



HONG KONG FAMILY WELLBEING INDEX 2024

香港家庭幸福指數 2024



8 May 2024

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Message from the Chief Executive

The Hong Kong Family Wellbeing Index (HKFWI) is a significant initiative undertaken by the Hong Kong Family Welfare Society (HKFWS). We are committed to promoting family wellbeing, fostering a caring community, and providing high-quality services to support the families of Hong Kong.

In 2018, HKFWS commissioned the Department of Social Work of The Chinese University of Hong Kong (CUHK) to develop the Hong Kong Family Wellbeing Index. This indigenous family wellbeing index was successfully employed in 2019 for the first time. This milestone allowed us to understand the wellbeing levels of local families and establish a baseline for future measurements. The subsequent survey in 2022, particularly amidst the impact of the COVID-19 pandemic, provided vital insights into the various aspects of family wellbeing during challenging times.

Throughout its remarkable 75-year journey, the HKFWS has consistently demonstrated its family-centric perspective, recognising the importance of family wellbeing in the healthy growth of individuals and the sustainable development of our society as a whole. The previous studies conducted in 2019 and 2022 have been invaluable in shedding light on the challenges faced by Hong Kong families and informing policy formulation and service needs.

Today, as we embark on the Hong Kong Family Wellbeing Index 2024, we recognise the necessity to continuously monitor and address the evolving needs of our families. In addition to the 26-question index, HKFWI also formulates specific questions based on the prevailing social circumstances to grasp the societal needs at that time. HKFWI 2024 has specifically explored the wellbeing of families with carers, reflecting the pressing needs of a large number of elderly sole carers in current Hong Kong society.

The insights gained from this survey will not only inform policy formulation but also enhance public service design and further studies on Hong Kong families. It is through the collaborative efforts of our partners such as the Department of Social Work of CUHK and the Hong Kong Public Opinion Research Institute (HKPORI) that we are able to conduct these comprehensive surveys with a scientific tool and ensure the accuracy and reliability of the data collected.

Moreover, I am delighted to share that the HKFWI has garnered significant recognition and academic acclaim. The groundbreaking research and findings derived from the HKFWI have been published in esteemed academic journals, contributing to the global knowledge base on family wellbeing. The index has also been presented at various prestigious academic

conferences, where scholars and experts from around the world have engaged in insightful discussions and fruitful exchanges, further elevating the profile and impact of the HKFWI. This recognition underscores the rigorous methodology and scholarly rigor applied in the development and implementation of the index, reinforcing its credibility and significance in the field of family studies.

I would like to express my deepest gratitude to the dedicated team from HKPORI, led by Ms. Karie Pang, for their meticulous efforts in conducting this territory-wide survey. Their commitment to capturing every nuance in the data is truly commendable and invaluable to our understanding of family wellbeing in Hong Kong.

I would also like to acknowledge the expertise and contributions of Prof. Joyce Ma, Prof. Mooly Wong, and their research teams from the Department of Social Work and the Hong Kong Institute of Asia-Pacific Studies from CUHK. Their tireless work in developing the HKFWI has paved the way for a more accurate reflection of the wellbeing of Hong Kong families.

Moreover, I want to express my gratitude to all the stakeholders, scholars, family work practitioners, policymakers, and relevant individuals who have contributed their knowledge and wisdom to the development of the family wellbeing index, and all the family members who have dedicated their time to respond to the survey. It is through your collective efforts that we have been able to co-create a robust and locally embedded measurement tool that truly reflects the unique challenges and aspirations of Hong Kong families.

As we move forward, I am confident that the Hong Kong Family Wellbeing Index 2024 will provide us with valuable insights into the current state and trends of family wellbeing in our city. These findings will guide us in formulating policies, providing service directions, addressing the evolving needs of our families and creating a greater impact. Together, we will continue to build a caring society where family wellbeing is the core of our collective vision.

Kitty Chau

Chief Executive
Hong Kong Family Welfare Society

Executive Summary

Introduction

1. The Hong Kong Family Welfare Society (HKFWS) has always been concerned about the wellbeing of families in Hong Kong. In 2019, the HKFWS released “Hong Kong Family Wellbeing Index” (HKFWI) to raise public awareness of family wellbeing. It was the first such tool to measure family wellbeing that was both reliable and tailored for the Hong Kong society and culture. Through city-wide surveys, the HKFWS regularly assessed the wellbeing of families in Hong Kong and identified trends by comparing results with past data. Recommendations were then made according to the findings, providing important references for Hong Kong families, the government and different stakeholders in promoting family wellbeing.
2. This 2024 survey is the third one in a row on HKFWI. The first survey was conducted in July and August 2019 during the social unrest in Hong Kong, while the second one was conducted in January 2022 before the peak of the fifth wave of COVID-19. Besides tracking change, to respond to the needs of carers and provide suitable support, this survey had also built in a special focus on the wellbeing of families with carers.

Research Design

3. Definition of “family” and “family wellbeing”
The study adopted the definition of “family” from a 2018 study of family impact assessment in Hong Kong, which was “a socially recognized group (at least two people in a relationship, usually joined by blood, marriage or adoption) that forms an emotional connection involving care, responsibility and commitment [without time limit]”. Meanwhile, “family wellbeing” was defined as “a state in which a family can perform various functions to satisfy the diverse needs of individual members of the family through interactions with the environment”. In the questionnaire, however, terms like “family” and “family members” were left to respondents to define on their own.
4. Composition of Hong Kong Family Wellbeing Index (HKFWI)
HKFWI consists of six domains, three of which concern the situation within a family, namely (1) family solidarity, (2) family resources and (3) family health; the remaining three concern the family’s interaction with the society, namely (4) social connection, (5) social resources and (6) work-life balance.
5. Range of index score
HKFWI ranges from 0 to 10. Scores ≥ 7.5 are defined as “good”, 6 to < 7.5 are “average”, 5 to < 6 are “below average”, while scores below 5 are considered “poor”.

Contact Information

6. This year, the HKFWS commissioned the Hong Kong Public Opinion Research Institute (HKPORI) for the second time to conduct a random telephone survey. The survey was conducted by real interviewers from 2 to 23 January 2024 by dialling both landline and mobile numbers. Hong Kong residents aged 18 or above who were living with their families were invited to complete the HKFWI questionnaire. The sample size was 2,014 with a response rate of 44.6%.
7. Data were rim-weighted according to figures from the General Household Survey (Q3 2023) provided by the Census and Statistics Department. The demographic variables used for weighting included gender, age, education level (highest level attended), economic activity status as well as household size.

Hong Kong Family Wellbeing Index: Results and Trends

8. HKFWI score stood at 6.06 in 2024. It was 6.10 in 2022 and 6.31 in 2019. This suggested that the level of family wellbeing in Hong Kong remained similar to that in 2022, with no notable decline. However, subjective family wellbeing has slightly increased compared to 2022.
9. Nearly half of the respondents had “average” family wellbeing, which was similar to the 2022 survey. However, the percentage of respondents who fell into the “poor” category continued to rise.
10. Among the six domains of family wellbeing, “family resources” (7.35) has increased significantly, on the contrary, “family health” (6.74) has declined significantly. “Social connection” (3.34) scored the lowest in all three surveys.
11. The subdomain within “family resources” included “family income” (7.08) and “psychological capital” (7.61). Both have increased significantly since the 2022 survey.
12. The indicators of “family health” included “physical health” (7.57) and “mental health” (6.93). Both indicators showed significant decreases.

Effects of Demographic Variables on Family Wellbeing and Their Trends

13. Family income
Family income continued to have a considerable impact on HKFWI, but the difference in scores between richer and poorer families has narrowed compared to 2022, with a downward trend observed in the HKFWI scores among higher-income families (\$30,000+ per month).

14. Age

The younger age groups continued to have significantly lower HKFWI scores, and it has kept falling. The 18-29 age group had the lowest scores in all three surveys, while it was the 50-59 age group whose score has dropped the most since 2019.

15. Marital status

Separated / divorced people had relatively lower HKFWI scores compared to other groups.

Relationship between Family Income and Six Family Wellbeing Domains

16. The gap in HKFWI scores between the rich and the poor families has narrowed. Families with a monthly income over \$60,000 showed statistically significant decreases in the scores of “family solidarity”, “family resources”, “family health”, “social resources” as well as the overall HKFWI score.
17. On the contrary, families with a monthly income below \$15,000 showed statistically significant increases in “family solidarity”, “family resources”, “social connection” as well as the overall HKFWI score, hence closing the gap with the high-family-income group.
18. The research team also conducted linear regression analyses using the data. In the 2022 analysis, “family solidarity”, “family resources”, “family health”, “social connection”, “social resources” and the overall HKFWI score all showed significant and positive relationship with family income. In the 2024 analysis, “family resources”, “family health”, “work-life balance” and the overall HKFWI score had significant and positive relationship with family income.
19. The above showed that “family solidarity”, “social connection” and “social resources” no longer had a statistically significant relationship with family income. This could be attributed to narrowing gaps in scores in these 3 domains between the rich and the poor. As for “family resources”, because of its original strong relationship with family income, so even though the gap between the rich and the poor had narrowed, it continued to maintain a statistically significant relationship.

Wellbeing of Families with Carers

20. In this survey, “carers” were defined as those who needed to take care of family members who were old, sick, disabled or with special educational needs. Among the 2,014 respondents, nearly 40% of them had a carer in their families (39%). Among them, 52% had only a single carer in the family, meaning they were the sole carer.
21. The HKFWI score of families with carer(s) was 5.81, which was much lower than that of those without a carer (6.24). The HKFWI score of sole carers was 5.79, lower than that of families with multiple carers (5.83).

22. The physical and mental health of sole carers were also poorer than other carers.
23. About 40% of the sole carers in the sample were over 60 years old (41%) and 17% even aged 70 or above. Based on these figures, it is projected that there are more than 260,000 “elderly sole carers” in Hong Kong, which is a cause for concern. The problem would also be exacerbated by the ageing population.
24. Additionally, survey results showed that among families with carers, 13% had carers who emigrated overseas. Among them, almost half (49%) indicated that the remaining carers’ stress level has increased by varying degrees after their co-carer family member(s) left Hong Kong.
25. The HKFWS suggests that the government should focus its resources on providing suitable services to meet the needs of “elderly sole carers”. First and foremost, the government should allocate resources to identify and connect with hidden and at-risk carers, such as through big data analytics. Furthermore, they should establish dedicated outreach teams to proactively reach out to and assist in locating at-risk individuals.
26. Apart from directly providing services to the “elderly sole carers”, there is also a need to strengthen collaboration among the entire family, so that they can work as a team to look after family members with proper division of labour, realising the “family-carer partners” concept.
27. The concept of “family-carer partners” can also be extended to families with members that have emigrated and families that do not live together through the use of technology. For example, family members physically away can offer remote assistance in daily life, check the electronic health records of family members who need special care, and have regular video calls to catch up with each other. All these can support carers by actually lowering carers’ level of stress and, even more importantly, by letting them know and feel that they are not alone when facing the caregiving responsibilities.
28. The HKFWS also suggests mobilising different stakeholders in the community, including property management companies, neighbours, healthcare and social welfare agencies, churches, business operators and community members, to build a community neighbourhood network to support carers. Through education and training, stakeholders can enhance their understanding of carers’ needs and their ability to provide support. This includes identifying at-risk carers, providing proactive assistance and expressing care and concern, as well as making timely referrals to professionals for assessment and further support, thereby reducing carers’ vulnerability.
29. The survey found that carers who had more adequate private time to relax and recharge had lower level of caring stress. Under the concept of “family-carer partners”, carers can temporarily release their caring responsibilities to other family members, so that they can have more time to relax and recharge to relieve stress.

Family Health: Results and Trends

30. The mean score for “family health” was 6.74 in 2024, 7.07 in 2022 and 7.09 in 2019. Compared to 2022, the score has significantly declined in 2024.
31. According to linear regression analysis, the groups with lower “family health” scores included (1) unmarried people, (2) families with crises in the previous year, (3) families with more carers and (4) low-income families. Comparing scores, the groups with larger declines included (1) homemakers (2) people who were unemployed / between jobs / other non-employed people, (3) middle-aged people (aged 40-59) and (4) unmarried people.
32. Regarding “physical health”, the mean score was 6.57 in 2024, 7.04 in 2022 and 7.00 in 2019. Compared to 2022, the score has significantly declined in 2024. According to linear regression analysis, there was a positive relationship between “physical health” and monthly family income.
33. As for “mental health”, the mean score was 6.93 in 2024, 7.12 in 2022 and 7.19 in 2019. Compared to 2022, the score has significantly declined in 2024. According to linear regression analysis, “mental health” was positively associated with age, household size and monthly family income.
34. There was a positive relationship between family income and “family health” in both surveys, i.e., the lower the monthly family income, the lower the score of “family health”. The “family health” of low-income families is a cause for concern.
35. Overall, there is a downward trend in “family health” of Hong Kong families, including “physical health” and “mental health”. The HKFWS advocates the promotion of “family health” on a family basis. Taking psychotherapy and primary healthcare services as examples, healthcare services including weight and nutritional management can be provided on a family basis, with a view to enhancing the overall health of the family.
36. To put into practice “health is a family matter”, it is important that family members help each other to improve their health. The HKFWS suggests that families work on four aspects including “exercise, nutrition, rest and communication” to take care of both “physical health” and “mental health” and build up a healthy lifestyle for the whole family.

Social Connection: Results and Trends

37. Survey results showed that “social connection” (3.34) continued to stay at a relatively poor level. It has remained to be the lowest scoring domain in all three surveys conducted so far.

38. The research team also conducted regression analyses between “social connection” and various socio-economic variables and found that there was a significant positive relationship between “social connection” and respondents’ age, their education level and household size. On the other hand, women, public housing tenants, people who were unemployed / between jobs / other non-employed people, the cohabited / married / widowed people and people only living with siblings had higher scores in “social connection”.
39. The government has been actively strengthening the ties between families and the society through a wide range of activities over the past two years, but families’ level of participation and contribution to the society is still on the low side. HKFWS suggests the government proactively involve families in public and social affairs by providing additional participation channels to engage the public, integrate their perspectives into government policies, and address social issues effectively. Engaging the public in the design phase allows families to contribute their ideas and preferences could ensure the facilities and spaces truly reflect their diverse needs.
40. Families can enhance their engagement by contributing to solutions in public affairs and co-creating a forward-looking community through the sharing of their aspirations and visions. Increased participation fosters a deeper sense of belonging. The ascending levels of community participation will undoubtedly fortify the bonds between families and the community.
41. Conducting surveys, organising focus groups, and facilitating community consultations are impactful ways for obtaining valuable insights into the specific needs of families within the local context, as well as the obstacles and challenges that impede their participation.
42. In addition, it is suggested to build and design more family-centric urban spaces, public facilities, and parks to encourage family activities and interactions. These will help to improve the physical and mental health of families, and allow large scale of programme and activities to be organised so as to promote community participation and increase their social bonds in the community where happiness and wellbeing are nurtured.

行政摘要

引言

1. 香港家庭福利會(家福會)一直關注香港家庭的福祉，於2020年發佈全港首個「香港家庭幸福指數」量度工具，喚起公眾關注家庭幸福。「香港家庭幸福指數」是全港首個切合香港社會文化和信效度俱佳的量度家庭幸福的工具。家福會透過全港性調查，定期評估香港家庭的幸福水平，透過與過往數據比較，探討香港家庭幸福的趨勢，並作出相應的建議，為香港家庭、政府及不同持份者，在促進家庭幸福方面提供重要的參考。
2. 2024年是「香港家庭幸福指數」第三次調查研究。第一次調查於2019年7-8月香港社會動盪期間進行；第二次則於2022年1月新冠疫情第5波高峰前進行。另外，為回應照顧者需要及作出適切的支援，是次調查亦特別探討家中有照顧者的家庭幸福狀況。

研究設計摘要

3. 「家庭」和「家庭幸福」的定義

研究借鑒2018年香港家庭影響評估 (Family Impact Assessment) 研究，將「家庭」定義為「由兩人或以上組成 (通常源於血緣、婚姻或領養)，彼此間的關係存在情感支持和照顧的功能，而關係的維持是基於承諾和責任，且沒有預設時限」。「家庭幸福」則被定義為「家庭在與環境互動中履行各項家庭職能、滿足其成員多元需要的能力的狀態」。唯在問卷中，「家庭」和「家人」等字眼均由受訪者自行理解和定義。

4. 香港家庭幸福指數的構成

「香港家庭幸福指數」由六個範疇組成，三個範疇與家庭內部相關，分別為(1)家庭團結、(2)家庭資源、(3)家庭健康；另外三個是家庭與社會相關的範疇，分別為(4)社會連繫、(5)社會資源和(6)生活平衡。

5. 分數範圍

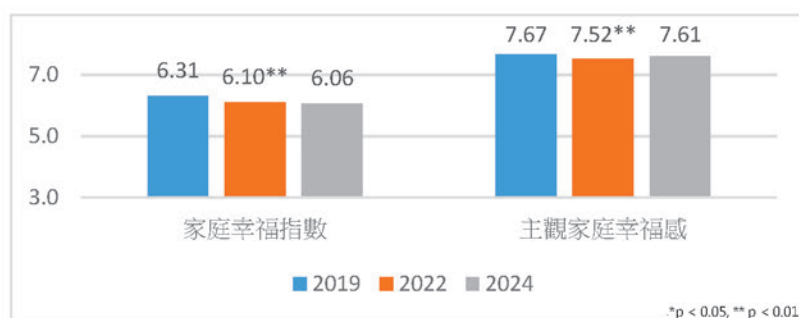
家庭幸福指數由0至10分，7.5分或以上為「良好」，6至<7.5分為「一般」，5至<6分為「偏低」，5分以下則屬「較差」。

樣本資料

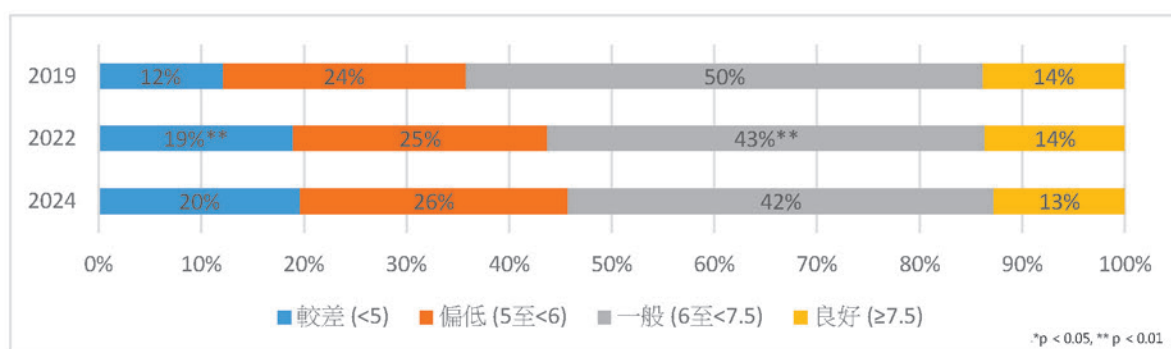
- 家福會今年委託香港民意研究所於2024年1月2日至23日期間，由真實訪問員進行隨機抽樣電話訪問，透過固網及手提電話，邀請18歲或以上與家人同住的香港居民，回答「香港家庭幸福指數」問卷。成功樣本數目為2,014個，回應比率為44.6%。
- 加權方法按照政府統計處提供的統計數字以「反覆多重加權法」作出調整。統計數字均來自綜合住戶統計調查(2023年第3季)。涉及的人口變項包括：性別、年齡、教育程度(最高就讀程度)、經濟活動身分及住戶人數。

香港家庭幸福指數結果及趨勢比較

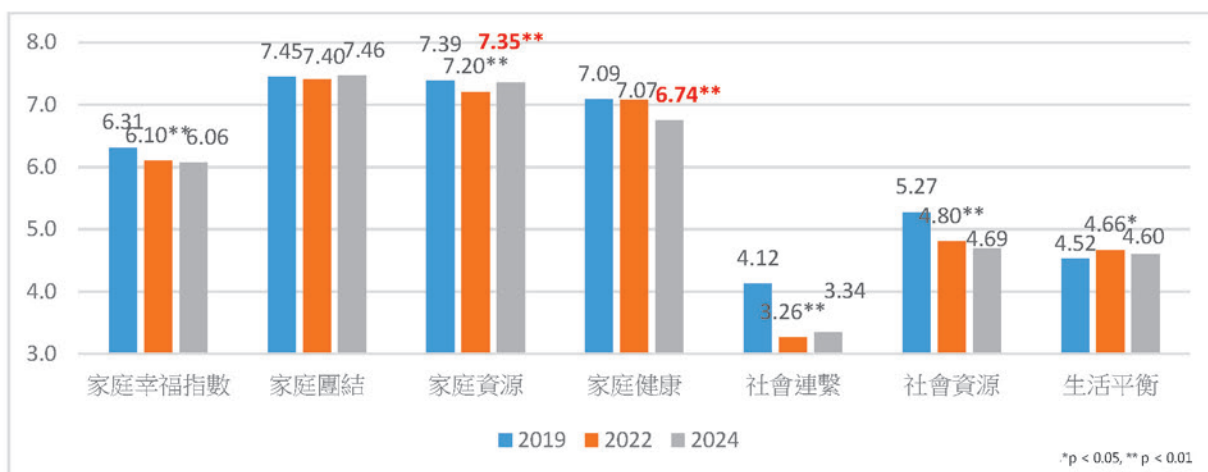
- 「香港家庭幸福指數」2024的分數為6.06分，2022年為6.10分，2019年則為6.31分。數據顯示香港家庭幸福水平與2022年相若，跌幅不明顯。然而，主觀家庭幸福感則比2022年輕微上升。



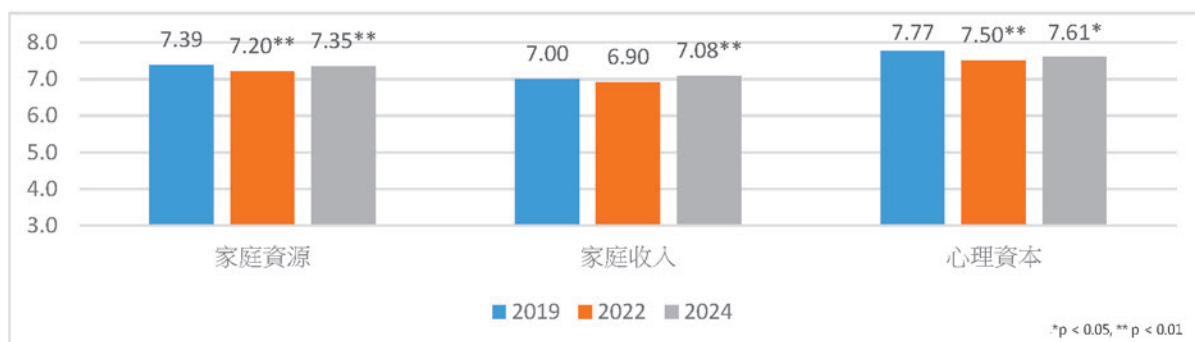
- 接近一半受訪者的家庭幸福指數屬於「一般」，與2022年調查相若。然而，指數屬於「較差」的受訪者則持續上升。



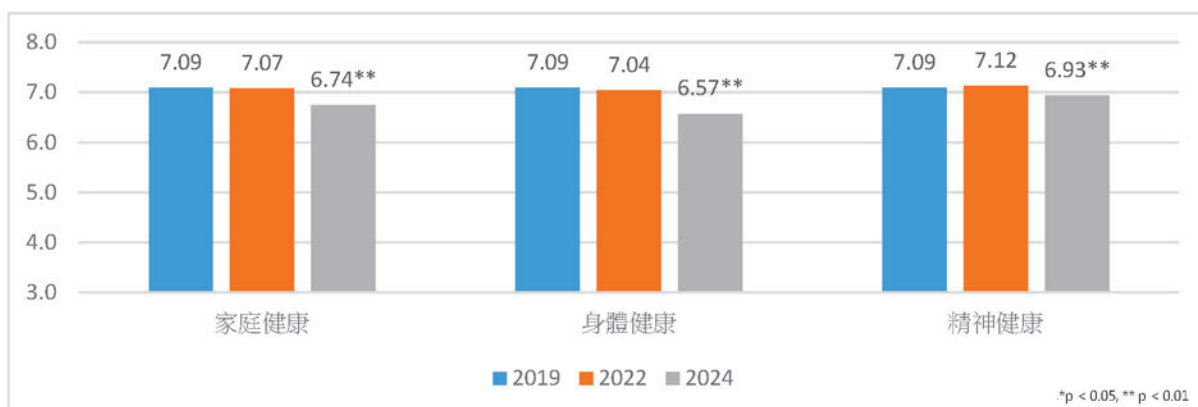
10. 家庭幸福六個範疇中，「家庭資源」(7.35) 顯著上升，「家庭健康」(6.74) 則明顯下跌；「社會連繫」(3.34) 在三次調查中皆是得分最低。



11. 「家庭資源」的次範疇包括「家庭收入」及「心理資本」。「家庭收入」(7.08) 及「心理資本」(7.61) 均比2022年顯著上升。



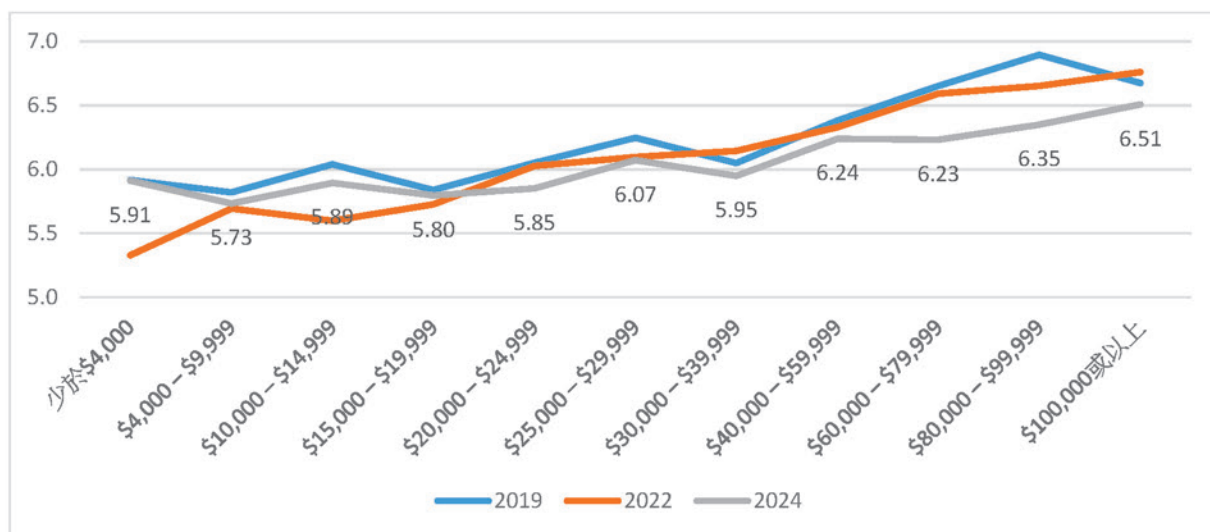
12. 「家庭健康」的指標包括「身體健康」(7.57) 及「精神健康」(6.93)。兩者均顯著下跌。



人口變項對家庭幸福水平的影響及其趨勢比較摘要

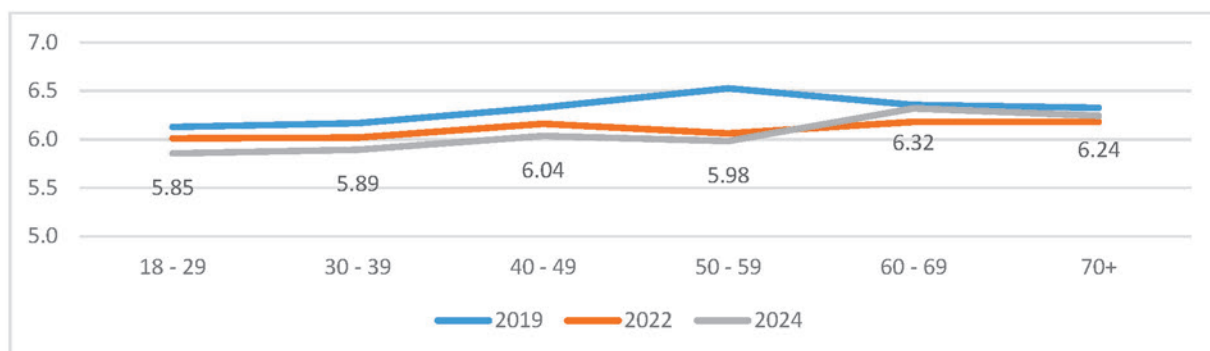
13. 家庭入息

家庭入息繼續對家庭幸福指數有頗大影響，但貧富家庭的幸福指數差距比2022年收窄，較高月入家庭 (\$30,000+) 的幸福水平顯示下跌趨勢。



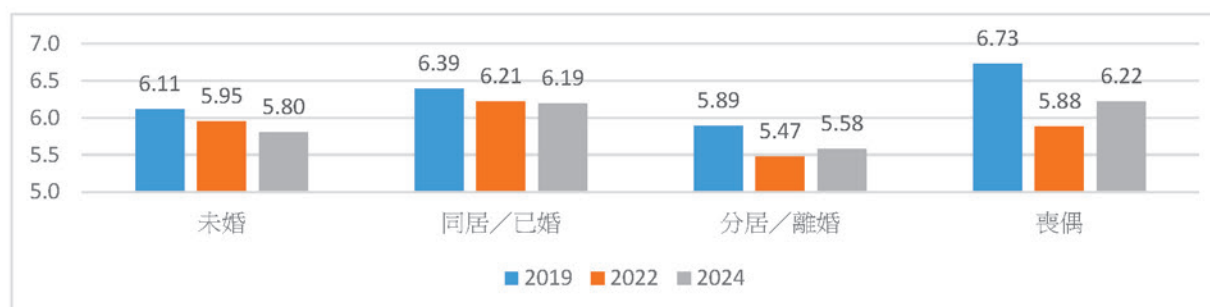
14. 年齡

較年輕人士的家庭幸福水平依然明顯較低，並有持續下降的趨勢；而18-29歲組別在三次調查中皆是得分最低；50-59歲組別自2019年調查至今跌幅最大。



15. 婚姻狀況

分居 / 離婚人士的家庭幸福水平較低。

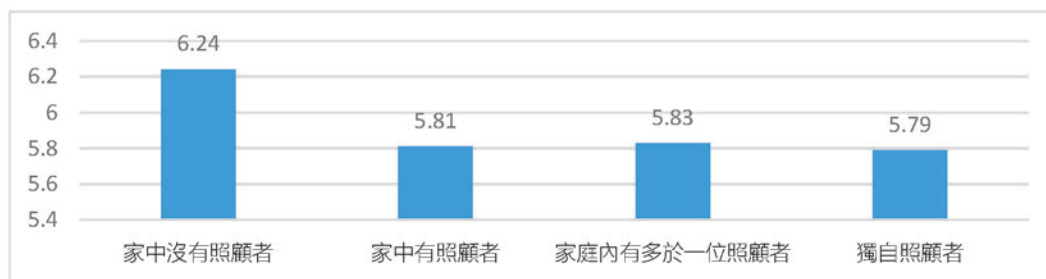


家庭入息與家庭幸福六個範疇之關係

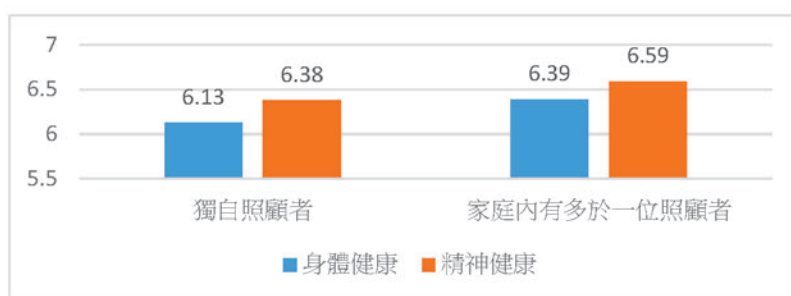
16. 以家庭入息作對比，貧富家庭的幸福指數差距收窄。家庭月入超過\$60,000的家庭在「家庭團結」、「家庭資源」、「家庭健康」、「社會資源」和整體家庭幸福指數在統計學上均有顯著下跌。
17. 相反，月入低於\$15,000的家庭在「家庭團結」、「家庭資源」、「社會連繫」和整體家庭幸福指數在統計學上皆有顯著上升，與高收入家庭差距收窄。
18. 研究團隊亦就資料進行線性迴歸分析。過往2022年的線性迴歸分析顯示，「家庭團結」、「家庭資源」、「家庭健康」、「社會連繫」、「社會資源」以及整體家庭幸福指數均與家庭入息有顯著正向關係；在2024年數據的線性迴歸分析中，則是「家庭資源」、「家庭健康」、「生活平衡」以及整體家庭幸福指數與家庭入息呈顯著正向關係。
19. 以上數據顯示，「家庭團結」、「社會連繫」和「社會資源」和家庭入息的關係統計學上不再顯著，可以說是因為該三個範疇的貧富差距收窄。而「家庭資源」則由於本身和家庭入息的關係極大，因此即使貧富差距收窄，亦仍然繼續維持統計學上的顯著關係。

家中有照顧者的家庭幸福狀況

20. 是次調查中，「照顧者」的定義為需要照顧年長、患病、殘障或有特殊學習需要家人生活起居的人士。在2,014位受訪者中，有近4成受訪者家庭中有照顧者(39%)；當中自己或家人是獨自照顧者的比例有52%。
21. 家中有照顧者的家庭幸福指數為5.81分，較家中沒有照顧者(6.24)相距甚遠。獨自照顧者的家庭幸福指數為5.79分，較有多於一位照顧者的家庭(5.83)為低。



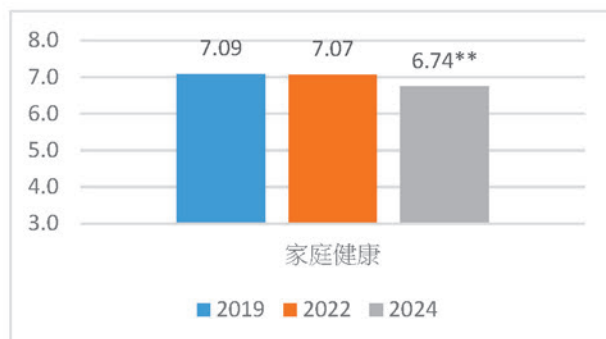
22. 獨自照顧者的身體健康及精神健康亦比其他照顧者差。



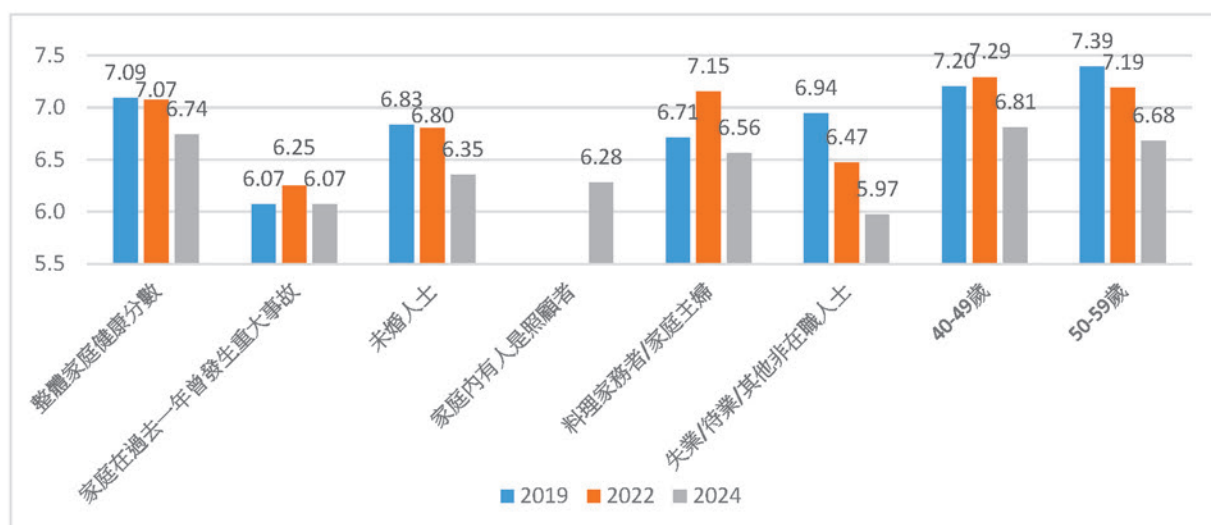
23. 受訪的獨自照顧者中，約4成超過60歲 (41%)，而70歲或以上的佔了17%。以此數據推算，全港「年長獨自照顧者」的人數估計超過26萬，情況需要關注。人口老化情況將更令問題加劇。
24. 此外，數據顯示有照顧者的家庭中，有13%家庭有照顧者移民海外，而當中近5成 (49%) 表示照顧壓力在共同照顧者家人離開香港居住後有不同程度增加。
25. 家福會建議政府集中資源，針對「年長獨自照顧者」的需要提供適切的服務。政府首要投放資源，如大數據分析協助辨識及連繫隱閉及高危照顧者；同時亦應透過設立專責外展服務隊，主動接觸及協助尋找高危人士。
26. 除協助「年長獨自照顧者」本人外，亦需強化其家庭成員間的協作，以「家庭照顧夥伴」的理念，用團隊模式，彼此分工合作的去處理家人照顧事宜。
27. 「家庭照顧夥伴」的理念同樣可以在移民或非同住的家庭中實踐。透過科技，例如遙距協助處理生活事務、定時監察被照顧者的電子健康記錄、定期視像見面關心問候等，都可以支援照顧者，除減輕照顧者實際壓力外，更重要是減輕照顧者「孤軍作戰」的孤單感。
28. 家福會亦建議動員社區不同持份者，包括物業管理公司、鄰舍、醫護社福機構、教會、商戶及社區人士，一起建構社區鄰舍網絡支援照顧者。家福會認為可透過教育和培訓，提昇持份者對照顧者需要的認識及支援的能力，包括辨識高危照顧者、認識照顧者相關資源、主動提供協助和關懷，適時轉介至專業人士作評估及進一步支援，以降低照顧者面臨困境的風險。
29. 在照顧壓力方面，越有足夠私人時間放鬆「叉電」的受訪照顧者，照顧壓力越少。「家庭照顧夥伴」的理念可幫助照顧者將照顧責任暫時交托其他家庭成員，讓自己多點放鬆「叉電」的時間，舒緩照顧壓力。

「家庭健康」水平及趨勢比較

30. 受訪者的「家庭健康」整體評分2024年為6.74分，2022年為7.07分，2019年則為7.09分；2024年的分數與2022年的分數比較，在統計學上有顯著下跌。



31. 根據線性迴歸分析，「家庭健康」水平遍低的組別包括 (1) 未婚人士、(2) 家庭在過去一年曾發生重大事故，(3) 有較多照顧者的家庭以及 (4) 低收入家庭。從數字上，跌幅較大的組別包括 (1) 料理家務者 / 家庭主婦、(2) 失業 / 待業 / 其他非在職人士、(3) 中年人士 (40-59歲) 以及 (4) 未婚人士。



32. 在「身體健康」方面，受訪者的整體評分為6.57分，2022年為7.04分，2019年則為7.00分；2024年的分數與2022年的分數比較，在統計學上有顯著下跌。根據線性迴歸分析，「身體健康」與家庭月入呈正向關係。
33. 在「精神健康」方面，受訪者的整體評分為6.93分，2022年為7.12分，2019年則為7.19分；2024年的分數與2022年的分數比較，在統計學上有顯著下跌。根據線性迴歸分析，「精神健康」與年齡、住戶人數、及家庭月入呈正向關係。

34. 家庭入息與「家庭健康」在兩次調查中均有正向關係，亦即家庭月入越低，「家庭健康」水平越低，低收入家庭的「家庭健康」值得關注。
35. 整體來說，香港家庭的「家庭健康」有下跌趨勢，當中包括「身體健康」及「精神健康」。家福會提倡以家庭作為單位推動「家庭健康」，以心理治療及基層醫療服務模式為例，提供以家庭單位而推出的健康護理服務包括體重及營養管理，以提升整體家庭的健康。
36. 實踐「健康是一家人的事」時，家庭成員更需要互相協助，一同提升健康。家福會建議家庭從「運動、營養、休息、溝通」四方面著手，讓「身體健康」及「精神健康」同樣照顧得到，建立一家人的健康生活模式。

「社會連繫」水平及趨勢比較

37. 調查結果顯示，「社會連繫」(3.34) 仍然落在較差的水平。在過去的三次調查中，「社會連繫」一直是得分最低的範疇。
38. 研究團隊亦就「社會連繫」與多個社經背景變項進行迴歸分析，發現「社會連繫」與受訪者的年齡、教育程度、住戶人數呈顯著正向關係。此外，女性、租住公屋、失業/待業/其他非在職人士、同居/已婚/喪偶人士、以及只與兄弟姊妹同住的人士則有較高的「社會連繫」分數。
39. 政府在過去兩年已經透過舉辦多元化的活動，積極加強家庭與社會之間的連繫，然而家庭參與社會及貢獻社會的程度仍然偏低。家福會建議於制度上提供更多參與社會事務的途徑，讓市民認識及認同參與公共事務的有效渠道，加強參與空間，提升與社會事務的連繫。
40. 家福會建議政府進行調查和研究，以深入了解家庭參與社會和貢獻社會所面臨的障礙和挑戰，從而制定相應的政策和措施來建立及推動社區支援網絡，以改善現有的情況。
41. 家庭可以透過參與處理公共事務，分享抱負和願景，共同打造具前瞻性的社區。社區參與程度的提升，不但培養更深的歸屬感，亦會加強家庭與社區之間的連繫。
42. 此外，建設更多以家為本的社區設施、休憩和公共空間，不單有助促進家庭身心健康，亦能提升家庭對社會的參與度以及歸屬感，提升香港家庭的社會連繫。

1. Introduction

- 1.1 In 2019, the Hong Kong Family Welfare Society (HKFWS) commissioned a research team comprising members from the Department of Social Work and the Hong Kong Institute of Asia-Pacific Studies of The Chinese University of Hong Kong to conduct the Study on Family Wellbeing Index in Hong Kong. The study developed Hong Kong Family Wellbeing Index (HKFWI) using a rigorous five-step approach and conducted a telephone survey in July and August 2019 to assess the wellbeing of Hong Kong families amidst social turmoil. In 2022, the HKFWS commissioned the Hong Kong Public Opinion Research Institute (HKPORI) to repeat the study and the survey was conducted in January 2022, which was before the peak of the fifth wave of the COVID-19 pandemic.
- 1.2 In 2024, the HKFWS commissioned HKPORI for the second time to repeat the study with the following objectives:
 - (1) To assess the wellbeing of Hong Kong families in 2024;
 - (2) To compare results across years and make recommendations; and
 - (3) To promote public awareness and understanding of Hong Kong family wellbeing.
- 1.3 To respond to the needs of carers and provide appropriate support, the 2024 study has added questions on carers to examine their family wellbeing in more detail.

2. Research Design

2.1 Concept of Family Wellbeing

- 2.1 The same definitions of “family” and “family wellbeing” as in the 2019 study were used. “Family” was defined as “a socially recognized group (at least two people in a relationship, usually joined by blood, marriage or adoption) that forms an emotional connection involving care, responsibility and commitment [without time limit]” (The University of Hong Kong [HKU], 2018). “Family wellbeing” was defined as “a state in which a family can perform various functions to satisfy the diverse needs of individual members of the family through interactions with the environment” (Wong et al, 2020). In the questionnaire though, terms like “family” and “family members” were left to respondents to define on their own.

2.2 Structure and Calculation of Hong Kong Family Wellbeing Index

- 2.2 The 2019 study went through (1) a literature review, (2) service user focus groups, (3) an expert review, (4) a pilot survey and finally (5) the main survey. Such an approach was used to develop a tool that is both valid and reliable in measuring the wellbeing of Hong Kong families. In the end, a questionnaire with 26 key questions using 11-point Likert scale (i.e., a scale on 0 to 10) was developed. Results of these questions were then used to compute the scores of 6 domains and 6 subdomains and ultimately the HKFWI score. A summary of the structure is shown in Figure 1 below.
- 2.3 The six domains are: (1) family solidarity, (2) family resources, (3) family health, (4) social connection, (5) social resources and (6) work-life balance. The first three domains concern the situation within a family, while the rest concern the family’s interaction with the outside world. The definitions of these domains and their subdomains are abstracted from previous reports and shown in Table 1 below.
- 2.4 For each respondent, the scores of subdomains as well as domains without subdomains are the arithmetic averages of the answers of relevant questions, while the scores of domains with subdomains are the arithmetic averages of the relevant subdomain scores. Finally, the HKFWI score is the weighted average of the 6 domain scores.
- 2.5 Previous studies also defined four levels of family wellbeing status, namely good, average, below average and poor based on the respondent’s HKFWI score. The cut-off points are good ≥ 7.5 , average = 6 to < 7.5 , below average = 5 to < 6 and poor < 5 .

Figure 1: Structure of Hong Kong Family Wellbeing Index

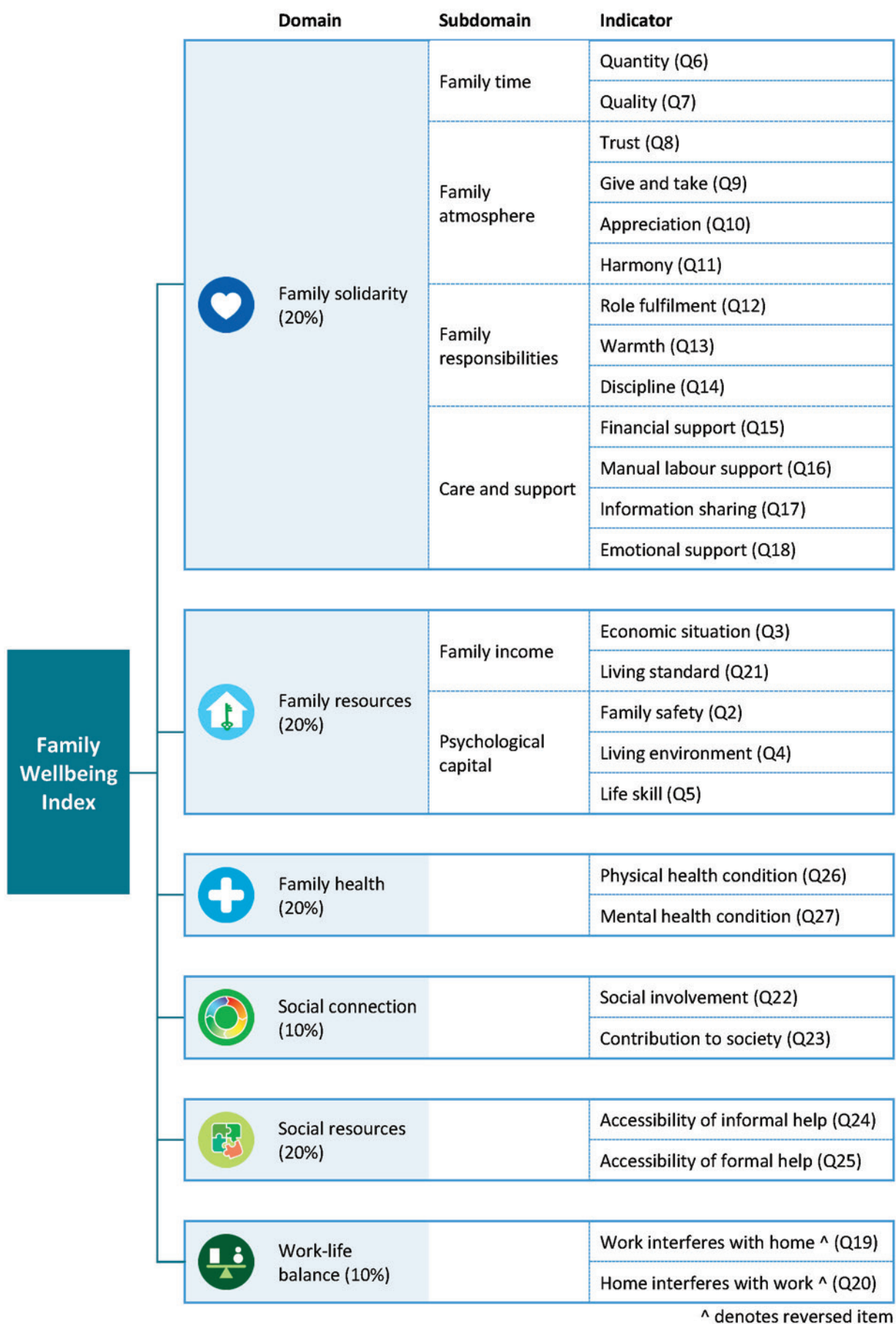


Table 1: Definitions of domains and subdomains

Domain / Subdomain	Definition
Family solidarity	The degree of cohesiveness within a family
Family time	The frequency and patterns of interaction in different types of activities in which family members engage
Family atmosphere	The types and degree of positive sentiments held by family members
Family responsibilities	(a) The strength of the commitment by family members to perform their roles within the family; and (b) The family obligation to raise the next generation
Care and support	The degree to which resources are shared and exchanged among family members in times of need
Family resources	The availability and optimal utilisation of a family's income and psychological capital of a family
Family income	The economic basis of a family including income and living standard
Psychological capital	(a) A comfortable and safe living environment; and (b) A sense of self-efficacy in family members about their ability to manage the demands and difficulties of daily life
Family health	A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity
Social connection	The positive connection of a family with the wider environment
Social resources	The availability and accessibility of formal services for families as offered by the government and/or social services units and of informal support from relatives, friends, colleagues and neighbours through social networks
Work-life balance	The extent to which an individual is equally engaged in and equally satisfied with his or her work role and family role

2.3 Treatment of Missing Values and Weighting of Survey Data

- 2.6 For missing values not because of the question being inapplicable, we utilised the “multiple imputation” method in SPSS to produce educated guesses of the missing values, taking into consideration all the observed data including the respondent's answers in other key questions and their demographic profile.
- 2.7 For families without young children, the subdomain score of “family responsibilities” is redefined as the answer of the remaining question, i.e., role fulfilment (Q12), while for families without a working member, the weights of the 5 domains other than “work-life balance” are increased in proportion to account for the missing “work-life balance” domain score.
- 2.8 For weighting of survey data, demographic variables including gender, age, education level, economic activity status as well as household size have been used to fit the sample to the Hong Kong population. The population figures used in the 2024 study were from the General Household Survey (Q3 2023) of the Census and Statistics Department.

- 2.9 These treatments and weighting method were first implemented in the 2022 study and have also been applied retrospectively to the 2019 survey data presented in this report, so that fair comparisons could be made and the similarities and differences observed are not due to the methodological differences.

2.4 Limitations

- 2.10 Although efforts were made to minimise various types of errors, as with all research using data collected from opinion surveys, this study still shares a similar set of limitations. These include errors related to sampling: nonresponse bias (i.e., respondents who responded and those who did not might have systematically different opinions), coverage error (i.e., some members of the target population were not reachable by phone during the fieldwork period) and random sampling error (i.e., quantifiable error resulting from random sampling instead of asking everyone).
- 2.11 At the same time, there were also measurement errors, which means the inability to measure the underlying concepts in a completely accurate manner. Possible reasons included interviewer effect (i.e., the presence of interviewers and the interaction might affect respondents' answers) and those related to questionnaire design. For example, respondents might understand questions differently from intended, the order of questions might affect responses, etc. Constraint on the length of the questionnaire so that it could fit into a telephone interview that could finish within a reasonable amount of time also limited the study's ability to measure the underlying concepts related to family wellbeing very accurately.
- 2.12 Apart from these general limitations, for this study in particular, although the unit of study is the family, only one member of each family was interviewed and his/her views were taken to represent the whole family. Also, several demographic questions, including gender, age, education level, economic activity status and marital status, concerned the interviewed individual rather than the family as a whole. When looking at analyses based on those variables, readers should interpret the group "unemployed", for example, as families with at least one unemployed member, not families in which all members were unemployed.
- 2.13 As with all telephone surveys, due to limitations of the survey mode and a need to keep the questionnaire at a reasonable length, this survey could not ask respondents to explain their answers in detail. To look into the possibility of circumventing such limitations, an online panel survey using the same questionnaire was conducted alongside the telephone survey from 19 to 31 January 2024 by HKPORI. A total of 2,068 successful cases were collected with a success rate of 2.6%. Despite the much lower response rate, survey results were found to be largely comparable, with larger differences only in a few findings. As such, the HKFWS may consider using this method

in parallel to the traditional telephone surveys in future studies, for example, by adding some “why” questions in order to explore the in-depth views and reasoning behind the numbers.

3. Survey Results

3.1 Pilot Survey

- 3.1 A pilot survey with 100 respondents, including 50 landline and 50 mobile samples, was conducted from 29 November to 6 December 2023 to ensure everything from questionnaire design to data analysis workflow all worked fine.
- 3.2 In the end, all pilot cases were conducted smoothly and no major issues were detected.

3.2 Overall Results

- 3.3 The main telephone survey which targeted the Cantonese- and Mandarin-speaking Hong Kong adult population who were living with their families was conducted from 2 to 23 January 2024. A total of 2,014 respondents, including 1,002 landline and 1,012 mobile samples, were successfully interviewed with an effective response rate of 44.6%. The 100 cases from the pilot survey were not included in the final sample.
- 3.4 Using the same method of data analysis, on a scale of 0 to 10, the overall HKFWI score has very slightly dropped by 0.04, from 6.10 in 2022 to 6.06 in 2024. The drop is smaller than that recorded last time (0.21). The questionnaire also included a question that asked respondents to subjectively assess their overall family wellbeing. Different from the change in the overall HKFWI score, such a mean score has slightly increased by 0.09, from 7.52 in 2022 to 7.61 in 2024.
- 3.5 The relative strength of the 6 domains have remained stable. The domain that received the highest score continued to be “family solidarity” (7.46), followed by “family resources” (7.35) and “family health” (6.74), while domains that performed not as good were “social resources” (4.69), “work-life balance” (4.60) and finally “social connection” (3.34), which has stayed at the bottom across all three surveys.
- 3.6 Compared to 2022, among the 6 domains, “family resources” has increased significantly (+0.15) from 7.20 in 2022 to 7.35 in 2024 as a result of significant improvement in both “family income” and “psychological capital”. “Family solidarity” (+0.06) and “social connection” (+0.08) have slightly improved, “social resources” (-0.12) and “work-life balance” (-0.06) have dropped slightly, while “family health” (-0.33) was the area that has deteriorated the most.

Table 2: Index, domain and subdomain scores and subjective family wellbeing – Overall

Index, domain and subdomain scores	2019	2022	2024	Latest change
Family Wellbeing Index	6.31	6.10 **	6.06	-0.04
Family solidarity	7.45	7.40	7.46	+0.06
Family time	6.98	6.94	7.03	+0.09
Family atmosphere	7.70	7.68	7.72	+0.04
Family responsibilities	7.50	7.41	7.45	+0.04
Care and support	7.61	7.59	7.65	+0.07
Family resources	7.39	7.20 **	7.35	+0.15 **
Family income	7.00	6.90	7.08	+0.18 **
Psychological capital	7.77	7.50 **	7.61	+0.11 *
Family health	7.09	7.07	6.74	-0.33 **
Social connection	4.12	3.26 **	3.34	+0.08
Social resources	5.27	4.80 **	4.69	-0.12
Work-life balance	4.52	4.66 *	4.60	-0.06
Subjective family wellbeing	7.67	7.52 **	7.61	+0.09

* p < 0.05, ** p < 0.01

Figure 2: Index and domain scores

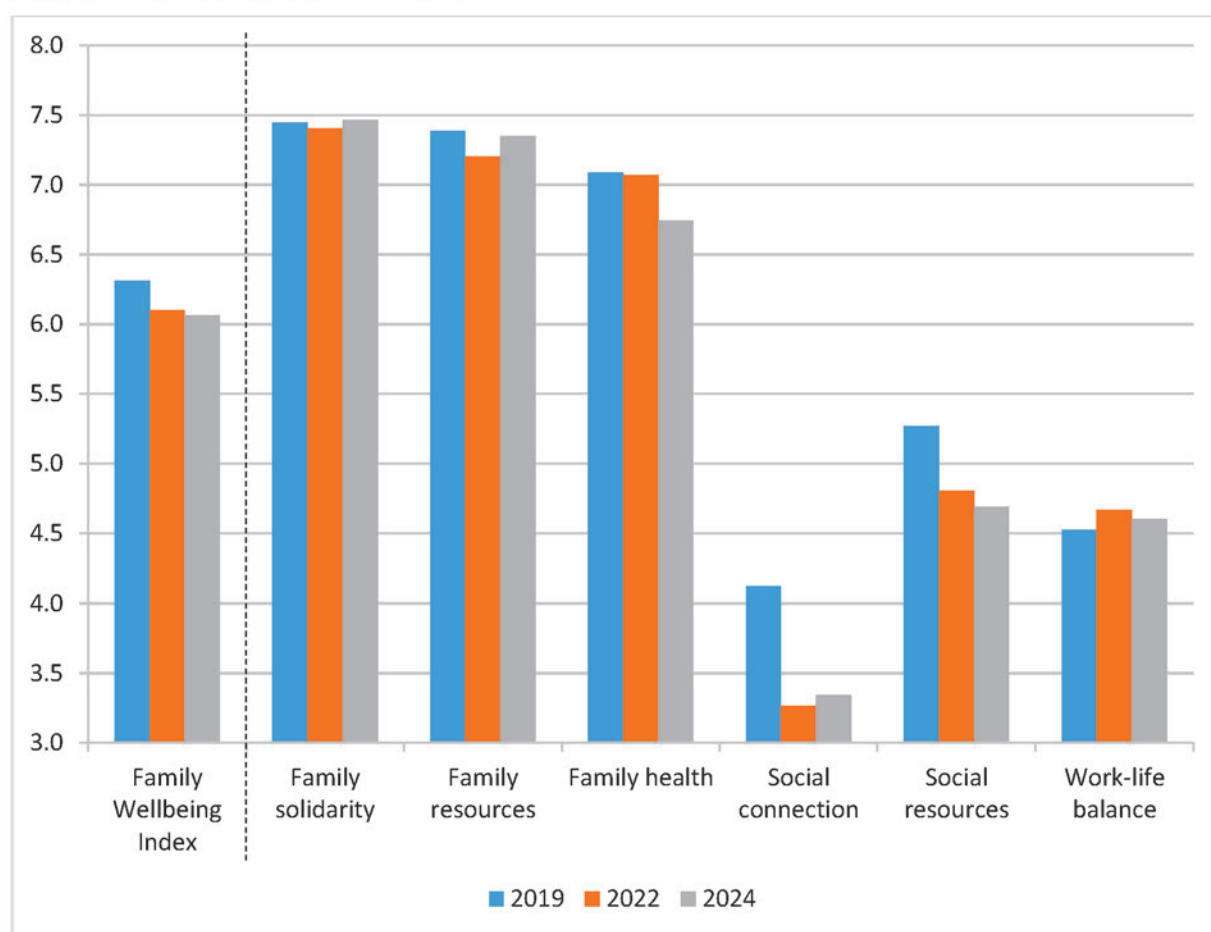
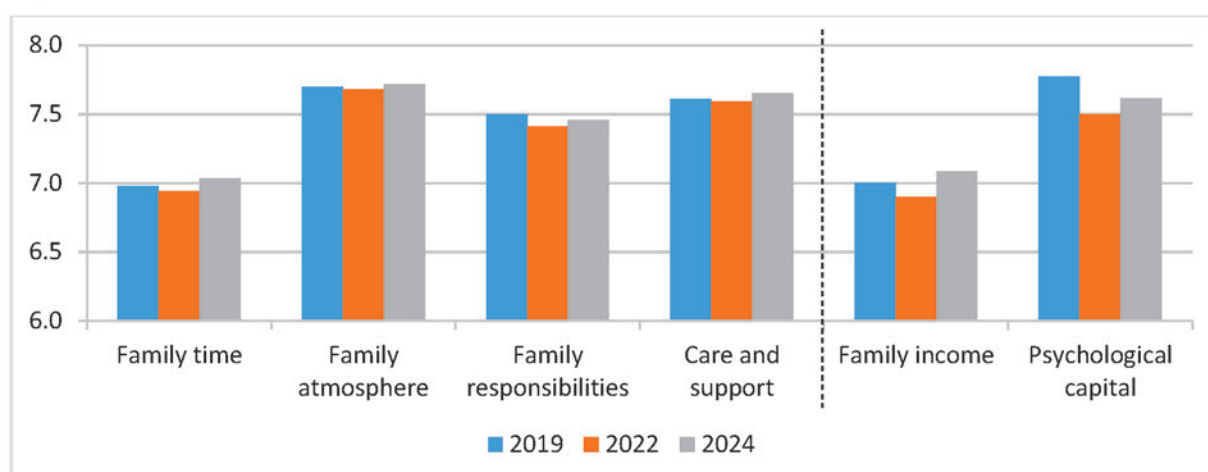


Figure 3: Subdomain scores

3.7 Using the same cut-off points to assign each respondent one of the four family wellbeing statuses according to their HKFWI score, the percentages of people falling into each status were similar to the respective figures in 2022. The percentages of people who had “poor” or “below average” family wellbeing have slightly increased (+1%), while that of “average” or “good” family wellbeing have slightly decreased (-1%).

Table 3: Respondents with different family wellbeing status (%) – Overall

Family wellbeing status	2019	2022	2024	Change
Good (≥ 7.5)	14%	14%	13%	-1%
Average (6 to < 7.5)	50%	43% **	42%	-1%
Below average (5 to < 6)	24%	25%	26%	+1%
Poor (< 5)	12%	19% **	20%	+1%

* $p < 0.05$, ** $p < 0.01$

3.8 The previous surveys were conducted during July and August 2019 in times of social unrest in Hong Kong and in January 2022 when Hong Kong as well as the world were combating the COVID-19 pandemic, which were believed to have a negative impact on the figures. In 2024, however, family wellbeing in Hong Kong still has not improved. Most surprisingly, it was the area of “family health” that has deteriorated the most from 2022 to 2024 despite the end of the pandemic.

3.3 Factors that Influence Family Wellbeing

- 3.9 To study the effects of demographic variables on family wellbeing and the 6 domains, further analyses have been conducted. These demographic variables include gender, age, education level, economic activity status, marital status, housing status, whether a domestic worker lived with the family, household size, family structure, monthly family income, whether family crisis occurred in the previous year and the number of carers in the family.
- 3.10 The mean scores of the index and the 6 domains by different demographic groups in 2019, 2022 and 2024 are tabulated in Table 4, with higher scores shaded in green and lower scores shaded in red to facilitate interpretation. Factorial ANOVA has also been conducted to study the effects of these factors at the same time, meaning that interactions between variables have already been considered in order to locate the factors that were truly relevant. Results of the analyses (whether p-values are smaller than 0.05, 0.01 and 0.001) are also included in Table 4.
- 3.11 Ordinary least squares (OLS) multiple linear regressions on index and domain scores with the same set of demographic variables have also been conducted. They served somewhat similar purposes to factorial ANOVA but held different statistical assumptions and modelled the data differently. Results of the analyses (unstandardised coefficient β , whether p-values are smaller than 0.05, 0.01 and 0.001 and adjusted R^2) are tabulated in Table 5. Unstandardised coefficients with corresponding p-values smaller than 0.05, 0.01 and 0.001 have been marked in different shades of blue to facilitate interpretation.

Table 4: Index and domain scores by demographic groups and factorial ANOVA

	HKFWI			Family solidarity			Family resources			Family health			Social connection			Social resources			Work-life balance		
	'19	'22	'24	'19	'22	'24	'19	'22	'24	'19	'22	'24	'19	'22	'24	'19	'22	'24	'19	'22	'24
Overall	6.31	6.10	6.06	7.45	7.40	7.46	7.39	7.20	7.35	7.09	7.07	6.74	4.12	3.26	3.34	5.27	4.80	4.69	4.52	4.66	4.60
Gender																					
Male	6.24	6.15	6.07	7.36	7.49	7.45	7.38	7.28	7.34	7.18	7.13	6.80	3.73	3.22	3.23	5.09	4.90	4.77	4.50	4.63	4.59
Female	6.37	6.05	6.06	7.53	7.33	7.47	7.39	7.13	7.36	7.00	7.02	6.69	4.48	3.30	3.44	5.44	4.72	4.61	4.29	4.69	4.61
			*			**			*												
Age																					
18 - 29	6.13	6.01	5.85	7.19	7.10	6.86	7.30	7.31	7.31	6.92	6.89	6.49	3.65	2.25	2.18	5.05	5.05	4.96	4.70	5.13	5.07
30 - 39	6.17	6.02	5.89	7.31	7.37	7.45	7.26	7.18	7.26	6.91	7.05	6.75	4.05	2.98	2.78	5.12	4.66	4.32	4.41	4.69	4.58
40 - 49	6.33	6.16	6.04	7.64	7.49	7.55	7.27	7.09	7.28	7.20	7.29	6.81	4.27	3.61	3.53	5.19	4.68	4.57	4.43	4.81	4.38
50 - 59	6.53	6.06	5.98	7.71	7.37	7.39	7.65	7.12	7.24	7.39	7.19	6.68	4.36	3.49	3.42	5.51	4.66	4.52	4.35	4.43	4.63
60 - 69	6.35	6.18	6.32	7.29	7.48	7.72	7.44	7.28	7.57	7.16	7.07	6.98	4.37	3.60	4.01	5.38	4.87	4.83	4.36	4.47	4.52
70 or above	6.33	6.18	6.24	7.51	7.58	7.69	7.34	7.28	7.41	6.81	6.80	6.65	3.98	3.60	3.83	5.38	4.98	5.00	3.92	4.30	4.36
			***						**						***			*			
Education level																					
Primary or below	6.34	5.72	5.92	7.41	7.05	7.43	7.38	6.64	7.06	6.99	6.79	6.48	4.32	2.87	3.49	5.44	4.36	4.59	3.82	4.37	3.93
Lower secondary	6.12	5.90	5.96	7.39	7.27	7.17	7.03	6.70	6.95	6.94	7.09	6.68	4.17	3.20	3.72	5.03	4.61	4.66	4.24	4.33	4.71
Upper secondary	6.24	6.17	6.02	7.42	7.49	7.46	7.21	7.21	7.27	7.17	7.17	6.88	3.73	3.41	3.20	5.25	4.91	4.53	4.48	4.60	4.51
Tertiary: non-degree	6.33	6.15	6.05	7.47	7.33	7.34	7.44	7.22	7.24	7.08	7.05	6.62	4.44	3.22	3.55	5.13	5.06	4.85	4.66	4.85	4.68
Tertiary: degree	6.45	6.38	6.25	7.52	7.63	7.66	7.75	7.86	7.81	7.12	7.15	6.81	4.36	3.41	3.14	5.33	5.04	4.90	4.63	5.03	4.89
			**			***			***						**						**
Economic activity status																					
Working	6.31	6.15	6.00	7.46	7.41	7.41	7.44	7.36	7.36	7.21	7.21	6.80	4.03	3.22	3.08	5.22	4.84	4.58	4.36	4.67	4.57
Student	6.14	5.88	6.11	7.11	6.81	7.15	7.09	7.30	7.54	6.78	6.60	6.83	3.87	2.19	2.41	5.29	4.95	4.86	4.98	5.27	5.86
Homemaker	6.28	6.13	6.00	7.49	7.54	7.49	7.17	6.98	7.15	6.71	7.15	6.56	4.88	3.64	3.72	5.34	4.79	4.56	4.44	4.51	4.35
Retired	6.43	6.28	6.38	7.53	7.71	7.79	7.53	7.39	7.59	7.02	6.95	6.82	4.07	3.59	3.94	5.45	5.07	5.08	4.22	4.51	4.55
Unemployed / between jobs / other non-employed	5.92	5.30	5.50	6.94	6.61	6.85	6.56	5.90	6.39	6.97	6.47	5.97	3.82	2.64	3.36	4.70	3.79	4.35	4.99	4.84	4.37
Marital status																					
Never married	6.11	5.95	5.80	7.15	6.99	6.86	7.39	7.25	7.20	6.83	6.80	6.35	3.66	2.48	2.44	5.01	4.98	4.86	4.69	4.98	4.95
Cohabited / married	6.39	6.21	6.19	7.58	7.63	7.73	7.41	7.26	7.48	7.22	7.18	6.85	4.29	3.53	3.62	5.32	4.83	4.69	4.28	4.61	4.50
Separated / divorced	5.89	5.47	5.58	6.98	6.46	6.88	6.85	6.17	6.56	6.35	7.00	6.70	3.40	3.13	2.93	5.26	4.01	4.03	4.50	4.20	4.44
Widowed	6.73	5.88	6.22	7.51	7.13	7.44	7.63	7.26	7.32	7.25	6.72	7.05	5.16	3.15	4.05	6.17	4.45	4.84	4.56	4.27	4.37
						***									**						
Housing status																					
Bought	--	6.46	6.33	--	7.74	7.73	--	7.84	7.83	--	7.28	6.93	--	3.65	3.43	--	5.10	4.97	--	4.85	4.70
Rented private housing	--	5.92	5.92	--	7.37	7.36	--	6.75	7.19	--	7.10	6.89	--	3.17	3.28	--	4.54	4.30	--	4.45	4.39
Rented public housing	--	5.74	5.79	--	7.03	7.20	--	6.61	6.86	--	6.81	6.43	--	2.83	3.25	--	4.52	4.48	--	4.50	4.54
Rented subdivided flat	--	--	5.21	--	--	6.37	--	--	5.40	--	--	6.78	--	--	2.84	--	--	4.12	--	--	3.92

Whether a domestic worker lived with the family																					
Yes	6.80	6.48	6.39	7.84	7.75	7.84	8.04	7.92	7.89	7.49	7.18	6.95	4.42	4.07	3.67	5.85	4.98	5.03	5.09	4.96	4.58
No	6.22	6.05	6.00	7.38	7.35	7.39	7.27	7.10	7.25	7.02	7.05	6.70	4.07	3.14	3.27	5.16	4.78	4.63	4.26	4.62	4.61
						*									*						

	HKFWI			Family solidarity			Family resources			Family health			Social connection			Social resources			Work-life balance			
	'19	'22	'24	'19	'22	'24	'19	'22	'24	'19	'22	'24	'19	'22	'24	'19	'22	'24	'19	'22	'24	
Household size																						
2	6.23	6.19	6.11	7.50	7.57	7.51	7.41	7.35	7.36	6.99	6.97	6.62	4.10	3.36	3.41	5.04	4.90	4.78	3.76	4.55	4.72	
3	6.25	6.09	6.03	7.40	7.38	7.46	7.30	7.19	7.41	6.98	7.04	6.72	4.10	3.26	3.21	5.32	4.84	4.64	4.37	4.72	4.54	
4	6.50	6.06	6.06	7.53	7.26	7.50	7.53	7.14	7.37	7.27	7.17	6.78	4.24	3.27	3.27	5.58	4.71	4.68	4.94	4.77	4.61	
5	6.20	6.20	6.06	7.24	7.61	7.39	7.33	7.35	7.09	7.11	7.33	7.03	4.22	3.06	3.59	4.98	4.86	4.76	4.35	4.60	4.38	
6 or above	6.16	5.66	6.22	7.36	7.05	7.44	6.99	6.49	7.35	7.26	6.85	7.18	3.50	2.87	4.05	4.91	4.29	4.64	4.90	4.29	4.80	
Family structure																						
A couple only	6.27	6.33	6.28	7.62	7.82	7.80	7.38	7.55	7.57	7.08	7.01	6.71	4.05	3.48	3.64	5.05	4.99	4.87	3.58	4.66	4.81	
Both parents + unmarried offspring	6.35	6.21	6.13	7.48	7.51	7.61	7.47	7.30	7.54	7.14	7.21	6.84	4.13	3.40	3.20	5.34	4.93	4.70	4.55	4.77	4.66	
One of parents + unmarried offspring	6.05	5.73	5.75	7.10	6.82	6.90	7.15	6.63	6.91	6.91	6.88	6.44	3.94	2.82	3.11	4.95	4.64	4.54	4.34	4.43	4.61	
Parent(s) + married offspring without children	6.48	6.16	6.18	7.30	7.63	7.60	7.31	7.40	7.53	7.31	7.29	6.79	4.68	3.27	3.40	5.58	4.36	5.13	4.94	4.88	4.18	
Three-generation family	6.20	5.89	6.06	7.37	7.30	7.43	7.14	7.03	7.17	7.09	6.99	6.90	3.65	2.92	3.67	5.24	4.44	4.66	4.65	4.39	4.47	
									*													
Monthly family income																						
Below \$4,000	5.92	5.33	5.91	7.37	6.64	7.52	6.83	5.97	6.91	6.46	6.04	6.27	3.65	2.91	3.38	4.40	4.09	4.59	3.76	4.45	4.09	
\$4,000 – \$9,999	5.82	5.69	5.73	7.58	7.17	7.20	6.87	6.38	6.52	5.67	6.58	6.04	3.16	3.09	3.83	4.97	4.27	4.55	3.78	4.48	4.42	
\$10,000 – \$14,999	6.04	5.60	5.89	7.52	6.95	7.33	6.97	6.18	6.96	7.10	6.79	6.49	4.47	2.66	3.40	4.27	4.49	4.80	3.87	4.25	3.81	
\$15,000 – \$19,999	5.84	5.73	5.80	7.18	7.13	7.23	6.19	6.50	6.70	6.75	6.84	6.34	3.92	3.21	3.40	4.95	4.33	4.62	4.00	4.34	4.53	
\$20,000 – \$24,999	6.05	6.03	5.85	7.21	7.32	7.22	6.78	6.85	6.79	6.95	7.06	6.48	4.20	3.56	3.41	5.14	4.92	4.63	3.91	4.29	4.74	
\$25,000 – \$29,999	6.25	6.10	6.07	7.44	7.44	7.55	7.20	6.98	7.25	7.01	7.35	6.68	3.68	3.22	3.40	5.52	4.73	4.87	4.37	4.70	4.49	
\$30,000 – \$39,999	6.05	6.14	5.95	7.24	7.50	7.46	7.15	7.41	7.34	6.82	7.12	6.79	3.78	3.37	3.22	4.98	4.76	4.35	4.27	4.42	4.26	
\$40,000 – \$59,999	6.38	6.33	6.24	7.50	7.61	7.59	7.46	7.69	7.65	7.20	7.29	7.08	4.11	3.28	3.06	5.41	5.05	4.90	4.53	4.69	4.75	
\$60,000 – \$79,999	6.65	6.59	6.23	7.74	7.89	7.62	7.84	8.06	7.77	7.45	7.53	6.96	4.25	3.68	3.28	5.71	5.35	4.75	4.68	4.53	4.80	
\$80,000 – \$99,999	6.90	6.65	6.35	7.90	8.06	7.55	8.23	8.33	8.20	7.56	7.60	7.29	5.36	3.63	2.99	5.78	4.98	4.72	4.67	4.87	4.95	
\$100,000 or above	6.67	6.76	6.51	7.57	7.88	7.77	8.47	8.65	8.24	7.38	7.40	7.17	4.47	3.82	3.65	5.32	5.20	5.02	4.80	5.48	4.98	
			**						***			***									***	
Whether family crisis occurred in the previous year																						
Yes	5.92	5.63	5.63	7.27	7.02	7.14	7.02	6.61	6.84	6.07	6.25	6.07	4.32	3.18	3.13	4.88	4.39	4.37	4.21	4.51	4.20	
No	6.41	6.24	6.31	7.50	7.52	7.66	7.48	7.38	7.63	7.33	7.32	7.12	4.08	3.31	3.47	5.36	4.91	4.87	4.43	4.70	4.82	
			***			***			***			***						**			***	
Whether there were carers in the family																						
Yes, 1 only (sole carer)	--	--	5.79	--	--	7.25	--	--	6.97	--	--	6.19	--	--	3.37	--	--	4.63	--	--	4.25	
Yes, 2 or more (co-carer)	--	--	5.83	--	--	7.32	--	--	7.15	--	--	6.37	--	--	3.21	--	--	4.45	--	--	4.42	
No	--	--	6.24	--	--	7.60	--	--	7.55	--	--	7.06	--	--	3.37	--	--	4.79	--	--	4.79	
			**			*						***									*	

* p < 0.05, ** p < 0.01, *** p < 0.001

Note: Higher scores are shaded in green and lower scores are shaded in red

Table 5: Linear regressions on index and domain scores with demographic variables (β)

	HKFWI	Family solidarity	Family resources	Family health	Social connection	Social resources	Work-life balance
Gender (Reference group: Male)							
Female	0.17**	0.26***	0.29***	0.10	0.30*	-0.04	0.21
Age	0.14***	0.10*	0.15***	0.07	0.39***	0.09	0.11
Education level	0.14***	0.21***	0.18***	0.07	0.19**	0.07	0.14*
Economic activity status (Reference group: Working)							
Student	0.24	-0.03	0.28	0.35	-0.33	0.19	1.12***
Homemaker	0.05	-0.07	0.12	-0.17	0.03	0.21	-0.06
Retired	0.31**	0.18	0.35**	0.10	0.21	0.60**	-0.06
Unemployed / between jobs / other non-employed	0.11	0.09	0.00	-0.10	0.56*	0.20	0.05
Marital status (Reference group: Never married)							
Cohabited / married	0.10	0.72***	-0.08	0.40**	0.64**	-0.60**	-0.40*
Separated / divorced	-0.17	0.24	-0.44*	0.62**	-0.14	-0.99***	-0.18
Widowed	0.24	0.60**	0.10	0.79**	0.93*	-0.52	-0.36
Housing status (Reference group: Bought)							
Rented public housing	-0.08	-0.06	-0.32***	-0.06	0.32*	-0.15	0.13
Rented private housing	-0.26**	-0.23	-0.44***	-0.04	0.10	-0.44*	-0.41*
Rented transitional housing	0.23	-0.19	-0.03	1.08	-0.60	-0.11	1.67
Rented subdivided flat	-0.52*	-0.85**	-1.50***	0.39	-0.16	-0.38	-0.19
Whether a domestic worker lived with the family (Reference group: No)							
Yes	0.09	0.12	0.07	-0.06	0.19	0.22	-0.07
Household size	0.03	-0.01	-0.10	0.13*	0.30***	0.00	-0.01
Family structure (Reference group: Both parents + Unmarried offspring)							
A couple only	0.08	-0.11	-0.13	0.07	0.28	0.13	0.40
One of parents + unmarried offspring	-0.15	-0.30*	-0.41**	-0.07	0.43	-0.18	-0.06
Parent(s) + married offspring without children	0.02	-0.13	0.19	-0.14	-0.34	0.46	-0.17
Three-generation family	0.06	-0.05	0.05	0.02	0.10	0.20	0.04
Grandparents + grandchildren	-0.53*	-0.53	-0.53	0.02	-0.63	-1.09*	-0.44
Siblings only	0.35	-0.11	-0.02	0.47	2.01***	0.59	-0.49
Others	-0.04	-0.09	-0.23	0.20	0.18	0.09	-0.49
Monthly family income	0.07***	0.01	0.16***	0.11***	0.03	0.04	0.08**
Whether family crisis occurred in the previous year (Reference group: No)							
Yes	-0.56***	-0.41***	-0.62***	-0.94***	-0.18	-0.45***	-0.56***
Number of carers in the family	-0.08**	-0.06	-0.08*	-0.20***	-0.02	0.01	-0.12
Adjusted R ²	0.17	0.12	0.23	0.15	0.08	0.04	0.05

* p < 0.05, ** p < 0.01, *** p < 0.001

Note: Unstandardised coefficients with corresponding p-values smaller than 0.05, 0.01 and 0.001 are marked in different shades of blue

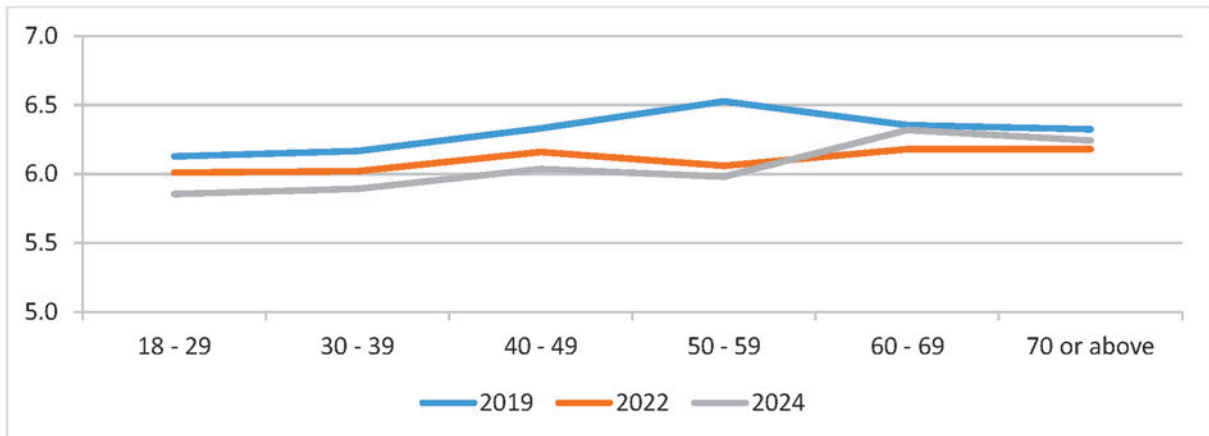
Gender

3.12 Although males and females had largely similar scores, when taking into account other demographic variables at the same time, both ANOVA and regression analyses showed statistically significant effects of gender on HKFWI score as well as the scores of “family solidarity” and “family resources”, with females having higher scores than males, while regressions additionally identified a significant effect on “social connection”.

Age

3.13 In 2024, being older continued to have a positive impact on family wellbeing, especially when one was 60 years old or above, while the family wellbeing of the younger groups has kept falling since 2019. Among the 6 domains, both ANOVA and regression analyses showed age had significant effects on “family resources” and “social connection”, while only linear regression found the effect on “family solidarity” significant. For “social resources”, its scores continued to first decrease and then increase with age, resembling a “V” shape, just as in 2022, but only ANOVA found this relationship with age to be significant.

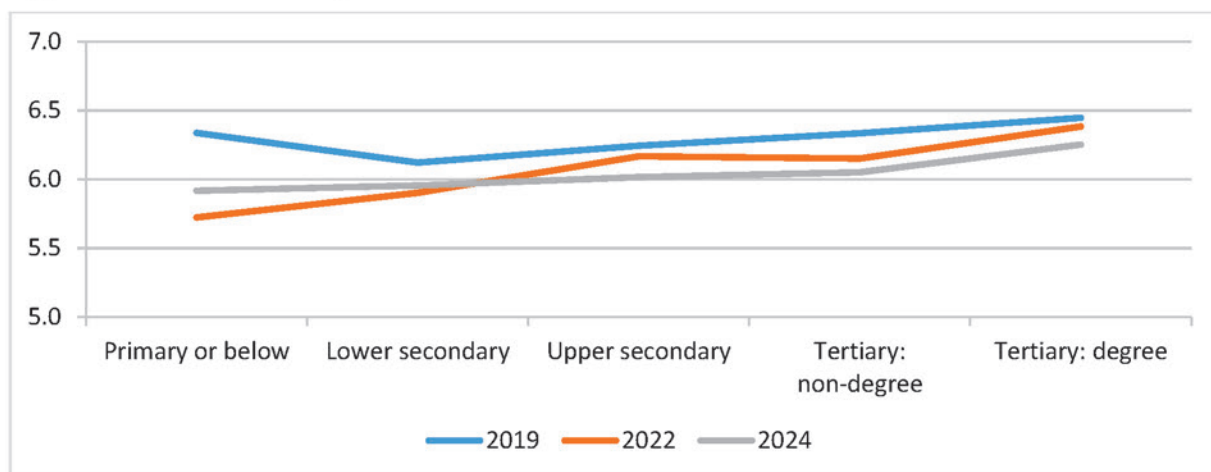
Figure 4: HKFWI score by age



Education level

3.14 Education also continued to have a positive impact on family wellbeing in 2024. However, the family wellbeing of people who have attended at least upper secondary school has kept decreasing since 2019. Among the domains, “family solidarity”, “family resources”, “social connection” and “work-life balance” were found to be significantly affected by education level.

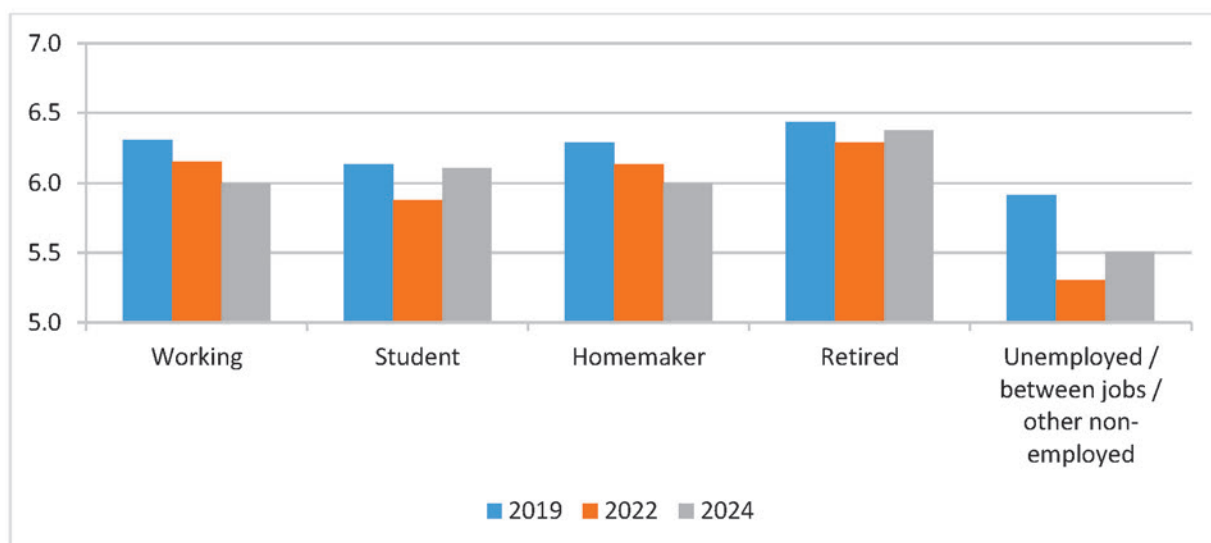
Figure 5: HKFWI score by education level



Economic activity status

3.15 In 2024, survey results confirmed again that retirees had higher HKFWI scores while the unemployed had the lowest scores. Regression analyses indicated that compared to the working population, the retirees had significantly higher scores in the domains of “family resources” and “social resources”, students had better “work-life balance”, while the unemployed actually had more “social connection”.

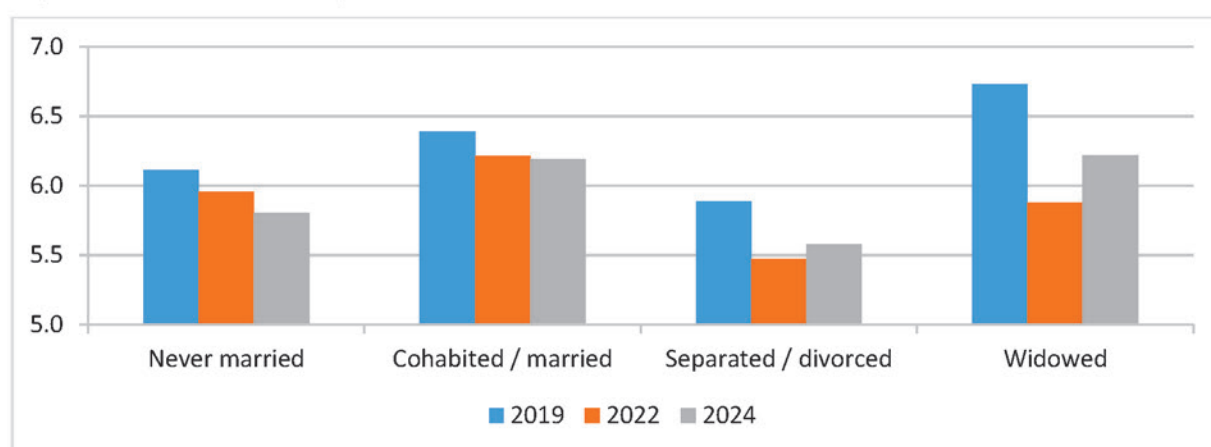
Figure 6: HKFWI score by economic activity status



Marital status

3.16 In 2024, the cohabited / married / widowed respondents had higher HKFWI scores while the separated / divorced ones had lower scores, although neither ANOVA nor regression analyses could identify statistically significant relationship between marital status and the overall HKFWI score. Regressions found that compared to being single (i.e., never married), being married, living with a partner or being widowed helped with “family solidarity”, “family health” and “social connection”, but being married or living with a partner hurt “social resources” and “work-life balance”, while having separated or divorced helped with “family health” but hurt “family resources” and “social resources”.

Figure 7: HKFWI score by marital status

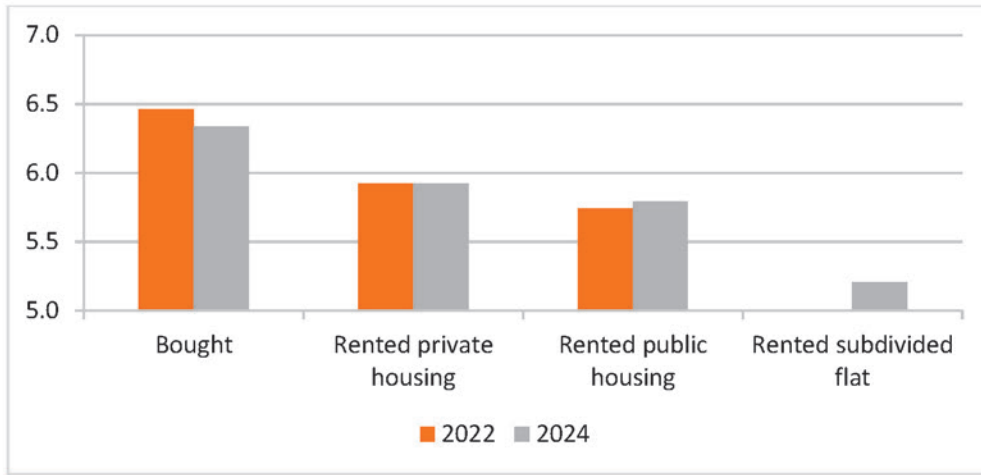


Housing status

3.17 Questions were added in 2022 to distinguish between people who bought the flat they lived in, rented private housing and rented public housing. In 2024, these questions were further revised to identify people who lived in transitional housing and those who lived in subdivided flats. Although there were too few respondents that lived in transitional housing to enable meaningful analysis, it turned out those who lived in subdivided flats, unsurprisingly, had the lowest HKFWI score, while people traditionally considered to be wealthier in terms of housing status continued to have higher scores.

3.18 Compared to people who bought the flat they lived in, regressions showed that renting subdivided flats contributed to lower scores in “family solidarity” and “family resources”, renting public housing led to a lower score for “family resources” but a higher one for “social connection”, while renting private housing led to lower scores in “family resources”, “social resources” and “work-life balance”.

Figure 8: HKFWI score by housing status



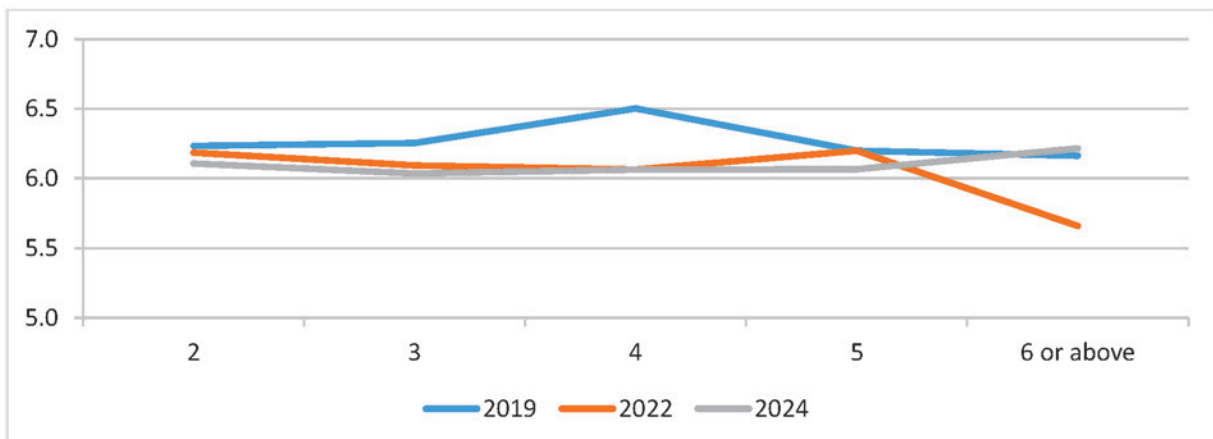
Whether a domestic worker lived with the family

3.19 Survey results showed that families who lived with domestic workers had higher index and domain scores except “work-life balance”. ANOVA revealed statistically significant differences in the domains of “family solidarity” and “social connection”, although regression results were not significant.

Household size

3.20 In 2024, household size did not seem to have an effect on overall family wellbeing. However, regressions showed significant relationship between household size and “family health” and “social connection”, where families of larger household size had higher scores in these two areas.

Figure 9: HKFWI score by household size



Family structure

3.21 Among the more common family structures, families with only one of the parents living with his/her unmarried offspring (likely single-parent families) continued to have lower index and domain scores. ANOVA showed significant differences among different groups for “family resources”, while regressions indicated that compared to families with both parents living with their unmarried offspring, the aforementioned group specifically had lower scores in “family solidarity” and “family resources”.

Monthly family income

3.22 Monthly family income continued to be a fairly strong predictor of index and domain scores. Both ANOVA and regressions found its significant impact on HKFWI score, “family resources”, “family health” and “work-life balance”. In 2022, however, regressions found significant relationship between family income and all index and domain scores except for “work-life balance”, revealing that “family solidarity”, “social connection” and “social resources” no longer maintained statistically significant relationship with family income in 2024. This could be explained by narrowing differences in scores in these 3 domains between richer and poorer families. In fact, “family resources” also featured the same change pattern, but since its relationship with family income was very strong to start with, the relationship was still significant in 2024.

3.23 If we regroup the income groups into larger brackets and focus on changes in scores between the 2022 and 2024 surveys, we can see that families with monthly income at or above \$60,000 had significant drops in the HKFWI score as well as scores for “family solidarity”, “family resources”, “family health” and “social resources”. In contrast, families with monthly income below \$15,000 had seen significant increases in the HKFWI score as well as scores for “family solidarity”, “family resources” and “social connection”.

Figure 10: HKFWI score by monthly family income

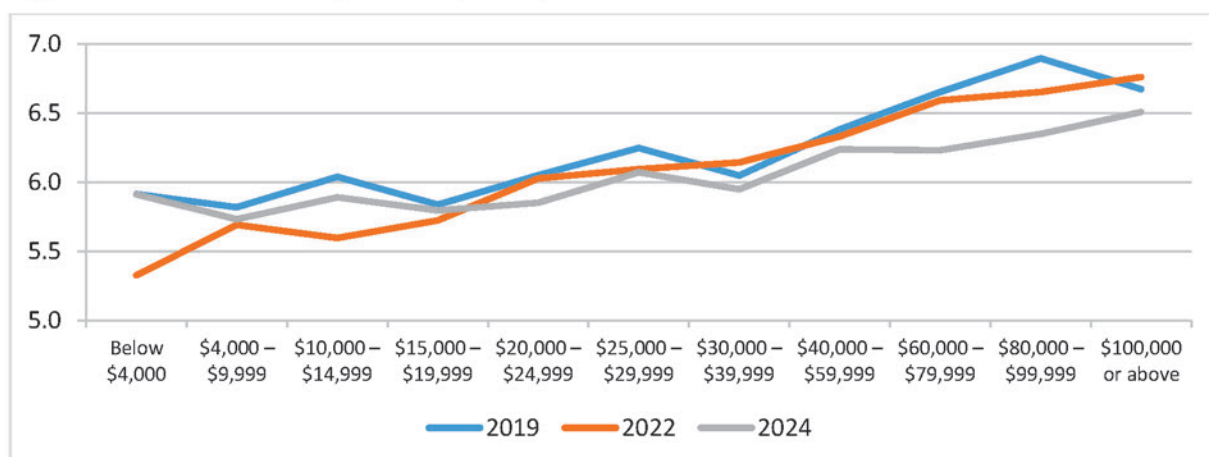
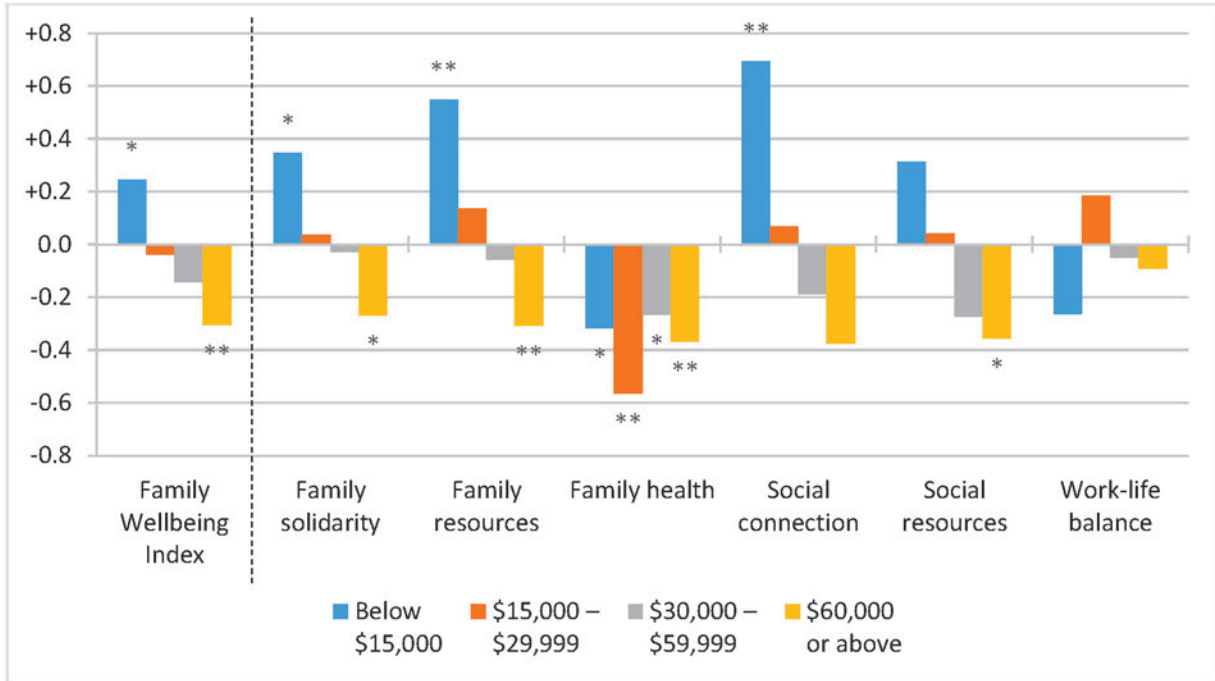


Figure 11: Change in index and domain scores between 2022 and 2024 by monthly family income

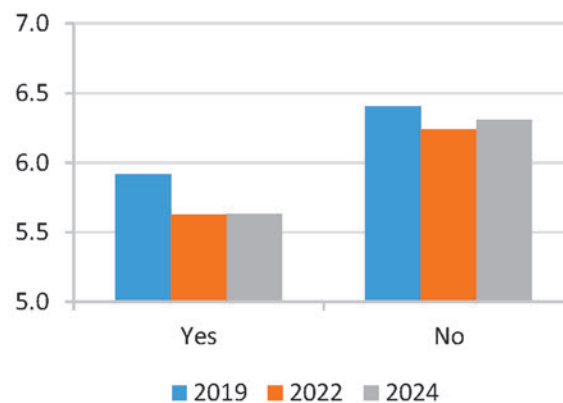


* p < 0.05, ** p < 0.01

Occurrence of family crisis in the previous year

3.24 While ultimately defined by the respondents, examples were given in the interviews and thus family crises in this study typically meant family members passing away, getting very ill, being admitted to hospital or getting unemployed, or the occurrence of financial difficulties or relationship conflicts. It came as no surprise whether a family crisis occurred in the previous year continued to be a good indicator of overall family wellbeing and its various domains. Both ANOVA and regressions confirmed there were significant differences among different groups for all index and domain scores except “social connection”.

Figure 12: HKFWI score by whether family crisis occurred in the previous year



Carers in the family

- 3.25 In the 2019 and 2022 studies, there was a question that asked for the number of family members who needed special care. In 2024, the focus was changed to carers in the family instead, which was defined in the questionnaire as people who needed to take care of family members who were old, sick, disabled or with special educational needs.
- 3.26 Unsurprisingly, the presence of carers in the family, which reflected the presence of someone who needed special care, was found to be a significant factor that adversely affected family wellbeing. As for the 6 domains, ANOVA showed significant differences among groups for “family solidarity”, “family health” and “work-life balance”, while regressions found significant results for “family resources” and “family health”.

3.4 Closer Look at Family Health

- 3.27 As mentioned previously, the score for “family health” has further deteriorated from 2022 to 2024 despite the end of the pandemic. Upon closer look, both physical and mental health conditions, which together determined the “family health” domain score, have significantly dropped. The former has dropped from 7.04 to 6.57 (–0.46), while the latter has dropped from 7.12 to 6.93 (–0.19).
- 3.28 According to regression analysis, the following groups had lower “family health” scores: (1) people who were never married, (2) families of smaller household size, (3) lower income families, (4) families that had crises occurred in the previous year and (5) families with more carers. The pattern is almost the same for “physical health condition” and “mental health condition”, except that household size was not a significant factor for the former and being younger was found to be more prone to having worse mental health condition. If we directly compare scores between 2022 and 2024, these groups, among others, had the largest drops in score: (1) people between 40 to 59 years old, (2) homemakers, (3) the unemployed and (4) people who were never married.

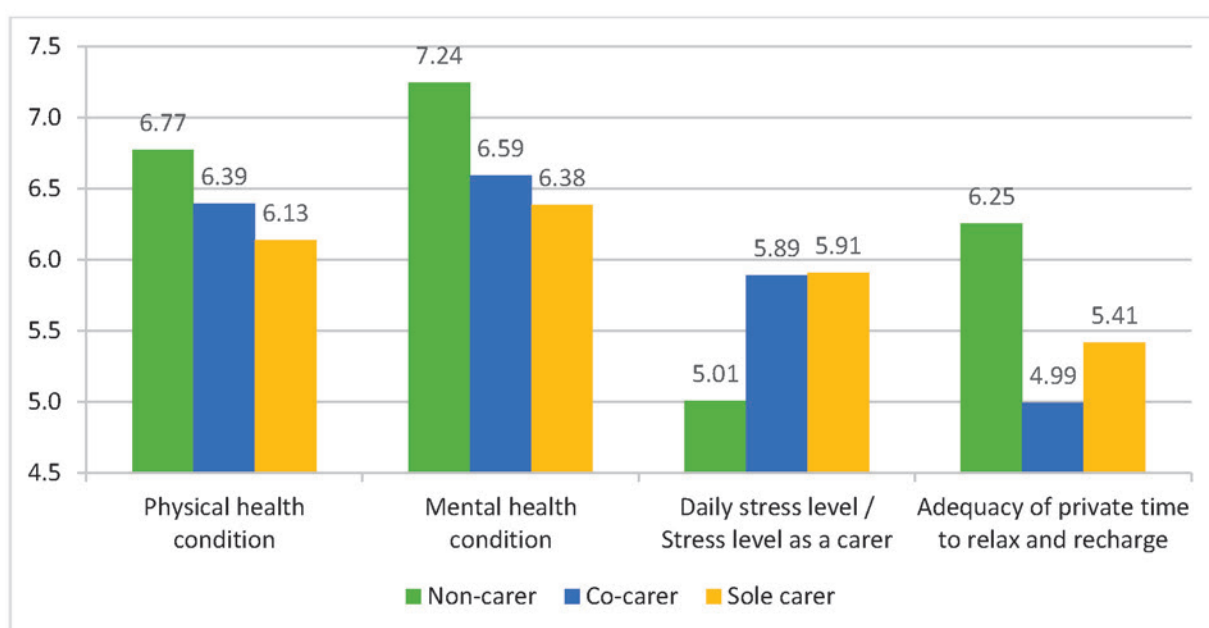
3.5 Further Analyses on Carers

- 3.29 Apart from the number of carers in the family, the 2024 study also featured some more questions on the topic of carers that asked about their physical and mental health conditions, their stress level, the amount of “me time” they had, as well as emigration of carers and its effect on the rest of the family.
- 3.30 Results showed that 61% of the families interviewed did not have a family member who was a carer, while 39% did. Among those who did, 52% had only a single carer in the family (i.e., sole carer), while 48% had more than one (i.e., co-carers). As mentioned above, families without a carer had a higher HKFWI score (6.24) than those with

carer(s) (5.81), while families with co-carers (5.83) fared better than families with just one sole carer (5.79).

- 3.31 Furthermore, co-carers had better physical (6.39) and mental (6.59) health conditions than sole carers (6.13 & 6.38), but not as good as those who were not carers (6.77 & 7.24). As for their stress level, co-carers (5.89) and sole carers (5.91) shared similar levels of stress as carers, which was higher than the daily stress level faced by non-carers (5.01). Surprisingly, sole carers (5.41) claimed to have a somewhat higher level of adequacy of private time to relax and recharge than co-carers (4.99), although non-carers (6.25) were markedly ahead of both of these groups.

Figure 13: Health conditions, stress level and adequacy of “me time” by carer status



- 3.32 The demographic profile of the sole carers showed that 24% of this group were between 60 and 70 years old, while 17% were 70 years old or above, meaning as much as 41% were 60 years old or above. This figure suggests that there were around 260,000 elderly sole carers in Hong Kong, excluding those who lived alone. More details of the estimate are shown in Appendix 4.
- 3.33 Among families currently with carers, 13% had family members who were once carers emigrating to other countries or regions in the previous 3 years, while the other 87% did not. Among those families with carers leaving, 49% found that remaining carers faced a higher level of stress afterward, while 44% said there was no effect and 7% claimed that stress level actually dropped.

Table 6: Whether any family members who were carers emigrated to other countries or regions in the previous 3 years and its effect on the stress level of remaining carers

	Frequency	Percentage
Whether any family members who were carers emigrated to other countries or regions in the previous 3 years		
Yes	100	13%
No	680	87%
Refused to answer	3	
Effect on the stress level of remaining carers after emigration		
Increased a lot	22	22%
Increased somewhat	27	27%
Unchanged	44	44%
Decreased somewhat	4	4%
Decreased a lot	3	3%
Refused to answer	<1	

4. Conclusion

- 4.1 The Hong Kong Family Wellbeing Index 2024 is the third survey on HKFWI. The previous surveys were conducted in July and August 2019 during a period of social unrest and then in January 2022, before the peak of the fifth wave of COVID-19. The 2024 study indicated a stable level of family wellbeing in Hong Kong these two years, with the index score only very slightly dropping from 6.10 in 2022 to 6.06 in 2024. Compared to 2019, however, the index score has dropped by a cumulative total of 0.25.
- 4.2 Similar to the previous two surveys, Hong Kong families in 2024 continued to perform relatively well in domains related to the situation within a family, but much less so in domains related to the family's interaction with the society, including "social resources", "work-life balance" and "social connection". "Social connection" remained to be the lowest scoring domain in all three surveys.
- 4.3 Among the six domains, "family resources" showed improvement compared to 2022, but the score is still lower than that in 2019. On the other hand, despite the end of the COVID-19 pandemic, "family health" registered a significant drop of 0.33 compared to 2022, which was a result of deterioration in both "physical health" and "mental health".
- 4.4 Among various demographic traits, family income continued to be an important factor affecting family wellbeing. Reversing the previous trend, however, the effect of family income seemed to have somewhat dwindled as reflected by narrowing differences in scores between richer and poorer families.
- 4.5 Apart from family income, other demographic variables such as age, education level, economic activity status, marital status and housing status were also related to family wellbeing. Survey results in 2024 showed that people who were younger, people who received more education, the working population, homemakers, people who were unemployed, people who were separated or divorced, as well as people who lived in subdivided flats had poorer family wellbeing. These, together with the specific weaknesses of each group identified in this study, can serve as guidance for determining the target recipients of further services and support.
- 4.6 Lastly, questions on carers have been introduced to examine the wellbeing of families with members who needed to take special care of other family members. It was found that families without a carer had the highest wellbeing level, while families with more than one carer did better than those with just one sole carer. Sole carers also had the worst physical and mental health conditions among the three groups. Carers in general also had higher stress level and less relaxation time. With an ageing population, the already fairly large number of "elderly sole carers" at present will gradually increase. Various stakeholders should take steps to mitigate issues that will potentially arise.

5. Discussions and Recommendations

5.1 The Urgent Need to Address Elderly Sole Carers

- 5.1 The wellbeing of families with carers, especially “elderly sole carers” is a cause of concern. The HKFWI score of families with carer(s) was 5.81, which was much lower than that of those without a carer (6.24). The HKFWI score of sole carers was 5.79, lower than that of families with multiple carers (5.83). The physical and mental health of sole carers were also poorer than other carers.
- 5.2 Given the poorer wellbeing of sole carers, the data reveals a pressing issue in Hong Kong, with a significant number of elderly sole carers. Among the 2,014 respondents, nearly 40% of them had a carer in their families (39%). Among them, 52% had only a single carer in the family, meaning they were the sole carer. About 40% of the sole carers in the sample were over 60 years old (41%) and 17% even aged 70 or above. Based on these figures, it is projected that there are more than 260,000 “elderly sole carers” in Hong Kong.
- 5.3 With over 260,000 elderly sole carers in Hong Kong, the situation is demanding and calls for prompt action. According to the Census and Statistics Department, the number of elderly aged 65 or above is expected to double from 2021 to 2046, with an accelerating pace of increase in the future (Census and Statistics Department, 2023). In light of the aging population, the needs of elderly sole carers will be exacerbated, making it even more crucial to address the challenges faced by elderly sole carers.
- 5.4 To effectively address the needs of elderly sole carers, the HKFWS suggests that the government should focus its resources on providing suitable services to meet the needs of “elderly sole carers”. Additional resources can be allocated to cater the need of this specific target group.
- 5.5 One approach is to utilise big data analysis to analyse data from multiple sources and identify hidden and at-risk carers and predict their needs. By analysing relevant data, such as healthcare records and individual social background, service providers can reach carers who may require additional support. This proactive approach allows for targeted assistance, ensuring that no carer goes unnoticed or underserved.
- 5.6 Additionally, establishing dedicated outreach service teams is essential. These teams would actively reach out to elderly sole carers, providing them with assistance in identifying their specific needs and challenges. The outreach service teams can offer guidance, information, and resources to carers, and conduct necessary interventions and referrals, ensuring they receive adequate support. Timely intervention and a

proactive approach can make a significant difference in the lives of elderly sole carers, minimising their burdens and enhancing their family wellbeing.

5.2 Wellbeing of Families with Carers

5.7 Apart from directly providing services to the “elderly sole carers”, it is crucial to strengthen collaboration among their family members. In fact, care giving not only refers to directly providing daily care to the needy person, but can be divided in the several overlapping types of work (Armstrong & Kits, 2004):

- Care management, such as identifying and arranging formal care services, between and dealing with care providers, and completing forms
- Assistance with instrumental activities of daily living, such as household tasks, cooking, shopping
- Assistance with activities of daily living, such as personal care, administration and arrangement of medication and other health equipment
- Emotional and social support

By working as a team to look after family members with proper division of labour, the “family-carer partners” concept can be realized in families.

5.8 To make the team effective entails good coordination for appropriate division of work among family members of different disposition and skills. Moreover, adequate communication among members to share their concerns and render feedback to other members so that partnerships can be sustained in a harmonious manner. Successful family-carer partnerships not only able to share caring stress among family members, but also strengthen “family cohesion” and bring wellbeing to a family.

5.9 The concept of “family-carer partners” can also be extended to families with members that have emigrated and or non-cohabiting families, recognising that caregiving challenges are not limited to specific household structures. . Technology can play a vital role in supporting carers in these situations. Remote health assistance can help carers manage daily affairs, such as medication reminders, scheduling appointments, and monitoring the health records of vulnerable family members. Video calls can connect carers with their elderly loved ones, facilitating companionship, emotional support, and an opportunity to address any concerns. These technological solutions not only alleviate practical stress for carers but also significantly reduce the sense of loneliness that often accompanies the role of a carer. By leveraging technology, the barriers of families and carers in non-cohabiting arrangements can be lowered to navigate the caregiving journey effectively.

5.3 Mobilising Community Stakeholders to Support Carers

- 5.10 To build a robust support network for carers, the HKFWS suggests mobilising various stakeholders in the community. These stakeholders can include property management companies, neighbours, healthcare and social welfare organisations, churches, business enterprises, district councillors and community members. By involving these diverse entities, a comprehensive community neighbourhood network can be established, providing carers with the assistance and support they require.
- 5.11 Education and training play a vital role in mobilising stakeholders. By offering educational programs, workshops, and resources, stakeholders can enhance their understanding of carers' needs and develop the skills to provide effective support. For instance, property management companies can organise training sessions for their staff to recognise the signs of caregiving stress and offer appropriate assistance. Healthcare and social welfare organisations can provide information on available carer resources, ensuring that carers are aware of the support services available to them.
- 5.12 Moreover, proactive assistance and care are essential components of community support. Stakeholders can actively reach out to carers, offering a helping hand and ensuring they have access to the resources they need. By identifying high-risk carers, stakeholders can provide targeted support, expressing care and concern, and thus reducing the risks faced by carers and promoting their overall wellbeing. Timely referral to professionals, such as social workers or healthcare providers, can also be facilitated, ensuring carers receive the necessary assessment and further support, thereby reducing carers' vulnerability.

5.4 Deterioration of Family Health

- 5.13 The mean score for “family health” was 6.74 in 2024, 7.07 in 2022 and 7.09 in 2019. Compared to 2022, the score has significantly declined in 2024. There is a downward trend in “family health” of Hong Kong families, including “physical health” and “mental health” despite the end of the pandemic. This phenomenon poses an alarm on the health of Hong Kong families, an aspect that many assumed would be improved after the pandemic.

5.5 Four Aspects to Establish a Healthy Lifestyle for Families

- 5.14 To promote a healthy lifestyle for families, a multifaceted approach is necessary. The HKFWS suggests focusing on exercise, nutrition, rest, and communication to support families in establishing healthy habits:
- Exercise: Encourage regular physical activity for all family members. This can include engaging in outdoor activities, participating in sports, or even practicing

simple exercises at home. Family members can set fitness goals together, motivating and supporting each other in leading an active lifestyle.

- **Nutrition:** Promote healthy eating habits within the family. Provide information and resources on balanced diets, meal planning, and the importance of consuming nutritious foods. Encourage family members to cook and eat meals together, fostering a sense of togetherness and shared responsibility for their health.
- **Rest:** Emphasise the significance of sufficient and quality leisure and family time. Educate family members about the importance of establishing a balance between work and rest. Encourage open communication about individual's preference in rest patterns. Respect and accommodate the difference, and share any difficulties family members may face in getting proper rest.
- **Communication:** Foster open and supportive communication cycle within the family. Encourage family members to express their thoughts, feelings, and concerns openly. Regular family meetings or discussions can provide a platform for addressing challenges, sharing responsibilities, and strengthening familial bonds.

5.15 By incorporating these elements into their daily lives, families can establish a holistic approach to health and wellbeing, ensuring that all family members receive the necessary support to maintain their physical and mental health.

5.6 Assess Family Health Using Family as a Unit

5.16 Further to enhancing individuals' health, the HKFWS emphasises the critical importance of conducting health assessments that view families as a cohesive unit. It is essential to shift the traditional focus from solely individual physical and mental health to a broader perspective that considers individuals within the context of their family dynamics, and also recognise and make use of the unique family relationships to enhance family functioning and family health in a sustainable way. Families should not be seen as passive observers but rather as active participants in fostering overall family health and wellbeing.

5.17 Various related healthcare frameworks have already been developed, such as Family-centered Care and Family Health Care (Hanson et al., 2019; Howrey et al., 2015; Park et al., 2018). Many of these frameworks have been proved to be effective (Mestre et al., 2024; Park et al., 2018; Russel et al., 2018) and can serve as valuable references and can be adapted to different settings, including grassroots healthcare services and psychotherapies, from frontline services to policy levels. By drawing upon these

existing models and tailoring them to the unique needs of Hong Kong families, a distinct family-centric healthcare model can be developed.

- 5.18 Implementing a family-centric healthcare model in Hong Kong can have far-reaching benefits. It not only addresses the physical and mental health challenges faced by individuals but also strengthens family bonds, improves overall family functioning, and enhances the resilience of the entire family unit. By recognising and addressing the unique needs of families, healthcare services can pave the way for comprehensive and holistic care that promotes the wellbeing of individuals and their families.

5.7 Conducting Exploratory Surveys and Research to Elevate Social Connection and Social Resources

- 5.19 Since 2019, our extensive studies have consistently highlighted Social Connection as the domain with the lowest scores among the six family wellbeing domains. Similarly, Social Resources, which reflects the accessibility of formal and informal support systems, has consistently remained in the lowest tier throughout these years. Unfortunately, both of these crucial domains have yet to recover from the profound impact of the COVID-19 pandemic. To cater the needs of families, we recommend conducting surveys and research which aim to gain a deeper understanding of the obstacles and challenges faced by families in participating in and contributing to society, as well as accessing and receiving formal and informal social resources.
- 5.20 Based on our frontline experience, we have observed that families from diverse demographic backgrounds may encounter unique hindrances when it comes to connecting with society. For example, families predominantly composed of elderly members often face significant difficulties bridging the digital divide, which limits their access to available social services. Single-parent families, on the other hand, may not only bear an overwhelming caregiving burden, but some of them also contend with demanding legal procedures, thereby impeding their capacity to proactively seek assistance. It is imperative for the government to take into account the diverse backgrounds of families and, whenever possible, actively involve them in the design of targeted interventions, resource allocation decisions, and the implementation of supportive programs that specifically address the challenges identified. By incorporating the perspectives and voices of families, policies can become more responsive and effective in facilitating their connection to the society.

5.8 Enhancing Family Participation in Society

- 5.21 Although the government has made efforts to strengthen the connection between families and society, there is still room for improvement in terms of family participation

and contribution. The HKFWS suggests enhancing family participation by providing more opportunities for families to engage in social affairs.

- 5.22 One approach is to establish platforms or channels where families can actively participate in public matters. This can include community forums, advisory committees, or volunteer programs specifically designed to involve families. By creating effective channels for family involvement, families can have a meaningful role in decision-making processes, policy development, and community initiatives.
- 5.23 Furthermore, it is essential to expand the participation horizon of families and improve their connections with social affairs. This can be achieved through awareness campaigns, workshops, and training programs that educate families about their responsibilities, and opportunities for involvement. By empowering families and equipping them with the necessary knowledge and skills, they can actively contribute to society and make a positive impact.

5.9 Creating Family-Centric Urban Spaces and Community Facilities

- 5.24 To foster a sense of community and support for families, the creation of family-centric community facilities and urban spaces is crucial. These spaces should be designed contextually to accommodate the diverse needs and interests of families, providing opportunities for social interaction, recreation, and support.
- 5.25 Examples of family-centric facilities include parks and outdoor spaces that are specifically designed to cater to the needs of families. These spaces can feature amenities such as playgrounds for children, seating areas for parents to socialise and supervise their children, and inclusive facilities with flexible designs to accommodate individuals with different needs. Existing examples, like Tuen Mun Park, demonstrate the benefits that families can derive from such spaces, and we believe that building more of these parks would be advantageous.
- 5.26 Furthermore, it is vital to involve families from various backgrounds in the space design and community enhancement process. Engaging the public in the design phase allows families to contribute their ideas and preferences, ensuring that the facilities and spaces truly reflect their diverse needs. By incorporating the perspectives and needs of families, we can ensure that these spaces are tailored to their specific requirements and aspirations.
- 5.27 Conducting surveys, organising focus groups, and facilitating community consultations are effective methods for gathering valuable insights into the specific needs of families in the local context. This inclusive approach fosters a sense of ownership and empowerment within the community, as families see their input being valued and incorporated into the final design.

- 5.28 By actively involving the public in the design and improvement of family-centric urban spaces and community facilities, we can ensure that these spaces are truly responsive to the needs and preferences of families. This engagement promotes community involvement, strengthens social bonds, and creates a supportive environment that nurtures the wellbeing and happiness of families.

5.10 Regular Assessment of Family Wellbeing

- 5.29 To better reveal the underlying trend of family wellbeing in Hong Kong and to smooth out the effects of various shorter-term events, it is recommended to conduct the survey periodically. As a bonus, these consistent efforts can serve as a means to assess the effectiveness of government policies and initiatives of various sectors on enhancing the overall level of family wellbeing in Hong Kong.

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02281-6

Appendix 1: Questionnaire (Cantonese Version)

自我介紹

[S1] 你好，我姓 X，係香港民意研究所嘅訪問員。我哋受香港家庭福利會委託，做緊一個關於香港人家庭生活嘅調查。可唔可以阻你大約 10 分鐘同你做個訪問？(註：訪問可以普通話進行)

- 可以 → S2
- 而家唔得閒 → 另約時間再致電
- 唔接受訪問 → 訪問告終

[S2] 我頭先打嘅電話號碼係 xxxx-xxxx，如果我打錯咗請你話畀我知。

- 繼續 → L1/M1
- 打錯 (訪問員請打多一次作確認) → 訪問告終

家居電話樣本

[L1] 呢度係唔係住宅單位？

- 係 → L2
- 唔係 → 訪問告終
- 拒答 → 訪問告終

[L2] 你仲有冇其他家人喺度住？(不包括家庭傭工)

- 有 → L3
- 冇 → 訪問告終 (唔好意思，呢份問卷係想訪問同家人一齊住嘅人)
- 拒答 → 訪問告終

[L3] 呢份問卷嘅訪問對象係成年人。計埋你自己，但唔計家庭傭工，有幾多位 18 歲或以上嘅家庭成員喺呢度住？(包括現時不在家中的成員)

- 一位 → L4a
- 多過一位，__位 → L4b
- 冇 → 訪問告終
- 拒答 → 訪問告終

[L4a] 係你定係其他人？

[L4b] 我哋希望所有合資格嘅家庭成員都有同等機會接受訪問，所以想請嚟緊最快生日嗰位嚟聽電話。請問邊一位嚟緊最快生日？

- 係接聽電話嘅人 → 保障條款
- 係其他人 → L5
- 拒答 → 訪問告終

[L5] 可唔可以搵佢同我哋做個訪問？

- 可以開始訪問 → 自我介紹 → 保障條款
- 佢而家唔喺度/唔得閒 → 另約時間再致電
- 佢唔接受訪問 → 訪問告終
- 接聽電話嘅人唔肯叫佢聽電話 → 訪問告終

手提電話樣本

[M1] 你年滿 18 歲未？

- 年滿 18 歲 → M2
 未夠 18 歲 → 訪問告終
 拒答 → 訪問告終

[M2] 你而家係唔係同家人一齊住？(不包括家庭傭工)

- 係 → 保障條款
 唔係 → 訪問告終 (唔好意思，呢份問卷係想訪問同家人一齊住嘅人)
 拒答 → 訪問告終

保障條款

我而家讀出我哋嘅條款，保障返你先。你呢個電話號碼係由我哋電腦隨機產生嘅。你提供嘅資料會絕對保密，並只會用作綜合分析。為咗保證數據質素，我哋嘅訪問會被錄音，但只會用作內部參考。所有含個人識別資料嘅數據同埋錄音，會喺調查完成後三個月內銷毀。如果你對今次嘅訪問有任何疑問，可以打 xxxx-xxxx 同我嘅督導員 X 先生聯絡。

家庭幸福指數的構成

範疇			小範疇	
代碼	內容	權重	代碼	內容
A	家庭團結 (Family solidarity)	20%	A1	家庭時間 (Family time)
			A2	家庭氣氛 (Family atmosphere)
			A3	家庭責任 (Family responsibilities)
			A4	關心與支持 (Care and support)
B	家庭資源 (Family resources)	20%	B1	家庭收入 (Family income)
			B2	心理資本 (Psychological capital)
C	家庭健康 (Family health)	20%		
D	社會連繫 (Social connection)	10%		
E	社會資源 (Social resources)	20%		
F	生活平衡 (Work-life balance)	10%		

家庭幸福指數

首先，喺今次調查入面，「家庭」或者「家人」呢啲字眼係由你自己定義嘅，請你自己決定你嘅「家庭」包括咗啲咩「家人」。而家我哋有一系列關於「家庭」嘅問題，請根據你對自己「家庭」嘅定義，用 0 至 10 分去評價一下。

[Q1-Q14] 你有幾同意以下關於你家庭整體情況嘅講法？

0 分代表非常唔同意，10 分代表非常同意，5 分代表一半半。

	0 至 10 分	唔知／難講	不適用	拒答
[Q1] 整體嚟講，你嘅家庭係幸福嘅				
[Q2] 喺家庭感到安全 [B2]				

	0 至 10 分	唔知／難講	不適用	拒答
[Q3] 喺過去一年，家庭收入足夠應付日常嘅開支 [B1] (如被訪者有疑問，可說明：收入包括政府津貼)				
[Q4] 有舒適嘅居住環境 [B2]				
[Q5] 有能力解決生活難題 [B2] (如被訪者有疑問，可舉例： 例如爆水喉嘅時候，識自己整，或者搵人維修)				
[Q6] 有足夠嘅相處時間 [A1]				
[Q7] 享受一齊相處嘅時間 [A1]				
[Q8] 可以互相信賴 [A2]				
[Q9] 可以彼此遷就 [A2]				
[Q10] 感激各人為家庭嘅付出 [A2]				
[Q11] 經常相處融洽 [A2]				
[Q12] 可以發揮各自嘅長處同能力 [A3]				
[Q13] 對子女有足夠嘅關懷同照顧 [A3]			家庭沒有子女	
[Q14] 對子女有獎罰分明嘅管教 [A3]				

[Q15-Q18] 整體嚟講，喺有需要嘅時候，你同你家人有幾願意互相幫忙做以下嘅事情？
0 分代表非常唔願意，10 分代表非常願意，5 分代表一半半。

	0 至 10 分	唔知／難講	拒答
[Q15] 解決財政困難 [A4]			
[Q16] 處理家庭事務，例如打掃、煮飯、照顧細路同長者 [A4]			
[Q17] 就重要事情，例如工作、升學、睇醫生，提供意見 [A4]			
[Q18] 聆聽心事 [A4]			

[Q19-Q21] 你有幾同意以下關於你家庭整體情況嘅講法？
0 分代表非常唔同意，10 分代表非常同意，5 分代表一半半。

	0 至 10 分	唔知／難講	不適用	拒答
[Q19] 工作令你哋到做唔到應做嘅家庭事務 [F]			全家沒有工作	
[Q20] 家庭煩惱或問題，令你哋難以專心工作 [F]				
[Q21] 目前嘅生活水平同家人嘅努力比較，係相當公平 [B1]				

[Q22-Q23] 你同你家人有幾經常參與以下嘅活動？
0 分代表完全冇參與，10 分代表好經常參與，5 分代表一半半。

	0 至 10 分	唔知／難講	拒答
[Q22] 社會或宗教團體嘅聚會或者活動 [D] (如被訪者有疑問，可解釋： 社會團體例如街坊會、青少年中心、老人活動中心； 宗教團體例如教會、佛堂)			
[Q23] 義工服務或慈善捐款 [D]			

[Q24-Q25] 如果你嘅家庭遇到自己無法解決嘅困難，例如身體不適，要人幫手照顧老人家，或者要託管兒童，要搵到以下嘅人或者機構幫忙有幾容易或者困難？
0分代表非常困難，10分代表非常容易，5分代表一半半。

	0至10分	唔知／難講	拒答
[Q24] 親戚、朋友或鄰居 [E]			
[Q25] 政府部門或社福機構 [E] (如被訪者有疑問，可舉例： 例如福利署、明愛、保良局、東華三院、家庭福利會、香港保護兒童會等)			

[Q26-Q27] 整體嚟講，喺過去一年，你同你家人嘅.....狀況如何？
0分代表全部好唔健康，10分代表全部好健康，5分代表一半半。

	0至10分	唔知／難講	拒答
[Q26] 身體健康 [C]			
[Q27] 精神健康 [C]			

家庭重大事故

[Q28] 喺過去一年，你家庭有冇發生重大嘅事故，例如家人去世、重病、意外住院、失業、嚴重嘅經濟困難或者感情衝突？

- 有
- 沒有
- 拒答

照顧者與被照顧者

[Q29] 你嘅家庭，包括你自己，有幾多位成員屬於「照顧者」？
「照顧者」嘅意思係需要照顧年紀大、患病、殘障或者有特殊學習需要嘅家人嘅生活起居。

- ___ 位
- 拒答

[Q30] (如有家庭成員為照顧者)

係你定係其他家人係照顧者？(如有多於一位照顧者) 定還是都有份照顧？

- 被訪者自己
- (部分) 其他家人
- (如有多於一位照顧者) 都有份照顧
- 拒答

(Q31-Q34 適用於所有被訪者；如只有其他家人為照顧者，字眼為「照顧者」，否則為「你」)

[Q31-Q32] 整體嚟講，喺過去一年，{你／照顧者}嘅.....狀況如何？
0分代表非常唔健康，10分代表非常健康，5分代表一半半。

	0至10分	唔知／難講	拒答
[Q31] 身體健康			
[Q32] 精神健康			

[Q33] (如有家庭成員為照顧者，字眼為「照顧壓力」，否則為「日常壓力」)

喺過去一年，{你／照顧者}嘅{照顧壓力／日常壓力}如何？

0分代表完全冇壓力，10分代表非常大壓力，5分代表一半半。

(如被訪者有疑問，可解釋：「照顧壓力」即需要負責照顧人而帶來的壓力)

- ____ 分
- 唔知／難講
- 拒答

[Q34] 喺過去一年，{你／照顧者}可以放鬆又電嘅私人時間足唔足夠？

0分代表完全唔足夠，10分代表非常足夠，5分代表一半半。

- ____ 分
- 唔知／難講
- 拒答

[Q35] (如有家庭成員為照顧者)

喺過去三年，有冇曾經係照顧者嘅家人離開香港居住？

- 有
- 沒有
- 拒答

[Q36] (如有照顧者離開香港居住)

家人離開香港居住之後，其他照顧者嘅照顧壓力係大咗、細咗，定係冇變？(追問程度)

(如被訪者有疑問，可解釋：「照顧壓力」即需要負責照顧人而帶來的壓力)

- 大咗好多
- 大咗少少
- 冇變
- 細咗少少
- 細咗好多
- 唔知／難講
- 拒答

個人資料

跟住我想問你少少個人資料，方便研究分析。請放心，你嘅資料會保密。

[DM1] 性別 (可由訪問員自行判斷)

- 男
- 女
- 其他

[DM2] 你今年幾多歲？(讀出範圍)

- 18 – 29 歲
- 30 – 39 歲
- 40 – 49 歲
- 50 – 59 歲
- 60 – 69 歲
- 70 歲或以上
- 拒答

[DM3] 你讀書讀到乜嘢程度？(最高就讀程度，即不論有否完成該課程，包括現正就讀)

- 小學或以下
- 初中 (中一至中三)
- 高中 (中四至中七/DSE/毅進)
- 專上教育：非學位課程 (包括文憑/證書/副學位課程)
- 專上教育：學位課程 (包括學士學位/研究院)
- 拒答

[DM4] 你嘅就業狀況係？(讀出首五項答案)

- 在職 (包括全職/兼職/半工讀)
- 學生
- 料理家務者/家庭主婦
- 退休
- 失業/待業/其他非在職
- 其他：_____
- 拒答

[DM5] 你嘅婚姻狀況係未婚、同居、已婚、分居、離婚定喪偶？

- 未婚
- 同居 (但未婚)
- 已婚
- 分居
- 離婚
- 喪偶
- 拒答

單位/同住人士資料

[DM6a] 你住緊嘅單位係買定係租？

- 買
- 租
- 免交租金/由僱主提供
- 唔知/難講
- 拒答

[DM6b] (如非居住於自置單位)

你住緊嘅係公屋、私樓、過渡性房屋，定係其他？

- 公屋 (包括長者安居樂計劃、其他公營租住房屋單位)
- 私樓 (包括居屋、村屋、工廈、酒店)
- 過渡性房屋 (例如由非政府機構營運的房屋項目)
- 其他：_____
- 唔知/難講
- 拒答

[DM6c] (如非居住於自置單位，亦並非居住於公屋或過渡性房屋)

你住緊嘅算唔算係劏房、板間房，或者床位？

- 係
- 唔係
- 唔知／難講
- 拒答

[DM7] 你屋企有冇工人喺度住？

- 有
- 沒有
- 拒答

[DM8a] 唔計工人，你而家同幾多個人一齊住？

- ____ 個
- 拒答

[DM8b] 咁佢(哋)係你邊個？(不讀答案；可答多項；為適用的每項追問人數)

- 孫仔／孫女 : ____ 位
- 子／女 : ____ 位
- 女婿／新抱 : ____ 位
- 先生／太太／伴侶／前夫／前妻 (不論是否已經結婚)
- 兄／弟／姊／妹 : ____ 位
- 爸爸／媽媽 : ____ 位
- 外父／外母／老爺／奶奶 (伴侶的父母) : ____ 位
- 爺爺／嫲嫲／公公／婆婆 (祖父母) : ____ 位
- 其他親戚 : ____ 位
- 其他：_____ : ____ 位
- 拒答

[DM9] 你全屋人每月收入加埋大概係幾多？請包括所有收入來源，例如薪金、雙糧、花紅、房屋津貼、政府津貼、家用、退休金、租金收入、投資回報等等。(按需要讀出範圍)

- 沒有收入
- 少於\$4,000
- \$4,000 – \$9,999
- \$10,000 – \$14,999
- \$15,000 – \$19,999
- \$20,000 – \$24,999
- \$25,000 – \$29,999
- \$30,000 – \$39,999
- \$40,000 – \$59,999
- \$60,000 – \$79,999
- \$80,000 – \$99,999
- \$100,000 或以上
- 唔知／難講
- 拒答

問卷完

Appendix 2: Contact Information

Table 7: Detailed contact information

	Count	Percentage
Confirmed to be ineligible	4,169	3.2%
<i>Fax / data line</i>	238	0.2%
<i>Invalid number</i>	1,940	1.5%
<i>Call-forwarding / Pager</i>	302	0.2%
<i>Non-residential number / Not personal mobile number</i>	445	0.3%
<i>Language problem</i>	414	0.3%
<i>No eligible respondent</i>	813	0.6%
<i>Others</i>	17	<0.1%
Unsure if eligible or not	125,429	95.0%
<i>Line busy</i>	15,772	11.9%
<i>No answer</i>	40,827	30.9%
<i>Answering device</i>	41,204	31.2%
<i>Call-blocking</i>	36	<0.1%
<i>Interview terminated before screening question</i>	315	0.2%
<i>Appointment date beyond the end of fieldwork period</i>	27,235	20.6%
<i>Others</i>	40	0.0%
Confirmed to be eligible, but failed to complete the interview	434	0.3%
<i>Household-level refusal</i>	56	0.0%
<i>Known respondent refusal</i>	99	0.1%
<i>Appointment date beyond the end of fieldwork period</i>	150	0.1%
<i>Partial interview</i>	4	<0.1%
<i>Others</i>	125	0.1%
Successful case	2,014	1.5%
Total	132,046	100.0%

Table 8: Calculation of effective response rate

Effective response rate
= $\frac{\text{Successful cases}}{\text{Successful cases} + \text{Partial interviews} + \text{Refusal cases by eligible respondents}^{\wedge} + \text{Projected refusal cases by eligible respondents}^{\#}}$
= $\frac{2,014}{2,014 + 4 + (56 + 99) + 2,345}$
= 44.6%

[^] Including “household-level refusal” and “known respondent refusal”

[#] Figure obtained by prorata

Appendix 3: Other Frequency Tables

Table 9: Mean scores of 26 key questions

Domain	Subdomain	Question	2019	2022	2024	Change
Family solidarity	Family time	Sufficient family time (Q6)	6.46	6.71	6.77	+0.07
		Enjoy family time (Q7)	7.49	7.17	7.29	+0.12
	Family atmosphere	Trust (Q8)	7.86	7.99	8.06	+0.07
		Give and take (Q9)	7.46	7.45	7.45	+0.00
		Appreciation (Q10)	7.85	7.84	7.83	+0.00
		Harmony (Q11)	7.65	7.49	7.54	+0.04
	Family responsibilities	Role fulfilment (Q12)	7.46	7.23	7.28	+0.05
		Warmth (Q13)	7.71	7.76	7.82	+0.06
		Discipline (Q14)	7.31	7.39	7.46	+0.07
	Care and support	Financial support (Q15)	7.98	7.92	7.97	+0.05
		Manual labour support (Q16)	7.57	7.74	7.76	+0.02
		Information sharing (Q17)	7.69	7.65	7.77	+0.11
Emotional support (Q18)		7.24	7.07	7.12	+0.05	
Family resources	Family income	Economic situation (Q3)	7.50	7.02	7.28	+0.25 **
		Social justice (Q21)	6.49	6.81	6.91	+0.11
	Psychological capital	Family safety (Q2)	8.64	8.26	8.32	+0.06
		Living environment (Q4)	7.05	7.14	7.32	+0.18 *
		Life skill (Q5)	7.61	7.13	7.22	+0.09
Family health	Physical health condition (Q26)	7.00	7.04	6.57	-0.46 **	
	Mental health condition (Q27)	7.19	7.12	6.93	-0.19 **	
Social connection	Social involvement (Q22)	3.85	2.69	2.77	+0.08	
	Contribution to society (Q23)	4.41	3.84	3.91	+0.07	
Social resources	Accessibility of informal help (Q24)	6.09	5.40	5.23	-0.17	
	Accessibility of formal help (Q25)	4.36	4.15	4.09	-0.06	
Work-life balance	Work interferes with home ^ (Q19)	4.01	4.16	4.11	-0.04	
	Home interferes with work ^ (Q20)	5.04	5.18	5.09	-0.09	

^ denotes reversed item

Table 10: Demographic profile of respondents

	Raw sample		Weighted sample	
	Frequency	Percentage	Frequency	Percentage
Gender				
Male	922	46%	955	47%
Female	1,092	54%	1,059	53%
Age				
18 - 29	194	10%	285	14%
30 - 39	302	15%	318	16%
40 - 49	289	14%	349	17%
50 - 59	275	14%	370	18%
60 - 69	319	16%	381	19%
70 or above	628	31%	305	15%
Refused to answer	7		7	
Education level				
Primary or below	346	17%	342	17%
Lower secondary	305	15%	299	15%
Upper secondary	527	26%	616	31%
Tertiary: non-degree	180	9%	143	7%
Tertiary: degree	643	32%	602	30%
Refused to answer	13		13	
Economic activity status				
Working	876	44%	1,137	57%
Student	48	2%	81	4%
Homemaker	365	18%	214	11%
Retired	640	32%	460	23%
Unemployed / between jobs / other non-employed	77	4%	114	6%
Refused to answer	8		8	
Marital status				
Never married	357	18%	461	23%
Cohabited	41	2%	50	3%
Married	1,343	67%	1,263	63%
Separated	22	1%	29	1%
Divorced	77	4%	91	5%
Widowed	168	8%	113	6%
Refused to answer	6		7	
Housing status				
Bought	1,078	54%	970	48%
Rented private housing	218	11%	237	12%
Rented public housing	653	32%	726	36%
Rented transitional housing	6	<1%	10	<1%
Rented subdivided flat	28	1%	38	2%
Unclassified	31	2%	33	2%
Whether a domestic worker lived with the family				
Yes	359	18%	320	16%
No	1,644	82%	1,685	84%
Refused to answer	11		9	

	Raw sample		Weighted sample	
	Frequency	Percentage	Frequency	Percentage
Household size				
2	725	36%	616	31%
3	562	28%	654	33%
4	461	23%	497	25%
5	166	8%	155	8%
6 or above	77	4%	70	4%
Refused to answer	23		23	
Family structure				
A couple only	504	26%	390	20%
Both parents + unmarried offspring	766	39%	863	44%
One of parents + unmarried offspring	301	15%	323	17%
Parent(s) + married offspring without children	56	3%	63	3%
Three-generation family	218	11%	198	10%
Grandparents + grandchildren	29	1%	29	1%
Siblings only	25	1%	27	1%
Others	50	3%	57	3%
Refused to answer	65		64	
Monthly family income				
No income	67	4%	59	3%
Below \$4,000	48	3%	30	2%
\$4,000 – \$9,999	192	10%	139	7%
\$10,000 – \$14,999	133	7%	118	6%
\$15,000 – \$19,999	118	6%	129	7%
\$20,000 – \$24,999	159	8%	186	10%
\$25,000 – \$29,999	109	6%	129	7%
\$30,000 – \$39,999	199	11%	239	13%
\$40,000 – \$59,999	247	13%	272	14%
\$60,000 – \$79,999	143	8%	145	8%
\$80,000 – \$99,999	90	5%	100	5%
\$100,000 or above	162	9%	159	8%
Don't know / hard to say	219	12%	180	10%
Refused to answer	128		131	
Whether family crisis occurred in the previous year				
Yes	679	34%	715	36%
No	1,328	66%	1,289	64%
Refused to answer	7		9	
Number of carers in the family				
0	1,235	62%	1,220	61%
1	410	20%	406	20%
2	263	13%	271	14%
3	60	3%	69	3%
4	26	1%	25	1%
5	7	<1%	8	<1%
6 or above	5	<1%	5	<1%
Refused to answer	8		10	

Appendix 4: Number of Elderly Sole Carers in Hong Kong

Table 11: Estimation on the number of elderly sole carers in Hong Kong

Gender	Age	Population [^]	Sample [#]	Sole Carers						
				Count [#]	Proportion (95% confidence interval)			Population estimate (95% confidence interval)		
					Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit
Male	60 - 69	499,400	185	16	5%	9%	14%	27,100	43,400	68,000
Male	≥70	406,900	151	12	4%	8%	13%	18,000	31,400	53,300
Female	60 - 69	526,200	195	41	16%	21%	27%	83,500	110,400	143,300
Female	≥70	415,600	154	29	13%	19%	26%	55,200	77,400	106,000
Total (elderly)		1,848,100	686	97	12%	14%	17%	218,000	262,600	314,600

Note: This analysis only considers people living in households with 2 persons and above (excluding foreign domestic helpers).

[^] Population figures are from the General Household Survey (Q3 2023) of the Census and Statistics Department

[#] Weighted figures

以家為本 Family Matters

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