme is voluntary, although all states have elected to do so because they receive matching federal funds for Medicaid programmes.
- iii. Most Medicaid spending on home care goes toward home and community-based services waivers, the majority of which pays for services to people with developmental disabilities.
- iv. Only Medicaid certified home health agencies can be reimbursed for services provided to Medicaid recipients. The Medicaid certified home health agencies can be operated by either private (non-profit or for-profit) organizations or local authority such as county nursing services or local health departments.
- v. Medicare is a federal health insurance programme with a uniform eligibility (included means test) and benefit structure throughout the USA, and its benefits are targeted at people recovering from an acute illness. The beneficiary must be home-bound and services must be ordered and reviewed periodically by a physician. Medicaid is

administered by states and provides medical care for low-income individuals who are aged, blind, disabled, members of families with dependent children, and certain other needy people. Under home care in Medicaid, home health services are for low-income people with mainly acute care needs, personal care services benefit functionally impaired elderly people living at home, and home and community-based waiver services are provided to specific groups such as older people or people with brain injuries (Kassner, 2006).

186. In Canada, with the federal nature of governance, there exists a wide variety of different programmes in the financing and provision of LTC. The following depicts the features of LTC in one of the provinces, that of British Columbia:

- i. Mixed public-private (NHS model)
- ii. Plans and managements are from the central governments;
- iii. Specific functions are decentralised to lower levels of governments;
- iv. Service providers are independent but closely supervised by the governments
- v. All provinces have some form of assessment.
- vi. Although the federal government shares a portion of health care costs, it is not directly responsible for the planning, delivery, and governance of health services.
- vii. Each province has established a unique approach to long-term care, resulting in a health policy mosaic.
- viii. Case-mix-based funding systems: different instruments are employed to assess older people's LTC needs and funding amount. As a result, LTC exhibit regional disparities in the types of services available to Canadian seniors and unequal access to therapeutic interventions in home- or facility-based care. The different approaches in funding have had a direct impact on the types of services seniors receive, irrespective of their needs (Hirdes, 2001).

187. In Australia, The federal government evolves from playing a residual role in providing services on a selective basis to that of an enabler, planner and fund-provider. The recent trends of aged care development are as follows (Commonwealth of Australia, 2004; Commonwealth of Australia, 2007-08; National Seniors Australia, 2010):

- i. Increase formalisation and diversification
- ii. Entitlement of citizenship
- iii. Ageing in place/ageing well/active ageing
- iv. Deinstitutionalization/comprehensive community care programmes
- v. Setting a ceiling on institutional care
- vi. User-pays/cost containment policy/means-tested
- vii. Promoting assessment as a requirement for entry
- viii. From aged-based to needs-based policy
- ix. Leadership and power: from voluntary/private organizations to government funders
- x. Integrated strategy and partnership approach

188. Japan practices the mandatory LTC social insurance which displays the following features:
- i. Pensioners are normally required to contribute to funding LTC; in the form of paying insurance premium or out-of-pocket “top-up” to LTC services to achieve cost-sharing.
 - ii. According to the Ministry of Health, Labour and Welfare, the insurance premium for elderly people shall be a fixed amount set by each municipality according to their level of income.
 - iii. 90% of the cost of any insured LTC service would be paid by public fund from Government, municipalities, and etc.
 - iv. Out-of-pocket payment at a fixed rate (10% of the cost of the insured services) and a standard charge for meals imposed on users of facility services (such as special nursing homes for the elderly).
 - v. There is an upper limit of the above out-of-pocket payment.
 - vi. The upper limit of the out-of-pocket payment and standard charge for meals is set lower for people with low income (Ministry of Health, Labour and Welfare, Japan, 2000).

189. Singapore presents a unique and exceptional case where there is neither a tax-based nor an insurance-based financing model, but a contributory saving account model (Phua, 2001). The government-administered central provident fund (CPF), with contributions from both employers and employees, addresses the various needs of its citizens and their family dependents, including housing, education, health, and also LTC. The Singapore Government heralds the virtue of individual responsibility of welfare and thus devised the CPF as a fundamental financing model of provision for various social services, and plays a supplementary or residual role in providing financial support to NGOs in providing services and administering means-tested provisions to those who are destitute (Chui, et al., 2009).

190. In China, the government also encourages the use of the CCS for elderly. However, there are variations amongst the various provinces and municipalities in their respective policies and provisions. For instance, the Shanghai municipal government started from 2000 onwards subsidising CCS in the form of buying service for low income elderly who have difficulties in caring themselves. In 2004, it adopted voucher system in CCS for those elderly who are covered by the Minimum Living Standard scheme and those who have low income. The Shanghai municipal Government subsidizes those aged 80 and over, who are either living alone or living in pure elderly household and passed the assessment of self-care, 50% of the standard allowance for elderly service

The Private Sector

191. Private operators of CCS constitute a small proportion in the various economies reviewed. Most of the operators, as in the case of Japan, would provide services to older people on demand who in turn would get partial reimbursement of the expense from the LTC insurance.

192. In the area of RCS, Skilled Nursing Facilities (Nursing Homes) (SNFs) offer 24-hour skilled nursing care and the least independence due to the high medical needs of the residents. Increasingly SNFs offer independent rooms, easily accessed by medical staff. SNFs must be licensed by the state and inspected regularly for quality standards. Residents are usually those who are chronically ill and need long-term placement and those who need short-term rehabilitative care following a stay in the hospital. Green House® homes are a newer concept in SNFs that are based on a social model of care. These homes consist of small residences housing 6 to 10 older people each who require skilled nursing care. Their design and overall organization are intended to feel like “home”. All consist of innovative architecture and feature services that offer privacy, autonomy, support, and enjoyment.

The NGO sector

193. As CCS has been provided largely in a public model based on either general revenue, contributory insurance or saving scheme, the private sector plays relatively minor roles in the delivery of CCS, whereas the NGO sector serves as service operators upon receiving funding from the government. Nonetheless, there are some services provided by NGOs that supplement the mainstream CCS.

194. For instance, in Taiwan, there is a welfare foundation emergency service which is similar to the PE Link service in Hong Kong. Besides the emergency call, the older people can set a daily alarm or an outing alarm. For the daily alarm, older people need to report daily and for the outing alarm, the older people need to report back when they come home. If the older people cannot report properly, the agency will call the older people or the emergency contact persons. Also, there is a private rental service for rehab aids. For most of the aids, there will be 10% discount after 2 years rental period. Also, after renting for 3 months, there will be 20% off to buy the rented items (10% for new items) and 50% of the paid rent can be regarded as down payment for purchasing the item.

195. NGOs in various economies also operate RCS for frail older people, often having governmental support in the provision of financial subsidies.

Relevance to Hong Kong

196. The provision of LTC services is concerned firstly with the issue of financing, and then the model of service delivery. International practices reveal that there can be a continuum of LTC financing models ranging from public to private, i.e. from tax-based, to social insurance, and then to private insurance and out-of-pocket payments. A tax-based public provision system would normally ensure a universal provision of services with a wide coverage of people; while a private insurance / out-of-pocket model would result in disparity of service utilization based on

people's affordability. Governments in advanced economies would normally not play the role of direct service provider of LTC but would either "purchase" services from the private and/or NGO operators (i.e. provider-subsidy) or support the users in accessing such services (i.e. user-subsidy by means of means-tested in-kind provision or in-cash "voucher").

197. In the direction of promoting a private sector of LTC service provision, including both the residential care and community care aspects, there is also the need to ensure quality control. In this regard, an accreditation system would be required to ensure service quality provided by private operators. Reference could be made to the case of the USA in which the Home Care Alliance (HCA) of Massachusetts, a non-profit trade association, has created a Home Care Agency Accreditation Programme to establish operational and quality standards equivalent to licensure in most other states (Home Care Alliance, 2010). As at 2011, over 1,000 of private-pay home care service providers had been accredited by the HCA. In Canada, eight of the 13 provinces / territories have achieved or are planning to achieve accreditation through the Canadian Council on Health Services Accreditation (CCHSA). Currently, in Hong Kong, only the Hong Kong Association of Gerontology operates a voluntary system of accreditation for private residential care homes for the elderly (RCHE), which only records a rather low enrolment rate (22 out of 580 private RCHEs). There is currently not many private community care operators and so there is no similar accreditation system. Thus, there may be the need to promote the development of some accreditation systems for both the residential and community care services if the private sector is to be promoted to complement publicly funded, subsidized services.

198. The EC's 2009 study on RCS in Hong Kong reveals that Hong Kong has a higher rate of institutionalisation for the elderly as compared to many other overseas countries (Table 4.2). There is an international trend of promoting "ageing in place" by the governmental effort in developing CCS for older people. Most publicly-funded CCS are provided in-kind, either by direct provision by the government or more often by NGOs through government subsidy, or in countries with LTCI by private operators. There is an emergent trend that governments have gradually adopted cash subsidies or in-cash provision as a supplement or alternative to in-kind provision. In countries that provide both in-kind (services) and cash support, the elderly may choose between the two alternatives. As the Hong Kong government has also promoted "ageing in place" as policy direction, there may be need to make reference to such experiences in developing a more viable community and home care service delivery system that addresses the need of the older people. However, the current LTC provision in Hong Kong is not means-tested and there is only the selection by a clinical assessment of the frailty and health condition of the applicant. It may therefore be desirable for Hong Kong to investigate the desirability and sustainability of such a tax-based public provision model, or to explore the possibility of developing other alternative financing modes like social or private LTCI or selective provision by means-test.

Table 4.2: Institutionalisation rate and ratio of residential care beds to elderly population ^{Note 1}		
	Institutionalisation rate	Residential care beds to elderly population
Hong Kong	6.8% (2009)	1:15 (2009) [@]
China	1.0% (2008)	1:119 (2007) ^{# Note 2}
Taiwan	2.0% (2009)	1:37 (2009) [@]
Japan	3.0% (2006)	1:38 (2007) [#]
Singapore	2.3% (2006)	1:35 (2006) [@]
Australia	5.4% (2006)	1:17 (2007) [@]
UK	4.2% (2004)	1:55 (2005) [*]
USA	3.9% (2004)	1:23 (2007) [@]
Canada	4.2% (2003)	1:10 (2002) ^{#Note3}

Note1: Elderly population refers to people aged 65 or above unless otherwise specified.
Note2: Elderly population refers to people aged 60 or above.
Note3: Elderly population refers to people aged 75 or above.
@Residential care beds of both subsidised and non-subsidised elderly homes are included
There is no specification on the nature of residential care beds.
* Only those residential care beds included in the UK'sNHS.
Sources: Chui, E.W.T. et al. (2009) *Elderly Commission's Study on Residential Care Services for the Elderly Final Report*. Hong Kong: Elderly Commission.

(5) EDUCATION

199. Education services encompass a range of services related to formal, informal, or non-formal, academic and professional and/or vocational training and education. While formal and professional / vocational education or training would normally be delivered by formally accredited educational institutes leading to specific qualifications, informal or non-formal education can be offered by organizations with a less structured format, and can be related to leisure and interest activities.

200. Participation in formal, informal or non-formal study is also one of the strategies older people use to manage the transition from work to retirement, and to make life after work more meaningful. Education services for older people serve to enhance their active participation in society which contributes to improving their quality of life. There can be formal and informal education for older people; however, the international scene reveals that most older people, especially upon retirement, would prefer pursuing informal education.

The government

201. Governments in different parts of the world are aware of the need to face the challenges and opportunities posed by an ageing population and recognize the positive functions of continuing

or lifelong education for older people in maintaining and active social participation. Thus, governments may either provide funding to academic institutions and/or NGOs in providing education services for the older people.

202. For instance, in Taiwan, the Ministry of Education (MOE) promulgated in December 2006 the "White Paper of Elderly Education Policy towards Ageing Society" in the implementation of education for the elderly as education for all, and reveals the four visions as: lifelong learning, healthy and happy, self-dignity and social participation. The MOE has launched a programme that offers the elderly mini-classes on college campuses on a trial basis. These classes aim to utilize the quality teaching environments and teachers of universities to design courses that cater to the physical, mental and spiritual needs of the elderly. Each class lasts for five days and four nights, with all the students required to live in campus. In addition to required courses that acquaint the elderly with successful ageing and geriatric psychology, electives, and general knowledge, other programmes include physical education, service learning, club activities and campus life courses so that the elderly can enjoy a university atmosphere and interact more with young students (Ministry of Education, 2010).

203. In addition, the MOE of Taiwan in 2008 set up 105 Learning Resources Centres for the Elderly in an attempt to provide aged people with easily accessible learning resources. The MOE hopes, through the joint efforts of various government agencies, to develop an "Energetic Learning Map" for aged people so as to enable them to learn and enrich their lives (Ministry of Education, 2010).

204. The Singaporean government is highly cognizant of the small size of the country and economy amidst the increasingly competitive globalized world context. Thus it has placed high emphasis and investment on education, the expenditure of which ranks top in government expenditure. In promoting the competitiveness of its workforce, the government has promoted lifelong learning for its whole population, including the senior citizens. Singapore's approach to lifelong learning is pragmatic and rational, and serves as one of the economic drivers to enhance the country's competitiveness as well as a means to counteract unemployment (Kumar, 2004). The Ministry of Manpower is vested with the authority and responsibility of promoting lifelong learning since 2000.

205. As an incentive for promoting people's active engagement in lifelong learning, the Singaporean government provides Lifelong Learner Awards to give recognition to participants who have outstanding performance and positive learning attitudes. These awardees would then serve as Learning Ambassadors to help promote and propagate lifelong learning amongst the general public. The government also organizes the Singapore Learning Festival to enhance the citizens' identification with the goal of lifelong learning and of employability (Ministry of Manpower, 2003).

206. In Singapore, public libraries facilities are designed to be elder-friendly. For instance, lifts and access ramps are provided for people in a wheelchair, including older people. In more subtle ways, the book shelves and height of placement of books are specially designed and arranged to enable seniors easy reach to the books. The government's Committee on Ageing Issues encourages the library to further enhance elder-friendliness by providing books with large prints and audiovisual materials that may be more appropriate for older people with lower educational attainment or literacy. The Committee also encourages the universities and polytechnics to provide more learning opportunities to seniors.
207. The Shanghai municipal Education for the Aged Committee edited and published the first set of teaching materials for elderly education programmes, such as "Crochet", "Introduction to financial management", "Elderly mental health" and "Piano for elderly".
208. In UK, state owned institutes, including community schools, colleges or universities, learning centres, job centres, new deal information line, local education authority, and local museums, provide informal education for old aged people.
209. The Australian federal government's programme, The Rural Women's Network, set up the "Older Women Out There" radio programme to promote and deliver information about wellness to older women. Each programme would invite talented older women, guest speakers and panels to discuss a broad range of topics. The Australian government also provides grants to support the U3A Online that offers a wide range of courses in the cyberspace (Braxton, 1999).

The private sector and the NGO sector

210. Lifelong learning for older people is also offered by some sort of partnership between the private and NGO sectors. One of the dominant forms of education for seniors is the development of "U3A" i.e. University of the Third Age. The University of the Third Age (U3As) was first launched in France in 1972 as a summer school for retired people. The French model centred around universities. A committee of retired people negotiated a contract with a university for the use of its facilities and tuition (The University of the Third Age, 2009).
211. The U3As in the USA are autonomous, self-help organisations run by the voluntary efforts of their members. U3As are funded mainly by the members' subscriptions. Funding from outside sources may be sought on occasions and is accepted only if there are no conditions attached which might conflict with the Third Age Trust's aims and guiding principles (The University of the Third Age, 2009).
212. In Australia, the idea of U3A later expanded and went virtual with the U3A Online offering courses in the cyberspace with government grants. The U3A Online offers short online courses

and many other useful resources for older people, especially those who are geographically, physically or socially isolated.

213. In China, the China Association of the Universities for the Aged (CAUA) was established in December 1988 on the initiative of early-formed universities for the elderly. It is a national not-for-profit organization consisting of educational groups and universities for the elderly all over China. The financial resources of CAUA come mainly from membership fees or donation and assistance from the enterprises or individuals in and outside of China who are concerned with the cause of education for the aged in China (National E-learning Platform for the Universities of the Third Age, 2007).
214. China is moving from a national-, organization- and enterprise-based to a community-based system; or from a wholly publicly financed system to a system encouraging mixed public and private financing in implementing elder learning (Wolff 2008). This approach has the merit of providing courses that can better fit the needs of older people in their respective communities and educational opportunities are more easily accessible to the elderly. It can also mobilize local resources including teaching staff, venue and funding (Lui, Leung, & Jegede, 2002).
215. In Shanghai, the Shanghai radio broadcast U3A has merged with online U3A and launched distance learning U3A programme, which designed some innovative programmes; e.g. self-learning programmes, such as “Movies appreciation”, interactive programmes, such as “Q&A with professionals”, participating programmes, such as “Elderly photograph show”, “Knowledge of world expo” and “Call papers on China and I”.
216. In the French model, many are affiliated with colleges and universities which aim at providing formal education (Swindell 1995). U3As programmes are funded in the main by the subscriptions of their members. Funding from outside sources may be sought on occasions and is accepted only if there are no conditions attached which might conflict with the trust’s aims and guiding principles. Members undertake themselves, without payment, the many and varied tasks necessary to run their U3A. Usually, paid tutors are engaged only when special expertise is necessary to ensure the health and safety of members taking part in certain activities.
217. Apart from the mode of U3A, there can be other innovative projects. For instance, in Australia, the Mind Ventures, a not-for-profit organization, designs and arranges a series of educational programmes and excursions for older people to explore and extend intellectual pursuit, visit interesting places, and meet other people that share the same interest. The programmes/trips last for one to four days and cover a wide variety of subjects from history, philosophy and literature to science and the environment. Presenters of the programmes are from universities, other educational and cultural institutions, the media, literary and artistic communities, and community leaders in a wide range of areas.

218. Private companies (e.g. archives, galleries, and health centre) and NGO (e.g. elderly leisure centre) in UK provide informal education for old aged people (Department for Education and Skills, UK, 2001).
219. In the USA, the Bernard Osher Foundation offers life-long learning programmes for seniors aged 50 and older. The programmes offer non-credit educational programmes, a university connection and support, volunteer leadership, organizational structure, and various intellectually stimulating courses.
220. In order to offer more learning opportunities for the elderly, there are some universities in USA providing non-credit programmes to senior citizens at a lower cost or free of charge. For example, the University of Hawaii offers the Senior Citizen Visitor Programme allowing seniors aged 60 and over to attend fall and spring classes upon the permission of the instructor (University of Hawaii at Manoa, 2010). The George Mason University also allows Virginia residents 60 years or elder to register for and attend up to 3 non-credit continuing education course per year without payment of instruction-related fees (George Mason University, 2011).
221. In Taiwan, there is a series of courses which is run by a charity and there are four main themes: information and technology, health, arts and language. Besides, Nan Kai University of Technology, College of Adult Education offers more than 20 core courses which cover areas on a) health maintenance; b) practical knowledge, such as law and finance; c) leisure, such as art craft and visit; and d) psychology, such as psychology and modern lifestyle.

Relevance to Hong Kong

222. There can be a variety of lifelong learning opportunities provided to older people that caters to their need for learning and social participation, especially in view of their reduced familial and social engagements rendered by life stage development. In addition to on-site learning activities held at centres, there can be the provision of on-line or off-campus learning via the internet platform. As suggested by the European Commission, Information Communication Technology (ICT) could be used to support both formal and informal learning for ageing learners (Ala-Mutka, Malanowski, Punie & Cabrera, 2008). The following possibilities of using new types of communication and connecting applications to be developed for facilitating elderly learning may be relevant to Hong Kong:

	Personal (home, health)	Social, Community	Work
Learn to know	- ICT provides new information resources e.g. on healthy diet, medication, developed	- ICT helps to stay updated about activities of the local and other interesting communities	- Learning about new ICT based working methods relevant to know in one's work.

	both by experts and peers. - ICT can provide flexible and immediate access to information resources.	- ICT provides new possibilities to find personally relevant (online) communities.	- ICT provides new means to search for information about work opportunities.
Learn to do	- Learning to use online banking and shopping, travel services. - Learning to use fall detectors, digital television, mobile phone, medication reminders. - Learning to use internet for finding information and resources.	- Learning to make free video calls to grandchildren living far away. - Learning to participate to online communities. - Informal learning and knowledge sharing when learning to use ICT with peers or younger family members.	- Learning to use the ICT tools needed in the work tasks, e.g. office applications. - Learning to use ICT for entrepreneurship. - Learning with ICT resources for preparing voluntary tasks in the community.
Learning as activity	- ICT-based brain training games combine learning and entertainment. - Learning to use ICT-based learning resources and applications for personal development.	- ICT enhanced learning in community centres (with intergenerational groups). - Participating in ICT-supported distance learning courses, even aiming at achieving university degrees.	- Updating ICT as well as other skills with training certifications to show updated professionalism. - Learning to teach ICT skills for others.

223. Furthermore, making reference to the U3A and other lifelong learning models in other advanced economies, there may also be the need to provide more educational opportunities that carry more academic, aesthetic and cultural elements, in addition to the more leisure-oriented or interest-oriented short courses that are available currently in Hong Kong, in view of the improved educational attainment and financial affordability of the coming cohort of older people.

224. Governments in various economies seldom serve as the direct provider of educational services for older people, but rather serve a supportive role in providing subsidies to NGOs in operating lifelong learning programmes for older people.

(6) MEDICAL SERVICE

225. Medical services encompass a wide range of services at different levels. It can range from primary, to secondary, tertiary and even quaternary levels of health care, designating respectively, prevention of disease, and health education, clinics and rehabilitation services, hospital and research services and organ transplant and outreaching services. Such services can be delivered in a range of organizations, including mainly hospitals and clinics. At the same time, medical services may also have interface with “health” services; which may sometimes be dichotomized as being the “cure” and “care” services respectively.

226. Health is a major concern for all people, and is a critical concern amongst older people as they naturally experience the gradual process of physiological ageing that brings along illnesses of various sorts. Medical and health services thus constitute a significant need and demand amongst the older people community. It is imperative to review the medical and health service system to see if it could be sustainable in facing the challenges of an increasing aged population. Medical services for elderly include the conventional hospital and clinic services as well as medical insurance in both the public and private sectors. There is a variety of health financing models, including publicly-funded, medical insurance schemes and user-pay models, for older people, in the economies reviewed.

The government

227. The US federal government administers Medicare and Medicaid in the provision of medical services for older adults, which is also supplemented by private insurance (i.e. paid out of pocket by the insured). Medicare is federal health insurance for all Americans 65 or older. It was signed into law in 1965 and features several different “parts”. Medicare Part A, or hospital insurance, helps cover nursing home placement, hospital care, home health and hospice. Medicare Part B, or medical insurance, helps cover doctors’ services, hospital outpatient care, and home health care; it also covers some preventive services. Medicare Part C, or Medicare Advantage Plans, are optional and run by private companies approved by Medicare. It covers urgent and emergency services as well as extra coverage, such as vision, hearing, dental, and/or health and wellness programmes. Medicare Part D, or prescription drug insurance, is optional and run by Medicare-approved private insurance companies. It helps covers the cost of prescription drugs. Both Medicare Part C and D come with additional fees, whereas Medicare Part A and B are offered at no cost as part of social insurance. Medicaid was designed to provide medical assistance to individuals as well as families with limited financial resources and low incomes.

228. In UK, the NHS under the Department of Health accounted for 86% of total health expenditure that is mainly funded by general taxation (76%), but also by national insurance contributions (19%) and user charges (5%) (Department of Health 2006). Each of England, Northern Ireland, Scotland and Wales has its own system of private and publicly-funded healthcare with

alternative, holistic and complementary treatments. There are few cost-sharing arrangements for publicly-covered services include drugs, dentistry services, and etc (Boyle, 2008). The NHS had set up trusts to organize hospitals that are directly responsible for the provision of all medical care service to local population. However, public funds have always been used to purchase some care from the private sector to sustain its service capacity and consultants (specialists) work mainly in NHS hospitals but may supplement their salary by treating private patients.

229. Canada's Health Care System (Medicare) is an insurance programme shared between the federal and provincial-territorial governments. Based upon the Canada Health Act (CHA), provincial and territorial governments have the responsibility to manage, to organize and to deliver health services for the entitled Canadians who are insured to receive services without copayment (Health Canada, 2009). Approximately 70% of total health expenditures in 2004 came from public sources, with the rest paid privately (both through private insurance, and through out-of-pocket payments). The extent of public financing varies considerably across services. For example, approximately 99% of physician services, and 90% of hospital care, are paid by publicly funded sources, whereas almost all dental care is paid privately (Canadian Institute for Health Information, 2005).

230. In Australia, the Commonwealth and State Governments jointly fund public hospital services that provide free-of-charge services to Australians who choose to be treated as public patients. In addition, the Commonwealth Government also funds the 30% Private Health Insurance Rebate to support people's choice to take up and retain private health insurance. The rebate is higher for older people; with 35% for people aged 65-69 years and 40% for people aged 70 years and over.

231. In Singapore, the government administers the Medisave, a national healthcare savings scheme that covers more than 80% of Singaporeans in paying for hospitalization expenses. The Medisave saving can also be used to pay for certain outpatient treatments like chemotherapy, radiotherapy and dialysis. Other than Medisave, about 75% of Singaporeans are covered under MediShield and other types of Medisave-approved insurance plans. MediShield is a low-cost medical insurance plan that helps patients cope with large bills and covers up to 80% for class B2 and C bills. MediShield has deductible and co-insurance features.

232. In France, there are no facilities deemed nursing homes; care of this character is generally provided in long-stay hospitals under the hospital authorities and in the medical care sections of retirement homes. Approximately 2% of elderly people (aged over 65) reside in these two types of facilities. These retirement homes are under the jurisdiction of the social service agencies with the medical care component supported by health insurance and paid for at a flat rate. Admission to the medical care section is determined by the medical advisor to the sickness insurance funds. While the patients pay an average cost of US\$ 50 and a maximum of US\$ 120

per day. Under the present French system, if users are unable to afford it, welfare assistance is available (Ribbe, Ljunggren, Steel, Topinkova, Hawes, Igegami, Henrard, Jonnson, 1997).

233. Another service, to prevent, postpone, or shorten stays in hospital or residential care institutions, home help is intended to provide assistance with everyday tasks to people aged 60 or more, mainly provided by private non-profit making associations and by municipalities, to enable them to carry on living in their own homes. Home care usually concerns domestic help, washing, cooking, shopping, and nursing care. The home help is partly financed by retirement schemes (depending on the income of the person receiving the service) and partly by social welfare benefits provided by the “département”. Certain services, such as meals-on-wheels and house alarm systems are often financed by regional governments and recipients may have to contribute towards costs. Home nursing care services and other paramedical services, on the other hand, are fully financed by the healthcare system.

234. Hospitalization at domicile (HAD) in France is a transitional solution, which can either follow a hospitalization or substitute. It could ensure the patient at home is able to access the important medical and paramedical treatments, for a limited but renewable period according to the evolution of his/her state of health. The HAD structure works with patients of any age with a serious illness, acute (disease transient that occurs in a brutal way) or chronic. Admission is subject to a medical prescription and the explicit agreement of the patient.

The private sector

235. Private hospitals, clinics and private practitioners in advanced economies provide health services to older people on user-pay model or linked with health insurance schemes.

236. Apart from direct medical/ health service, health technology constitutes a grooming market in general and that for the older people in particular. Business companies in various countries are actively developing new technologies in health care sector. The following are some examples: In Japan, the Tokyo Mobile Healthcare Inc. provides mobile phone-based health management and patient care services, including assistance in the management of diabetes and chronic conditions (Usui, 2008). In the USA, a mattress pad developed by a University of Virginia team checks heart rate, breathing and sleep quality, and forwards the data to distant health care professionals (Rashidian, 2010). Intel, the computer technology enterprise, also involves in healthcare innovation, such as remote health management (Intel Corporation, 2007). The Bang & Olufsen, a Danish company known for making fashion phones and audio gear, has a medical devices division, Medicom. This division aims to develop innovative medical device (Farivar, 2006).

237. Regarding private healthcare sector in the UK, they are relatively smaller than its public equivalent, with provision of private healthcare acquired by means of private health insurance, funded as part of an employer funded healthcare scheme or paid directly by the customer,

perhaps with restrictions on some diseases (Triggle, 2008). With respect to private insurance, a mix of for-profit and not-for-profit insurers provides supplementary private health coverage. It offers choices of specialists, avoidance of queues for elective surgery and higher standards of comfort and privacy than the NHS. It covered 12% of the population and accounted for 1% of total health expenditure in 2004 (Boyle, 2008).

238. In Taiwan, a private company, Prohealth Pharmacy provides pharmacy service through online or fax. It also provides consultation service and hygiene education. The charges are paid by health insurance.

The NGO sector

239. Given that the provision of medical and health service incurs substantial human and capital resources and that NGOs are not in the best position to serve as direct providers, many NGOs would position themselves as serving a supplementary role in providing ancillary supportive health services at the community level or on a membership basis. For instance, the community health centres in Shanghai provide home health service, including regular home health visit and primary treatment, for those elderly who are living alone or with serious illness and retired cadres. Other than initiatives done by government, the Shanghai Women's Federation also offer free checking for gynaecological diseases and breast diseases for those retired women and those women who have financial difficulties. The Federation, Shanghai Charity Foundation and Xinmin Evening News set up a charity programme regarding gynaecologic oncology, which offers grant to those who are diagnosed to have the gynaecological diseases and need to do surgery.

Relevance to Hong Kong

240. Health is a major concern of older people who face the challenges of increasing morbidity and the incidence of chronic illnesses. Similar to the case of LTC, health care financing is of critical importance in sustaining the provision of health services. Governments in different countries would develop their respective health care financing models in providing accessible and quality services to their citizens, including of course the older people. International review of health care financing mechanisms can be categorised along the public-private continuum into five different major types; which are respectively, 1) tax-based, 2) social insurance, 3) community-based insurance, 4) private insurance, and 5) user fees (OECD, 2000; Bennett & Gilson, 2001). If based on a publicly-funded, tax-based model with universal provision, there could possibly be problems of long waiting time resulted from huge demand. Furthermore, with increasing number of older people, such publicly funded model of provision would incur tremendous fiscal pressure on the government. Private health services for older people should best be coupled with the development of health insurance so as to protect the patients from the high costs incurred, especially the older people who might have diminished recurrent income upon retirement.

(7) TESTING AND CERTIFICATION

The private sector or The NGO sector

241. The area of “Testing and Certification” includes such activities as testing of quality, safety, compliance to specific standards of products and services, which ultimately serves to provide an ethical marketplace and indicator that consumers can trust to spend their money properly. In the SHM businesses, accreditation of elderly-related services is important in guaranteeing the quality of goods and services provided to the older consumers or service users. It is of specific relevance to the older people especially those who may not be well informed due to various reasons like low educational attainment and illiteracy, limited social network, low computer or ICT mastery, and the like.

242. As revealed in international practices, the government seldom enters into direct provision of testing and certification services, but would instead administer licensing of operators or providers of goods and services. It is usually either the non-profit agencies or trade associations of industries, academic or professional bodies that serve as certification or accreditation bodies.

243. Personal health care service is amongst the most needed services for older people and thus certification of service quality in this area is of prime concern. The International Society for Quality in Health Care (ISQua) launched its International Accreditation Programme (IAP) in 1999. This is the only international programme that “Accredits the Accreditors”. As of January 2011 there are 17 organisations, 31 sets of standards from 23 organisations, and 6 surveyor training programmes currently accredited by ISQua (2011). The IAP products provide a four-year accreditation cycle for various national accreditation bodies such as (Medical Tourism News, 2010) :

- Accreditation Canada, Canada (2010)
- The Australian Council on Healthcare Standard – ACHS, Australia
- Council for Health Service Accreditation of Southern Africa – COHSASA, South Africa
- Global-Mark, Healthcare Certification Programme, Australia
- Health and Disability Auditing New Zealand – HDANZ, New Zealand
- Health Accreditation System of Instituto Colombiano de Normas Técnicas y Certificación, Co – ICONTEC, Colombia
- Healthcare Accreditation Quality Unit, UK - CHKS-HAQU, UK
- The Irish Health Service Accreditation Board – IHSAB, Ireland
- Joint Commission International, USA – JCI, USA
- Malaysian Society for Quality in Health – MSQH, Malaysia
- Netherlands Institute for Accreditation in Healthcare – NIAZ, Netherlands
- Quality Improvement Council and the QIC Accreditation Programme, Australia – QIC, Australia

- Taiwan Joint Commission on Healthcare Accreditation – TJCHA, Taiwan

244. Another example in the USA, the Home Care Alliance (HCA) of Massachusetts, a non-profit trade association, has created a Home Care Agency Accreditation Programme to establish operational and quality standards equivalent to licensure in most other states. In evaluating home care agencies for elderly, the programme includes 14 standards relating to: client rights, privacy, and complaint procedures; protections against abuse; fair employment practices; caregiver criminal background screening; competency, training and supervision; insurance coverage; and compliance with all applicable federal, state and local laws (HCA, 2010). Until 2011, over 1,000 private pay home care service providers had been accredited by the HCA.

Relevance to Hong Kong

245. Certification or accreditation of quality service and goods providers is a guarantee or protection of the rights of older people as consumers and users. It is thus imperative to have viable mechanisms put in place. Learning from the experience of overseas practices, it would be desirable for professional bodies or operators to form into some alliance or organizations to either provide certification, thus exercising monitoring of quality of service and goods, or self-discipline amongst the operators. Government intervention in this area would focus on the formulation of relevant legislative and regulatory mechanisms in ensuring compliance of relevant standards of safety and quality of goods and services.

(8) INNOVATION AND TECHNOLOGY

246. This is a wide scope of activities that relate to multifarious economic and social aspects. With specific reference to the needs of older people, technological innovation may relate to such areas as health and personal care, housing and home safety, transportation, leisure and social participation, communication and a wide variety of goods. All these may serve to address the physiological and/or cognitive limitations of older people due to natural ageing process. There are some good examples of innovative design and technology that serve the specific needs of older people, apart from those related to medical and health aspects mentioned in a previous section.

The government

247. Governments in various countries provide funding support to universities and research institutes to explore technological innovations in design and production of products, devices and systems that help promote safe living of older people. For instance, in Singapore and Taiwan, the government supports (by subsidy) the universities to establish research and design centres that specifically tailor to the R&D of elderly-friendly products. In Singapore, the East Spring Secondary School introduced an integrated programme in Geriatric Care with multi-disciplinary

curriculum in 2009 in which students learn to develop practical solutions for the needs of the elderly based on lessons in Science, Design and Technology, Food and Nutrition, and Pastoral Care and Guidance (Schoolbag, 2010).

248. In UK, the Technology Strategy Board and the Design Council deliver a £2million programme named “Independence Matters” aiming at developing innovative new technologies, system and approaches to help older UK people staying well while living independent and fulfilling lives (Technology Strategy Board, 2010).

The private sector

249. Private businesses venture to explore and develop technologically based products that promote older people’s safe living in the domestic and community setting. For instance, the Brandon Healthcare is an award-winning device maker from Leeds UK launched in 2009 an illuminated magnifier to enable sufferers of age-related macular degeneration, the biggest cause of failing eyesight among the over-60s, to read and write again (Brandon Medical, 2010). Another private company named Handicare in UK designs user-friendly bathroom facilities to meet elderly users’ need, for instance, specific height of shower screen, a ribbed support pole for extra security, or a bespoke whirlpool to ease clients’ aches and pains. Other accessories include different shower seats and stools, hydrotherapeutic walk-in baths and WCs, temperature-controlled taps and showers, and various grab rails (Age UK Bathing Range, 2011).

250. In Japan, the “Raku Raku” multi-purpose mobile phone is specifically designed for seniors, with larger font size, buttons, adjustable volume and most specially, slowing down of speed of receiving speaker, to accommodate seniors hearing difficulties; as well as a “one-touch” emergence call function. There is also the development of a wearable robot suit called Hybrid Assistive Limb uses sensors that read nerve signals and tell the suit how to move people with weakened muscles or disabilities (Rashidian, 2010). This is the work of Cyberdyne Inc, which is a venture firm aiming at utilizing accomplishments at the University of Tsukuba.

251. In 2004, the Sanyo Electric Company developed human washing machine, which help the older people to wash themselves. The user sits in a chair that is rolled backward and the sides of machine then close like a clamshell. This machine can warm the whole body and protect the users’ privacy (Usui, 2008).

252. The Danish company Bang and Olufsen has released “Helping Hand” in 2006, which can store a blister pack of medication and will send signal to computer or cell phone to remind the user to take their medicines (Farivar, 2006). The computer company Intel also investigated in developing technology to remind elderly to take their medications. The Context-aware Medication Prompting will send alerts to television or wrist watches and are testing to incorporate the system in the form of a wallet that would hold pills (Intel Corporation, 2007). These

developments are particularly suitable for older people who usually have to take medicine for their chronic illnesses but are also forgetful about the schedule due to fading cognitive ability and memory.

253. The Telstra, a telecommunications and information services company in Australia, launched a grant programme named “Telstra Connected Seniors” aiming at helping older Australian learn more about technology. It supports the community organizations, sports club and social groups to purchase equipment and run training courses for their members to learn new technology. The training course supported could be as simple as arranging a bridge game via SMS messaging or emailing family photos.

254. In Taiwan, there is a device called “Babybot” which can be installed at home. It can be used for health check, such as blood pressure, blood glucose, etc. and the data will be uploaded automatically and stored. The health professional and family members can read the data by the way similar to TV remote. Also, the device can act also as an organizer, digital album and snap shot camera, etc. Besides, there is a “Home care immediate report system” that is especially designed for those older people who would wander at home due to suffering from dementia. The device is specially designed to make it look like a carpet with a sensor at the back. Once the older people touch the sensor, the receiver will start off an alarm to inform the family members.

255. In New Zealand there is the development of new flooring tiles that absorb the impact of falls which effectively reduce the risk of older people suffering from bone fracture or even death (Rashidian, 2010).

256. In France, people promoted E-inclusion with different innovative electronic devices. In a website, called Gerontechnologie.net, catalogues of many elderly-friendly products for senior are classified into different areas, ranging from Entertainment, Social Connect, Communication, Working Memory, and Help Caregiver. Outstanding examples could be seen as follows:

Name	Description	Function
Musical Pillar	● Innovation awarded	Entertainment +
Mélo	● Special for elders in institutions	Working
	● Offers games, which some are designed to make working memory: game musical Lotto, play Lotto, Abacus game guess the chanson...etc.	memory
i Pocarte	● Electronic device for enhancing e-communication with family, and friends	Entertainment + Social connect +
	● The device connects to computer with different manipulating cards of functions ranging from communication, entertainment, TV games, and etc.	Working memory

Ordimémo	<ul style="list-style-type: none"> ● an ultra mobile computer for senior citizens ● Embedded software has 12 communication functions: Checklist, messaging, directory, Photos, racing, phone/Visio, aid housewives, medical, mail, ideas, news and weather, entertainment and Internet and more in each topic. The software is regularly being updated. 	Entertainment + Social connect + communication + Working memory
e sidor	<ul style="list-style-type: none"> ● The 3rd generation computer ● Touch screen ● All functions e.g. writing text, attaching photos, signing, and drawing are handy for elderly users 	Entertainment + Social connect + Working memory
Hotline Assytel	<ul style="list-style-type: none"> ● A box + a Medallion (or a bracelet) ● Operate like PE link in Hong Kong ● 24-hours real person stand-by at call centre 	Communication
System UbiQuiet	<ul style="list-style-type: none"> ● A real communicator object installs at the home ● It enables to promote the social link for the elders by receiving voicemail messages, displaying the photos of the calling person, assisting to send SMS without keyboard, warning effortless while no caregiver, nurse, or others around. ● The wireless sensors keep detecting any abnormal situations ● A permanent link with health care professionals ● A web portal to ensure everything goes well ● Maintain user's privacy 	Communication
Medici e Témo	<ul style="list-style-type: none"> ● A companion mobile ● 24/7 service for emergencies ● A built-in GPS to indicate the location of the elders to their family 	Communication
Secufone	<ul style="list-style-type: none"> ● Smartphone 	Communication
Phoenix	<ul style="list-style-type: none"> ● Transmitting data of geo location in an emergency. 	
Quiet Bazile	<ul style="list-style-type: none"> ● Phone with only one button ● Connect to call centre where could call and receive incoming call for the elders 	Communication
The Geophone Pack	<ul style="list-style-type: none"> ● Individual geo-locating service combines GPS and GSM technologies and allows a localization in real time 	Communication
Birdy Angel	<ul style="list-style-type: none"> ● Similar to PE link service with extra functions of GPS, voice call, and sms caregiver. 	Communication + Help caregiver
Vivago Watch	<ul style="list-style-type: none"> ● A Watch with 3 sensors (temperature, movement, micro-movements and impedance) records bearer's 	Help caregiver

activities

- A Terminal relay system transmits data to a computer that scans and allows triggering alarms according to the needs and situations.

EDAO by LINK	● For both institutional care and home	Help caregiver
CARE SERVICES	● A service of video vigilance for assisting professional teams while taking over it. Then, Edao immediately alert crews of an incident or abnormal behavior: fall, flatters, prolonged immobility	

Source: Gerontechnologie.net (2010).

257. In Germany, many seniors are less mobile so that offers of learning with the help of the new IT media become important. Those can only be used by the elderly, though, when there is access to the internet and the necessary knowledge how to use it is available. **"Senioren Lernen Online" (SLO)** is a union of seniors in pension age, who work voluntarily. They want to motivate persons of the same age to use modern technologies to pass on their knowledge and their experiences. SLO gives the possibility to learn at home independent from time and place. **"Ambient Assisted Living" (AAL)** is the name for a new European technology and innovation funding programme. The objective of the AAL Joint Programme is to enhance the quality of life of older people and strengthen the industrial base in Europe through the use of Information and Communication Technologies (ICT). AAL aims by the use of intelligent products and the provision of remote services including care services at extending the time older people can live in their home environment by increasing their autonomy and assisting them in carrying out activities of daily living.

The NGO sector

258. Research centres in different parts of the world contribute in developing new technology in various aspects. For instance, in the USA, the Massachusetts Institute of Technology's AgeLab has targeted at lowering the cost of technologies in the development of products in order to let the lower strata of the ageing population to be affordable to the use of technologies.

259. In Canada, the Sheridan Elder Research Centre (SERC) has received funding from the federal government for conducting the "Ageing in Place: Optimizing Health Outcomes through Technology Design and Social Innovation" project (SERC, 2010). Under the project, SERC will collaborate with small and medium-sized companies in the research and design of technology applications that promote cognitive health and social inclusion.

260. In Europe the EUREKA E!3210 SPECIFURN, an NGO, initiated a project to gather Czech and German partners to develop a new line of furniture aiming at making life and leisure easier for

seniors (Horspool, 2007). The designs can be used in older people's homes, public urban spaces, swimming pools and railway stations.

Relevance to Hong Kong

261. Development of technology and innovation requires resource input especially in the initial stage. The business sector may need to devote substantial investment in the R&D stage and to prepare for the gradual maturation of the market. Governments and universities may provide assistance, especially to the small and medium enterprises that need some assistance at least at the initial stage to venture into developing new products for older people.

(9) CULTURAL AND CREATIVE INDUSTRIES

262. Originally, these cultural and creative industries are meant to be those promoting new, innovative products and services that are related to cultural and aesthetic pursuits of people. Such industries may not necessarily be confined to some specific socio-economic or age groups. In the present context, activities that are related to promoting older people's participation in cultural and creative activities are included. These activities might have to address to the specific physiological and/or cognitive limitations of older people in expression, communication and/or locomotion. The following are some examples found in the economies reviewed that are mostly provided by the NGO sector while occasionally by government departments at the municipal level.

The Government

263. In Canada, the City of Whittlesea in Victoria launched "The Let Everyone Actively Participate (LEAP) Programme" to offer a range of events and programmes to older residents in order to encourage them to try new things, meet new people and keep active. The events range from leisurely luncheons and interesting day trips to information seminars and ongoing activity programmes. The possession of a LEAP Activity Card gives people aged over 55 access to low cost or discount activities such as swimming, exercise classes, saunas and spas that are specifically tailored for mature residents. The city council also developed a LEAP calendar that provides information and contact details for other seniors' programmes, activities, special offers and community learning centres in the city. Another programme, Palmerston Senior Scooters, developed by Palmerston City Council in the Northern Territory, aims at improving the health and wellbeing of older residents by dancing. It involves the use of volunteer coordinators to organise dancing sessions and events. Each session or event provides participants with the opportunity to meet others, be entertained, exercise and have fun. The initiative has branched out into schools, demonstrations and a six-week block of teaching line dancing.

The NGO sector

264. The Mature Artists Dance Experience (MADE) in Australia was set up in 2005 aiming at training mature adults in dance theatre skills development and providing audiences an alternative view of contemporary dance. MADE acknowledges the contribution that the older Australians make to the Australian cultural identity through their talent, skills and experience and its core focus is to place mature performers centre stage to be understood, appreciated and celebrated.
265. The Council on the Ageing of New South Wales designed a project that invites seniors to share their experience in the form of stories written around environmental issues. The stories are then published along with information and details of appropriate services in newspapers, magazines and newsletter. This project makes use of older people's knowledge and experience and simultaneously creating opportunity of social and cultural participation for them.
266. "Silver Memories" is a dedicated radio service in Australia to address issues of isolation and loneliness among older people in residential care facilities. The programme offers 24-hour a day radio service broadcasting music, serials and other programmes from the 1920s to the 1950s when the targeted audiences grew up. The friendly format creates a sense of companionship for audiences as well as being entertaining and informative. Audiences are actively involved through the submission of memories, information and anecdotes for inclusion in the broadcasts. Evaluation of the project finds significant improvement in measures of depression and quality of life of older people listened to this programme.
267. "Encore" is a non-profit making organization in USA dedicated to provide an artistic environment for older adults aged 55 and over, regardless of experience or ability, who seek arts education and performance opportunities under a professional artist (Encore, 2010). Another California-based programme is the Creative Ageing Workshops, established by the Mental Health Department in Ventura County. The primary goal of this programme is to serve an elderly, normal functioning group of people interested in learning more about themselves and how to maintain or improve their mental functioning. A variety of topics that proved to be very well received included love/loneliness, women alone, senior survival, and sexuality among others. Participants were trained to use their cognitive, affective, and psychomotor abilities and skills in generating new behaviours, attitudes, and skills while learning to combat the stresses of the ageing process effectively.
268. Recently, the National Guild for Community Arts Education in USA has established the Creative Ageing Programme to encourage participatory, skill-based arts education programmes for adults aged 60 years and over. Other creative programmes for the elderly include: Dancing Hands and Creative Souls in healthcare facilities and Partners for Creative Ageing.

Relevance to Hong Kong

269. Culture and creative industries appear to be more focused on the young people, especially in view of their being consumers or customers as well as employees. Less attention has been paid to the “market” or potential of older people in these aspects. The above examples can help provide some reference in mobilizing the participation of older people to engage in such activities as participants in playing both “consumer” and “producer” roles. Government may have input in promoting and supporting the development of such culture and creative industries by providing seed funding or loan schemes to NGOs and/or private operators to take the initial steps of development in this direction.

(10) ENVIRONMENTAL INDUSTRY

270. Environmental industries are related to those that help to conserve resources, prevent or reduce environmental pollution and are usually involved with the R’s – reduce, recycle, reuse. Such industries may include the provision of goods and services that are associated with environmental protection, including impact assessment and audit, regulatory design, installation and operation of systems for compliance, waste collection, remediation and recycling, and design and operation of environmental infrastructure (TFEC, 2009). These industries may not necessarily be targeted to the older people but the general public at large. In the present context, the aspect of organic farming is singled out as a more relevant item that is related to the older people.

Organic farming products

271. In the UK, research findings have revealed that the older people are vulnerable to several pandemic diseases, such as Tuberculosis (TB), Verocytogenic E coli 0157 (VTEC 0157), and Avian influenza, the epidemiology of which could be traced to the consumption of contaminated meat or dairy products by the older people. Thus, since the early 1990's, the development of organic farming in the UK has been promoted to reduce the risk of such contamination. By mid-2003, throughout the UK, organic farming had been developed by some NGOs and private sectors, and taken up some 4% of the agricultural land area, with nearly 4,000 farms managing some 720,000 hectares. As a result, consumers and policy makers see organic farming as making a contribution to environmental, welfare, social and nutritional goals of the general public, including especially the older people. (UK Agriculture, 2011).

Relevance to Hong Kong

272. Currently, there is only very limited scale of agricultural food production. Nonetheless the promotion of organic farming could be beneficial to the general public at large and the older people also in providing another choice of agricultural products available in the market for the

consumers. Government policy could focus on the provision of support, in terms of funding and venue (especially in view of the availability of land / premise involved in farming), to organic farmers, who in turn may serve as provider/producers as well as organizers in involving older people in the farming activities.

(11) HOUSING

273. Housing is a basic need for every person in terms of providing safe and comfortable accommodation. As older people may experience changes in their family composition and thus living arrangement, in their financial condition due to retirement, in their physical health which might adversely affect their locomotion and self-care ability, there may be the need to have housing designs that cater to their special and changing needs. Thus, there arises the concept “elderly housing” that refers to the types of housing arrangements and services that serve to provide safe, accessible and comfortable accommodation for the older people. In terms of design, elderly housing would normally incorporate such design features as installation of grab bars, anti-slippery floor tiles, larger buttons for lighting, and the like that cater to their special needs arising from deteriorating eyesight and mobility.

274. Apart from the “hardware” of special facilities, there should also be the availability of “software” or services that enable and support their daily living, which could include personal care, household cleaning, meal delivery and the like. Elderly housing can take various forms, ranging from ordinary domestic independent living, assisted living to communal residential care arrangements, depending on the need and preference of the elderly people in accordance with the physical condition, affordability, family and a host of other factors. In addition, it also involves relevant financial arrangements that are related to mortgage, rental, management and maintenance of residential units. There are various types of senior housing available in different countries. As the aspect of RCS has already been covered in the above section on “professional care”, the present section will focus on the “domestic housing” area. Besides, the aspect of RM which is a financial tool that ties with the older homeowners’ residential property was dealt with in the “Financial Services” section, it will not be dealt with here.

The government

275. Governments in different countries adopt different strategies in the provision of housing to older people, ranging from direct provision, cash (rent) subsidy, assistance on maintenance, to information provision, and the like. However, elderly housing is normally a constituent part of “social housing” or “welfare housing” that is usually provided on a selective basis targeting to some specific groups, including older people, aborigines or lower income groups.

276. For instance, the “Shelter Aid for Elderly Renters (SAFER) programme in British Columbia in Canada provides monthly cash payments to subsidize rents for eligible residents who are age 60

or over and who pay rent for their homes. In addition, the “Seniors’ Rental Housing” provides seniors aged 55-plus and persons with disabilities who are able to live independently with an affordable option for staying in the communities they know and love. Many Seniors’ Rental Housing buildings are managed by non-profit providers/operators. The “Seniors’ Supportive Housing programme” provides specially modified rental homes, in selected subsidized housing developments, primarily to low-income seniors who need some assistance in order to continue to live independently. The programme supports the older people in converting and upgrading existing facilities to enhance their accessibility and improve safety systems, and provides support services such as 24-hour response, light housekeeping, meals, and social and recreational activities (BC Housing, 2011).

277. In Australia, the Queensland Department of Housing designed the Home Assist Secure Programme, which is aimed to help older people who wish to remain in their own home with practical housing-related difficulties. The service involves providing free information and referrals about home maintenance, falls prevention, repairs and modifications and home security. It also offers subsidised assistance for minor home maintenance, repairs and modifications which relate to health, safety and security for instance grab rails in showers, lever door and tap handles. Overall, the programme incorporates home security routines into daily activities as a preventive strategy. Also, the Department of Human Services run a programme named “the Home Wise Programme” to provide assistance to pensioners and concession card holders who cannot afford to repair or replace an essential faulty appliance. A qualified contractor will go to the applicant’s home and help to repair the faulty appliance.

278. The US federal government also provides independent senior living which offers maintenance-free living for independent seniors. Such options do not provide medical services, but often provide a wide-range of social activities and recreational facilities. There are wide variations among these options, but all would normally confine the beneficiaries to be over a specific age, often 50-65 years.

279. Governments at various levels (state/provincial and municipal) in US and Canada provide loans to the elderly home-owners for them to renovate and maintain their houses especially in such aspects as installation of handrail and other internal fittings that accommodate the elders’ changing physiological needs. For instance, in US, the Department of Housing and Urban Development’s **Community Development Block Grant** and **HOME Investment Partnerships Programme** provide funds to rehabilitate and repair the houses of low-income elderly homeowners. The **Home Adaptations for Seniors Independence** in Canada is an initiative to assist low-income seniors to make home adaptations.

280. In US, the federal government administers the **Housing Choice Voucher Programme** to provide rent allowance in the form of “vouchers” to enable elders to have wider housing choice. The vouchers are also allowed to cover the rent portion of assisted living costs. The housing

authorities also collaborate with the U.S. Department of Health and Human Services to better integrate housing assistance with Medicaid funding for services.

281. In US, the federal government's Department of Housing and Urban Development (HUD) administers the **Leased Housing Programme** that was the first housing programme to use privately owned housing to provide public subsidized housing to low-income elders. The programme has enabled public housing authorities to lease units from private owners and sublet them to low-income families, including the older people. This reduces the government administration, the capital costs of constructing the housing blocks, and the recurrent expenses of maintaining the premises.

282. Governments may also resort to "supply-side" intervention, by providing various types of incentives to developers or service operators. For instance, earmarked grants are given to non-profit developers (such as housing associations, philanthropic organizations) to build or furnish rental housing or residential/institutional services for poor elders. This relieves the government of the long-term commitment in provision and management of such housing development projects. In Australia, the **Community Housing Programme** provides capital funding for NGOs and local governments to develop rental accommodation for people on low to moderate incomes. In US, the Section 202 **Supportive Housing for the Elderly Programme** provides capital advance funds to non-profit awardees, and rental assistance to subsidize the operating expenses of the developments. In Canada, the government gives priority to development plans, or '**fast tracking**', to encourage developers to develop elderly housing. "**Density bonus**" is also offered to encourage private developers to build affordable housing units for elders.

283. The German and US government also encourage the developer to create new designs and technologies for senior living environment. In Germany, the Enquete Commission on Care of the federal state of North Rhine-Westphalia listed out six areas of application in IT-aided assisted living (Enste, Naegele & Leve, 2008):

- i. Technology for promoting independent living in old age
- ii. Mechanical household and mobility aids, i.e. user friendly domestic appliances
- iii. The utilisation of technology in connection with housing adaptation, such as self-adjusting blinds and blackout installations and electrical equipment that automatically switches off in case of malfunction.
- iv. Technology assisting health promotion and health control, e.g. e-health or health monitoring.
- v. Technology assisting communication, such as home emergency call system.
- vi. Tele-care, i.e. new forms of telematics-based care possibilities in the case of long illness and the need for care.

284. Local authorities in the UK also provide sheltered housing or retirement housing that is served by a warden and also some form of alarm system linking the warden with the tenants (Tinker, 1997).

285. In Singapore, the Housing & Development Board (HDB) under the Ministry of National Development is the major housing supplier that serves 82% of Singaporeans who live in public housing flats and 95% of HDB residents own their flats (Ministry of National Development Corporate, no date). Since 1998, HDB has implemented measures that improve the living of elderly residents in the public housing flats. For example:

- i. **Studio Apartments** have been built to enrich the range of housing options for aged 55 or above Singaporeans. The in-house design focuses on providing spacious areas for old wheelchair users, safe walking arcades, visual-aid road signs and indicators, extra lighting facilitates, switches and alarm located at proper height, and so on (Global Times, 2003).
- ii. In 2006, **Universal Design (UD)** features within and outside the flats for all HDB housing projects have been implemented, establishing a user-friendly living environment. Such features include ramps at the main entrance of the flat, levelled floors throughout the flat, wider internal corridor and doorways, wheel-chair-accessible common toilets as well as easily accessible switch sockets.
- iii. The **Lift Upgrading Programme (LUP)**, in which lifts are designed to access on every floor of HDB blocks, will be completed by 2014. HDB blocks and multi-storey car parks will progressively be installed with lift landings on every floor as well.
- iv. **LIFE – Lift Improvement and Facilities Enhancement for the elderly**, HDB has also improved its one-room rental flats with a high concentration of elderly residents by fitting elderly-friendly and safety features.
- v. Some HDB flats are specifically designed for family formed by three or more generations so that children can live with their old parents. These flats are like two separated flats with a sitting room linking the two flats so that parents and children can live together as well as having their own privacy.
- vi. The government encourages children to live closer to their old parents by providing them some benefits. For example, children will have advantages in choosing the HDB flats and buy it at a lower price if the flats are located in the same community with the ones of their parents. In 2003, 41% married children live with their parents in the HDB flats or the same HDB flats community.
- vii. The Singapore government also encourages private-run Day Care Centre for elderly located in public housing blocks, providing various domestic services. Business operators could enjoy both individual and commercial tax waiver and 50% of the costs of construction and land would be subsidised by the government.
- viii. The **Subletting of Flats policy** has been relaxed over the years to make it easier for lessees to sublet their HDB flat. All lessees of HDB flats who have occupied their flats for five years will be able to sublet their whole flat. Those who bought their flat without a housing

subsidy can sublet their whole flat after occupying it for at least three years. This could help generate some recurrent income for the elderly residents.

- ix. **Lease Buyback Scheme** for elderly owners living in two- and three-room flats (who have not bought more than one subsidized flat). Under the scheme, HDB will buy back the tail end of the flat lease, leaving the elderly owners with a shorter lease on the same flat. In this way, the elderly owners will be able to receive a payout to meet their needs while continuing to live in the same flat (Ministry of National Development Corporate, no date).

286. The Japanese government also set up the foundation of senior citizens housing in order to promote the safe housing of the senior citizens. The organization hosts a website providing housing information for old people and estate agents.

The private sector

Sheltered/retirement housing and retirement communities

287. “Sheltered/retirement housing” and “retirement communities” are residence that caters to the special needs of older people who have difficulties in self-care and even mobility due to physiological deterioration and/or cognitive impairment. In various economies reviewed, such services are provided by private sector providers.

288. “Retirement Communities” in the USA are groups of homes or condominiums that are restricted to seniors age 55 and over (or in some cases, 62+). These communities may take various forms, including: single-family or attached homes; mobile or manufactured homes; cluster housing and standard subdivisions. In the USA, many retirement communities have special facilities catering to the needs and wants of retirees, including extensive amenities like clubhouses, swimming pools, arts and crafts, boating, trails, golf courses, active adult retail and on-site medical facilities. Such retirement communities are often built in warm climates, and are common in Arizona, California, Florida and Texas but are increasingly being built in and around major cities (Retirement Communities.com, 2010).

289. Some developers also provide the “granny flat”, which is a self-contained home next to a family home, and is usually used to accommodate elderly relatives who are not capable of living on their own and the family does not want them to and neither does the elderly person want to go to an old age home or a retirement facility.

290. “Vertical Village” in Australia is a multi-storey model that is designed around the same elements as a usual retirement village with accommodation and communal facilities.

291. “Retirement Villages” in UK, are larger complexes and generally offer more leisure and care facilities than mainstream sheltered/retirement housing, mainly provided by local authorities or

by housing associations, but there are some charitable and private sector providers (Elderly Accommodation Counsel, 2011).

292. The “Naturally Occurring Retirement Communities”, or NORCs; in the USA is another type of elderly supported housing that focuses on bringing support services and meaningful community involvement opportunities into existing communities where individuals have aged in place and are now over the age of 65. NORC services usually involve the following: case management, case assistance, and social work services; health care management and health care assistance, including disease prevention and health promotion; education, socialization, and recreational activities; and volunteer opportunities and connection to other interested community members. In addition to allowing seniors to stay healthy and not isolated in their homes, the NORC concept helps deflect the significant financial costs of long-term care (Niesz, 2007). NORC programmes are generally supported by some mix of public and private funding.

293. “Continuing Care Retirement Communities” (CCRC) is a particular type of retirement community that offers several levels of health care on one campus available in the USA. Having several levels of care available on campus provides the residents with the security of knowing that if they need Assisted Living, Memory Care, or Skilled Nursing Care at some point in the future, they will not have to move to another community (Pacific Retirement Services Inc., 2010). This aptly manifests the principle of “ageing in place”.

294. Retirement communities have also received increasing attention in China. There are already nearly 20 cities that have developed such communities with continuum of care services. Seniors pay down payment or “membership fees” to engage in “life lease” that ensures continuity of living in the same locality / community even when physical condition deteriorates. For instance, developers in ZheJiang offer long term lease of buildings in rural area at a lower price targeted to Shanghai elderly. The lower floors of the buildings are occupied by the local villagers and the upper floors are leased to elderly who are living in cities. In addition, there are more and more apartments, villa and “Yang Sheng Resorts” built in various cities, such as Guang Dong, Hai Nan and Shan Dong, Liao Ning, Hei Long Jiang, etc., targeting to Shanghai retirees. Due to the seasonal temperature difference and high price of Shanghai housing, these housings form a new migratory living mode for the elderly people who move to the south in winter and to the north in summer.

295. In Taiwan, there is Chang Gung Health and Culture Village where is for retired people. The village provides comprehensive care which includes health maintenance, medical service, leisure and entertainment.

Housing renovation and technology for senior housing

296. Housing for seniors also brings business to a host of other related industries and economic activities, such as renovation for barrier free adaptation, computer-assisted technologies used in assisted living, household related services, including delivery services, maintenance services and housekeeping services.

297. In order to facilitate ageing in place, renovation of senior's home is a vital step in order to enable senior to stay at their homes for ageing. In Japan, the most popular types of renovations among senior consumers includes upgrading homes with seismic retrofitting, insulation, heating and ventilation, energy efficiency, security and safety (barrier-free design) (Usui, 2008). There is also market in luxury home remodelling and vacation homes for senior in Japan.

The NGO sector

298. In different economies, the NGO or charity organizations serve to provide sheltered housing and supportive services. For instance, in the UK charitable organizations and housing associations provide retirement housing, congregate housing or assisted independent living, which usually comprises independent apartments with some form of communal provision and a member of staff on hand (Elderly Accommodation Counsel, 2011). Among the sheltered housing, Extra Care housing is designed with the needs of frailer older people in mind and with varying levels of care/support on site. It may also be known as very sheltered housing or assisted living. There are also close care schemes where retirement housing is built on the same site as a care home and a range of services may be available.

299. Apart from direct provision of housing services, NGOs in different countries may also encourage and promote best practices in housing design for older people. For instance, In the USA, the AARP and the National Association of Home Builders (NAHB) have developed a joint awards programme to recognize and honour those who have constructed creative and unique homes with design features that improve the daily comfort, ease of use and safety of residents (NAHB, 2010). Universal design features are one of the criteria in getting award.

300. Situated in London, the Centre for Accessible Environments is the UK's premiere resource for home modification. They offer a variety of services to improve access to the built environment for people with disability and older people. Their services include access consultancy (including access audits, access statements, design appraisals, access plans and strategies) training, publications (including the industry leading design guide *Designing for Accessibility* and the only complete guide to access auditing, the *Access Audit Handbook*), access auditing tools (including the CAE SmartTool® Digital Gradient Measure), *Access by Design* (the leading journal in the field) and information and advice services (Centre for Accessible Environment, 2010).

301. NGOs also serve to provide Information of senior housings so as to enable them have informed choice. In many countries such information is available on the internet. There are websites providing information about senior housing options, tips for senior in choosing/ purchasing houses and home caring services for elderly, etc. For example, Elderly Accommodation Counsel (EAC) in UK, a national charity, set up a webpage named “Housing Care.org”, which contains housing information and advice for older people (Elderly Accommodation Counsel, 2010). Another example is the website of AARP, a non-profit organization. This website has a tool named Location Scout, which helps the seniors in US to match out suitable housings through a set of questions related to senior’s preference on housing.

302. There are other innovative initiatives by NGOs that help to reduce the danger of living alone amongst the older people, and at the same time provide accommodation to other needy people. For instance, in Australia and UK, the Homeshare is a programme that matches older householders and householders with disabilities with people of integrity to provide companionship and help around the home in return for free accommodation (Wesley Mission Victoria, 2010; Elderly Accommodation Counsel, 2010). Homeshare is essentially a shared housing arrangement based on the barter system or exchanges between two people who have needs and something to offer. The householder provides a bedroom and shares facilities in exchange for an agreed level of support. The homesharer provides up to 10 hours a week of practical assistance around the home such as cooking, cleaning, shopping, gardening, company and the security of someone sleeping in the home. While homeshare programmes are run by government and NGOs in Australia, they are run by NGOs but funded by both public and private funding in the UK.

Relevance to Hong Kong

303. Due to the fact that there is the availability of land in many overseas countries that can provide the necessary space for developing retirement communities and purpose-built housing or nursing homes for older people of varying financial affordability and physical health conditions, there are quite a wide variety of elderly housing options available in the economies reviewed. The private sector may play a more significant role in the provision of various housing options that are available to older consumers with different levels of affordability, and the NGOs (such as housing associations or charity organizations) may contribute in developing purpose-built housing for older people.

304. With the exception of Singapore, most governments in developed economies would not play a significant role in the provision of public or social housing. If provided, such social housing would normally be provided on a selective basis for deprived or disadvantaged groups, including older people with physical frailty and/or low income. Governments would provide support and assistance to older people in meeting their housing needs by a variety of policy measures, including direct provision as in the case of Singapore or providing subsidy to encourage the

development of elderly housing by the NGO or private sector, or providing subsidy like rent allowance or voucher to elderly people. With due consideration of the gradual physical deterioration amongst the older people, there is need to integrate housing with the provision of personal care, or the concept “housing with care”, so that the older people could actualize “ageing in place”. However, in the consideration of providing support or encouragement to private developers for providing elderly housing, there is the need for the government to ensure the maintenance of a “level playing field” in the private property sector.

305. It should be reckoned that senior friendly living space is not confined to the provision of domestic flats and related housing adaptations, but is also related to the whole residential environment. As such, the issue of housing for elderly should be incorporated into the town planning mechanism, including the neighbourhood infrastructure, the connection to public transport and the provision of shopping facilities and other services (Enste, Naegele and Leve, 2008). In this regard, there is the need to institute joint- or inter-departmental and inter-disciplinary collaboration in the promotion of elderly housing services for older people.

(12) OTHERS

306. In the review, there were other aspects that could be found in the various economies that are also relevant to promoting SHM, including funeral planning, (re)employment and access to information for older people.

Funeral Planning

307. Death is an inevitable journey for everyone. It would be desirable if there could be good planning and arrangement on the funeral that helps to provide peace of mind to the dying people involved and their family members and friends. Funeral planning would be most relevant to older people who have to face the ultimate journey.

308. The UK government, through Her Majesty’s Treasury brought forward regulation since January 2002 to ensure proper consumer protection for the security of the customer's investment and delivery of funeral service. It rectified the previous problem of having no regulation of the sector in which anyone could become a funeral plan provider and receive payment in advance for future funeral provision. There are 14 funeral service planner companies registered under the Funeral Planning Authority which is the self-regulatory organisation for the UK funeral planning sector in serving pre-paid funeral planning services (Funeral Planning Authority, 2011). The Logde Brothers has served UK people since 1780, in which several pre-paid funeral services cost from £2,095 to £3,135 with the freedom of choosing interest free instalments up to 3-year length. There are two types of crematoria in the UK, those that are owned by Local Authorities and those that are privately owned. Regarding burial service, a body can normally be buried in a

Local Authority or privately owned cemetery (for example a Jewish Cemetery, or burial ground on a family estate) or in a Churchyard (Lodge Brothers, 2011).

309. In Taiwan, a private funeral company provides “Prepare Funeral Navigation Service”. The people pay for the desirable funeral service in advance and the company will be responsible for it. For the prepayment, it is required that 75% of it must be saved in a trust.

Relevance to Hong Kong

310. Funeral services become more imminent for older people and their family members with their increasing age. While the private business sector, the religious and charity NGOs may play their respective roles in the provision of such services, the government may need to ensure the institution of relevant regulatory mechanism to protect the consumer rights of the older people.

Employment

311. As discussed in Chapter 2 about the conceptualization of the scope of SHM, older people are not merely regarded as “consumers” of goods and services, but are also potential “providers” or “producers”. Thus, in this connection, information about promoting (re)employment of older people as found in various countries is also provided below. However, as the present study casts its focus more on exploring the “consumption” aspect of the elderly population, and that such issues as extension of retirement age, optional retirement and the like would require more in-depth analysis of the merits and limitations involved that is beyond the scope of the present study, the following would only be a brief introduction of some experiences found in other economies.

312. The Norwegian government and the people at large herald full employment and equal opportunity for its people in employment. Furthermore, to better prepare for facing the challenges of an ageing population, the government formulates the policy to extend the official retirement age from 2012 onwards from 62 to 67. Seniors willing to extend their retirement age will be provided with “incentive” by a higher pension payment after 67.

313. In Singapore, from 2012 onwards, a law will be enacted to require all employers to provide arrangement one year before employees reach their retirement age (62) to plan for their flexible and/or extended retirement. This is probably due to the Singaporean government’s multiple considerations of the low fertility found in Singapore, thus reducing the labour force, and of the reduction of fiscal burden of retirement protection, as well as the promotion of active ageing of older people.

Relevance to Hong Kong

314. Re-employment for older people might be a controversial issue in different countries as it might have significant implications on the overall manpower and labour force configuration. The promotion of elderly re-employment might serve the purposes of promoting active ageing on the one hand, and also postponing the pension payment on the other, in such countries that have implemented publicly-funded pension schemes. More in-depth investigations should be made as to the desirability and feasibility of introducing elderly reemployment.

Access to information

315. The older people may have different needs, aspirations and patterns of consumption that differ from the other age groups, due to their changes in familial structure, employment status, physical health condition and the like. Thus goods and services should be so designed to cater for their special needs. However, it is also imperative that the older people can get easy access to information of these goods and services provided by a multitude of providers, as they might have difficulty in mobility due to physiological deterioration. In this regard, the internet may serve a crucial function in providing easily accessible information within the older people's home.

316. As revealed from the economies reviewed, there are plentiful of websites operated by governmental departments, NGOs and advocacy groups and private providers that serve to provide general or specific information that is easily accessible and user-friendly to the older people. This is to be understood against the background that computer literacy and utilization amongst the older people, though still relatively lower than the younger generation in those countries, is still satisfactory to enable them to access the internet.

317. For government efforts, an example can be quoted from the Department of Communications, Information Technology and the Arts of the Australian Government which has established a webpage named "Older Australian Online" for elderly that provides access to a range of information and services that are useful to older Australians. For the private sector, the various providers of retirement communities and personal and health care services in the USA have provided informative and attractive websites. The AARP in the USA, renowned as a very strong advocacy group for the elderly, also provides an easily accessible website that provides information as well as education and mobilization of the older people in striving for their rights.

Relevance to Hong Kong

318. Older people, especially those having mobility and other social and physiological constraints (including illiteracy, visual and/or hearing impairment, and limited social network) might be disadvantaged in accessing information of the availability of goods and services that are

tailor-made to suit their specific needs. While private businesses might be clientele-oriented in providing commercialized information, the government and NGO may serve a more impartial role in providing an easily accessible platform for older people to access information. Specifically, there would be merit in exploring the provision of information via the mass media, as well as the internet, so as to provide a wide array of multi-media channels to cater to the varying needs of different groups of older people.

Chapter Summary

319. A review of the experience of various overseas countries reveals that there are varying degrees of the pace of SHM development, and there has not been concerted effort between the government, the business and the NGO in working out a coordinated plan or strategy in developing the SHM. There may be different strategies, approaches and policies adopted by different governments at the national, provincial or municipal levels, in supporting the development of goods and services targeted at the older people. For instance, in Singapore, the Inter-Ministerial Committee on Ageing Population was set up in 1998; in Japan, there have been *Gold Plan* and *Revised Gold Plan* in 1989 and 1994 respectively. The Japanese government funds The National Institute of Advanced Industrial Science and Technology (AIST), which is a public research institution to develop new technologies for the disabled and aged people. In Australia, the Commonwealth Government formulated the *National Strategy for an Ageing Australia* in 2001. In Taiwan, various ministries, including the Finance Ministry, Ministry of Interior and other research institutes have conducted studies, supported R&D activities on designing specific equipment for older persons. In the USA, the federal government has also played an active role in providing grants to support non-profits to explore new services. In any case, governments serve the indispensable role in laying down legislative and regulatory infrastructures to ensure the provision of safe and reliable goods and services to older people. Some governments may also set up specific organizations, or provide subsidies to NGOs or set up funds for the private sector, so as to encourage innovative projects.

320. In the areas where the government serves as the provider of services (in such domains as medical services and long term care (LTC) services; but less so in goods), there could be divergent modes of financing such public provision, ranging from tax-based to insurance schemes. However, in the case of a tax-based system of public provision, there would usually be the levying of a high tax rate to finance the service provision. Such a system serves to provide universal coverage and provision and achieve redistribution of income. Alternatively, government-funded public services may be administered and provided on a selective basis with eligibility criteria or screening, such as means-test. In the case of insurance system, there is the merit of pooling of risk but the success of which is the ability of the people in contributing premium to the insurance scheme.

321. Apart from financing issue, there is also one concerned with service delivery system. As in the case of such social policy domains as health, LTC, and education, governments may also serve as a supporter to NGOs by providing funding directly to the operators (e.g. by subsidy or purchase of service), or indirectly through providing subsidy to users (e.g. by issuing vouchers).
322. As for the business sector, some corporations may take more active strategies such as devoting resources in R&D in developing elder-friendly products, or providing tailor-made customer services, to capture the high potential consumption power of the retired people community. Furthermore, there is also the need for the business sector to uphold corporate social responsibility (CSR) in ensuring the provision of appropriate, safe and affordable goods and services to the older customers / consumers.
323. For the NGOs in various countries, those countries that have strong and well-established groups would be in a better position to provide information and tangible goods and services, either based on their membership dues, private donations or government subsidies. These NGOs can usually have a solid membership base so as to collect the views and express the demand of the older people, and then channel to the government for legislative and/or policy advocacy, and also protect elderly consumers' rights vis-à-vis the private business sector.
324. The more successful cases reveal that good public-private partnership (PPP) between the three sectors – the government, the private sector, and the NGO; for instance, as in the case of provision of subsidy by government and business sector to NGO in providing services, can be conducive to promoting the SHM.

Implications to Hong Kong

325. Hong Kong is adopting a simple tax system and the tax rates are low in international standard. Thus, it presents a very different tax regime from that of the various economies reviewed. Nonetheless, the Hong Kong Government has still provided a substantial range of social services to the general public and the older people. Specifically, the Government has provided benevolent provision in terms of public rental housing, medical / health service and long term care services for older people. However, given that such social services are provided and funded by public revenue, there are cases in which the Government has adopted a selective mechanism of allocation of limited resources, as in the case of public rental housing.
326. The Government may not have deployed much resource in the other non-social service domains, as it has been the Government's policy direction in promoting "big market, small government". Thus, the Government has served a facilitative rather than a provider role in other domains covered in the current study.

327. As for the promotion of SHM in the near future, making reference to such overseas examples as Singapore, Japan and Australia, the Government may consider setting up special task force, or enhance the function of existing EC, that is vested with the responsibility and authority to investigate the possible strategies in promoting SHM in Hong Kong. The Government may also review the existing funding bodies and consider if they could specifically set aside some funding to support budding industries in the private sector and/or the NGO with the mode of “social enterprise”, or to finance R&D of relevant products and services that cater to the specific needs of older people of various socio-economic statuses and thus affordability.

328. The business sector may need to conduct market research to investigate the various niche markets of services and goods that cater specifically to the needs of older people. They may also have to attend to the issue of provision of product /service information to the older people, and provide supportive services so as to make such products and services more elderly-friendly.

329. As for the local NGOs, though many of them have already played a significant role in direct provision of services, with government subvention or by self-financed initiatives, they are mostly catering to the needs of the older people of lower socio-economic status groups. There could be opportunities that the NGOs could also explore niche markets from the better-off strata of older people who can afford higher fees but look for better quality services. On the other hand, currently, those advocacy groups for the older people mostly are concerned about the rights and plights of the financially deprived older people. There is yet no encompassing elderly rights group in Hong Kong comparable to that of the AARP in the USA that caters to the needs of the older population at large. There might be the need to explore developing such elderly rights groups that can strive for the rights of older people, irrespective of their financial conditions, so as to express their demands on goods and services and protect their rights as consumers and service users.

CHAPTER FIVE

Development of the Silver Hair Market in Hong Kong

330. In this chapter, the development of the SHM in Hong Kong in the 12 domains will be introduced respectively. The following discussion and analysis are focused on the “supply” side of the “market”. Although the “market” should normally refer to the “private” sector, nonetheless, as the SHM in Hong Kong is only in its initial stage of development, the provision and supply of goods and services for the older people can be made by the private business sector, the non-profit or non-government organizations (NGO), and also the government. Thus in this chapter, the following discussion will highlight, wherever appropriate and information available, the different roles played by these three sectors respectively.

(1) FINANCIAL SERVICES

Overview

331. Financial services cover a wide range of services including personal or retail banking, insurance, stock brokerage, fund management and many other services. Hong Kong is a major international financial centre, providing a wide range of products and services to market users, both local and international, and both retail and institutional. In the banking industry, there are a wide range of retail and wholesale banking business that includes deposit taking, trade financing, corporate finance, treasury activities and securities broking. In addition, the stock market is also vibrant in the trading of shares, unit trusts and mutual funds. Hong Kong’s stock exchange is the second largest in Asia after Tokyo. It is also the single largest source of foreign capital for mainland enterprises (C&SD, HKSARG, 2004a).

332. Financial services in Hong Kong serve the general citizenry at large, including people of all ages, elderly people included. The private sector is the major provider, but the government serves mainly a monitoring role.

The Government

333. The Government has set up institutions like the Hong Kong Monetary Authority, the Hong Kong Mortgage Corporation and Securities and Futures Commission to oversee the monitoring of the banking, stock market and other sectors.

The private Sector

Retail banking

334. Personal saving is a traditional habit as well as virtue amongst older people. Conventionally, many older people would utilize retail banking services for saving and daily transactions. However, in recent years, many banks have cut the number of branches in order to cut costs and encourage their customers to use ATMs, phone-banking or online banking services. According to the survey done by Democratic Alliance for Betterment (2010), there were 7 constituency areas having no ATM machines or bank branches at all and 15 constituency areas having ATM only with no bank branches available. However, many of the older people may encounter different difficulties in using the ATM, phone- and online services, e.g. poor eyesight and hearing, computer illiteracy, and so would normally rely on counter services. From the experience of foreign countries, a lot of tailor-made financial services for the elderly have been provided to meet the needs of older people and protect them as a vulnerable group. Therefore, there is the need to review and evaluate the existing retail banking service for elderly.

335. On the whole, the private financial sector has not specifically provided any special services for the older people. The HSBC is the first bank that provides specialised service for the elderly. In 2008, HSBC started a pilot scheme that provides priority counters, named community caring counters, to shorten the waiting time of senior citizens and people with disability. In addition, ambassadors are assigned to attend in HSBC's top 20 high-traffic branches to provide assistance to the elderly, the disabled and special needs customers for banking services and financial advice from 2009 (HSBC, 2010). The HSBC also provides some ATMs that provide a larger screen and buttons, and which will give signal for users when cash is drawn out. This would be more elderly-friendly for older persons,

336. It is known that ATM service is not popular among the elderly. A survey was conducted by Consumer Council in 2007 to investigate the impact of bank branch closures on elderly or other disadvantaged clients (Consumer Council, 2007). The report stated that elders were in the risk of losing a card or forgetting a PIN number and thus they very seldom use ATM service. There have been cases reported in the media that old people who happened to have pressed a wrong PIN number twice would have their ATM cards forfeited by the machine, and then would be scared of using the machine (太陽報, 2007). Therefore, the Hong Kong Association of Banks (HKAB) has organized talks for senior citizens to learn how to use ATMs in 2008. The talks taught older people step by step from inputting the PIN, withdrawing cash or changing their PINs, etc., through the ATMs. The HKAB specially developed a set of interactive games to instil confidence in users through simulated basic ATM transactions (HKAB, 2008).

337. HKAB also cooperated with its partners to launch the ATM Education Campaign for the Elderly in 2010 (HKAB, 2010). A simplified ATM card was introduced to encourage elderly to use ATM

services. There are only 2 options of withdrawal and change of PIN available on the screen after the simplified ATM card was put into the ATMs. More amount options, such as \$100, \$200, \$300, \$400, etc., are offered in the page under withdrawal (Hong Kong Headline, 2010).

Insurance for older people

338. Older people would have significant change in their recurrent income after retirement. This would have implications on their affordability on recurrent expenses on such aspects as daily living, home maintenance, personal care and health services, and sudden expenses like critical health conditions. They would also be concerned about the possible risk of incurring financial burden to their family in the incidents of critical health problems or even death. Thus, insurance would provide the practical and psychological protection for the older people. There is a wide range of insurance products relevant to the older people, including life, health, travel, long term care, employee and many others.

339. There are different protection plans for older people available in Hong Kong. Generally, the eligible age ranges from 46 to 75 and the contribution period is around 10 years (Oriental Daily, 2010). Most of the insurances for older people cover life protection and savings, such as Comfort Senior Savings provided by New York Life, Respected Choice Life Insurance Plan provided by Mass Mutual and Senior Serenity Plan provided by CIGNA. Only few of them cover long term care protection. One of the examples is Senior Protection Plan from Zurich Insurance Group. 2% of the sum insured per month will be given to those who, owing to infirmity, sickness or accident, have lost the capacity to perform ordinary, daily functions, for a maximum for five years (Zurich Insurance Group, 2010).

340. On the other hand, there were only 8.2% in 2008 and 10.2% in 2009/10 elderly (aged 65 and above) covered by medical insurance, in which more than half of the insurance were purchased by their employers. Only 3.5% of elderly in 2008 and 4.9% in 2009/10 purchased medical insurance individually (C&SD, HKSARG, 2009b; 2010c).

341. However, there appears to be some unfavourable arrangements for older people in their access to insurance services. Many of the travel insurances available do not insure the old-old (i.e. age 80 or 85 above) people. For example, travel insurance provided by the HSBC only accepts applicants aged 17 to 85 (HSBC, 2011). The plans offered by the Hang Seng Bank are only available to people aged under 75 (Hang Seng Bank, 2011). There are still some travel insurance plans that cover applicants of all age, but most of the plans cut the benefit to old applicants. For instance, the single trip plan offered by Chartis Insurance Hong Kong has no age limit; however, for those aged 75 or above applying for individual plan and aged 80 or above for family plan, the maximum benefit of personal accident is cut from the original amount of HK\$1,800,000 to HK\$300,000 (Chartis Insurance Hong Kong Limited, 2010). Some plans may offer lower benefits for the older people, for instance, the plan offered by the Hang Seng Bank

would reduce 50% of the maximum amount for the benefits of Medical and other Related Expenses and Personal Accident for those insured person aged 70 to 75 (Hang Seng Bank, 2011).

Financial / investment planning consultancy

342. Older people who have considerable savings would have the interest and need to invest in some financial tools so as to have asset appreciation and/or protection. As Hong Kong is a financial centre, there are a lot of investment opportunities for the general public, including the older people. As older people, except those protected by pension schemes, would mostly lose or reduce their recurrent income after retirement, there is need for them to make investments to generate a stable stream of income. Thus, stocks, blue-chip debentures, annuity plans, and even real estates (for rental income) are mostly relevant to older investors.

343. There is no readily available data about the profile of investors in the local financial market, and thus it is infeasible to document the scale of investment by older people. However, with the outbreak of the collapse of Lehman Brothers' Minibonds in 2008, the public and the government have become alerted of the need to monitor more stringently the banks' process of selling financial derivatives to elderly. Therefore, in 2010, the Hong Kong Monetary Authority (HKMA) issued a circular to all authorized institutions to introduce an investor protection measure, i.e. the Pre-Investment Cooling-off Period (PICOP), which requires that all authorized institutions should allow the elderly and inexperienced customers at least two calendar days (of which the last day should be a business day) to consider their contemplated investment. The provision of this cooling-off period serves to enable the customers to have a better understanding about the product, the risk involved, and have more consultation with their family members and friends (HKMA, 2010). With this, it is hoped that elderly investors could be better protected in their investment in the financial market.

Reverse mortgage

344. The nature of RM is introduced in the previous chapter. As of today, RM is not yet available in Hong Kong. Two think-tank organizations respectively published their research reports on the topic to suggest that there could be a potential market for RM in Hong Kong (Business Professional Federation, 2008; Bauhinia Research Foundation, 2010). The BPF estimated that there were 72,341 older people aged 65 or above who were owner-occupier without mortgage at 2006. Among these older people, 67,168 are income-poor empty nesters who would likely be potential users of RM (Business Professional Federation, 2008). In addition, there were some 120,000 homeowners aged 50 or above who did not live with their children in 2005, who would be the potential users of RM; and this would even rise to 260,000 by 2036. However, local banks' response appeared to be only lukewarm at most, if not entirely disinterested (Sin, 2009). This is also revealed in the Bauhinia's (2008) study.

345. Most recently, in December 2010, the Hong Kong Mortgage Corporation (HKMC) has announced its plan of launching a pilot scheme of RM for elderly homeowners. Under the pilot scheme, elderly home owners enter into a RM that practically make them to become “borrowers” by mortgaging their flat and in return receive monthly annuity payments over a fixed period of 10, 15 or 20 years or over their whole life span. The mortgagers are required to be responsible for the on-going property maintenance as well as the settlement of rates, government rents and management fees, etc. Even when the annuity payment term has expired, the mortgagers can remain living in the residence for the rest of their lives. Upon the death of all mortgagers of a RM, the bank could repossess and dispose the underlying property upon settling the outstanding loan balance with the mortgagers inheritors (HKMC, 2010).

346. The HKMC, responding to the public’s concern about the attractiveness of the proposed RM, further modified the package in January 2011 by providing the following additional features: a single borrower will receive a higher monthly annuity than two joint borrowers; borrowers can make a lump-sum withdrawal of their annuity to meet certain specific expenditures, with consequential downward adjustment to the monthly annuity; a six-month rescission period is provided within which a borrower can terminate and repay the RM; the insurance premium will be waived; and fees and charges associated with RM applications will be reduced where possible.

The NGO Sector

347. The NGOs sector only serves a rather minimal role in providing advice and education to the general public. More recently, recognizing the emergent demand from elderly members on the knowledge of investment, some NGOs have geared up to provide seminars and workshops on relevant issues.

Appraisal on Financial Services

348. In retail banking, there is only limited number of banks that provide priority counters and special services and facilities for the older people. Though such sporadic efforts by individual banks have aroused the awareness from amongst the public and the sector, there is still room for improvement. On the other hand, with respect to the shift from counter service to electronic services, given the relatively low computer literacy amongst the current cohort of older people, they may not be proficient in using electronic means. However, as the baby boomers become silver hair, there would be more older people who could have mastery over the use of online/phone banking, ATM, etc. Nevertheless, the financial sector still needs to be vigilant of the needs of the elderly. The banks may need to provide services targeted at the elderly in such areas as providing and promoting more extensive, regular learning opportunities for the elderly to use the alternative mode of personal banking.

349. In the area of insurance, there appear to be barriers for older people to access insurance protection. There may be the need to relax some of the age restrictions so as to enable the older people to purchase insurance plans.
350. The outbreak of the “minibond” crisis reveals the potential risks to older investors if they are not provided with sufficient information or professional advice in their course of investment. It is of particular importance to older people as they may suffer drastic financial loss that might deplete the entire asset to which they might not be able to replenish due to their retirement. The banking and stock exchange sectors may need to exercise more disciplinary measures in regulating their operators and practitioners. Furthermore, making reference to the overseas practices, the trade associations or professional bodies may need to provide counselling services for older investors to ensure they make informed choices in their investment.
351. As the RM is only made available very recently and there is yet no available information as to the receptivity amongst older homeowners, it is immature to assess whether this new financial cum housing product could provide financial security as well as stable accommodation to the older people at large. In fact, since the HKMC’s announcement in December 2010 of the new product, there have already been a lot of suggestions in the community as to how to make the RM scheme more attractive. Nonetheless, the local financial institutions’ exploration into the introduction of RM is already a positive start in the direction of providing more choices for the older people to deploy their property assets. However, there are possibly a number of constraints in the prospect of developing RM in Hong Kong’s specific context.
352. There could be limitations with respect to the potential beneficiaries. The RM might not be attractive to those living in “tong lau” (Chinese old tenement buildings) that have no lifts. Those elderly homeowners living there might prefer moving to elderly housing (or even public rental housing that has better management, access to social services, and the like), instead of staying at the existing apartment. In addition, the estimated values of these old buildings are low and the elderly owner might have to bear the maintenance charges for which the elderly homeowners cannot cover with the monthly payment derived from RM (Lam, 2010). Furthermore, as Hong Kong is a Chinese community and the current cohort of older people may be more predisposed to traditional cultural norms of leaving bequest to their offspring, there might be low receptivity amongst older homeowners in engaging in RM.
353. Local financial institution may be hesitant to enter into RM settlement with elderly homeowners whose properties are of low value, high building age, of poor property quality (e.g. due to the lack of proper maintenance), and the low appreciation potential and thus low resale value. Moreover, as different from overseas situations where stand-alone houses are more prevalent, most of the people in Hong Kong live in multi-storey buildings with divided or strata titles. Thus, even if a lender (e.g. financial institute) can assume ownership of a flat upon the

expiry or maturity of a RM loan, it might be very difficult for the lender to redevelop the whole building in which the flat is located, given the limited share of title of such a single flat.

354. Making reference to the experience in the USA, in which the federal government takes up the active role of an insurer and provides insurance guarantee to both the lenders and borrowers, such positive assurance may relieve the reservations of both parties – the financial sector as lenders and the elderly homeowners as borrowers, in trying out RM.

355. On the whole, in the area of financial service, the Hong Kong Government has been serving a monitoring role rather than that of a provider. For instance, the HKMA monitors the performance of banks in retail banking. It is recognized that the Government introduced in 2010 the PICOP in strengthening the monitoring mechanism to protect the elderly users. Yet, it might be more desirable if there could be more efforts in encouraging the financial organizations to develop services or facilities specifically for elderly. An illustration is the HKMA's issuance in March 2006 of a guideline about risk disclosure that requires additional precautionary measures to safeguard the interest of vulnerable customers. There is thus the need for the Government to gear up its monitoring and regulatory measures by setting up more detailed and concrete measures/guidelines to protect and support the elderly in their utilization of banking, insurance and investment services.

(2) TOURISM

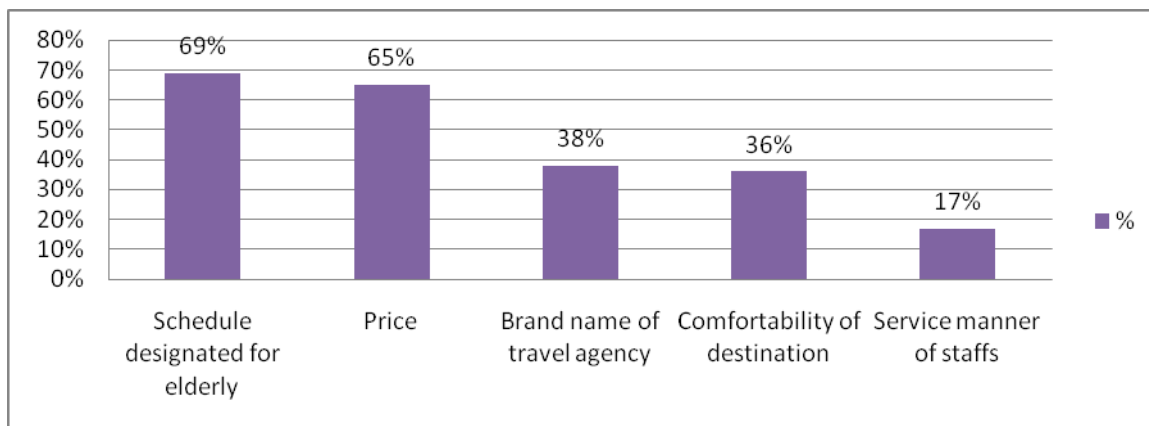
Overview

356. Tourism covers inbound or domestic tourism and outbound or overseas tourism. According to the definition of the Census and Statistics Department, for purposes related to compilation of statistics, "inbound tourism covers retail trade, hotels and boarding houses, restaurants, other personal services, travel and airline ticket agents, and passenger transport services, yet pertaining only to that segment of services provided to visitors to Hong Kong", and "outbound tourism covers travel and airline ticket agents as well as cross-boundary passenger transport services, yet pertaining only to that segment of services provided to Hong Kong residents for overseas travel" (C&SD, HKSARG, 2004a). In the following discussion about tourism related to older people, the term tourism refers to all the activities that older people participate in, both within the Hong Kong territory and overseas. Thus, it includes both elderly visitors from abroad and local elderly people. A review of the pattern of travel of the current and coming cohort of older people would enable the related parties, such as Hong Kong Tourism Board, Travel Industry Council of Hong Kong, private travel agencies, to explore the market opportunities.

357. According to the survey conducted by Hong Kong Council of Social Services (HKCSS) in 2006, 34% elderly spend a rather large portion of expenditure on travel among the 5 items consisting of clothing, food, health products, travel and entertainment (HKCSS, 2006). Also, 33% of elderly

prefer spending on travel if they have extra amount of money indicating that travel will definitely be a potential market if the elders are financially affordable. Nearly 70% of the respondents would consider whether the schedule takes care of the needs of elderly (Graph 5.1). It apparently reveals that there should be some tailor-made packaged tours catering to the special needs of the older people as different from other tourist groups.

Graph 5.1 Considerations of choosing tour



358. On the whole, tourism in Hong Kong, including both inbound and outbound, is essentially a private industry. The government serves a supportive and monitoring role, instead of serving as direct provider of tourist services. The NGO sector only plays a minor role in providing tours and visits for their respective members.

The Government

359. The Government has enacted relevant laws and set up bodies like the Tourism Commission to exercise control and regulation, and the Tourism Board to support on the tourist industry. Besides, it has also contributed in promoting older people’s traveling to enhance their active ageing. For example, many of the museums, including Hong Kong Heritage Museum, Hong Kong Museum of Art, Hong Kong Space Museum, etc., offer 50% discount on the entrance fees for senior citizens aged 60+ (PartnerNet.hktb.com, 2010), while the Hong Kong Wetland Park and Ocean Park Hong Kong also offer discount for older people.

360. The Government’s advisory body, the EC, from 2007 onwards, has promoted the NGOs that operate the Elder Academy, an initiative that promotes older people’s lifelong learning, to organize study tours for older people, which made reference to the Australian U3A experience. The aim of the tour was to let the older people experience the living and local culture of the countries that they travelled.

The private sector

361. Tourism has contributed to Hong Kong's overall economic prosperity. However, there have not been obvious attempts by the local tourist industry in organizing in-bound or out-bound tours specifically tailored to the older tourists. Only a limited number of local travel agents offer specialized study tour targeted to seniors. One agency, Hong Thai Travel Services Limited, started in 2006 with the schedule of tour designed to be not as tight as other tours and the meals served were specially arranged for elderly. There were lessons, such as Tai Chi, Chinese Medicine, etc., provided during the trip and the participants were arranged to have site seeing, field visit. However, due to low response rate such a tour was ceased after half a year (Lau, 2009).

362. There are some up-market cruise tours targeted to older people of better financial conditions. For instance, three companies from Hong Kong, mainland and Taiwan joined together and offer a 60-days round world trip priced HK\$550,000 for each participant. The trip attracted 12 Hong Kong residents and 12 Taiwanese with average age around 50-60 (Cheng, 2011).

363. Some local tourist agencies offer discount for elderly with Senior Citizen Card, e.g. HYFCO travel agency gives \$10 discount on designated local water tours or 1-day tours, and some others offer discounts of \$10 to \$100 for Senior Citizen Card holders for overseas tours (SWD, 2010). On the other hand, some of the tourist attractions, like The Hong Kong Disneyland, offer discount for senior citizens.

The NGO Sector

364. The non-profit sector, e.g. NGOs, elderly centres, mutual aid committees, and district councillor offices, organize designated tours for elderly people; especially short (1-4 days) trips in mainland China. Some NGOs, such as Evangelical Lutheran Church, Sheng Kung Hui Diocesan Welfare Council, also organized overseas study tours for their members.

Appraisal on Tourism

365. As revealed from the Census and Statistics Department's figures, a considerable portion of those who travel would go to the mainland. This might be attributable to the fact that many of the current cohort of older people are immigrants from mainland China, and they would like to visit their hometown or their relatives/peers there. This could be revealed from the census data: more older people travel to Guangdong Province/Macao than to other places - 54.6% of aged 50-59 and 42.8% of aged 60+ travelled to Guangdong Province/Macao while 23.9% and 14.2% had visited other places in 2002 (the twelve months before enumeration) (C&SD, HKSARG, 2003b). More updated data are only available on trip to Mainland of China. Among those who made personal trips to mainland, the proportion of 50-59 is increasing from 2006 to 2009 (C&SD,

HKSARG, 2007d; 2008b; 2009d; 2010c). Those travellers aged 60 and above constituted around one-third of the total number of people having taken personal trips to Mainland from 2006 to 2009.

Age group	<u>Guangdong Province/Macao</u>		<u>Other Places</u>	
	No. of persons ('000)	% of corresponding age group	No. of persons ('000)	% of corresponding age group
16-19	112.9	32.2	43.8	12.5
20-29	346.8	41.1	248.5	29.5
30-39	611.9	53.0	389.2	33.7
40-49	693.9	55.8	290.8	23.4
50-59	415.8	54.6	182.1	23.9
60 or above	430.6	42.8	142.8	14.2
Total	2611.9	48.8	1297.2	24.2

Age group	2006	2007	2008	2009
0-14	4.8	4.5	4.3	4.4
15-29	15.7	15.7	16.1	16.4
30-39	16.3	15.7	14.7	15.2
40-49	26	24.8	23.5	22.7
50-59	21.9	22.6	23.6	23.8
60 or above	15.3	16.7	17.7	17.5
Total	100	100	100	100

366. The relatively small number of specialized tours for senior citizens available so far apparently shows that there is yet a very developed or mature market that offers specialised guided tour for older people. There seems to be market segmentation between different economic strata of older people; for instance, for the elderly with lower financial means, they would take local/mainland tours provided by tourist agents or organized by local organizations like councillor's offices and NGOs; while those with better affordability form a niche market for those tourist agents that provide up-market tours. However, it is still the lack of adventure and learning or knowledge-based tours like those available in overseas countries reviewed, for those older people who have higher expectations, aspirations and affordability.

367. Although the private market has tried specialised guided tours for elderly, the response rates were disappointing. It might be attributable to the labelling effect for which the young-old people, who may have just retired or are still working, would refrain from joining to avoid being viewed as "elderly". Another reason was that some older people preferred travelling with their family, but the schedule of the trips was not designed for mixed generations. In addition, it was

revealed that the coming cohort of older people would be more energetic and that the specialised tours that are designed for relaxing may not match their expectation.

368. The above may reveal that there could be a diverse range of needs and aspirations even amongst the older travellers; while some would prefer “elder-friendly” specialized tours with a relaxed schedule, more learning-oriented, and other tailor-made features, some others would avoid such specialized and thus “segregated” and “stigmatized” mode of travelling. The industry may need to conduct more market research so as to get a solid grasp of the different market segments and develop their business strategies accordingly.

369. On the other hand, as mentioned in the section on insurance above, there are found some barriers or limitations for older people to purchase travel insurance. There may be the need to rectify this situation so as to enable older travellers to be adequately covered by insurance protection.

(3) TRADING AND LOGISTICS

Overview

370. In the following, consistent with the “international” review chapter, discussion is confined only to the part about “logistics” or more specifically “transportation” that is related to older people in particular.

Transportation

371. Hong Kong is a compact city with a diverse multi-modal public transport system. There are a multitude of public transportation means, including the Mass Transit Railway (MTR), a tramway, a funicular cable tramway, franchised and non-franchised buses, public light buses, taxis, and ferry services. Such a diverse and extensive system has basically enabled high accessibility within the territory (Transport Department, 2010).

372. Given the easy accessibility provided by the public transportation network, as well as the relatively high costs incurred in the ownership and usage of private vehicles, Hong Kong, unlike other overseas countries that have a wide territorial spread, the general public mostly relies on public transport. There is no data obtainable from official sources on the percentage of people aged 65 or above who have got driving license. However, given the fact that the general public relies mostly on public transportation, it would be logical to deduce that most of elderly people are also resorting to public transportation in their daily life.

The Government

373. The government is not a direct provider of transportation services but serves a regulatory role through its relevant bureaux and departments, as well as a facilitating role in infrastructure (e.g. highways, bridges, tunnels) construction and maintenance.

374. In order to enhance age-friendly environment, the Transport Department has also implemented pedestrian schemes in various districts (i.e. Mong Kok, Causeway Bay, Central, Sham Shui Po, Tsim Sha Tsui, Sheung Shui, Jordon and Stanley. However it was found that there was a considerable portion of older people who was not well-informed of the availability of this provision, as revealed in the Census and Statistics Department's findings (C&SD, HKSARG, 2004b).

The private sector

375. Most public transportation is provided by franchised private companies. Since the HKSAR Government sold 23% of its issued share capital to private investors in mid-2000, the MTR Corporation Limited has been re-established as a private corporation on the stock exchange market and transportation service provider (MTR, 2000). Both tram and ferry service are held by private business sectors, included Hong Kong Tramways Limited, The "Star" Ferry Company Limited, and New World First Ferry Services Limited.

Design of vehicles

376. Currently, the concept of elderly-friendly transportation in Hong Kong is quite under-developed, in which special hardware and equipment are only designed for facilitating disabled people e.g. wheelchair passengers but not specifically for older people. Table 5.3 summarises inside-facilitates of public transportation that may be elderly-friendly.

Table 5.3 Inside-facilitates of public transportation	
Franchised bus	<ul style="list-style-type: none">• Portable ramp at the entrance of some of the buses (exclusive of non air-con buses)• Super-low floor buses (e.g. Kowloon Motor Bus has 1,901 units)• Stickers of "giving seat to people in need(including elder)" inside buses
MTR	<ul style="list-style-type: none">• Portable ramp (need assistance from platform manager)• Universal design-multi-purpose spaces• Wide gates• Stickers of "elderly priority seat" and "giving seat to people in need (including elder)" inside the train• Lift accessible to concourses and platforms
Taxi	No elderly- specific facilities

Green and Red Route public light-bus	No elderly- specific facilities
Tram	No elderly- specific facilities
Star Ferry & First Ferry	No elderly- specific facilities

Source: Transport Department, HKSAR Government

Fares

377. According to the Thematic Household Survey report No. 14 (C&SD, HKSARG, 2003b), Hong Kong people aged 65 or above spent average 9.6 hours per day on unpaid activities and free-time/leisure activities, which is much more than that of younger age groups. Therefore, to enhance the wellbeing of older people, social life and leisure activities are of prime importance. However, to enhance older people' social life, one of the modes is encouraging them to go out to meet with others. A community study conducted by some elderly social organizations revealed that 88% of elderly respondents agreed the overall transportation is very expensive in Hong Kong and therefore they avoid going out by transportation as far as possible (大公報, 2010). It apparently reveals that their social life activities may perhaps be diminished. The following table summarises elderly concessionary fares offered by public transportation. It should also be highlighted that most concessionary fares only apply to older people aged 65 or above, but not age 60; and that some concessions are only offered on selected days in the week.

Table 5.4 elderly concessionary fares for aged 65+	
Franchised bus	Roughly half price throughout various public bus service \$2 fare for aged 65+ on Sunday and public holiday (Citibus & first bus: aged 60+)
MTR	Fare being roughly half of adult fare (except Airport Express) \$2 fare for every Wednesday, Saturday, and public holiday
Green and Red Route Van	some routes offer half price
Star ferry	Free of charge
Tram	Half price
"Senior Citizens" Day	Yearly on that day, all the public transportation means are free of charge for aged 65+ citizens

Source: SWD, HKSARG

The NGO Sector

378. Meanwhile, the NGO sector plays a rather minor role in the provision of transportation services. Nonetheless, there are the Rehabus services and escort services for people with mobility difficulties, including the older people. As the service is subsidized by the Government, the fare

charged is very low. Nonetheless, given that there is a great demand from the community, there is always the need for older people in need to wait for a long time to access such service.

Table 5.5 Rehabus services provided by NGOs

Rehabus	<p>Rehabus</p> <ul style="list-style-type: none"> • 20-30% elderly users while Government subsidizing 85% of the cost <p>Easy Access Bus</p> <ul style="list-style-type: none"> • Purely serving aged 65+ people • Providing service to Hospital Authority to escort elderly patients for regular medical follow-up diagnosis • 14-seats van for loading (more than one) wheelchairs <p>Easy Access Hired Car</p> <ul style="list-style-type: none"> • 7-seats vehicle for loading (more than one) wheelchairs <p>Sage Bus</p> <ul style="list-style-type: none"> • Only rent for elderly passengers or elderly related organization • Unable to load unfolded wheelchair
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Source: The Hong Kong Society for Rehabilitation

379. Similar to Rehabus, another brand new point-to-point transportation service for wheelchair users, named DiamondCab, is introduced by a venture philanthropic organization in partnership with taxi owners and drivers by the end of 2010. Currently there are only five cabs in total, mainly serving Kowloon area in daytime; though the company has planned to increase to 20 cabs in the near future. Similar to other taxis such cabs can take a maximum of five passengers in a single trip, or can accommodate two wheelchair users with their two carers. Two different rental modes are provided, including point-to-point charge at \$70 with prices depending on location travelled in, and hourly rental at \$300 per hour with minimum booking of one hour. The wheelchair users and their carers are not charged by meter since most of them will make advance booking so that DiamondCab is able to quote the fare to them. In other words, the service is provided on a rental basis legally as "hiring of public service vehicle as a whole" is allowed under Reg 38 of Road Traffic (Public Service Vehicles) Regulations Cap. 374D . However, when the cabs are not servicing the wheelchair users, they are allowed to pick up passengers on street and the fare is charged at the same meter rate as that of normal taxi. Innovative service packages, e.g. Family Dining, and Charity Tour, are also introduced to facilitate wheelchair users to enjoy barrier-free activities with family and friends (Diamondcab, 2011).

380. The Diamondcabs are regulated by the Transport Department with reference to the Road Traffic (Public Service Vehicles) Regulations. While other taxis are now using petroleum gas as fuel, so as to reduce emission of pollutants, the Diamondcab can only use diesel as the gas container cannot be placed within the cabin with passengers for safety reasons. This would increase the operating cost of the Diamondcab operators, especially as there is tax exemption for petroleum gas taxis but not for taxis using diesel. The DiamondCab operator has already obtained one local

petroleum supplier in providing concessionary rate for the petroleum, thus reducing their operating cost.

381. It is estimated that there are currently some 260,000 wheelchair users and there are some 16,000 taxis in Hong Kong and so it is anticipated that there is sizeable potential demand for such specially designed taxi like DiamondCab.

382. The Chain of Charity Movement (愛德循環) has been providing free transportation services to people with mobility problems, including the older people, by mobilizing volunteer drivers. The service include taking those people with mobility problems to hospital/clinics, visit friends, attend courses and join recreation/sport activities (Chain of Charity Movement, 2011).

Appraisal on Transportation

383. In order to promote elder-friendliness in the public transportation system, there is need for the operators to improve interior facilities, e.g. installing connecting handrails, increasing the number of elderly priority seats, enlarging the fonts of road signs at the bus stop, etc. Making reference to the Government's stipulation of "Barrier free Access" requirements for buildings, that require that "a new building or any alteration or additions to an existing building shall be designed in accordance with the obligatory design requirements" set out in the manual, there may be the merit of exploring the possibility of stipulating such requirements in public transportation.

384. The provision of concessionary fares for older people is rather limited, which compares badly with China in which older people are entitled free public transportation. There may be the need to review the franchise conditions as to whether franchised public transportation providers should be required to provide more concessionary fare. This is particularly important as transportation cost is generally regarded by the public as considerably high.

385. As revealed from the long waiting time that reflects the high demand for Rehabus bus services, it could be postulated that older people, in addition to physically challenged people, may need more tailor-made transportation services. There could be a potential market for the private sector to provide such services like the Rehabus or the DiamondCab that capture the group of older people who can afford a higher fare and would require "point-to-point" delivery with assistance from the driver and/or attendant. However, there might be the need for the Government to consider providing some support to such initiatives as the DiamondCab in such aspects as exemption or reduction of tax for diesel, of importation tax for the cab and lowering the requirements for modification of the car cabin.

386. As the overall transportation policy and direction of development is heading towards a predominance of mass transit mode of transportation, there is the increasing reliance on mass

transit railways for older people to travel in the territory. It is therefore necessary for the Government and the MTR Corporation to review relevant aspects pertaining to facilitating older people's use of the MTR, in such aspects as access (e.g. the provision of lift in addition to escalators), fares (e.g. concessionary fares) and station facilities (e.g. provision of sitting bench, toilet, handrails, signage).

(4) PROFESSIONAL SERVICES

Overview

387. The scope of "professional services" is very wide and may cover such aspects as personal care, legal, accounting, auditing, information technology related services, advertising and related services, engineering and related technical services, and architectural design and surveying services (C&SD, HKSARG, 2004a). Due to the unavailability of data, the following account is confined to the area of "aged care services", while the aspect of "information technology related services" will be dealt with in the "Innovation and Technology" section.

Aged Care Services

388. In Hong Kong, aged care services, or more commonly conceived as "long term care" (LTC) services, include CCS which consists of home-based and centre-based services, and residential care services (RCS).

The Government

389. The Government plays a key role in providing funding to the NGOs and monitoring their service quality through the Social Welfare Department (SWD), though it does not play the role of a direct provider of aged care / LTC service. The Government administers the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) to allocate subsidized LTC services to eligible older people. The SWD's Licensing Office of Residential Care Homes for the Elderly (LORCHE) is responsible for enforcing statutory provisions under the Ordinance applicable to subvented, contract, self-financing non-profit-making and private RCHes.

390. To encourage the participation of private developers in building more quality residential homes, the government has also adopted a **premises-led approach** in 2001. With this approach, the government either builds or pays private developers to build quality residential care homes on behalf of the government. For the latter, the government will supply the premises at nominal rent for competitive bidding.

391. The Government also provides funding to NGOs in operating other community support services that include centre-based services (e.g. District Elderly Community Centres), in addition to the LTC services for physically frail older people.

392. The Government has been promoting the policy direction of “Ageing in place” to enable older people to live in their own domestic home and familiar community as long as they wish. The Government has in recent years supported the launch of some pilot projects that promote community and home care for the frail elderly people. These include: the **“District-based Trial Scheme on Carer Training”** has helped to develop paid carer services; the **“Integrated Discharge Support Program for Elderly Patients” (IDSP)** provides patients discharged from hospital with three months of follow-up community-care support services; and the **“Pilot Scheme on Home Care Services for Frail Elders”** is to be launched in early 2011 to provide tailor-made service packages for older people waiting for nursing home places but are still living at home.

The private sector

393. There are 580 private homes which are providing 44 532 residential places (excluding the Enhanced Bought Place Scheme) and there are also 5 294 self-financing places provided by NGOs. However, the occupancy rate of these private and self-financing places is about 70%.

394. There is only very limited supply of privately-run CCS.

The NGO Sector

395. LTC services in Hong Kong, including both RCS and CCS, are mostly provided by non-profit NGOs that receive financial subsidy from the Government.

396. Residential care services (RCS) for older people aim to provide residential care and facilities for older people aged 65 or above who, for personal, social, health and/or other reasons, cannot adequately be taken care of at home. People aged between 60 and 64 may apply if there is a proven need. At September 2010, there are about 24,700² subsidized places in the subvented residential care homes for the elderly (SWD, 2010). The distribution of elderly living in residential care facilities is shown in Appendix VI.

2 The number of places reflect the final number of places after the concerned places in Self-Care Hostels and Homes for the Aged have been converted and upgraded to places providing a continuum of care. As the conversion programme is still on-going, the current number of subsidized places is about 26,000.

397. **Hostel for the Elderly:** Hostels for the Elderly provide communal living accommodation, programme activities and round the clock staff support for older people who are capable of self-care.
398. **Home for the Aged:** Homes for the Aged provide residential care, meals and a limited degree of assistance in activities of daily living for older people who are unable to live independently in the community yet are not dependent on assistance with personal or nursing care, and are assessed to be of no or mild impairment level under the SCNAMES. From 1 January 2003 onwards, SWD has ceased to accept new application for the placement in Hostels for the Elderly and Homes for the Aged. Starting from March 2006, all places in Hostels for the Elderly and Home for the Aged will gradually be phased out and converted into Care and Attention Homes for the Elderly places providing continuum of care.
399. **Care and Attention Home for the elderly (C&A Home):** Care and Attention Homes for the Elderly provide residential care, meals, personal care and limited nursing care for older people who suffer from poor health or physical/mild mental disabilities with deficiency in activities of daily living but are mentally suitable for communal living, and are assessed to be of moderate impairment level under the SCNAMES. C&A places are provided by subvented homes, self-financing homes, contract homes and private homes (including those participating in the Enhanced Bought Place Scheme (EBPS)). There are 14,705 and 7,231 subsidized C&A places in subvented / contract homes and EBPS homes respectively.
400. **Nursing Home (NH):** Nursing Homes provide residential care, meals, personal care, regular basic medical and nursing care, and social support for older people who suffer from poor health or physical/mental disabilities with deficiency in activities of daily living but are mentally suitable for communal living, and are assessed to be of severe impairment level under the SCNAMES. Some Nursing Home places are provided by contract homes. There are 2,191 subsidized NH places in subvented NHs/ contract homes.
401. **Self-financed Residential services** As at September 2010, there are 5,294 non-subsidized places in non-profit-making self-financing homes / contract homes which provide residential care services for older people with different levels of impairment. There are 15 places in hostels for the elderly, 1 181 places in homes for the ages, 3 162 places in C&A homes and 936 places in NH (SWD, 2010).
402. Community Care Services aim to provide personal care, nursing care, rehabilitation training and social activities in a familiar home and community environment to frail older people who cannot receive care from their family members during day-time.
403. **Enhanced Home and Community Care Services (EHCCS):** To actualize the concepts of “Ageing in Place” and “Continuum of Care”, Enhanced Home and Community Care Services (EHCCS) is

designed as an integrated form of services to meet the nursing and care needs of frail older people with the aim of enabling them to age at home in a familiar environment, as well as to provide support to carers and to strengthen family cohesion. At October, 2010, there are 24 teams of EHCCS which are servicing 3,386 older people in all districts (SWD, 2010).

404. **Integrated Home Care Services (IHCS):** Integrated Home Care Services (IHCS) provide a range of community support services to the older people, people with disabilities and needy families living in the community with a pool of experienced and professionally trained staff, and via a network of service units in the community with its collaboration and support. The Integrated Home Care Services Teams (IHCSTs) provide care and support to the target service users according to their individual needs and actualize the concepts of “Ageing in Place” and “Continuum of Care” to enable the service users to continue living in the community. IHCS are classified into two categories according to the needs of the older people. IHCS(F) refers to frail older people who suffer from moderate or severe level of impairment and IHCS(O) refers to older people suffer from no to mild level of impairment or disability. At June 2010, there are 60 teams of IHCS which are servicing 1,108 frail cases and 20,102 ordinary cases in all districts (SWD, 2010).

405. **Home Help (HH):** After the exercise of 'Re-engineering Community Support Services for Elders' launched in April 2003, all Home Help Teams (HHTs) (except one located in Tung Chung, Lantau Island) had been upgraded to Integrated Home Care Services Teams to provide various kinds of care and support services to the frail older people, people with disabilities and other people with special needs. The remaining HHT continues to provide service to older people aged 60 or above, people with disabilities, individuals and families living in Tung Chung area who are incapable of looking after themselves. The scope and frequency of services provided will be based on the assessment on individual cases.

406. **Day Care centres (D/Es) and Day Care Units (DCUs):** D/Es or DCUs provide a range of centre-based care and support services during daytime to enable the frail and demented older people suffering from moderate or severe level of impairment to maintain their optimal level of functioning, develop their potential, improve their quality of life and to live in their own homes wherever feasible and possible. Besides, D/Es and DCUs also provide various kinds of support and assistance to the carers in order to enable them to continue to assume their responsibilities as a carer. At October 2010, there are 59 centres / units and servicing 3,220 older people.

407. **Day Respite Service for Elders:** it provides temporary day care service for older people. It serves the objective of providing support and temporary relief for family members or relatives who are the main caregivers of older people requiring a certain degree of personal care whilst residing in the community. It aims at encouraging and helping older people to continue living in the community for as long as possible.

408. **Elderly Centre Services:** The objectives of the services are to provide community support services for older people and their carers at district and neighbourhood levels, and to facilitate older people and their carers to receive multifarious services at centres in vicinity close to their homes. In the districts, various elderly centres would collaborate together and form strategic alliance with other stakeholders to provide appropriate support services for the older people and to build up a caring community for them. These centres include the **District Elderly Community Centres (DECC)**, **Neighbourhood Elderly Centre (NEC)** and **Social centres for the Elderly (S/Es)**. At June 2010, there are 41 DECC, 117 NEC and 53 NEC with 60, 610, 79,463 and 39,427 members respectively.
409. **Carer Support Service:** it aims at facilitating and supporting carers to take care of older people in the community. Most of the community support service units including DECC, NEC, D/Es and DCUs, IHCS and EHCCS, provide various kinds of carer support service.
410. **Holiday Centre for the Elderly:** The holiday centre provides holiday facilities for older people, people with disabilities and their carers. Services available include day and overnight camp services, cultural exchange programme, sports activities, interest classes (e.g. computer course which promotes information technology of older people, etc.) and day care service for the older people.
411. **Self-financed Community services** With increased awareness of the potential great demand for CCS in the community, there has recently been some emerging trend of increased interest from amongst the NGOs and private operators in providing self-financed CCS. Appendix VII presents the current situation of the availability of CCS provided by NGOs by means of self-financed mode and private operators.

Appraisal on aged care

412. Aged care or LTC service provision in Hong Kong is largely a “public” model in which the government provides financial support (in terms of subvention) to NGOs which serve as service operators. In the CCS domain, subsidized services constitute nearly 100% while in the RCS subsidized services amount to 30% of the total number of beds, while the private and self-financing sector provide about 70%. The Government and the NGOs have worked in partnership in the provision of LTC services.
413. It is known that the supply of subsidised place in RCHE is insufficient, which leads to a long waiting time for admission. The number of elderly who passed away during waiting for subsidised NH places and C&A places increased from 1,339 and 2,053 in 2005, 1,823 and 2,971 in 2010 respectively (Legislative Council, 2011). Although there are provisions of RCHE in the private market, there is great variation in the quality of these private RCHE. There has been public concern on the tightening of the supervision and monitoring of these private operators in

order to ensure the quality of service. The EC's 2009 study revealed that since a considerable portion of private RCHE users are on Comprehensive Social Security Assistance (CSSA) and that constitutes a readily available market for private RCHE places, there is a lack of incentive for private RCHEs to improve their service quality (Elderly Commission, 2009, p.69). As at December 2010, there were only 22 out of 580 (3.8%) private RCHE that had joined the voluntary accreditation system operated by the Hong Kong Association of Gerontology (Hong Kong Association of Gerontology, 2010). There is also wide disparity of size, quality of services and level of fees charged among private RCHEs (Elderly Commission, 2009, p.13). Many of the private RCHEs are operated in old private commercial-residential buildings that are not purpose-built for residential care services, though they basically comply with the SWD's licensing conditions.

414. Currently, there are some NGOs that have started operating higher quality RCHE on a self-financing model and target to older people with higher affordability. For instance the self-financing homes operated by the St James Settlement charge a monthly fee of \$39,000 (for a C&A home bed) to \$52,000 (for a nursing home bed) which are much more expensive than the monthly fees for subvented places of about \$2,000³. The current supply of higher quality places may not be sufficient to cater to the increasing demand from the community.

415. Long waiting time is also found in subsidised CCS. According to a survey reported in 2005, the waiting time for being provided with meal delivery service under subsidised CCS was 6 to 9 months, and that for domestic duties and home nursing service was 18 to 24 months (Ming Pao, 2005). Although there are self-financed services provided by NGOs or private sectors, some providers from NGOs commented that it was hard for them to sustain as the purchasing power of current cohort is low. However, it is anticipated that the coming cohort of older people would be in a better position to afford better services.

416. Due to the fact that there is a relative shortage of subsidised and self-financed CCS provided by the NGOs, and the virtual non-existence of private CCS, some of the older people and their family members might resort to employing foreign domestic helpers (FDH) to provide personal care to the frail older people living in the community. Alternatively, those who cannot afford or do not want to employ domestic helpers may resort to moving their frail older family members to private RCHEs, thus resulting in the high institutionalization rate of older people in Hong Kong. According to the SWD's 2009 study on 650 EHCCS users who were assessed to be eligible for NH placement, some 66% of them had employed FDH, which indicates that FDH actually have played a crucial role in taking care of frail elderly people in the community. However, as there is currently no stipulation that domestic helpers must have professional qualification of personal care, there is doubt as to whether they could provide quality care to the older people in the domestic setting.

³ According to SWD figures, monthly fees for C&A home is \$1,605 (for Non-Disability Allowance recipient) and for Nursing Home is \$1,994 (as at March 2011).

417. The EC has been conducting review studies on RCS and CCS respectively and has explored into the desirability and feasibility of introducing a voucher scheme for applicants for subsidized LTC services. While the review for CCS is anticipated to be completed by mid-2011, the RCS review report in 2009 showed that the existing users and applicants on the waiting list for RCS, as well as their family members and community respondents had indicated their readiness to take up a voucher on a means-tested basis (Elderly Commission, 2009, p.13).
418. International experiences have revealed that the provision of subsidies, in the form of cash or voucher, provided by governments to the service users and/or their family members can effectively empower them to exercise choice in using LTC services, which would also serve as a stimulus for private operators to venture or expand CCS provision. In fact, Hong Kong has already got some experience in the application of cash subsidy or voucher, including the Pre-primary Education Voucher Scheme (PEVS) and the Elderly Health Care Voucher Pilot Scheme. The Government, in collaboration with the Hospital Authority, has also introduced a scheme in which Cataract patients waitlisting for the operation in public hospitals can get cash subsidy to undertake operation in private clinics/hospitals, in order to promote private sector involvement and diversification of the public service users to relieve pressure on the public service system.
419. Apart from the possible measure of issuing LTC or CCS voucher, there is also the need to attend to the problem of shortage of land or premise for service operators. There may be merits in exploring better utilization of the vacant flats in the public rental housing estates, office spaces in the community centres managed by the Home Affairs Department and other vacant premises under government management, to rent out to NGOs or private operators. Furthermore, there could also be the possibility of better using the existing venues of residential care homes for the elderly (RCHes), even including the private ones, in providing CCS. Admittedly, if this is to be adopted, there is need to review the licensing terms and schedule of accommodation of these RCHes to comply with safety and other related requirements.
420. Furthermore, an additional measure may be the provision of loans for operators to cover the start-up cost for renovation and hardware installation. However, there could be controversial views in the public as to whether the Government should provide direct subsidy to private operators in establishing and providing CCS, which is an issue that has to be addressed seriously.
421. In order that the care industry can prosper, there is need to ensure the availability of manpower, including both professional and supportive staff. It should be reckoned that currently there is considerable shortage of manpower in the elderly care industry, which would pose constraints to the expansion of CCS. There may be the need to review the manpower training policies and measures in ensuring the supply of relevant manpower for the caring industry. One possible measure may be the provision of training allowances to employees of

private or self-financing CCS operators to undertake in-service training, which strike resemblance to the “Employment Programme for the Middle-aged”.

(5) EDUCATIONAL SERVICES

Overview

422. Educational services for older people may take either formal, informal or non-formal format. Older people’s participation in lifelong learning serves to enhance their adjustment to their transition from work to retirement, and to achieve active ageing. In Hong Kong, on the whole, educational services for older people are currently mostly offered by NGOs and academic institutes with governmental support, but not much from the private market. Most recently, the EC, in collaboration with the NGO sector, has taken more proactive strategy in promoting lifelong learning. The private sector plays a relatively minor and indirect role through providing financial support to NGOs. Overall, the number of seniors engaging in short-term, informal or non-formal learning is far greater than that enrolling in formal education.

423. Due to many historical reasons related to social development, education opportunities were not well-developed during the 1930’s to 1950’s. Many of the current cohort of older people on average had relatively low level of educational attainment. In addition, many of the current cohorts of older people came from the Mainland when they were youths. The opportunity of attending school was slim especially for the women from villages.

424. Several decades on, the education level of the younger cohorts of older people has been improving throughout the years. According to the by-census of 2006, the proportion of older people with no schooling/pre-primary education for the younger cohort aged 65-69 was 19.3% in 2006, which was much lower than the 56.5% for older people aged 85 or above. On the other hand, the proportion with primary educational attainment or above was higher for the younger cohort. The same pattern was displayed for both older men and women. The average proportion of people aged 65 or above with no schooling or only pre-primary education decreased from 43.7% in 1996 to 35.8% in 2006, whereas that with secondary and higher education increased considerably from 16.1% in 1996 to 25.0% in 2006. It can be expected that the educational attainment of future cohorts of older people will see even greater improvement (C&SD, HKSARG, 2007a).

The Government

425. The Government is not a direct provider of education services for the older people. It provides seed funding to NGOs in operating the centre-based services that offer informal education opportunities to older people in the form of interest classes.

426. **The Elderly Academy** The EC, borrowing the experience of the University of Third Age (U3A) in Australia, initiated the Elderly Academy Scheme in 2007 with currently some 113 academies established in the primary and secondary schools and tertiary institutions. Each academy can choose their operation mode. Generally, each course will charge a fee of \$10-\$50 to the participants. A certificate would be given to the students at a graduation ceremony. The management committee is mainly consisted of members from parent teacher associations. Some courses were linked to university courses (i.e. HKU, Open U, CityU, HKIEd, APIAS) and were properly accredited while some were interest classes. The programmes in universities allow the elderly to enrol the modules of undergraduate studies as non-credit courses that they do not need to take part in any assessments, including assignments, tests and examinations. In 2010, there are more than 50,000 elderly students in Elderly Academy. The mean age is 67 ranging from 55-96 years old. The education level varies as some of courses are interest/leisure classes while some are academic in nature.

427. **Elderly radio-broadcast learning institute** The Radio Television Hong Kong (RTHK) is a government department that provides radio programmes to the general public. The RTHK's Channel No. 5, "A Power" embraces a series of elderly friendly programmes, ranging from foreign languages, health information, tips for daily-life, current events in the community, to Hong Kong news, and etc. It is very popular among the elderly community.

The private sector

428. The private sector does not seem to have provided direct educational services or programmes for older people in Hong Kong. However, some corporations provide funding to support NGOs in operating the U3A.

The NGO Sector

429. Currently, the majority of learning opportunities for older people are offered by NGOs and academic institutions with government policy and financial support. The NGOs, e.g. the DECCs, the Community Centres, etc., are operating interest classes and other modes of informal and non-formal learning. Recently, there are some emerging forms of elder learning, mainly delivered through the U3A, the Elder Academy and the like.

430. **The U3A, HK** The U3A was initiated by the Hong Kong Council of Social Services (HKCSS) and supported by the Hong Kong Electric. NGOs joining this project receive funding from the HK Electric via the HKCSS and operate various kinds of learning classes for older people.

431. **Institute of the Third Age** Established by Hong Kong Christian Service (HKCS), the institute aims to serve people aged 50 or above in the community to develop their potentials ranging from language, spoken language, health knowledge, to practical skills for daily life etc. Courses

are credited with academic points, where certificates could be redeemed with a certain amount of points accumulated.

432. **E-learning** The Cybersenior Network Development Association provides a website from which the older people can access free learning materials and learn several leisure programmes by themselves such as the method of Chinese character input, photo-imaging and design, website production and animation, video-making, work interface, Office, software application, and languages.

Appraisal on Education Services

433. Research has proved that lifelong learning for older people is conducive to promoting older people's active ageing and enhancing their quality of life. Although the Government is not a direct provider of educational services to the older people, it has provided seed funding to educational institutions, ranging from primary, to secondary and tertiary levels; as well as NGOs, in providing informal and non-formal learning programmes. It has also provided learning opportunities via radio broadcast.

434. The NGOs have provided informal education to older people with government financial support. Most of these educational programmes are provided through the network of elderly centres in the community. However, the low fees charged by the NGOs and the interest classes offered may perhaps be catering to the needs of some specific groups of older people, while not adequately attending to the needs and aspirations of some other groups who might demand educational programmes pitched at a higher academic level and who can afford higher fees. The private business sector has not yet played any significant role in the provision of educational services but only serves as a funding provider.

435. Due to the relatively low computer literacy amongst the current cohort of older people, it is observed that online learning as practiced in the western countries is not prevalent in Hong Kong. Actually, the government has long been making effort to enhance the awareness and knowledge of the elderly on information technology. For instance, the Information Technology Service Department set up the programme named "IT Awareness Programme for the Elderly" providing free IT courses to elders aged 60 or above in 2001. More recently, the Office of the Government Chief Information Officer (OGCIO) have invited elderly services agencies to join the "eElderly Digital Navigation Centres" to support elders to learn about computer and internet (OGCIO, 2010). Also, the Government has adopted the suggestion given of the HKCSS in setting up the Digital Solidarity Fund comprising of contributions from Government and the private sector to support the NGOs in promoting "digital inclusion". However, there was only 10.6% of elders aged 65 or above who have knowledge of using personal computer (C&SD, HKSARG, 2009c). There might be merits in further exploring the promotion of computer literacy, as well as computer usage by older people, so as to enable a more flexible and efficient mode of learning.

436. The Elder Academy, initiated and supported by the EC has basically set up a platform for promoting elder learning and inter-generational inclusion via the network of primary, secondary and tertiary education institutes. It might be worthwhile to further inject more funds to the programme to support more older persons participate in such learning programmes.

437. Currently, the Government provides CEF to encourage people to engage in various modes of learning and continuing development. However, the age eligibility is set at 65, which might be not favourable to older people who are beyond this age limit in engaging in lifelong learning. It might be desirable to explore relaxing this age ceiling to enable older learners to participate in more educational activities.

(6) MEDICAL SERVICES

Overview

438. According to The government's Task Force on Economic Challenges (TFEC), Hong Kong has the potential to developing medical services which are "of low risk and high return, minimizing the need for long stay in hospital", and "developing the remote medical care or telemedicine services market, ... setting up theme resort complexes, such as hi-tech spa, aromatherapy, water sports and outdoor activities centres" (TFEC, 2009). These may well be the higher-end market for users who can afford higher fees. However, in the examination of the potential for SHM in the medical/health aspect, it is necessary to investigate the various market segments with different levels of affordability amongst the older population.

439. Many elderly in Hong Kong suffer from a number of chronic illnesses. More than half of people aged 60 or above are reported to have hypertension and the details are stated in the Appendix VIII showing that there are demands on medical services from elderly group. According to the latest survey report (C&SD, HKSARG, 2010b), the rate of older people having diseases that required long-term follow-up by doctors and chronic health conditions as told by practitioners of Western medicine increased with age of person. The rate for those aged 65 and over increased from 50.7% in 2001 to 72.1% in 2010 (C&SD, HKSARG, 2002a; 2010b). A recent study also showed that Hong Kong female older adults (those aged 60 or above) tend to outlive Hong Kong male counterparts but are also more likely to suffer from a "double disadvantage", namely more years of life with chronic morbidity and disability from 1996 to 2008. The recent increase in life expectancy in Hong Kong among older adults has been accompanied by a worsening health status, most significantly for females (Cheung & Yip, 2010).

440. The Hong Kong health system is a mixture of public and private sector health service providers. On the whole, the public sector, through the HA, provides the majority of the hospital and outpatient clinics services, while the private sector takes up a significant role in providing

general practitioners and specialist service with a wide network of private clinics in the community. There are also a few NGOs that operate small-scale health clinics that provide health check and dental services, as well as traditional Chinese medicine (TCM) at a low price.

The Government

441. It is observed that the older people have constituted a significant portion of the users of the HA's services. According to the HA's statistics, as of 2004 the elderly population (aged 60 or over) constituted 15 per cent of the total population, but their utilization of hospital services constituted more than 50 per cent of the total bed-days (Hong Kong Hospital Authority, 2005). This could probably be attributable to the fact that many of the poor elderly people could afford only the low fees that the public clinics and hospitals charge. It could also be accounted for by the fact that the HA's services are readily accessible and the public has vested high confidence on the HA's quality of service.

442. The public health services are delivered by the Hospital Authority (HA) and Department of Health (DH). The HA provides inpatient, day patient, outpatient and community outreach services including Community Geriatric Assessment Team (CGAT) and Community Nursing Service (CNS) for elderly people. Besides the general geriatric service, there are also some specific clinics or centres for particular diseases or assessment. They are memory clinic, nurse specialist clinic, drug compliance clinic, psychogeriatric consultation clinic, comprehensive geriatric assessment clinic, fall assessment clinic, cardiac rehabilitation, diabetes ambulatory stabilization, diabetes complication screening, diabetes education class, endocrine dynamic test, invasive cardiology, pace maker assessment, combined osteoporosis assessment clinic, combined geriatric assessment clinic, stroke clinic, combined continence clinic, etc. Also, geriatrics day hospitals are provided for the older people to have rehabilitation.

443. The DH provides Elderly Health Service and it aims to enhance primary health care for the elderly, improve their self-care ability, encourage healthy living and strengthen family and carers support so as to minimise illness and disability. The services include:

444. ***Public Health & Administration*** By systematically collecting and analysing health information of the elderly population, Elderly Health Service identifies their health needs for the planning of appropriate health promotion programmes and materials.

445. ***Clinic Service*** Elderly Health Centres (EHCs) provide clinic service to older people using multi-disciplinary approach with family medicine perspective. Older people aged 65 and above can be enrolled as members, who are provided with services of health assessment, counselling, curative treatment, and health education. Because of the limited quota of membership, members are required to renew annually on a first-come-first-served basis. As at 2008, the 18 EHCs offered a total of some 38,000 memberships each year handling about 182,000

attendances for health assessments and treatment in 2007. In the same year, about 23,000 older people were on the awaiting list, in which the average waiting time was 38.3 months (Hong Kong SAR Government Information Services Dept., 2008)

446. **Out-reaching Health Service** The Visiting Health Teams (VHT) outreach into the community and residential care settings to deliver health promotion programmes so as to optimise the health of the elderly. By adopting the train-the-trainer approach, VHT provide training programmes to carers to enhance their health knowledge and skills in caring for the elderly. In addition, the teams also carry out annual influenza vaccination for institutionalised older people.

447. The Elderly Health Care Voucher Pilot Scheme aims at providing additional choices for older people on top of the existing public primary health care services (PHC) with a view to enhancing the PHC services for the older people. The Elderly Health Care Voucher Pilot Scheme would implement the "money follows patient" concept on a trial basis, enabling older people to choose their own private PHC services in their local communities that suit their needs most, thereby piloting a new model for subsidised PHC services in the future. By providing partial subsidy, the Elderly Health Care Voucher Pilot Scheme serves to promote the concept of shared responsibility for healthcare among patients and ensure appropriate use of healthcare services through co-payment. For each older people aged 70 or above, five health care vouchers of \$50 each (HK\$250 in total) are provided annually to partially subsidise their use of private PHC services. The pilot scheme is a three years project and launched in 2009.

448. The government introduced Elderly Vaccination Subsidy Scheme (EVSS) in 2009. All Hong Kong older people who are aged 65 or above in the year of implementation are entitled to a HK\$130 government subsidy per dose of seasonal influenza vaccination, and a HK\$190 government subsidy per dose of pneumococcal vaccination received from private doctors enrolled in the EVSS.

449. **Oral Health** According to Oral Health Survey done by Department of Health in 2001, more than a third of 65 to 74 year old Hong Kong non-institutionalized older people were found with calculus deposits and more than half had gum pockets (Department of Health, 2001). However, only 7.3% of elderly reported to have regular dental check up in the same year (C&SD, HKSARG 2002a). The percentage has not increased much and that in 2008 it was only 7.8% (C&SD, HKSARG, 2009a). The details of Hong Kong citizens having regular dental check-up is shown in Appendix IX. However, it is observed that there is no specific oral health service provided by the HA to the older people and that they have to consult private practitioners for treatment other than removing teeth. In the near future, there will be open bidding for NGOs to provide free basic dental treatment for RCHes.

The private sector

450. Other than those provided by the government, private hospitals also provide personal health check-up package for general public. However, there is wide variation in the content and fees amongst the packages offered by different hospitals. The majority of the packages does not provide specified medical check-up service for older people. Amongst those plans particularly for elderly, for example, Evangel Hospital examines patients' weight, body fat, blood pressure, heart, chest, abdomen, breast, Electrocardiogram (ECG), chest X-ray, renal function tests, lipid profile, diabetic and gout screening, urine test, ultrasound examination, and each would be followed up by doctor (Evangel Hospital, 2008). Actually the scope of such testing is basically similar to other general plans; the only difference is that some hospitals offer concessionary package for older people, e.g. the Tsuen Wan Adventist Hospital offer 30% discount on the Standard Physical Examination for those aged 50 or above. Also, the specialized package provided by the Evangel Hospital charge cheaper than their other packages of similar testing items. There are private-public interface (PPI) shared-care programs for some specific patient groups like DM patients in some clusters (e.g. New Territories East and Hong Kong East).

Health insurance

451. Apart from direct services, health care finance is also a crucial aspect related to the maintenance of health of the general public and the older people. The Government has proposed to establish health insurance scheme for the general public and pledged to provide support and subsidy for older people to purchase health insurance. Government statistics reveal that only a very small portion of elderly (aged 65 or above) purchased medical insurance individually: 3.5% in 2008 and 4.9% in 2009/2010 (C&SD, HKSARG, 2009b; 2010a). These consistent low rates can be explained by the fact that there is still a sizeable group of older people in Hong Kong whose disposable income may not allow them to purchase health insurance, and that the insurance industry might be concerned about the possible high risk of claims from the older customers and thus may either set stringent barriers or charge high premium which in effect has denied the older people from getting health insurance. Most recently, there have been some insurance companies offering tailor-made insurance plans targeted to the older people, such as Cigna Senior Serenity Plan, which is the first plan specified for elderly advertised on TV, with guaranteed acceptance of applicants aged between 55 and 80 without medical examination at the rate of around HK\$18 per day.

The NGO Sector

452. There are some NGOs providing Oral Health Service for elderly living in the community. The service is provided either for free or charged at a very low price. The Community Chest is subsidising the United Christian Nethersole Community Health Service to deliver Outreaching Oral Health Service for Community Elderly. Under the service, professional dentist will go to

elderly centre and provide service to the elderly members. The fee of dental check is \$15 (CaringEasy, 2010). Po Leung Kuk also received funding from “Partnership Fund for the Disadvantaged”, which is a matching grant from the government matched with the donations made by business organisations, for a project named “Smiling Teeth-Dental Care for Elders”. The project offers free oral check for members in elderly centres (Po Leung Kuk, 2010). This could be viewed as a good illustration of tripartite collaboration between government, business sector and NGO.

Appraisal on Medical Services

453. The Government has provided an accessible public health system that is of remarkable quality and affordable for the general public, including the older people. The hospitals and clinics have basically provided wide a wide coverage of health services for the older people. However, there is still inadequate coverage of dental health services for the older people provided by the public sector.

454. In terms of health care financing, currently, it appears to be largely a “publicly funded” model in which the Government, through the Hospital Authority and Department of Health, has played a predominant role. For instance, in 2007, over 90% of secondary and tertiary health care was provided by public health care sector, which was highly subsidized (Bauhinia Foundation Research Centre, 2007). Public funding constituted 95% of the cost of the public healthcare services while only 5% came from user fees (Food and Health Bureau, 2010). According to the study done by the Bauhinia Foundation Research Centre (2007), Hong Kong’s public health expenditure was projected to increase from 3.1% of GDP in 2001/02 to 4.3% in 2020 and then to 5.3% in 2030; and such expenditure accounted for 14.5% of government expenditure in 2001/02 which would be increased to 21.5% in 2020 and reaching 26.5% in 2030. The percentage will be more than a quarter of government expenditure which reveals that the current system, which mainly relies on public sectors, may not be sustainable in the long run.

455. On the other hand, the private sector has played a supplementary role, especially with the proliferation of private practitioners operating clinic services in the community level. However, private hospital services are usually provided at high fees; which might also partly account for the public’s slanted reliance on public services.

456. In order to develop a more sustainable health financing model in the long run, there could be the merit of exploring more private sector involvement in the provision of health care for the general public and the older people in particular, in view of their increasing number and proportion. Alternatively, there could be great public-private partnership (PPP) or collaboration between government or Hospital Authority and private operators, including hospitals, allied medical organizations and individual medical practitioners. For instance, the Government, in collaboration with the Hospital Authority, has also introduced a scheme in which Cataract

patients waitlisting for the operation in public hospitals can get cash subsidy to undertake operation in private clinics/hospitals, in order to promote private sector involvement and diversification of the public service users to relieve pressure on the public service system. In another instance, the Government also subsidizes older people to take influenza vaccination at private clinics.

457. The Government has promoted the introduction of health insurance, which could be a possible direction in developing a sustainable health care financing model as it may induce a larger market in both the insurance sector and private health service provider, both in community or primary health care and the hospital services. However, older people, especially those whose financial and health conditions are unfavourable, might experience some difficulties and thus disadvantages in entering into private insurance schemes. The Government's initiative in providing support and subsidy to older people in their application for private health insurance could be a positive measure to ensure the older people being protected.

458. With increasing health awareness among the general public and the older people alike, there is increasing demand for regular health check. This would create a potential demand for services provided by the private sector and even the NGOs.

(7) TESTING AND CERTIFICATION

Overview

459. The direction laid down by the TFEC in developing Hong Kong's industries in testing and certification services involve those for food and consumer products (including household electrical appliances, toys and textiles) in subsequent phases, making particular reference to the requirements of the European and US markets. It is also aimed at "extending the capability and capacity of the local accreditation body in providing accreditation service for a wider range of testing, certification and inspection service, such as accreditation service for testing automotive parts, Hazard Analysis & Critical Control Points (HACCP) certification, health and safety system certification and quality tests of Chinese medicines" (TFEC, 2009).

460. The above encompasses a wide scope that may cover the whole population. On the whole, the private sector plays the dominant role in the provision of testing and certification in such areas as food and product safety and/or quality. The government plays a monitoring role in such areas as ensuring food safety through the Centre for Food Safety. The Consumer Council also periodically provides testing of products and food and provides consumer advice to the general public. The NGO sector apparently has not played any particular role in this area.

461. With specific reference to the goods and services most relevant to the older people, the accreditation and quality control systems in the residential care services and elderly services are

most relevant, both are provided by the NGOs. The assessment of service quality of residential care services is significant to older people as they would require intensive personal care during their residence in such RCHE. There is no private initiative in quality assessment amongst the operators. The Government serves a monitoring role in licensing.

The Government

462. Currently, the SWD monitors the private sector in the provision of RCHE services through the LORCHE which stipulates licensing requirements and conduct quality control spot checks to RCHEs periodically.

The private sector

463. Unlike the tourist industry in which there is the Tourism Industry Council that serves to exercise some control within the sector, there is yet no quality assessment or accreditation of private RCHEs from amongst the operators.

The NGO Sector

Residential Aged Care Accreditation Scheme

464. The Hong Kong Association of Gerontology (HKAG) first launched a Pilot Project on Accreditation System for Residential Care Homes for the Elderly in 2002. The project becomes a self-financed project named “Residential Aged Care Accreditation Scheme (RACAS)” from 2005 onwards (Cheung, 2009). It is a 5-year accreditation cycle with annual review and has been approved and recognized by International Society for Quality in Health Care in 2008. The assessment fees are \$36,000 and \$41,000 for homes with 100 bed place or below and homes with 101 bed place or above respectively for the first year. The assessment would evaluate the home based on five domains making reference to the “ISQua Standard Certification”, including 1) qualities and performances of the home and its capacity to improve; 2) Environment and facilities with the user-friendly purposes; 3) its services, accessibility, suitability, staffs’ capacity, flow of the check-in / check-out application, institutional effectiveness, the mechanism to collect views of service users, and continuity of the residential security and risk management; 4) its comprehensive planning and development, and the mechanism of reviewing and updating; 5) its degree of objectivity and measurement (HKAG, 2008).

Quality Elderly Service Scheme

465. The Hong Kong Health Care Federation launched the Quality Elderly Service Scheme (QESS) to recognize excellent service providers in elderly related service in Hong Kong. The assessment is done by Hong Kong Productivity Council. Different from RACAS which solely accredits residential

care homes for the elderly, the QESS also covers such other areas as day care centre for the elderly, elderly home care and home help services, elderly equipment service and elderly support service (Hong Kong Health Care Federation, 2008). The assessment and administration annual fees are totally HK\$9,800.

Appraisal on Testing and Certification

466. As revealed from the long waiting list for subsidized RCHE places and the increasing number, as well as the prevalence of morbidity amongst the of older people, there is certainly a great demand for RCHE service. However, the existence of a 30% vacancy amongst the private RCHE, coupled with the sporadic outbreak of mistreatment of elderly residents in some RCHEs, all may reveal that there could be concerns about the service quality of these private RCHE. There is thus the urgent need to develop an accreditation system that serves to ascertain the service quality in addition to the stipulation of minimum service standard required of a license.

(8) INNOVATION AND TECHNOLOGY

Overview

467. The TFEC promotes the development of hi-technology and high value-added industries so as to enhance Hong Kong's economic competitiveness. Among the innovative and technological products, telecommunication and tele-care devices are significantly serving the idea of ageing-in-place for the older people. According to Hong Kong Census and Statistics Department, the percentage of households with personal computer at home connected to internet has considerably increased from 36.4% in 2001 to 73.3% in 2009, while the rate of persons aged 65 or above who had knowledge of using personal computer still remained only about 10.6% in 2009 (C&SD, HKSARG, 2009c). Compared to that of younger age groups like the age of like those who aged 45-54 and 55-64, their rates were 72% and 42% respectively (C&SD, HKSARG, 2009c). The computer literacy among the elderly is quite low. With respect to the SHM, a review of the current situation reveals that innovation and technological exploration for producing goods and services for elderly are mostly confined to the NGO sector, but not much in the private sector. The government has yet to gear up its support in this regard.

The Government

468. The government, through its Communications and Technology Branch of the Commerce and Economic Development Bureau has sponsored a specialised technical training programme to provide skilled workforce at frontline level for the local film industry, and has provided support to local practitioners to participate in overseas competitions. However, there appears to be no programmes that cater to the specific needs of the older people. It is only the EC that promotes the establishment of the Elder Academy in which students in primary and secondary schools

help to teach older people computer skills, which may help to enhance older people's computer literacy.

The private sector

469. A major local telecommunication provider, the PCCW has established a team to innovate new technological facilitates to enhance the older people's safety and ageing in place. For example, the Motion Monitoring Device is a system of multiple wireless motion sensors located at different strategic points in the user's home to identify any abnormal activity patterns. The device can make individual assessment of the user's regular activity pattern. Alarm would be signalled to the monitoring centre and/or a family member if irregular pattern is detected. On the other hand, the Vital Signs Monitoring Device observes a person's heart rate, body temperature and body motion. Similarly, the device could trigger an alarm if it detects the user's irregular or sudden changes.

470. Provided by PCCW, the Home EasyWatch surveillance system is a comprehensive remote monitoring solution for every home, enabling users to keep a watchful eye over their old family members, or child(ren), via Internet, mobile phone, now TV and the PCCW eye fixed-line multimedia service (PCCW, 2010).

The NGO Sector

471. The Senior Citizen Home Safety Association (SCHSA), a non-profit NGO, provides a variety of elderly-based services with the aid of telecommunication technology; including (1) The Personal Emergency Link Service (PE-Link), (2) Mobile Link Service, and (3) Safety phone (S-phone) (SCHSA website).

472. ***The Personal Emergency Link Service (PE-Link)*** It is a 24-hour support service for any people aged 60 or above to sign up without being referred or prescribed by a medical doctor. Every user would be provided with a telephone set (main unit and a portable remote trigger) at home connected to a home alarm security system at SCHSA call centre. By pressing the button on the main unit or the portable remote trigger, user in need of assistance can speak to a trained operator who then identifies the needs of the caller and provide necessary support services, such as contacting the caller's family, ambulance service, or just casually talking with social workers. In addition to registration deposit, service users have to pay a monthly service charge of \$100, while CSSA recipients are provided with service free of charge, and public rental housing residents are subsidized by the SWD, Housing Department, HKHS, or other charitable funds (SCHSA website).

473. ***Mobile Link Service*** In order to extend the 24-hour emergency support service from indoor to outdoor, the SCHSA has also innovated Mobile link service, in which a portable mobile link

device is designed to accompany with the elder while going out of home. When assistance is needed, the user can press the button or pull out the strap with pull-pin and the device will send out signal to the SCHSA call centre. The device could be purchased for HK\$1,680 or by rent for HK\$78 per month, exclusive of the HK\$168 monthly service fee and rental administration fee.

474. The SCHSA has been striving to add values to the PE link services that not only enhance their relationship with the present elderly clients, e.g. regular greeting through phone and warmth reminder in cold weather, but also introduce tele-health and other new innovative services. The business is expanding to other elderly related areas, e.g. community care services, online media website, and etc., by collaborating with other local enterprises in order to give a whole array of unified and comprehensive services to elders.

475. **Safety phone (S-phone)** In combination of the functions of PE-Link, Mobile link, and mobile service, a brand new Safety Phone (S-phone), was jointly launched with One2Free in 2010. The major features of S-phone include a big colour screen, larger keyboard and a trigger button, location identification service via telecommunication network, extra loud handset volume compatible with hearing aid, and user-friendly operation. The trigger button is a safety device that connects to 24/7 operating call centre with registered nurses and social workers standing by, and it also enables speedy retrieving electronic medical record from HA hospital for emergency need. Moreover, this device would be served to offer gentle reminder of hot and cold weathers, medical appointment, brief counselling, and other support (SCHSA website; One2Free website).

476. A social enterprise store, "HaoHao SE", specified in selling rehabilitation products for the aged, was set up by the Evangelical Lutheran Church Social Service of Hong Kong in 2007. It aims to sell specially designed products for enhancing convenience of ageing in place at very low prices. Fingers-separating pad, for example, is innovated by them for those whose finger joints and tendons have begun to shrink by bending. Other products such as chopsticks aid, socks wearing device, buttoning aid, and etc., are sold in the store. Products are inexpensive and affordable for elderly users but those really cater the basic needs of old people in their daily life (HaoHao SE website, 2009).

Appraisal on innovation and technology

477. The development of innovation and technology for the aged in the local context has not received much attention from both the Government and commercial sector. Given the relatively low computer literacy and receptivity as well as access to information to new technological advances amongst the current cohort of older people, they have not yet presented a ready and mature market for such high-tech and innovative products and services. Currently, it is the personal emergency alarm service that has got relatively higher social receptivity from the public and the older people in particular. However, given the better access and exposure to such

aspects as smart home, intelligent communication aids, and electronic health device etc., amongst the present soon-to-be-old cohort who have higher educational attainment and affordability, there could be increased demand for these products and services.

478. Apart from electronic devices, those aforesaid personal daily living aid products designed for elderly have made increasing market appeal. Originally those products could only be found at hospitals where hospital staff like physiologists usually purchased for elderly patients. At present, the accessibility and availability of those products are enhanced since more and more rehab-devices stores have been operated by both NGOs and private sectors within the community such as public-estate malls, department stores, downtown street areas, and etc. It adduced the market needs to aspire this particular business to develop. However, ordinary elders without a rehabilitation need or seldom going to elderly social centre might have limited channel for learning about those products. A wider range of products is yet to appear and wider publicity is expected for those products to penetrate into the older people community.

479. With respect to the specific case of the success of the personal emergency alarm system, or the “PE link” service provided by the NGO, the SCHSA, its success actually hinges upon some critical factors. For instance, it has acquired overseas experience and observed the need of strengthening emergency service for community-living older people, especially the increasing number of singletons or elderly couples living alone. The relative ease in use and provision of an “instantaneous” and “extremely effective” means for older people to call for immediate assistance make a great appeal. The availability of a real person in responding to older people’s call is most appealing to older people who may only need someone’s attention. However, it should also be noted that, similar to the case of private RCHE in which the Government actually has been providing subsidy to the private operators “indirectly” through subsidizing the users by means of CSSA, the PE Link is also having a substantial number of users who are on CSSA, which lays a solid foundation or critical mass for the SCHSA to sustain their operation.

480. A local study (Lai et al.2010) found that although many respondents were positive about the function and usefulness of three types of telecare devices, namely, the Personal Emergency Link Service, a home-based non-intrusive motion monitoring system; and a wearable vital signs monitoring system, many indicated that they would not personally use them. The authors suggested that technological innovations need to be perceived by the elderly as relevant to their everyday lives and there should be appropriate training to be provided to modify older people’s attitudes and behaviours in accessing and using technological device.

481. There may be the need for the Government and various sectors in further promoting the development of innovative and technological devices that are elder-friendly and there should be corresponding promotion and education provided to the older people community to enhance and understanding, receptivity and mastery of such devices.

(9) CULTURAL AND CREATIVE INDUSTRIES

Overview

482. To satisfy people's aesthetic, recreational and cultural needs and aspiration, as well as to explore new industries that capitalize on creative innovation in producing related products and services, there is need for Hong Kong to develop cultural and creative industries that include such areas as design, advertising, software and digital design, digital entertainment and film and video production (TFEC, 2009). Such industries should serve the general public at large, but there is need to tailor-make specific goods and services that cater to the specific needs of the older people who might have physiological and/or cognitive limitations resulted from the ageing process.

483. The vibrant Hong Kong economy has provided multifarious leisure, entertainment and sports activities to the general public. There is plenty facilities and operators in the private sector, as well as provided by the government and the NGO sector. The older people are also the potential beneficiaries and/or consumers of these facilities and services. Leisure and entertainment for older people serve to enable them to pursue active ageing, enhance their social network and even physical and mental health.

The Government

484. The Government has provided a wide range of leisure and entertainment facilities and programmes for the public in general that also include the older people. Such facilities include swimming pools, sports grounds, parks, town halls, museums, theatre, civic centres, community centres and the like that are open to people of all ages, including the older people.

485. The Leisure and Cultural Services Department offer 50% discount to Senior Citizens Card holders to various cultural facilities and programmes (SWD, 2010), that serve to encourage older people to participate in leisure and entertainment activities:

- i. Admission ticket and museum pass of Hong Kong Museum of Art/ Hong Kong Museum of History/ Hong Kong Heritage Museum/ Hong Kong Museum of Coastal Defence/ Hong Kong Space Museum/ Hong Kong Science Museum and Dr. Sun Yat-sen Museum;
- ii. Admission ticket of Omnimax Show/ Sky Show of Hong Kong Space Museum;
- iii. Admission ticket of cultural performance/ film programme/ Music Office Programme;
- iv. Admission fee of educational and extension programme.

The private sector

486. It is observed that the private sector has apparently not paid heed to providing tailor-made leisure and entertainment activities or services for older people. Many of the leisure and

entertainment facilities and services like karaoke, cinema, internet bars, etc. are targeted more to the youth population.

The NGO sector

487. The NGOs have played significant roles in the provision of leisure and entertainment services to the older people through a wide network of elderly centres.

Appraisal on cultural and creative industries

488. The Government has provided venues and programmes on leisure and entertainment for the general public and the older people could be benefited as well. However, some local elderly groups have commented that there is insufficient provision of elderly-friendly facilities and equipment in public parks.

489. The private sector has apparently more concerned about providing leisure and entertainment services or products targeted to the younger customers, especially in view of the young people's craze for fashionable activities. However, with the ascendancy of the future cohort of older people whose affordability can sustain a greater demand, the market may need to catch up by providing more quality services.

490. Currently, the NGOs have provided services for the older people at large. However, as the NGOs have been receiving government subsidy and people in general would expect the NGOs are non-profit making, the fees charged for such leisure activities are usually low. This, on the one hand, serves to make such services more affordable to those financially less well-off older people; it could also constrain the NGOs' capacity in improving the quality and scope of such services. There may be the need for NGOs to explore venturing the provision of up-market services that operate on a self-financing basis to capture the financially more affordable older people.

491. Nonetheless, apart from the provision of actual cultural, leisure and entertainment programmes and activities, there should also be the exploration into supporting the development of innovative industries that are related to the design, advertising, software and digital design, digital entertainment and film and video production as suggested by the TFEC.

(10) ENVIRONMENTAL INDUSTRY

Overview

492. With increasing awareness of the environmental conservation, there is heightened concern in the public and the government in developing environmentally friendly industries that help to

promote sustained development in Hong Kong. The environmental industries are not particularly tailored for the older people but are relevant to the general public. However, there might be potential need to provide more environmental education to the older people as revealed from the Census and Statistics Department's study that shows that the people aged 60 or above are less likely to handle domestic wastes and to have the habit of disposing recyclable waste materials to waste separation bins. The proportion was 23.1% which was apparently lower than that of middle age people such as 40-49 and 50-59; the proportions were 39.4% and 34.5% respectively (C&SD, HKSARG, 2002b).

The Government

493. The Government plays the roles in enacting legislation, monitoring and regulation, and providing funding support in selected economic activities, for instance, in providing subsidies for public light buses to reduce waste emission. However, there are no particular policies or programmes that focus specifically on the older people community.

The private sector

494. Currently, the environmental industry is primarily taken up by the private sector, in such areas as recycling of plastics, glass and paper. However, these industries are not specifically tailored to the elderly consumers as such.

The NGO Sector

495. The NGOs play a minor role mostly in promoting environmental protection public education, and occasionally operating organic farms for deprived communities that are related to job creation and poverty alleviation. Nonetheless, there are a few projects organized by local NGOs (some with support from the government) that help the older people to conserve energy. The Ma On Shan Community Service Association launched the "Energy Efficient LED Lighting Programme", which is aimed to encourage participants to save energy by replacing the conventional incandescent light bulbs by the Compact Fluorescent Lamps (CFLs). The programme, funded by Government's Environment and Conservation Fund, serves the singleton older people living in Shatin and Ma On Shan (Sha Tin District Council, 2011).

496. There are some public education programmes on environmental protection targeted to elderly. Ho Dao College initiated a project named "Sustainable Education Centre for the Elderly". Under the project, solar energy is collected to power lighting system of the centre to be used by students and older people in the district. The students in Ho Dao College would be the voluntary tutor teaching the students of elderly academy concepts of environmental protection (Tong, 2011).

497. The HKYWCA set up a Farm for Healthy Ageing in 2005. The farm land was reclaimed from a wasteland to fields for organic vegetables by a team of elderly and young people. The aim of this farm is to continue the older people’s skills of cultivation, promote intergenerational harmony and encourage environmental protection and healthy life (YWCA, 2011).

Appraisal on Environmental Industry

498. Environmental industries may not necessarily be specifically targeted to and thus relevant to older people. There may not be much market opportunities in developing the SHM in this aspect.

(11) HOUSING

Overview

499. Housing services for older people, or “elderly housing” in a broad sense, could include both the domestic / independent living and institutional living (i.e. residential care homes). As the area of residential care services for elderly is covered in the above section on “aged care services”, discussion in this section would focus only on the domestic housing. In this regard, currently, there is no provision of housing specially designed and built for elderly in the private market in Hong Kong. Most of the housing specifically designed for elderly is provided by the Government and HKHS, a not-for-profit housing organization.

The Government

500. Hong Kong is renowned of its achievements in the public housing provision, the scale of which is only second to Singapore. According to C&SD (2009c), in 2008 a substantial portion of the older people resided in public rental housing (35.9%), another 15.1% lived in subsidised sale flats which is also a kind of public housing. The remaining 44.0% resided in private housing. The distribution is shown in Table 5.6 below:

Table 5.6: The proportion of elderly (age 60 or above) by type of housing (2008)		
Source: C&SD (2009c) C&SD (2009c). Thematic Household Survey Report No. 40: Socio-demographic Profile, Health Status and Self-care Capability of Older People.		
Type of Housing	No. of persons ('000)	%
Public rental housing	426.3	35.9%
Subsidised sale flats	179.2	15.1%
Private permanent housing	522.8	44.0%
Temporary housing	1.6	0.1%
Elderly Homes	58.3	4.9%
Total	1,188.2	100.0%

Public Rental Housing (PRH) for Elderly

501. The Government offers public rental housing for the elderly. In 1987, the Hong Kong Housing Authority (HKHA) launched the first sheltered housing for the able-bodied elderly with warden service and such type of housing has been gradually replaced by the self-contained accommodations since 1994 (Chui et al., 2007). At present, the HKHA offer two main types of housing for the elderly, namely Housing for Senior Citizens (HSC) and small self-contained flats. The HSC is hostel-like accommodation for 1 to 2 persons with communal kitchen and dining area. Some of the flats have self-contained bathroom. Warden Services are provided in HSC (HKHA, 2010). The self-contained small flats are domestic units for 1 to 3 persons with self-contained kitchen and bathroom. However, it is noticed that these flats are not specifically designed for older people, and there might be the need for further renovation and retrofitting as the elderly tenants' physical condition deteriorates as they age.

502. The government has provided some special schemes for elderly people in its public rental housing estates, including the following:

- i. **Single Elderly Persons Priority Scheme** This scheme was designed for elderly person who prefers to live alone. Under the scheme, the elderly will be allocated a public rental unit within 3 years.
- ii. **Elderly Persons Priority Scheme** This scheme is for two or more elderly people who undertake to live together.
- iii. **Harmonious Families Priority Scheme** This scheme started from January 2009 replacing the Families with Elderly Persons Priority Scheme and the Special Scheme for Families with Elderly Persons of the Waiting List applications. Under this scheme, the families with elderly people can choose to live in one flat or two nearby flats in order to encourage the young generation to take care of their elderly family members.

Building Maintenance Grant Scheme for Elderly Owners

503. Apart from providing PRH to older people, the Government has provided financial assistance to enable elderly homeowners of private building flats to renovate their homes to ensure that they could live in a safe domestic environment. This is particularly important as many of the old homeowners are currently living in some old dilapidated buildings. According to C&SD (2009a), more than half of elderly (628.9 thousands) are living in owner-occupier units. Many of them are living in "Tong Lau" (i.e. old traditional Chinese tenement blocks), which may need repair and maintenance. Indeed, the survey conducted in 2002 also showed that the older the buildings in which the households resided, the more likely did those households intend to change their accommodation. Of those households residing in buildings aged 20 years and over, 8.5% claimed that they would very/quite likely change their current accommodation in the coming twelve months (C&SD, HKSARG, 2003a)

504. Therefore, the Government earmarked \$1 billion in the 2008-09 Budget to set up Building Maintenance Grant Scheme for Elderly Owners the scheme which is administered by HKHS. This scheme provides a maximum grant of HK\$40,000 to elderly owner-occupiers to repair and maintain their buildings and improve building safety (HKHS, 2010b). The monthly income limit and asset limit for singleton are \$6,360 and \$342,000 while that for couple \$9,940 and \$516,000.

505. In 2008, the government launched the **Home Environment Improvement Scheme for the Elderly** which is a 5-year project, the aim of which is to assist needy older people to improve their home environment and enhance domestic safety. The programme targets to aged 60 or above older people, who is living alone or living with other elder(s) under certain household income level, with unfavourable environment contributed to potential risks. For those who are eligible for this scheme, they would obtain assistance from District Elderly Community Centres (DECCs), ranging from minor home maintenance, improvement services, and purchasing essential household items (embellishing items not included) after the home environment assessment.

506. In fact, home safety is a critical problem for older people. In this regard, the Government has promoted “Universal Design” in the housing design of public rental housing estates and the interior design for domestic flats of older people. “Universal Design” is an approach to create environments which are usable by the whole spectrum of community, including infants, toddlers, children, the young, the average, the elderly, disabled, weak, and pregnant, with safety, convenience, flexibility and convertibility. It is a design approach which requires understanding and empathy for the range of human needs and abilities throughout life. This approach is particularly relevant to older people who suffer from some form of frailty and/or physical and/or cognitive disability. The Government’s Building Department has promulgated the *Design Manual – Barrier Free Access* in 1997. The Housing Department has provided retrofitting for elderly tenants of PRH estates upon request, to ensure their home safety and comfort. The Government also stipulates compliance of private residential and commercial buildings to the barrier-free requirements to enable easy access to physically challenged and the older people.

The private sector

507. To date, there is only the Swire Properties that has planned to develop elderly housing project in Pokfulam, the building plan of which involved a 28-floor elderly housing with larger flats that are targeted at the higher end of the market. The project is also using a life-lease mode similar to the HKHS’ Senior Citizen Residence Scheme (SEN) project, and will incorporate nursing facilities at the lower floors. The plan was finally approved by Government in November 2010 after a very long period of negotiation on the lease terms. Other than that, there is yet no other private development that is catered specifically to the older people. This is probably due to the fact that

there is a shortage of land that makes the development of western-style retirement communities untenable in Hong Kong. On the other hand, private developers may have resistance about the very long period of capital return rendered by a life-lease mode. Residential buildings and flats provided in the private sector are targeting the general public, without attending to the special needs of the older people in such aspects as adopting “Universal Design”.

The NGO Sector

508. HKHS is a non-profit organization that is similar to the “housing associations” in the western countries, and has endeavoured to provide affordable housing and related services for the people of Hong Kong. It is having elderly people flat in its 9 rental housing estates. Except for the one in Tokwawan, all of them provide warden service. The maximum monthly income and the total net asset limit for a single applicant for elderly people’ flat are HK\$14,900 and HK\$161,000 respectively. The corresponding limits for two to three applicants who are related are HK\$14,900 and HK\$242,000 (HKHS, 2010a). However, these are ordinary residential flats not particularly designed for older people, though the HKHS would provide support in retrofitting of the flats, like installing such elderly-friendly facilities as grab-bars, for the elderly tenants.

509. **Housing for middle class elderly** Since 2003, the HKHS ventured to develop the SEN targeted to elderly in better financial condition than the rental housing sector. Elderly people enter into a "long lease" arrangement with the HKHS by paying an entry contribution and can then live in the unit without paying monthly rental. During their tenancy, the elderly need only to pay monthly management fees which include basic services. They could also use other optional services including personal care, recreation and household services provided by the operator on a user-pay basis (HKHS, 2004).

510. **Integrated Elderly Community Project** Based upon the successful experience of the SEN, the HKHS has planned to develop an Integrated Elderly Community in Tin Shui Wai. In the community, there will be elderly housing units, residence club, wellness centre, elderly club, education, training and recreational facilities, restaurant, retail shops and hotel (HKSAR Government, 2010). Another project is to be located in the urban area i.e. Tanner Hill in North Point, which also targets at an “up-market” niche. Unlike the earlier SEN projects of Jolly Place and Cheerful Court, these two new projects would not involve waiver of land premium by the Government, and flats in the project will be leased to affordable seniors at market prices. As such, there would be no asset limit for applicants for this new retirement housing. Yet, the lease for life model of the SEN would still be adopted, though there could be more flexible term offered, like shorter duration of tenancy, subject to market response. There would respectively be some 1,000 and 600 flats at Tin Shui Wai and Tanner Hill. The HKHS would launch marketing campaign to build up the new brand and provide more information to potential applicants in 2012. The construction of the projects is scheduled to be completed in around 2014 to 2016, subject to government final approval on the land grant policy.

511. **Mixed Scheme Project** While the SEN is essentially a residence solely for older people, the HKHS would adopt a “mixed scheme project” to promote intergenerational interaction and social inclusion. The first project is to be developed in Shau Kei Wan. The Mixed Scheme Project will provide 60 elderly flats on the lower floors and 216 private residential flats on the upper floors. For young family members who have purchased a residential flat, their parents will be given priority to rent an elderly unit on the floors below (HKHS, 2009).
512. Apart from the provision of new housing units for older people, there is also need to ensure housing safety, which is related to the maintenance of the residence currently occupied by elderly homeowners. In this regard, the HKHS and the URA have respectively provided various schemes to support elderly homeowners to renovate and maintain their domestic flats and the common areas and exterior of their residential buildings.
513. The URA provides **Building Rehabilitation Materials Incentive Scheme** for elderly homeowners whose flats are located in buildings of around or over 20 years old and are located within the Scheme Areas of URA, subject to statutory actions under the Buildings Department's "Co-ordinated Maintenance of Buildings Scheme"(CMBS) as well as having established Owners' Corporations; and the **Building Rehabilitation Loan Scheme** for those buildings that are not subject to statutory order of maintenance.
514. **Housing Society Elderly Resources Centre** The HKHS has set up an elderly resources centre at Prosperous Garden in 2005. The Centre aims to raise the awareness of the elderly of the potential hazards at home in order to reduce home accidents. The Centre provides education and assessments services in assessing the home safety of the domestic flats of older people. It would also provide consultation on issues relating to home safety, home facilities and living environment and one-stop referral on housing, social, health and related services.
515. The HKHS also contributes in promoting Universal Design and published the *Universal Design Guidebook for Residential Development in Hong Kong* in 2005. This would provide guidance and reference for relevant professionals and developers in designing and developing housing that caters to the special needs of older people.

Appraisal on Housing

516. The Government has provided subsidized housing for older people based on a means-test mechanism and thus has basically served those older people at the lower socio-economic strata. While the older people at the upper income strata could purchase their residence from the vibrant private property market, there is yet only limited supply of “elderly housing” as such that are specifically designed with due consideration of the special needs of older people with respect to their physical condition, living arrangement and needs. The HKHS has pioneered in

exploring the SEN projects. However, the supply is rather limited though there is increasing demand as revealed from its waiting list of applicants. The HKHS' recent venture in the Tin Shui Wai area is targeted to an even higher up-market niche that resembles the "retirement community" in the western countries. However given the limited availability of land in Hong Kong, there are considerable constraints in the further development of such projects. As a result, there is limited choice for older people to access specially designed elderly housing in the private housing market.

517. A review of the HKHS' SEN project reveals that there are lessons to be learnt in promoting private initiatives in developing such a type of purpose-built elderly housing. For instance, viability and sustainability of the two pioneer SEN projects is hinged upon the Government's provision of premium-free land to the HKHS, which has significantly reduced the "entrance fee" for the SEN applicants. If the private developers were to enter into this mode of elderly housing, there could be a number of considerations to be tackled. Developers have to obtain approval from the government about the possible need of changes in zoning of land-use the possibility of the government's exemption of elderly facilities from gross floor area calculation, the government's specific stipulations on the terms of the land lease (e.g. exclusive designations of elderly residence, life-lease rather than purchase arrangement), and the long investment recovery period. Private developers may also be hesitant to invest capital costs on the construction and installation of elderly facilities such as health care and recreational facilities. There is also the concern on the issue of cost-effectiveness of utilization of elderly facilities provided in the development. Finally, the inclusion of land premium in the development would certainly raise the price to be charged which would consequently restrict the scope of beneficiary, thus not forming a critical mass of market demand.

518. While the success of the HKHS' SEN projects appear to inject a new direction for provision of purpose-built elderly housing, it might crowd out the private sector involvement if there is not a sufficiently large market demand for such a type of elderly housing. Furthermore, due to the fact that the HKHS is a non-profit organization serving the public interest, there could be justification for the Government to relax somewhat the statutory and administrative requirements in the SEN development. However, if the private developers have to develop such elderly housing, the public would be concerned as to whether the Government should also provide such special allowance to the developers as land premium/tax exemption and "density-bonus", compliance with zoning and building regulations, and the like.

519. Another possible area that might deserve more attention to is that related to urban renewal projects that involve elderly residents living in the affected buildings. Currently, the URA is the statutory body vested with the responsibility of promoting urban renewal. However, it has been observed that many of the projects are involved with the construction of higher-end residential high-rise buildings the price of which is not affordable by the original elderly homeowners evicted by the renewal project. Making reference to some overseas experiences as in the case of

Japan where the original residents could normally be offered “in-situ” relocation or compensation of flats in the redeveloped project, the URA may probably need to explore such similar possibilities. This would promote the principle of “Ageing in Place” in which the older people could stay living in their familiar physical and social environments, which could enhance their physical as well as psycho-social health. Most recently, the URA has announced its plan to provide “flat-for-flat” (FFF) option as an alternative to cash compensation. Domestic owner-occupiers affected by the URA’s redevelopment projects would be able to choose either an “in-situ” flat in the new development or one in the URA’s Kai Tak development. The in-situ flats in the new development will be small-and medium-sized flats located at the lowest 5 to 8 domestic floors (URA, 2011). Nonetheless, as the URA is catering to a variety of homeowners and so has not clarified whether these “in-situ” flats are specially designed “elder-friendly” flats.

520. On the other hand, there might also be the need to explore the merit and possibility of designating lease terms in private development and/or redevelopment projects to stipulate the provision of purpose-built elderly housing flats. Reference could also be made to the Government’s previous practice in designating such terms for providing RCHE premise in private developments. Examples are found in the URA’s Langham Place development in which a RCHE was provided and operated by NGO. Nonetheless, such designated provision of purpose-built elderly housing flats (not RCHE) should also be subject to prudent regulation as to ensure the sale or lease of such flats can actually serve the elderly people.

521. Irrespective of the financial condition of different groups of older people, there is the urgent need to provide assistance and support to those elderly homeowners whose residential flat may require renovation and maintenance. The Government, the URA and the HKHS have respectively provided assistance and financial support to elderly homeowners in this regard. Nonetheless, the Government’s stipulation of mandatory inspection of building safety conditions and the provision of financial incentives and assistance by the Government, the URA and the HKHS may sensitize more elderly people to take proactive steps to renovate their flat, which would stimulate demand for maintenance services rendered by the private sector.

(12) OTHERS

Overview

522. This domain actually comprises any other goods and services that are of relevance to elderly people’s basic and other needs and aspirations. These may include such aspects as health-related food supplements, funeral planning and arrangement, and access to information.

Health-related food supplements

523. With increased awareness and concern on health and diet in general and food safety in particular, the local people have increasingly been concerned about health-related food supplement. According to the Hong Kong Census and Statistics Department, the Hong Kong older people aged 65 or above are less likely to take health supplements during the twelve months before enumeration, the rate was 16.5% which was lower than that of middle-age groups such as 45-54 and 55-64, their rates were 24.5% and 21.9% respectively (C&SD, HKSARG, 2006a). Another survey conducted by the Hong Kong Health Food Association (HKHFA) in 2008 reported an upward trend of using health supplements that some 35% of those 1,000 adults had daily taken at least 1-2 types of health supplements during the half year before enumeration. It was estimated that the market profit for health supplement reached 100 billion Hong Kong dollars annually. Nearly 90% of the respondents expected the Government could separate health food product labels from general food labels and require the former to provide more concrete information (太陽報, 2008).

524. Internationally and locally, there has recently been the promotion of organic food which is also regarded as a type of health food. However, there is currently no monitoring mechanism in place to regulate the production and sales of organic products. At present, only the Hong Kong Organic Resource Centre (HKORC), would take a monitoring role in providing organic certification service for farmers and food processors, but they do not have statutory authority in stipulating compliance standards. There is also no sanction on those producers or companies that produce or sell related products that are not genuinely organic (HKORC, 2009). According to survey done in 2010 by HKORC, there were 21% of selected retailers in markets said that they were selling organic products; however, only 10% of them had the HKORC's certification label. There is a need for the government to regulate the existing organic market so as to ensure the authenticity of such products in the market.

525. The HKHFA stated that Health Food products (or health supplements) are not regulated in Hong Kong whereas, in case, the product presents in pharmaceutical dosage forms, and contains either Chinese traditional medicinal herbs or vitamins/minerals, and thus the formulation has to be registered as Chinese proprietary medicine or over-the-counter pharmaceutical product respectively. The general public has not a clear differentiation between "Health Food" products (Health supplements) and "Healthy Food". Healthy food may refer to some organic natural foods but Health Food products are defined as some non-conventional food in different forms, such as tablets, capsules, liquids, and powders, all for maintaining or promoting health. According to the Centre for Food Safety, there is not a specific series of regulation on health food products (health supplements). Whereas, in USA, Australia, Canada, from which the majority of health supplement at the market are imported, there are already mature regulatory systems on health food categorization, production and labelling. There could be different categorizations across different countries, for instance health supplement are named as "Dietary Supplement" in US,

“Natural Health Products” in Canada, “Complementary Medicine” in Australia, and “Food Supplement” in Philippine, Thailand, and Indonesia (HKHFA, 2009).

526. Given the increased awareness and improved financial affordability of the coming cohort of older people, this would probably attract the private sector to increase their market strategy in providing health food specifically targeted to the older people community.

527. In this respect, the Government may probably need to play a more proactive role in tightening its policy and monitoring mechanism by making reference to the US and European countries in regulating health food production and sales, so as to ensure the market provides safe food products to the older people.

Funeral Service

The Government

528. The provisions of Governmental cemeteries, crematoria and columbarium services, ranging from burial services, cremation, allocation of niches, scattering of ashes, as well as import and export of human remains, etc., are under the auspice of the Food & Environmental Hygiene Department (FEHD). FEHD manages 4 active public cemeteries providing coffin burial spaces, including Wo Hop Shek Cemetery, Cheung Chau Cemetery, Tai O Cemetery and Lai Chi Yuen Cemetery. Because of the persistent shortage of coffin burial spaces, 8 public columbaria have been providing niche spaces for ameliorating the abovementioned problem (FEHD, 2010).

The private sector

529. As at 2010, there are 98 private business owners who are licensed undertakers of burials premises (FEHD, 2010). In the private market, several agencies are providing a comprehensive one-stop funeral services, ranging from documentations for all procedures, coffin, venues for ceremony, rites held in any religion, wreaths, transportations, and arrangements for cremation and miscellaneous affairs. Package prices are around HK\$12,000 to HK\$33,300 or above, depending on clients’ choices of the venues to hold the funeral procession, mode of rites, material of the coffin, and etc. Private columbarium of reputation, such as Po Fook Hill, cost around HK\$40,000 to HK \$208,000 per each niche (Po Fook Hill website, 2010).

530. A brand new service, named “temporary niche service”, is becoming popular in the funeral market because agencies would provide a short-term place for the niche while waiting for the allocation of public place. Customers of this so-called “respite service” are also provided with assistance in the application of the allocation of niche to FEHD, daily niche-cleaning, and burning incense every day. Monthly rent is around HK\$150 to \$8,000 for a place (High Will Development Company website, 2011).

531. There are also private columbaria provided in the market. However, recently, there is public concern about the location and legality of the operators of these columbaria. The Development Bureau had identified 29 out of 81 as “private columbaria compliant with user restrictions in the land leases and the statutory town planning requirements and are not illegally occupying Government land”, whereas the rest of those 52 have not been permitted under the lease (Development Bureau, 2010).

The NGO sector

532. The Board of Management of The Chinese Permanent Cemeteries, run by a non-profit making committee, is currently operating 4 cemeteries in Aberdeen, Kwai Chung, Chai Wan, and Tseung Kwan O. They provide a total of more than 300 thousand burial, urn, ordinary columbarium niches (incense area and cut area), family columbarium niches (fragrant incense areas and prohibited areas), skeleton bones free niche and open spaces for encountering the public needs (The Board of Management of The Chinese Permanent Cemeteries, 2003).

533. More recently, some NGOs have started to provide preparation services for the older people and/or their family members before the actual incidence of death of the older people. This reflects an increasingly open attitude by the older people and the dissipation of taboo on death. Established by St. James’ Settlement (SJS) in 2004, the **Prepare Funeral Navigation Service**, is a non-profit making programme aiming to assist older people to prepare for after-death arrangement based on their wills in order to promote a positive attitude towards death in Hong Kong. The service charge ranges from \$15,000 to \$30,000. Currently, 90% of the SJS’s clients are CSSA recipients and thus they receive the service free of charge. The Government provides subsidy of \$11,180 for funeral. The scope of service includes:

- i. Planning service in advance – for those who lack family and/or social support, social worker would plan their funeral in advance, in accordance with their wish. Meanwhile, volunteers would participate in elderly care service to call and visit older people regularly.
- ii. Practical support for funeral – after the elderly people pass away, social workers provide advice, tangible assistance, and bereavement counselling to the relatives of the deceased.
- iii. Community “Life and Death” education – outreach seminars, exhibitions (death education, funeral information and legal knowledge); visiting coffin shop/ funeral home; free portrait shooting for older people; printing books and information about life and death for public (St. James’ Settlement, 2004).

534. Established in 1987, The Comfort Care Concern Group (CCCG) is a non-profit making charity organization. Their aims are to promote Comfort, Care and Concern to people facing death and their families, and the bereaved. Although their services are not specifically targeting at the elderly, the Group offers a wide range of services such as bereavement counselling, funeral

volunteer support, bereaved volunteer service, community education and professional training, etc.

535. The one-stop elderly information website, Caring Easy, established in 2010 by the HKCSS also provides an information platform and useful links about existing funeral services (CaringEasy, 2010).

Appraisal on funeral service

536. The Government has provided cemeteries and crematoria services for the general public, including the older people. Due to the shortage of burial sites, there arises the “business” of private columbaria in the residential area, which has aroused public concern about the appropriateness and legality of the operators of these columbaria. The Government has been investigating on how best to regulate such business. The NGOs sector has started to provide preparation services for the older people and/or their family members, as well as bereavement counselling. With the increasingly open attitude of the older people and the public at large on facing the issue of death, there could be an increasing receptivity to such services.

537. Since the Government has ceased the construction of public niches in 2006, it is estimated that several ten thousands are still waitlisted. Private funeral market has undoubtedly an opportunity to expand while those public and non-profit columbarium services have fallen behind to fulfil the actual demand. However, the quality and the legality of private operators has confused the public that number of complaints to the Consumer Council has increased from 3 in 2008 to 29 in 2009 (文匯報, 2010). Therefore, to foster a “healthy” development on a legal private market, the assurance for consumer who have purchased or plan to purchase niches must be maintained. Therefore, the Government should either restart the provision of public niches or review the various issues pertaining to regulations on fee charging, location, licensing scheme, land leases, as well as land zoning etc. The Government could also encourage the business sector in promoting alternative ways of handling cremains in sustainable and environmentally-friendly ways, such as online ceremony or worship, and Remembrance Diamond. On the other hand, there are other hurdles in the development of private funeral industry, as currently professional training, career package, and wage are not attractive to new blood to engage in the industry in future.

The Senior Citizen Card

538. The Card was initiated by the SWD in 1994. It provides a generally recognized proof of age to older people so as to facilitate their access to concessions, discounts or priority services offered by Government departments, public companies, private and commercial establishments. The Scheme aims at promoting a spirit of respect for the senior citizens. Such a scheme can also be conceived as a tripartite collaboration between the Government, serving a promotional role, the

NGOs and the commercial sector serving as providers of goods and services. Up till February 2011, there are 8,558 companies and 17,672 outlets that have supported the scheme and offered benefits to card holders. As contrasted to the 1,359 companies in 1998, there has been increased coverage of the card (Fung, 1998).

539. However, some of the shops that offer discount to the card holders are not providing relevant services for the older people, for instance, school uniform suppliers, adventure based activity centre and karaoke centres as reported in the newspaper. It was also revealed from some elderly centre newspapers that some older people are illiterate and so cannot understand the details of the discount offered by the shops.

540. As the normal retirement age for civil servants, subvented NGOs and many private corporations is 60, there has been suggestions that the age requirement for senior citizen card should be lowered to 60 (Legislative Council, 2011) so as to increase the scope of beneficiary.

541. Furthermore, the Card is currently administered by the SWD. There might be the merit of outsourcing this task to a non-government body so as to capitalize on the flexibility and the pre-existent business network in the market.

The Opportunities for the Elderly Project (OEP)

The Government

542. It was launched in 1998-1999. Through the allocation of SWD's existing funding, OEP has subsidised various social service agencies, district organisations, volunteer groups and educational agencies, etc., to carry out a wide range of programmes in order to promote a sense of worthiness among the older people and to advocate a community spirit of care for the older people.

543. The Hong Kong Council of Social Services (HKCSS) conducted an evaluation on the project in 2000. It concluded that the project was successful but suggested that more efforts should be put to carer services and intergenerational activities (HKCSS, 2000). The OEP has become a regular service of the SWD since 2003, showing that the project is effective.

Access to elderly related information

544. The availability of relevant and updated information to older people is of prime importance as they could access and consume appropriate services and goods from the market and the community. This could help avoid their being socially isolated, or even subject to misinformation or even deception by others with malicious intent. Dissemination of information could be channelled via a multitude of platforms and media, ranging from formal ones like mass media,

social service agencies, government departments, business corporations, and informally through personal networks.

545. With pervasive trend of computer and informational communication technology (ICT), internet usage becomes more and more popular amongst the general public, and most significant among youngsters and more recently among older adults in Hong Kong. The percentage of people aged 55 or above had used internet service increased from 21% in 2005 to 27.6% in 2006 to 35.7% in 2007 (C&SD, HKSARG, 2005b; 2006b; 2007e). Yet, the utilization rate amongst older people aged 60 and above is still rather low at around 11%. Nonetheless, given the pervasiveness of the internet and the huge volume of information that can be transmitted through such a medium, it would be desirable to enhance the mastery of internet browsing skills of the older people, to enable them to have more efficient access to a wide range of information of their interest.

The Government

546. Various Government departments that serve the older people would provide relevant information to the older people on their respective websites. For instance, the website of the EC gathered the links of various governmental departments that provide elderly service; the Department of Health website provides information about elderly health service; and the Social Welfare Department website contains information on elderly social services.

547. The Office of the Government Chief Information Officer (OGCIO) in 2009 commissioned the HK Society for the Aged (SAGE) to construct and maintain the “eElderly” website (<http://www.e123.hk/>) to provide a comprehensive range of relevant information to the older people and their family members, as well as the general public (OGCIO, 2010).

The private sector

548. Individual companies may provide their websites to promote their services and products. However, given the fact that there are only a limited number of service providers or companies that serve specifically the older people, there is yet limited websites operated by private initiatives that provide holistic coverage of elderly-related information.

The NGO sector

549. There are some websites providing elderly related information hosted by NGOs and business sectors. Cybersenior Network Development Association is a non-profit organization hosting a website named Cyber Senior (www.hk1001.com), which consolidating enthusiastic people from both business and social service sectors with the aim of promoting the use of information technology for the elderly. Cyber Senior provides information of courses, activities, libraries

provided by Cybersenior Network Development Association, information of travelling, health, investment, catering, news, etc., online shopping and mailbox for members.

550. The Everbright groups also host a website, elderlyservice.com, providing elderly related information, such as health, economy, employment, daily living, net counselling service. Elder Kingdom is an online shopping platform selling elderly-related products, including reading classes, health products, home appliances, etc.

551. The Hong Kong Housing Society (HKHS) also maintains a website that provides information related to housing in general and elderly housing in particular, including issues related to building management and maintenance.

Appraisal on access to information

552. Currently, with the support of the Government's OGCIO, the NGO SAGE has been operating the "eElderly" website that aims at providing a one-stop access, linking all the information, services and products related to elderly provided by Hong Kong Government, the business sector and the NGOs. Although the agency has made encouraging efforts in developing the website in terms of user-friendliness, readability, attending to different competency levels of different users, it is still observed that there are obvious gaps in the range of information and services made available. For instance, it is not constructed or designed as a portal serving a "Yellow Page" function from which the older users could easily search and find relevant information, and the search engine is not yet available. Admittedly, the website is still its "trial run" and some parts of the website are still under construction and there could be further enhancement in its functions and scope.

553. On the other hand, there are only client-specific websites provided separately by individual government departments, business companies and NGOs. There is actually the need for Hong Kong to make reference to the overseas experience in which there are plentiful websites that provide information of a wide and encompassing range of various services, so that older people can have easy and efficient access to relevant information just with a click of a mouse at the computer. Nonetheless, a prerequisite condition is to improve the computer ownership and literacy among the older people. The EC's Elderly Academy and the NGOs have contributed in this direction. Yet, there is still room for improvement in this regard. For instance, while much effort has been made to enable older people to access computer and internet at the social service centres, there are still some older people who do not possess their computers at home. Making reference to the NGOs' projects on second-hand computer donation to low-income or CSSA-recipient students / children, there could also be similar campaigns that mobilize donation from the community and recruit volunteers to provide in-home support to the older people at their home.

554. Furthermore, currently, information related to elderly welfare, services, policies and general interests is mainly disseminated through elderly centres, friends and family, and the mass media through print media and radio and television broadcast. However, these media are providing information from the provider's viewpoint that may not be responsive to the needs of the older people. Furthermore as many of the commercial mass media have to operate on commercial principles and so may not be readily willing to offer a channel or series of programmes that provide elderly-specific information. Admittedly, there are now some short programmes in the several commercial television broadcast channels, and the Government's Radio Television Hong Kong offers a channel (Channel 5) for older audience, there is still limited "air time" designated for older people's inquiry or "phone-in" initiatives. Reference could be made to the SCHSA which offers an Elder Ring Hotline Service since 1999, which provides the elderly with instant two-way conversation with the Association's staff and volunteers, providing information related to their daily lives, as well as a channel for relieving their stress, seeking assistance and solving their problems (SCHSA, 2011). There might be the merit of providing telephone hotline specifically for the older people who are not particularly prone to use computer, or have limited social network, or are illiterate. The Government hotline of 1823 may serve as a reference for this.

Chapter Summary

555. Overall, a review of the 12 domains of trades and industries in Hong Kong reveals that there are varying degrees of "elderly-friendliness" or "elderly-specificity" in the provision of goods and services that are tailor-made to the older people. The Government, the private sector and the NGOs have varying foci and readiness in developing the SHM for their respective clientele, e.g. the NGOs may be focused on providing social and care services to the older people of lower socio-economic status; though there are recent measures taken by some NGOs that try to extend their services to those from the middle socio-economic status; whereas the Government has provided some social provisions on a rather universal basis (e.g. the hospital and clinic services) while others on a selective basis (e.g. through means-test or clinical assessment in the cases of public rental housing and long term care respectively). The private sector appears to be selective in providing up-market products and services to their respective niche market in such areas as tourism and investment counselling, but is rather reserved in such areas as the exploration of technology and elderly housing.

556. Apparently, while the lowest and highest socio-economic strata of the older people community are currently served variably by the Government, the NGO and the private sector respectively, there appears to be a gap that the middle stratum of older people are not adequately served by any of these three sectors. There may be the need to explore the strategies and scope of services that cater to the specific needs of older people who are not eligible for receiving the subsidized services provided by the Government or the NGOs, but still not affordable to purchase the higher-end goods and products available in the niche markets.

CHAPTER SIX

RESULT OF HOUSEHOLD SURVEY

Enumeration results of the household survey

557. The survey was conducted during the period from 11 December 2010 to 18 January 2011. After excluding 302 invalid cases including living quarters found to be unoccupied and with communication problem, a total of 406 completed cases with the target respondents were successfully interviewed, constituting a response rate, 53%, of 767 valid case. In each enumerated household, a respondent aged 45 or over was randomly sampled⁴ and interviewed. Details on the enumeration results are appended below:

a) Total number of living quarters sampled	1,772
b) Number of living quarters found to be invalid ⁵	302
c) Number of living quarters found to be valid ⁶	767
d) Number of living quarters successfully enumerated with respondents aged 45 or above	406
e) Number of refusals	208
f) Number of living quarters not contacted	231
Estimated number of valid cases in non-contact quarters	153
g) Response rate	53%

Respondent profile

558. There was a total of 406 respondents, in which 200 were aged 45-59 soon-to-be-old persons and 206 were aged 60 or above “older people” as operationally defined in this study. Differences were found in the respondents’ profile between soon-to-be-old and older people, except the sex ratio. Both soon-to-be-old and older people comprised a slightly higher proportion of female than male (54% vs. 46% for soon-to-be-old and 54.9% vs. 45.1% for older people).

559. The majority (89.5%) of soon-to-be-old respondents had attended Secondary School education or higher, while 50% of older people in the survey did so. The majority of both soon-to-be-old (93%) and elderly respondents (71.8%) are married. Some elderly respondents reported their spouses had passed away (23.8%).

560. Only 2.5% of the soon-to-be-old group and 8.7% of the older people group were living alone. Among those 195 non-living alone soon-to-be-old respondents, 90.3% of them reported living with spouse and 82.1% reported living with children. Similarly, for those 188 non-living alone

4 Last birthday method was adopted

5 Vacant quarters – 294, Non-Cantonese, non-Putonghua and non-English respondents - 8

6 There are 625 living quarters with respondents aged below 45 only

elderly respondents, 71.3% is living with spouse and 57.4% is living with children. For the elderly respondents, 12.2% of them have hired domestic maid living in the household.

561. Respondents were asked about their existing monthly income or monthly income before retirement. Since it is a sensitive question, nearly a quarter of both soon-to-be-old and elderly respondents refused to answer. 26.5% of the soon-to-be-old respondents had personal monthly income of \$20,000 or above while 31.1% of elderly respondents had personal monthly income below \$10,000 before retirement. Other than income, a question about personal monthly expenditure was also included in the questionnaire. 22.5% of soon-to-be-old respondents reported that their personal monthly expenditure was \$10,000 or above while only 6.3% elderly respondents were in this group.

Table 6.1 Profile of the respondents

	Soon-to-be-old		Older people	
	Number	%	Number	%
Gender	200	100%	206	100%
Male	92	46.0%	93	45.1%
Female	108	54.0%	113	54.9%
Age	200	100%	206	100%
45-49	79	39.5%		
50-54	69	34.5%		
55-59	52	26.0%		
60-64			46	22.3%
65-69			44	21.4%
70-74			44	21.4%
75-79			38	18.4%
80-84			24	11.7%
85 or above			10	4.9%
Education attainment (The highest level attained)	200	100.0%	206	100.0%
Pre-primary or No schooling	1	.5%	44	21.4%
Primary School	20	10.0%	59	28.6%
Secondary	107	53.5%	73	35.4%
A-Level (F.6-F.7)	15	7.5%	9	4.4%
Technical/ vocational training	7	3.5%	1	.5%
Tertiary education or above	13	6.5%	12	5.8%
University or above	37	18.5%	8	3.9%
Marital Status	200	100.0%	206	100.0%
Never married	8	4.0%	3	1.5%
Married	186	93.0%	148	71.8%

Widowed	2	1.0%	49	23.8%
Divorced / Separated	3	1.5%	6	2.9%
Refuse to Answer / Don't know	1	.5%	0	.0%
Living Arrangement	200	100.0%	206	100.0%
Living alone	5	2.5%	18	8.7%
Living with family members	195	97.5%	188	91.3%
<i>Spouse</i>	176	90.3%	134	71.3%
<i>Child(ren) and in law</i>	162	83.1%	133	70.7%
<i>Grandchild(ren)</i>	3	1.5%	25	13.3%
<i>Brother(s)/ Sister(s) and their spouse</i>	3	1.5%	3	1.6%
<i>Parent(s)</i>	20	10.3%	1	.5%
<i>Other relatives</i>	2	1.0%	0	.0%
<i>Domestic maid</i>	18	9.2%	23	12.2%
Existing personal monthly income/ personal monthly income before retirement	200	100.0%	206	100.0%
Less than \$10,000	31	15.5%	64	31.1%
\$10,000 - \$19,999	45	22.5%	33	16.0%
\$20,000 - \$29,999	20	10.0%	20	9.7%
\$30,000 - \$39,999	16	8.0%	8	3.9%
\$40,000 - \$49,999	6	3.0%	2	1.0%
\$50,000 - \$59,999	2	1.0%	0	.0%
\$60,000 - \$69,999	6	3.0%	2	1.0%
\$70,000 or above	3	1.5%	1	0.5%
Homemaker	23	11.5%	27	13.1%
Refusal	48	24.0%	49	23.8%
Personal monthly expenditure	200	100.0%	206	100.0%
Less than \$4,999	60	30.0%	92	44.7%
\$5,000 - \$9,999	50	25.0%	49	23.8%
\$10,000 - \$14,999	27	13.5%	11	5.3%
\$15,000 - \$19,999	8	4.0%	1	.5%
\$20,000 - \$24,999	3	1.5%	1	.5%
\$25,000 - \$29,999	2	1.0%	0	.0%
\$30,000 - \$39,999	2	1.0%	0	.0%
\$40,000 - \$49,999	2	1.0%	0	.0%
\$50,000 - \$59,999	1	.5%	0	.0%
Refusal	27	13.5%	20	9.7%
Unknown	18	9.0%	32	15.5%

Comparison of the profile of survey respondents and general population

562. In order to compare the profile of respondents of our survey with that of the general population, the profile of soon-to-be-old and older people who were living in private residential buildings were drawn from the 5% census data in 2006 as a reference. The sex ratio, age distribution, marital status and educational background are listed below:

Sex ratio

563. For the soon-to-be-old group, there were more female respondents in the survey than in the general population. The profile of older people in the survey is quite the same as that of the general population.

Age distribution

564. Overall the profiles of both the soon-to-be-old and older people groups in the survey could basically reflect those of the general population, though there was a slightly higher percentage of the age group 80-84 and a lower percentage of age group 85 and above in the survey than in the population.

Marital status

565. The respondents who were married accounted for the largest proportion in the group of soon-to-be-old in both the survey and the general population. Yet, the proportion of the "married" respondents in the survey was higher than that in the general population and thus there were correspondingly less in other categories in the survey than in the general population. The same situation of having the largest proportion of "married" category happens in the group of older people in both the survey and the general population. For the group of older people, widowed comprised around 24% in both survey and census. These were only a slightly smaller proportion of "single" respondents in the survey than in the general population.

Education attainment

566. There were nearly 90% of soon-to-be-old respondents in survey attained secondary or higher while nearly 70% of the same group in general population did so. For the group of older people, half of them in survey attained the level of secondary or higher, as compared to less than half of the same group in the general population.

567. On the whole, though there are some minor differences in the socio-economic profile between the sample and the general population, the sample of the present study could basically be regarded as being representative or reflecting the situation of the larger population.

Table 6.2 Profile of respondents in survey and census

	Survey		Census	
	Soon-to-be-old	Older people	Soon-to-be-old	Older people
Sex Ratio				
Male	46.0%	45.1%	50.8%	46.7%
Female	54.0%	54.9%	49.2%	53.3%
Age				
45-49	39.5%		42.1%	
50-54	34.5%		32.4%	
55-59	26.0%		25.5%	
60-64		22.3%		23.9%
65-69		21.4%		22.7%
70-74		21.4%		20.7%
75-79		18.4%		16.2%
80-84		11.7%		9.9%
Marital status				
Single	4.0%	1.5%	8.7%	3.1%
Married	93.0%	71.8%	83.2%	70.1%
Widowed	1.0%	23.8%	2.3%	23.9%
Divorced/ Separated	1.5%	2.9%	5.8%	2.9%
Refusal/unknown	.5%	.0%	.0%	.0%
Education attainment				
Pre-primary or No schooling	.5%	21.4%	2.4%	22.5%
Primary School	10.0%	28.6%	19.2%	34.7%
Secondary	53.5%	35.4%	46.2%	23.5%
A-Level (F.6-F.7)	7.5%	4.4%	7.4%	5.0%
Technical/ vocational training	3.5%	.5%	4.9%	3.6%
Tertiary education or above	6.5%	5.8%	3.7%	1.9%
University or above	18.5%	3.9%	16.2%	8.8%

Financial services

Online Banking

568. As e-banking becomes more and more popular, the experience of respondents in using online banking was explored. Significant difference was found between the soon-to-be-old and older

people in the usage of online banking. Around 40% of soon-to-be-old respondents reported that they used online banking while only 6.8% of older people in the survey did so.

Table 6.3 Do you use online banking?

	Soon-to-be-old		Older people	
	Number	%	Number	%
Yes	82	41.0%	14	6.8%
No	118	59.0%	192	93.2%
Total N	200	100.0%	206	100.0%

569. There were some differences in the reasons of not using online banking between soon-to-be-old and elderly respondents. The most common reason of not using online banking among soon-to-be-old respondents was that there was no need (52.5%) and the second common reason was the concern of security (27.1%), while the first two common reasons among older people in the survey were that they did not know how to use internet (62.5%) and there was no need for them to use online banking (37.0%).

Table 6.4 The reasons of not using online banking

	Soon-to-be-old		Older people	
	Number	%	Number	%
No need	62	52.5%	71	37.0%
Not secure to use online banking	32	27.1%	13	6.8%
Don't know how to use internet	20	16.9%	120	62.5%
The procedure is complicated	11	9.3%	7	3.6%
No computer at home	1	.8%	8	4.2%
Illiteracy	0	.0%	11	5.7%
Others	0	.0%	1	.5%
Total n	118	100.0%	192	100.0%

570. The low percentage of utilization of online banking amongst the current cohort of older people may be attributable to the low computer-literacy of the older population at large. However, it is anticipated that in the future, when the current soon-to-be-old cohort ascends to be the elderly population, they would be more receptive and competent in using online banking.

Stocks/Funds/Insurance

571. Stocks and funds are two common tools in investment for Hong Kong people. In our survey, the respondents were asked whether they bought stocks or funds. There was significant difference between the soon-to-be-old and older people in the survey: 57.5% of soon-to-be-old respondents reported that they bought stocks/funds while only 35% of elderly respondents did so. Most of the older respondents who did not buy any stocks/funds reported that the reasons

of not doing so were due to lack of knowledge of investment (33.6%) and having no extra money to invest (29.1%). Given the relatively high percentage of the soon-to-be-old group in having investments in stock market, this would constitute a considerable market in the financial sector.

Table 6.5 Do you buy stocks/funds?

	Soon-to-be-old		Older people	
	Number	%	Number	%
Yes	115	57.5%	72	35.0%
No	85	42.5%	134	65.0%
Total N	200	100.0%	206	100.0%

572. In order to explore the extent to which respondents were protected by insurance, the respondents were asked if they had bought any insurance. The result showed that there were 73% of soon-to-be-old respondents, but only 27.7% of elderly respondents bought insurance. Though there was no question in the questionnaire asking about the reason for not buying insurance, as revealed from focus group participants, it may be due to the high premium of insurance and the unavailability of insurance products for elderly, that accounted for the low percentage.

Table 6.6 Do you buy insurance?

	Soon-to-be-old		Older people	
	Number	%	Number	%
Yes	146	73.0%	57	27.7%
No	54	27.0%	148	71.8%
Total N	200	100.0%	205	100.0%

573. For those who bought insurance, the most common type of insurance that the respondents bought was life insurance followed by medical insurance. There were respectively 78.1% and 68.4% of soon-to-be-old respondents and elderly respondents bought life insurance. For medical insurance, 50.7% of soon-to-be-old respondents and 40.4% of the elderly respondents bought medical insurance. Also, the median of monthly premium for the soon-to-be-old respondents was \$1,500 and it was \$1,000 for the older people.

Table 6.7 Type of insurance bought (Respondents can take more than 1 choice)

	Soon-to-be-old		Older people	
	Number	%	Number	%
Life insurance	114	78.1%	39	68.4%
Medical insurance	74	50.7%	23	40.4%
Hospitalization insurance	45	30.8%	16	28.1%
Critical illness insurance	36	24.7%	6	10.5%

Accident insurance	35	24.0%	9	15.8%
Comprehensive insurance	21	14.4%	6	10.5%
Home care insurance	14	9.6%	1	1.8%
Car insurance	7	4.8%	0	.0%
Lady care insurance	3	2.1%	0	.0%
Senior care insurance	0	.0%	1	1.8%
Total n	146		57	

Table 6.8 Monthly premium

Monthly premium (HK\$)	Soon-to-be-old			Older people		
	Mean	Median	Standard Deviation	Mean	Median	Standard Deviation
	2,144	1,500	3,272	1,403	1,000	1,182

574. On the other hand, 33.0% of the soon-to-be-old respondents and 25.3% of the elderly respondents considered to buy the senior insurance. For the monthly premium, the soon-to-be-old respondents were willing to pay \$500 and that for the elderly respondents was only \$250. It apparently reveals that there is not an immediate and sizeable market for insurance specifically designed for older people. However, the future cohort of older people (i.e. the current soon-to-be-old) may perhaps be more receptive to this financial instrument.

Table 6.9 Are you interested in buying insurance that is specialized for older people?

	Soon-to-be-old		Older people	
	Number	%	Number	%
No	134	67.0%	154	74.8%
Yes	43	21.5%	36	17.5%
Depend on premium	23	11.5%	16	7.8%
Total N	200	100.0%	206	100.0%

Table 6.10 Expected monthly premium for senior insurance

Monthly premium (HK\$)	Soon-to-be-old			Older people		
	Mean	Median	Standard Deviation	Mean	Median	Standard Deviation
	692	500	823	349	250	339

575. When buying stocks, funds or insurance, for the soon-to-be-old respondents, the return was the most important factor and the brand name of the bank, securities firm or insurance company came the second. Although these two factors were also important for the elderly respondents, the rankings were reversed. It is understandable that return is usually the most important concern of any investor. However, probably attributable to the outbreak of the mini-bond crisis in which the reliability of financial institutions was called to question, people

nowadays are more aware of ascertaining the trustworthiness of banks, securities firms and the like. The Government’s prompt action in stipulating more stringent regulatory measures and in providing extra protective measures for older investors can be a viable means to secure their confidence in financial investment.

Table 6.11 Factors considered in buying stocks/funds/insurance

	Soon-to-be-old		Older people	
	Number	Score [rank]	Number	Score [rank]
The return of the stock/funds	200	8.72 [1]	206	7.60 [2]
The brand name of the bank/securities firm/ insurance company	200	8.70[2]	206	7.73 [1]
The content of the policy	200	8.57 [3]	206	7.39 [4]
The explanation of the agents	200	8.43[4]	206	7.53 [3]
Relationship with the agents	200	7.03 [5]	206	6.83 [5]

Reverse Mortgage

576. Among those owner occupiers, there was significant difference on the attitudes towards RM between soon-to-be-old and elderly respondents. More soon-to-be-old (14.2%) respondents were interested in RM while only 1.6% of elderly respondents showed interest. The relatively low interest shown by the respondents may perhaps be attributable to the novelty of this financial arrangement. Although the Hong Kong Mortgage Corporation has indicated their plan to offer this new financial product at the end of 2010, there seems to be more time needed for the silver hair community to be receptive to this new product.

Table 6.12 Interested in applying for RM when it is launched

	Soon-to-be-old		Older people	
	Number	%	Number	%
No	127	72.2%	174	91.6%
Yes	25	14.2%	3	1.6%
Half and half	23	13.1%	12	6.3%
Refuse to answer/ Don’t know	1	0.6%	1	0.5%
Total n	176	100.0%	190	100.0%

Tourism

Experience of going trip last year

577. More than half of the respondents reported that they had trip (including local tour, one day trip) last year. The result showed that more soon-to-be-old respondents (72%) went to trip last

year than the older people in the survey (55.8%). This indicates that there could be quite a potential large market for tourism from the ‘silver hair’ community.

Table 6.13 Did you join trip(s) last year (including local tour, one day trip)?

	Soon-to-be-old		Older people	
	Number	%	Number	%
Yes	144	72.0%	115	55.8%
No	56	28.0%	91	44.2%
Total N	200	100.0%	206	100.0%

578. Among those who went trip last year, China was the most popular destination for both soon-to-be-old (60.4%) and older people (78.3%) in the survey. Other Asian countries (including Japan, Korea and SE Asia) ranked the second (soon-to-be-old: 40.3% vs. older people: 25.2%).

Table 6.14 Where did you travel? (Respondents can take more than 1 choice)

	Soon-to-be-old		Older people	
	Number	%	Number	%
Mainland China	87	60.4%	90	78.3%
Japan/ Korea	34	23.6%	12	10.4%
South East Asia	24	16.7%	17	14.8%
Europe	10	6.9%	4	3.5%
Local tour	8	5.6%	7	6.1%
U.S.	7	4.9%	4	3.5%
Canada	5	3.5%	2	1.7%
Australia	5	3.5%	6	5.2%
Others	16	11.1%	13	11.3%
Total n	144		115	

579. Respondents were also asked whom they went trip with. Relatively large percentage of soon-to-be-old (60.4%) and older people (49.6%) in the survey went with spouse in the last trip. Travelling with child ranked the second (soon-to-be-old: 37.5%; older people: 23.5%) and friends ranked third (soon-to-be-old: 19.4%; older people: 18.3%).

580. The median spending of soon-to-be-old and older respondents on trips last year were \$10,000 and 7,000 respectively.

Table 6.15 Companions at the trip (Respondents can take more than 1 choice)

	Soon-to-be-old		Older people	
	Number	%	Number	%
Spouse	87	60.4%	57	49.6%

Child(ren)	54	37.5%	27	23.5%
Friend(s)	28	19.4%	21	18.3%
Other relative(s)	10	6.9%	13	11.3%
Colleague(s)	1	0.7%	1	0.9%
Total n	144		115	

Table 6.16 Amount of spending on trips last year

Total amount spent on trips HK\$	Soon-to-be-old			Older people		
	Mean	Median	Standard Deviation	Mean	Median	Standard Deviation
	18,924	10,000	24,015	9,874	7,000	9,179

Preference on choosing tour

581. 124 soon-to-be-old and 153 elderly respondents (62% and 74.3% respectively) preferred guided tour to package tour. Those who preferred guided tour were asked of the reason of preference, most of them (82.3% of soon-to-be-old and 86.3% of elderly respondents) reported that having tour guide arranging schedule was one of the reasons. The second reason was that they did not need to arrange for meals and hotels by themselves (62.1% and 73.9%). The next reason was having shuttle throughout the trip (57.3% and 68%).

Table 6.17 Which do you prefer, guided tour or package tour?

	Soon-to-be-old		Older people	
	Number	%	Number	%
Guided tour	124	62.0%	153	74.3%
Package tour	74	37.0%	47	22.8%
Refusal/unknown	2	1.0%	6	2.9%
Total N	200	100.0%	206	100.0%

Table 6.18 The reason why prefer guided tour (Respondents can take more than 1 choice)

	Soon-to-be-old		Older people	
	Number	%	Number	%
Tour guide arranging schedule	102	82.3%	132	86.3%
Need not arrange meals and hotels on their own	77	62.1%	113	73.9%
Shuttle throughout the trip	71	57.3%	104	68.0%
Personal safety	43	34.7%	48	31.4%
Guided visits to attractions	38	30.6%	42	27.5%
Communicating in different language is a problem	27	21.8%	28	18.3%

The price is lower for guided tour	11	8.9%	18	11.8%
Total n	124		153	

582. While asked to rate what they considered is the most important consideration in choosing guided tour, the security of destination scored the highest among the soon-to-be-old (9.19, in a scale of 10) and elderly respondents (9.25). The second most important consideration was the manner of the staffs of travel agency (9.06 and 9.14). It was followed by the brand name of travel agency with the score 8.63 in the group of soon-to-be-old and 8.74 in the group of older people.

583. Understandably, probably because of the outbreak of the tragedy in the Philippines in 2010 where some Hong Kong tourists were killed, the security of destination should be the most critical consideration for travellers, irrespective of their age. The service rendered by the travel agent and the brand name of agency are probably the significant considerations. Thus, the tourist industry should pay heed to ensuring the quality of their service to address the concerns of the travellers.

Table 6.19 Average rating of their considerations in choosing guided tour (in the scale of 10):

	Soon-to-be-old	Older people
	Average Rating	Average Rating
1. Security of destination	9.19	9.25
2. Manner of the staffs of travel agency	9.06	9.14
3. The brand name of travel agency	8.63	8.74
4. Rating of hotels	7.94	7.85
5. Food tasting tour	7.41	7.11
6. Attractions including natural park	6.90	6.78
7. Attractions including museums/historical sites	6.41	6.41
8. Having relaxing activities (e.g. message, hot spring)	6.28	5.48
9. Low price	6.21	6.99
10. Meals are suitable for older people	6.12	7.74
11. Attractions including theme park	5.97	5.77
12. More time for shopping	4.66	3.69
13. Attractions including water activities	4.23	2.96

584. Respondents were asked about their views on study tour and cruise vacation, although less than half of both soon-to-be-old and older respondents showed interest in these two types of tour, more proportion of soon-to-be-old respondents (37% and 35%) than older respondents

(27.7% and 25.2%) were interested in these two kinds of tours. There is thus the potential demand for these types of tours arising from the next cohort of senior citizens.

Table 6.20 Those interested in joining study tour and cruise vacation

	Soon-to-be-old		Older people	
	Number	%	Number	%
Study Tour	74	37.0%	57	27.7%
Cruise vacation	70	35.0%	52	25.2%
Total N	200		206	

Travel insurance

585. The majority of both soon-to-be-old and older people in the survey would buy travel insurance when they went to trip. The percentage of soon-to-be-old respondents (90%) who would buy travel insurance was higher than that of the older respondents (72.3%).

Table 6.21 Did you buy any travel insurance?

	Soon-to-be-old		Older people	
	Number	%	Number	%
Yes	180	90.0%	149	72.3%
No	18	9.0%	43	20.9%
Never travel to other places	2	1.0%	12	5.8%
Total N	200	100.0%	206	100.0%

Trading and logistics

Accessible Hire Car

586. Respondents were asked about their views on accessible hire car which is dedicated to wheelchair users. If the pricing is more or less the same as taxi, more than a quarter of both soon-to-be-old (28%) and older people (27.7%) in the survey showed interests. For those who are interested in the accessible hire car, more than 70% of both groups accepted if the price of accessible hire car is 20% higher than taxi.

587. Regardless of those who are not currently using wheelchair and not interested in the Accessible Hire Car service, there is indeed a considerable proportion of both groups showing interest in this special service. Thus, there is probably a potential demand for this type of special transportation tailor-making for those physically challenged, including the older people in the future.

Table 6.22 would you use Accessible Hire Car?

	Soon-to-be-old		Older people	
	Number	%	Number	%
Yes	56	28.0%	57	27.7%
Half and half	7	3.5%	9	4.4%
No	3	1.5%	11	5.3%
Not using wheelchair	130	65.0%	126	61.2%
Refuse to answer/ Don't know	4	2.0%	3	1.5%
Total N	200	100.0%	206	100.0%

Table 6.23 If the price is more expensive than taxi, what is the acceptable percentage of difference?

0%	6	9.5%	8	12.1%
10%	13	20.6%	8	12.1%
20%	20	31.7%	20	30.3%
30%	19	30.2%	16	24.2%
Above 30%	4	6.3%	11	16.7%
Refuse to answer/ Don't know	1	1.6%	3	4.5%
Total n	63	100.0%	66	100.0%

Reasons of the use of public transport

588. Not surprisingly, there was difference between the reason of using public transport in daily living between soon-to-be-old and elderly respondents: 61.5% of soon-to-be-old respondents reported that they usually use public transportation for work while 58.3% of older people in the survey said that visiting relatives/friends was the usual purpose of using public transport. The result shows that public transportation bridges the social life of older people. There is thus the need to further enhance the elder-friendliness of public transports, including the provisions of concessionary or privileged fares, lower-platform designs and the like.

Table 6.24 Usual purpose(s) of using public transportation (Respondents can take more than 1 choice)

	Soon-to-be-old		Older people	
	Number	%	Number	%
Going to work	123	61.5%	12	5.8%
Visiting relatives/ friends	97	48.5%	120	58.3%
Going out for leisure	97	48.5%	80	38.8%
Grocery shopping	88	44.0%	84	40.8%
Going out for meal	83	41.5%	71	34.5%
Going to school/ classes	6	3.0%	3	1.5%
Joyride	5	2.5%	5	2.4%

Regular medical appointment	4	2.0%	89	43.2%
Others	6	3.0%	3	1.5%
Total N	200		206	

Professional services

Community Care Service

589. Respondents were asked how they would care themselves or their family members in case their health or their family members' health became worse. Nearly 30% of soon-to-be-old and one third of older people in the survey reported that they had not thought of the planning. Difference was found in the attitudes between soon-to-be-old and older respondents that a quarter of soon-to-be-old respondents would hire domestic helper while nearly 25% of older respondents would expect their family members to take care of them.

Table 6.25 When you or your family member(s)' health became worse, how would you do? (Respondents can take more than 1 choice)

	Soon-to-be-old		Older people	
	Number	%	Number	%
Hiring a domestic maid (incl. local or non-local)	50	25%	43	20.9%
Hope to be taken care by family member(s)	45	22.5%	51	24.8%
Applying for public CCS	44	22.0%	37	18.0%
Depending on the situation	40	20.0%	50	24.3%
Applying for subvented nursing home	14	7.0%	6	2.9%
Hiring a carer	13	6.5%	6	2.9%
Looking for private/ self-financing CCS	5	2.5%	5	2.4%
Never consider about this	59	29.5%	69	33.5%
Don't know	5	2.5%	4	1.9%
Total N	200		206	

590. The considerations in choosing CCS were asked. 43.5% of soon-to-be-old and 33% of older people in the survey would consider the quality of the service. Advice from professionals (28.5% of soon-to-be-old and 25.7% of elderly respondents) and the price of service (27% of soon-to-be-old and 25.2% of elderly respondents) would be almost equally important in choosing CCS.

Table 6.26 Factor(s) affecting the decision in choosing CCS (Respondents can take more than 1 choice)

	Soon-to-be-old		Older people	
	Number	%	Number	%
Service quality	87	43.5%	68	33.0%
Professionals' advices	57	28.5%	53	25.7%
Service fee	54	27.0%	52	25.2%
Family members' opinion	33	16.5%	46	22.3%
Service type	32	16.0%	28	13.6%
Reputation of the organization	26	13.0%	19	9.2%
Devices of the organization	24	12.0%	10	4.9%
Manner of the staffs	21	10.5%	17	8.3%
Location of the service spot	12	6.0%	10	4.9%
Location of the organization	9	4.5%	6	2.9%
Waiting time to obtain service	8	4.0%	3	1.5%
Operating mode (government/private)	5	2.5%	11	5.3%
Others	5	2.5%	6	2.9%
Total N	200		206	

Educational services

591. The respondents were asked about their attitudes towards studying. Only a low percentage of respondents in both groups reported that they were studying. There was difference between the two groups: more soon-to-be-old respondents (9.5%) were studying than the older respondents (2.4%). Although 16% of soon-to-be-old and 10.2% of older people in the survey were willing to join interest class, most of the respondents (soon-to-be-old: 78.5% and older people: 87.9%) said that they were not interested in taking any courses. This result apparently shows that there is not a ready market for educational services amongst the current and future cohorts of older people.

Table 6.27 Are you participating in any learning class now?

	Soon-to-be-old		Older people	
	Number	%	Number	%
No	181	90.5%	201	97.6%
Yes	19	9.5%	5	2.4%
Total N	200	100.0%	206	100.0%

Table 6.28 Are you interested in joining any class?

	Soon-to-be-old		Elderly	
	Number	%	Number	%
Interest class	32	16.0%	21	10.2%
Language course	9	4.5%	3	1.5%
Certificate course	6	3.0%	2	1.0%
Not at all	157	78.5%	181	87.9%
Total N	200		206	

Medical services

592. A majority of soon-to-be-old respondents (82%) and most of older respondents (66%) would choose private clinic for non-chronic illness. 24% of soon-to-be-old and 41.3% of older people in the survey said that they would choose medical care from General Out-Patient Department (GOPD) in public hospitals.

Table 6.29 if you have a non-chronic illness, where would you go to have medical consultation? (Respondents can take more than 1 choice)

	Soon-to-be-old		Older people	
	Number	%	Number	%
Private clinics	164	82.0%	136	66.0%
GOPD of public hospital	48	24.0%	85	41.3%
Private Chinese Medicine Partition	21	10.5%	31	10.5%
A&E in public hospital	15	7.5%	18	8.7%
Total N	200		206	

593. Not surprisingly, most of those older respondents (70.9%) reported that they needed follow up consultation while only 21.5% of soon-to-be-old respondents did so. Among those who needed follow up consultation, more than three-quarter of them (79.1% of soon-to-be-old and 76% of older people) had follow up consultation in public hospital. Such a heavy reliance on public medical services might be attributable to the readily accessible and low level of fees charged by public hospitals and clinics. In view of the possible increase in the older population, and the concomitant heavy fiscal pressure on public provision, there might be the need to explore possible ways to encourage and promote the diversification of meeting health care needs to the private sector.

Table 6.30 Follow-up medical consultation

	Soon-to-be-old		Elderly	
	Number	%	Number	%
Yes	43	21.5%	146	70.9%
No	157	78.5%	60	29.1%
Total N	200	100.0%	206	100.0%
Location of having follow-up medical consultation				
Public clinic/hospital	34	79.1%	111	76.0%
Private clinic/hospital	8	18.6%	19	13.0%
Both public and private clinic/hospital	1	2.3%	9	6.2%
Refuse to answer/ Don't know	0	.0%	7	4.8%
Total n	43	100.0%	146	100.0%

Body Check-up

594. Around 60% of respondents (59.5% of soon-to-be-old and 61.2% of older people) have body check regularly. Most of the soon-to-be-old respondents (76.5%) had body check-up in private clinic/hospital while more than half of older respondents (52.4%) had check-up in public organizations. The median of spending on last body check-up varied among soon-to-be-old respondents (\$1,500) and older respondents (\$250). The high percentages of both groups of respondents reflect the high health awareness that would probably imply a potential market for health check services. While the current cohort of older people would prefer to rely on the public health services, the future cohort might be more willing and affordable to have health check in the private sectors.

Table 6.31 Regular body check-up

	Soon-to-be-old		Older people	
	Number	%	Number	%
Yes	119	59.5%	126	61.2%
No	81	40.5%	80	38.8%
Total N	200	100.0%	206	100.0%

Table 6.32 location of having body check-up

	Soon-to-be-old		Older people	
	Number	%	Number	%
Private clinic/ hospital	91	76.5%	52	41.3%
Public clinic/ hospital	22	18.5%	66	52.4%
Refuse to answer/ Don't know	6	5.0%	11	8.7%
Total n	119	100.0%	126	100.0%

Table 6.33 Amount spent on last body check up

Total amount spent on last body check up HK\$	Soon-to-be-old			Older people		
	Mean	Median	Standard Deviation	Mean	Median	Standard Deviation
	2,827	1,500	6,364	1,633	250	4,182

Dental Check-up

595. Significant difference was noticed in whether the respondents did dental check-up regularly among soon-to-be-old and older people. More than half of soon-to-be-old respondents (53%) reported that they had dental check-up regularly while only 35% of older respondents did so. For those who had dental check-up regularly, most of soon-to-be-old respondents (69.8%) and older respondents (79.2%) did it in private hospital / clinic. It may be due to the fact that there is lack of dental service provided by the public sector. The respondents were asked of the spending on the last dental check-up. The median amounts were the same between the soon-to-be-old and older respondents (\$500). If the current pattern of provision of dental services, whereby the Government adopts a relatively less proactive approach, is sustained, it could therefore be anticipated that there is considerable potential demand for private dental services for older people.

Table 6.34 Regular dental check-up

	Soon-to-be-old		Older people	
	Number	%	Number	%
Yes	106	53.0%	72	35.0%
No	94	47.0%	134	65.0%
Total N	200	100.0%	206	100.0%

Table 6.35 Location of having dental check-up

	Soon-to-be-old		Older people	
	Number	%	Number	%
Private clinic/ hospital	74	69.8%	57	79.2%
Public clinic/ hospital	18	17.0%	9	12.5%
Refuse to answer/ Don't know	14	13.2%	6	8.3%
Total n	106	100.0%	72	100.0%

Table 6.36 Amount spent on last dental check-up

Total amount spent on last dental check up (HK\$)	Soon-to-be-old			Older people		
	Mean	Median	Standard Deviation	Mean	Median	Standard Deviation
	582	500	786	686	500	808

Innovation and technology

Distant clinic

596. Respondents were asked about their views on distant clinic by using 3G telephone or online webcam so that the patient can see doctor at home. 30% of soon-to-be-old and 22.3% of older people in the survey showed interest in this kind of clinic. Among those who showed interest, 73.4% of soon-to-be-old respondents and 63.2% of elderly respondents accepted to pay 10% or more higher than usual clinic. Though the responses from the two groups were not particularly impressive, it might still indicate that there could be a potential market for high-tech tele-health services in which the older people could access health services at home.

Table 6.37 Interest on distant clinic

	Soon-to-be-old		Older people	
	Number	%	Number	%
Yes	60	30.0%	46	22.3%
Half and half	19	9.5%	11	5.3%
No	120	60.0%	149	72.3%
Refuse to answer/ Don't know	1	0.5%	0	.0%
Total N	200	100.0%	206	100.0%

Table 6.38 If the price is more expensive than general medical service in clinic, what is the acceptable percentage of difference?

	Soon-to-be-old		Older people	
	Number	%	Number	%
0% (unchanged)	20	25.3%	19	33.3%
10%	22	27.8%	13	22.8%
20%	23	29.1%	9	15.8%
30%	11	13.9%	7	12.3%
40%	0	.0%	2	3.5%
50%	1	1.3%	5	8.8%
60%	0	.0%	0	.0%
70%	1	1.3%	0	.0%
Refuse to answer/ Don't know	1	1.3%	2	3.5%
Total n	79	100.0%	57	100.0%

Cultural and Creative industries

597. Older people can be the consumers, but also the providers in silver market. Amongst the various possible ways in which older people could participate in cultural / leisure activities in the role of a “provider”, respondents were only asked about the willingness to be volunteer docents

in the museums, wetland parks, geopark in Hong Kong. Although more than half of respondents said that they were not interested in, more soon-to-be-old respondents (28%) than elderly respondents (16.5%) were willing to be volunteer docents. In view of this, if Hong Kong has to develop in the direction of promoting active ageing, there may be the need to launch more promotional and/or educational activities to inspire the current and future cohorts of older people in engaging in such cultural / leisure activities that involve volunteering services.

Table 6.39 Interest of being voluntary docents in the museums, wetland parks, geopark in Hong Kong.

	Soon-to-be-old		Older people	
	Number	%	Number	%
Yes	56	28.0%	34	16.5%
Half and half	35	17.5%	18	8.7%
No	109	54.5%	153	74.3%
Total N	200	100.0%	206	100.0%

Housing

598. The views on two different models of elderly housing were explored during the survey. In the first model two adjacent buildings are designed such that one will be rented to older people and their family members will have higher priority in renting the apartment in the other building. Difference was found between soon-to-be-old and older people in the survey. Nearly one-third of soon-to-be-old respondents showed interest while less than 20% of elderly respondents were interested in this housing model.

Table 6.40 Interest of living in a separate building with other family members living at the next building

	Soon-to-be-old		Older people	
	Number	%	Number	%
Very interested	24	12.0%	9	4.4%
Interested	41	20.5%	28	13.6%
Not interested	68	34.0%	85	41.3%
Not very interested	66	33.0%	84	40.8%
Refuse to answer/ don't know	1	.5%	0	.0%
Total N	200	100.0%	206	100.0%

599. The other model refers to the model that the lower floors of a building will be rented to older people and their family members will have higher priority in renting the apartment in the upper floors of the same building. Similar to the views on the previous model, more soon-to-be-old respondents (31.5%) were interested in this model while only 20.3% of elderly respondents showed interest. The relatively low percentages of the two groups of respondents on these two

kinds of quasi-co-residence between two generations apparently indicate that the traditional preference on co-residence which promotes intergenerational transfer and mutual support norm has dwindled.

Table 6.41 Interest of living in the same building but different flat with other family members

	Soon-to-be-old		Older people	
	Number	%	Number	%
Very interested	25	12.5%	11	5.3%
Interested	38	19.0%	31	15.0%
Not interested	68	34.0%	83	40.3%
Not very interested	69	34.5%	81	39.3%
Total N	200	100.0%	206	100.0%

Others

Shopping mode

600. Currently, online-shopping is becoming more and more common. The respondents were asked about their experience in the area. The result showed that more soon-to-be-old respondents (17.5%) had tried online shopping while only 1% of older respondents did so. The low percentage of older respondents having tried online shopping could, again, be attributable to their low computer literacy. However, the higher percentage of the soon-to-be-old group could possibly imply that the forthcoming cohort of older people would be more prepared and readily receptive to resort to this mode of consumption. This could be an expanding market that provides higher flexibility and efficiency.

Table 6.42 Have you even tried to shop online?

	Soon-to-be-old		Older people	
	Number	%	Number	%
Yes	35	17.5%	2	1.0%
No	165	82.5%	204	99.0%
Total N	200	100.0%	206	100.0%

601. Respondents were asked where they usually went for buying clothes and shoes. Difference was found between soon-to-be-old and older people. Most soon-to-be-old respondents went to department stores (78.5%), chain stores (64%) and small scale shop (56%) while more than half of older people chose small scale shop (63.1%) and department stores (62.1%). The median amounts of spending on buying clothes and shoes last year were respectively \$2,000 and \$1,000 for soon-to-be-old respondents and \$600 and \$300 for older respondents.

Table 6.43 Stores that they usually go shopping (Respondents can take more than 1 choice)

	Soon-to-be-old		Older people	
	Number	%	Number	%
Department store	157	78.5%	128	62.1%
Chain stores	128	64.0%	92	44.7%
Small scale shop	112	56.0%	130	63.1%
Total N	200		206	

Table 6.44 Spending on clothing and shoes in the last year

	Soon-to-be-old			Older people		
	Mean	Median	Standard Deviation	Mean	Median	Standard Deviation
Buying Clothes (HK\$)	4,074	2,000	9,024	1,212	600	2085
Buying Shoes (HK\$)	1,762	1,000	3,393	493	300	595

Electronic and digital device

602. The consumption mode of electronic and digital device of respondents was explored. Half of soon-to-be-old and nearly 40% of older people in the survey reported that the main source of information of electronic and digital device came from sales staff at the shops. The second source for soon-to-be-old respondents was newspaper/magazine (40.0%) while that for older respondents was television (30.1%).

Table 6.45 Sources of information of electronic and digital device (Respondents can take more than 1 choice)

	Soon-to-be-old		Older people	
	Number	%	Number	%
Sales staff at the shops	101	50.5%	80	38.8%
Newspaper/ Magazine	80	40.0%	54	26.2%
Television	64	32.0%	62	30.1%
Referral from friends	59	29.5%	25	12.1%
Internet	32	16.0%	1	0.5%
Radio	7	3.5%	6	2.9%
Total N	200		206	

603. Majority of soon-to-be-old (96.5%) and older people (79.6%) in the survey reported that they had mobile phone. Nearly two-third of soon-to-be-old respondents had computer and digital camera and most of them reported that they had more than one mobile phone, digital camera, and computer whereas it was less so amongst the older respondents. The high percentage of electronic and IT gadget ownership amongst the soon-to-be-old cohort may reveal that there could be a greater market in these areas in the future as they enter into their older age.

Table 6.46 Possessions of digital products (Respondents can take more than 1 choice)

	Soon-to-be-old		Elderly	
	Number	%	Number	%
Mobile phone	193	96.5%	164	79.6%
Digital camera	132	66.0%	54	26.2%
Computer	132	66.0%	51	24.8%
Printer/Scanner	84	42.0%	13	6.3%
Massage machines	44	22.0%	23	11.2%
Digital video camera	37	18.5%	9	4.4%
MP3 device	32	16.0%	16	7.8%
MP4 device	9	4.5%	3	1.5%
Total N	200		206	

Social Life

604. The two most popular leisure activities among soon-to-be-old and older people in the survey were “Eating out with friends” and “Gathering with friends” (Soon-to-be-old: 83% and 66%, older people: 67% and 59.7%). The median of weekly expenditure on food/eating were respectively \$1,000 for soon-to-be-old respondents and \$600 for older respondents. The high percentages of the two groups in social gathering and dining would probably reflect a potential vibrant market for catering services.

Table 6.47 what are you doing during leisure time? (Respondents can take more than 1 choice)

	Soon-to-be-old		Elderly	
	Number	%	Number	%
Eating out with friends	166	83.0%	138	67.0%
Gathering with friends	132	66.0%	123	59.7%
Doing exercise	93	46.5%	102	49.5%
Having trips	68	34.0%	55	26.7%
Being Volunteer	22	11.0%	13	6.3%
Total N	200		206	

Table 6.48 Weekly expenditure on food/ eating?

	Soon-to-be-old			Older people		
	Mean	Median	Standard Deviation	Mean	Median	Standard Deviation
Weekly HK\$	1,118	1,000	1036	814	600	629

605. Respondents were asked whether they had haircut, facial treatment or gym. Most of both soon-to-be-old (86%) and elderly (87.9%) respondents reported that they had either haircut,

facial treatment or/and gym. Among those who had at least one of the three activities, majority of both soon-to-be-old (98.8%) and elderly (99.4%) had haircut. More soon-to-be-old respondents (19.2%) than elderly respondents (1.7%) reported that they had facial treatment. The median of spending on hair cut each time was \$150 for soon-to-be-old respondents and \$100 for elderly respondents. While haircut is indispensable in personal hygiene, the relatively higher percentage of soon-to-be-old group in putting emphasis on appearance and ‘fitness’ may imply that there can be a potential market in these services amongst the future cohort of older people.

Table 6.49 Do you go to facial, gym, other activities?

	Soon-to-be-old		Elderly	
	Number	%	Number	%
Yes (Respondents can take more than 1 choice)	172	86.0%	181	87.9%
<i>Activities: Hair cut</i>	170	98.8%	180	99.4%
<i>Activities : facial treatment</i>	33	19.2%	3	1.7%
<i>Activities : Gym</i>	11	6.4%	1	.6%
No	28	14.0%	24	11.7%
Refusal/unknown	0	.0%	1	.5%
Total N	200	100.0%	206	100.0%

Table 6.50 Average expenditure on hair-cut or facial treatment

	Soon-to-be-old			Older people		
	Mean	Median	Standard Deviation	Mean	Median	Standard Deviation
Hair cut: average spending each time (HK\$)	204	150	224	124	100	147
Facial: average spending each time (HK\$)	753	400	1425	340	400	197

Summary of findings

606. There is increasing concern over the banks’ strategy of cutting the number of branches in order to drive customers to use self-service banking services, such as the ATMs and online banking, instead of traditional counter service. Actually, online banking is expected to be a convenient tool for those older people with mobility problems so that they can access the banking services at home. However, only a small percentage of older persons who were interviewed in the survey are currently using online banking due to low computer-literacy. Similar findings were shown in online shopping. It seems that digital inclusion is under-developed among the current cohort of older persons.

607. Insurance provides financial protection for the people. There are some insurance products in Hong Kong providing life, medical and even long term care protection to the elderly. However, the percentage of older people interviewed in the survey buying insurance is still low. It might reveal that the existing insurance plans may not be attractive to the older people or that their awareness of insurance protection is not high enough. Nonetheless, the survey finding reveals that the current soon-to-be-old cohort is more aware of the need to having insurance protection and there is already quite a high percentage (73%) of the respondents of this age group having insurance coverage. This might be an indication of the potential market for insurance in the future.

608. While the Hong Kong Government has been promoting travel insurance, there are 20% of older respondents in the survey reported that they did not buy travel insurance. This might be due to a variety of possible reasons, including the older people's low awareness, inadequate information, or the unavailability of suitable travel insurance products. On the other hand, the current soon-to-be-old cohort is already very receptive to travel insurance, as revealed by the high percentage (90%) of respondents in this age-group having bought travel insurance. This reflects that there is great potential for travel insurance for older travellers in the future. However, according to the review of Hong Kong's current situation of SHM development in Chapter Five, some travel insurance packages do not insure those aged 80 or 85 above and cut the benefit to old applicants. These are unfavourable in the protection of elderly travellers. Thus, there is need for the travel industry to review their packages offered to older travellers in view of the upcoming greater market potential from the coming cohort of older people.

609. Based on the survey findings, there is a potential demand for accessible hire car. However, there are only around 25 accessible hire cars (around 20 from the Hong Kong Society for Rehabilitation and 5 from Diamond cab) in Hong Kong. Given the increasing number of older people who rely on public transport and may need additional and special services, there may be a potential demand for this kind of special transportation.

610. The present survey shows that there may be a trend that the coming cohort of older people may expect to hire domestic helpers in taking care of their health problems when need arises in the future. However, there is currently no regulation to ensure that those helpers hired for caring older people are trained and qualified in performing their caring duties.

611. There are only a low percentage of elderly respondents having regular dental check-up. This may probably show that either the older people's awareness of teeth protection is still low or that there is insufficient supply of dental services in the community. Dental health is indispensable for people's health, and thus, there could be considerable potential market for private dental services if the Government maintains its current policy on not providing dental services to the older people.

612. On the whole, the scale of the present survey is rather small, i.e. 406 samples from two age-groups, 45-59 and 60-and-over, and it was found that there are some minor differences in the socio-economic profile between the sample and the general population. Yet, the views and patterns expressed from the respondents could still provide some reflection of the situation of the larger population.

613. The group of older respondents (aged 60-and-above) was found to be somewhat “conservative” in expressing their demand for various goods and services related to the SHM. The soon-to-be-old (aged 45-59), that will eventually become the next cohort of older people in society, appear to be more articulate in expressing their demand on the range of goods and services examined in the various domains. Specifically, there could be a growing potential for demand in such areas as tourism, investment, personal appearance / fitness, catering and leisure, health and dental check, and online shopping.

614. The survey has not explored the preference of the respondents to the providers of such goods and service, namely, the private sector, the government, or the NGO. However, it would be assumed that the three sectors may have different market segments to serve, in accordance with their respective roles in catering to the needs of different groups of older people with varying financial affordability and personal preferences.

Implications of survey findings for the development SHM in Hong Kong

615. Based on the survey findings, there could be implications on the following area: Firstly, there is need to enhance the computer literacy of the current cohort of older people, so as to enable them to benefit from the increasing prevalence of computer-aided services like on-line banking or shopping. This can also serve to avoid the problem of digital divide or exclusion of the older people from some domains of consumption of good or services. Secondly, there could be further development of more tailor-made insurance products to protect the older people in various aspects, e.g. travel insurance. Thirdly, there could be high potential demand for elder-friendly transportation means, like the accessible hire car, to facilitate mobility and thus social participation and consumption of the older people. Fourthly, there may be the need to explore the desirability and feasibility of regulating on the competence of domestic helpers in taking care of older people in the domestic setting, in view of the possible increasing popularity of hiring domestic helpers taking care of older people in the community. Fifthly, the Government may need to review its current policy of a restricted scope of dental service provided to the older people. This, on the one hand, may be favourable to promoting the private sector development; but may put the older people’s dental health at stake. Sixthly, in view of the potential greater market for older travellers who prefer packaged tours that include such aspects as museum attractions and relaxation, local travelling agents may need to explore providing specialized elderly tours.

CHAPTER SEVEN

FOCUS GROUPS AND INFORMANT INTERVIEWS

616. This chapter summarizes the key findings of the focus groups (including both demand and supply sides) and the informant interviews (the supply side only). For the demand side, a total of eight focus groups with 51 participants had been conducted. Two of these groups involved 13 participants aged 45-59 who are regarded as the “soon-to-be-old” or working population category and are therefore conceived as future or potential consumers of SHM; and the other six groups involved 38 participants aged 60 or above or the “elderly” group. The “soon-to-be-old” participants included university staff, accountant, physiotherapist, clerk and insurance agent; while the “elderly” group comprised public housing residents, as well as retired middle-rank civil servants. For the supply side, there was one group with four participants from three different organizations/companies. In addition, 28 informant interviews with representatives from 26 organizations/ companies/ institutes/ bureaux (two informants each representing two organizations) were conducted to solicit views towards the potential of the development of SHM in Hong Kong. The interviews covered nine industries (i.e. financial services, tourism, trading and logistics, professional services, education services, medical services, innovation and technology, housing and others) This chapter presents the finding by way of thematic analysis.

Thematic analysis

617. Although the focus group and informant interview method is limited as it provides a “snapshot” of a diverse group of individuals, this diversity can be beneficial as it reveals the complexity of a particular social and policy issue, as in this case, the needs and the development of SHM in Hong Kong. The focus groups included a range of adult experiences in two age groups/life stages (i.e. 45-59/soon-to-old versus 60+/senior) and work statuses (i.e. working versus retired). Informant interviews provided additional insight from the suppliers’ point of views as well as a way of confirming the development of SHM and the role of the government. The analysis of the data revealed 12 themes characteristics of the 9 focus groups and 29 informant interviews under study: 1) transformation of banking and insurance services versus traditional thinking of inheritance; 2) expansion of travel market and acceptability of elder tour; 3) highly dependent on public transport system; 4) hurdles of using professional services; 5) educational and leisure activities needed; 6) public medical services still first choice; 7) worsening quality of life; 8) information technology and computer illiteracy; 9) insufficient public education and programmes for preserving cultural and creative industries; 10) limited environmental friendly behaviours; 11) ageing-friendly living environment far from satisfactory; and 12) uncertainty of the post-death arrangement and service.

Theme 1: Transformation of banking and insurance services versus traditional thinking of inheritance

Poor accessibility of conventional banking services

618. Most senior adults still rely on traditional banking services like counter-service and bankbook which are quite different from that of the soon-to-be-old. Due to the fact that the popularity of internet banking services such as tele-banking and ebanking, they found that the existing bank services are not elderly-friendly and the procedures of using the internet services are too complicated and unsafe for them. The information technology and computer illiteracy among senior adults prevents them from using the internet banking services.

Investing in stocks and monetary fund with more caution

619. Since the outbreak of the collapse of Lehman Brothers' Minibonds in 2008, many participants invest in stocks and monetary fund with more caution. They would not consider this kind of investment as providing a secured life. Although some better-off participants have consistent investment behaviours, they would gather more information from different means of media and become less dependent solely on institutional and bank advice. However, for those less well-off senior adults, the stocks and monetary fund investment are far from possible.

Gap in medical insurance and susceptibility of insurance reimbursement

620. Some soon-to-be-old opined that the government should launch a public medical insurance because they are worried that the existing monthly payment will increase as they get older. This worry is also found among senior adults in a similar manner. As they revealed that many insurance companies will not accept clients as their age and the insurance payment is far from affordable. Most of them still rely heavily on the provision of the public health services because they do not have any private medical insurance. More importantly, they complained that the content of the insurance policy is too complicated and confusing. They are also not confident with the success of medical insurance reimbursement. This observation reflects a local service gap in medical insurance among older seniors that (1) for those with relatively lower level of educational attainment and have insufficient disposable income they could not afford to buy private medical insurance and (2) the existing insurance scheme excludes the needs of the senior adults due to the fact that the insurance company do not want to bear a higher risk.

Traditional thinking of inheritance opposing reverse mortgage

621. Although some having private property welcome the concept of RM, they acknowledged that it only appears to be a good scheme for those who have not had any children. The traditional way of leaving the property to their children is still rooted in their mind. On the other hand, for those

relatively destitute senior adults who are residing in the public estate, they said they will not benefit from the scheme of the RM.

Theme 2: Expansion of travel market and acceptability of elder tour

Travelling is “must”

622. Nearly all participants said travelling is one of their most desirable activities irrespective of age and work status. However, the fact is that the more affluent participants prefer self-planned tours with acquaintances to joining a fixed tourist package. Thus, the potential development of tailor-made travel tour for middle-class and better-off senior adults could be a possibility in the coming future which has been ascertained in the informant interviews. However, the less educated and less well-off seniors still rely on some less expensive short trips that are organized by the Elderly Centre, District Council Office or the Committee of their home estate because their insufficient income is their main concern.

“Elder tour” but not for elders only

623. Some participants agreed that they prefer elder-specific and inter-generational family learning tour because they believed that the agenda of the tour is more fitting their needs and the schedule is more relaxing, while it should not be labelled as for elders only. A tour with a variety of activities, namely, eating seafood, visiting temples and museums, shopping and sightseeing and life sharing programmes is preferable. Since they have plenty of leisure time after retirement, being a part-time or voluntary docent is acceptable for those with higher level of educational attainment, which is an activity that can expand their social activities.

Theme 3: Highly dependent on public transport system

Inadequate elderly-friendly public transportation facilities

624. It is important to note that all respondents found the public transportation is of prime importance for their daily travel from one place to another for different purposes e.g. social activities, family gatherings, medical appointment, etc. In general, they appreciated the service and the network of the public transport. However, they also found that some public transport facilities are not convenient or “friendly” enough to them, such as in MTR, there are too many flights of stairs at each exit and there is shortage of escalator or lift for reaching the ground floor. Other public transportations such as taxi, mini-van and limousine also have problems like the design is not designated for the elderly and wheelchair users and the driving manners (i.e. politeness and safety) of the driver is far from satisfactory. For instance, (1) it is difficult in using the ramp due to the inconvenient design of non-automatic operation; (2) the trough of taxi is far too high which prevents from storing and loading the wheelchair; (3) the unreasonably high

doorway and the narrowed passageway of limousine and mini-van make the elders difficult to get in/off and pass through; and (4) taxi drivers are reluctant and impatient to drive wheelchair users and senior passengers.

Undesirable effect on selected dates of concessionary fee

625. Since majority of the participants rely on public transportation for their daily travel, there were signs of undesirable effect when the concessionary fee is only offered for the selected dates. They feel discouraged to travel and go out.

Gap in elderly service benefits and limited available information

626. A concern was raised about the possible gap in the provision of service benefits for the younger elders aged 60-64. As most existing concessionary fees target at those elders aged 65 or above, it reflects the inadequacy of service benefits for those retired people. Some also found that it was difficult in finding related information on on-call vehicle and booking a seat in Rehab bus.

Theme 4: Hurdles of using professional services

Lack of information

627. Although some better-off participants will seek CCS through the private sector, they would consider it as back-up. The public community care services are mostly preferable. Majority of the participants found difficulty in finding the relevant informant on community care services for both sectors. As they realized, the source of the information mainly comes from the elderly centre. However, they still have trouble for finding information and contact for the services such as hiring part-time or full-time domestic helpers and 24-hour care service.

Residential homes versus community care helpers

628. In general, the participants would prefer “ageing in place”. However, if they found their health condition deteriorates as they age, they would accept the service of nursing homes. For well-off participants, hiring domestic helpers is an option if the financial situation allows, but the problem is that no geriatric training courses can be found for their domestic helper. On the other hand, for those less affluent, they would be dependent on the Government subsidized CCS, e.g. medical services, elderly centres and home care services. Since most of them still rely on the provision of the Old Age Allowance as a core income source, they could not afford the CCS offered by the private sector.

Theme 5: Educational and leisure activities needed

Avoid heavy coursework and examination and limited information

629. Apart from travelling, educational services are one of the major activities for senior adults. Although they like to engage in the leisure activities such as dancing, singing, drama, Chinese opera, computer, Tai Chi, English, and Putonghua, etc., they also like to join in more formal courses with accreditation. They would prefer are not having heavy coursework and examination due to the fact that they worry that their memory is fading which may affect their learning ability. More importantly, the tuition fee should be affordable. Similarly, they found difficulty in finding relevant information for the elderly academy/ U3A which prevents them from joining it.

Expensive privately-run courses and shortage of leisure-specific club

630. Social activities are of critical importance for senior adults' daily live. However, some participants realized that except those less expensive interest classes offered by the elderly centres, other courses offered by some privately-run organizations are too expensive. In addition, there is a dearth of leisure-specific clubs such as "Mahjong Club" and "Gentlemen Club", etc. They also found that most elderly centres are occupied by female elders which prevent the males going there. Although they propose to form the leisure clubs for them, they should not be named as for elders only.

Theme 6: Public medical services still first choice

Forgoing private medical services

631. Although the participants complained about the public hospital services, such as the waiting time too long; public doctors being perfunctory; and on the other hand, private medical services very expensive, the majority of participants still consider public medical and health services as their first choice no matter whether it is for doctor consultation (especially for chronic diseases and long-term treatment) or regular body check-up. In addition, they found that the dental care services are very expensive too and health vouchers are not sufficient to cover their medical expenses. Most of them agreed that the consumption of medical and health care services is one of the major expenses, followed by the heaviest burden from food because of inflation, to transportation cost, daily living, and housing rent, expenditures on electricity and gas, entertainment and travelling.

Suspect the effectiveness and the quality of health supplements

632. Taking health supplements appears to be a global trend; however some participants highlighted that they are sceptical of the effectiveness and the quality of the supplements and considered the prices are too expensive. For purchasing the health-related and medical equipment, they would prefer going to specific associations in which a better price can be offered.

Theme 7: Worsening quality of life?

Inadequate information on organic food and products

633. The organic food and products are widely available in most shops and supermarkets in Hong Kong. Yet the majority of the participants did not believe that the organic food and products could enhance their health condition and quality of life; they thought it was a commercial strategy. They found the related information on the organic food and products is lacking.

Poor regulation of elderly services

634. Most participants claimed that licensing for elderly services is urgently needed so that the quality of services can be enhanced. They also found that the quality of residential care services and personal care workers varies a lot. Thus, for choosing services, the first priority is looking at the license or relevant certificate of the organization, and whether staffs are professionally trained.

Theme 8: Information technology and computer illiteracy

635. For most senior adults, they found the “Smart Home” or “Digital Home” may be helpful in their daily life, while they are not comfortable in using a computer. Besides, as the eyesight is getting worse, they also encountered some difficulty in using phones. Most existing mobile phones are not designed for elders. Again, due to the situation that some less well-off senior adults rely heavily on OAA as a major income, even though they found “Mobile Link” is useful, they could not afford buying a mobile phone and covering the monthly payment.

Theme 9: Insufficient public education and programmes for preserving cultural and creative industries

636. All participants agreed that the Government should preserve the cultures such as traditional art, antiquities and monuments through public education to young generations. It is not necessary to specify for elderly only but for the whole population. In short, there are not enough preservation projects and programmes in the community.

Theme 10: Limited environmental friendly behaviours

637. Most participants would bring their own shopping bags to support environmental protection which shows that the launch of the “bring your own shopping bags” campaign is a success. Some also avoid using air-conditioner. For some better-off participants, it is not a problem of buying some long-lasting electrical appliances at higher price. However, for less affluent senior adults, they still adopt a simpler life and prefer riding a bicycle, but they found the living environment is not safe for bicycle riders.

Theme 11: Ageing-friendly living environment far from satisfactory

Obstacles in the neighbourhood

638. Most participants agreed that the general living arrangement is acceptable and good for “ageing in place”, while one of the core problems is again too many stairs and slopes in the neighbourhood which is not convenient for elders and wheelchair users.

Lack of choice in private market

639. Some participants opined that “Cheerful Court” and “Jolly Place” are too expensive. It is not desirable to live purely with old people, as they are afraid of having no assistance nearby. All participants prefer living separately with their children, but living in the same district or same building. However, the high price in property market is not easily for the young generations to buy their own flat and live close to their parents.

Theme 12: Uncertainty of the post-death arrangement and service

640. Although some better-off participants have planned for their after-death arrangement and preferred sea burial rather than ash urn after cremation or scattering cremated ashes at Gardens of Remembrance, most senior adults have no plan at all and never discuss with their family members. They thought their children will manage and prefer fixing this issue later. More importantly, they did not trust any funeral company that would do what they said before death. This reflects there is an information and regulation gap in the funeral service.

DISCUSSION

Limitations of qualitative study

641. This is a formative qualitative study of the potential and the development of SHM among soon-to-be-old and senior adults. We conducted 9 focus groups and 29 informant interviews. This study has several limitations that should be noticed. Since the purpose of formative

qualitative research is for description and hypothesis generation rather than generalization, the present findings are meant to be exploratory rather than representative of the majority of senior adults with the perception of the SHM. Although internal validity is supported, given the relatively homogeneous sample of interest, these preliminary findings may not be generalized to dissimilar populations. Also, although two reviewers engaged in a consensus process to derive themes from the data, the use of more reviewers may have fostered a more thorough analysis.

642. Based on the thematic analysis, we have identified a number of barriers and needs of soon-to-be-old and senior adults around 12 themes: 1) transformation of banking and insurance services versus traditional thinking of inheritance; 2) expansion of travel market and acceptability of elder tour; 3) highly dependent on public transport system; 4) hurdles of using professional services; 5) educational and leisure activities needed; 6) public medical services still first choice; 7) worsening quality of life; 8) information technology and computer illiteracy; 9) insufficient public education and programmes for preserving cultural and creative industries; 10) limited environmental friendly behaviours; 11) ageing-friendly living environment far from satisfactory; and 12) uncertainty of the post-death arrangement and service. Although the number of soon-to-be-old and senior adults who participated in the study is very modest, they seem to share a very similar trajectory regarding their needs and the development of SHM.

Not labelling services/products for elderly only

643. Most informants viewed that there is a hazard to label services/products specifically for elderly only because it would affect their company images which also reflects a fact that most Hong Kong elders would prefer anti-ageing to healthy ageing. The refusal of admitting themselves as “being elders” is still valid in the general public.

Limited access to information and data

644. Most informants acknowledged that there is the potential development of SHM in Hong Kong, but the problem is the limited existing information and data available to understand the needs of the market and to support business sectors to initiate the SHM. No product guides are available for the elderly consumers.

More wealth management/post-retirement advice and subsidy for private medical insurance

645. Since most those were born in the 1960s hold substantial asset and wealth, there is a big potential in SHM to develop wealth management/ post retirement advice for this coming elder cohorts. They are more likely to find a consultant or specialist to help them to manage the wealth, but this only caters for those better-off elders. For the less affluent elders without medical insurance protection and sufficient monthly income, they will have less chance of using

private medical health services. Many insurance plans would stop at the age of 60. Thus, this will put additional pressure on the provision of public medical services.

Avoid aggressive government involvement in the private market

646. Although many informants opined that there is a potential in the development of SHM in Hong Kong, aggressive intervention by the Government in the private market should be avoided. Most companies would conduct research in accordance with their objectives and plan their business as profit-and market-driven, thus they will explore the market in order to maximize their profits.

Poor income among current senior cohorts

647. There is a potential for developing elder study tour as the young-old retired are willing to spend money and travel. If they have children, their payments will be covered by the children. Those middle-class senior adults have a huge demand on services for enhancing their appearances and retaining their health. They are also very interested in investment and would not go to the elderly centre. An Innovation of a series of connectivity products and “access-type” services — products to facilitate elderly customers in various spectrums e.g. ageing-in-place, keeping track of self-health data, and etc. can definitely enhance the quality of life among senior adults. However, for those without children and in a destitute living standard and relying mainly on CSSA they are more likely to have financial problem after retirement. A wide range of services should be provided not only for senior adults but also for those physically less intact elders. Family travel and elderly-friendly itinerary is also preferable. The consumer products and services should cover both low- and high-end. Since the medical and health fees in the private sector remain quite high in Hong Kong, a provision of health vouchers is a correct direction which provides options to the users.

Problem of manpower and finding appropriate location and insufficient fund and promotion in elderly care services

648. No matter whether it is for community care services or medical health services, many informants found difficulty in hiring staff and appropriate location in the field of the elderly care services. Since there is an increasing need in the market for day care centre and nursing home, retaining the elderly staff to stay in employment is a solution. Nevertheless, while most CCS is provided by NGOs with government subvention, some are run by self-financing NGOs with some support from the Government, charity and sponsorship, but they are facing the shortage of funding after the first few years’ support. The promotion in elderly home care services to the general public is far from sufficient. Since there is trend of hiring a domestic maid at home, further geriatric trainings for domestic helpers are needed. High-end community care services should be explored.

CHAPTER EIGHT

CONCLUSION and RECOMMENDATIONS

Development of SHM – overview of overseas experiences

649. The notion of “SHM” is premised upon the assumption that older people have different needs from the other age groups, that requires specially designed “age-sensitive” or “elderly friendly” products and services to cater for such needs. Such differences in need may be attributable to the different physiological and cognitive conditions and their changing aspirations in the life course, as well as their changes in financial condition that is resulted from their change in employment status.

650. The development of the SHM could be conceived as complying with the World Health Organization (WHO) guidelines on “Global Age-friendly Cities” (introduced in Chapter 2), which ultimately would contribute to promoting active ageing and enhancing quality of life of older people.

651. Overall, the development of the SHM is beneficial for Hong Kong in meeting with the challenges and grasping the opportunities of an ageing population. However, it is not merely an “economic” issue but rather a “social” and even holistic planning for Hong Kong’s sustained development. As commented by various scholars, “[t]he silver market needs to be regarded as a strategic field of activity for social integration, the maintenance of independence and the promotion of individual safety, and therefore for the enhancement of the quality of life of older people” (Enste, Naegele and Leve, 2008: 337); and “[t]he silver market phenomenon will not only be an opportunity for business but also an opportunity for innovation and invention, creativity, learning, and social response and responsibility” (Herstatt and Kohlbacher, 2008:497).

652. As discussed in Chapter 2, in the examination of the needs and demands arising from the older people, it should be reckoned that there could grossly be the distinction between those needs that are “need to have” and “nice to have”; the former denotes those basic needs that are essential for maintaining daily living while the latter denotes those needs that help to further improve quality of living beyond and above the basic needs. Governments in the various economies examined would guarantee the satisfaction of “basic needs” of older people. Different governments adopt different financing models of provision on a selective or a universal basis, ranging from tax-based, publicly-funded to social insurance, to contributory schemes. The private sector, and to a lesser extent, the non-profit NGO sector, would cater for the “extra needs” of the older people with respect to their consumption power or affordability. The SHM could thus be conceived as the domain that is more attuned to cater for such “extra needs” that differs from the public provisions catering for the “basic needs”.

653. In the development of the SHM, it should be reckoned that there can be different market segments within the whole SHM, as there are different aspirations, needs, and not least, affordability amongst the various groups of older persons. As rightly pointed out by scholars, the SHM actually embodies a host of “markets” (Herstatt and Kohlbacher, 2008). Thus, while some business corporations develop products and services targeted to the higher-end older consumers, there are also others that can provide goods and services to those relatively less affordable.

654. Nonetheless, notwithstanding the premise that the SHM should be more appropriately taken up by the private market sector, as the term silver hair “market” denotes; it still requires the indispensable role played by the government in such areas as legislation, regulation and even provision of support and promotion. On the other hand, the non-profit NGO sector can also take up some of the market share in providing facilitative support to channel the demands of the older people community to the business sector. It therefore follows that the development of the SHM is not entirely a “market” or “economic” issue that is to be entirely taken up by the private sector; but rather there should be shared responsibilities between the market, the government and the community or “third” sector. It is only through the tripartite collaboration and partnership that the SHM could be developed in a healthy and sustainable way.

655. Notwithstanding the understanding that the development of the SHM serves primarily the older population, it should equally be recognized that such a market should not be confined to such a population alone. Actually the market may also serve other age groups or generations. In fact, experiences in Japan, the country that has the highest proportion of older populations, reveal that there might be wisdom to avoid using the term “silver hair” so as to avoid the usual stereotypical conception about “old”. Instead, it might be strategically more viable and desirable to promote “universal” and “trans-generational” design in the development of products and services. The universality of product design can better serve a larger market of users regardless of age and physical or mental condition and can avoid the stigmatization and the corresponding avoidance and resistance amongst people.

656. As revealed in the various economies reviewed, the SHM has not yet paid much heed even in those advanced economies. This might be due to the prevalence of the negative connotations of the term “old age” that negates the predominantly held notions, such as youthfulness, energetic, productive, and the like heralded in a capitalist, industrial and commercial society (Minichiello, Browne and Kendig, 2000; Mchugh, 2003; Nelson, 2005). There are apparently more efforts paid by the private sector in the provision of health and social care and retirement communities, that are most related to the older people’s concerns on health and secured accommodation. Commencing from the 2000’s the business sector has recently become more aware of the potential consumption power of the baby boomers and has started exploring into the research and development (R&D) of relevant products and services.

657. Any “market” has to be sustained by effective demand that in turn has to be supported by consumption power. In this regard, in the various economies reviewed, there is usually the institution of a viable pension or retirement protection scheme for the majority of the older population. This would provide a reliable and steady source of income for the older people to pay for their daily expenses. Alternatively, there could be the institution of social insurance that enables the older people to make reimbursements from their insurance policies.

658. Governments in the various selected economies reviewed do not usually set up a specific department or policy organization to oversee, formulate and implement SHM policies. However, some governments may set up specific policy groups or special task force under some departments or ministries, so as to formulate special plans about meeting the challenges of an ageing population. In any case, as the needs of older people cover a wide range of policy domains, there might be the need to have inter-departmental collaboration in exploring the development of SHM.

659. The universities or advocacy groups are also increasingly aware of the need to expand the provision of services and products to older persons. Research units in the universities venture to develop technologies that cater the special needs of older people. NGOs and advocacy groups supplement by providing readily accessible information and serve as watchdogs in protecting consumer rights of older people.

660. Overall, review of the selected economies reveals that there is not any single or consistent strategy that is adopted by any government in developing the SHM. Nonetheless, there can be some good practices identified in the review that are adopted by the government, the private sector and the NGOs in the various domains that fall within the 12 domains adopted in the present study. Such good practices, as detailed in Chapter Four, provide some reference for Hong Kong.

SHM in Hong Kong’s context

661. It should be reckoned at the outset that Hong Kong is a capitalist economy and that “big market, small government” is heralded as the overall government principle in promoting economic development. With a low tax regime though, the Government has already provided a host of social provisions, especially in the areas of housing, health and welfare that serve to guarantee the “basic needs” of the older people, especially those in the lower socio-economic strata. It would, therefore, be desirable to promote the “market” or the private sector in the provision of “nice to have” goods and services for the other older people who can afford to consume and who aspire for quality services different from those provided by the public sector.

662. As revealed from the survey and interviews of the present study, coupled with the review of the present situation of Hong Kong, the SHM is relatively less developed. At the most it is in its initial

stage in which only some sporadic efforts have been made on the “supply” side by some corporates or NGOs in some specific domains out of the 12 that the present study identified. On the other hand, the older population community has also not yet presented a readily viable and “mature” market demand. It could be postulated that there is not yet a clearly identifiable “demand” and “supply” in the SHM in Hong Kong. Nonetheless, the survey findings also reveal that the soon-to-be-old or the future cohort of older people may have a greater potential in putting up demand for goods and services that are of higher quality and readily available in the private sector.

663. The relatively less developed SHM in Hong Kong can be understood with recognition of the specific socio-economic context of Hong Kong. As distinct from the selected economies reviewed that have put in place viable retirement protection schemes for the older population, Hong Kong does not have a full-fledge pension scheme and the Mandatory Provident Fund that was in place in December 2000 has yet to be matured before it can provide an adequate financial protection to any sizeable portion of the retired population. It is thus observed and revealed by local studies that there exists a sizeable group of older people whose financial condition is not favourable. For instance, as of June 30, 2010, there were some 172,000 persons aged 60 or above receiving CSSA representing 13.7% of the same age cohort. To a large extent, many older people in Hong Kong rely on public service provision by the Government, especially in the areas of housing, health and personal care services.

664. On the other hand, there is limited enthusiasm from amongst the private sector in developing the SHM, as observed in the lukewarm response of the several expos organized in the recent years and revealed in the informant interviews with representatives from private corporations.

665. While there is basically consensus on that the SHM will be “coming” yet no one quite knows when it will grow to an extent that would provide a sizeable market that makes investment in such a market profitable. Similarly, while there is considerable interest in the development of the SHM, most private sector players are still taking the side-line with a wait-and-see attitude.

666. It follows that if amongst the three possible sources of provision, namely the private for-profit sector, the government, and the non-profit NGO sector, the latter two serve to provide a large volume of goods or services of a reasonable quality at a subsidized nominal price, there would leave little room for a “profitable” private sector participation in the provision of such goods and services at a market price at present.

667. This situation could be illustrated in the area of community care services for the elderly, in which the Government has provided, through subvention to non-profit NGOs as operators, highly subsidized services to the public, which amounts to a total of over 25,000 elderly as of December 2010. While we have limited knowledge of how many elderly living in the

community are taken care of by foreign domestic helpers⁷, operators in the private sector do find the remaining market too thin to be profitable. Though there is a sizeable amount of private operators in the residential care homes, a majority of them are actually serving service users who are “subsidized” by the government (i.e. CSSA and the Enhanced Bought Place Scheme)⁸. As a result, there is less incentive for the private sector to further increase their supply and/or improve their service quality to attract a new market of users who can afford higher prices.

668. The lack of a private sector alternative is also observed in the area of elderly housing. The success of the HKHS’s SEN might well serve as a pioneer in developing purpose-built housing that are equipped with universal design, “elder-friendly” facilities and services; but it might also deter private developers from entering into the market, given the relatively small market niche at the current moment.

669. There is, thus, the need to examine carefully the respective roles played by the Government, the private sector and the NGOs in the provision of goods and services in the process of developing the SHM. Specifically, while the Government and the non-profit NGO sector may focus more on ensuring the provision of goods and services to the less affluent strata of older people in the community, the private sector may concentrate in exploring the potential demand from amongst the middle and upper strata. Nonetheless, the Government should play the indispensable roles of regulation, monitoring and provision of support in the development of the SHM.

General recommendations

670. The following recommendations are made based on the following considerations: 1) with recognition of the local Hong Kong context; 2) with reference to the overseas experience; 3) with a view to promoting economic activities in the 12 domains examined in this study, that include the four pillars and six industries and thus promoting employment in such industries; and 4) with a temporal dimension of “short-term” (next 3-5 years), and “medium-term” (5-10 years) respectively.

7 It was estimated that some 57,100 foreign domestic helpers (FDH) were working in households with at least one elderly people; another 19,600 were working in households with all members being elders i.e. the sole duty of the FDH is to take care of elders (Labour & Welfare Bureau 2011)

8 As of 31, March 2009, about 13% of the residents in private residential care homes were subsidized under the Enhanced Bought Place Scheme (EBPS) with another 50% not on the EBPS were receiving CSSA (Chui, E. et al 2009).

Short-term (next 3-5 years)

R1: Institutional framework to oversee SHM development

671. A viable institutional framework could provide a platform for promoting a specific cause. Such a platform serves as the arena for policy deliberations, pooling of talents, information and resources from multifarious stakeholders. Making reference to the overseas experience (e.g. Japan, Singapore) of instituting a specific task force; though not necessarily a government bureau or department, in planning and developing relevant policies for the older people, the Government may consider enhancing the role of the EC in performing similar functions. Currently, the EC, since its inception in 1997, has already been vested with the mandate in overseeing elderly policies and issues and is having representatives from a number of government departments, which can rightly serve the purpose of coordination and interfacing between various policy domains. Specifically, the EC may put the development of SHM as one of its regular agenda or set up a sub-committee vested with the authority to oversee the related issues. It would be desirable if the EC could produce a consultative paper and/or some policy options in its new term of office. It should also be reckoned that in any process of policy deliberation, the concern and voice of older adults should be addressed and listened to, and thus the EC may need to devise strategies to incorporate participation of older people in the deliberation processes.

672. The EC may also work collaboratively with the Commission on Strategic Development and Council for Sustainable Development and other relevant government committees in the deliberation and formulation of policy recommendations, as these are also vested with the authority for long-term strategic planning for Hong Kong.

R2: Further promotion of the function and scope of Senior Citizen Card

673. The Senior Citizen Card can actually serve the function of promoting consumption amongst elderly people, which would then stimulate business activities and create job opportunities. Currently the Card programme is operated by the SWD which serves to encourage the private corporations to offer discounts and/or preferential treatment to older people. However, in order to capitalize on the private sector's flexibility and its pre-existent business network, instead of putting it under the auspice of a government department, the Government may consider outsourcing this particular operation to the private or NGO sector. On the other hand, there should also be the exploration into working out a financing model that will encourage such operators to be more proactive in promoting discounts for the elderly. For instance, there could be the award of commissions to the operator when it achieves a designated target of companies or sales volume. Coupled with the launch of the voucher scheme (to be detailed below), the "hiving off" of the Senior Citizen Card programme could have good potential in

generating substantial market demand, and the SWD may consider implementing this change in the coming 3 years.

R3: Exploration into implementing voucher schemes

674. Another possible strategy in stimulating demand from the older people and enhancing their consumption power directly would be the issuance of coupon/voucher to older people. In fact, international experience in the provision of cash subsidy or voucher system, as in the case of home and community care allowance in such countries as Germany, UK and USA, shows the merits of enhancing consumer / user choice and control. Specifically, building upon the accumulated experience in administering the Pre-primary Education Voucher Scheme, the Elderly Health Care Voucher Pilot Scheme and the like, the Government may consider exploring the possibility of introducing voucher schemes in such areas as long term care, dental services and travelling. In the implementation of such voucher schemes, there should also be the element of “co-payment” so as to encourage sharing of responsibility as well as to avoid abuse of such government subsidy.

675. The use of voucher system or fee assistance scheme will always be a better alternative than the use of subvention given to NGOs or quasi-government organization in the attempt to facilitate the development of social enterprises or the private sector in the SHM. That is to say, it would be better to adopt a “user subsidy” rather than a “supplier subsidy” strategy. While subvention would provide a more stable environment for NGOs to operate, a voucher system or fee assistance scheme will enable social enterprises or the private sector to build up their business by using the public-supported customers as the initial customer base and at same time reducing their investment risks. Focus groups participants and representatives from the business sector of this study also showed their support to the Government’s provision of such cash subsidies as increasing the Old Age Allowance (OAA), travel allowance, and home and community care subsidy. However, it should be emphasized that it is better to avoid disbursing cash so as to ensure proper usage of the subsidy on targeted consumption. The use of an account or stored value card could be one possible ways to ensure that the voucher is used on the designated aspects and at the designated providers / suppliers of goods and services that are recognized by the Government (through such additional mechanism as licensing, accreditation or registration).

676. Nonetheless, the issuance of a voucher scheme should also take into consideration whether it should be administered on a “universal” or “selective” basis. If it were to be implemented on a universal basis, though it would achieve social equity, it would incur considerable fiscal burden to the Government. Alternatively, if it were provided on a selective basis, by administering a means-test, it would be more targeted but would incur stigmatization. Further studies should be conducted on the scope of such vouchers, public receptivity towards a selective or a universal mode of production, and the financial implications.

677. The availability of a voucher (in various domains) would promote the older population's consumption power and broaden their "space" of living in terms of its flexibility and mobility, which in turn would activate the development of SHM businesses in the various domains examined in this study. This would then inject momentum in job creation in such business sectors.

678. Specifically, there could be pilot projects launched immediately in the coming 3 years in such areas as "community /personal care", "transportation" (for rehabus / Diamondcab), "tourism", "lifelong learning", and expand the scope of the existing "Elderly Health Voucher". Such initiative, which is to be introduced with a better interface with the Senior Citizen Card (to be discussed below), would be able to generate substantial consumption in the related businesses which are also labour-intensive and thus contributory to creating more job opportunities. While there may be the need of more time for the private sector to catch up in developing a sizeable supply in the community / personal care industry, the voucher schemes could be launched in the coming 3 to 5 years in such other areas as tourism, transportation and elder learning, i.e. areas that have already got a vibrant network of providers / suppliers in the NGO and/or private sectors.

R4: Promotion of corporate social responsibility in protecting elderly consumers

679. Irrespective of the specific market sector the various business corporations are to serve, their sizes and scales and market positioning, there should be the emphasis of corporate social responsibility (CSR) and social innovation that ensures the provision of safe, reliable and affordable goods and services to the older consumers (Herstatt and Kohlbacher, 2008). At present, the promotion of social aspect of CSR is basically a "no-body's job" within the existing government structure. The Government may consider whether this should form a part of the policy responsibilities of the Commerce and Economic Development Bureau or some other relevant bureau or department. Alternatively, the Government may consider leverage on the existing Caring Company Scheme operated by the Hong Kong Council of Social Services to promote CSR with respect to the needs of elderly, as it has already established quite a wide network with numerous corporations participating in the Scheme.

680. In the direction of promoting CSR of the business sector, the Government must ensure putting in place relevant and appropriate regulatory mechanisms to protect the rights of the older people as consumers, service users and investors. The Consumer Council should be able to play a major role in this aspect. For instance, the Council could designate a specific section or unit to investigate into the various products and services that are relevant to the older people (e.g. health food) and conduct relevant testing and assessment to ensure safety and accuracy of product information. Such an organizational restructuring within the Consumer Council may be implemented within the short-term, say 3 to 5 years.

R5: Provision of funds to encourage and support providers / suppliers

681. In view of the relatively under-development of the SHM by the private sector, there might be the need to consider adopting some “positive intervention” by the Government in stimulating and/or supporting the private sector. However, in the attempt of supporting private initiative in venturing into developing the SHM, there should be prudence in the provision of direct financial support or subsidy to private operators. Recognizing that there could be an initial period for budding industries or trades to generate profit, especially in view of the not-yet-ready demand in the SHM, there may be merit in providing subsidies to budding operators, especially those developed by the NGOs and social enterprises, as well as the small-medium enterprises. For instance, the Government can give some priorities to applications to the Small and Medium Enterprise (SME) Funding Schemes (including the various Loan Guarantee Schemes and Development Fund) and the Enhancing Self-reliance Through District Partnership Programme that are related to the SHM. These measures could be taken up by the existing mechanisms and so could be launched in the short-term. On the other hand, the Government may provide incentives, such as tax rebate or exemption, to encourage large enterprises that might be in a better market position in venturing into SHM.

R6: Promotion of research and development (R&D)

682. Learning from the overseas experience, such as in UK, USA, Singapore and Taiwan in which the government deploys resources to research institutes, in promoting R&D of SHM services and products, the Government may consider providing more specific funding targeting at the SHM via the existing bodies and public funding. The Innovation and Technology Commission may need to set up one R&D Centre focusing on the SHM on top of its existing six R&D centres under its Hong Kong Research and Development (R&D) Centre Programme. This could be implemented within the short-term time frame.

R7: Development of a data bank and better access to information for both providers and consumers

683. To facilitate the research institutes and private sector to keep abreast with the changing profile of the elderly population, so as to cater to their need and demand, the Government may need to investigate the development of a data bank system to be managed by the Census and Statistics Department and to be published periodically. For instance, there are multifarious client information systems retrieved and maintained by different government departments and public bodies (e.g. Census and Statistics Department, Immigration Department, Hospital Authority, Housing Authority, Social Welfare Department, etc.). Compiling, integrating, and publishing these various sources of information will enable the Government, R&D institutions, NGOs, and the private sector to have better planning in developing relevant and appropriate

goods and services. In fact, reference could be made to Australia, Canada and more recently Macau in developing “elderly index” which embodies a range of social indicators that can provide comprehensive data on the socio-demographic and economic profile of the older population (Australian Institute of Health and Welfare 2007; Sentenne, 2007; Asia Pacific Institute of Ageing Studies 2009).

684. In addition to the data bank system, it is recommended that the C&SD should explore the development of a Geographic Information System (GIS) of the elderly population in Hong Kong, which integrates and stores the data of Hong Kong older persons with reference to geographic location data. For instance, the system can provide the number and socio-economic profile of elderly with severe frailty in specified district. The system will help the government in allocating resources among the elderly services. Also, it will facilitate the private sector in developing their market strategy and business plan in the SHM. For example, the private sector can estimate the needs of personal and community care services of specified district and the affordability of elderly in that district.

685. In close connection to the availability of such aggregate information on the socio-economic profile of older population, there is also need to enable the provision of more readily available market information to providers and suppliers. Given that there is yet a readily identifiable market or consumer population, the business sector may not venture to engage in market research. The Government may thus provide some assistance in conducting research in exploring the older people’s demand and aspirations of the various types of goods and services and avail such information to the entire market sector, so that interested providers and suppliers may tailor-make their business strategy accordingly. For instance, the C&SD may conduct thematic household survey about the older people’s demand and aspirations of different types of goods and services periodically, say once every 4 years. This may be most relevant in such domains as elderly tourism and educational services, and other domains that are currently relatively less developed for older people, such as environmental industries, innovation and technological products, and cultural and creative industries.

686. Effective market demand has to rely on the availability of accessible market information. With reference to the overseas experience, the availability of internet platforms that provide information on goods and services to the older persons would facilitate the development of the SHM. At present, there is one elderly portal supported by the Government (i.e. the “長青網”⁹) and another elderly portal site operated by an NGO (i.e. the Cybersenior, “老有網”¹⁰), with the latter portal site contains some SHM information in the private sector. However, in Hong Kong, as revealed from the focus groups, many older people did not know where to obtain relevant information about elderly-related products. Informants from the business sector suggested that there should be an open platform that is open to all providers and suppliers of goods and

9 eElderly website <http://www.e123.hk/>

10 Cybersenior Network <http://hk1001.com/>

service, and which should be a neutral platform that does not serve the commercial interest of any specific provider / supplier. Thus, ideally this platform should be operated by NGOs or the Government. Nevertheless, we should note that, according to the most recent statistics, only 9.4% of those aged 65 or above have used a computer in the past one year in the study of 2009/11. Although the future cohort of older people would be more computer-literate, as an interim measure, there is a need for the Government to step up its efforts in enhancing digital inclusion so that IT would not become the barrier for older people to access information and services. In fact, there have already been lessons provided by NGOs and Hong Kong Association of Banks to the elderly on how to use computer and ATM. The computer literacy of Hong Kong elderly is still low. More courses should be provided and one possible strategy is to let the seniors who have taken the course be the mentor of the programme so that they can share their experience with their peers.

687. On the other hand, in order to enable different groups of older people to have access to information, there should be a plurality of channels. Thus, in addition to the provision of information on the internet platform, there could also be other channels like the radio and television broadcast. The Government may consider increasing the designated time in the franchised broadcast companies that is specifically assigned for information related to older people. Furthermore, the Government hotline of 1823 may also serve as an easily accessible channel for older people to make inquiries and seek information. The above measures can also be taken up by existing departments and/or mechanisms and so can be implemented in the short-term.

“Medium-term” (5 - 10 years)

R8: Explore the development of viable retirement protection scheme to enhance the consumption power of older people

688. Market demand has to be sustained by affordability or consumption power. This relates to the financial security of the older people in Hong Kong that in turn hinges upon the availability of a continued and steady stream of income to support daily living expenses (the basic need or “need to have” aspects) and also the “nice to have” (extra need) aspects. The international experience of putting in place a viable retirement protection system could be of relevance.

689. While there are still diverse views in the community as to whether and how Hong Kong should develop its own model of retirement protection, there is still merit and need to explore the development of providing a steady stream of income for elderly. There are a number of options within the SHM and they are yet to be matured and the government should closely monitor such development.

11 Census and Statistics Department (2009) *Hong Kong as an Information Society*.

- a) Annuity programmes – These programmes are mainly operated by insurance companies¹². According to the informants from the insurance industry, the take up rate of such schemes in Hong Kong is rather limited.
- b) Reverse mortgages - While the HKMC has recently announced the plan for the launch of reverse mortgages, the scheme will unlikely be able to benefit those with housing unit of lower saleable value.
- c) Private pension funds - There is hardly any private pension funds operated for retirees of Hong Kong that would provide a steady stream of income after retirement.

690. While the Mandatory Provident Fund (MPF) would provide a lump sum to an employee at retirement at age 65, to transform the MPF into a steady stream requires retirement planning or financial instruments, such as pension trust fund or annuity programmes. The Government may consider the setting up of a public pension trust fund in the future to make better use of the maturing MPF in case there is not sufficient incentive for private pension trust fund to be developed in Hong Kong due to the limited scale of economy.

691. There may also be the need to review the existing retirement protection mechanism in Hong Kong, by, for instance, reviewing the social security scheme and perhaps its interface with the MPF scheme particularly for those with a lump sum amount less than \$1 million¹³. The establishment of a pension system may worth considering in the long run.

692. In view of the magnitude and complexity of the issue, the Central Policy Unit and relevant government bodies, e.g. the Monetary Authority, Labour and Welfare Bureau, may need to start immediately engaging with relevant stakeholders in setting the stage for further investigation in this direction, and provide consultation papers in the coming 5 years, though the ultimate plan or policy may be implemented within a medium term.

Domain-specific recommendations

(1) Financial services

Short-term

693. Financial security is important to all people; but is particularly crucial for older people, especially those who are not protected by retirement protection schemes and thus may not have steady stream of income. Those who have accumulated asset would have to rely on

12 For instance, one million dollar of annuity (with a long term interest rate of about 3.5%) will give a male retiree of Hong Kong a monthly payment of about \$5,000 per month as long as he lives.

13 With a MPF less than \$1M, there would unlikely be any market instruments available to translate it into a steady stream of income, and even with an interest rate of 3.5%, the monthly interest income would be lower than the current average CSSA support level for elderly. Under the current rate of internal rate of return in the MPF, about 1/4 of the work force would not be able to accumulate a MPF more than \$1M after working for 40 years.

investment to generate income to sustain their living. There is thus the need to protect older people in their financial investment. In this regard, there should be more stringent control on the sales of investment instruments / products. The Hong Kong Monetary Authority's issuance of a Pre-Investment Cooling-off Period (PICOP) and the guideline on risk disclosure that requires additional precautionary measures to safeguard the interest of vulnerable customers are good examples in this direction. The Government should also put more effort in monitoring the financial institutes in providing advice/services to older people in the process of financial transactions. Making reference to overseas experience, the Government may encourage the financial industry and relevant professional bodies to provide counselling, training and assistance to older customers who might have difficulties in using information communication technology, and in understanding the development of multifarious financial tools, products or derivatives. The action of monitoring and promoting elderly-friendly environment in the field of financial service should be started as soon as possible. HSBC demonstrates a good example that offers specific counter for elderly in their branches. It is worth to promote that there is an ambassador/ a staff in each branch to serve the elderly. At the end of 2008, there are 1,300 branches in Hong Kong that the new post may create more than 1,000 job opportunities.

694. The Government may also encourage the financial industry to provide more tailor-made products in insurance, investment and pension / annuity schemes for older people so as to enable them ensure financial security in managing their asset. The increase in such services as advice on asset management, insurance and other financial products would also create job opportunities in the financial industry. But the financial industries need to be monitored and regulated such that older adults would not be taken advantage of by the unregulated and ill-conceived products in the market.

(2) Tourism

Short-term

695. Older people, especially those retired and freed from occupational and familial responsibilities, may have more leisure time for participating in sight-seeing and travel, and thus constitute a potential market for tourism. There actually is a diverse range of needs and aspirations amongst the older travellers, as some would prefer "elder-friendly" specialized tours but others would avoid specialized and "stigmatized" mode of travelling. The Tourism Board may take more initiative in either conducting market research on its own, or coordinate the various tourist agencies in conducting such research, as to collect information as to the variety of tours preferred by the current and upcoming cohorts of senior travellers. With the increase in the provision of tours catering to the needs of the elderly travellers, it would also increase job opportunities for tourist guides and other related positions. It requires special training and planning in the development of older adults' tourism.

696. As revealed in the review of local insurance products, there is currently insufficient provision of travel insurance for older people. There is need for the Government to regulate on the insurance industry in providing insurance that adequately covers older travellers as soon as possible. It is expected that the regulation could be done within 3-5 years in revising the existing schemes in the market.

(3) Trading and Logistics (transportation)

Short-term

697. Enabling older people to travel in the community is an essential step toward promoting their active ageing. However, currently the physical environment and the public transportation system may still be not sufficiently elderly-friendly in having various sorts of barriers. In order to enable the older persons to have better access and can travel in the community more conveniently for consumption of goods and services, the Government may also need to improve the infrastructure to make it more “age-friendly”. Participants of the present study’s focus groups and interviews opined that currently, housing environment and transportation are not age-friendly enough. Specifically, the Government may further promote the adoption of “Universal Design” and barrier-free access in public and private premises and community facilities to enhance the mobility of older people. Greater efforts in enforcing the provisions of the Building Ordinance in obligatory and recommended design requirements would be desirable.

698. The Government may also consider stipulating requirements in the franchise conditions for public transportation operators in providing more elder-friendly access facilities, including signage, toilet, lift/escalators, handrails, elderly priority seat, and the like; especially in view of the physical limitations of some of the frail elderly passengers. In addition the Government may also consider including franchise requirements on offering concessionary fares to older passengers, so as to promote the spirit of respect for older people in the community, and to encourage older people’s active social participation.

699. Furthermore, there could also be the need to provide more support to developing specially designed vehicles (such as the Rehabus and DiamondCab that make resemblance to the “cabulance” in overseas countries) that enhance the mobility and accessibility of frail older people. These could involve exemption or reduction of tax for diesel, of importation tax for the cab and lowering the requirements for modification of the car cabin. Some incentives could also be made to existing taxi operators to convert their ordinary taxis to such special taxis; making reference to the Government’s provision of support for taxis to convert from using diesel to petroleum gas. Based upon the prevailing practices for the Rehabus and DiamondCab, it is expected that these could be implemented in the next 3 to 5 years.

700. In order to promote older people's social participation and accessibility, it would be desirable to provide more incentive for them to travel. As aforementioned, the Government may issue transportation vouchers to elderly people, which would operate with or without the provision of concessionary fares for elderly people by the public transportation operators. It is estimated that a certain period, say 3 to 5 years, of planning, discussions and pilot programme may be needed to test the effectiveness of voucher.

(4) Professional service – personal care and health service

Short term

701. Building upon the initial success of the Elderly Health Care Voucher, the Government may consider issuing a "Long Term Care Voucher" to be implemented in the next 3 to 5 years that is administered on a "co-payment" basis to encourage older people in using non-subsidized LTC services, so as to firstly relieve the long waiting list for subsidized services, and secondly to encourage and promote non-subsidized service provision by social enterprises and/or the private sector. This would probably serve to reconfigure the current financing mode of LTC provision in Hong Kong which is largely publicly funded.

702. The Government may also consider providing support to NGO and/or private operators in providing non-subsidized CCS by better utilizing the premises and facilities of existing Residential Care Homes for Elderly (RCHE). This might require modification in the existing licensing regulations. In addition, the Government may also consider providing financial support in the form of loans for the operators to cover the start-up cost for renovation and hardware installation. These kinds of initiatives can be started immediately in order to meet the demand for subsidized RCS and CCS.

703. In view of the shortage of manpower in elderly care service, the Government may need to review the manpower training policies and measures in ensuring the supply of relevant manpower for the care industry as soon as possible. One possible measure may be the provision of training allowances to employees of private or self-financing elderly care operators to undertake in-service training, so as to enhance the skill competence of existing staff, and to attract new recruits into the care industry. Specifically, there is a considerable amount of living-alone elderly (aged 60 or above) persons: 143,500; 12.7% of whole population of older persons (C&SD, HKSARG, 2009c); and soon-to-old (aged 50-59) people: 56,359 (C&SD, HKSARG, 2007c) who may probably need some sort of community care service in the future. This would constitute an increasing need for manpower in the elderly care industry, and thus create considerable job opportunities especially for those relatively low-skilled and educated middle-aged people.

704. On the other hand, in view of the sizeable number of FDH who are currently taking care of older people at the domestic setting, the Government may need to examine whether Hong Kong should learn from other overseas practices (in Japan, Taiwan) in requiring such FDH to obtain care license for taking care of older people. This also applies to all those workers in the elder care industry, so that an accreditation or certification system might need to be put in place. As more and more people choose to hire FDH in caring their elderly family members, there is a need for the Government to explore the implementation of a care licensing system in the next 3 to 5 years. If this were to be implemented, there is also the concomitant need to provide relevant training opportunities for the FDH. This would induce the development of training centres operated either by the NGO or the private sector, which in turn would also create job opportunities for trainers. In this regard, the Government may need to provide some support (for instance in the form of subsidy to NGOs or loans to private training institutes) and institute a monitoring mechanism (for guaranteeing the compliance of training standard).

Medium term

705. Currently, the Government has already provided a sizeable portion of subsidized health and LTC service for the elderly people. There is a relative underdevelopment of the private sector in the provision of health and LTC services. There may be the need to explore reconfiguration of such a public-private mix in the direction of promoting a more developed provision from the private sector. It is assumed that 5 to 10 years is needed to investigate the model of public-private mix.

706. The expenses for health and long term care services would constitute a significant part in the elderly people's budget. Willingness to spend in various aspects among the elderly would be considerably constrained if they worry about the potentially expensive and unpredictable health care and LTC expenses. The adequate provision of health insurance and long term care insurance (LTCI) will not only reduce the concern of the elderly related to whether they have sufficient means to meet the future need, it will also release substantial spending power of the elderly. Making reference to the experience of such countries as Germany and Japan in setting up LTCI, there are definitely merits in exploring the development of health insurance and LTCI for the elderly in Hong Kong. The institution of insurance is congruent with the principle of shared responsibility in the financing in the provision of services and goods amongst the older persons, the government and the private sector.

707. The Government has taken initial steps in exploring the launch of Health Insurance, and thus there could be better synergy or interface with the development of LTCI. However, as revealed in the review of Hong Kong's SHM in Chapter 5, there are currently limited options in insurance products available in Hong Kong; but results of focus groups and informant interview of this study reveal that there is considerable support to the Government's proposed health insurance and there could be ready demand for insurance. Yet, in the development of insurance schemes,

there is need to stipulate a low administration fee and premium that is affordable to most of the older people especially in view of the existence of a significant group of older persons in relatively less favourable financial condition. The exploration into establishing a new insurance system would require prudent investigation and impact assessment, and so would be best implemented with a longer time frame.

(5) Education

Short term

708. Promoting lifelong learning for older people serves to actualize the principle of active ageing and improving older people's quality of life. Although currently there are many NGOs, upon receiving government subsidy and other donations, have organized many informal learning activities for older people, it might still be worthwhile for the Government to further inject more funds to the Elder Academy programme initiated and supported by the EC to support more older persons participate in such learning programmes which can promote elder learning and inter-generational inclusion via the network of primary, secondary and tertiary education institutes.

709. In order to encourage and support older persons to engage in lifelong learning, there may be the merit in extending the age eligibility for applying for CEF beyond 65 years of age. It is believed that the relaxation of age eligibility can be done within 5 years.

710. The Government may also further explore the promotion of computer literacy of older people, which can enhance their engagement in various aspects of social life, including access to information, consumption and communication. This could be achieved by the efforts mentioned above in the areas of Elder Academy and CEF. Reference could be made to the Government's support to some NGOs in promoting safe use of internet amongst primary and junior secondary students, in which young people proficient in IT are employed to pay home visits to provide training to those young computer users, the Government may also launch similar schemes for the elderly, which would also create job opportunities for young people. These measures are actually "in the pipeline" of being implemented in existing institutions or mechanisms and so could be accomplished in the next 5 years.

(6) Medical services

Short term

711. Although the Government has been providing benevolent health services to the general citizenry, including the older people, there is a relative inadequacy of public dental health services specifically tailored to the older people. Thus, there is great potential for the private

market in this area. The recent Government initiative in supporting NGOs for providing dental services could also supplement the inadequacy, especially for those financially less affordable older people. The issuance of voucher, making reference to the financial support for older people to have Cataract operation in the private hospitals, could be a possible direction that can be implemented in the next 3-5 years, in encouraging older people to attend to their dental health.

712. As aforementioned in the General Recommendations on promoting older people's consumption power, the Government may consider further expanding the scope and increasing the value of EHV, so as to diversify the current over-reliance of older people on public health service, which would also promote private health, especially the general practitioners or "Family Doctors". As the EHV is an existing policy / provision, the recommended change can be executed in a short period.

Medium Term

713. The development of health insurance could be a positive direction for promoting sharing of responsibility in health care financing. The Government's initiative towards developing health insurance, especially with the provision of specific financial support to older insurers, is commendable. More time is expected in the development of health insurance that may need 5 to 10 years for prudent planning, public education and putting in place relevant legislative and implementation infrastructures.

(7) Testing and certification

Short term

714. In view of the demand for residential care service from among the frail older people, and the diverse range of service quality among the private residential care homes, there is need to develop an accreditation system that serves to ascertain the service quality and to stipulate minimum service standard required of a license. The Government may consider providing incentives and support to private RCHE's in joining the currently voluntary accreditation system operated by the Hong Kong Association of Gerontology. If the Government is also exploring the promotion of private community care services, there is also the need to develop viable accreditation system in the next 3 to 5 years to ensure the service quality of such private operators. The development of an accreditation system would generate demand for qualified accreditors or assessors. In this connection, there could be considerable job opportunities created for the trainers and for the assessors afterwards.

(8) Innovation and Technology

Short term

715. The development of innovation and technology in developing specially designed goods and products for the aged in the local context has not received much attention from both the Government and commercial sector. There is thus the need to inject more input in developing such products by various sectors. In view of this, the Government may, in addition to the overall support to R&D, need to specifically provide support to enterprises and operators in developing new products and innovative and technological devices that are “elder-friendly” that caters to the specific needs of older people whose physical, cognitive and locomotive abilities might require special product features. Furthermore, there should be corresponding promotion and education provided to the older people community to enhance their understanding, receptivity and mastery of such devices. In this regard, there may also be corresponding efforts in recruiting relevant staff in performing such promotional activities, and thus create job opportunities. The support on developing elder-friendly products and education to elder in accepting the new designed products can be started within the next 3 to 5 years.

716. Specifically, the Innovation and Technology Commission may set up one R&D Centre specifically focusing on the SHM on top of the existing six R&D centres of the Hong Kong Research and Development Centre Programme. The promotion of innovation and technological design may serve to create new job opportunities as such activities would engender new product lines that would require manpower in production and sales promotion and at various skills levels. The Innovation and Technology Commission should also work collaboratively with the Commission on Strategic Development in promoting R&D in general.

(9) Cultural and creative industries

Short term

717. Similar to people of other age groups, cultural and recreational activities are essential for the older people to engage in meaningful leisure activities and life pursuits. There is currently a relatively skewed development in the cultural and leisure industry towards the young population and consumers, as in the case of popular music and other fashionable products; whereas there is a relative under-provision in the private market of cultural and leisure products and services for older people. Thus the Government may explore supporting the development of innovative industries that are related to the design, advertising, software and digital design, digital entertainment and film and video production that are tailored specifically to older people.

718. The Government may also gear up its services in this area by empowering the Leisure and Cultural Services Department to designate a specific policy area or service section for the older people, in the next 3 to 5 years, so as to cater to the specific needs of the older population. This is actually making reference to the prevailing practice of the Department of Health in setting up a specific branch of Elderly Health Service.

(10) Housing

Short Term

719. There is need to attend to the potential problem of deteriorating condition of the building and flats occupied by elderly homeowners. Irrespective of the financial condition of different groups of older people, there is the urgent need to provide assistance and support to those elderly homeowners whose residential flats may require renovation and maintenance. The Government may need to further gear up the collaboration with the URA and the HKHS as soon as possible in providing assistance and financial support to elderly homeowners in this regard. The increased demand for renovation and retrofitting from amongst the older people may inject demand for contractors and related workers in the construction industry, which would then create job opportunities.

Medium Term

720. While a sizeable portion of elderly people are provided with public rental housing, there are still a considerable number of elderly people living in private housing either as homeowners or tenants. In the public sector, the Government's Housing Department caters to the needs of the elderly tenants in retrofitting the flats and complying with barrier-free requirements. However, the private housing buildings may not be designed to be elderly-friendly in the first instance. Furthermore there is currently limited choice for older people to access specially designed elderly housing in the private housing market, especially catering to the varying financial ability of different groups of older people. Thus, there may be the need for the Government to explore providing support and incentives for the private developers to develop purpose-built elderly housing flats to cater for the needs of those older people who can afford a market price for such type of accommodation. However, as these involve the review of relevant land policy, formulation of lease terms, regulation and a host of other issues, there may be the need to have more thorough planning and thus the time needed would be longer.

(11) Others - Funeral Services

Medium term

721. In view of the increasing demand for niches, the Government may either restart the provision of public niches or review the various issues pertaining to regulations on private operators in terms of fee charging, location, licensing scheme, land leases, as well as land zoning etc. The Government could also encourage the business sector in promoting alternatives of handling cremains in various sustainable and environmentally friendly ways. There may also be merit in exploring the possibility of opening up the crematorium service to the private market, so as to avoid the long waiting time for such services. However, in view of the need to have more thorough planning that may involve site identification, public and district-specific consultation, construction, formulation of regulations or even enactment and/or amendment of legislation, it is anticipated that this could be implemented in the medium term.

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List of items in the 12 areas

The list is meant to include, as far as possible, the items covered in the list of major industries / sectors, if and when they are relevant to the 'silver hair' community. The following items are specifically highlighted as they are considered most relevant to the 'silver hair' community'. However, this list is not meant to be exhaustive and would be enriched as the study progresses.

- i. Financial services
 - a. Insurance for senior
 - b. Financial / investment planning consultancy
 - c. Reverse Mortgage

- ii. Tourism
 - a. Packaged tour for elderly

- iii. Trading and logistics
 - a. Public transportation
 - b. Rehabus for elderly

- iv. Professional services
 - a. Home care for elderly
 - b. Nursing care for elderly
 - c. Legal advice
 - d. Counseling service
 - e. Elder Abuse Hotlines

- v. Educational services
 - a. University of third age
 - b. Lifelong learning

- vi. Medical services
 - a. Health check and medical consultation
 - b. Pharmaceutical products
 - c. Disability / mobility aids
 - d. Dental services

- vii. Testing and certification
 - a. Testing of products e.g. health food

- viii. Innovation and technology
 - a. Innovative design and technology targeted to elderly

- b. Adult care products
 - c. Home alarm security systems
 - d. Monitoring and safety device

- ix. Cultural and creative industries
 - a. Arts and cultural activities

- x. Environmental industry
 - a. Organic farming products

- xi. Housing
 - a. Universal design
 - b. Housing for elderly
 - c. Retirement Communities
 - d. Nursing Homes
 - e. Home modification

- xii. Others
 - a. Funeral Planning
 - b. Entertainment
 - c. Grooming, fitness
 - d. Access to elderly related information

Overseas experts

Australia	Dr Lui Chi-wai	University of Queensland, Australia
Japan	Dr Linda sun	Kwansei University, Japan
Singapore	The Research Team	The University of Hong Kong
Taiwan	Prof Ku Yeun-wen	National Taiwan University, Taiwan
Canada	Prof Daniel Lai	University of Calgary, Canada
France	The Research Team	The University of Hong Kong
Germany	The Research Team	The University of Hong Kong
UK	Dr Andrew Sixsmith	Simon Fraser U, Canada
USA	Dr Terry lum	University of Minnesota, USA

List of focus group participants and informants from supply side

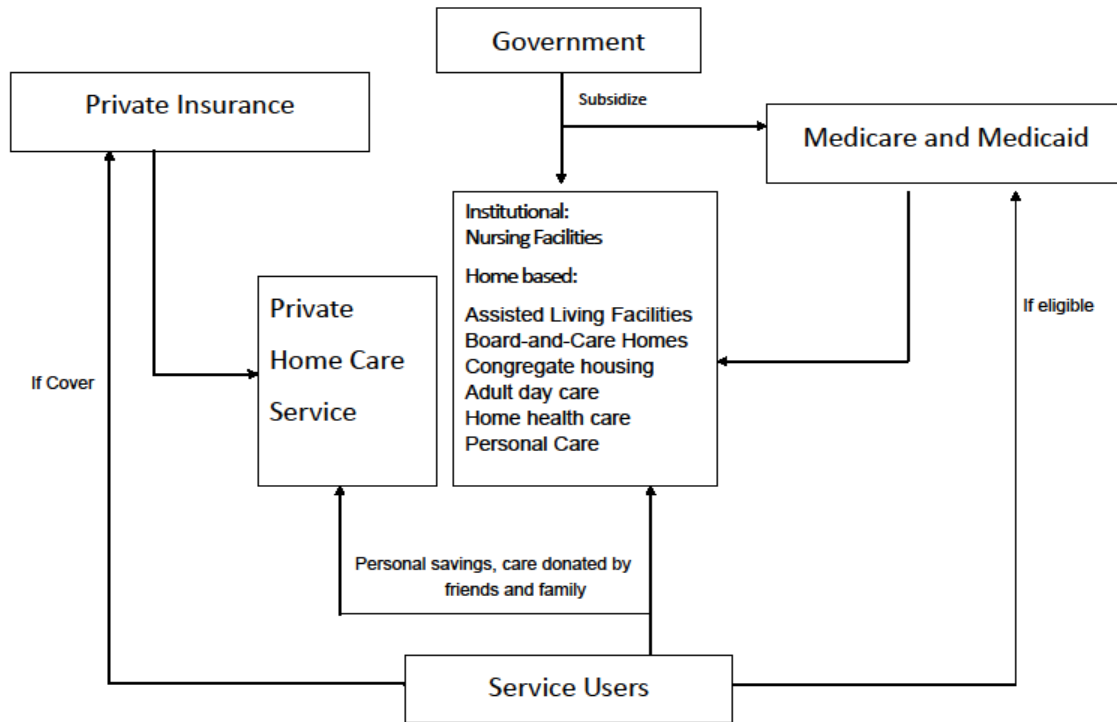
		Organization/ product
i Financial services	1	Prudential Assurance
	2	Bank Of Communications Trustee Limited (Focus group)
ii Tourism	3	Asia Pacific Institute of Ageing Studies
	4	Jetour Holiday Limited
iii Trading and logistics	5	The Hong Kong Society for Rehabilitation
iv Professional services	6	Senior Citizen Home Safety Association
	7	Bamboos Professional Nursing Services
	8	SAGE-Social Service
	9	St James Settlement-Social Service
	10	Haven of Hope-Elderly Service
v Educational services	11	TWGH-Social Service
	12	Asia Pacific Institute of Ageing Studies
vi Medical service	13	Hospital Authority
	14	Department of Health
	15	Institute of Medical Specialist (Focus group)
vii Innovation and technology	16	Senior Citizen Home Safety Association
	17	CSL Limited
	18	PCCW Limited
viii Housing	19	Hong Kong Sheng Kung Hui Welfare Council-Cheerful Court
	20	Housing Society

ix Others	21	Gingko House
	22	ELCHK, Social Enterprise Service
	23	Everbright Groups Limited-Elderly Service.com
	24	Elder Kingdom.com
	25	Sing Tao Limited
	26	St. James Settlement-Funeral Service
	27	Everbright Groups Limited-Funeral Service
	28	Nu Skin Enterprises HK
	29	Fnac
	30	Eu Yan Sang
	31	Dr Kong (Focus group: 4 participants)

Financing models of long term care service of various countries are summarised in the following (Chui, et al., 2009):

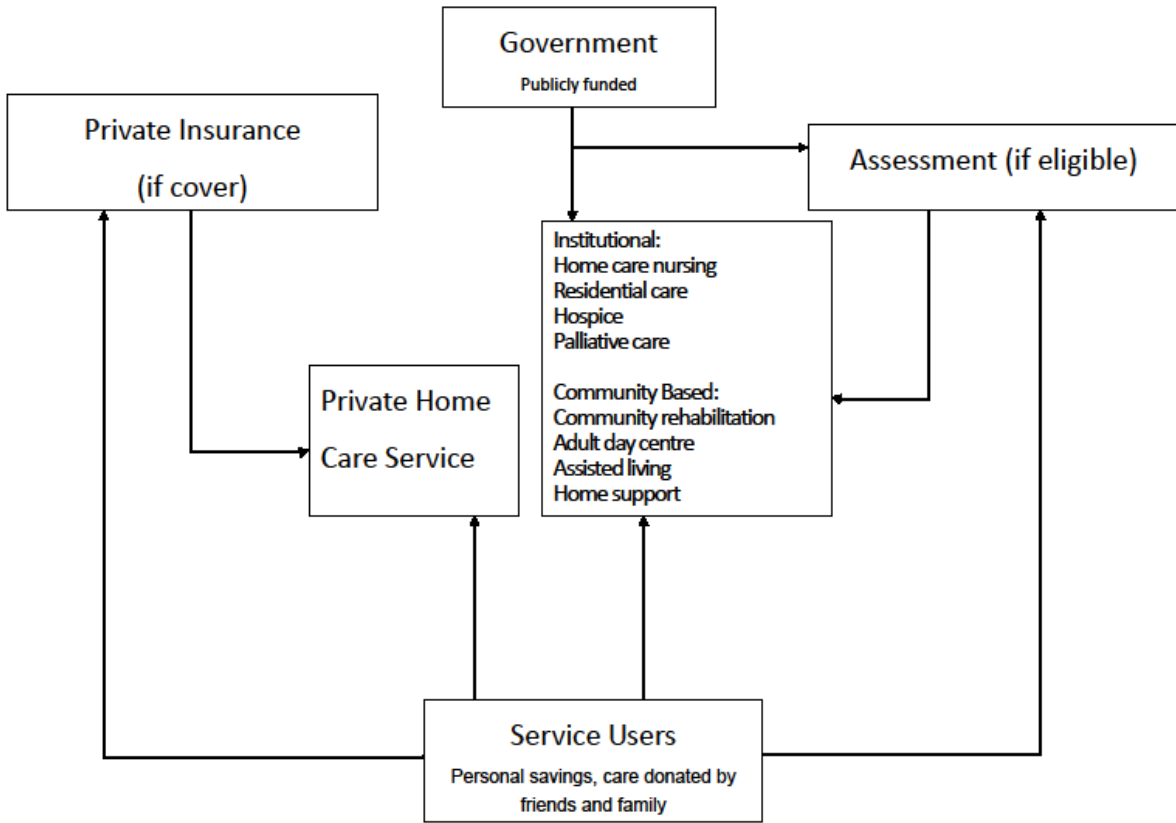
USA

The Financing of Long-term Care for the Elderly in the United States

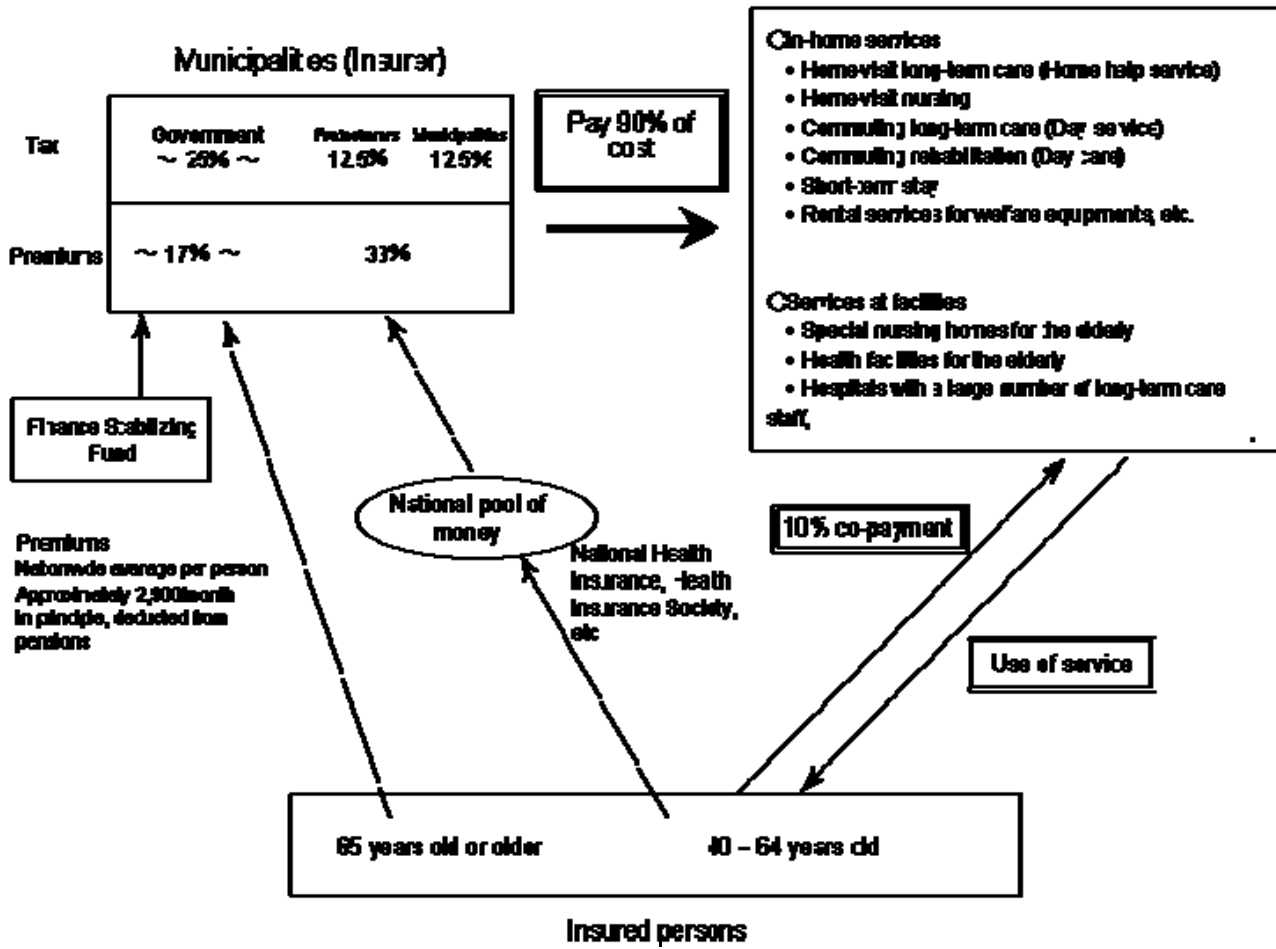


British Columbia, Canada

The Financing of Long-term Care for the Elderly of British Columbia, Canada



Outline of the Long-Term Care Insurance System



Community Care Service Programmes in the international arena

	Australia	UK	US	The Netherlands	Singapore	Taiwan	Mainland China¹⁴
Care needs Assessment	Conducted by the Aged Care Assessment Teams ¹⁵	Local government adopts own criteria in assessing the service needs based on guidelines from the Department of Health	Functional eligibility requirements for Medicaid frail users only and varies across states	Assessed by an organization called CIZ that determines how much and what kind of care a person is entitled to receive	To be assessed by medical professionals, social workers on service needs	Each service agency has its own criteria in care assessment	No
Day/Respite-care	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Night-care	-	-	-	Yes	-	-	-
Home-care	-	-	-	-	-	-	-
<i>Domestic assistance</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<i>Home maintenance</i>	Yes	Yes	-	-	-	-	-
<i>Transport</i>	Yes	--	-	-	Yes ¹⁶	Yes	-
<i>Social needs</i>	-	Yes	Yes	Yes	Yes ¹⁷	Yes	Yes
<i>Elder sitting</i>	-	Yes	-	-	-	-	-
<i>Emergency</i>	-	-	-	-	-	Yes	-

¹⁴ Each provinces/cities tend to adopt different models in providing community care services for their older people and there exists significant discrepancies across different parts of the country.

¹⁵ Based on a set of criteria including health conditions, physical capability, cognitive/behavioral aspects, social factors, physical environmental factors and personal preference, etc.

¹⁶ For medical appointments only.

¹⁷ Through volunteers.

<i>Response</i>								
<i>Case management</i>	Yes	-	Yes	-	Yes	-	-	
<i>Meal delivery/ preparations</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<i>Nursing/ Personal care</i>	Yes	Yes	Yes	Yes	Yes	-	-	
Special dementia programmes	Extended Aged Care at Home Dementia	-	A national dementia strategy (covering, among others, home care services) has been published in Feb 2009 and is being implemented.	Development of a range of coordinated dementia care options for purchase	Dementia Day Care Centres	-	-	

Number of elder accessing government-funded aged care service

		Year					
		04/05	05/06	06/07	07/08	08/09	09/10^
DECCs	Centre	40	41	41	41	41	41
NECs#	Centre	114	114	115	115	115	117
SEs#	Centre	60	60	58	57	57	53
DCCs	Places	1 955	1 955	1 975	2 057	2 234	2 314
S/C Hostel / H/A@	Places	7 398	5 288	3 035	1 134	696	542
C & A Homes @	Places	11 174	10 600	9 940	9 281	8 892	8 692
NHs	Places	1 574	1 574	1 574	1 574	1 574	1 574
private homes participating in the EBPS	Places	6 235	6 221	6 153	6 636	6 621	6 938
contract homes	Places	604	604	745	957	1 064	1 218
homes participating in the conversion of S/C hostel and H/A places@	Places		1 418	2 928	4 387	4 931	5 189

Note : The number of places reflect the final number of places after the concerned places in Self-Care Hostels and Homes for the Aged have been converted and upgraded to places providing a continuum of care. As the conversion programme is still on-going, the current number of subsidized places is about 26,000.

In 2009–10, four social centres under the same NGO combined resources and were upgraded to two NECs.

@ S/C and H/A places are being converted by phases into C&A places to provide a continuum of care as from 2005–06.

^ revised estimate

Source:

<http://www.budget.gov.hk/2006/eng/pdf/head170.pdf>

<http://www.budget.gov.hk/2007/eng/pdf/head170.pdf>

<http://www.budget.gov.hk/2008/eng/pdf/head170.pdf>

<http://www.budget.gov.hk/2009/eng/pdf/head170.pdf>

<http://www.budget.gov.hk/2010/eng/pdf/head170.pdf>

Elderly living in institutions by age					
Gender	Age	2004		2008	
		Persons ('000)	Percentage (%)	Persons ('000)	Percentage (%)
Male	60 – 69	2.5	13.4	2.5	13.4
	70 - 79	7.0	38.1	7.0	37.0
	80 – 89	7.2	39.3	7.3	38.7
	>= 90	1.7	9.3	2.1	10.9
Total		18.4	100.0	19.0	100.0
Female	60 – 69	1.2	3.3	1.1	2.8
	70 - 79	8.2	21.5	7.8	19.9
	80 – 89	19.3	50.9	19.4	49.4
	>= 90	9.2	24.3	10.9	27.9
Total		67.3	100.0	58.3	100.0
Source: http://www.censtatd.gov.hk/products_and_services/products/publications/statistical_report/social_data/index_tc_cd_B1130221_dt_detail.jsp http://www.censtatd.gov.hk/products_and_services/products/publications/statistical_report/social_data/index_tc_cd_B1130240_dt_detail.jsp					

List of Self financed/Private CCS

Self-financing / Private CCS (Organisation)	Service Scope
Bamboos	Medical Services and personalized nursing care
Centre of Wellness (Hong Kong Sheng Kung Hui Welfare Council)	A variety of medical care services, e.g. Western and Chinese medical consultation, physiotherapy, etc. Tailor-made health promotion plans available for groups and organisations
EasyHome Services (Senior Citizen Home Safety Association)	Housekeeping service includes home help, clean-up, home care for the elderly, patient escort service, infant and child care, post-natal care, health massage, occupational therapy and physiotherapy, etc.
Extra-ordinary Human Resource Market (The Neighbourhood Advice-Action Council)	Patient escort service, occasional child care, domiciliary support, cleaning, babysitting, post-natal care, gardening and hairdressing, etc.
Home Assistant (Hong Kong Employment Development Service)	Services targets on community older people included escort from hospital, clinics, and other social activities
Home Care Services for Discharged Patients (The Tsung Tsin Mission of Hong Kong Social Service Company Limited)	Patient escort and home care services for discharged patients and people with chronic illness
Live Health Project (Tung Wah Group of Hospitals)	Rehabilitation, domestic cleaning and patient escort services, and sale of rehabilitation products
OK Link (Baptist Oi Kwan Social Service)	Indoor safety alarm, mobile phone with multi-functions (e.g. emergency calling function), and domiciliary support service
Professional Escort Service for the Elderly (SAGE Quan Chuen Home for the Elderly)	Patient escort service for the elderly in need and accompanying the elderly out for shopping and outdoor activities
Quality Health Care Company Limited	integrated healthcare services
Smart Living (Employees Retraining Board)	Elderly Care, escort services, discharge care, hospitalized care

Trustease (Hong Kong Single Parents Association)	Personal care, patient escort, child care, post-natal care and cleaning services, etc.
Versatile Home Services (Tung Wah Group of Hospitals Jockey Club Shatin Integrated Services Centre)	Home help service, patient escort service, child care service as well as one-stop home support service for Shatin district
Women's Healthy Living Workers Co-operative Society Limited (Hong Kong Federation of Women's Centres)	Patient escort service and domestic service for the elderly in need
Yuen Yuen Cheerful Family Service Company Limited (The Yuen Yuen Institute)	Elderly home care service and professional home help service
Baptist Oi Kwan Social Service - Integrated Health Care service (Baptist Oi Kwan Social Service)	Day Care
Evangelical Lutheran Church Social Service - Hong Kong	Escort services, and personal care
Evangelical Lutheran Church Social Service Tuem Mun Day Care Centre (Evangelical Lutheran Church Social Service - Hong Kong)	Day Care
Haven of Hope Christian Service	Domiciliary care services
HKCWC Madam Wong Chan Sook Ying Memorial Care and Attention Home for the Aged (Hong Kong Chinese Women's Club)	Day Care
Hong Kong Alzheimer's Disease Association	Day care and Domiciliary care
Hong Kong Sheng Kung Hui Cyril and Amy Cheung Aged Care Complex (Hong Kong Sheng Kung Hui Welfare Council)	Day Care
Jockey Club CADENZA Hub (Hong Kong Jockey Club)	Day care, health assessment, service management, and health service for the poor
Jockey Club Centre for Positive Ageing	Day care and day respite at holiday
St. James Settlement Kin Chi Dementia Care Support Service Centre (St. James Settlement)	Day care and domiciliary care
Yan Oi Tong	Domiciliary care services

Appendix VIII

Types of Chronic illness of older people (aged 60 or above) residing in domestic households

Type of chronic illness	Year			
	2004		2008	
	No. of persons ('000)	%	No. of persons ('000)	%
Hypertension	392.4	55.6	497.5	62.5
Arthritis	246.3	34.9	158.5	19.9
Diabetes	156.4	22.1	172.4	21.7
Eye diseases	154.3	21.8	143.2	18.0
High cholesterol	121.0	17.1	129.6	16.3
Heart diseases	104.3	14.8	115.1	14.5
Osteoporosis	63.7	9.0	69.6	8.8
Disease of the ear /nose/ throat (ENT)	60.2	8.5	69.2	8.7
Asthma	42.4	6.0	/	/
Apoplexy	35.9	5.1	44.7	5.8
Gastric diseases	32.4	4.6	/	/
Fractures	23.0	3.3	/	/
Nephralgia	16.2	2.3	/	/
Thyroid gland diseases	15.5	2.2	/	/
Cancer	11.9	1.7	/	/
Chronic skin diseases	11.2	1.6	/	/
Senile dementia	11.2	1.6	/	/
Liver diseases	9.9	1.4	/	/
Respiratory diseases	/		46.4	5.8
Others	30.1	4.3	/	/
Overall	706.2		795.8	

Types of Chronic illness of older people (aged 60 or above) residing in institutions

Type of chronic illness	Year			
	2004		2008	
	No. of persons ('000)	%	No. of persons ('000)	%
Hypertension	27.6	51.3	33.5	59.1
Senile dementia	17.3	32.1	17.9	31.6
Apoplexy	16.6	30.7	18.2	32.2
Eye diseases	15.5	28.7	14.2	25.2
Heart diseases	13.0	24.1	12.9	22.8
Arthritis	12.5	23.2	9.8	17.4
Diabetes	11.7	21.7	13.2	23.4
Asthma	5.9	10.9	/	/
Fractures	5.6	10.3	7.2	12.8
Osteoporosis	4.5	8.3	3.3	5.8
Gastric diseases	3.6	6.7	4.5	8.0
Parkinson's diseases	3.0	5.6	/	/
Elderly depression	2.9	5.3	4.4	7.7
Disease of the ear /nose/ throat (ENT)	2.8	5.2	2.9	5.1
Cancer	2.7	5.0	3.5	6.2
Nephralgia	1.9	3.5	/	/
High cholesterol	1.7	3.1	/	/
Chronic skin diseases	1.5	2.8	/	/
Infective diseases	1.4	2.5	/	/
Others	9.3	17.2	/	/
Overall	53.9		56.6	

Rate of persons residing in domestic household who had their teeth regular checked up

		Year			
		2001	2002	2005	2008
		No. of persons (‘000) (%)	No. of persons (‘000) (%)	No. of persons (‘000) (%)	No. of persons (‘000) (%)
Male	<15	332.9 (66.6)	287.8 (51.0)	227.4 (46.5)	184.6 (39.6)
	15 – 24	71.7 (15.7)	62.2 (13.9)	70.3 (15.8)	69.7 (15.9)
	25 – 34	90.7 (18.3)	104.8 (21.6)	72.0 (15.7)	72.7 (15.9)
	35 – 44	154.6 (24.0)	157.7 (24.8)	115.4 (20.7)	126.6 (24.3)
	45 – 54	97.7 (20.1)	102.5 (20.1)	128.8 (22.2)	129.4 (21.4)
	55 – 64	38.4 (14.3)	37.3 (13.6)	52.9 (15.9)	67.2 (17.8)
	>= 65	25.4 (7.5)	22.2 (6.2)	30.3 (7.5)	34.5 (8.8)
Female	<15	303.4 (65.0)	259.7 (49.2)	227.8 (49.5)	167.7 (38.4)
	15 – 24	83.2 (17.9)	80.3 (19.9)	82.3 (19.2)	76.2 (17.8)
	25 – 34	142.3 (23.4)	155.7 (31.2)	116.5 (23.8)	116.8 (23.6)
	35 – 44	178.7 (20.9)	184.5 (28.2)	151.1 (23.6)	158.0 (25.6)
	45 – 54	86.3 (10.1)	97.8 (20.1)	133.6 (23.1)	156.7 (25.4)
	55 – 64	32.0 (13.7)	30.8 (12.8)	56.2 (18.1)	64.4 (17.5)
	>= 65	27.9 (7.2)	25.5 (6.1)	31.1 (6.5)	33.0 (7.6)
overall	<15	636.2 (65.8)	547.5 (50.1)	455.2 (47.9)	352.3 (39.0)

	15 – 24	154.9 (16.8)	142.5 (16.7)	152.6 (17.5)	145.9 (16.8)
	25 – 34	233.0 (21.1)	260.5 (26.5)	188.6 (19.9)	189.5 (19.9)
	35 – 44	333.3 (24.6)	342.2 (26.5)	266.4 (22.2)	284.6 (25.0)
	45 – 54	183.9 (19.2)	200.3 (20.1)	262.4 (22.7)	286.1 (23.4)
	55 – 64	70.4 (14.0)	68.2 (13.2)	109.1 (16.9)	131.5 (17.7)
	>= 65	53.3 (7.3)	47.6 (6.2)	61.4 (7.0)	67.4 (8.2)

Source:

http://www.censtatd.gov.hk/products_and_services/products/publications/statistical_report/social_data/index_tc_cd_B1130208_dt_latest.jsp

http://www.censtatd.gov.hk/products_and_services/products/publications/statistical_report/social_data/index_tc_cd_B1130212_dt_detail.jsp

http://www.censtatd.gov.hk/products_and_services/products/publications/statistical_report/social_data/index_tc_cd_B1130230_dt_latest.jsp

http://www.censtatd.gov.hk/products_and_services/products/publications/statistical_report/social_data/index_tc_cd_B1130241_dt_detail.jsp