

The University of Hong Kong Symposium on Productive Ageing in Asia

Active Ageing in Asia: Hong Kong Experience

Prof. CHAN Cheung Ming Alfred BBS JP
Chairman, Elderly Commission, HKSAR
Director, Asia-Pacific Institute of Ageing Studies (APIAS)

Department of Sociology and Social Policy
Lingnan University, Hong Kong
sscmchan@LN.edu.hk

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Outline

- Characteristics of ageing in Asia Pacific :
 - * Ageing in the Asia-Pacific Region
 - * Social changes & change of Family structure: decline of family care & rise of individualism
- An overall push for All-Parties Care: individuals, families, community and social-governmental
- Towards successful policy-making with Asian characters: HK Examples
 - step one: establishing a care philosophy : active with support-net
 - step two: networking for neighbourhood/mutual help: community pilot projects
 - step three: providing a common win-win platform: e.g. elder academies
 - step four: recognizing all parties efforts (mass programmes)
 - step five: giving a reason to care (we are friends)

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Ageing in the Asia-Pacific Region: some special features

- The ageing in developing countries of the Asia-Pacific Region goes much faster than that in most developed European countries and US (80 – 150 years to rise from 7% to 14%)
 - The older population in China is expected to increase from 10% to 20% from 2000 to 2027
 - The population aged 60 or above Hong Kong SAR, China, Singapore 15% → 40% from 2006 to 2050
- Growing old before growing rich
- More in number + more oldest old → more older persons with MCI (mild Cognitive Impairment)
- More older women: housewives, no protection, may even be evicted when become a widow
- Diversities: rural Vs urban, religions, culture & politics

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Ageing in the Asia-Pacific Region

Total Fertility Rate in the Asia-Pacific region		Life Expectancy in the Asia-Pacific region	
Macao	1	Macao	81
Hong Kong	1	Hong Kong	83
Singapore	1.3	Singapore	81
China	1.8	China	74
Indonesia	2	Indonesia	72
World Average	2.5	World Average	69

Source: UN Population Division (2005). *World Population Prospects: The 2008 Revision*

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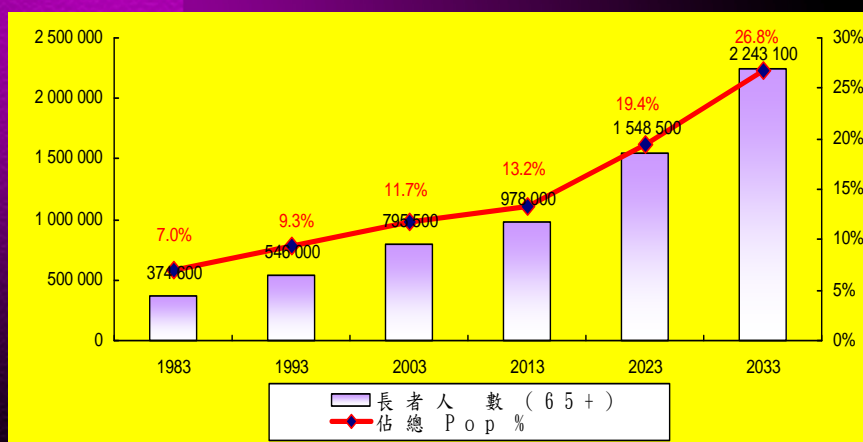
Percentage of 60+: Asian Trends

國家/地區	2000 (%)	2025 (%)	2050 (%)
日本 Japan	23.3	36	44.2
韓國 Korea	11.2	27.1	40.8
新加坡 Singapore	10.6	31.7	39.6
泰國 Thailand	9.6	19.1	26.4
印尼 Indonesia	7.7	13.7	24.8
中國內地 Mainland China	10	19.6	31.1
香港 HK	14.8	30.8	39.5
澳門 Macao	9.7	27	43.6

資料來源: United Nation Economic and Social Commission for Asia and the Pacific (2002)
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香港人口老化趨勢 Ageing trends: number & rates



每年增長 +2%/year

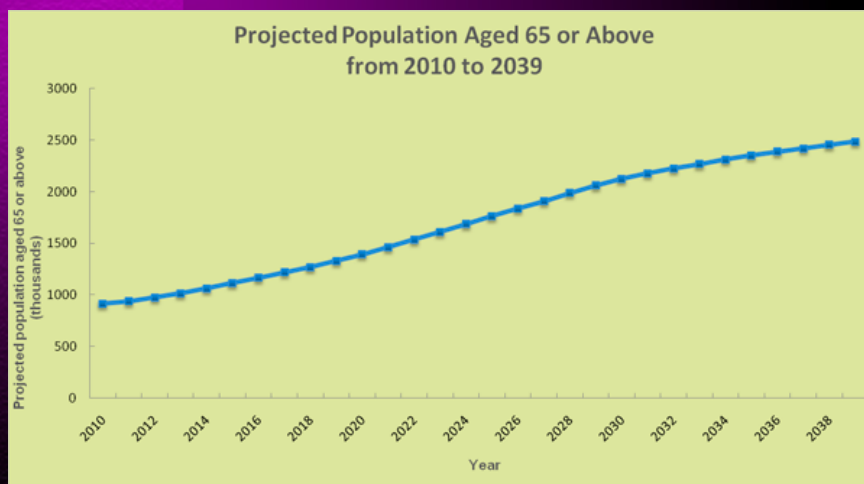
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Ageing Population in Hong Kong

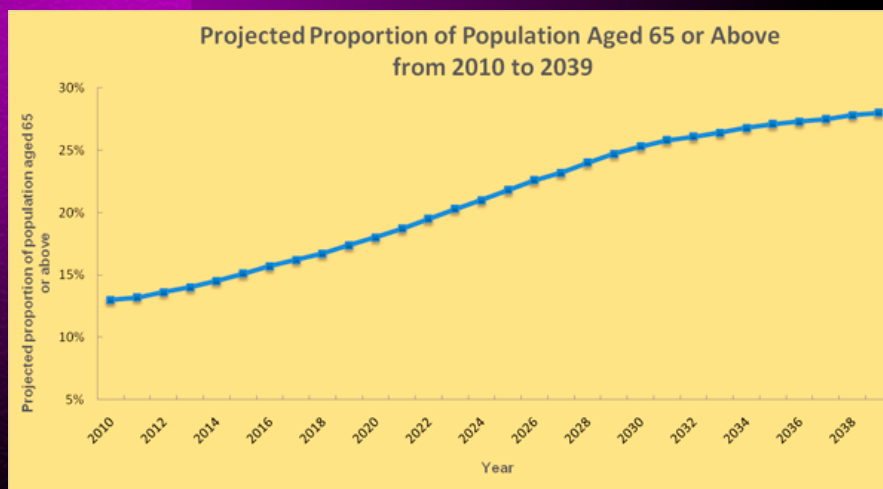
People aged 65 or above will increase from 0.89 million in 2009 to 1.33 million in 2019, 2.06 million in 2029 and 2.49 million in 2039.



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Proportion of elderly in the population will rise from 13% in 2009 to 17% in 2019, 25% in 2029 and 28% in 2039.



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The change of Family structure

- The age and gender distribution changed along with population ageing;
- Marriage rate and fertility rate decrease:
Crude marriage rate: 7.5 per 1000 population in 1990 → 6.3 in 2005;
Crude fertility rate: 12 per 1000 population in 1990 → 8.4 in 2005
- Divorce rate increases: N=59,000 in 1996 → N=101,700 in 2005
- Single parents increase: +90% for the past 10 years
- Over 1/3 old persons live alone or only with spouse.

By October 2005, the elderly

living alone:	10.7%
living with spouse:	22.7%
living with Children:	22.2%
living with spouse and children:	40.9%
living with persons other than spouse and children:	3.4%

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Social changes leading to individualism

- Agrarian to market economy: collective → individualistic competition
- Working relationships taking over family relationships: clear roles Vs diffused obligations
- We → Me, confidentiality & privacy
- Technology-self integration: survival without others
- Individual-right > collective responsibility
→ So should rely on formal care.....???

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An overall push for care giver: Supply ratio of professionals in HK

- Professionals: degrees, specialist, boundaries
- Care givers: over-reliance, role-exclusion, powerless
- Older person: totally helpless, no choice
- → ↑ Demands for professionals ↓ supply → ↑ costs

	O.T.	P.T.	Nurse	S.Wkers
All on register	1120 <i>(31/3/2005)</i>	1835 <i>(31/3/2005)</i>	24965 <i>(31/8/2004)</i>	12354 <i>(1/1/2006)</i>
ratio	1:747	1:456	1:34	1:68

Take total aged 65+ = 836400 in mid 2005

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More need for care

- More aged
- Longevity (→ MCI)
- Less labour/workers participation
- High dependency ratio
- Divorces & single Ps increase
- Individualism Vs collectivism
- Less extended families
- Professionals shortage

Need for quality Long
Term care



Social & community supports: engaging the community

- Social : public provisions – tangible relief in services & kind, & trainings
- Community: mutual-voluntary supports (inclu. Emotional support) from family, neighbourhood community & friends
- Community/family care is more: proximate, dear to the heart, & sustainable

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Setting a policy direction for Asia Pacific: a needs-based model with 2 key domains

- **Ideal for an older person to be cared for at home:**
 - medically stable, regular, lower level care
 - family for personal care (spouse or same sex)
 - 24hr availability, incl. support for care givers
- **Resuming the multi-skilled formal-informal persons model**
 - informal-voluntary: the central role of family members, & neighbours
 - 'qualified' technicians meeting intermediate care needs
 - Engage informal care givers for lower level needs, professionals only for high level needs → more informal care givers, with back ups from professionals

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Step one: establishing a care philosophy

- MIPAA & SIS: could be adopted or adapted
- Ageing in place policy: support older people in their homes and communities for as long as possible
- Societal directives : nurture a 'giving culture', support and replicate family care
- 3 A s for care services
-- Accessible, Affordable & Appropriate
- Provide platforms for interactions: engage people for a valid reason to care

i.e. 'I know these people and I know them well enough to care'.

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Step two: establishing core values networking for neighbourhood-mutual help

- Building a neighborhood caregivers network:
Possible Roles of Schools as happening in other Asian cities e.g. Taiwan, Singapore
- Encourage intergeneration gains: older persons & youth learning from each others
- Empower students, corporate volunteers for basic health skills competence (level one e.g. first aids, coping with demented grannies)
- Enable community organizations (schools, churches, elderly centres and clansman associations) to become the obvious platforms for interaction, for forming a 'relationship' network for care

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Step three: initiate pilot projects & networking across policy bureaus

- Getting supports from relevant policy bureaus for pilots e.g. Education for elder academies, Home Affairs for informal care givers training
 - Nursing & para-medical care, psychological care and social care
 - Personal care, home safety, health promotion, dementia management & caregiver support

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Step four: recognizing all parties efforts

- Appreciations shown in kick-off & closing ceremonies: for donors, bureaus, volunteers
- Awards for demonstration projects/people
- Recognizing care givers: rewards, certification and build a career ladder e.g. QF
- Actual government supports: e.g. population based budgets

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Step five: what next is a reason to care: for whom I care ?

- **Ultraistic** : for the good of society I shall do my part
- **Egoistic**: for my own good or feeling good being **above** the others (i.e.the do-gooder feel)
- **Relational**: "I know the person well enough to care – he cares for me too if I need the care" or " I am near that age, so I'd better care"

➔ Platforms for inter-generational relationships,
neighbourhood networks building & volunteers
matching

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Platforms for relationship building & volunteers matching HK Examples

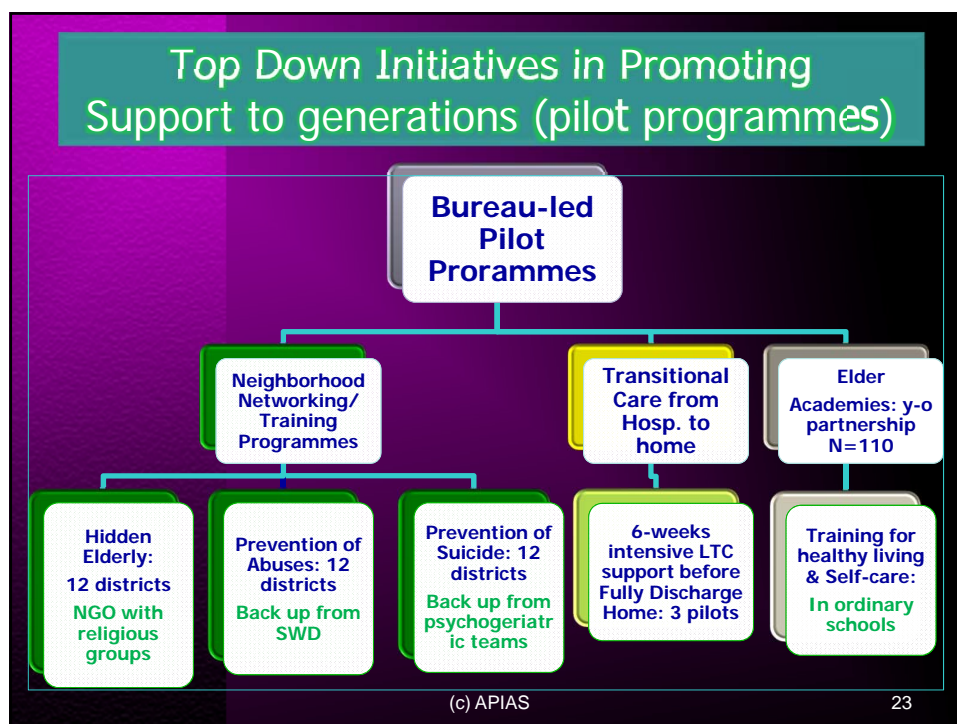
- **The Elder Academies in schools (100+)**
 - cross-ages, cross-sectors & cross-professions
 - Seed money to NGOs to kick start HK\$50,000
 - condition: must tied in with 1 school
 - one central elderly portal for all students-teachers information
 - one school-one doctor, one nurse, one social worker scheme

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Platforms for relationship building: HK Examples

- Neighbourhood networks pilot projects (30+)
 - 1st wave: HK\$100,000 to NGOs for training (elder-sitters) informal care givers (level 1 new recruits for 100+)
 - must tied in with a non-subvented benevolent/religious organization
 - 2nd & 3rd waves: advanced training to work against elder abuses & suicide; plus innovative projects for sustainability: e.g. transitional care support, Anti-abuses district backup teams
 - With backups from SWD, & Hospital Authority teams



Launching & Closing ceremonies

- Elder Academies: annual joint events at universities
- Neighbourhood projects: kick offs and gift bags distribution (over 10,000) in housing estates
- Awards & recognitions: high profile coverage for winners

**To summarize:
establishing a community/neighbourhood
care system**

- Taking care of the elderly at home with basic skills services: clothing, food, housing and transportation etc..
- Building a neighborhood caregivers network;
- Training up skilled family members, relatives, partners, friends and neighbours
- Capacity-build the older generation: let them make their own choices
- Involving all parties-bureaus, drawing from resources: CIIF, CCF etc.

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**To summarize:
establishing a community/neighbourhood
care system**

- Establishing pilots (platforms) for interactions: bureaus, NGOs, private sectors & volunteers
- Building platforms connecting communities with families and individuals to form a 'relationship' based caring network for active ageing e.g. Elder Academies, neighbours networks
- evaluate & regularize successful programmes
- Awarding & recognizing projects & people

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Thank you!

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