Title	Ageing in place in Hong Kong -- challenges and opportunities in a capitalist Chinese city
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Citation	Ageing International, 2008, v. 32 n. 3, p. 167-182.
Issued Date	2008
URL	http://hdl.handle.net/10722/59818
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Ageing in Place in Hong Kong – challenges and opportunities in a capitalist Chinese city

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January 2008

Abstract

In 1997, Hong Kong was returned to China, but it has retained its capitalist socio-economic order under the socialist People's Republic. It is a Chinese city in which ethnic Chinese constitute a majority of the population. Like other advanced economies, Hong Kong has a gradually ageing population. The virtue of respecting the older people, as a facet of traditional Chinese normative order, is facing challenges from rapid social changes. Urban development has posed a considerable threat to implementing the policy of 'ageing in place'. Divergent paths are being taken in the public and private sectors respectively in the effort to enable older people to remain living in familiar physical and social environments. Market forces in private sector redevelopment usually bring about gentrification, which results in the dislocation of older people. In the public sector, massive public housing programmes can be beneficial to older people affected by re-development by permitting in-situ relocation. The government's community care policy also helps to achieve ageing-in-place. This paper provides an account and analysis of the challenges and opportunities in accomplishing the principle of ageing-in-place in the capitalist Chinese city of Hong Kong.

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Introduction

Hong Kong, renowned as the Pearl of the Orient, was a British colony before 1997. It is now a Special Administrative Region of the People's Republic of China. In more than 150 years of colonial history, it developed into a highly commercialized urban city and it has become an important financial centre in the Asian region, in particular as a result of enjoying the good fortune of a geo-political position that makes it a bridge between China and the rest of the world. Hong Kong, known for its spectacular economic development, also has, like other advanced economies, a gradually ageing population. But the city fabric, too, is gradually ageing, giving rise to the prospect of extensive urban renewal. Both public and private sector redevelopment projects have posed threats to the preservation of the community that the older people are familiar with, thus seriously challenging the principle of ageing-in-place. On the other hand, attempts have been made to enable older people to remain living independently in familiar physical and social environments. This paper presents both the challenges and opportunities that Hong Kong has been faced with in implementing the ageing-in-place principle amid its economic and social development.

Ageing-in-place: rationale

The principle of '*ageing-in-place*' (Fisk, 1986; Ministry of Community and Social Service, Canada, 1989; Tilson, 1989; Bogdonoff et al., 1991; Pastalen, 1990; Heuman and Boldy, 1993) highlights the need to allow older people to remain living in the locality with which they are familiar for as long as they wish. This principle has the objective of avoiding the risk of older people losing their sense of security when they are faced with removal from a familiar physical and social environment. The principle is in accordance with the *United Nations Principles for Older Persons*, which designate five imperatives for any social policy for older people: *independence, participation, care, dignity* and *self-fulfilment.*

The relevance of these five principles to our present concern about ageing-in-place revolves around the issue of accommodation or housing. According to the United Nations Committee on Economic, Social and Cultural Rights, the satisfaction of the need for housing is taken as a facet of basic human rights; it can also be conceptualized as *housing rights*. Older people should be provided with adequate housing that is characterized by legal security of tenure and availability of

services, materials and infrastructure; and that is affordable, habitable, accessible and finally culturally adequate. Taking the *five principles* and the *housing rights* tenets together, older people should be provided with adequate and appropriate housing and accommodation with which they are familiar and that they prefer. Specifically, they should be provided with independent living space, enabling them to preserve their privacy and thus their dignity. The living arrangement should also allow the older person to actively participate in social life, instead of being segregated from the wider community. As a corollary, older people should live in a caring environment in which neighbours and social networks in the vicinity can provide timely and adequate care for them. These conditions serve as prerequisites to enable older people to live with dignity and to achieve self-fulfilment. If these preconditions are not met, or if the older people are forced to leave their preferred and familiar living environments, the principle of ageing-in-place cannot be materialized.

In order to put the principle of ageing-in-place into effect, the complementary adoption of another equally essential principle, that of '*community care*', is necessary. This principle refers to the integration of formal and informal care and support services to the needy and vulnerable (Joanna et al., 1997; Morris, 1997). Specifically, the notion of '*care in the community*' denotes the provision of care within the locality of the older person, in order to avoid his or her segregation and exclusion from the wider community to which he or she originally belonged. Furthermore, the notion '*care by the community*' (Bayley, 1977) emphasizes the willing commitment on the part of members of the community to care and support older people living among them. Indeed, the spirit of community care is grounded in mutual acquaintance between the care-giver(s) and the cared-for. That is to say, older people should preferably live in the environment or neighbourhood they are familiar with, by which is meant both the physical and the social environment.

There are indeed substantive justifications for the ageing-in-place principle, from the vantage point of older people. From an environmental psychological perspective, McAndrew (1993) described older people's attachment to places as a '*geographic place dependence*' on the physical and social environment in which they live. Such dependence is due to the deterioration in the physical ability and health of the older persons. Deteriorating health conditions gradually limit their physical mobility, which in turn reduces their quality of life (Phillips, 1999). In a sense, older people are 'structurally bound' by the physical and social fabric they have built up through the long years of residence and activity within the same neighbourhood (Collot, 1980;

Eckert and Dunkle, 1984). Parmelee and Lawton (1990) asserted that there is a need for older people to maintain 'perceived' and 'exerted' independence; this refers to their sense of security (Regnier, 1993) in terms of both physical safety. If older people are confronted with an unstable environment, they will suffer from immense stress. If they are moved involuntarily to a new and unfamiliar environment, they are deprived of environmental resources like social networks, familiarity with the physical environment and the like. This will eventually result in 'misfit' and 'strain' (Conway et al., 1992) for them.

Golledge and Stimson (1997) distinguished four types of 'space' in the daily living of people, namely, 'personal space', 'neighbourhood space', 'activity space' and 'action space'. As older people are increasingly limited by their decaying physical ability, they will experience a shrinkage of all four of these spaces. Such a problem of shrinking space is accentuated if older people also have to make the change to living in a new and unfamiliar environment. Consequently, they may experience 'societal disengagement' (Atchley, 1997), reducing their participation in the mainstream society and resulting in social exclusion. In extreme cases, the loss of control will lead people to give up their very lives by committing suicide (Veitch and Arkkelin, 1995).

From the above, it is clear that, both in principle and in practice, older people should be provided with the opportunity to age in the place they are familiar with, to enable them to live independently, with dignity and security.

Challenges to ageing-in-place in Hong Kong

Ageing population posing threat

Like other advanced countries, Hong Kong is being gradually confronted with the challenges posed by an ageing population, against a background of decreased fertility and of increased longevity brought about by advances in medical technology. The proportion of people in the population aged 65 and above increased from 7.6% in 1986 to 12.4% in 2006; that is to say that by 2006, they constituted 853,000 of the territory's 6.8 million people; while those aged over 60 comprised as much as 16.2% (Census and Statistics Department, HKSAR, 2007b). The 'elderly dependency ratio' rose from 124 in 1991 to 168 in 2006, and is expected to reach 428 by the year 2030 (Census and Statistics Department, HKSAR, 2007a). Hong Kong now has the second

highest proportion of older people in the population in Asia after Japan.

Like other ageing societies, apart from the increased number and proportion of older people in the population, an ageing population also implies people have a longer life expectancy. In 2006, the average life expectancy in Hong Kong reached 85.1 years (Census and Statistics Department, HKSAR, 2007a). But even the advances in medical and health technology cannot entirely halt the natural physiological deterioration of the human body. With increased longevity, there will inevitably be a more profound morbidity among the elderly population. Various local studies over the years 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 and Boey, 1994; Census and Statistics Department, HKSAR, 2004). Indeed, there is a high incidence of chronic illness among older people. Government statistics have shown that, amongst those aged 60 or above, 72% have suffered from one or more chronic diseases; amongst these, 56% had hypertension, 35% had rheumatism and 42% had had frequent medical consultations (Census and Statistics Department, HKSAR, 2004). Though the great majority (89%) of older people claimed not to have any cognitive impairment, the remaining 106,700 older individuals had various degrees of impairment, which were especially serious amongst the 75 and higher age group (Census and Statistics Department, HKSAR, 2001), and another 64,000 older people had difficulty in carrying out activities of daily living (Census and Statistics Department, HKSAR, 2004). Physical frailty and chronic illness contribute to the frequent medical consultations of older people. Thus, as revealed by Hospital Authority statistics, while the elderly population (aged 60 or over) constituted some 15% of the total population (as at 2004), their utilization of hospital services (in terms of bed days) constituted more than 50% of the overall utilization (Hong Kong Hospital Authority, 2005). The prevalence of dementia, a disease that reduces the capacity of elderly patients to care for themselves, among Hong Kong Chinese older people is quite alarming. A local study revealed a prevalence rate of 4% in older people aged 65 or above and 6% among those aged 70 or above. The prevalence doubles every 5 years from the age of 65 (Chiu et al., 1998). More recently, research conducted by the government's Department of Health and the Chinese University of Hong Kong in 2006 revealed that the prevalence for the 60-65 age group was 1.2% and 32% for the 85-and-over age group; and the study projected that some 70,000 older people suffer from dementia (Lam et al., 2007).

With their increasing frailty and inability to care for themselves, many older people have to face the challenge of moving to a nursing home. However, older

people in Hong Kong are very resistant to living in institutions and prefer instead to stay with family members, or at least in a familiar living environment that is their home. Thus, an excessively high rate of moves to nursing homes might pose a formidable challenge to achieving ageing-in-place.

Urban development and gentrification resulting in physical and social dislocation of older persons

Emerging from its original role as a fishing port when it was ceded to Britain to become a colony in 1842, Hong Kong has by the 21st century become a world city boasting immense industrial, commercial and financial achievements. However, constrained by a hilly topography and an increasing population comprised mainly of immigrants from mainland China, urban sprawl has been spectacular, resulting in a constant scramble for the limited amount of land for residential and economic development purposes. After 60 years of post-Second World War development, the city fabric has become aged and a large number of old private tenement buildings have become seriously dilapidated. Some 30% of the buildings in the urban area are between 30 and 65 years old (Home Affairs Department, HKSAR, website: private building database 2008).

Culminating in the 1980s when the Hong Kong economy had become characterized by 'property-led' development, the estate developers launched numerous urban redevelopment projects of various scales. The large-scale projects may involve converting a dockyard or fish-ponds to a high-rise, middle-income residential estate; while small projects may only result in the pulling down of a single block and its replacement with a pencil development. However, there are further cases where old urban areas in which deprived groups of people concentrate are targeted for redevelopment. In these redevelopment projects, the residents living in the targeted buildings are usually displaced out of the community, since they cannot afford the much-increased housing rent or price of the redeveloped buildings. This is the typical gentrification that leads to the physical and social dislocation of those affected. When Ruth Glass (1964) first coined the term in the 1960s, gentrification usually involved the displacement of working-class neighbourhoods by middle-class households. In the contemporary scene, gentrification has come to be interpreted as "*a process involving a change in the population of land-users such that the new users are of a higher socio-economic status than the previous users, together with an associated change in the built environment through a reinvestment in fixed capital*" (Clark, 2005: 258).

Gentrification has been pervasive in virtually every corner of the world, north and south, capitalist and former socialist countries and cities, especially in the context of globalization where cities engage in intense competition for direct foreign investment and to become 'world cities' (Atkinson and Bridge, 2005). Such urban renewal projects usually involve the demolition of old low-return buildings occupied by the lower-income groups that include the migrants, minority groups and, not least, older people. In Hong Kong, local studies (Hong Kong Young Women's Christian Association, 1998; Chui, 2001; Society for Community Organization, 2002) have vividly revealed the problems faced by older people as a result of the process of renewal and gentrification.

In the public sector, the Hong Kong government had also launched urban redevelopment concomitant with its public housing and territory-wide development strategies in the 1970s. From 1973 onwards, the government commenced its ambitious 'Ten-Year Housing Programme', which took a two-pronged approach. On the one hand, it extended the government's public housing estates to the then rural and sparsely populated New Territories. On the other hand, it enabled the government to redevelop the land in the urban area occupied by old public housing estates by launching a Comprehensive Redevelopment Plan (CRP). In 1988, the scale and scope of such public housing redevelopment was further enlarged under the Long-Term Housing Strategy. The CRP, which extends over two decades (1988-09), involves 57 estates, 566 blocks, 243,500 flats and 633,000 persons (Housing Authority, HKSAR, 2007). Understandably, a considerable number of elderly tenants have been affected in the relocation.

In general, both private and public initiatives to launch massive urban redevelopment projects have been accelerated since the 1980s, according to the capitalistic logic of reaping the highest land value. These projects inevitably target those dilapidated private tenement buildings or old public housing estates in which there is a high concentration of poor older people. In a sense, these areas can be seen as 'naturally occurring retirement communities' (NORCs) (Hunt and Gunter-Hunt, 1985). This concentration of lower-income older people is due to the relatively low level of rents levied on these less favourable accommodations; such rents may be the only ones affordable by the poor older people. The considerable extent of elderly poverty prevailing in such a prosperous city as Hong Kong may seem surprising. Despite the fact that its per capita GDP of US$27,679 is 27th in the world and 4th in the Asia-Pacific region (after Australia, Japan and Singapore, as at June 2006)

(Census and Statistics Department, HKSAR, 2007c; International Monetary Fund, 2007), there are some 187,000 older persons living on government social security benefits (as at 2007, Social Welfare Department, HKSAR, 2007a), constituting some 16.3% of the aged population (aged 60 or more); another 71,500 older people aged 65 or more (8.2%) also rely on means-tested public welfare assistance as their major source of income. In 2004, of those 901,000 elderly individuals who had a stable monthly income (from various sources, including family members, work, etc.), 73% had less than half of the then median monthly income of the general population (HK$10,000; which is approximately US$1,282), while the median for the elderly population was only HK$3,000 (US$385) per month, and it further plummeted to HK$2,600 (US$333) in 2006. Low income or poverty amongst older people makes the high costs of private housing in Hong Kong unaffordable for them. In fact, Hong Kong's high level of rents is second only to Tokyo's in Asia. In the most extreme cases, the monthly rental for a 24-square foot (2.2 square meters) 'bed space', which literally provides only a sleeping place for a single person, in these old private tenement buildings could be HK$1,600 (US$206) (Census and Statistics Department, HKSAR, 2006b).

The problem of elderly poverty is primarily attributable to the lack of a viable retirement protection scheme before the 1997 transfer of sovereignty. It was only in 2000 that the SAR government set up the Mandatory Provident Fund to enable older persons to receive retirement benefits from the age of 60. However, such belated efforts could not benefit the present cohort of older people who are not included in the Fund, and due to the fact that they have a low income, and thus low savings, if any, they come to be living in poverty (Chui, Ko and Chong, 2005). The older people's poverty and the high rents of Hong Kong therefore make them dependent upon the government's subsidized public housing. As at 2006, there were some 407,000 older people (aged 60 or more) living in government rental housing, constituting 20.4% of the total of 1,996,000 public housing tenants, or 38% of the territory's total elderly population (Housing Authority, HKSAR, 2007). It is therefore conceivable that redevelopment projects involving these public housing estates will affect a large number of elderly tenants, and therefore involve their relocation.

In a nutshell, the urban redevelopment efforts undertaken by both the private and public sectors in the capitalist city of Hong Kong have posed considerable threats to the prospects of older people being able to grow old in the place they are familiar with.

Declining Chinese traditional cultural values – declining family and community support for older people

As noted above, the spirit and practice of community care is essential to enable older people to continue living in a familiar environment. However, such a community spirit has to be grounded upon the availability of support from within the community – the older person's family members and other community members in the vicinity of the older people. Here, community spirit boils down to both the physical proximity of family members and neighbours and the spirit of respect and concern for older people in this Chinese city of Hong Kong. Although essentially a Chinese community, Hong Kong's Chinese cultural heritage of filial piety has been watered down (Chow and Phillips, 1993; Chi and Chow, 1997). Older people cannot rely upon their grown-up children to live with them and take care of them. There is decreasing co-residence of older people and their adult children: the proportion of older people sharing a home with their adult children decreased from 60.3% in 1996 to 56.8% in 2001 and to 53.5% in 2006. This implies that more and more older people are left to live either alone or only with their spouses. In 2006, there were some 99,000 singleton older individuals and 181,000 older people who lived only with their spouses (11.6% and 21.2% respectively of the total elderly population) (Census and Statistics Department, HKSAR, 2006a).

Although Hong Kong has a 95% ethnic Chinese population, there is the danger of the gradual withering away of Chinese traditional virtues among the general public. Specifically, in modern Hong Kong, there is a diminishing spirit of mutual help among people in general, and even among neighbours, that further saps the availability of community support and care for the older people. Concomitant with economic development, parochial or selfish concerns develop among people in favour of their own and their immediate familial interests; the term 'utilitarian familism' has been coined to describe such preoccupations (Lau, 1977). This pursuit of individualism makes the civic culture of the people of Hong Kong apathetic to public affairs. People are apparently 'amoral' in that they do not anchor their values in any specific higher-order principles but merely attend to pragmatic, material and immediate concerns (Wong and Lui, 1994). It is therefore disturbing to have to question whether older people can really obtain support from their neighbours when the latter lack altruistic concern for others in their vicinity. More specifically, and with

more relevance to older people, there is also the issue of the gradual dissipation of the Chinese traditional value of 'respecting the older people', especially amongst the younger generation, which has been baptized with liberal, individualistic precepts. More serious still, the traditional Chinese value of venerating older people is '*largely irrelevant to the way in which their role and status are defined*' (Chow, 1999: 76). Thus, if older people are moved to a new community due to urban redevelopment, they are vulnerable to becoming deprived of the much-needed community support that they had in their original residence. This is because viable neighbourhoods take time to build and because mutual support among neighbours has to be cultivated in the new community to which the older people move. We then come full circle to our present concern that it is of prime importance to preserve the living environment with which older people are familiar, not only its physical dimension, but also the social dimension, in order to put the principle of ageing-in-place into effect.

Opportunities and initiatives in promoting ageing-in-place

Despite the challenges posed by urban redevelopment in a capitalist economy and by the decline of the traditional Chinese normative order, efforts are nevertheless being made by various parties concerned to address the difficulties older people in Hong Kong experience when striving for their right to age in place. The following sections outline some innovative attempts by the government and some non-governmental organizations to preserve a familiar environment for older people either in a domestic or an institutional setting. The lessons of these attempts might be of relevance to other cities faced with similar problems of ageing populations or gentrification in the course of urban development.

Provision of community in-home care services to enable independent domestic living

Internationally, community-based home care services for people living in the community have been demonstrated to play a significant and indispensable role for older people. Such services contribute to the avoidance of premature and unnecessary institutionalization, and help to put ageing-in-place into effect. In the USA, the Social Health Maintenance Organization and the Program for All Inclusive Care for the Elderly (PACE) have had success in providing community-based in-home services for older people in general (Eleazer and Fretwell, 1999) and for those older people housed in marginal accommodation (Mai and Eng, 2007). In Australia, the Community Aged Care Packages (CACP) have also contributed to enabling older

people to remain living in the community instead of being institutionalized. In Canada, SIPA is a programme of integrated care for vulnerable community-dwelling older persons and has resulted in a 50% reduction in hospital alternative-level in-patient stays (Beland et al., 2006). In Italy, integrated social and medical care and case management provided by home care services have improved elderly service users' physical functions and reduced the decline in cognitive status (Bemabei et al., 1998).

In Hong Kong since the 1970s, family care and community care have been the policy objectives of the government in social welfare. A series of community support services have been developed to enable older people to live in the community independently. After a major policy review, a more holistic and integrated model of service delivery was developed and Enhanced Home Care Teams (EHCS) and Integrated Home Care Services Teams (IHCSTs) were launched in 2000 and 2003 respectively. As of March 2007, there are in total 3,300 community-living frail older persons served by the 18 EHCS teams and 61 IHCS teams (Social Welfare Department, HKSAR, 2007b). These in-home services enable the community-living older persons to prolong or even retain their domestic way of life, in a place that they are familiar with and prefer. To give another instance, there have been attempts at inter-disciplinary and inter-agency collaboration among medical and social service practitioners with the aim of preventing the re-admission of elderly patients after their discharge from hospital. For instance, community nurses pay home visits or make phone calls to follow up on discharged elderly patients in order to see that medication is being taken as prescribed and to check on their health condition; and social workers assist in supporting family care-givers. Admittedly, there is still room for further improvement in the provision of these services. Nonetheless, these recent policy initiatives may pave the way for a better environment for achieving ageing-in-place in a domestic setting.

Promoting 'careful gentrification' to avoid dislocation of older people

Gentrification, where the original residents of a lower socio-economic status are replaced by those of a higher status, has apparently become the inevitable result of urban redevelopment in many capitalist societies. In fact, in many redevelopment projects involving old, dilapidated or lower-end-of-the-market properties, elderly residents, both homeowners and tenants, are usually affected and are usually displaced from their original place of residence. Planning can nevertheless still be more conscientious and practices can still be implemented that can mitigate such adverse impacts and uphold the principle of ageing-in-place. As practised in some

developments in some countries, 'careful gentrification' (van Weesep and Weigersma 1991; cited in Naomi, 1997) can take place in which the residents who have just moved in, the 'gentrifiers', do not entirely replace the incumbent residents, but are only integrated into the original community. For instance, in the Netherlands, urban renewal took place in two stages: improvement of original environment was the first stage and only in the second stage was the new housing for higher socio-economic status owner-occupiers built. This strategy has the distinctive feature of adding higher-quality housing to an old poverty-stricken neighbourhood, which can help the neighbourhood to get out of the cycle of distress and helps to achieve social integration between classes. Such an approach may improve the neighbourhood and avoid the social segregation of the lower classes that may actually be a cause of the deterioration. In this way, the dislocation of older people may be somewhat reduced, if not entirely avoided. In Israel, the Project Renewal from 1977 onwards accomplished the goal of avoiding the dislocation of original residents (Naomi and Moshe, 1988). The Tel Aviv municipality granted extra building rights to landlords who allowed older residents (who paid lower rents) to remain on the ground floor, while renting the upper floors to gentrifiers. This served as an incentive for developers to allow residents to remain in their original residences, including the older people. The in-situ rehabilitation of public rental housing was also introduced and such housing was later sold to existing tenants to retain the residential composition of the original neighbourhood. These measures helped to reduce physical and social deterioration and enabled residents of higher social status in the immediate area to take pride in their neighbourhood, thereby achieving social integration. In Taiwan, communities with good planning have been able to preserve neighbourhood networks especially involving older people (Zhu, 1982). In Singapore, the Housing and Development Board has since the 1970s commenced renewal plans in the public rental housing estates (Cheong, 1996) and has been able to provide in-situ relocation for affected residents. In Japan, where local councils and mayors are democratically elected, the local people are well protected in the urban development process by customs and local planning regulations (Sakamoto, 1998). The older people can therefore better preserve their original residence and age in their preferred place.

Hong Kong also practises 'careful gentrification' by minimizing the adverse consequences for those affected. For instance, in the Housing Authority's redevelopment projects, there is usually a high proportion of on-site relocation of the affected tenants. This is usually achieved by a number of planning, architectural and administrative arrangements. Firstly, phased redevelopment is put in place, where a newly built block in the vicinity of the public rental housing estate concerned is

provided by the government so that the first wave of evictees can be relocated there and subsequent waves of demolition and thus relocation can follow in sequential phases. Secondly, some flats specifically designed as elderly-friendly are constructed on the lower floors of the newly constructed blocks to house the evictee elderly tenants. Finally, special arrangements are made for the elderly tenants to move to the new estates with the assistance and guidance of social workers and housing officers. To illustrate the success in accomplishing ageing-in-place in the Housing Authority's redevelopment projects, in the Tse Wan Shan redevelopment project 1988-97/98 a total of 22,543 households were affected, 85.4% of which had be relocated to nearby public rental housing; in the Shek Kip Mei redevelopment project 2000/01-06/07, a total of 3,839 households were affected, 85.8% of which had been relocated to public housing in the same district (Housing Department, personal communication), thus preserving at large the original neighborhood network intact. Furthermore, with careful urban planning, the social segregation resulting from gentrification can also be reduced. For instance, the Housing Authority has adopted a strategy of developing government-subsidized for-sale estates alongside public rental housing. In these areas, some communal facilities can be shared between the adjacent estates. The sharing of common public spaces and facilities can promote 'place making' (Frug, 1999) and neighbourliness, as well as a social mix between people of different socio-economic strata and ages.

Home and building maintenance and universal design to prolong safe and independent domestic living

In order to enable older people to continue living in their preferred place of residence, it is imperative to ensure the safety of the living environment. In this regard, the concept of 'universal design' is of considerable relevance. Universal design is an emerging approach that aims to create environments equipped with appropriate facilities that can be convertible and are therefore usable by the whole spectrum of the community, including people of all ages and of different physical abilities, with safety, convenience and flexibility. It is a design approach that requires understanding and empathy for a wide range of human needs and abilities throughout life (Preiser, 2001). The Hong Kong government's Building Department issued a *Manual on Barrier Free Access* in 1997, which is an updated version of the *Design Manual: Access for Disabled* of 1984. The manual contains 'obligatory' and 'recommended' design requirements with which owners of buildings must or should comply to avoid unjustifiable hardships for people with disabilities. Such design requirements include, to name a few, ramps, dropped kerbs, steps and staircases, handrails, signs and call

bells in disabled toilets. From 1994 onwards, the government's Housing Department has started constructing 'small-household blocks' with a universal design tailored to the needs of people with physical disabilities, including elderly tenants. There is also an initiative in the non-governmental sector in this field. The Hong Kong Housing Society issued the *Universal Design Guidebook for Residential Development in Hong Kong* in 2005, which introduces good practice and guidelines for architects, interior designers and related professionals on universal designs applicable to a wide variety of people of varying abilities with age-, disability- or illness-related problems. Embodied in the guidebook are such cardinal principles as flexibility, simplicity, comfort, health, safety, convenience, accessibility, practicality, ease of maintenance, durability and sustainability (Hong Kong Housing Society, 2005). It deals with the following areas: planning and spatial standards, barrier-free access, home safety, renovation and conversion, and finally environmental factors related to quality of life. With such elderly-friendly interior designs as well as community facilities, the older people are more able to prolong their independent home life in the community.

However, there may be other problems hampering elderly homeowners in maintaining their homes; for instance, ignorance or lack of awareness or lack of relevant information about the maintenance works, lack of financial means, or an absence of organized effort amongst homeowners within the same building. Suffice it to add that, as Hong Kong is a very compact city with limited space but a high population density, it is inevitable that people live in multi-storey buildings with multiple titles of ownership. It thus requires the goodwill, effort and cooperation of both individual homeowners and the entire building to initiate building maintenance work. The Hong Kong Housing Society (HKHS) has therefore ventured to provide incentives and assistance to elderly homeowners to renovate their flats and maintain and manage their buildings by setting up a Building Management and Maintenance Scheme. Under the scheme, financial subsidies and interest-free loans are provided either to a collective of owners for the formation of an 'owners' corporation', or to individual flat owners, to carry out repair works related to safety, hygiene and environmental protection in common areas or individual flats. As at March 2007, there were applications from 547 buildings involving more than 22,000 units. Although these buildings may probably house not only elderly residents, it could be assumed that given the 'age' of these buildings that the HKHS targeted, the beneficiaries of these schemes would very likely be elderly residents of these buildings.

Moreover, the Urban Renewal Authority (URA), the statutory body in Hong Kong, also contributes, in a complementary way, to the provision of similar technical

and financial assistance such as interest-free loans and grants to individual homeowners and to the owners of buildings as a whole in some targeted districts. For instance, it provides technical advice on project implementation, building inspection, tendering and the like, advice that is related to building rehabilitation work; as well as materials such as paint for walls, drainage piping and water-proofing materials. Schemes of this kind also provide allowances to low-income and elderly homeowners such as deferred repayment of loans. As at January 2008, there were 376 buildings whose owners had received the URA's loans on maintenance and rehabilitation. Although there is no readily available data on the socio-demographic profile of the owners in these buildings, it could be assumed that many of these beneficiaries were elderly people as the URA only provides such loans to those buildings with a building age more than 20 years; and that there is usually high concentration of elderly residents in these old buildings in Hong Kong (Yeh, 1999).

These efforts undoubtedly encourage older people to remain living in their familiar domestic environment, without having accidents in the home or experiencing difficulties in self-care and as a consequence having to enter an institution. This undoubtedly contributes to enabling ageing-in-place for older people.

Innovative elderly housing development for assisted living

The Hong Kong government recognizes the need to enable older people to remain living in a familiar and preferred environment. It provides incentives for the non-governmental sector to explore innovative attempts in developing assisted living. In 2003, the government granted a waiver of the land premium to the non-profit housing developer, the Hong Kong Housing Society (HKHS), to develop two 'Senior Citizen Residence Scheme' (SEN) projects. These SEN housing flats are disposed of under a 'long lease' arrangement where older people (aged 60 or more) have to pay a lump sum on taking up residence instead of a monthly rental. Upon the termination of the lease or when the older person passes away, a portion of the entrance fee will be refunded to the older person or his or her descendants. The SEN flats are self-contained domestic units incorporating a universal design with facilities that can meet the changing needs of older persons as they age and become frailer. The SEN development also contains social, recreational and personal care services for the residents. Specifically, one such SEN development is located adjacent to a nursing home for older people, while the other contains a nursing care unit on the lower floors, to cater for the short-term needs of residents for intensive personal and nursing care. This innovative development is a pioneer in Hong Kong's housing provision that is

tailored specifically to the needs of older people and provides the security of a lease for life, as well as facilitating ageing-in-place as a result of a design and facilities that meet the holistic needs of the elderly residents. Currently, there are 574 elderly residents living in these two developments; i.e. full occupancy, and there are still another 170 applicants on the waiting list. This indicates that the new initiative has been well received by the elderly community. Based upon the success of these SEN projects, the Hong Kong government has committed to reserve land designated for developing such elderly housing and the HKHS has also prepared for further developing similar projects targeted at elderly households of different income strata in various districts of the territory.

Ageing-in-place in residential care homes

Apart from encouraging and enabling older people to age in their own homes, there is also a need to cater for those elderly inmates in residential care homes who would otherwise move from one nursing home to another as they age and become increasingly frail. The Hong Kong government currently provides funding to NGOs operating nursing homes, which amounts to the costs of about half the total of about 70,000 places available. In recent years, it has provided additional subsidies to the NGO-run residential care homes to provide supplementary care and services for increasingly frail older people, specifically those suffering from dementia. As at June 2008, there are about 1,000 elderly residents benefited from such measures as additional 'infirmary' and 'dementia' units in nursing homes. Moreover, the government encourages the former 'elderly hostels' that were originally designed to enable physically fit older people to lead independent lives to undergo conversion to 'care and attention homes' that provide a higher level of personal and nursing care for frail older persons. The original elderly residents thus do not have to move from the hostels to a nursing home when their physical condition deteriorates or when they become increasingly frail. These policy measures are all positive moves towards enabling institutionalized older people to remain living in the nursing homes with which they are familiar.

Concluding Remarks

With its spectacular economic development, its urbanization and not least its political transformation from British colony to Special Administrative Region of the People's Republic of China, Hong Kong is undoubtedly a highly dynamic city. Its population as well as its city fabric has gradually aged. The encroachment of

urbanization and urban redevelopment has brought about gentrification to the detriment of elderly residents, especially those living in old, dilapidated and poor neighbourhoods. The affected older people are confronted with the threat of being dislocated both physically and socially from the original community with which they are familiar. Efforts are called for to enable older people to age in place. With more careful urban planning and architectural design, the 'hardware' of communities, buildings and individual flats can become more elderly friendly, enabling older persons to lead independent lives in a familiar environment. Furthermore, concerted efforts in the provision of in-home services and the promotion of the community care of older people by the general public and by neighbours in particular can also help older people to age in place.

Capitalistic development apparently results in individualistic crazes for material wealth. Urban development in the capitalist city of Hong Kong will also inevitably have adverse impacts on the disadvantaged, including poor older people. The majority of the present cohort of Hong Kong's elderly population is characterized by physical frailty, financial difficulty and the inadequacy of familial and social-neighbourhood support. These disadvantages of various sorts render them vulnerable to severe stress in the process of urban development. Hong Kong, being a Chinese city, should perhaps capitalize on its traditional cultural heritage of venerating older persons in its social policy direction in general, and in its urban development in particular. It is only through more care and concern for the plight of the older people in this Chinese city of Hong Kong that these people can live with dignity in a familiar environment. The principle of ageing-in-place, which is consistent with the spirit of the *United Nations Principles for Older Persons* and *Housing Rights*, can serve as a guiding principle in the urban redevelopment of Hong Kong, and probably in any other city faced with an ageing population and urban fabric, in view of the need to strike a balance between developing a prosperous city and caring for its older people.

------ END ------

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