A research project by School of Design, School of Nursing, Department of Applied Social Science of the Hong Kong Polytechnic University and IIT Institute of Design.
The Future of Ageing in Hong Kong

August 12, 2016

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OBJECTIVE

The objective of the research during Phase 1 was to gain deep insight into the needs, aspirations and patterns of daily life for the senior adults in Hong Kong and to reframe our understanding of the problems and opportunities associated with the future of ageing. From these insights we had developed criteria to help guide the design of future systems of solutions to the issues surrounding ageing. In order to create sustainable and impactful solutions, the research, analysis, and ideation were conducted by interdisciplinary research teams.

The overall purpose was to conduct a project that would investigate methods for helping DISI become a catalyst for cross disciplinary work at HKPU.

RESULTS

We cast a wide net to get a thorough, holistic view of ageing in Hong Kong through primary research. This included interviews with senior adults, caregivers, subject matter experts and community organization representatives. We also conducted several observations in public spaces and deeper camera studies with caregivers.

We generated hundreds of qualitative data points and generated over 150 individual insights based on what we heard and observed. From these insights we discovered larger patterns. First, part of the ageing process includes managing transitions from one state to another, which negatively impacts not only senior adults, but their caregivers, whom are often immediate family members. Maintaining social ties is also a high priority as senior adults want to maintain connections to families and communities. They also wish to create minimal burden on those closest to them. While senior adults try not to be a burden, they also wish to contribute in any way they can instead of only receiving services. This could be anything from volunteering to participating in community groups. Managing health was another pattern from our research, which centered around the financial burdens placed on senior adults coupled with the strain on resources for community groups and health care facilities.

Through the patterns identified, we generated a list of criteria that will guide future concept development. We used some of these criteria to create example concepts, showing how solutions can work as a system to produce positive impact on senior adults, caregivers, communities, and Hong Kong as a whole.

LOOKING FORWARD

This work will inform a second phase to design and prototype products, environments, information and services that improve the lives of the senior adults by identifying the right combinations of people, departments and other partners. These two phases are part of a longer term vision in which PolyU becomes a leader in solutions for successful ageing in Hong Kong and beyond.
SECTION 1 WHAT’S THE PROBLEM?

OBJECTIVE AND CONTENT
It’s time we do something about it

By 2050, Hong Kong is forecasted to rank fifth in the world for cities with the largest percentage of senior adults by the World Health Organization. While the current life expectancy is 87.6 for women and 81.4 for men, in 2036 it will be 90.3 and 84.0 respectively. The gap is widening between retirement and end of life creating a huge set of challenges.

Not only is the population of senior adults growing and living longer, trends already indicate that Hong Kong is not prepared for the health demands that come with a larger and older population. For example, in 2013, "despite making up 14% of the Hong Kong populations, senior adults accounted for around 50% of all hospital bed days in the Hospital Authority", creating a strain on healthcare resources. Private sector services for senior adults are also limited because they cannot financially compete with organizations that receive public funding. Aside from increased demands in health services, retirees are living in one of the most expensive housing markets in the world, one many often can not afford.

Despite being one of the richest countries in the world, on the whole residents are unhappy, an emotional state that is exacerbated among senior adults. According to Dennis Wong, "Hong Kong is losing a lot of competitiveness in terms of social conditions. We are trying our best to develop our economy at the expense of social life". Effects are even greater on senior adults as the Commision on Poverty shows statistics that the population of senior adults over 65 under the poverty line is increasing while overall number of individuals facing poverty has decreased. Those over 65 show high levels of depression and a suicide rate that is almost double that of any age group in the country.

Going into the project, many current perceptions of senior adults were noted. One of the biggest being senior adults are one large, homogeneous group with similar needs. Another was that they are well respected by their families and society. Early questions of what age group to focus on were rooted in a belief that their condition declines gradually and therefore people of the same age group face the same challenges. Often we noticed solutions for senior adults attend to only their physical needs and make attempts to increase their lifespan.
**SO WE NEED TO ACT**

The primary objective of this summer’s research was to gain a broad understanding of the activities of the senior adults of Hong Kong. It is this broad understanding that will ultimately allow PolyU departments to develop realistic designs that are grounded in how people live their lives and the goals they are trying to achieve.

The secondary objective, but in the long run perhaps the more important, was to explore a systematic way that different parts of the PolyU can work together and with outside organizations. Working across organizational boundaries is not easy in companies, but it is perhaps even more difficult in universities where projects have to fit the interests of both the institution and the individual professors. The main reason ID was invited to join this project is that ID is a leader in developing and teaching design methods that combine an approach that is rational and systemic while still using the creative and intuitive abilities embedded in the deep knowledge and experience of experts. We believe PolyU need to develop this ability if it is to do conduct projects like this.

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**PolyU needs to adopt design methods that combine a rational and systemic approach while still using the creative and intuitive abilities embedded in the deep knowledge and experience of experts.**

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Sources:
PolyU is uniquely equipped to solve a problem of this magnitude and complexity.

**WE ARE UNIQUELY EQUIPPED TO TACKLE THIS**

The Hong Kong Polytechnic University has numerous departments on the cutting edge of untapped technology and knowledge, including the largest nursing program in Hong Kong, Applied Social Science, Design, Materials and Textiles, Engineering, Physical Therapy, and Hospitality. By bringing their unique point of view, knowledge, and methods, departments can collaborate to create systematic innovations to improving the lives of senior adults. Jockey Club Design Institute for Social Innovation (DISI) serves as a supportive platform to bring departments together and foster the growth in knowledge and sound solutions that will allow the university to become a leader in the successful ageing innovations and more broadly, social innovation.
SECTION 2 WHAT DID WE LEARN?
RESEARCH FINDINGS
Who did we speak with and what did we see and hear?

In order to get a holistic perspective on Hong Kong, we talked to a wide variety of people involved in the everyday activities of the senior adults. We conducted site visits at community centers and nursing homes. We also spoke with many senior adults in their homes. A camera study was also conducted, which allowed caregivers to document the daily activities of the person they assist. Subject matter experts added an additional layer of context to the complexities of ageing in Hong Kong. This combination of methods and participants allowed us to gain a rich perspective on the senior adults and those who support them.

**SENIOR ADULTS**

- Shadowed seven adults, most of them are members of the Institute for Active Ageing (IAA)
- Interviewed three senior adults associated with St. James Settlement
- Interviewed two hidden senior adults in Yau Ma Tei
- Conducted camera study documenting daily life of seven senior adults

**CAREGIVERS**

- Interviewed and conducted camera study with six people who are the primary caregivers for senior adults
- Interviewed two social workers from St. James Settlement
- Conducted a camera study and interviewed two social workers from Tsim Sha Tsui Kai Fong Welfare Association

Our team spoke with senior adults in their homes in Yau Ma Tei.
SUBJECT MATTER EXPERT INTERVIEWS

- School of Nursing Faculty
- The Department of Applied Social Science Faculty
- School of Design Faculty
- Institute of Active Ageing representatives
- Hong Kong Housing Society General Manager
- PolyU Council Members and Treasurer
- Hong Kong Government Elderly Commission Member
- Social Workers
- Community Nurse
- Physiotherapist
- Biomedical Engineering Faculty
- Diamond Cab representative

GREATER COMMUNITY

- Visited and spoke with staff at Hong Kong Housing Society (Cheerful Court)
- Visited The Tanner Hill housing development and spoke with two of its developers
- Visited and spoke with staff at Tsang Shiu Tim Home for the Elderly
- Visited and spoke with staff at Yan Chai Hospital and nursing homes
- Observed in Aberdeen
- Observed in Shek Kip Mei
- Observed in Wan Chai
- Observed homeless people in Sham Shui Po
Putting it all together

We compiled our observation and interview notes in a consolidated database for easy searching and sorting. From the large number of observations, both in the database and debriefing notes, we generated a list of 150 unique insights.

Using the Insight Matrix tool, we compared each insight to every other insight using a 0-3 scale with defined parameters. The two example insights were scored as a 3.

Insight Example 1
Hidden senior adults are skeptical of receiving assistance from social workers.

Insight Example 2
Many senior adults do not want services that are perceived as welfare.

After scoring each comparison, the program resorted the insights to group them into clusters indicating larger patterns of related activities. (The diagonal line indicates when each insight is compared to itself.) We identified five clusters grouped into three larger themes.
No pattern on its own can summarize such a complex topic like health and ageing in Hong Kong. Through primary research conducted with senior adults, caregivers, organizations and content experts across multiple districts, we discovered five large patterns of activity. These may seem like common sense at first glance, but the way the patterns relate to each other and reframe our thinking is about where we see the value. The five large patterns are organized into three broad themes: home, people and health.

Maintaining Social Ties
- Without family and intergenerational relationships, social ties between the senior adults and their communities are weak.

Avoiding Becoming a Burden
- Senior adults strive to avoid being seen as a burden to their family and community.

Contributing to Community and Self-Fulfillment
- Senior adults desire to pursue self-fulfillment regardless of age and ability level.
- Senior adults desire to participate in activities to assert their independence and show that they can add value to their communities.

Ageing in Place While Managing Transitions
- Senior adults prefer ageing in place because transitions are disruptive and isolating.
- Caregivers help ease the transition of ageing adults but their own emotional needs are not met.
- Fear of falling creates mental and physical barriers to participation in social and community activities.

Manageing Health: Finances and Community Systems
- Dealing with medical expenses is stressful and strains the senior adults adult's budget.
- Senior adults care requires interconnected support resources that are often burdened by increasing demand and caregiving skill gaps.
- Senior adults are forced to choose between extreme options that are immediate and expensive or affordable with long wait times.
“Yes, she likes mahjong a lot. But she cannot play too often. Maybe just few rounds...After four to five rounds, she needs to leave and do something else like watching TV.”

—Daughter of nursing home resident
Maintaining social ties

When interviewing senior adults participants and their caregivers, many of the stories we heard were about the desire to stay close with family or friends. Though this pattern is closely related to socializing, it’s also a way of wanting to age in place. Transitioning to a new living environment or situation impacts social ties. People have moved from the familiar to the unfamiliar. Someone can go from living with an adult child and grandchildren to a nursing home where they know nobody. Maintaining relationships is critical to happiness, especially as someone is struggling with the very health problems that separated them from their families in the first place.

Without family and intergenerational relationships, social ties between the senior adults and their communities are weak.

In the photo of the mahjong players, a senior woman is playing with her family. She lives in a nursing home 45 minutes away from her daughter’s home, but is allowed to visit and stay with her daughter every Saturday. This is one of many examples of senior adults maintaining relationships with their families and communities. Without frequent contact, loneliness is a significant problem for those who are isolated with limited visitors or access to community activities. We heard from some senior adults that they would rather be loved and accepted than mobile. Regardless of their mobility levels, being loved is their number one priority.

We met an 84-year old man who still plays basketball daily. He enjoys meeting other players in the park, regardless of age. They jokingly call him ‘young one’.
"Not for their economic status, some of them have their own status. They want to earn a living. They want to earn a living by themselves." — Social Worker
From many conversations we heard that some senior adults feel that they can’t contribute to their family or community, so they’re reluctant to accept help. There’s a sense of pride in remaining independent, which can lead to exasperating health conditions and further isolation. Additionally, there’s a stigma attached to reliance on government allowance or anything else considered welfare. Community organization representatives have also indicated that it takes time to build trust with those who are reluctant to seek help. This can lead to a phenomenon of “hidden senior adults”, who rarely leave their homes.

Senior adults strive to avoid being seen as a burden to their family and community.

Managing disruptive transitions is stressful for the senior adults not only because their living situation changes, but also because their mental model of who they are has fundamentally changed. Their roles shift from being caregivers to care-receivers, creating dramatic emotional stress. The sense of sacrifice and independence is especially strong among those of the older generation. Some of those in the older generation are considered hidden senior adults. There is no official qualification for what makes someone hidden, but hidden senior adults are those who have very little contact with the outside world. They’re more likely to have limited contact with immediate family. They’re also reluctant to receive help from social services. We heard several stories from social workers about the only way they discover hidden senior adults are chance encounters in public.

One man was found at a 7-eleven trying to read a label on food packaging. A social worker introduced herself and that man eventually accepted assistance. Hidden senior adults are more likely to accept assistance if it includes tangible goods like food or appliances. Social workers wish they could do more to locate and assist these individuals, but it’s difficult with the limited resources they have as the number of their current cases increase.

This participant, even after discharging from the hospital, tries to help with housework as much as he can even though he lives with his son’s family and a part-time domestic helper. He tries to fold the laundry and take dirty dishes to the sink with his shaky hands.
“Every day is different. When some course or some exercise is finished, I will start another one. So I am active every day, maybe volunteering, maybe dancing, maybe high-tea and having lunch with friends.” —Actively Ageing Grandmother
People

Contribution stood out as a meaningful aspiration for many of the senior adults we spoke with, regardless of ability. First, many of them were seeking fulfillment through some interest or activity. These interests could be individual or group activities. In addition to self-contribution, they strived for community contribution. Having limited ability was linked with the perception that they weren’t adding enough value to their communities. Therefore, they found ways to participate in any way they could, which included volunteering or other small tasks. This is related to building a sense of belonging and connection to the familiar people and places they value most.

Senior adults desire to pursue self-fulfillment regardless of age and ability level. Whether someone is living in a cramped apartment without running water or a luxurious senior center, they still want to live a purposeful life by participating in activities they enjoy. Though a common perception of senior adult’s activities consists of Cantonese opera and mahjong, we found that passions among senior adults are as diverse as they are at any age. From gadget-making to sewing to photography, there’s at least one activity that participants desire to pursue. At one senior adults center, there’s a group who plays basketball. Some are more mobile and can run up to the basket, while others are in wheelchairs. The social workers at the center made sure that everyone was able to at least catch and pass the ball.

Senior adults desire to participate in activities to assert their independence and show that they can add value to their communities. As self-fulfillment cultivates a stronger sense of being, contributing to a community cultivates a sense of belonging. As long as they are mobile, many retired senior adults prefer to be productive in some way, whether it’s by working part-time or volunteering. They would rather do something instead of living a sedentary life at home. Senior adults can be seen collecting recyclable materials on the street. Yes, many of them do it to earn some money. However, some also do it because they want to keep working. So instead of just receiving services, senior adults want to also be a provider of services in any way they can.

In Aberdeen, many senior adults help maintain the idols in the park. Some of them swim nearby and take a break in a small constructed shelter. They have supplies for when people come to add or maintain the idols that have been placed.
They prefer to live in the street than live in public housing even when they are older because this is where they grew up. This is where their network is. —Social Worker
Ageing in place while managing transitions

When thinking about ageing, it’s logical that the transition from one state to the next is gradual. E.g. Someone starts using a cane to walk, then they’ll require assistance from someone, then they’ll need a wheelchair, etc. However, transitions are often more drastic and disruptive. A person who’s living independently might have an accident and require immediate 24-hour care in a nursing home. This disrupts not only that person, but requires lifestyle changes to their closest family members. Ageing in their own homes and communities is the best case scenario, but maintaining links to their former state makes transitions easier to handle.

Senior adults prefer ageing in place as transitions are disruptive and isolating.

If someone has spent their whole adult life in an apartment and has to move to an unfamiliar nursing home away from their neighborhood, this can be quite a traumatic event. Many people we spoke with preferred to maintain some connection with their homes and neighborhoods. They also strive to maintain some connection to their past through memorable activities like cooking, photography or sewing.

Caregivers help ease the transition of ageing adults but their own emotional needs are not met.

Disruptive transitions also have a significant impact on a spouse, child or other immediate caregiver. A wife might no longer be able to have her husband living with her. Or perhaps a son will now be providing housing for his mother. This disrupts their normal routines and creates additional stress.

Fear of falling creates mental and physical barriers to participation in social and community activities.

They are concerned about their ability to be mobile in their communities, but the signals of getting older and dependent are stronger deterrents to participating in activities. Many senior adults are aware of the negative stigma associated with products designed specifically for them. For example, some would rather use an umbrella to aid their walking instead of a cane.

This participant has stress associated with her late husband’s family and managing finances, but her sewing machines bring her happiness. She had been working as a seamstress for over 30 years and keeps making her own clothing. She was wearing one of her outfits that she made herself when we talked to her.
"You can say I am a 24-hour nurse. He cannot even take a bath by himself, so I need to do everything including cleaning and personal care." —Caregiver
Manageing health: Finances and community systems

While it may be no surprise that medical expenses are seen as a priority item in the budget of some senior adults, we were surprised to hear some senior adults face the dilemma of spending money to improve their health, but living longer means more expenses that they may not be able to afford. Many senior adults are unaware of government social allowances that are available to them while others simply do not want to accept financial or other types of assistance that they perceive as welfare. There’s an insufficient supply of nurses, social workers, and specialized caregivers to meet demand on health services created by the growing population of senior adults.

Dealing with medical expenses is stressful and strains the senior adult’s budget.

When entering retirement, budgets become fixed while, often, medical expenses balloon. Experts shared that half of a senior adult’s retirement is spent in the last 2-3 years of life. Many participants told us how they took extreme measures to stretch their budget. Some of these senior adults did not have savings and their Comprehensive Social Security Assistance only covers basic needs. This forces senior adults to choose between hospitals that are immediate and expensive or affordable with long wait times.

Senior adults care requires interconnected support resources that are often burdened by increasing demand and caregiving skill gaps.

Caring for senior adults seems to spread across various family members, caregivers, social services and hospitals. The supply of social workers is insufficient while many of the minor situations handled by nursing services could be handled by less qualified caregivers. Domestic helpers are a preferred care-giving option because they are affordable but typically they only assist with basic care since they haven’t received additional training. Specialized caregivers from abroad are in short supply because they face the same lengthy visa process as foreign domestic workers.

At the Yan Chai occupational therapy center, specialists work with patients who have dementia by bringing them into a memory room. It’s like a time capsule from decades ago. Talking about objects and photos in the room helps with memory.
In order to create designs that work together rather than ad hoc projects, it was important to establish a set of criteria that guide all innovations.

Design criteria serve as guideposts to add some meaningful constraints and also inspire relevant offerings. The criteria on the next page were generated from the patterns identified by all of the interviews and observations conducted.

To illustrate the application of criteria, Tanner Hill and Sham Shui Po are two extreme examples of what it’s like to live in a senior adults housing development. Regardless of housing situation, financial resources, ability and age, the criteria should be able to provide anyone with offerings that address specific needs.

Tanner Hill
A non-subsidised lifelong rental housing project for the senior adults. This center provides many services including a rehabilitation center, theater, daycare, coworking area, and gymnasium. “Prices range from HK$1.8 million to HK$20 million depending on size, location and the age of applicants.”

Sham Shui Po
There is a self-constructed housing under the bridge outside the Jade Market, one of the poorest districts in Hong Kong. The community is a blend of youth, kids and senior adults. According to the social worker many of the people living in this area are recovering drug addicts.

Sources:
Criteria generated from patterns

**UNIVERSAL CRITERIA**

Innovations must...

- incorporate universal design to meet people's needs regardless of age, ability, gender, financial state, etc.
- break the negative stereotype society holds of ageing.

**PATTERN SPECIFIC CRITERIA**

Innovations must...

- manage the emotional and logistical challenges that caregivers face.
- help caregivers gain a sense of achievement and acknowledgement.
- make receiving and seeking out social assistance more acceptable.
- provide flexibility for senior adults to decide their level of participation in activities they enjoy.
- enable the senior adults to flexibly contribute based on their abilities and interests.
- respond to people's changing needs over time.
- maintain familiar aspects of a person's life.
- consider how multiple service providers can work together to support ageing adults.
- reduce strain on institutional and public resources and services.
SECTION 3 WHAT CAN BE DONE?

SYSTEM OF CONCEPTS
We propose a system of solutions addressing issues faced not only by seniors, but the general population.

This increases the interaction across generations and help control costs by expanding the user group. These solutions are an example of what a system could look like based on our research and design criteria. These are not final concepts, rather a vision of what’s possible with collaboration across departments and organizations.

**MY TIME**
A timebank for exchanging services

**Contributing to Community and Self-Fulfillment**
Senior adults desire to participate in activities to assert their independence and show that they can add value to their communities.

**MY HOME**
An intergenerational co-living space

**Ageing in Place While Managing Transitions**
Senior adults prefer ageing in place because transitions are disruptive and isolating. Caregivers help ease the transition of ageing adults but their own emotional needs are not met.

**MY LIFE**
A community space for personal growth

**Avoiding Becoming a Burden**
Senior adults strive to avoid being seen as a burden to their family and community.

**MY HEALTH**
A digital health management system

**Managing Health: Finances and Community Systems**
Dealing with medical expenses is stressful and strains the senior adult’s budget. Senior adults care requires interconnected support resources that are often burdened by increasing demand and caregiving skill gaps. Senior adults are forced to choose between extreme options that are immediate and expensive or affordable with long wait times.

**Maintaining Social Ties**
Without family and intergenerational relationships, social ties between the senior adults and their communities are weak.
**MY TIME**

is a timebank for exchanging services that quantifies value with hours.

My time is to not only to motivate community members to provide services by receiving points but also make the members comfortable about receiving services from other members of community.

**ACTIVITIES**

Credit exchange

My Time allows members to contribute their skills to earn credits and spend the credits to get another service.

**KEY CRITERIA**

- Consider how multiple service providers can work together to reduce complexity faced by users
- Help caregivers gain a sense of achievement and acknowledgement
- Make receiving and seeking out social assistance more acceptable
- Enable the senior adults to flexibly contribute based on their abilities and interests

**Ambassador**

Ambassador is a potential new career position, especially for new retirees, who facilitates how the system works.

Ambassadors can be any ageing adult who can contribute and ease the burden of caregivers, nurses and other stakeholders. They can step in senior adult’s shoes and better understand their needs and concerns.

While ambassadors get credits from other members (e.g. their students) once they finish their service, members are endorsed to have acquired that certain skill. With accumulation of badges, they are eligible to provide services related to that skill.

Ambassadors can use the credits to exchange for services from other members, e.g. basic health checking, domestic help like changing light bulbs, etc.
is an inter-generational co-living space.

It supports ageing in place where senior adults can contribute to others in their community.

ACTIVITIES

Co-living

My Home is a co-living space that allows senior adults to live in a mixed community with people of all ages, allowing natural daily interactions. Instead of the current situation where elders often live isolated from the rest of society in buildings full of their peers, My Home fosters inter-generational relationships.

Common area

Working together in the communal kitchen not only encourages social interaction but also eases the workload of residents. The shared responsibility builds a sense of community among all residents while involving senior adults and creating incentives for younger families.

Nursing support

The nursery within a nursing home allows senior adults to engage with young children and both groups can be cared for by nursing and social work student interns. By having these services within the residential building, senior adults can better maintain their mental and physical health, therefore reducing the need for public facilities.

KEY CRITERIA

- Respond to people’s changing needs over time
- Maintain familiar aspects of a person’s life
- Reduce strain on institutional and public resources and services
provides a community space that allows people to pursue personal growth.

They can pursue personal growth regardless of their age, gender and income level - a place for them to make a second life. It encourages senior adults to discover their values, and bring their values to the community and society. Provide a variety of offerings that could meet senior adult’s different needs and conditions.

**KEY CRITERIA**

- Break the negative stereotype society holds of ageing
- Respond to people’s changing needs over time
- Provide flexibility for senior adults to decide their level of participation in activities they enjoy

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**ACTIVITIES**

**Counselling**
Senior adults could receive counselling services that helps them get a better idea of their current needs and inspirations. They could get their interests and skillset accessed in My Life, then pursue continuous learning by taking a wide offering of classes at My Life.

**Skill training**
Members get endorsed once they complete a certain type of class. They could earn badges as an endorsement of their skills through taking classes taught by the Ambassadors.

Classes may include Basic care, art and craft making, introductory to Hong Kong culture and history, etc., allowing them to take their interest to a further stage. It also provide the opportunity for senior adults to pursue re-employment equipped with basic skills. Ambassadors could be people who are specialized in specific skills.
is a health management system that provides support for patients and caregivers.

My Health reduces the workload of caregivers and nurses by creating a digital space for them to communicate and track the health of senior adults patients.

**KEY CRITERIA**

- Consider how multiple service providers can work together to support ageing adults
- Manage the emotional and logistical challenges that caregivers face
- Reduce strain on institutional and public resources and services

**ACTIVITIES**

**Basic care training**

My Health is filling the gap between the nurses and hospital staff with senior adults by training ambassadors with basic caregiving skills to help the senior adults in their living environments. Ambassadors get basic care training in My Life and endorsements for their skills through badges earned.

The basic care provided by ambassadors includes physical examinations, blood pressure check, cholesterol and blood sugar tests.

**Ambassadors providing care for senior adults**

Ambassadors are connected to patients in their neighbourhoods through the digital space (application) and health trackers. They will be notified when the senior adults encounters health problems. For future help, ambassadors are able to go into the home of senior adults to provide basic care, check up, update the doctor and help with transferring the senior adults to the hospital if necessary. Ambassadors are critical to be at the senior adult’s home to ease the burden on caregivers, senior adults and hospital staff.
Currently there is a gap in the community between the youth and older generation. Senior adults aren’t receiving the support they need. At the same time they aren’t comfortable with only receiving without contributing back to their community.

As shown on the value web, there are services provided by NGOs and community centers to support the senior adults, who might be emotionally and logistically challenged, through the work of social workers.

A cash allowance is given to Hong Kong residents who are at least 65 years old via the government. Through this cash allotment, the senior adults can barely afford daily expenses. In many cases the senior adults do not know how to apply the funds and/or refuse to receive the funds without any meaningful contribution returned to society.
After

The core idea behind My Time is that people are able to receive points for the time they spend helping other community members. They can spend those points for their rent in My Home, classes to improve their career at My Life and get health services through My Health.

My Time enables senior adult to participate in a value sharing system as ambassadors, to share skills and services with others by contributing hours to earn credits in return.

Community members can also participate and give credit(s) to their family or friends, thus strengthening family and social ties.
**VALUE WEB**

Before

Different groups of people are being served separately by different organizations before.

After

Currently there is a gap in the community. My Home creates value by bringing integrated services into a residential building and fostering a community of residents.

Services, such as the nursery in the nursing home, provides nursing and social work students with a way to gain experience working with senior adults, which will be critical aspect of their careers. By involving students, My Home can reduce the cost of nursery and nursing home services for residents. This also creates an incentive for young families. More services in the building also helps senior adults age-in-place and reduces the strain on public resources. By opening up to the public, these services create an additional revenue stream.
In addition to subsidized housing, hiring low-income senior adults for jobs within the building decreases their financial burden and gives them an opportunity to contribute to their community. Possible jobs include receptionist, maintenance, and folding laundry. Senior adults can gain or improve skills for these jobs at My Life, which could be located within the building and open to the public. Hiring within the building allows My Home to offer more services that support residents of all ages.

My Home helps create a sense of community through shared activities and responsibilities. Residents take turns preparing dinners in small teams so that any individual is only responsible for cooking 3-4 times a month. This keeps senior adults engaged with residents of other ages and helps support busy, working families. The time spent together strengthens the community which can have a huge psychological benefit to senior adults. Also, residents with financial means subsidize the cost of rent for lower-income senior adults through the rent they pay.
The senior adults are seen as service receivers, not providers. The newly retired often express a strong desire to learn new things, to share their experiences and expertise, or continue working, but face challenges to find proper information channels and accessible services.
My Life provides an accessible service platform for aging adults to explore new ventures in life post-retirement through contributions of their expertise to the community. It helps ageing adults achieve self-fulfillment and equips them with skills that allow them to be re-employed and re-skilled post-retirement.

My Life is collaborating with both the existing neighbouring community centers and organizations, while adding new community places such as My Home.

My Life integrates with the rest of the system, which includes My Time, My Health, and My Home. Aging adults have the option to spend their time credits on a variety of classes via My Time.

Ambassadors receive basic care training in My Life to support the aging adults who need support in the My Health system.
VALUE WEB

Before

The current value web shows the dependency of the senior adults on the government for financial support and their dependency on caregivers, which could be either a domestic helper or their children with daily activities.

On the other hand, hospital staff, doctors and nurses are overloaded with the number of patients, which forces rushed care and quicker discharges of their patients. This creates the disconnection with senior adult patients afterwards.
After

My Health simplifies the lives of people in an ageing adult's ecosystem. Doctors, patients and caregivers will be connected through a digital management system to enable efficient communication and efficient services.

My Health eases the life of ageing adults by bringing ambassadors with basic caregiving skills into their home environment.

Ambassadors are integral to help patients manage health through My Health, easing strain on caregivers and hospital staff with preventive care.
SECTION 4 NEXT STEPS

CHOICES
**POLYU HAS SEVERAL OPTIONS FOR NEXT STEPS:**

1. Wait until summer of 2017 to continue with ID and RCA in developing more detailed work.

2. Use this work and the ideas from the RCA session to create interest in the project.

3. Fund work at RCA and ID during the upcoming academic year to maintain momentum and prepare for more advanced work next summer.

4. Have ID conduct a two-day workshop with the specific goal of involving faculty from across HKPU in this initiative. The workshop should lead to several interdisciplinary projects, even including organizations outside of HKPU.

5. For the long term success, HKPU needs to become an expert in the design methods that underlie the systems approach represented by some of the contributions of ID in this project. We believe you should start this process before, not after, you hire a new DISI director.

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*PolyU has already used the preliminary results of this work as the base for a workshop conducted by the Royal College of Art.*