

Executive Summary

Hong Kong's care policy began with the 1977 Green Paper establishing "ageing in place as the core, with institutional care as back-up". This means the elderly are mainly to be cared for by the family, with community services as support, i.e. most caregiving is provided by family members.

According to the Census and Statistics Department, about 330,000 elderly persons in Hong Kong require long-term care, with 164,000 unpaid carers—mostly close family. The Hong Kong Council of Social Service estimates there are up to 1.12 million carers, with over 40% looking after the elderly, with many who are elderly themselves. As the ageing population combines with a declining birthrate, home carers encounter increasing pressures, which challenge the effectiveness of the "ageing in place as the core" policy.

While the policy originally focused on care recipients, recent years have seen more attention given to carers' needs. However, some tragic incidents and survey findings showed that carers often face high stress and emotional struggles, raising concerns about whether current policies are adequate.

Carers and elderly care recipients are closely connected and influence each other. Some elderly are worried about being a burden, which adds to carers' pressures. More research is needed to understand these dynamics to improve communication.

Also, while strong community support is key for "ageing in place" the resources and manpower are lacking, leaving some families feeling unsupported. Even with disability-inclusion initiatives, community facilities are still insufficient.

This study aims to offer fresh insights into the challenges and emotional dynamics of ongoing care relationships, amid Hong Kong's rapidly ageing population. The qualitative study, conducted between 16

May and 13 June, interviewed 36 elderly care recipients and community carers, along with 6 subject-matter experts.

Main Findings

- 1. Hong Kong’s “ageing in place” policy encourages families to care for the elderly.** While this matches most people’s wishes, an ageing population and changing family structures make it difficult to put into practise. Recently, more attention has been paid to carers’ struggles, showing a gap between policy ideals and reality.
- 2. Home caregiving is a long-term challenge.** Many carers start with little preparation and must quickly adapt their knowledge, skills, and mindset. Research shows carers often sacrifice work, rest, and social life, adding to their stress.
- 3. Good care depends on healthy interactions and mutual understanding between carers and cared.** In reality, conflicts often arise, adding extra strains to these relationships.
- 4. Strong community support and accessible facilities are essential for effective home care.** However, many facilities are not elderly-friendly, making daily life, doctor visits, and transport difficult. Improving community support with a people-first approach is important.
- 5. Gerontechnology could ease pressure and improve care, but many worry it is hard to use or impersonal, which hinders widespread use.**
- 6. Although caregiving can be suddenly needed, early planning helps.** As policies shift towards autonomy, it is important for everyone to plan ahead to improve the reality of ageing.

Recommendations

Based on our research findings and discussion, we offer four recommendations. We hope these will help carers and provide elderly care recipients greater autonomy to live with dignity in a suitable home and community setting. In the long run, all stakeholders should collaborate to implement holistic care and promote healthy “ageing in place”.

1. Pilot whole-person care by a multi-disciplinary team to implement a holistic elderly-centred care model.

The holistic care model covers physical, psychological, social, and spiritual needs, helping both carers and the elderly achieve healthy living. Currently, care often focuses mainly on physical needs, overlooking other aspects. Communication issues and difficulty matching resources are common, highlighting the need for professional support.

We recommend setting up an ‘elderly-centred’ multi-disciplinary care co-ordination team to act as a bridge. Through medical-social collaboration, the team would help both carers and the elderly to jointly develop comprehensive care plans, improving their autonomy. The team could include medical practitioners, social workers, counsellors, mediators, and volunteers, offering support in four areas: 1) clarifying both parties’ care needs and expectations; 2) creating and regularly reviewing personalised care plans; 3) integrating community resources and information for one-stop support; and 4) promoting Advance Care Plans to help families prepare for end-of-life arrangements. This should improve communication, reduce conflict, and enhance care relationships.

The plan would start as a pilot in two communities with a high proportion of elderly residents, promoted by District Councillors. After evaluation, it could be expanded to other areas to boost home-care quality and promote holistic care.

2. Develop a structured training framework for community carers and encourage medical-social collaboration for course delivery,

while also advocating early planning for aged care and strengthening public education.

2.1. Develop a structured training framework for community carers and joint learning model, and encourage collaboration between healthcare and social sectors.

Carers can gradually build up knowledge, skills, and emotional management through learning, reducing uncertainty and anxiety. Studying Singapore's Agency for Integrated Care (AIC) model, the Government could fund and integrate healthcare and social service courses, creating a framework designed from both the carer and cared-for perspectives. Topics could include basic care, psychological support, and end-of-life care. By having hospitals and community organisations co-design and deliver these courses, their practicality and relevance would improve. Online learning and joint participation are encouraged so both parties can learn together, improving communication and mutual understanding.

2.2. Promote the concept of ageing planning and enhance public education.

By combining learning and support, the public can be encouraged to start ageing planning early and be better prepared for the future. Ageing planning can cover: financial arrangements (savings, investments, insurance, asset allocation); health management (regular check-ups, healthy habits, mental health); living options (location, home facilities, community resources, residential care); community participation (social activities, hobbies, community integration); and advance medical directives. Promoting ageing planning helps families to be better prepared to help reduce the stress from unexpected situations and foster a culture of ageing with autonomy.

3. Set up gerontechnology experience labs in districts with more elderly to increase adoption rates.

Gerontechnology can hold the promise for enhancing independence

and improving the home environment. But for technology to be adopted early, it is key to raise awareness and acceptance to avoid misunderstandings or resistance. So, it is suggested to set up experience labs in those areas with a larger elderly population, offering product trials.

Hong Kong Housing Society's "Age-Friendly Home Living Lab", certified by the European Network of Living Labs (ENoLL), is a current model. The Government is encouraged to promote public-private-community partnerships to set up these labs in districts with a high proportion of elderly residents such as: Eastern, Wong Tai Sin, Kwai Tsing, and Kwun Tong. Younger elderly volunteers can help with promotion. Through hands-on experience and interaction, everyone can become more comfortable with technology, making "ageing in place" more achievable.

4. Review the inclusiveness of community facilities and transport by promoting intergenerational community design.

To support an ageing population and "ageing in place", the Government set up a task force in 2024 to promote elderly-friendly building design, with guidelines for both public and private buildings. These focus on safe, comfortable living, independent living support, and encouraging social interaction between generations. However, most current designs focus on indoor spaces and common residential areas, not the wider community and transport systems.

The Government should further review how user-friendly current community and transport facilities are, and collect data on resources, barrier-free facilities, transport convenience, and community spaces. This will help to assess the overall support for carers and the elderly, and better integrate these concepts into community design.