



HONG KONG PUBLIC OPINION RESEARCH INSTITUTE

香港民意研究所

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# Hong Kong Public Opinion Research Institute

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## “Support for Carers” e-Deliberative Poll Research Report

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**Online Survey Date: November 1-9, 2024**  
**e-Deliberative Poll Date: November 6, 2024**  
**Release Date: December 12, 2024**

HKPORI proactively promotes open data, open technology and the free flow of ideas, knowledge and information.

## Table of Content

Acknowledgement.....	3
Introduction.....	3
Research Design.....	4
Contact Information .....	5
Part 1: “POP Panel” Online Survey .....	5
Part 2: “Support for Carers” e-DP .....	5
Quantitative Analysis Results .....	6
Part 1: “POP Panel” Online Survey .....	6
Part 2: Opinion Changes Analysis after Deliberation .....	10
Qualitative Analysis Results .....	13
Part 1: “POP Panel” Online Survey .....	13
Part 2: “Support for Carers” Deliberation Content .....	13
Part 3: “Support for Carers” Post-deliberation Survey .....	16
Concluding Remarks .....	17
Appendices .....	18
Appendix 1: Frequency Tables .....	19
Appendix 2: Demographic Profile of Respondents.....	22
Appendix 3: Calculation of Response Rate of “POP Panel” Online Survey .....	24
Appendix 4: Questionnaires .....	25
(1) “POP Panel” Online Survey Questionnaire (Excerpts from “Support for Carers” and Personal Information Section).....	25
(2) “Support for Carers” e-DP Post Deliberation Online Survey Questionnaire .....	31
Appendix 5: “Support for Carers” e-DP Discussion Agenda (Chinese Only).....	33
Appendix 6: “Support for Carers” e-DP Information Pack (Chinese Only) .....	35
Appendix 7: “POP Panel” Composition.....	38
Appendix 8: Weighting Procedure .....	39

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## Introduction

“Deliberative Polling” is a public opinion research methodology that encourages people to think critically and discerningly, founded by Stanford University in the United States. As early as 2009, the research team of HKPORI has already introduced it to Hong Kong through the work of the Public Opinion Programme (POP) at the University of Hong Kong. Apart from organizing various training activities, we have also co-organized, with Radio Television Hong Kong, various deliberation activities, and later appeared in the form of the radio programme “Voices from the Hall” (眾言堂), to promote government consultation and public discussion on various issues. For more information about HKPORI’s early deliberative activities, please refer to the website <https://hkupop.pori.hk/english/deliberativePolling/index.html>.

In recent years, with the rapid advancement of information technology and artificial intelligence, Stanford University has therefore developed a set of online deliberative polling tools to promote deliberative polling in a fast, efficient and cost-effective way.

Along with its repositioning, HKPORI has gradually rolled out various developments in the past six months, like restructuring our social media platforms, redesigning our website, reorganising our data downloading platforms, promoting Deliberative Polling, and optimising our membership system to enhance civic education and user experience. This e-DP on “Support for Carers” is conducted to echo such development, aiming to understand public opinion through deliberation and discuss the pros and cons of policies. It is hoped to facilitate the formation of more policies that can truly help and support the local carers.

## Research Design

HKPORI had included six pre-deliberation survey questions on “Support for Carers” in its November POP Panel online survey, and extended invitation to all respondents to take part in this e-DP.

The above online survey was launched on November 1, 2024 (Friday), and as of noon on November 4, which is two days before the event, a total of 29 respondents have expressed interest in participating in the e-DP held on November 6 (Wednesday). On the same evening, HKPORI sent email confirmation to these respondents, together with the information pack on “Support for Carers” including background information on the policies, and the pros and cons of different proposals for their reference. In the same email, we also provided them with a testing link to try out the e-DP platform, to test the equipment and familiarize themselves with the system. At least one reminder phone call was also made for further confirmation. One day before the event, HKPORI sent another reminder email to the participants, attaching the official event link and a simple operation manual. Eventually, a total of 14 participants showed up to join the e-DP on time.

This e-DP was conducted through an online platform developed by Stanford University. The platform assigned the 14 participants into two groups for discussion and assisted in controlling the agenda and time of the discussion, as well as coordinating the order of speaking. After a brief self-introduction, participants started taking turns to express their opinion on the two agenda items. In the first agenda item “How to Allocate the Resources”, participants discussed whether the areas should be prioritized for resource allocation in the order of the designated policy areas. Then they moved on to the second agenda item “Whether Resources Should be Focused on the Care Team to Support Carers”. Participants could also check the information pack and the pros and cons of each proposal at any time during the discussion. The two groups eventually completed their discussions in about half an hour and almost an hour respectively. Upon completion of the discussion, participants were asked to complete a post-deliberative online questionnaire and provide reasons for their change of opinions, if any, after the deliberation.

## Contact Information

### Part 1: “POP Panel” Online Survey

The following is the contact information for the “POP Panel” online survey:

**Table 1: Contact Information of “POP Panel” Online Survey**

Date of survey	November 1-9, 2024
Survey method	Online survey by email invitations to “POP Panel” members (including “Hong Kong People Representative Panel” and “Hong Kong People Volunteer Panel”)
Target population	Hong Kong residents aged 12 or above
Total sample size	1,590
Response rate	2.1%
Sampling error <sup>[1]</sup>	Sampling error of percentages not more than +/-2.5% at 95% confidence level
Weighting method	Rim-weighted according to 1) age and gender, educational attainment (highest level attended) and economic activity status distribution of Hong Kong population from Census and Statistics Department; 2) political inclination and appraisal of political condition distribution from regular tracking telephone surveys.

[1] All error figures in this release are calculated at 95% confidence level. “95% confidence level” means that if we were to repeat a certain survey 100 times with different random samples, we would expect 95 times having the population parameter within the respective error margins calculated. Because of sampling errors, when quoting percentages, journalists should refrain from reporting decimal places, whereas one decimal place can be used when quoting rating figures.

### Part 2: “Support for Carers” e-DP

The following is the contact information of the “Support for Carers” e-DP:

**Table 2: Contact Information of e-DP**

Date of e-DP	November 6, 2024 at noon (12:30 pm to 1:30 pm)
Survey method	Online discussion
Number of invitations sent	74,127
Number of members whose applications were confirmed	29
Final number of participants	14

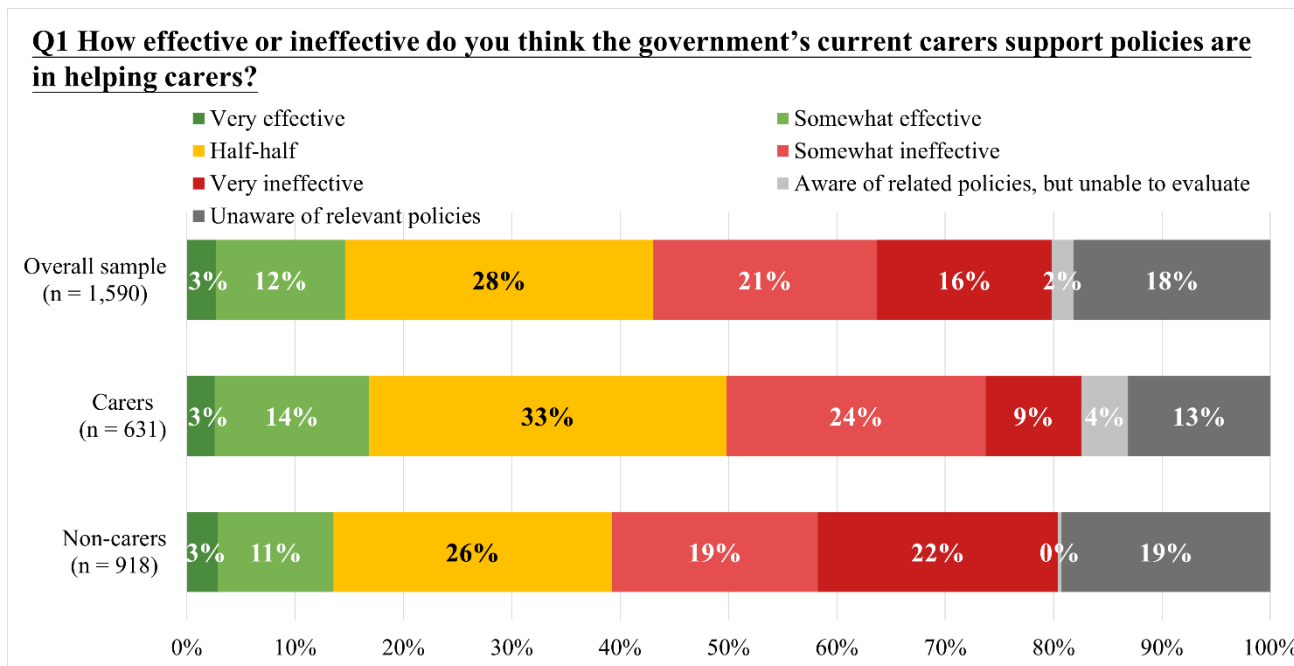
On November 1, 2024, HKPORI invited 74,127 “POP Panel” members by email to participate in our online survey, which included five multiple choice questions and one open-ended question about “Support for Carers”, and inviting them to join the e-DP held on November 6. As of noon on November 4, 29 panel members indicated they were interested in the event. On the same day, we sent out confirmation emails to them, together with the information pack on “Support for Carers” and the testing link to the e-DP Platform. On November 5, HKPORI sent them another reminder email, attaching the official link of the event and a simple operation manual, and called them at least once for further confirmation. Eventually, a total of 14 members of the “POP Panel” attended the e-DP on time on November 6, and also completed the post-deliberation questionnaire.

## Quantitative Analysis Results

### Part 1: “POP Panel” Online Survey

The quantitative analysis results of the “POP Panel” online survey are as follows. The sample size is 1,590 and all figures have been rim-weighted.

**Chart 1: “Effectiveness of the Current Carer Support Policies”**



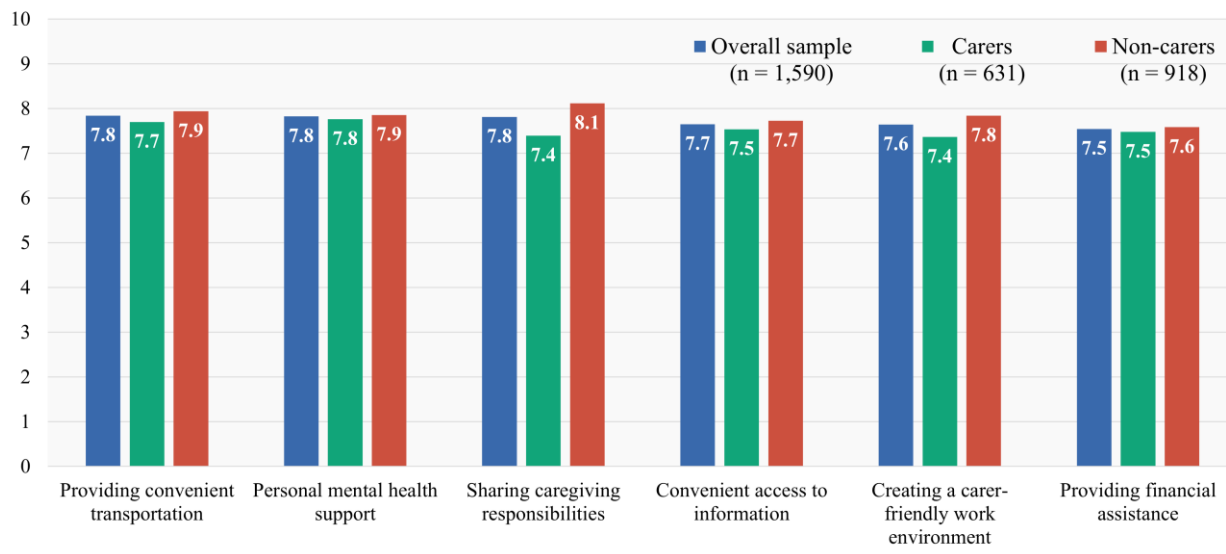
The overall results revealed that only 15% of the respondents consider the government’s current carers support policies effective in helping carers, 37% consider them ineffective, and 28% indicated half-half. Besides, 18% said they are unaware of relevant policies. The mean value is 2.6, meaning people’s stance toward the current policies is between “somewhat ineffective” and “half-half” in general.

When separated by their role as carers vs. non-carers, 17% of the carers consider the current policies effective, 33% consider them ineffective, and 33% indicated half-half. As for non-carers, 14% of them consider the current policies effective, 41% consider them ineffective, and 26% indicated half-half. 13% of the carers and 19% of the non-carers said they are unaware of relevant policies. The mean values are 2.7 and 2.4 respectively, meaning their stances are between “somewhat ineffective” and “half-half” in general.

**Chart 2: “Level of Need in Different Areas of Policy Support”**

**Q2 Please rate on a scale of 0-10 how much you think carers are in need of each of the following areas of policy support.** (Ranked in descending order of ratings for the overall sample)

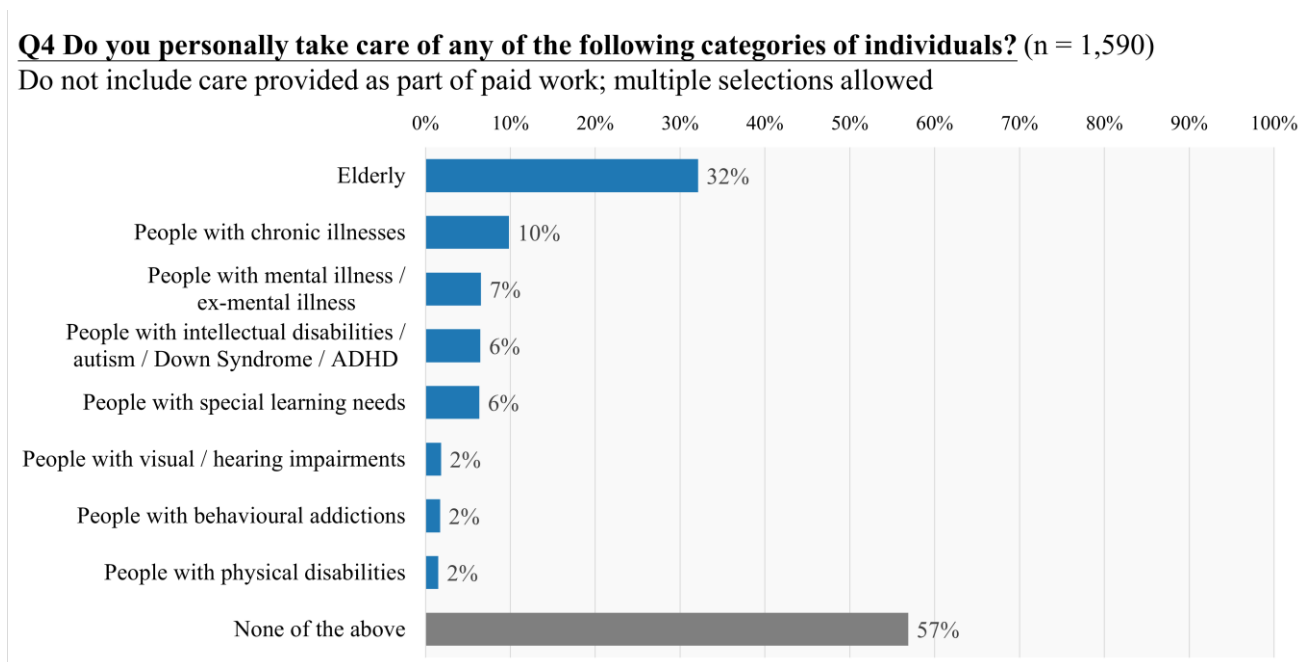
0 indicates absolutely no such need, 10 indicates absolutely in need and 5 indicates half-half.



Regarding their need for the six specific policy areas, the overall ratings are highly similar, ranging from 7.5 to 7.9 marks. Ranked from high to low need ratings, the orders go: providing convenient transportation, personal mental health support, sharing caregiving responsibilities, convenient access to information, creating a carer-friendly work environment, and providing financial assistance.

When analysed by their role as carers vs. non-carers, carers identified the need for “personal mental health support” as the most important, with a mean score of 7.8, while the need for “a carer-friendly work environment” was relatively the lowest, with a mean score of 7.4. As for non-carers, the need for “sharing the work of carers” was considered the most important, with a mean score of 8.1, while the need for “providing financial assistance” was relatively the lowest, with a mean score of 7.6.

**Chart 3: “Category of Care Recipient”**

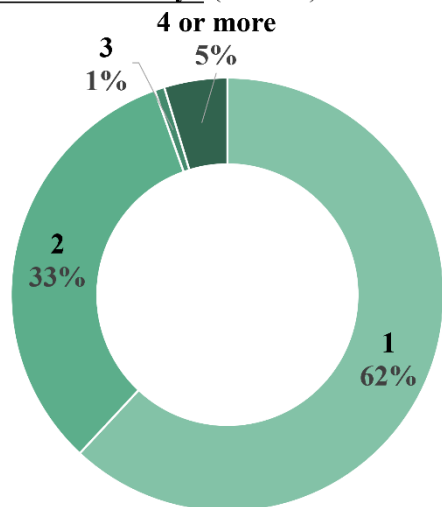


Regarding the categories of care recipients, people who need to take care of the elderly account for the largest proportion, at 32%. It is followed by people with chronic illnesses, those with mental illness / ex-mental illness, then people with intellectual disabilities / autism / Down Syndrome / ADHD, and those with special learning needs, which account for 10%, 7%, 6% and 6% respectively. People with physical disabilities, those with visual / hearing impairments and also with behavioural addictions accounted for 2% each. In addition, people who do not have to take care of any of the above individuals, namely, non-carers, occupied 57% of the total sample.



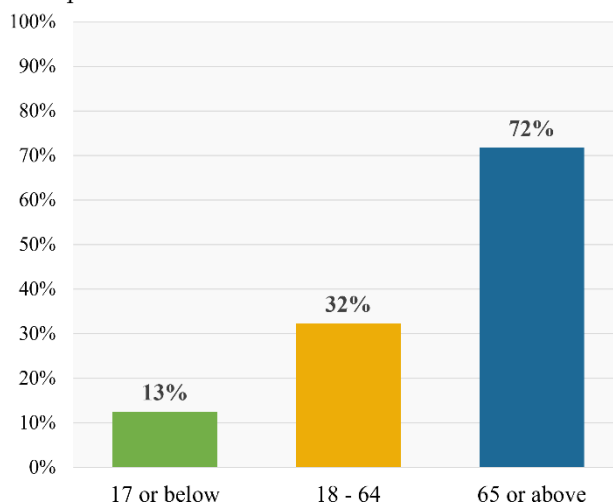
**Chart 4: “Number of Care Recipient” and “Age of Care Recipient”**

**Q5 How many individuals in these categories do you care for currently? (n = 631)**



**Q6 What age group do(es) your care recipient(s) belong to? (n = 631)**

Multiple selections allowed

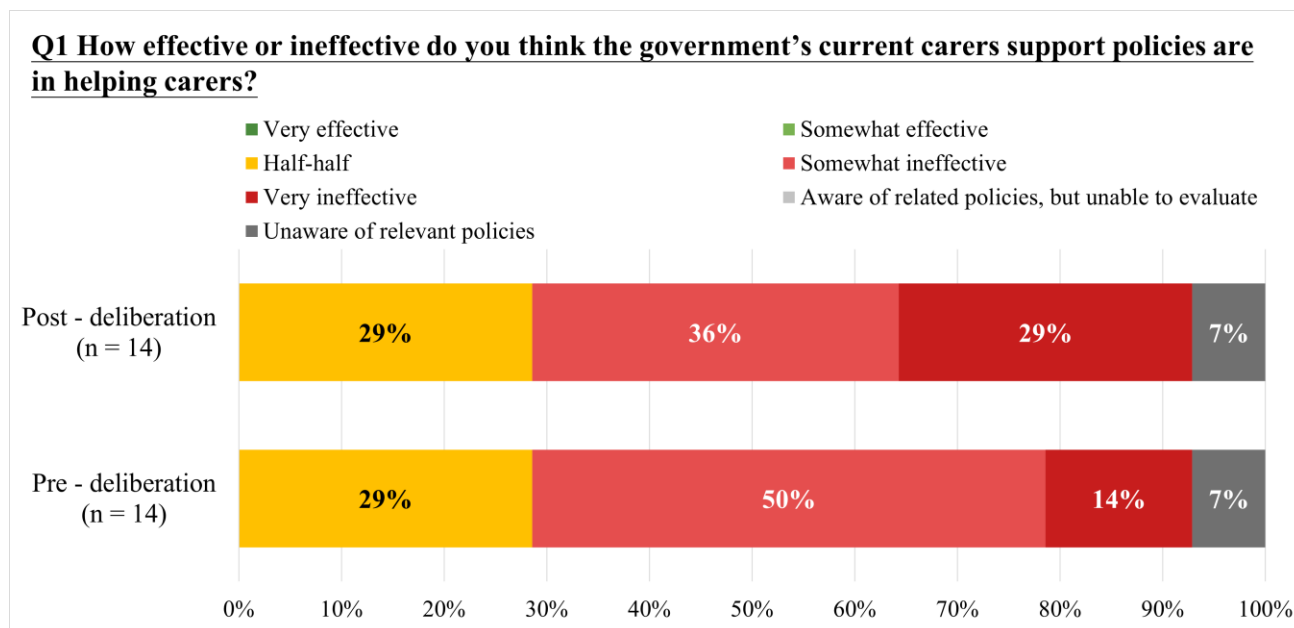


Among all carers, 62% have one care recipient, 33% have two, and 1% have three. There were also 5% of carers with four or more care recipients. On average, if setting all respondents chose “4 or more” to have 4 care recipients, each carer would have an average of 1.5 care recipients. Regarding the age of the care recipients, the majority is aged 65 or above, with 72% of carers taking care of them, followed by 28% of those aged 18-64, with 32% of carers taking care of them.

## Part 2: Opinion Changes Analysis after Deliberation

The following are the quantitative analyses of **overall changes** in opinion among all e-DP participants (n = 14 in total) after the deliberation, and this part of results is based on raw figures, meaning **not weighted**:

**Chart 5: e-DP Participants’ Overall Opinion Changes on “Effectiveness of the Current Carer Support Policies” after Deliberation**

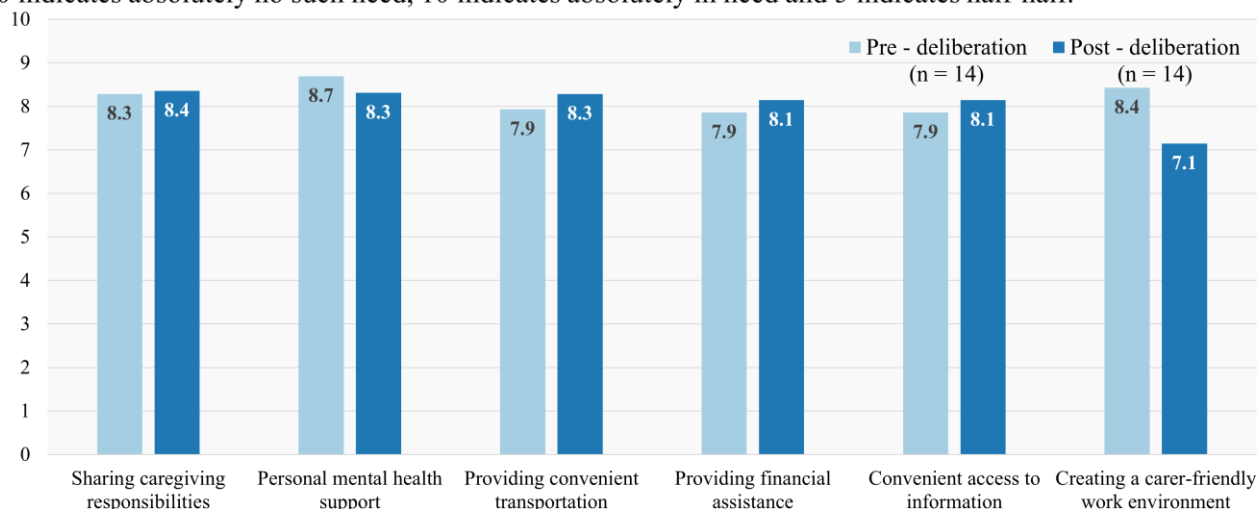


If analyzing the sample of e-DP participants only, the post-deliberation online survey results showed that their overall opinion on the effectiveness of current carer support policies is similar. 64% of the participants consider the policies ineffective, which remained the same as before the deliberation, but the proportion of "very ineffective" increased by 14% and "somewhat ineffective" decreased by 14%. Also, 29% indicated half-half and 7% said they are unaware of relevant policies, which also remained the same as before the deliberation. The mean value is 2.0, meaning the participants’ stance toward the current policies is “somewhat ineffective” in general after the deliberation. The value was 0.2 lower than that of the pre-deliberation survey, meaning that the opinion seems to have become slightly negative.

**Chart 6: e-DP Participants’ Overall Opinion Changes on “Level of Need in Different Areas of Policy Support” after Deliberation**

**Q2 Please rate on a scale of 0-10 how much you think carers are in need of each of the following areas of policy support.** (Ranked in descending order of ratings for the post-deliberation results)

0 indicates absolutely no such need, 10 indicates absolutely in need and 5 indicates half-half.



As for their need towards the six specific policy areas of carer support, the overall changes in ratings before and after deliberation are minimal. Among all areas, there are slight increases from 0.1 to 0.4 marks for providing financial assistance, convenient access to information, convenient transportation, and sharing caregiving responsibilities, while the rating of personal mental health support decreased slightly by 0.4 marks. Notably, the rating of creating a carer-friendly work environment decreased by 1.3 marks after deliberation, which is the biggest drop among the six policy areas.

**Table 7 : Post-Deliberation Opinion Changes at Individual Participant Level**

Q1 How effective or ineffective do you think the government’s current carers support policies are in helping carers?				
Sample size	Positive change	No change	Negative change	Not comparable
14	14%	43%	29%	14%
Q2 Please rate on a scale of 0-10 how much you think carers are in need of each of the following areas of policy support. 0 indicates absolutely no such need, 10 indicates absolutely in need and 5 indicates half-half.				
Areas of policy support	Sample size	Positive change	No change	Negative change
<b>Providing financial assistance, such as carer allowances</b>	14	50%	14%	36%
<b>Convenient access to information, such as one-stop information websites and 24-hour support hotlines</b>		50%	21%	29%

<b>Personal mental health support, such as counselling</b>		21%	50%	29%
<b>Providing convenient transportation, such as increased rehabilitation bus services</b>		36%	36%	29%
<b>Sharing caregiving responsibilities, such as providing respite services</b>		29%	21%	50%
<b>Creating a carer-friendly work environment, such as flexible working hours and special leave</b>		14%	29%	57%

Apart from observing the overall opinion changes of the e-DP participants before and after the deliberation, HKPORI has also analyzed their opinion changes of the two questions at individual level. Across all questions, results showed that 14% up to half of the participants have positive changes in their views (e.g. from “very ineffective” to “somewhat ineffective”, from “somewhat effective” to “very effective”, or increased rating). Meanwhile, 29% up to 57% have negative changes (e.g. from “very effective” to “somewhat effective”, from “somewhat ineffective” to “very ineffective”, or lowered rating).

## Qualitative Analysis Results

### Part 1: “POP Panel” Online Survey

In the online survey one open-ended question is included to ask the respondents whether any areas of policy support for carers are needed other than the six areas mentioned previously. Eventually, a total of 152 qualitative responses have been recorded. After removing those irrelevant to the question, we uploaded all the responses to Perplexity AI to summarize and instructed it to categorize the contents into five main categories.

**Table 8: Responses to “Needs Towards Other Policy Support Apart From the Six Areas Mentioned”**

<p><b>1. Enhanced Medical and Health Services</b></p> <ul style="list-style-type: none"> <li>• Affordable medical transportation options for carers and their dependents.</li> <li>• Increased availability of healthcare professionals in local communities.</li> <li>• Continuous access to comprehensive medical services for those in need.</li> <li>• Improved waiting times for medical services to reduce caregiver stress.</li> </ul> <p><b>2. Respite and Relief Services</b></p> <ul style="list-style-type: none"> <li>• Temporary caregiving assistance to provide essential breaks for carers.</li> <li>• Home assistance programs to help with daily household tasks.</li> <li>• Local facilities offering respite care services for dependents.</li> <li>• Hospice care options that respect patient dignity and choices.</li> </ul> <p><b>3. Community and Social Engagement</b></p> <ul style="list-style-type: none"> <li>• Public education campaigns to raise awareness about caregiver challenges.</li> <li>• Social events that encourage interaction between carers and dependents.</li> <li>• Organizations providing resources and support tailored to caregiver needs.</li> <li>• Encouragement of civic participation in policymaking related to caregiving.</li> </ul> <p><b>4. Housing and Living Arrangements</b></p> <ul style="list-style-type: none"> <li>• Meal delivery services available at low or no cost for carers.</li> <li>• Home modifications to improve accessibility for elderly or disabled residents.</li> <li>• Support for aging in place initiatives to allow seniors to stay at home.</li> <li>• Assistance with residential arrangements that meet specific care needs.</li> </ul> <p><b>5. Training and Skill Development</b></p> <ul style="list-style-type: none"> <li>• Practical training programs to improve carers' caregiving skills.</li> <li>• Workshops on effective caregiving techniques and best practices.</li> <li>• Centralized access to training resources for easy information retrieval.</li> <li>• Support groups that foster connections among carers for shared experiences.</li> </ul>
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### Part 2: “Support for Carers” Deliberation Content

In addition, the research team also attempted to summarize the deliberation content of the two e-DP discussion groups using Perplexity AI. The full content from discussion rooms (a) and (b) were transcribed by AI, uploaded to Perplexity AI respectively and instructed to summarize the key points according to the deliberation agenda.

**Table 9: Main Discussion Content of Discussion Rooms (a) and (b) (summarized by Perplexity AI)**

Room (a)	Room (b)
<b>Deliberation Agenda (I): How to Allocate the Resources</b>	
<b>Financial Assistance Priority</b>	
<ul style="list-style-type: none"> <li>• While the government provides economic assistance, the difficulty in applying for subsidies is more significant than the amount itself, especially for the elderly.</li> <li>• Local community centers should offer help to assist carers in successfully applying for the resources they need.</li> <li>• Simplifying the application process can effectively increase carers' chances of receiving support.</li> </ul>	<ul style="list-style-type: none"> <li>• Carers need financial support to cope with living expenses, especially the financial burden of long-term patients.</li> <li>• Providing transportation allowances and similar measures can help carers shift their focus and improve their quality of life, reducing stress.</li> <li>• The government should simplify the application process for economic assistance, making it easier for carers to receive help..</li> </ul>
<b>Information Accessibility Priority</b>	
<ul style="list-style-type: none"> <li>• Although some organizations provide assistance, the complex administrative processes make it difficult for many to understand, and service limitations in specific districts create additional challenges.</li> <li>• There should be more "human touch" methods for information dissemination, such as physical posters and community activities.</li> <li>• Integrating information platforms can allow carers to easily find the services they need and enhance transparency.</li> </ul>	<ul style="list-style-type: none"> <li>• Carers face challenges with scattered information, which is particularly difficult for the elderly to access.</li> <li>• The government should establish a centralized information platform to facilitate carers in finding various support and policies.</li> <li>• Existing information often focuses on the recipients rather than the carers, necessitating greater attention to carers' needs.</li> </ul>
<b>Mental Health Support Priority</b>	
<ul style="list-style-type: none"> <li>• Carers face pressure not only from insufficient resources; many self-impose expectations and may use their caregiver role to temporarily sidestep other life challenges.</li> <li>• Mental health issues can significantly affect carers' daily lives and caregiving processes, necessitating special attention.</li> <li>• Carers should learn to let go and reduce self-imposed burdens to promote their mental well-being.</li> </ul>	<ul style="list-style-type: none"> <li>• Carers are often neglected, with societal focus primarily on the health of the recipients rather than their own well-being.</li> <li>• Current mental health support resources are hard to find and involve long waiting times, leaving carers feeling isolated.</li> <li>• The government should strengthen psychological counseling and support services to reduce carers' mental burdens and ensure timely help.</li> </ul>
<b>Transportation Convenience Priority</b>	
<ul style="list-style-type: none"> <li>• The Rehabus service has low coverage and is difficult to reserve, while wheelchair taxis are also hard to hail.</li> <li>• Local clinics could provide more medical services to assist carers in accessing necessary healthcare support for those with limited mobility.</li> <li>• For recipients who find it challenging to leave home, on-site medical services would be more effective.</li> </ul>	<ul style="list-style-type: none"> <li>• Carers require transportation allowances that cover the actual transport they use, including wheelchair taxis.</li> <li>• The government should improve public transport facilities by adding support features like elevators to make travel easier for carers.</li> <li>• The current transportation system needs to be more user-friendly, ensuring carers can easily access medical or community services.</li> </ul>
<b>Sharing Caregiving Responsibilities Priority</b>	

Room (a)	Room (b)
<ul style="list-style-type: none"> <li>• Mental health issues may be more critical, and community spaces can help identify those who are reluctant to seek help.</li> <li>• Carers can find services like accompaniment and meal delivery if they know how to look for them.</li> <li>• Community activities can foster communication and support among carers.</li> </ul>	<ul style="list-style-type: none"> <li>• There should be a promotion of both paid services and volunteer services to alleviate the workload on carers and provide more options.</li> <li>• Students could participate in extracurricular activities to help ease carers' burdens and foster social responsibility.</li> <li>• The concept of a "time bank" should be promoted, allowing community members to assist one another in supporting carers</li> </ul>
<b>Creating Carer-Friendly Work Environment</b>	
<ul style="list-style-type: none"> <li>• Not all types of work allow for flexible arrangements, posing challenges for carers.</li> <li>• Carers need to understand available options, such as government initiatives that may offer flexible job opportunities.</li> <li>• Employers should consider providing support that enables carers to balance work and family responsibilities effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• Companies should offer flexible work arrangements to help working carers balance their responsibilities at home and work.</li> <li>• The government needs to take the lead in establishing a supportive culture that emphasizes the importance of carers' needs and rights.</li> <li>• The government could consider issuing badges or certifications to companies that are friendly toward carers, encouraging good practices.</li> </ul>
<b>Deliberation Agenda (II): Whether Resources Should be Focused on the Care Team to Support Carers</b>	
<ul style="list-style-type: none"> <li>• Participants expressed a lack of confidence in the support teams, believing their operations lack transparency.</li> <li>• The funding usage by these teams is unclear, requiring accountability in reporting their effectiveness to the public.</li> <li>• It is advisable to integrate existing resources rather than duplicating efforts with new organizations to enhance service quality and efficiency.</li> </ul>	<ul style="list-style-type: none"> <li>• The government should enhance training for support teams, including emotional counseling and accompanying services, to improve service quality.</li> <li>• Support teams lack community networks and public authority compared to district councilors, necessitating a reevaluation of their roles and functions.</li> <li>• Resources should not be prioritized for support teams due to overlaps with existing social welfare organizations; a reassessment of resource allocation is needed.</li> </ul>
<b>Prioritization of policy areas</b>	
<p>Participants agreed that mental health support should be the top priority, as carers face significant psychological pressure that affects their caregiving ability. Economic assistance and information accessibility were also emphasized, but the main issue lies in the difficulty of applying for support. Transportation accessibility is equally important, especially for recipients with mobility challenges. Overall, the lengthy discussions on mental health support and its frequent mention in other areas highlight its significance.</p>	<p>Participants generally believe that mental health support should be prioritized, as carers' psychological pressure affects their overall capacity, and this issue was mentioned multiple times. The need for information accessibility and transportation was also highlighted, but they were considered less urgent compared to mental health. Economic assistance was discussed briefly and not revisited, indicating its relatively lower importance. Overall, mental health support is viewed as the most critical area to address.</p>

### **Part 3: “Support for Carers” Post-deliberation survey**

Lastly, HKPORI included two open-ended questions in the post-deliberation online survey, in an attempt to explore participants’ changes of opinion (or lack thereof), including the effectiveness of the current carer support policies and level of need in different areas of policy support. 25 qualitative responses have been recorded for the two questions. After removing those irrelevant to the question, we uploaded all the responses to Perplexity AI and instructed it to categorize the contents into three main categories.

**Table 10: Reasons for Having or Not Having Opinion Changes in the above Three Questions After Deliberation**

<p><b>1. Changes in Respondents' Views</b></p> <ul style="list-style-type: none"> <li>• Increased skepticism about the effectiveness of policies, shifting from viewing them as adequate to seeing them as wasting taxpayer money.</li> <li>• Enhanced understanding of carers' challenges, especially regarding the need for psychological support after hearing real experiences.</li> <li>• Recognition of diverse needs among carers, leading to a realization that targeted measures are essential.</li> </ul> <p><b>2. Unchanged Perspectives</b></p> <ul style="list-style-type: none"> <li>• Frustration with government inaction persisted, with many feeling that stakeholder feedback is not integrated into policy-making.</li> <li>• Some respondents expressed that existing policies primarily enhance services without adequately addressing underlying issues.</li> <li>• Continued belief that without targeted interventions, the situation for carers will not improve significantly.</li> </ul> <p><b>3. Influence of Caregiver Experiences</b></p> <ul style="list-style-type: none"> <li>• Real-life insights from carers provided a clearer understanding of their difficulties, prompting some respondents to reconsider their initial opinions.</li> <li>• Shared challenges among carers underscored the need for comprehensive support systems.</li> <li>• Greater empathy developed as participants recognized the emotional and psychological burdens faced by carers.</li> </ul>
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## Concluding Remarks

Deliberation is an important mechanism practised around the world to mitigate social and policy conflicts, it encourages rational and critical thinking beyond simple random telephone surveys. Riding on the technological advancement of IT (information technology) and AI (artificial intelligence), it can now take on the form of e-DP (online format of Deliberative Polling) which can be conducted very quickly and timely. This is the second e-DP organized by HKPORI this year, which is self-funded, and the two topics involved were “Municipal Solid Waste Charging” and “Support for Carers”. This is a perfect application to demonstrate the above-mentioned edges.

The “POP Panel” online survey results revealed that when analyzed by their role as carers or non-carers, the evaluation of the current carer support policies is highly similar, with 17% of carers and 13% of non-carers considering them effective. Meanwhile, relatively fewer carers give negative appraisal, taking up 33% of carers and 41% of non-carers respectively. Besides, their ratings with respect to the need for the six supporting areas are similar, ranging from 7.5 to 8.1. However, the carers consider the need for “personal mental health support” as the most important, while the need for “a carer-friendly work environment” was relatively unimportant. As for non-carers, the need for “sharing the work of carers” was considered the most important, while the need for “providing financial assistance” was relatively unimportant.

As for the e-DP results, we found that participants showed some opinion changes in one way or another after rational deliberation. For instance, there is an overall slight decline in participants’ evaluation of the effectiveness of current carer support policies, even though such a change did not overturn the macro picture of public opinion (see Chart 5). Moreover, “providing financial assistance” and “convenient access to information” received positive changes from more than half of the participants. In contrast, more than half of them showed negative opinion changes towards “sharing caregiving responsibilities” and “creating a carer-friendly work environment”.

We therefore conclude that the online deliberation would make people more receptive to divergent views, and on the topic of support for carers, by the exchange of personal experiences and in-depth discussion, people could gain more thinking perspectives. HKPORI hopes that by organizing this e-DP activity, more policies that are truly helpful to carers can be promoted in the future.

# Appendices

**Appendix 1: Frequency Tables**

**Table 11: “POP Panel” Online Survey - Effectiveness of the Current Carer Support Policies**

Q1 How effective or ineffective do you think the government’s current carers support policies are in helping carers?	Overall sample (Sample size = 1,590)	Carers (Sample size = 631)	Non-carers (Sample size = 918)
Very effective } Effective	3%	3%	3%
Somewhat effective } Effective	12%	14%	11%
Half-half			26%
Somewhat ineffective } Ineffective	21%	24%	19%
Very ineffective } Ineffective	16%	9%	22%
Aware of related policies, but unable to evaluate	2%	4%	<1%
Unaware of relevant policies	18%	13%	19%
<b>Mean value<sup>[2]</sup></b>	2.6	2.7	2.4

[2] Collapsed from a 5-point scale. The mean value is calculated by quantifying all individual responses into 1, 2, 3, 4, 5 marks according to their degree of positive level, where 1 is the lowest and 5 the highest, and then calculate the sample mean.

**Table 12: “POP Panel” Online Survey - Level of Need in Different Areas of Policy Support (Mean Score)**

Q2 Please rate on a scale of 0-10 how much you think carers are in need of each of the following areas of policy support. 0 indicates absolutely no such need, 10 indicates absolutely in need and 5 indicates half-half.	Overall sample (Sample size = 1,590)	Carers (Sample size = 631)	Non-carers (Sample size = 918)
<b>Providing financial assistance, such as carer allowances</b>	7.5	7.5	7.6
<b>Convenient access to information, such as one-stop information websites and 24-hour support hotlines</b>	7.7	7.5	7.7
<b>Personal mental health support, such as counselling</b>	7.8	7.8	7.9
<b>Providing convenient transportation, such as increased rehabilitation bus services</b>	7.8	7.7	7.9
<b>Sharing caregiving responsibilities, such as providing respite services</b>	7.8	7.4	8.1
<b>Creating a carer-friendly work environment, such as flexible working hours and special leave</b>	7.6	7.4	7.8

**Table 13: “POP Panel” Online Survey - Category of Care Recipient**

Q4 Do you personally take care of any of the following categories of individuals? (Do not include care provided as part of paid work; multiple selections allowed)	Overall sample (Sample size = 1,590)
Elderly	32%
People with physical disabilities	2%
People with visual/hearing impairments	2%
People with intellectual disabilities / autism / Down Syndrome / ADHD	6%
People with mental illness / ex-mental illness	7%
People with chronic illnesses	10%
People with special learning needs	6%
People with behavioural addictions	2%
None of the above	57%

**Table 14: “POP Panel” Online Survey - Number of Care Recipient**

Q5 How many individuals in these categories do you care for currently?	Carers (Sample size = 631)
1 person	62%
2 people	33%
3 people	1%
4 or more	5%

**Table 15: “POP Panel” Online Survey - Age of Care Recipient**

Q6 What age group do(es) your care recipient(s) belong to? (Multiple selections allowed)	Carers (Sample size = 631)
17 or below	11%
18 - 64	28%
65 or above	62%

**Table 16 : Opinion Changes among e-DP Participants on Each Question (unweighted)**

Q1 How effective or ineffective do you think the government’s current carers support policies are in helping carers?	Pre-deliberation (Sample size = 14)	Post-deliberation (Sample size = 14)	Overall change
Very effective } Effective	0%	0%	--
	0%	0%	--
Somewhat effective			
Half-half	29%	29%	--
Somewhat ineffective } Ineffective	50%	36%	-14%
Very ineffective	14%	29%	+14%
Aware of related policies, but unable to evaluate	0%	0%	--

<b>Unaware of relevant policies</b>	7%	7%	--
<b>Mean value<sup>[3]</sup></b>	2.2	2	<b>-0.2</b>
Q2 Please rate on a scale of 0-10 how much you think carers are in need of each of the following areas of policy support. 0 indicates absolutely no such need, 10 indicates absolutely in need and 5 indicates half-half.			
<b>Mean Score</b>	<b>Pre-deliberation (Sample size = 14)</b>	<b>Post-deliberation (Sample size = 14)</b>	<b>Overall change</b>
<b>Providing financial assistance, such as carer allowances</b>	7.9	8.1	<b>+0.3</b>
<b>Convenient access to information, such as one-stop information websites and 24-hour support hotlines</b>	7.9	8.1	<b>+0.3</b>
<b>Personal mental health support, such as counselling</b>	8.7	8.3	<b>-0.4</b>
<b>Providing convenient transportation, such as increased rehabilitation bus services</b>	7.9	8.3	<b>+0.4</b>
<b>Sharing caregiving responsibilities, such as providing respite services</b>	8.3	8.4	<b>+0.1</b>
<b>Creating a carer-friendly work environment, such as flexible working hours and special leave</b>	8.4	7.1	<b>-1.3</b>

[3] Collapsed from a 5-point scale. The mean value is calculated by quantifying all individual responses into 1, 2, 3, 4, 5 marks according to their degree of positive level, where 1 is the lowest and 5 the highest, and then calculate the sample mean.

## Appendix 2: Demographic Profile of Respondents

**Table 17: Demographic Profile of Respondents**

		“POP Panel” Online Survey				e-DP	
		Raw sample		Weighted sample		Raw sample	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Gender	Male	976	62%	732	47%	11	79%
	Female	583	37%	826	53%	3	21%
	Other	11	1%	11	1%	--	--
	Total	1,570	100%	1,569	100%	14	100%
	<i>Missing case(s)</i>	20		15		--	
Age	12 - 29	120	8%	277	18%	3	21%
	30 - 39	354	23%	148	10%	1	7%
	40 - 49	370	24%	329	21%	--	--
	50 - 59	362	23%	377	24%	4	29%
	60 - 69	288	18%	300	19%	6	43%
	70 or above	74	5%	125	8%	--	--
	Total	1,568	100%	1,557	100%	14	100%
	<i>Missing case(s)</i>	22		27		--	
Educational attainment	Primary or below	4	<1%	42	3%	--	--
	Lower secondary (Secondary 1 to 3)	39	2%	134	9%	--	--
	Upper secondary (Secondary 4 to 7 / DSE / Yi Jin)	213	14%	838	53%	1	7%
	Tertiary: non-degree course (including diploma / certificate / sub-degree course)	264	17%	72	5%	2	14%
	Tertiary: degree course (including bachelor degree / postgraduate school)	1,056	67%	483	31%	11	79%
	Total	1,576	100%	1,570	100%	14	100%
	<i>Missing case(s)</i>	14		14		--	

		“POP Panel” Online Survey				e-DP	
		Raw sample		Weighted sample		Raw sample	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Economic activity status	Administrator and professional	580	37%	268	17%	6	43%
	Clerical and service worker	421	27%	492	31%	2	14%
	Production worker	54	3%	12	1%	1	7%
	Student	34	2%	108	7%	2	14%
	Home-maker / housewife	57	4%	154	10%	--	--
	Retired person	303	19%	374	24%	3	21%
	Unemployed / between jobs / other non-employed	96	6%	72	5%	--	--
	Other	22	1%	81	5%	--	--
	Total	1,567	100%	1,561	100%	14	100%
	<i>Missing case(s)</i>	23		23		--	
Political inclination	Pro-democracy	1,099	70%	408	27%	10	71%
	Pro-establishment	21	1%	238	16%	0	0%
	Centrist	126	8%	274	18%	1	7%
	No political inclination / politically neutral / don't belong to any camp	259	17%	498	33%	3	21%
	Don't know / hard to say	61	4%	113	7%	--	--
	Total	1,566	100%	1,531	100%	14	100%
	<i>Missing case(s)</i>	24		53		--	
Appraisal of political condition	Very much satisfied	8	1%	184	12%	1	7%
	Somewhat satisfied	23	1%	465	29%	--	--
	Half-half	39	2%	121	8%	1	7%
	Somewhat dissatisfied	64	4%	291	18%	--	--
	Very much dissatisfied	1,432	90%	414	26%	12	86%
	Don't know / hard to say	23	1%	109	7%	--	--
	Total	1,589	100%	1,584	100%	14	100%
	<i>Missing case(s)</i>	1		0		--	
Social class	Upper class	10	1%	25	2%	--	--
	Upper middle class	69	4%	74	5%	--	--
	Middle class	450	29%	336	22%	4	29%
	Lower middle class	685	44%	558	36%	8	57%
	Lower class or grassroots	324	21%	467	30%	2	14%
	Don't know / hard to say	31	2%	92	6%	--	--
	Total	1,569	100%	1,553	100%	14	100%
	<i>Missing case(s)</i>	21		31		--	

### Appendix 3: Calculation of Response Rate of “POP Panel” Online Survey

HKPORI adopts a set of contact definitions that compile with most international standards. Historically, the social research community in Hong Kong has developed its own set of contact rates, cooperation rates, response rates, and so on.

HKPORI normally reports the “success rate” for online surveys. The calculation of success rates in this study refers to the following tables.

**Table 18: Calculation of Success Rate of “POP Panel” Online Survey (by HKPORI definition)**

Success rate
= $\frac{\text{Successful cases}}{\text{Total number of email invitations sent}} \times 100.0\%$
= $\frac{1,590}{74,127} \times 100.0\%$
= 2.1%



## Appendix 4: Questionnaires

### (1) “POP Panel” Online Survey Questionnaire (Excerpts from “Support for Carers” and Personal Information Section)

Are you a HongKonger aged 12 or above?

- Yes  
 No → You are not a target respondent of this survey, thank you for your time!

Age range

- 18 or above  
 12 - 17

Are you currently living in Hong Kong?

- Yes  
 No, away for a while (e.g. study/work abroad)  
 No, already emigrated / not in Hong Kong for a long time → You are not a target respondent of this survey, thank you for your time!

Generally speaking, how satisfied or dissatisfied are you with the current ..... in Hong Kong?

	Very much satisfied	Somewhat satisfied	Half-half	Somewhat dissatisfied	Very much dissatisfied	Don't know / hard to say
Political condition						
Economic condition						
Livelihood condition						

How effective or ineffective do you think the government's current carers support policies are in helping carers?

- Very effective  
 Somewhat effective  
 Half-half  
 Somewhat ineffective  
 Very ineffective  
 Aware of related policies, but unable to evaluate  
 Unaware of relevant policies

Please rate on a scale of 0-10 how much you think carers are in need of each of the following areas of policy support.

0 indicates absolutely no such need, 10 indicates absolutely in need and 5 indicates half-half. (The order is randomized)

Providing financial assistance, such as carer allowances

- \_\_\_\_ (0-10)  Don't know / hard to say

Convenient access to information, such as one-stop information websites and 24-hour support hotlines

- \_\_\_\_ (0-10)  Don't know / hard to say

Personal mental health support, such as counselling

\_\_\_\_ (0-10)

Don't know / hard to say

Providing convenient transportation, such as increased rehabilitation bus services

\_\_\_\_ (0-10)

Don't know / hard to say

Sharing caregiving responsibilities, such as providing respite services

\_\_\_\_ (0-10)

Don't know / hard to say

Creating a carer-friendly work environment, such as flexible working hours and special leave

\_\_\_\_ (0-10)

Don't know / hard to say

If you think carers need any policy support in areas other than the six mentioned above, please fill in the space below. Otherwise, leave this field blank:

Do you personally take care of any of the following categories of individuals?

(Do not include care provided as part of paid work; multiple selections allowed)

- Elderly
- People with physical disabilities
- People with visual / hearing impairments
- People with intellectual disabilities / autism / Down Syndrome / ADHD
- People with mental illness / ex-mental illness
- People with chronic illnesses
- People with special learning needs
- People with behavioural addictions
- None of the above

How many individuals in these categories do you care for currently?

- 1 person
- 2 people
- 3 people
- 4 or more

What age group do(es) your care recipient(s) belong to?

(Multiple selections allowed)

- 17 or below
- 18 - 64
- 65 or above

Next, we would like to invite you to participate in our e-Deliberative Poll on “Support for Carers” to let us know your views on relevant policies. Below are the details of the event:

**Date:** November 6 (Wednesday)

**Time:** 12:30-13:30

**Format:** Online video discussion

**Language:** Cantonese

**Descriptions:**

Participants should log in to the website for Deliberative Polling before 12:30 on the day of the event (Wednesday). The link will be sent to the participants after their eligibility are confirmed. Participants are advised to log in 5-10 minutes earlier to avoid technical issues that may hinder participation. Afterward, the system will lead the participants to discuss different aspects of supporting carers. Participants will fill in another short questionnaire after the discussion. Please note that participants are required to show their faces during the discussion, but all personally identifiable information will not be disclosed to the public.

Are you interested in joining the e-Deliberative Poll organized by HKPORI on November 6 (Wednesday) 12:30-13:30?

- Yes, I am interested
- No, I am not interested / not able to attend

**Personal Information**

Then, we will collect some of your personal information for analysis. Please rest assured that the information will be kept confidential.

Gender

- Male
- Female
- Other

Place of birth

- Hong Kong
- Mainland China
- Taiwan
- Macau
- Southeast Asia (Malaysia, Indonesia, Vietnam, etc.)
- Canada
- United States
- Australia
- United Kingdom
- Other
- Don't know

(Only ask respondents who were not born in Hong Kong)

How many years have passed since you came to Hong Kong?

- \_\_\_ years
- Don't know / hard to say

Age

\_\_\_ years old

If using generation labels to describe, you think you should belong to:

- Pre-60s
- Post 60s
- Post 70s
- Post 80s
- Post 90s
- Post 00s
- Don't know / hard to say

Year of birth

\_\_\_\_\_

(Only ask those who refused to disclose exact age) Age (Range)

- 18 - 19
- 20 - 24
- 25 - 29
- 30 - 34
- 35 - 39
- 40 - 44
- 45 - 49
- 50 - 54
- 55 - 59
- 60 - 64
- 65 - 69
- 70 or above

(Only ask those who refused to disclose exact age) Year of birth (Range)

- Before 1950
- 1950 – 1959
- 1960 – 1969
- 1970 – 1979
- 1980 – 1989
- 1990 – 1999
- 2000 – 2009
- 2010 – 2012

Educational attainment

(The highest level attended, regardless of whether you have completed the course, including what you are attending)

- Primary or below
- Lower secondary (Secondary 1 to 3)
- Upper secondary (Secondary 4 to 7 / DSE / Yi Jin)
- Tertiary: non-degree course (including diploma / certificate / sub-degree course)
- Tertiary: degree course (including bachelor degree / postgraduate school)

Occupation

(Owner / self-employed / freelance / part time / civil servant are not valid answers, please answer according to the job nature or content)

- Administrator and professional

- Clerical and service worker
- Production worker
- Student
- Home-maker / housewife
- Retired person
- Unemployed / between jobs / other non-employed
- Other: \_\_\_\_\_

(Only ask those aged 18 or above)

Did you vote in the 2023 District Council Election?

("2023 District Council Election" was the election that elected the current term of District Councils )

- Voted
- Was a registered voter, but did not vote
- Was not a registered voter
- Don't remember / don't know / hard to say

(Only ask those aged 18 or above)

Did you vote in the 2021 Legislative Council Election?

("2021 Legislative Council Election" was the election that elected the current term of Legislative Council)

- Voted
- Was a registered voter, but did not vote
- Was not a registered voter
- Don't remember / don't know / hard to say

Which of the following best describes your political inclination?

(The order of the first three options is randomized)

- Pro-establishment camp
- Centrist
- Pro-democracy camp
- Other: \_\_\_\_\_
- No political inclination / politically neutral / do not belong to any camp
- Don't know / hard to say

Is your residence self-owned or rented?

- Self-owned
- Rent (including rent-free or provided by employer)

Type of housing are you living in

(subdivided flats depends on housing type)

- Public housing (incl. flats under Senior Citizen Residences, other public **rental** housing units)
- Flats under the Home Ownership Scheme with land premium not yet paid (incl. flats under Sandwich Class Housing Scheme, other subsidised **sale** flats)
- Private housing (incl. flats under the Home Ownership Scheme/ other subsidised housing with land premium paid, village houses, staff quarters)
- Other (incl. student dormitories, elderly homes, industrial building, hotel, temporary housing, etc.)

Marital status

- Single
- Married / cohabiting
- Divorced / separated / widowed

Do you think you are an active member of the civil society?

- Yes
- No

Which social class do you think your family belongs to?

- Upper class
- Upper middle class
- Middle class
- Lower middle class
- Lower class or grassroots
- Don't know / hard to say

## **End of Questionnaire**

Thank you for completing the survey!

**(2) “Support for Carers” e-DP Post Deliberation Online Survey Questionnaire**

How effective or ineffective do you think the government’s current carers support policies are in helping carers?

- Very effective
- Somewhat effective
- Half-half
- Somewhat ineffective
- Very ineffective
- Aware of related policies, but unable to evaluate
- Unaware of relevant policies

Please briefly describe how this e-DP activity has changed your views on the above question, if no change, please also explain why there is no change in your views:

Please rate on a scale of 0-10 how much you think carers are in need of each of the following areas of policy support.

0 indicates absolutely no such need, 10 indicates absolutely in need and 5 indicates half-half. (The order is randomized)

Providing financial assistance, such as carer allowances

- \_\_\_\_ (0-10)
- Don’t know / hard to say

Convenient access to information, such as one-stop information websites and 24-hour support hotlines

- \_\_\_\_ (0-10)
- Don’t know / hard to say

Personal mental health support, such as counselling

- \_\_\_\_ (0-10)
- Don’t know / hard to say

Providing convenient transportation, such as increased rehabilitation bus services

- \_\_\_\_ (0-10)
- Don’t know / hard to say

Sharing caregiving responsibilities, such as providing respite services

- \_\_\_\_ (0-10)
- Don’t know / hard to say

Creating a carer-friendly work environment, such as flexible working hours and special leave

- \_\_\_\_ (0-10)
- Don’t know / hard to say

If you think carers need any policy support in areas other than the six mentioned above, please fill in the space below. Otherwise, leave this field blank:

Please briefly describe how this e-DP activity has changed your views on the above question, if no change, please also explain why there is no change in your views:

## **End of Questionnaire**

Thank you for completing the survey!



## Appendix 5: “Support for Carers” e-DP Discussion Agenda (Chinese Only)

### 自我介紹

請簡單介紹你的個人背景，例如：你是否一個照顧者？若是，你的照顧對象屬於甚麼類別人士、照顧年期；如非照顧者，你的日常生活與照顧者是怎樣的關係。

### 討論項目（一）：資源分配

在公共財政資源有限的情況下，你認為政府應優先投放資源在哪一個範疇的政策？哪一個範疇最能有效回應照顧者的需求？政府應在該範疇提供怎樣的支援？

#### 經濟援助優先

- 支持 (1)： 金錢是最實際的援助，照顧者可以自主決定使用最適切的服务
- 支持 (2)： 提高照顧者的生活穩定性，減少因財務壓力而導致的精神壓力
- 反對 (1)： 不是所有照顧工作和責任都可以委以他人，單靠津貼可能不足以解決所有問題
- 反對 (2)： 可能需要大量資源，導致其他方面的資源分配減少

#### 資訊便利優先

- 支持 (1)： 照顧者首先要知道如何接觸到相關資源才可以獲得協助，包括申請資助的資訊
- 支持 (2)： 提升照顧者主動尋求協助的意識
- 反對 (1)： 需要持續更新和維護，確保信息準確和時效性
- 反對 (2)： 單靠資訊平台難以提供實際支持，需結合其他服務

#### 精神健康支援優先

- 支持 (1)： 改善照顧者的心理健康，提升其應對壓力的能力，對長期擔當照顧角色有重要作用
- 支持 (2)： 減少由長期照顧工作導致的精神問題及倦怠
- 反對 (1)： 有些照顧者可能出於文化原因不願接受心理輔導
- 反對 (2)： 需要足夠的專業人力資源，並確保服務質素

#### 交通出行便利優先

- 支持 (1)： 長者和殘疾人士最需要行動方便
- 支持 (2)： 有助於長者和殘疾人士滿足社交和醫療需求
- 反對 (1)： 可能需要投入大量資源才能提高覆蓋率
- 反對 (2)： 需確保服務的可靠性和便捷性

#### 分擔照顧者工作優先

- 支持 (1)： 給予照顧者喘息機會，減少疲勞和壓力
- 支持 (2)： 增加暫托中心的數量和質素，有助於提升整體服務水平
- 反對 (1)： 需確保服務質素和安全性，並建立有效的監管機制
- 反對 (2)： 可能面臨人力資源短缺的挑戰

#### 建立對照顧者友善的工作環境

- 支持 (1)： 彈性工時和特別假期有助於照顧者平衡工作與家庭責任

- 支持 (2): 提高工作滿意度, 降低辭職率, 有利於企業長期發展
- 反對 (1): 可能增加企業的營運成本, 需制定相應政策支持
- 反對 (2): 彈性安排可能對某些行業不適用, 實施难度大

### 討論項目 (二): 將資源重點投放在關愛隊以支援照顧者

政府定下 KPI (關鍵績效指標), 明年第二季將關愛隊支援照顧者服務擴展至全港 18 區, 你認為關愛隊可以做些甚麼去幫助照顧者? 你評估關愛隊能否回應照顧者需求? 關愛隊是否能有效識別高危照顧者?

- 支持 (1): 關愛隊在荃灣和南區試行「支援長者及照顧者計劃」, 在過去半年探訪約 4,700 個家庭, 把其中超過 730 宗長者個案轉介予社福機構跟進
- 支持 (2): 關愛隊「洗樓」時有一份問卷, 嘗試評估長者的風險, 有助識別高風險照顧者
- 反對 (1): 關愛隊成員並非全職, 亦沒有專業知識, 識別照顧者的成效受質疑
- 反對 (2): 隱蔽長者傾向不應門或不配合調查, 關愛隊即使上門探訪亦難以在意外發生前及早發現

## Appendix 6: “Support for Carers” e-DP Information Pack (Chinese Only)

### 背景

- 社會間中發生照顧者倫常慘案，有照顧者在弒親後自殺
- 隨著人口老化，以老護老的情況將更趨常見，照顧者壓力是社會急需正視的問題
- 社聯 2021 年根據政府數字，估算本港現時約有 130 萬名照顧者
- 立法會於 2023 年 5 月成立推動照顧者為本政策小組委員會，推動照顧者為本政策
- 《2024 施政報告》指，除了提供照顧者津貼、暫託服務、一站式資訊網站和 182183 照顧者 24 小時支援專線等，今年 3 月開始於荃灣及南區試行「地區服務及關愛隊伍—支援長者及照顧者計劃」，由社署培訓兩區的關愛隊，主動接觸和識別有需要住戶，配合支援專線，為長者及照顧者提供支援
- 關愛隊過去半年探訪了 4,700 個家庭，轉介了約 730 宗個案予社福機構跟進
- 政府計劃於明年將關愛隊計劃擴展至全港十八區

### 討論項目（一）：資源分配

在公共財政資源有限的情況下，政府應優先投放資源在哪一個範疇的政策。

注意：以下各個項目可能都是利多於弊，但我們要考慮的，是在有限資源下那項屬於優先。

支持	反對
<b>經濟援助</b>	
<ul style="list-style-type: none"> <li>• 政府於 2023 年將關愛基金下支按照顧者的計劃恆常化，並將低收入家庭護老者和低收入殘疾人士照顧者的每月津貼由 2,400 元增至 3,000 元。</li> <li>• 如照顧者同時為殘疾人士，無法同時領取傷殘津貼及照顧者津貼。</li> <li>• 理工大學研究指，對部分照顧者而言，經濟支援讓他們更容易在短時間內從不同途徑（例如：私營機構或社會企業）安排所需的服務，可即時減輕照顧壓力。</li> </ul>	<ul style="list-style-type: none"> <li>• 理工大學研究指出，持份者認為雖然經濟支援可直接支援照顧者履行照顧責任，但由於不是所有照顧工作和責任都可以委以他人，其他服務例如輔導、小組活動、個案管理及技能訓練亦相當重要。</li> <li>• 理工大學研究指出，儘管現金津貼被認為是體弱長者和殘疾人士照顧者的重要支援，它似乎並非解決照顧者負擔的唯一方法。香港採取低稅制，所以在推行現金津貼時，應考慮其長遠可持續性及可行性。</li> </ul>
<b>資訊便利</b>	
<ul style="list-style-type: none"> <li>• 有調查發現，護老者及殘疾人士照顧者指出資訊的通達程度、服務申請流程及是否有服務提供，均為他們會否使用服務的重要因素。</li> <li>• 如果照顧者可以提升意識，察覺自己的風險及需要，他們會更積極主動獲取資訊，並更願意接受相關支援服務。</li> </ul>	<ul style="list-style-type: none"> <li>• 需要持續更新和維護，確保信息準確和時效性。</li> <li>• 單靠資訊平台難以提供實際支持，需結合其他服務。</li> </ul>
<b>精神健康支援</b>	
<ul style="list-style-type: none"> <li>• 照顧照顧者平台 2023 年發表調查，發現有 97% 照顧者因照顧而感到壓力，當中有 54% 表示很大壓力；受訪照顧者中有 83% 的照顧者因照顧而感到焦慮，當中 74% 的照顧者即使感到焦慮但沒有求診精神科；照顧者的照顧時數與焦慮程度會成正比，照顧時間 8 小時或以上的照顧者會較為焦慮。</li> </ul>	<ul style="list-style-type: none"> <li>• 理工大學研究指出，許多照顧者對於向他人求助或為照顧對象安排服務仍存有憂慮，原因包括：擔心照顧對象在陌生環境的安全和能否適應、擔心服務水平參差、對大量照顧資訊感到不知所措、不了解長期護理機構所能提供的照顧服務、以及擔心受到社會標籤。</li> </ul>

<ul style="list-style-type: none"> <li>24 小時照顧者支援專線開通的首半年間，尋求情緒輔導的查詢最多（佔 35%），反映有關需求較大。</li> </ul>	<ul style="list-style-type: none"> <li>需要足夠的專業人力資源，並確保服務質素。</li> </ul>
<b>交通出行便利</b>	
<ul style="list-style-type: none"> <li>有調查發現照顧者交通津貼有助減輕家庭的經濟壓力、可增加他們與被照顧對象一同外遊的機會、及讓他們的照顧者身份受到肯定。</li> </ul>	<ul style="list-style-type: none"> <li>可能需要投入大量資源才能提高覆蓋率，以確保服務的可靠性和便捷性。</li> </ul>
<b>分擔照顧者工作</b>	
<ul style="list-style-type: none"> <li>有研究發現受訪照顧者的睡眠時間和閒暇活動時間遠少於一般市民。</li> <li>照顧照顧者平台指現時暫託及暫顧服務名額不足及資源分配不均。</li> </ul>	<ul style="list-style-type: none"> <li>需確保照顧者的服務質素和安全性，並建立有效的監管機制。</li> <li>增加暫託及暫顧服務名額可能導致社會人力資源短缺。</li> </ul>
<b>建立對照顧者友善的工作環境</b>	
<ul style="list-style-type: none"> <li>有研究指出，市場上缺乏照顧者友善的工作環境，只能成為全職照顧者，獨力承擔所有照顧責任。</li> <li>照顧照顧者平台指出照顧者受制於照顧工作，只能從事零散的工作以賺取收入，被逼陷入「無酬家務勞動者」和「不受保障的零散工」的雙重困境。</li> </ul>	<ul style="list-style-type: none"> <li>可能增加企業的運營成本，需制定相應政策支持。</li> <li>彈性安排可能對某些行業不適用，實施難度大。</li> </ul>

## 討論項目（二）：關愛隊成效

政府擬將關愛隊支援照顧者服務於明年第二季內擴展至全港 18 區，你認為此舉是否有效回應照顧者需求。

<b>背景</b>	
<p>社會福利署於 2024 年 3 月推行為期 12 個月的「地區服務及關愛隊伍 - 支援長者及照顧者先導計劃」，以荃灣及南區作為試點，動用地區服務及關愛隊伍透過探訪或接觸，協助識別有需要的獨老和雙老住戶、護老者和殘疾人士照顧者，並將有需要的個案轉介至社會福利服務單位跟進。「關愛隊」亦會協助轉介有需要的長者及殘疾人士安裝及使用室內緊急召援系統（俗稱「平安鐘」）。</p> <p>服務對象：獨老住戶；雙老住戶；護老者；及殘疾人士的照顧者。</p> <p>服務內容：</p> <ul style="list-style-type: none"> <li>透過探訪或接觸，識別有需要的獨老和雙老、護老者及殘疾人士照顧者住戶；</li> <li>跟進關愛服務：透過探訪、電話聯絡、會面、活動等，持續地關懷問候有需要的獨居和雙老住戶、護老者及殘疾人士的照顧者；</li> <li>跟進支援服務：介紹社會福利服務／社區資訊；協助轉介有需要的個案申請平安鐘／輔助器材（例如輪椅、拐杖等）；填寫申請表轉介有需要的個案至社會福利服務單位跟進；舉辦支援活動、分享會等；及</li> <li>協助轉介有需要的長者及殘疾人士申請安裝及使用「平安鐘」。</li> </ul>	
<b>支持</b>	<b>反對</b>
<ul style="list-style-type: none"> <li>關愛隊在荃灣和南區試行「支援長者及照顧者計劃」，在過去半年探訪約 4,700 個家庭，把其中超過 730 宗長者個案轉介予社福機構跟進。</li> <li>關愛隊「洗樓」時有一份問卷，嘗試評估長者的風險，有助識別高風險照顧者。</li> </ul>	<ul style="list-style-type: none"> <li>有議員認為，關愛隊是一群義工、並非全職，質疑是否接受超訓後就可以執行「支援長者及照顧者先導計劃」的職能，包括識別照顧者。</li> <li>有議員認為關愛隊的幫助有限，有需要的家庭眾多，關愛隊難以在意外發生前及早發現。</li> </ul>

## 參考資料

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- 照顧照顧者平台：《2024-25年度財政預算案回應》 <https://bit.ly/48BW6VO>
- 社會福利署：地區服務及關愛隊伍 - 支援長者及照顧者先導計劃 <https://bit.ly/3NUBQp4>

**Appendix 7: “POP Panel” Composition**

This survey collected samples from the “Hong Kong People Representative Panel” and the “Hong Kong People Volunteer Panel” through an online questionnaire.

Among them, the “Hong Kong People Representative Panel” comes from members of the “POP Panel” recruited in regular random telephone surveys, while members of the “Hong Kong People Volunteer Panel” are recruited online, which citizens only need to self-register on the HKPORI website to participate in online questionnaires.

Data collected from the online survey will be adjusted using rim-weighting, in order to minimize the effects of self-selection bias or participation bias. Details are documented in the Weighting Procedure section.

## **Appendix 8: Weighting Procedure**

HKPORI has continuously enhanced its weighting method over the past few decades. For this survey, the weighting procedure involved variables including gender and age, educational attainment (highest level attended), economic activity status, political inclination and appraisal of political condition.

The gender-age distribution of the Hong Kong population came from “Mid-year population by Sex and Age group” (2023 mid-year), the educational attainment (highest level attended) distribution and economic activity status distribution came from “Women and Men in Hong Kong - Key Statistics” (2023 Edition), while political inclination and appraisal of political condition distributions came from our regular telephone survey conducted in November 2024.