NSS Enriching Knowledge for the Health Management and Social Care (HMSC) Curriculum Series

Health and Social Care Issue on Ageing Population

Table of Content

Page	Content	Speaker
3 - 10	Chapter 1: Global and local	Dr. Ernest Chui
	issue on ageing	Director, Sau Po Centre on
		Ageing, The University of
		Hong Kong
11 - 21	Chapter 2: Community Care &	Ms Chan Ching-yee,
	Support for older persons	Susan, Regional
		Supervisor
		Miss Lam Kam-lee, Service
		Supervisor
		ELCHK Integrated Elderly
		Service
22 – 28	Chapter 3: Elderly	Ms Violet Ng Shun-shun
	Empowerment in Aging	
	Society	
29 - 37	Chapter 4: Respecting the	Ms Violet Ng Shun-shun
	Senior Citizens and Social	
	Integration	

Chapter 1: Global and local issue on ageing

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Outline

- 1. Aging population in the World
- 2. Understanding 'ageing' and 'ageism'
- 3. Challenges & issues of aging population
- 4. Elderly and family: upcoming issues
- 5. Situation of elderly in Hong Kong

1. Aging population in the World

Aging population in the World		
Sources: Population Reference Bureau (2009) World Population Data		
Sheet		
Region	Population Age 65+ (%)	
China	8	
Singapore	9	
Korea, South	10	
Taiwan	10	
Australia	13	
Hong Kong, SAR	13	
New Zealand	13	
United States	13	
Canada	14	
Netherlands	15	
Norway	15	
United Kingdom	16	
Denmark	17	
France	17	
Switzerland	17	
Sweden	18	
Germany	20	
Italy	20	
Japan	23	

Projection of % of older persons (aged 65+)			
in population			
Korea			19.3 (2030)
Japan			30.0 (2033)
Singapore			29.4 (2030)
China			15.8 (2030)
Taiwan			19.6 (2030)
Hong Kong			24.0 (2030)

2. Understanding "ageing" and "ageism"

- aging is a life course development which concentrates on the age-sex related role transitions that are socially created, socially recognized and socially shared (B.L. Neugarten) i.e. biological + psychological + social
- "aging is a broad concept that includes physical changes in our bodies over adult life; psychological changes in our minds and mental capacities, social psychological changes in what we think and believe, and social changes in how we are viewed, what we can expect, and what is expected of us" (Acthley & Barusch, 2004:4)
- "discrimination against older people on the basis of their age, which creates and fosters prejudice about the nature and experience of old age." (Scruton, cited in Phillipson 1992)
 - "... is a negative attitude or disposition toward aging and older people based on the belief that aging makes people unattractive, unintelligent, asexual, unemployable, and mentally incompetent." (Atchley & Barusch, 2004:439)

3. Challenges & issues of aging population

(1) Financing of elderly services

- neo-conservative rolling back of 'welfare state'
- from 'collective' (government/ society) to individual (and family) responsibility;
- from universal to selective
 - e.g. means-test
 - e.g. contributory schemes (Singapore, Japan / German LTCI); e.g.
 China from social insurance to social assistance

(2) government expenses on elderly welfare / services in HK:

- ◆ 70% of welfare expenditure = CSSA;
- Government spending on elderly services (including social welfare, health; but not 'housing'):
 - 45% on CSSA & SSA
 - 44% medical & health
 - 10% on elderly services
- ◆ ~10% of SWD expenses on elderly services (6.6% on residential care;
 3.4 on other elderly services).

• 80% of elders 65+ benefit from CSSA & SSA (HOAA/NOAA)

(3) Community care vs. residential care.

- Most elders prefer to live in their familiar (domestic) physical & social environment → community care
- ◆ But changing family structure & function → burden of family care givers
 → residential care

(4) Ageing in place

- In community universal design, home care;
- In institutions retirement community, continuum of care

(5) Active ageing

- learning U3A, volunteering e.g. RSVP (USA)
- 'add years to life' vs. 'add life to years'

(6) Silver market

- How to tap on retiree's financial resources
- How to protect senior citizens as consumers

(7) Optional retirement – reemployment – e.g. Japan

- Whether there should be mandatory retirement age for succession, labor market equilibrium
- ◆ But extended longevity → post-retirement life: financial and personal problems

(8) Professional services for elderly

- inter- / multi-disciplinary collaboration e.g. health/cure & care (e.g. post-discharge service)
- Multifaceted needs of elderly people
- Holistic need appraisal / assessment of people

4. Elderly and family: upcoming issues

- changing family structure and functions affect inter-generational relationship and family dynamics e.g. patterns of living arrangement, inter-generational transfer (tangible & intangible), household chores, care-giving, socialization, cultural transmission, parenting & grand-parenting, 'skip-generation family' ...
- whether it is good to legislate on family responsibility to care for the elderly family members? e.g. of China, Taiwan, Singapore. In 1980s HK had heated debate but later 'died down'.

5. Situation of elderly in Hong Kong

(1) Finance

- No retirement protection (MPF only started in 2000)
- 2005 12% elderly (60+) 52% (65+) relied on the means-tested public welfare assistance as major source of income
- 87% elderly population economically inactive, 83% had no pensions or retirement protection, 70% no arrangements for future financial needs
- 2006 working elders median monthly income HK\$2,600 vs. general population \$10,000

(2) Housing & Residence

- ↓co-residence 60.3% (1996) → 56.8% (2001)
- ↓vertically extended families 9.9% (1996) → 8.5% (2001) → 7.4% (2006)
- ↑nuclear families 59.2% (1986) → 61.7% (1991) → 64% (1996) 66%
 → (2001) 67% (2006)
- ↑singleton elderly (age 60+) households 126,000
- 2006 31% (~2M) population living in public rental housing, 407,000 (46% of 885,000) elders (65+) (20.4% of the 1,996,000 PRH tenants)
- 58,600 singleton tenants (=46.5% of HK's 126,000 singleton elderly population)
- 37,500 non-singleton elderly households residing in PRH = 76,000 elderly people who were largely elderly couples living on their own
- 7,900 elderly applicants are still on the waiting list for PRH

(3) Health

- life expectancy: 79.8 years for males, and 86.1 years for females (Census and Statistics Department, 2010)
- Various local studies have revealed that the general health (both physical and mental) of the elderly population of Hong Kong is rather poor (Chi and Lee, 1989; Chi & Boey, 1994; C&SD, 2004)
- 106,700 elderly had various degrees of impairment, especially the 75+ group (C&SD, 2001)
- high incidence of chronic illness: community-living elders aged 60+, 70% suffered from one or more chronic diseases; amongst them, 63% had hypertension and 20% had rheumatism (THS Report No. 40, C&SD, HKSARG, 2009) [72%, 56%, 35% in 2004]. About 77,800 older people in the community had difficulty in carrying out activities of

- daily living e.g. bathing, toileting, eating, etc. (THS Report No. 40, C&SD, HKSARG, 2009). (64,000 in 2004)
- 2004, elderly population (aged 60+) constituted 15% of total population, but constituted >50% of the overall utilization of hospital services (in terms of bed-days) (Hong Kong Hospital Authority, 2005).
- 38% of institutionalized elderly people had depression (Hong Kong Hospital Authority, 2005)
- 1981-1995 elderly suicide rate per 100,000 was 31.1; 28.2 in 2006 (60+), 53.0 (75+) (Chi, Yip & Yu, 1998) [12.1 for overall population (Hong Kong Council of Social Service, 2007).

(4) Family

- 95% population is ethnic Chinese, embraces traditional Chinese culture and values.
- filial piety has gradually declined (Chow and Phillips, 1993; Chi and Chow, 1997).
- ↑ nuclearization of families: 59.2% (1986) → 61.7% (1991) → 63.6% (1996) → 66% (2001) → 67% (2006) (Census and Statistics Department, HKSAR, 2007).
- \downarrow vertically extended families 9.9% (1996) \rightarrow 8.5% (2001) \rightarrow 7.4% (2006)
- ↓co-residence between elderly and their adult children 60.3% (1996) → 56.8% (2001) → 53.5% (2006)

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Chapter 2: Community Care & Support for older persons

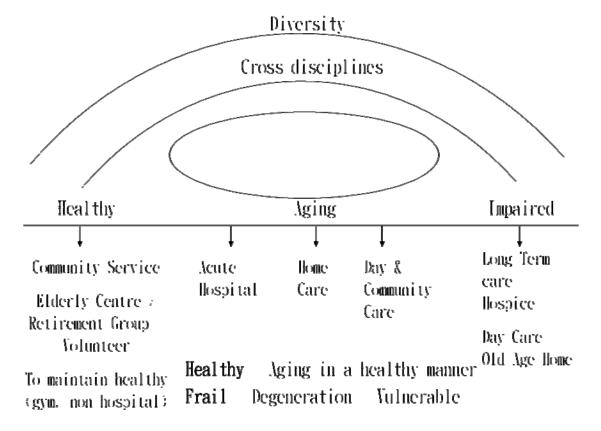
Ms CHAN Ching-yee, Susan, Regional Supervisor
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Outline

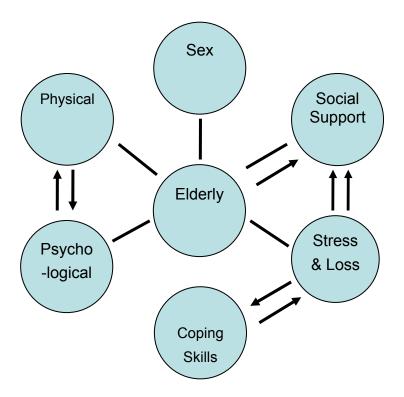
- 1. Physio-psycho-social health for older persons
- 2. Services for older persons
- 3. Relevant issues of older persons

1. Physio-psycho-social health for older persons

• Ageing-From Healthy to Frail



Physio-psycho-social model for Elderly Care



Highlights of Ageing Profile

Amount of older persons	1,129,900 (985,700)
Percentage of older persons among the total population of Hong Kong	16.2% (14.6%)
Living with partner	24.7% (22.7%)
Living alone	12.7% (10.7%)

^{*} The number shown in the brackets refers to the information provided in 2004

Socio-demographic profile, health status and self-care capability of older persons in domestic households / Socio-demographic profile, health status and long-term care needs of older persons residing in domestic households Thematic Household Survey Report – Report No.40 * (Census & Statistics Department, HKSAR) Abstract of Survey Result (June 08 – August 08) Released on August 31, 2009

Rising of life expectancy

Year	Life expectancy	
<u> 1601</u>	Male	Female
2001	78.4	84.6
2007	79.3	85.4
2031	85.5	88

· Elderly Dependency Ratio:

2005:168 2006:180 2023:282 2033:428

Dependency Ratio :

2005:360 2006:350

Health vs Frail

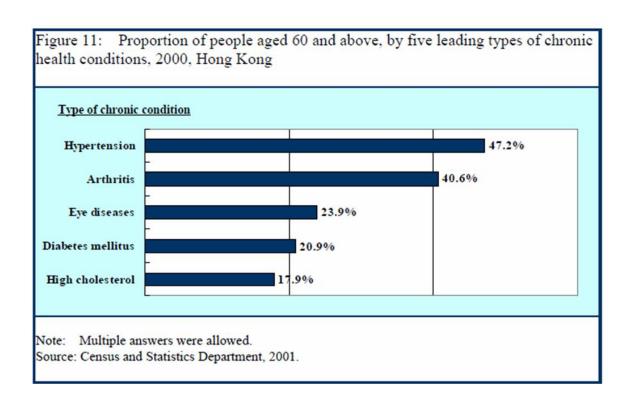
Residing in community vs residing in institutional facilities → 93: 7

Number of waitlisted applicants for residential care services: 25,999

Chronic Illnesses

- Percentage of older persons who had chronic diseases : 70.4% (71.6%)
- Percentage of older persons who had chronic diseases by selected type of chronic diseases

Hypertension	62.5% (55.6%)
Diabetes	21.7% (22.1%)
Arthritis	19.9% (34.9%)
Eye diseases	18.0% (21.8%)
High cholesterol	16.3% (17.1%)
Heart diseases	14.5% (14.8%)



Mental Health

- Common mental problems among older persons
 - (1) Depression (Facing about 7% of the older persons)
 - (2) Mild Mental Illness (Facing about 20%-40% of the older persons)
- Common mental problems / psychosocial issues for older persons
 - (1) Dementia (Facing about 4%-10% of the older persons)
 - Is that mental illness??
 - Dementia is not mental illness but brain impairment

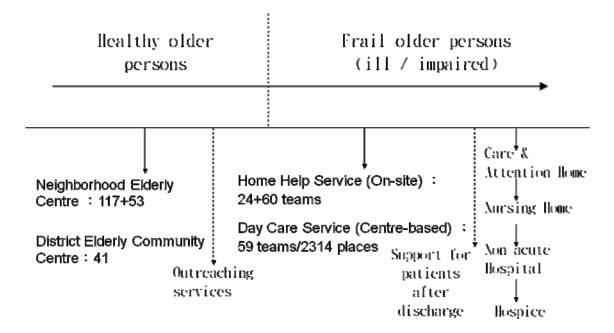
(2) Death and Dying Issues

- Anxiety & psychosomatic reactions caused by grief &loss / bereavement
- (3) Insomnia & psychosomatic issues

2. Services for older persons

Community Care

- Direction on policy making: Ageing in Place
- Community support services play an important role in supporting ageing in place:
 - (1) Neighborhood Elderly Centre
 - (2) District Elderly Community Centre
 - (3) Home Care Services/Integrated Home Care Service
 - (4) Day Care Service
 - (5) Patient Discharge Support Program (Pilot Project)



Long Term Care System

- · Centralized Assessment Mechanism, Central Waiting list
- Standardized Care Need Assessment Mechanism
- Standardized Care Need Assessment Management Offices (Elderly Services)
 - Healthy→ Mildly impaired→ Moderately impaired→ Severely impaired
 - Role division: Need assessment / Resource allocation vs Service provision
 - no means test → health assessment
 - → Future trend: To introduce Mean Test; Monetary subsidy for the needy according to services allocated

Community Support Services for the Elderly

(1) Neighborhood Elderly Centre (NEC)

- Community Level (Neighborhood in Public Estate)
- Service included:
 - Education & Developmental service for older persons (program & group work; Social life; Information; Consultation & Counseling)
 - Support service for Care-givers (Talks & Information; Resources transferal; Consultation)
 - Casework & Counseling
 - Services for hidden & vulnerable older persons
- Rather small scope of service & manpower →yet convenient, & accessible
- Rather larger amount of centres (117 around HK and in different districts)

(2) District Elderly Community Centre (DECC)

- Integrated & comprehensive community service (manpower & services)
- 41 centres located in different districts around HK
- Services included:
 - Education & development for older persons
 - Community education & outreaching services
 - Casework & Counseling (Crisis Intervention)
 - Support services for Care-givers
 - Support Services for older persons (Elderly singleton / Elderly couple)
 - Services for hidden & vulnerable older persons

(3) Day Care Centre for the Elderly

- Target : groups
 - aged 60 or above
 - frail and chronically-ill (non-epidemic)
 - undergone Standardized Care Need Assessment & through service matching (there are full-time users & part-time users)
- There are about 2,234 places available in more than 50 Day Care Centres around HK)
- Common chronic illnesses among older persons in day care centre:
 Apoplexy; Hypertension; Diabetes; Osteoporosis; Cognitive disturbance;
 Depressive mood
- Features of Day Care Centre for the Elderly:

- support frail & vulnerable older persons & their family members
- enable elderly living in the community continuously
- minimize institutionalization
- Services included (community care model):
 - support services: escort service; meal provision
 - personal care: supervision on caring skills; rehabilitative therapy;
 personal nursing care
 - professional team services: health check, supervision on medication
 - social development/ interest groups
 - support services for care givers/ family members: seminars & talk;
 sales of rehabilitative devices & materials

(4) Home Care Services

- Home care services in Hong Kong included Enhanced Home and Community Care Services (EHCCS); Integrated Home Care Services (IHCS)
- EHCCS:
 - 18 teams established since 2001
 - Expanded to 24 teams since December 2008
- Purposes:
 - To maintain/strengthen the self care capability of older persons or to alleviate the declining health condition
 - To enable older persons to age at home in a familiar environment
 - To alleviate the stressing need to be institutionalized
 - To alleviate the stress of care-givers
- Target groups:
 - Aged 65 or above (persons aged between 60 and 64 may receive services if there is proven need)
 - older persons who have been classified to have moderate or severe impairment level under the Standardized Care Need Assessment Mechanism for Elderly Services
- Professional services: Nurses/ Physiotherapists/ Occupation Therapists/ Social Workers/ Personal Care Worker
- Services included:
 - Basic Care: Measuring blood pressure, body temperature & weight; urinalysis, supervision on medication
 - Special nursing care: Health care for incontinence, breathe problem, diabetes & etc.

- Wound care
- Maintenance & instruction for breathing devices
- Environmental risk assessment & home modifications
- Basic maintenance & instruction for using health care devices
- Physiotherapy assessment
- Rehabilitation exercises
- Cognitive Training
- Others:
 - Personal care / Provision of meals / Transportation & escort services / Home-making services, i.e. clothes cleaning & housework
 - Support for Care-givers / Counseling service / Day Care & respite service
 - 24-hour emergency support
- Roles of Community Support Services
 - Accessible/ open system
 - Early intervention
 - Mobilizing community resources and manpower
 - Community-based cooperation
 - Example: ELCHK Integrated Elderly Services (Shatin District)

Project	Partner	Features
Community Fall Prevention Clinic	Department of	- To provide
	Orthopaedics and	convenient, prompt
	Traumatology, CUHK	and focusing services
- focus on fractured	Prince of Wales	- To emphasize
older persons	Hospital, Shatin	client-centred service
2. Mental Health		and alleviate the
Community Clinic	Psychiatric Outreaching Team for older persons, Prince of Wales	labeling effect
- provide early		- To cultivate
assessment, education to remove stigmatization, timely		prevention, early
		intervention and
		health habit and living
intervention and	Hospital, Shatin	pattern in the
support for elderly with		community
mental problem		

3. Relevant issues of services for older persons

- Trend: Use of medical service & older persons
 - Ever-increasing cases of chronic illness
 - Community-based co-operation between medical and social work profession
 - Share of responsibility

Stress of family care-givers and support required

- Stress of family care-givers included:
 - Depression; Anxiety; Helplessness; Loneliness
 - Trouble to one another; Over-stressed; Self-blaming
 - Tense relationship; Identity crisis; Lack of social life & Social withdrawal; Financial burden; Lack of relevant skills & knowledge
 - Women as care-givers; An older person as care-giver for another older person
 - *With due coping, stressors can turn to be motivated → Capability & resource
- Support required:
 - Direct service: Day Care Service; Home Help & Care; Respite Care
 - Provision of tangible services: Rehabilitative devices; Transportation
 - Dissemination of knowledge & Skills Training
 - Mutual Help Network for Care-givers
 - Emotional support; supportive network and referral for relevant services
 - Policy advocacy

Core issues and challenges in elderly

- Depression
- Dementia
- Death & Dying / End-of-Life Care / Bereavement
- Frail vs Healthy
- Grassroots vs Middle class
- Public vs a specific target group
- Dependent vs autonomic
- Helpless vs capable
- passive vs active
- remedial vs developmental
- residential vs community care

- cross-generation issues (living with younger generation; delineation vs intimacy; late & re-marriage)
- Social Security after retirement

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Chapter 3: Elderly Empowerment in Aging Society

Ms. Violet Ng Shun-shun

Outline

- 1. Understanding empowerment
- 2. Development of Elderly Empowerment Movement in HK
- 3. How to prepare a fruitful retirement life
- 4. Elderly Human Resource Development

1. Understanding empowerment

- "Empowerment is generally understood as interventions and policies intended to enhance the degree of control that vulnerable individuals exercise over their lives'. (Prilleltensky, 1994)
- "Empowerment is a continuous process that enables people to understand, upgrade and use their capacity to better and gain power over their own lives.
 It provides people with choices and the ability to choose, as well as to gain more control over resources they need to improve their conditions. (Schuftan. 1996)
- "Empowerment is a process by which people organizations & communities gain mastery over issue of concern to them." (Zimmerman, 1995)

2. Development of Elderly Empowerment Movement in HK

History

- Towards end of 1970s—concern the basic needs of the elderly e.g. old age allowance, social security, sheltered housing, home help service, advocate for rights for the elderly, publication of The voice for the Elderly', St. James' Settlement etc
- 1980s

 striving for elderly volunteer participation, concern for educated, middle class retirees, advocate on needs of the family caregivers, retirement protection and pre-retirement planning, health prevention and promotion, etc
- 1990s—Designation of Senior Citizens Day by HKCSS, Funding support from the SWD for "Opportunity for Senior Citizens Project" to create opportunities for elderly volunteers participation, Promote users participation, advocate for higher level of service needs for the frail and vulnerable elderly
- 2000s—Arouse awareness and concern on mental health issues for senior citizens; urge for pilot project on elderly suicide prevention program; issues related to elderly abuse; services for the demented elderly; set up Mandatory Provident Fund; advocate for lifelong learning for the elderly etc.

Declaration of rights for the elderly

- Based on the blue print of "The Principles for the Older Persons" of the United Nations, the HKCSS enacted the Declarations of Rights for the Elderly" in 1991, to serve as a guiding principle for the H K Government, service providers and the public, in formulation of aging policy, service planning and implementation.
- We believe that elderly, same as other age groups are entitled to basic human rights and freedom. They should be free from discrimination and rip off. Especially when they have contributed their life to the prosperity and development of the Hong Kong Society and should be respected and cared for by the younger generation.

- The Declaration of Rights for the Elderly includes the following:
 - Autonomy of the elderly should be respected and encouraged. They
 do not have to worry about their livelihood;
 - (2) They should be encouraged to have active participation in serving the society;
 - (3) They are entitled to receive adequate care when needed and to maintain physically and mentally healthy;
 - (4) Continuous learning opportunities and use of their potentials and abilities are supported;
 - (5) Dignity of elderly should be respected and protected. They should be treated fairly and equally as other citizens.

Different Aspects of Elderly Empowerment

- Political Aspect: Elderly participation in policy formulation, ensure the voices of the elderly are heard
- Create opportunities:
 - (1) Employment and income security—ensure equal opportunity in employment, assist interested elderly in job finding;
 - (2) Social integration—Senior Citizens are valuable human resources, active participation in community volunteer services should be encouraged. It is necessary to have a policy to support active aging.
 - (3) Freedom of Choice: A variety of choices in life style/caring provision to be offered to the elderly, including housing arrangement, residential, home care and community support services, medical decisions etc.
- Medical/Welfare needs for the frail elderly: advocate for service quality, coordinated discharge planning from hospital to home etc.
- Elderly Learning: provide broad-based education to the public in regards to aging process, health maintenance and caring for aging relatives etc.
 To provide lifelong learning to senior citizens so they can keep up with the changing society and add interests to their lives
- Family Support Network: Family Counseling, Peer Support Network etc to facilitate quality home care by family caregivers, and prevention of elderly abuse etc

3. How to prepare a fruitful retirement life

Characteristics of pre-retirement group

- Between Age 55-79 Continuous learning, interest development, community service, re-employment
- Focus: Self management (health/Finance), Social network (interpersonal relationship)
- Believe some elderly prefer to continue in gainful employment and be productive
- Most of them may prefer working part-time or under flexible hours or paid by project
- Elderly can still be going through personality development, hoping to pass down experience to the younger generation for self actualization
- Some may wish to participate in creative activities, educational or meaningful activities to add value or meaning to their lives.

Positive Retirement is one's personal responsibility

- To view retirement as another starting point and the beginning of a new phase of life
- To start a healthy life style with regular physical exercise, with positive attitude and self confidence
- To maintain physical fitness, focus on sickness prevention, and slow down physical deterioration
- To focus on preventive health strategies
- To maintain a balance diet and nutrition
- To maintain harmonious family relationship, upkeep the tradition culture of filial piety, respecting and caring for the elderly
- To cultivate interests and hobbies to enrich their daily life
- To have good financial planning
- To utilize their strengths, knowledge, skills and wisdom
- To participate in lifelong learning and upkeep knowledge

4. Elderly Resources Development

- Elderly should have the rights to take a rest, to be care for and to work as well.
 Majority of the elderly are willing to continue working, within their capability.
 They have the need for self actualization and would like to be contributive to the society.
- To match the social economic development with the aging society, it is important to recognize the potentials of elderly human resources. These people possess the necessary knowledge, experience and wisdom. Cultivation and investment in developing this pool of resources is far more cost effective.
- Collaborating the elderly human resources with the non elderly human resources produces a synergy of valuable resources, and would create richness in materialistic and spiritual development of the society

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 - 2) 開心生活的方法:積極生活
 - 3) 生命因你動聽:長者面對逆境又成功的例子
 - 4)關心你身邊的他:多關心、陪伴

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Chapter 4: Respecting the Senior Citizens and Social Integration

Ms. Violet Ng Shun-shun

Outline

- 1. Towards a society of continuous improvement and social integration & images of senior citizens in Hong Kong
- 2. Development of education programs in promoting care and respect for the senior citizens
- 3. Effects of inter-generational exchange program
- 4. Strengthen family in caring elderly

1. Towards a society of continuous improvement and social integration & images of senior citizens in Hong Kong

- The Hong Kong Council Of Social Services(2006) Hong Kong Vision 2012:
 Towards a Society of Continuous Improvement and Social Integration for the Candidate of Chief Executive
 - Poverty and poor living conditions among our Senior Citizens are issues
 that require governmental and social concern. Our government needs to
 take active steps to face the challenge of the ageing society. Senior
 citizens can still participate actively in the society.
 - They also desire personal growth and development. They deserve a quality of life imbibed with dignity.
 - All senior citizens should have retirement protection and affordable medical service coverage. There also should have a wide range of community support services provided which includes nursing and residential services.
 - In view of the growth of the ageing population and the weakening of family bonds in HK society, there is an increasing demand for limited government social service resources. There is also a sense of fear that resources would be geared to care for the aged. Our traditional value of respecting and care for our aging parents is facing a great challenge. How can the society maintain and continue to encourage the younger generation to care, respect and love our senior citizens in this era of competing demands?

• Research Study On Images Of Senior Citizens in Hong Kong by the Health, Welfare and Food Bureau, HKSAR

- Objectives of the Study
 - (1) An in-depth study on society's general attitudes towards the senior citizens and to identify possible solutions to improve image of the elderly and inter-generational relationship.
 - (2) To find about the inter-generational relationship phenomenon in HK and the causal relationship in affecting the public image of the elderly
- Major Findings:
 - (1) Self-perception of elderly tends to be more positive than those of others. They consider themselves to be mature, independent and open-minded.
 - (2) Non-elderly perceive seniors negatively. They perceive them to be

- sickly and outdated in their thinking.
- (3) Those who perceive the elderly in a positive light are shows that their responses are similar to the elderly.
- (4) The study confirms that certain solutions are useful in promoting positive image of the elderly.
- (5) The finding also reflects that elderly help contribute to their families where informal support is commonly found.

2. Development of education programs in promoting care and respect for the senior citizens

- Community Education Programs in Promoting Care and Respect for the Senior Citizens
 - In the 80's
 - Setting up of "Old Age Allowance" scheme
 - Installation of Telephone hotline for elderly
 - Organizing of Neighborhood buddy project
 - Introduction of Radio Program for the Senior Citizens, RTHK
 - Organizing Mini Olympics for the Senior Citizens
 - Senior Citizens Runway Fashion Show etc.
 - In the 90's
 - Established HK wide celebration of Senior Citizens' Day in October, HKCSS
 - Funding support from SWD to implement Project "Opportunity for Senior Citizens" to encourage NGOs to create more opportunities for elderly participation
 - Advocated on the needs of the family caregivers and organize caregiver's training courses
 - Organized Inter-generational Activities by NGOs
 - Introduction of Senior Citizens' Concessionary Cards
- Collaborative Activities in promoting Inter-generational Integration
 - Organize talent shows to promote artistic talents of the elderly with civic and cultural organization
 - Organize web page design competition for both young and old in collaboration with secondary schools.
 - Organize intergeneration drama show in collaboration with schools
- Cross Departmental/Professional Collaboration in promoting elderly image in the community
 - Encouraged and arranged elderly to participate in international conferences, Chief Executive 's Policy Address—HKCSS, the government of HKSAR
 - Gate ball instructor training course for Senior Citizens- Leisure and Cultural Services Department
 - Caring programs for elderly living alone
 - Participate in Senior Police Call, Fire Safety Ambassador Training,

- Ambassadors to Promote Traffic Safety, Home Safety, Fireproof, Cold-proof etc with the Fire Department and Police Department.
- Nominated elderly to participate in Outstanding Senior Citizens
 Nomination, organized by Tai Po District Board
- Promotion of lifelong learning in collaboration with various universities and teacher training college
- Strengthening family function though grand parenting activities
 - Courses on topics such as raising of grand-children hygiene, nutrition, child psychology, in-law relationship, etc

3. Effects of inter-generational exchange program

- Foreign Literature reveals positive effects of Inter-generational Exchange program
 - Elderly has a positive role to play in inter-generational exchange. He can be a recipient of benefits as well as a contributor
 - Mutual learning through inter-generation exchange within family enhances transmission of cultural values etc.

Feedback from Participants enrolled in Intergenerational Education Program

- Both students of young and old, felt that they had become more conscientious in community participation
- Both felt their self images have elevated
- Positive attitudes towards the counterparts were found
- The younger the age group interacted with the elderly, the higher the satisfactory level was found. Thus, inter-generation education program should start from the young.

4. Strengthen family in caring for elderly

What the Deloitte Study (1997) tells us about the elderly

- It reported that majority of the elderly can take care of themselves, only 20% of them had partially functional disabled; while 5-10% of the elderly needed long term care services.
- It showed that most of the elderly prefer to stay at home despite of their physical disability. Also noted in the study is that most of the caregivers prefer to take care of their elderly at home.
- Follow up with the study, our government of HKSAR enhanced care service in different community based centres in different districts.

Role of Caregiver in strengthening family

- Enhance filial piety spirit in family through provision of resources and training for the caregivers and to ensure the care provided are of good quality •
- Supporting the caregivers to sustain their caregiver role through peer counseling, experience sharing and ventilation of care burden as means for stress management.
- Role of caregiver to demonstrate the societal function of filial piety
- Sharing of caregivers' experience through media helps to arouse public awareness and recognition of the satisfaction and difficulties encountered. To voice out the supports needed to carry out the caregiver role. To demonstrate and encourage people to continue caring for the elderly family members

Promoting New Concepts of Filial Piety—Recommendations for trainers

- Trainers need to set a role model in respecting senior citizens-action speaks louder than words;
- Gain personal experience in understanding the elderly through participating in community service
- Advocate intergeneration education should start from the young and filial piety be introduced in class
- Support and organize intergeneration exchange programs
- The study of aging process be included in the teaching syllabus
- Attitudes in serving the Senior Citizens (including volunteer services)
 - Elderly do not need our pity. We need to bring our hearts and listening ears.

- It is important to note that relationship is based on a two-way communication.
 - ✓ With empathy
 - ✓ Respecting their decisions
 - ✓ Being honest and sincere
 - ✓ With understanding and acceptance

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孩子!當你還很小的時候,

我花了很多時間,

教你慢慢用湯匙,

用筷子吃東西。

教你繫鞋帶,

扣扣子,溜滑梯

教你穿衣服,

梳頭髮,

擰鼻涕...

這些和你在一起的點點滴滴

是多麼的令我懷念不已,

所以,

當我想不起來,

接不上話時,

請給我一點時間,

等我一下

讓我再想一想.....

極可能最後連要說什麼,

我也一併忘記。

孩子!你忘記我們練習了好幾百回,

才學會的第一首娃娃歌嗎?

是否還記得每天總要我絞盡腦汁

去回答不知道從哪裡冒出來的問題嗎?

所以,當我重覆又重覆說著老掉牙的故事,

哼著我孩提時代的兒歌時,

體諒我,

讓我繼續沉醉在這些回憶中吧!

切望你,也能陪著我閒話家常吧!

孩子,

現在我忘了扣扣子,

繋鞋帶。

吃飯時,

會弄髒衣服,

梳頭髮時手還會不停的抖,

不要催捉我,

要對我多一點耐心和溫柔,

只要有你在一起,

就會有很多的溫暖湧上心頭

孩子!

如今,我的腳站也站不穩,

走也走不動,

所以,

請你緊緊的握著我的手,

陪著我,

慢慢的,

就像當年一樣,

我帶著你一步一步地走。

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