

Community Investment and Inclusion Fund
Application Guidelines for “Ageing-in-place –
The Programme for Building a Dementia-friendly Community”

1. Background

According to the Hong Kong Population Projections 2020-2069 released in September 2020 by the Census and Statistics Department, the proportion of elderly persons aged 65 and above in the total population is projected to rise continuously, from 18% in 2019 to 35% in 2069. With post-war baby boomers entering old age, population ageing is expected to be most significant in the coming 20 years. The ageing population and the increase in life expectancy will result in an upsurge in age-related illnesses, such as dementia. According to the *Elderly Services Programme Plan* formulated by the Elderly Commission, it is projected that by 2051, the number of dementia cases will reach 398 100¹ (more than 3 times the number of cases in 2014), accounting for 12.8% of those aged 60 or above.

With a rapidly ageing population, there will be a continuous increase in the demand for long-term care services by the elderly. In the long run, long-term care services will not be able to meet the ever-growing demands of an ageing population. Therefore, according to the *Elderly Services Programme Plan*² formulated by the Elderly Commission, “ageing in place” is not only the cherished wish of the elderly, but also the Government’s policy. To enable the elderly to age in place, the establishment of a neighbourhood support network is very important. In addition to the elderly in general, the number of elderly persons suffering from age-related illnesses (such as dementia) continues to increase. In order to strengthen the ability of the elderly and their carers (including people with dementia and their carers) to age in the community, and to develop an effective local neighbourhood support network for the elderly to age in place, the Community Investment and Inclusion Fund (CIIF) will introduce the Dedicated Funding Application, under which project teams are encouraged to implement social capital development projects in the community, with a view to building a friendly community for the elderly to age in place and for people with dementia.

2. Application criteria and outcome evaluation for “Ageing-in-place – The Programme for Building a Dementia-friendly Community”:

“Ageing-in-place – The Programme for Building a Dementia-friendly Community”, funded by CIIF, is implemented with a social capital development model. The projects will place emphases on establishing neighbourhood support networks and connecting local stakeholders to consolidate resources within and outside the community. The ultimate goal is to build a caring community for the elderly and facilitate their ageing in place in the community.

¹ The estimation is made based on the methodology adopted in the study conducted by the Department of Health and the Chinese University of Hong Kong in 2006 on dementia as reported to the Elderly Commission and updated by the consultant team of the *Elderly Services Programme Plan* based on the latest population projection released in September 2015.

² The Elderly Commission. (2017) *The Elderly Services Programme Plan*. Hong Kong: Hong Kong Special Administrative Region Government.

Under “Ageing-in-place – The Programme for Building a Dementia-friendly Community”, two versions, i.e. Basic Version and Enhanced Version, are available for application. Applicants may make reference to the unique situations and conditions of their target communities before submitting applications.

	“Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Basic Version)	“Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Enhanced Version)
Project Objectives	<ul style="list-style-type: none"> ● To enhance community understanding of the needs of the elderly and their families ● To promote community participation of the elderly and their carers and enhance their ability to age in the community ● To build a community mutual help network to support the elderly in need and their families ● To leverage the advantages and strengths of community members and collaborators to support the elderly and their families, so as to build a friendly community for the elderly to age in place 	<ul style="list-style-type: none"> ● To enhance community understanding of the needs of people with dementia and their families ● To build a community mutual help network to support people with dementia and their families ● To leverage the advantages and strengths of collaborators to support people with dementia and their families, so as to build a dementia-friendly community
Target Groups	<ul style="list-style-type: none"> ● The elderly living in the community ● The elderly with mild cognitive impairment (MCI) ● Carers of the elderly in need mentioned above 	<ul style="list-style-type: none"> ● The elderly with mild cognitive impairment (MCI) ● People with dementia ● Carers of the elderly in need mentioned above
Dimensions of Project	<ul style="list-style-type: none"> ● Social Participation ● Neighbourhood Support ● Community Support 	

2.1 Project outcome evaluation

All funded projects under “Ageing-in-place – The Programme for Building a Dementia-friendly Community” are required to conduct outcome evaluation in respect of the following three areas in accordance with the existing evaluation requirements for projects of CIIF:

2.1.1 Overall social capital outcome evaluation

All projects under “Ageing-in-place – The Programme for Building a Dementia-friendly Community” are required to conduct the “social capital outcome evaluation”. Pre and post test

analysis is used in the evaluation for comparing the changes in direct participants and volunteers before and after participation in the project.

[Note: The above requirements have been pre-set in Items 2.2(A) and 2.4(A) of the application form. Applicants of “Ageing-in-place – The Programme for Building a Dementia-friendly Community” are not required to fill in any information about this area in the application form.]

2.1.2 Project objectives evaluation

In addition to the outcome indicators and outputs that are generally set in response to particular project objectives and intervention strategies, CIIF has developed the following standard outcome indicators and outputs for reference of all grantees of “Ageing-in-place – The Programme for Building a Dementia-friendly Community”.

“Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Basic Version)

Project objectives	Outcome indicators
To enhance community understanding of the needs of the elderly and their families	<ul style="list-style-type: none"> ● Percentage of community members who have a better understanding of the needs of the elderly and their carers after participating in the project. ● Percentage of community members who are more actively concerned about the elderly and their families in the community after participating in the project. ● Percentage of community members who are more active in making adjustments in their lives in response to the needs of the elderly and their families after participating in the project.
To promote community participation of the elderly and their carers and enhance their ability to age in the community	<ul style="list-style-type: none"> ● Percentage of the elderly and their carers who have increased participation in community activities after participating in the project. ● Percentage of the elderly and their carers who can find the appropriate community resources in the community after participating in the project. ● Percentage of the elderly and their carers who think that the community where they live is suitable for them and their families to age in place after participating in the project.
To build a community mutual help network to support the elderly in need and their families	<ul style="list-style-type: none"> ● Percentage of residents who have a better understanding of the needs of the elderly and their families after participating in the project. ● Percentage of residents who are confident in providing support to the elderly in need and their

	<p>families in the community after participating in the project.</p> <ul style="list-style-type: none"> ● Percentage of residents who have provided support to the elderly in need and their families in the community after participating in the project. ● Percentage of the elderly in need and their families who can receive appropriate support from the community when necessary after participating in the project. ● Percentage of residents who have maintained a relationship of mutual help with the elderly in need and their families in the community after participating in the project.
To leverage the advantages and strengths of community members and collaborators to support the elderly and their families, so as to build a friendly community for the elderly to age in place	<ul style="list-style-type: none"> ● Percentage of community members and collaborators who are willing to use their expertise to support the elderly in need and their families in the community to facilitate their ageing in place. ● Percentage of community members and collaborators who have made good use of their expertise in supporting the elderly in need and their families in the community to facilitate their ageing in place. ● Percentage of community members and collaborators who jointly organise activities in response to the needs of the elderly and their families to age in place after the funding period of the project.

[Note: Applicants of “Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Basic Version) are advised to complete the relevant section under Item 2.4(B) of the application form based on the outcome indicators above.]

“Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Enhanced Version)

Project objectives	Outcome indicators
To enhance community understanding of the needs of people with dementia and their families	<ul style="list-style-type: none"> ● Percentage of community members who have a better understanding of the needs of people with dementia after participating in the project. ● Percentage of community members who have a better understanding of the needs of families of

	<p>people with dementia after participating in the project.</p> <ul style="list-style-type: none"> ● Percentage of community members who are more actively concerned about people with dementia and their families in the community after participating in the project. ● Percentage of community members who are more active in making adjustments in their lives in response to the needs of people with dementia and their families after participating in the project.
To build a community mutual help network to support people with dementia and their families	<ul style="list-style-type: none"> ● Percentage of residents who are confident in providing support to people with dementia and their families in the community after participating in the project. ● Percentage of residents who have provided support to people with dementia and their families in the community after participating in the project. ● Percentage of people with dementia and their families who can receive appropriate support from the community when necessary after participating in the project. ● Percentage of residents who have maintained a relationship of mutual help with people with dementia and their families in the community after participating in the project.
To leverage the advantages and strengths of collaborators to support people with dementia and their families, so as to build a dementia-friendly community	<ul style="list-style-type: none"> ● Percentage of collaborators who are willing to use their expertise to support people with dementia and their families in the community. ● Percentage of collaborators who have made good use of their expertise to support people with dementia and their families in the community. ● Percentage of collaborators who jointly organise activities in response to the needs of people with dementia and their families after the funding period of the project.

[Note: Applicants of “Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Enhanced Version) are advised to complete the relevant section under Item 2.4(B) of the application form based on the outcome indicators above.]

Assessment criteria of outcome indicators:	
Very effective	86% or above
Effective	66%-85%
Average	51%-65%
Ineffective	50% or below

Outputs

- Number of self-operated organisations established under the project (such as volunteer groups, house captains, self-help organisations, co-operatives or social enterprises)
- Number of cross-sectoral social support network platforms with sustainable development capabilities built under the project (such as establishing committees, regular collaborative platforms and case referral mechanisms)

[Note: Applicants of “Ageing-in-place – The Programme for Building a Dementia-friendly Community” are advised to complete Item 2.3 of the application form with the relevant output information based on the outputs above.]

Assessment criteria of outputs:	
Very effective	More than one self-operated organisation and more than one cross-sectoral social support network platform have been established.
Effective	One self-operated organisation and one cross-sectoral social support network platform have been established.
Ineffective	Neither self-operated organisation nor cross-sectoral social support network platform has been established.

2.1.3 Evaluation of the sustainable development of social capital after the funding period

To assess in a more systematic manner whether the funded projects can sustain the social capital built after the funding period, all project teams of “Ageing-in-place – The Programme for Building a Dementia-friendly Community” are required to fill in a set of questionnaire twice, i.e. 6 months and 18 months after the funding period respectively, for reporting on the sustainable development of the funded projects.

2.2 Implementation model of “Ageing-in-place – The Programme for Building a Dementia-friendly Community”

2.2.1 The implementation model of the projects will include the following elements:

“Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Basic Version)	
Phase 1:	1) Through cohesion activities, the elderly in need and their families will get to know each other and build a peer support network; 2) Recruit residents as volunteers and provide them with training; 3) Liaise with collaborators and establish a co-operative relationship with them (such as local shops, property management companies, resident groups, local medical units and

	institutions, schools).
Phase 2:	1) Assist the elderly (who participated in the projects) and their families to experience role transformation into volunteers; 2) Provide volunteer matching service to connect resident volunteers with the elderly in need and their families, and establish mutual help groups and volunteer groups; 3) Establish a regular co-operative mechanism with collaborators (e.g., service referrals, training provided to security guards and students, and medical seminars for residents and carers) to support the elderly in need and their families in the community; 4) Invite key collaborators, volunteers and local residents to participate in the collaborative platform.
Phase 3:	1) Through strengthening the understanding and recognition of project objectives and visions among collaborators, deepen the regular co-operative mechanism established with them; 2) Transform the mutual help groups/volunteer groups into self-operated groups; 3) Integrate project activities into the daily operation mechanism; 4) Connect key collaborators to participate continuously in the collaborative platform to tackle community needs and affairs.

Note: 1) Under “Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Basic Version), the work focus in different phases can be amended according to the actual development of different communities; and 2) applicants/grantees can add other elements to meet the needs of their projects and community.

“Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Enhanced Version)	
Phase 1:	1) Through cohesion activities, people with dementia and their families will get to know and support each other, and build a mutual help group for carers; 2) Recruit residents as volunteers and provide them with community guardians (volunteers) training; 3) Liaise with collaborators and establish a co-operative relationship with them (such as local shops, property management companies, bus and minibuses drivers, district police stations, local medical units and institutions, schools).
Phase 2:	1) Provide channels for carers of people with dementia to experience role transformation, unleash their potential, participate in and contribute to the community; 2) Provide volunteer matching service to connect resident volunteers with people with dementia and their families to develop the first tier of the neighbourhood support network, and establish mutual help groups and volunteer groups; 3) Establish a regular co-operative mechanism with collaborators (e.g., establishing a reporting mechanism, providing training for frontline and management staff of local shops, bus and minibuses drivers, police officers, security guards, and organising medical seminars for residents and carers) to support people with dementia and their families in

	the community; 4) Invite key collaborators, volunteers and local residents to participate in the collaborative platform.
Phase 3:	1) Through strengthening the understanding and recognition of project objectives and visions among collaborators, deepen the regular co-operative mechanism established with them; 2) Transform the mutual help groups/volunteer groups into self-operated groups; 3) Integrate project activities into the daily operation mechanism; and 4) Connect key collaborators to participate continuously in the collaborative platform to tackle community needs and affairs.

Note: 1) Under “Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Enhanced Version), the work focus in different phases can be amended according to the actual development of different communities; and 2) applicants/grantees can add other elements to meet the needs of their projects and community.

2.2.2 Key programmes of projects

“Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Basic Version)	“Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Enhanced Version)
<ul style="list-style-type: none"> ● Mutual help group for the elderly: Provide a “peer support platform” for the elderly in need to increase their social connection and participation; ● Mutual help group for carers: Provide a “peer support network” for carers of the elderly; ● Mutual help group for the elderly with MCI: Provide a “peer support network” for the elderly with MCI and their families in the community; ● Neighbourhood support network: Through identifying and training residents as “community volunteers”, enhance residents’ understanding of the elderly and their carers; ● Community support network: Through providing “training for caring collaborators”, enhance the understanding of the elderly and their carers among local shops and collaborators; ● Community caring day: Organise community activities under the theme of “Ageing-in-place – The Programme for 	<ul style="list-style-type: none"> ● Mutual help group for carers: Provide a “peer support network” for carers of people with dementia; ● Mutual help group for the elderly with MCI: Provide a “peer support network” for the elderly with MCI and their families in the community; ● Neighbourhood support network: Identify residents as “community guardians” and enhance their understanding of dementia; ● Community support network: Through providing “volunteer training for caring shops and collaborators”, enhance the understanding of dementia among local shops and collaborators; ● Community caring day for dementia: Organise community activities under the theme of “Ageing-in-place – The Programme for Building a Dementia-friendly Community”, and provide a platform for communication and collaboration among project participants (i.e. “people with dementia and their

<p>Building a Dementia-friendly Community”, and provide a platform for communication and collaboration among project participants (i.e. “the elderly and their families”, “residents in the community” and “key stakeholders and shops in the community”) to raise the attention and motivation of the community towards “Ageing-in-place – The Programme for Building a Dementia-friendly Community”; and</p> <ul style="list-style-type: none"> ● Cross-sectoral collaborative platform: Establish a regular platform for communication and collaboration, so that project participants, volunteers and local stakeholders can contribute to “Ageing-in-place – The Programme for Building a Dementia-friendly Community” continuously. 	<p>families”, “residents in the community” and “key stakeholders and shops in the community”) to raise the attention and motivation of the community towards “Ageing-in-place – The Programme for Building a Dementia-friendly Community”; and</p> <ul style="list-style-type: none"> ● Cross-sectoral collaborative platform: Establish a regular platform for communication and collaboration, so that project participants, volunteers and local stakeholders can contribute to “Ageing-in-place – The Programme for Building a Dementia-friendly Community” continuously.
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2.3 Key elements of projects:

Although the Basic Version and the Enhanced Version of “Ageing-in-place – The Programme for Building a Dementia-friendly Community” share some similar objectives and target groups, they differ in their focuses. Nevertheless, both types of projects, applying the social capital development model, aim at enhancing the ability of different types of elderly persons to facilitate their ageing in place. Although both types of projects will be implemented in the community in different ways, they share the following key elements:

- **Implementation of projects on a community basis** can focus the attention of residents, local stakeholders and shops on the needs of the elderly in need/people with dementia and their families.
- **Projects are oriented towards enhancing community participation and establishing neighbourhood and community support networks**, for example:
Under the projects, activities will be organised according to the needs of the community, so as to gather the elderly in need/people with dementia and their carers, foster the establishment of a relationship of mutual help and benefit, and develop a neighbourhood support network. In the long run, programmes related to cohesion can be integrated into the daily operation mechanism of local stakeholders.
- **Neighbourhood support network** established by local residents
Community volunteers: Identify local residents as “community volunteers”, so as to enhance residents’ understanding of the elderly and their carers and establish a neighbourhood support

network. [For “Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Basic Version)]

Community guardians: Train local residents as “community guardians”³ and visit people with dementia and their carers in the community through family matching service, so as to establish a relationship of mutual help and trust, raise the awareness of mutual support in the neighbourhood, and develop a community support network for people with dementia and their families. [For “Ageing-in-place – The Programme for Building a Dementia-friendly Community” (Enhanced Version)]

- **Local stakeholders and shops are encouraged to participate in the projects.** Integrate the work of caring and support into **the existing system of the community and local stakeholders** to strengthen the sustainability of the projects.
- **Volunteer training for caring shops and collaborators,** for example:
Local stakeholders and shops: In addition to connecting local shops to provide general support to the elderly (such as setting up rest areas in shops and/or designing the menu and providing food suitable for the elderly) and encouraging them to be caring shops, project teams will also provide training for frontline and management staff of local shops, minibuses drivers, police officers, security guards, etc., to facilitate their learning and understanding of the needs and behaviors of the elderly/people with dementia, so that they can formulate appropriate action plans and create a friendly environment for the elderly to age in place. After training, frontline and management staff of local shops, bus and minibus drivers, police officers and security guards can provide frontline support in the community, such as identifying the elderly in need/elderly people with dementia, taking the initiative to reach out to the elderly in need/people with dementia who get lost, preventing repeat purchases by people with dementia, and paying attention to whether the elderly in need/people with dementia go out as usual.

Enterprises: **Co-operate with enterprises** (such as public transportation companies and large-scale fast food shops) and arrange relevant training for the management staff, so that mid-tier managers will have a better understanding of the elderly/dementia, and will be able to formulate plans to support their frontline staff in providing appropriate customer service. In addition, project staff can also provide training to the frontline staff of the enterprises, so as to enhance their understanding of the elderly/dementia and strengthen their ability in dealing with the elderly/people with dementia. The ultimate goal is to build a friendly community.

Publicity and promotion of projects in local shops can enhance residents’ understanding of the projects and the elderly/dementia. They will know how to find the appropriate support when

³ Applicants may encourage their volunteers to participate in the Dementia Friendly Community Campaign organised by the Social Welfare Department and become "Dementia Friends", so as to strengthen their understanding of dementia and support people with dementia and their families with actions.

necessary.

Co-operative mechanism with medical institutions, for example: 1) In collaboration with the projects, district clinics, District Health Centres, Elderly Health Centres and/or the “Integrated Discharge Support Programme for Elderly Patients” (implemented in hospitals) will refer the elderly in need/people with dementia and their families to participate in the projects; 2) Set up patient consultation stations in venues borrowed from medical institutions; 3) District clinics and/or hospitals send medical staff to the community to provide seminars on the elderly/dementia.

- Provide **common focuses⁴ (Community caring day/support to prevent getting lost) for the community**, and provide systematic training to **connect different support points in the community (including community volunteers, community guardians and collaborators)** to build a friendly community for the elderly to age in place, for example:

Community caring day/Community caring day for dementia: Organise community activities under the theme of “Ageing-in-place – The Programme for Building a Dementia-friendly Community”, and provide a platform for communication and collaboration among project participants (i.e. “the elderly/people with dementia and their families”, “residents in the community” and “key stakeholders and shops in the community”) to raise the attention and motivation of the community towards “Ageing-in-place – The Programme for Building a Dementia-friendly Community”.

- Establish a **sustainable** and friendly community for the elderly to age in place and for people with dementia

Establish a sustainable participation platform in the community, so that the elderly/people with dementia and their families, residents in the community, and key stakeholders in the community can contribute to “Ageing-in-place – The Programme for Building a Dementia-friendly Community” continuously. Key programmes may include: 1) Assist **carers of the elderly/people with dementia to experience role transformation, unleash their potential**, participate in and contribute to the community; 2) **Integrate project activities into the daily operation mechanism and provide support to the community continuously**; 3) **Hold regular cross-sectoral collaborative meetings and establish mechanisms on collaboration and referral**, so that local stakeholders can pay attention and respond to the needs of the elderly/people with dementia and their families continuously.

The CIIF Secretariat

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⁴ Applicants can set the common focuses with reference to the needs of their target communities and the relevant activities mentioned by the Alzheimer's Disease International in *Dementia Friendly Communities: Key Principle* (<https://www.alzint.org/u/dfc-principles.pdf>) (page 14).