

# Public Policy Research Funding Scheme

## 公共政策研究資助計劃

Project Number :

項目編號 :

2021.A8.110.21C

Project Title :

項目名稱 :

Attractions and Hurdles of Retiring in the Greater Bay Area in the Post-pandemic Period: Investigating How the Choice of Cross Border Retirement will be Affected by the Portability of Public Benefits and Social Support Network  
後疫情時期大灣區養老的引力與阻力：公共福利的可攜性和社會支持網絡對跨境養老選擇的影響

Principal Investigator :

首席研究員 :

Professor CHOW Wing Sun, Nelson

周永新教授

Institution/Think Tank :

院校 / 智庫 :

The University of Hong Kong

香港大學

Project Duration (Month):

推行期 (月) :

11

Funding (HK\$) :

總金額 (HK\$) :

460,000.00

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**Final Report**

(Project No.: 2021.A8.110.21C)

**Submitted by**

**Department of Social Work and Social Administration**

**The University of Hong Kong**

**(Principal Investigator: Prof. Chow, Nelson Wing Sun)**

**October 2022**

## **Members of the Research Team**

**Prof. Chow, Nelson Wing Sun (Principal Investigator)**

Emeritus Professor  
Department of Social Work and Social Administration  
The University of Hong Kong

**Dr. Wong, Gloria Hoi Yan (Co-Investigator)**

Associate Professor  
Department of Social Work and Social Administration  
The University of Hong Kong

**Dr. Chan, Jack Wing Kit (Co-Investigator)**

Associate Professor  
School of Government  
Sun Yat-sen University

**Dr. Shi, Cheng (Co-Investigator)**

Research Assistant Professor  
School of Graduate Studies & Institute of Policy Studies  
Lingnan University

**Ms. Yeung, Ka Yi (Research Assistant)**

Department of Social Work and Social Administration  
The University of Hong Kong

## Table of Contents

<b>Acknowledgements</b> .....	<b>i</b>
<b>Executive summary and layman summary of policy implications and recommendations</b> .....	<b>ii</b>
行政摘要及研究項目對政策影響和政策建議的摘要 .....	<b>iv</b>
<b>Chapter 1 Introduction</b> .....	<b>1</b>
1.1 Cross-boundary retirement as a solution to address insufficient resources for Hong Kong seniors .....	1
1.2 Portability of public benefits for cross-boundary migration .....	2
1.3 Social support networks for retirement arrangements .....	3
<b>Chapter 2 Objectives of the study</b> .....	<b>5</b>
<b>Chapter 3 Methodology</b> .....	<b>6</b>
3.1 In-depth interviews .....	6
3.2 Comparative policy analyses.....	8
<b>Chapter 4 Findings from in-depth interviews</b> .....	<b>9</b>
4.1 Sample characteristics.....	9
4.2 Thoughts and motives leading to cross-boundary retirement.....	9
4.3 Attractions of cross-boundary retirement.....	12
4.4 Hurdles of cross-boundary retirement migration.....	15
4.5 Social support networks for cross-boundary retirement .....	19
4.6 Portability of public benefits .....	22
4.7 Impact of COVID-19 pandemic on cross-boundary retirement .....	28
4.8 Future care arrangement.....	28
<b>Chapter 5 Findings from comparative policy analyses</b> .....	<b>31</b>
5.1 Hong Kong’s current cross-boundary portability arrangement for public benefits .....	31
5.2 Social welfare schemes in GBA Mainland cities .....	32
5.3 Welfare policy gaps and barriers for cross-boundary retirees .....	34
<b>Chapter 6 Discussions and Policy Recommendations</b> .....	<b>37</b>
6.1 Summary of findings .....	37
6.2 Policy Recommendations.....	40
<b>Chapter 7 Public dissemination</b> .....	<b>44</b>
<b>Chapter 8 Conclusion</b> .....	<b>45</b>
<b>References</b> .....	<b>47</b>
<b>Appendices</b> .....	<b>50</b>

## **List of Tables**

Table 1 Socio-demographic characteristics of Hong Kong and Mainland participants .....	10
Table 2 Policy comparison for long-term care between Guangdong and Hong Kong.....	35
Table 3 Policy comparison for medical care between Guangdong and Hong Kong.....	36

## **List of Figures**

Figure 1 The Mainland Social Security System.....	33
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## **Acknowledgements**

This research project (Project Number: 2021.A8.110.21C) is funded by the Public Policy Research Funding Scheme of the Policy Innovation and Co-ordination Office of the Hong Kong Special Administrative Region Government. We acknowledge the help of our collaborator and students of Sun Yat-sen University, Guangzhou, in data collection in the Guangdong province. We are grateful to all participants who have shared their views, as well as their personal experiences, on retiring in the Greater Bay Area in our research.

## **Executive summary and layman summary of policy implications and recommendations**

With the development of the Guangdong-Hong Kong-Macao Greater Bay Area (GBA), collaborations between Hong Kong and other GBA cities have expanded both in scope and scale. Cross-boundary retirement is one of the issues which has drawn increasing attention from different stakeholders. In 2019, approximately 538,000 Hong Kong residents resided in the Guangdong province, including 89,000 persons aged 65 years or over. The Thematic Household Survey 2019 of the Census and Statistics Department revealed that 266,200 Hong Kong people were very or quite interested in moving to GBA Mainland cities for their retirement.

The interest in cross-boundary retirement arises from the fact that long-term care services for older people in Hong Kong, as disclosed in the fifth wave of the COVID-19 pandemic, are in severely short supply. And given the scarcity of land and manpower for long-term care services in Hong Kong, it is unlikely that the long-term care problem of older people would easily be resolved in the foreseeable future. It is thus suggested that cross-boundary retirement may be a way out of the present deadlock.

Opportunities and challenges now offered by the development of the GBA are perceived as a chance to review the feasibility of cross-boundary retirement. The primary purpose of our study is, therefore, to understand the views of Hong Kong residents on cross-boundary retirement and in particular their wishes to retire in GBA Mainland cities. We would also identify the attractions and hurdles of cross-boundary retirement, and the effects of COVID-19 pandemic on the views of the Hong Kong residents. Furthermore, our attention will focus on the portability of public benefits and the existence of social support networks and how these have impacted the choice of retirement locations.

For our investigation, we have conducted the following: (1) In-depth interviews with 45 purposive-selected sample of Hong Kong residents who have already retired in the GBA and 23 Hong Kong residents who have expressed an intention to retire in the GBA. Our aim is to understand their retirement arrangements and the factors attracting or hindering their choices; (2) Comparative analyses of policies between Hong Kong and other GBA Mainland cities on their provisions of cash benefits, health care and long-term care services, and other public



subsidies, with a view to understanding the portability of these public benefits for better enhancing the lives of cross-boundary retirees.

Findings of the in-depth interviews revealed that the GBA now poses itself as a potential location for Hong Kong residents to retire and to enjoy a better quality of life than they could possibly have in Hong Kong. The major hurdle to taking such a choice of retiring in the GBA is the uncertainty about the medical system in the Mainland and the worry that they might no longer be able to avail themselves of the medical services in Hong Kong which they hold in high regard.

The other finding is that Hong Kong residents have, in general, very little knowledge of social service provisions in GBA Mainland cities and they are not aware of a platform where they can obtain the relevant information. While it is now easier for Hong Kong residents who have retired in the GBA to maintain contacts with their families and friends in Hong Kong, it is a problem for them to integrate into the communities where they have retired, even if they wish to do so. We are heartened to know that some of our participants are determined, once they have retired in the GBA, to regard themselves as members of the local communities and tried hard to establish new social networks. However, they do need help in this respect. Related to this, another important finding from our comparative policy analyses is that Hong Kong residents should establish their social security and medical care rights of the Mainland cities to which they intend to retire and this should be done as early as possible.

Lastly, we found that the idea of setting up care and attention homes in the GBA for Hong Kong residents is already out-of-date and has also proved to be unworkable. We suggest that we should change our mindset and adopt a strategy of facilitating Hong Kong residents to retire in the GBA, so that they would find the option a real choice to plan a better retirement life.

Based on the above, our research team recommends the following: (1) Assist Hong Kong residents intending to retire in the GBA to establish their social security and medical care rights as early as possible so that they would not be deprived of such benefits in their retirement in the GBA; (2) Explore ways to assist cross-boundary retirees in the GBA to create new social networks and to integrate themselves into the local communities; (3) Construct a one-stop information platform to inform retirement arrangement and planning in the GBA; (4) Examine the feasibility of setting up a retirement village for Hong Kong residents in the GBA.

## 行政摘要及研究項目對政策影響和政策建議的摘要

隨著粵港澳大灣區的發展，香港與大灣區其他城市之間的合作範圍及規模不斷擴大。其中，香港長者跨境養老問題越來越受到各界的關注。在 2019 年，約有 53.8 萬名香港居民定居在廣東省，其中 65 歲及以上的長者有 8.9 萬名。政府統計處的《2019 年主題性住戶調查》中提到，有 26.62 萬名香港居民非常或相當有興趣移居大灣區內地城市養老。

鑒於香港本地安老服務嚴重不足（正如第五波新型冠狀病毒所暴露出來的），加上香港可用於安老服務的土地及人力資源的短缺，長者的長期照護問題在可預見的未來難以得到解決。因此，發展大灣區跨境養老可能是破解僵局的一個途徑。

大灣區發展帶來的機遇及挑戰為探究跨境養老的可行性提供了契機。因此，我們主要的研究目的是瞭解香港居民對跨境養老的看法，特別是他們在大灣區內地城市養老的意願，識別出跨境養老的引力及障礙，以及 2019 冠狀病毒病大流行對香港居民跨境養老看法的影響。此外，我們的研究也關注公共福利的可攜性和社會支持網絡的作用，及其對選擇養老地點的影響。

我們已經完成了以下研究：(1) 與 45 位已經於大灣區養老和 23 位有意向去大灣區養老的長者進行深入訪談，瞭解他們的養老安排，探索相關的吸引或阻礙跨境養老的因素；(2) 比較分析香港和大灣區內地城市在現金福利、醫療服務、安老服務、以及其他公共福利方面的政策，以瞭解這些公共福利項目的可攜性，從而改善跨境養老的生活質素。

深入訪談的結果顯示，大灣區是香港居民可以安享晚年及獲得更優質的養老生活的潛在目的地。目前，去大灣區養老的主要障礙在於香港長者對內地醫療系統的瞭解不足，以及對於無法繼續使用他們十分重視的香港醫療服務的憂慮。

我們同時發現，香港居民一般對大灣區內地城市的社會服務知之甚少，且不瞭解可以獲得相關資訊的平臺。儘管在大灣區養老的長者能夠便利地與在港的親友保持聯絡，但他們也希望能夠融入所居住的養老社區，然而這方面仍存在一定困難。我們很高興得知，有參與研究的人士表示會把自己視為大灣區當地社區的一員，並努力嘗試在當地建立新的社會網絡。然而，他們在這方面確實還需要幫助。我們在比較政策分析研

究中也有一個相關的重要發現，就是需要盡早確立有意向去大灣區養老的香港居民在內地城市的社會保障及醫療服務的權利。

最後，我們發現，在大灣區為香港居民建立安老院的想法已經過時，這一方針也被證明是不可行的。我們建議改變思路，採取一個能夠便利香港居民在大灣區養老的策略，讓他們感受到跨境養老是一個能夠規劃更好的養老生活的切實選擇。

基於上述情況，我們建議：(1) 協助有意向在大灣區養老的香港居民盡早在內地確立他們的社會保障及醫療服務權利，令他們在大灣區跨境養老時仍能享受相關的公共福利；(2) 探索協助跨境養老人士建立新的社會網絡及幫助他們融入當地社區的途徑；(3) 搭建一站式共用資訊平臺，為大灣區養老安排及規劃提供資訊；(4) 研究在大灣區為香港長者設立養老村的可行性。

# Chapter 1 Introduction

## 1.1 Cross-boundary retirement as a solution to address insufficient resources for Hong Kong seniors

Hong Kong is facing a rapidly ageing population. In 2019, 17.6% of the total population (1.3 million people) were aged 65 years or over in Hong Kong. According to the Hong Kong Population Projections 2015-2064, the population of older people is expected to increase to 2.5 million in 2043 and to 2.58 million in 2064. However, the current welfare supply system cannot satisfy the rising demand. For example, the average waiting time for long-term care services is about 18 months for care and attention home places and 27 months for nursing home places, with a total of 38,219 applicants on a waitlist at the end of October 2020 (Social Welfare Department, 2020). The average waiting time for single older applicants for public housing is 3.3 years (Transport and Housing Bureau, 2020).

The COVID-19 pandemic has further exposed the shortage of resources and facilities for health care, community care and residential care for older residents in Hong Kong. Many older people have been infected or died during the fifth wave of the pandemic. The infections not only hit care and attention homes hard, but community support services were also either unavailable or inadequate to meet the care needs of the older population, especially the 300,000 households with older people living alone or as a couple.

Retiring in cities in Mainland China is a long-standing arrangement to address the insufficient resources and support for retirees living in Hong Kong. In 2019, approximately 538,000 Hong Kong permanent residents lived in the Guangdong province for six months and over per year, including 89,000 people aged 65 years or over (Labour and Welfare Bureau, 2020). The Thematic Household Survey 2019 investigated the willingness to live in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) based on a sample of all permanent quarters and quarters in segments for residence (Census and Statistics Department, 2020). It suggested that 266,200 people aged 15 years or over were very /quite interested in living in GBA Mainland cities in the future, including 32,900 persons aged 65 years or over.

With the development of the Northern Metropolis, Hong Kong will truly become part of the GBA and distance will no longer be seen as a barrier in the choice of retirement locations. Crossing the boundaries between cities within the GBA will be so easy and convenient that travelling within the region will not be much different from commuting within Hong Kong. Unlike the experience of cross-country relocation (Gustafson, 2001; Repetti, Phillipson, &

Calasanti, 2018), cross-boundary retirement in the GBA is expected to face fewer difficulties in coping with cultural and lifestyle differences. Thus, retiring cross the boundary in the GBA is an option Hong Kong residents can plan and take rather than regard it as a matter of forfeiting the advantages and benefits they might enjoy while continuing to live in Hong Kong.

The Outline Development Plan for the GBA 2019 highlights the cooperation in social security and social governance among GBA cities. It emphasises the need “to explore allowing Hong Kong and Macao residents who are working and living in Guangdong to enjoy the same treatment as that for Mainland residents in areas of livelihood such as education, medical care, elderly care, housing and transport.” Although Hong Kong residents are now eligible to participate in the social insurance schemes on the same basis as local employees and residents, many practical issues for Hong Kong residents living in the Mainland remain to be addressed. Cross-boundary retirees, as a group whose quality of life is significantly affected by local public benefits, have attracted considerable attention. How to facilitate cross-boundary retirement also provides us an opportunity to study how to further strengthen cooperation in social security and social service governance between Hong Kong and GBA Mainland cities.

## **1.2 Portability of public benefits for cross-boundary migration**

The portability of public benefits has been recognized as a policy priority to facilitate the cross-boundary retirement migration. Public benefits include cash benefits, social services (e.g., health care and social care services) and other benefits in kind (e.g. housing). The portability of public benefits refers to the continuity of receiving public-funded benefits regardless of the place of residence. Ensuring the portability of public benefits is essential to maintaining the welfare rights of citizens; without portability, Hong Kong residents residing in the Mainland may mean giving up their welfare rights locally.

The Hong Kong SAR Government has introduced some arrangements to facilitate cross-boundary retirement. The relevant policies include the Guangdong Scheme and Fujian Scheme of Social Security Allowance, the Portable Comprehensive Social Security Assistance (PCSSA) Scheme, and the Residential Care Services Scheme in Guangdong and the use of elderly health care vouchers at the University of Hong Kong - Shenzhen (HKUSZ) Hospital. These measures provide a good starting point for improving the portability of public benefits, but it is far from enough to facilitate the selection of retirement locations. Several issues faced by the older Hong Kong residents who have retired or have willingness to retire in the Mainland, need to be addressed at the policy level.

For example, various stakeholders have been very concerned about the effect of the lack of portable arrangements on access to public health care services in the GBA. Continuing to use public health care services in Hong Kong is often given as the reason for returning to Hong Kong (OCT Youth Forum, 2020). Since the COVID-19 pandemic outbreak, cross-boundary retirees could not return to Hong Kong as easily as they had previously. It was reported that about 38,000 Hong Kong residents living in the Guangdong province reported that they had to return to Hong Kong for follow-up medical treatment (Lo, 2021).

The portability of public benefits appears to be a much more important consideration for retirees who are financially deprived (Leung et al., 2005). This means that disadvantaged groups may experience more difficulties when living in the Mainland as they may not be able to afford the health and social care services, which are usually charge-free in Hong Kong. Furthermore, retiring to the GBA will lead to the loss of certain social benefits, such as public housing, as the current policy requires tenants to relinquish their units when they move away from Hong Kong.

In brief, it is essential to identify the policy gaps in public benefits for cross-boundary retirement, especially the impact of the portability of public benefits on the decisions of cross-boundary retirement.

### **1.3 Social support networks for retirement arrangements**

Social networks are important in retirement life, not only due to their impact on retirees' well-being and mental health (Golden et al., 2009) but also their irreplaceable role in compensating for functional decline in older adults (Wiles, Leibing, Guberman, Reeve, & Allen, 2012). Social support networks are important resources for care, companionship, and psychological comfort (Barrera, 1986). The availability and potential of social supports are major considerations in retirement planning and care arrangements (Shi and Hu, 2020). While emotional and geographical proximity to family and friends makes it easier for older people to participate in social activities and helps them maintain their social identity in the community, family members are the main source of support to the daily lives of people with care needs, particularly in Chinese communities.

The significance of social support networks in cross-boundary retirement has often been recognised. Previous studies on retirement migration found that most Hong Kong residents retiring in GBA Mainland cities were co-living with their spouse, adult children, or relatives (OCT Youth Forum, 2020). And an early study also revealed that intergenerational

relationships were crucial to Hong Kong residents' decisions on migration retirement (Bai and Chow, 2014). However, functions of social networks and family relationships can be very dynamic and change with the retirees' need for care and support (Song et al., 2018). Hence, we have no assumption that social connections or even close family ties at the place where Hong Kong residents have retired are essential to a better quality of life or ready assistance and help.

## **Chapter 2 Objectives of the study**

This study aims to provide research evidence to inform policies which will facilitate the choice of cross-boundary retirement to GBA Mainland cities. Our specific objectives are:

(1) To understand the attractions and hurdles affecting the decisions of older Hong Kong people to retire across the boundary in the GBA, especially in the post-COVID-19 pandemic period, with a focus on the portability of public benefits and the significance of social support networks.

(2) To explore the possibilities of integrating social care policies between Hong Kong and other GBA Mainland cities on retirement migration; and

(3) To explore ways to enhance the attractions of and remove hurdles on retirement migration, so to facilitate the choice of Hong Kong residents on retiring in the GBA.

To achieve the research aims, we posed the following questions:

- (1) What are the attractions and hurdles for Hong Kong retirees to retire in the GBA? What are the factors Hong Kong retirees would consider on retirement migration? How would these factors affect Hong Kong retirees' future retirement migration planning?
- (2) What are the dilemmas Hong Kong retirees face when deciding to live in GBA Mainland cities? Does the policy on the portability of public benefits need to be changed?
- (3) What are the characteristics of social networks found among Hong Kong retirees who have already retired to the GBA? How could their families be involved in their cross-boundary retirement decisions?
- (4) What are the possibilities of improving collaboration between Hong Kong and Mainland authorities in retirement migration planning to enhance Hong Kong residents' access to services when they retire in GBA Mainland cities?



## Chapter 3 Methodology

### 3.1 In-depth interviews

Based on our research objectives, we first used in-depth interviews to investigate the factors our participants have considered in their planning for retirement migration to the GBA. Fieldwork took place in GBA Mainland cities and Hong Kong between December 2021 and June 2022.

#### 3.1.1 Target population and sampling

In this study, we defined participants in our in-depth interviews as those Hong Kong permanent residents who have either regularly lived in GBA Mainland cities for retirement or have an intention to do so. We used the purposive sampling method and as a result, we successfully interviewed 45 participants who have retired in GBA Mainland cities and 23 who were living in Hong Kong at the time of our interviews. For the 45 participants living in GBA Mainland cities, they included some who were staying at residential care facilities and some in private apartments, with their relatives and friends or without. Of the 23 participants living in Hong Kong, they all had an intention to retire in the GBA, with a few who had lived there before but had returned to Hong Kong because of the COVID-19 pandemic. We have listed out the characteristics of our participants in our findings.

A semi-structured interview format was used during the in-depth interviews to let participants share their experiences and insights on retirement migration in the GBA. Interview questions were developed in accordance with research aims, namely: (1) Attractions and hurdles of cross-boundary retirement; (2) The availability of social support networks and their impact on retirement in GBA Mainland cities; (3) Views on using Mainland health and social care services and suggestions on the portability of public benefits; (4) The impact of COVID-19 pandemic on retirement migration in GBA Mainland cities. Pilot interviews were conducted to refine the interview questions. Given that participants came from both who were living in the GBA and Hong Kong, two sets of interview questions were prepared, and they could be found in Appendix 2 and Appendix 3.

In-depth interviews with community-dwelling participants were conducted face-to-face by trained research assistants from Sun Yat-Sen University and The University of Hong Kong. Due to the epidemic prevention policy in Guangdong province in early 2022, online interviews were conducted with care home residents. To ensure the coherence of the interviews in different

places, we prepared an interview guide (See Appendix 2) and organised an online workshop for our interviewers.

Prior to the study, we first obtained the ethical approval from the Human Research Ethics Committee of The University of Hong Kong (No. EA210213). Informed consents were obtained from the participants before the interviews and each interview lasted for about 30 to 70 minutes in Cantonese or Mandarin.

### **3.1.2 Data analysis**

Each interview was tape recorded and subsequently transcribed. Interviewers were required to write fieldwork notes including a summary of each interview and their reflections after finishing the interviews. Interviewers' notes, interview transcripts, and participant demographic data forms were then analysed using NVivo. Each transcript was coded and verified by one of the co-investigators. A list of codes comprising the themes, issues, and opinions about cross-boundary retirement was then developed and case numbers were assigned to each participant to ensure confidentiality.

### **3.2 Comparative policy analyses**

One of the research objectives was to explore the possibilities of integrating social care policies between Hong Kong and other GBA cities to remove the barriers to cross-boundary retirement and improve the lives of cross-boundary retirees. To achieve this, we conducted comparative analyses to understand the differences in care policies for retirees between Hong Kong and the Mainland and examine the possibilities for Hong Kong retirees to have access to care service provisions provided in the GBA.

We reviewed, as a first step, the policies regarding public benefits for older people in Hong Kong (See Appendix 4). The public benefits for older people in Hong Kong include cash benefits, like Comprehensive Social Security Assistance (CSSA), Old Age Allowance (OAA) and Old Age Living Allowance (OALA) payments, services for older people, like Neighbourhood Elderly Centre (NEC), day care centres, community care service voucher, and residential care, health care, and public housing. Together with the findings on hurdles of cross-boundary retirement from the in-depth interviews, we identified the barriers and gaps in the portability of these benefits and how they influenced the decisions of Hong Kong residents on retirement in the GBA.

Secondly, we reviewed the public benefits provided for older residents in the Mainland, including such benefits as old-age insurance, medical insurance, long-term care insurance, old-age allowance, services for the elderly, social assistance schemes and public housing policies (See Appendix 5). The review included the financing mechanism, benefit levels, types of contributions, beneficiary/eligibility, and service providers of each benefit schemes.

Thirdly, we compared the public benefits for older people between Hong Kong and the Mainland to identify the barriers excluding cross-boundary retirees from using the local services and entitling themselves to similar benefits.

Our last task is to, based on the above analyses, come up with recommendations which would facilitate cross-boundary retirees to truly become members of the communities where they have retired and enjoy the same welfare and care benefits as their counterparts in the GBA.

## Chapter 4 Findings from in-depth interviews

### 4.1 Sample characteristics

Participants covered a wide range of diversity and representativeness. Table 1 outlines the socio-demographic characteristics of participants living in Hong Kong (n=23) and GBA Mainland cities (n=45). Over half were female (HK: 65.2%; Mainland: 53.3%) and married (HK: 60.9%; Mainland: 55.6%). The mean age of Hong Kong participants was 65 years and 78 years for Mainland participants. Most participants had more than one child, apart from four Hong Kong and six Mainland participants who had no child. No participants evaluated their health status as poor. Among the participants currently living in the Mainland, 28 (62.2%) lived in their own property, and six (28.9%) lived in care homes. Seventeen Mainland participants lived alone. The number of participants from each GBA Mainland city was between five to nine. All Hong Kong participants lived in the community; 13 were property owners, and ten were tenants; six had residence experience in the Mainland; three lived alone.

### 4.2 Thoughts and motives leading to cross-boundary retirement

Participants shared their reasons for retiring in the Mainland. The main three were (1) to reunite with families and relatives, (2) to live somewhere they are familiar with, and (3) to start a new life.

#### 4.2.1 To reunite with families and relatives

Most participants who had already retired to Mainland communities indicated they were born in Guangdong province, and most of their extended families and relatives still lived in the Mainland. They expressed a strong wish to return to their hometown and reunite with their families and relatives in the Mainland. Although some participants had previously lived in Hong Kong for many years, they still held the view that the Mainland city was their native place where they had their “roots”.

- “這裏係我出生地嘛，所以呢個感情好緊要，同嗰啲人好好感情。” (Mainland participant, BZS023)

- “鄉下自己人多，同姓嘅人多。” (Mainland participant, AFS010)

- “我屋企人都喺深圳，祖屋又喺度，所以我先返番來。” (Mainland participant, BSZ039)

**Table 1 Socio-demographic characteristics of Hong Kong and Mainland participants**

		Hong Kong SAR (N=23)	Mainland China (N=45)
Gender, n (%)	Male	8 (34.8%)	21 (46.7%)
	Female	15 (65.2%)	24 (53.3%)
Age, mean (range)		65.0 (55-74)	78.0 (57-95)
Marital Status, n (%)	Single	2 (8.7%)	1 (2.2%)
	Married	14 (60.9%)	25 (55.6%)
	Widowed	3 (13%)	15 (33.3%)
	Divorced	4 (17.4%)	2 (4.4%)
	Separated	/	2 (4.4%)
	Number of children, n (%)	0	4 (17.4%)
	1	7 (30.4%)	2 (4.4%)
	2	12 (52.2%)	16 (35.6%)
	3 and above	/	20 (29.4%)
Accommodation type, n (%)	Owned property	13 (56.5%)	28 (62.2%)
	Rental units	10 (43.5%)	1 (2.2%)
	Care homes	/	13 (28.9%)
	Others	/	3 (6.7%)
Living arrangement, n (%)	Living alone	3 (13%)	17 (37.8%)
	Living with spouse/partner only	14 (60.9%)	21 (46.7%)
	Living with child, daughter-/son-in-law or grandchild	7 (30.4%)	11 (24.4%)
	Living with others	2 (8.7%)	10 (22.2%)
Self-evaluated health status, n (%)	Very good	1 (4.3%)	4 (8.9%)
	Good	14 (60.9%)	28 (62.2%)
	Normal	8 (34.8%)	13 (28.9%)
Current residence, n (%)	Hong Kong	23 (100%)	/
	Dongguan		6 (13.3%)
	Foshan		6 (13.3%)
	Guangzhou		5 (11.1%)
	Jiangmen	/	5 (11.1%)
	Shenzhen		9 (20%)
	Zhaoqing		7 (15.6%)
	Zhongshan		7 (15.6%)
Residence experience in the Mainland	Yes	6 (26.1%)	/
	No	17 (73.9%)	

Some participants also mentioned they had moved to the Mainland because they needed to take care of their frail parents currently living in the Mainland. Given the living conditions and costs in Hong Kong, it would be difficult for them to bring their older parents to Hong Kong. Although they may have siblings in the Mainland, they felt they should assume their own filial responsibility.

- “她（在內地的母親）年紀大左，我妹同家姐都喺廣州嘅。我一個人嫁過嚟（香港），我呢度得仔同新抱無其他親戚朋友咯。” (Hong Kong participant, HKGA013)

#### **4.2.2 To live somewhere they are familiar with**

Participants also mentioned that a reason for retiring in the Mainland was their wish to live somewhere they were very familiar with, as they had rich experiences of living in the Mainland. Some participants often travelled to the Mainland to visit their families before retirement and had planned their cross-boundary retirement migration for many years. Some participants revealed that they had business or had been working in GBA mainland cities for a very long period. Thus, they had built up deep and close connections in GBA Mainland cities. Compared with living in Hong Kong, they reported they had more opportunities to join in social activities in the Mainland as most of their friends lived there.

- “呢度有好多親戚朋友。因為我喺（內地）自來水公司做咗廿幾年，有好多同事啊，工友，現在得閒就約出嚟食飯。” (Mainland participant, BGZ003)
- “我一方面喺國內長大完全適應國內嘅生活，第二方面就係，前期嘅朋友啊，後期工作嘅朋友圈（都在內地）。我九二年開始做中國房地產，喺國內嘅朋友多咁嘛，真正退休乜都唔做嘅時候，都係會選擇喺國內定居嘅。我喺廣東有好多同學啊，工作上嘅朋友，同理生意上面嘅朋友。可以出去食下飯啊，飲杯咖啡啊，傾下嘢啊，傾下工作啊嘅樣。” (Mainland participant, BGZ002)
- “我好熟識國內嘛，所以就冇乜準備。而且我喺一零年開始返嚟國內創業嘅時候，就開我自己嘅建築房地產諮詢公司，同理餐飲。我最高峰嘅時候有三間餐飲店啊。” (Mainland participant, BGZ002)

#### **4.2.3 To start a new life**

Participants who currently had a few connections with the Mainland expressed their wish to start a new life in GBA cities outside Hong Kong. They explained they did not consider Hong Kong a good place to spend the rest of their lives; therefore, they had moved or planned

to retire in the Mainland. Some participants indicated their preference to settle down and make new connections in GBA Mainland cities and integrate into the local community (落地生根).

- “如果我適應到嘅，當然希望可以喺嗰邊（內地）落地生根啦，即係如果你覺得嗰邊係你嘅第二個家，都會想（在內地）安定落嚟咯。” (Hong Kong participant, HKGA001)

Some participants reported they would explore a vocational retirement life (度假式退休生活) in GBA Mainland cities and also maintain their original life in Hong Kong. In other words, they would alternate between in Hong Kong and GBA Mainland cities. These participants were currently in good health and taking the advantage of GBA Mainland cities such as lower living costs. They expressed they had worked very hard before and wished to enjoy their retirement life somewhere that was easier for living.

- “零四零五年嘅時候同朋友上嚟（中山）玩，佢又住雅居樂嘅，見到個環境幾好。其實零五年嘅時候就已經買咗屋架啦，不過嗰陣時仲要返工，週末先上嚟度假。” (Mainland participant, BZS018)

- “我先生（回內地）先，因為佢退咗休先，佢一五年之後都比較常返去喇，差唔多一個禮拜都返去兩三日啊，好似度假嘅嘅形式。” (Hong Kong participant, HKGA009)

### **4.3 Attractions of cross-boundary retirement**

Participants revealed attractive factors of retiring in GBA mainland cities, including more spacious housing, lower living costs, cheap accommodation ownership, convenient transportation, a better living environment and friendly neighbourhood, convenient life and shared cultural context. They shared that the GBA was somewhere they could enjoy the rest of their lives and easily maintain their connections with Hong Kong.

#### **4.3.1 Spacious housing**

Spacious housing in the Mainland was a very attractive reason for retiring across the boundary because the living space in Hong Kong was very limited. Compared with the cost of housing in Hong Kong, accommodation costs for nuclear and even multi-generational families to live together were much more affordable in the GBA. Some participants also reported that the more spacious environment they could afford in the GBA eased their mental stress and allowed them to enjoy a more relaxed life in retirement.

- “我先生就是覺得香港房子太小，他不喜歡。香港他是喜歡的，但太小了，四五百尺走來走去，馬上就撞到了，傢俱也不可以買什麼的；東莞有兩百平方，大很多。” (Hong Kong participant, HKGA004)

- “香港人喺香港住這麼小的屋，返嚟（內地）租間屋住才兩千零蚊。現在我哋國家高瞻遠矚搞大灣區。兩個灣區一個係以上海為主嘅，一個以廣東為主。兩個灣區，係我哋中國未來三十多年嘅大城市大國建設。呢個灣區，九個城市加埋香港澳門，係十一個城市，十一個城市將來會融為一體。香港嘅人大學畢業又好，唔大學（畢業）返番嚟做嘢又好，在大灣區生活，去中山去珠海，去肇慶去佛山，將來大批人返嚟。” (Mainland participant, BGZ003)

#### **4.3.2 Lower living costs**

Participants also identified cheap living costs as a major attraction for cross-boundary retirement. The more reasonable living costs in the Mainland enabled them to have a better quality of life given their limited retirement incomes.

- “哩度嘅生活費好低，我喺香港譬如養部車就一個月要使一萬蚊，泊車費又貴，租個車位又幾千蚊一個月，哩度原來幾萬蚊就可以買一個車位。” (Mainland participant, BSZ022)

- “第一就肯定係消費低啦。香港好多都有退休收入嘛，你打私人工嘅話都係有退休收入嘛，或者可能有少少物業收租。如果喺香港呢，佢哋個經濟就變咗好緊張喇。但係喺廣州住，喺佛山住呢，佢哋就好寬裕喇，喺經濟上面佢哋負擔得起咯。” (Mainland participant, BSZ002)

#### **4.3.3 Cheap accommodation ownership**

Participants also reported they were attracted by the lower cost of home ownership in GBA Mainland cities compared to Hong Kong, enabling them to buy more spacious accommodation in the Mainland than in Hong Kong. They mentioned some private housing companies like Agile Group Holdings, which had been developing the GBA housing market for Hong Kong residents for over ten years ago. Some developed communities in the GBA mainly comprised Hong Kong residents.

- “香港嘅主要空間實在係太狹窄喇，真係好窒息嘅樣。其實內地嘅空間係好大概，我做乜嚟香港屈到好辛苦嘅樣咯，（喺香港）畀好多錢人哋去租好細嘅空間，將來老咗啊，我又乜都無嘢。你內地每個月都係供二千零蚊嘅，你咪覺得成個人嘅生活質素可能提高咗咯。對比起個價錢嚟講，性價比真係好好多啦。” (Hong Kong participant, HKGA017)



- “我認應該係廿幾年前開始嘞，雅居樂有啲比較矮嘅樓、七層嘅、冇 lift 嘅、要行樓梯。嗰陣時一開始，叫啲香港人上嚟買樓。噉我有兩個表姐一個買咗別墅啦，有一個買咗佢個嘅樓梯樓啦，單位四十幾平方。點解雅居樂個策略係想搵多啲香港人上嚟呢，睇返轉頭，就係因為香港人多地少，香港嘅樓價係非常之高嘅，香港人好難自置物業啊。同埋中國人有個根深蒂固印象就係自己一定要有層樓嘅，就會安樂啲。所以佢哋就情願返嚟大陸買一層十多萬的樓。我睇返當時雅居樂的樓價係唔平嘅，但係肯定吸引到成班香港人。”  
(Mainland participant, BSZ022)

#### 4.3.4 Convenient Transportation

Many participants also mentioned increasingly convenient transportation between Hong Kong and other GBA Mainland cities that made contacts with families and friends in Hong Kong easier. They reported several available travel routes within and between GBA cities, and the High-Speed Rail and Hong Kong-Zhuhai-Macao Bridge further reduced travelling time. The developed transportation infrastructure helped to achieve the idea of a “one-hour living circle” in the GBA.

- “一程高鐵就去廣州南站，噉廣州南站就有地鐵。因為我住嗰個係地鐵上蓋物業嚟嘅，樓下就地鐵站，所以就個零鐘頭嘅姐。同你去元朗差唔多，不過就搭高鐵貴啲噉解。” (Hong Kong participant, HKGA005)

- “再北就唔會（考慮）喇，因為始終以香港為家，啲子女都嚟香港，都希望近啲，有乜事都快啲近啲咯，基本係（考慮）廣東省，中山珠海。佛山都遠啊，有高鐵快好多嘅。”  
(Hong Kong participant, HKGA011)

- “睇返佢個交通網絡同埋香港嘅發展，希望可以一小時生活圈。佢哋做得到嘅，我哋就會考慮咯。呢個階段就未會正式去，因為我哋都實在要望過，究竟嗰個醫療設施啊，交通網絡啊，同埋我哋自己本身譬如話銀行嘅安排啲啲嘢，究竟方唔方便到我哋呢，做唔做得到呢。” (Hong Kong participant, HKGA007)

- “（我屋苑）吸引嘅地方呢就係響羅湖有個屋苑專車可以返去，噉價錢就比較相宜，十蚊一位，同埋佢車好密嘅，一個鐘頭左右就一班車，甚至有時假期多人返上去佢仲會有啲加班車，可能大半個鐘頭就已經有班車開返入去，噉大概一個鐘頭零二十分鐘就已經到喇。”  
(Hong Kong participant, HKGA009)

#### 4.3.5 Better living environment and friendly neighbourhood

A better living environment and friendly neighbourhood for retirement also made retiring in the GBA increasingly attractive. Participants expressed that better air quality and a greener

ecological environment were particularly important for older people's health. Besides, some also perceived that retirement life in GBA Mainland cities is easier given the 2019-2020 social unrest in Hong Kong.

- “因為嗰邊（內地）就空氣好啊，地方大啦。” (Hong Kong participant, HKGA002)
- “（內地）好處就多啦。空氣好咯；有親情喺度。以前我哋工作壓力好大，返嚟就忘記咗佢，咪輕鬆囉。” (Mainland participant, BJM013)
- “主要係覺得啲人都幾好，又方便咯，我住嗰度去公園又得，去市場又方便。” (Mainland participant, BSZ025)
- “佢綠化城市嗰個情況，同理人均佔有嘅面積都比香港好咯，可能就 *quality of life* 上面，佢配套一啲設施，就算喺公園散步都可能大好多。” (Hong Kong participant, HKGA007)
- “個環境呢就比香港好得多，而且我諗中國社會安定，比任何地方都好。” (Mainland participant, BZS019)

#### **4.3.6 Convenient life**

Participants who resided or travelled in the Mainland perceived that living in the Mainland could be very convenient in terms of express deliveries, mobile payment, city infrastructure and digital lifestyle.

- “內地先進好多，而且我發覺微信系統係幾好嘅，國內個電子科技快過香港喇已經。喺度住我覺得好方便，譬如話美團買菜啊、叮當買菜。噉香港，你一定要出街自己去街市買餸啊。” (Mainland interviewee, BSZ022)

#### **4.3.7 Shared culture**

Compared with other places, participants perceived Hong Kong and other GBA Mainland cities shared the same cultural roots and language, making it easier for them to adapt to retiring in GBA Mainland cities.

- “中國嘅文化啊，社會啊，環境啊，人情啊，都係自己熟識嘅。我喺國外生活咗幾十年，我嚟到呢度我唔覺得有咩差異。” (Mainland participant, BZS019)

### **4.4 Hurdles of cross-boundary retirement migration**

We interviewed retirees who had already retired and those intending to retire in GBA Mainland cities about their main difficulties and concerns regarding cross-boundary retirement. Three hurdles were identified as follows:

#### 4.4.1 Difficulties and concerns about health care

Most participants reported medical care as one of the major concerns for cross-boundary retirement. While most participants expressed greater confidence in the medical and health care systems in the Mainland than previously, they were concerned about service quality, different treatments, and the administration and the fees charged. Consequently, most participants preferred to return to Hong Kong for medical treatment if possible. They reported they would use local medical services in an emergency only if they could get subsidized treatment or reimbursement. However, the current COVID-19 pandemic boundary controls required them to use Mainland medical services and hospitals where the cost of medicine was double that in Hong Kong.

- “擔憂就係醫療啦，有冇香港或者甚至好過香港嘅醫療水準呢。噉我亦都知道而家（內地）個水準一路提高得幾快。” (Hong Kong participant, HKGA020)
- “如果覆診啲啲都係返嚟香港嘅，但如果係話啲突然之間感冒或者急病，就揀喺內地喇。” (Hong Kong participant, HKGA003)
- “好話唔好聽，急病嘅梗係要喺當地睇咗先再返（香港）。” (Hong Kong participant, HKGA002)
- “而家返唔到香港覆診，響港大（深圳）醫院嗰度覆診都成一年幾，覆診就院方啲啲護士幫我哋搞定，我哋唔使理，乜都係她們去做，做安排。沒有疫情之前就回香港覆診。” (Mainland participant, ASZ046)

Participants revealed that they had to return to Hong Kong for regular follow-up consultations as their drugs were unavailable in the Mainland. Since Hong Kong and the Mainland had different drugs dispensing systems, participants worried about the consequence of using a new drug and the pharmaceutical effects might differ. Some cross-boundary retirees tried to get drugs delivered from Hong Kong, which they had found troublesome. If they were unable to return to Hong Kong on time, they had to rely on their family members to deliver the drugs to them.

- “啲啲藥物唔知對我有冇幫助呢，就驚呢樣嘢咯，即係啲藥唔一樣嘅話，可能驚話唔知個身體啱唔啱。” (Hong Kong participant, HKGA003)
- “我個仔寄啲啲快遞（藥物）返來咯... 寄好耐架，寄一個月啊，有時寄唔到。” (Mainland participant, BSZ 042)

Many participants reported unfamiliarity with the local medical system and had no ideas how to deal with administrative issues, particularly during an emergency. Some participants with experience of using local medical services worried about their inability to describe their symptoms accurately due to the differences in medical terminology, records, and language. They also revealed that their worries about whether Hong Kong residents could access local hospitals and pay the same fees as local residents.

- “周生（在內地的朋友）介紹過我睇眼科手術，幫我掛號... 一個係流程唔熟啦，一個係語言溝通比較難啦。” (Mainland participant, BDG028)

- “始終大家醫療制度唔同，上面睇醫生程序都唔係好熟識。未試過上去睇醫生嘛，呢啲會顧慮啲。香港就好方便啦，有乜事去邊間醫院都好熟識。喺大陸呢唔係容易搵到間醫院，人到去又唔知佢嘅制度同香港差幾遠。我哋啲老人家特別著重係呢方面嘅，有冇好快啲嘅醫療服務畀到嘅樣。” (Hong Kong participant, HKGA015)

- “自己喺香港熟識果環境咁嘛，噉知道有乜事即刻話去醫院咯，但係大陸個醫院要好多錢，我哋係外地人咁嘛，可能真係要多啲錢啊，但係呢個我未瞭解到。” (Hong Kong participant, HKGA020)

- “香港真係好即時，（在內地）又會擔心可能心臟病啊中風啊，需要短時間內處理但就唔知幾時先至有救護車，真係幾粒鐘嘅事情。護理又係一個問題，現場唔知溝唔溝到，你嗌到鬼死噉辛苦，佢唔知道你邊度辛苦，邊度痛啊。” (Hong Kong participant, HKGA010)

Participants reported that the medical records could not be shared between hospitals in Hong Kong and the Mainland. As many retirees had chronic diseases or medical histories, they were more likely to get proper treatment if doctors in the Mainland could have access to their medical records.

- “病歷這個事情倒是挺重要的。在香港如果說我是在九龍醫院看慣的，有特別事情的時候，他知道我腎臟有些什麼問題的。那對年紀大的人會有一個安全的感覺，安全感很重要的。” (Hong Kong participant, HKGA004)

- “覆診啲啲，噉梗係返番嚟香港 follow 會好啲，因為有啲 record 響返香港醫院啲度。如果啲陣時（在內地）發生啲啲（看病需求），梗係想去返啲邊（香港）跟進咯。” (Hong Kong participant, HKGA001)

To reduce the burden of using local medical services, some participants who had retired to the Mainland reported they had joined a local social medical insurance scheme. However, they revealed that the out-of-pocket costs after reimbursement were still much higher than in Hong

Kong, where normal medical services were virtually free for older adults. Participants who had not joined a local medical insurance scheme shared the view that the medical services in the Mainland were expensive and could be a heavy burden on family finances.

- “啱啱買咗（醫療保），啱啱先知道有個醫療保，之前係冇得買嘛我哋。” (Mainland participant, BDG003)

- “困難都係醫保，睇病。住食啲好平姐，交通都好，但係醫療真係怕。返嚟呢度如果有醫保，唔單止自己，仲要去麻煩屋企人。呢個壓力絕對大，所以無論如何一有大病絕對返落香港，唔會喺呢度。” (Mainland participant, BGZ004)

- “因為香港嘅老人家喺呢邊睇病係要全部自己畀錢嘛，如果返香港睇病可以免費。好多老人家都會話梗係返香港睇病啦，香港都唔使錢，呢邊要好多錢。” (Mainland participant, AFS010)

- “（在內地）淨係藥費都差唔多兩千蚊一個月... 胰島素香港（睇病）一年都用唔到哩度一個月嘅多錢。香港掛號八十蚊港紙，大陸就要壹佰蚊人民幣。香港每一種藥至少都可以開三個月，每一種藥唔計多少都係二十蚊。每種藥二十蚊。三種胰島素，七種藥，加起身一個月先兩百，加埋掛號費，一年叁仟都唔洗。返來深圳，一個月藥差唔多兩千。” (Mainland participant, BSZ039)

#### **4.4.2 Lack of access to reliable information**

Participants who had already retired or had plans to retire in the Mainland mentioned they had no access to reliable information and help. Assistance for planning the retirement life was not available for them to make an intelligent choice. They emphasized that information on joining local public welfare schemes and getting emergency help was not available. Moreover, interests in cross-boundary retirement highlighted the importance of a one-stop information platform for facilitating their relocation and settling down in the Mainland. While these participants might have travelled in the Mainland, they had no experiences of living there long. Although they thought retiring in the GBA was very attractive, they were concerned about their lives following relocation as they were unfamiliar with the law, policy and regulations of the local context.

- “我哋幾時先享受到裡邊嘅福利呢？冇人話過畀我哋知。政府冇 announce 呢啲嘢，都係靠自己搵咯。唔知自己有咩福利架，國內嘅消息有時我哋都比較模糊嘅。” (Hong Kong participant, HKGA020)

- “而家都有啲一齊想去內地養老嘅 friend。佢哋都搵緊呢啲（資訊）咯，但係就發覺好難搵到。噉我聽到呢個（大灣區養老）信息我都已經好開心啦，有個曙光畀我哋，有機會接觸到咯。大家其實都好想知道更加多呢方面嘅資訊嘅，噉我嘅朋友都想內地養老，同我一樣。” (Hong Kong participant, HKGA001)

#### 4.4.3 Insufficient local supports

Participants expressed their worries that they could not obtain timely support when they needed help in the Mainland, particularly in an emergency. On the one hand, they reported that they had no idea about getting proper assistance from local governments or social organizations outside Hong Kong. Thus, an official organisation co-ordinating information and resources for Hong Kong cross-boundary retirees was recommended. On the other, some participants were also concerned that they could not get help from informal support networks since they had no local families or friends.

- “最擔心就係個人突然間暈低啊，或者好似中風啊，心臟病啊突然間個心口好痛啊，噉你唔知點處理吓嘛。你言語又唔係話好叻，同埋你打電話又唔知打畀邊個嘢，係咪啊。” (Hong Kong participant, HKGA009)

- “真係去到（內地）住，你會擔心咯。我哋啲老弱，人哋要打劫你啊，你都係冇符嘅。同埋啲員警又唔知係咪真係好似香港噉，又唔識嘢。我哋本身係香港出世嘅，係會有噉嘅擔心。唔同國內，以前有好多人喺大陸落嚟，佢哋就梗係好放心返去啦。我哋呢啲係香港出世嘅，真係已經好似土生土長噉，所以有啲驚。慣咗喺香港呢個環境，又未試過喺內地住，如果真係兩個人住嘅話呢，就覺得好似比較危險啲，冇支援啊。喺香港就有吓嘛，你有乜嘢事，真係需要嘅話，都可以去打電話。但係喺國內應該點樣做呢，就乜嘢都唔識。” (Hong Kong participant, HKGA008)

- “而家身體暫時好啊，但係到時有病唔郁得啊，嗰陣時點算呢，聽啲人講話好恐怖，老人院呢又唔好啊，請啲嘅保姆又唔好，我都有好大嘅憂慮，因為我係冇親人喺呢邊。” (Mainland participant, BDG025)

#### 4.5 Social support networks for cross-boundary retirement

Participants spoke about the availability of their support network in the GBA and the attitudes of their families on cross-boundary retirement. Generally, most cross-boundary retirees living in the community had an existing support network before moving to the GBA. Participants intending to retire in the GBA took serious account of the potential for building a local supporting network for daily help and emergencies. Adult children respected their parents'

decision about their retirement arrangements when the retirees remained in good health, but it would be the adult children who would decide for their parents to move or not to a care home in the GBA.

#### 4.5.1 Informal support for living in the Mainland

An informal support network is the main support resource for daily help and in an emergency for cross-boundary retirees. Most participants would seek help from their local families or relatives if they had and lived close by, while participants who did not have very close family locally had to rely on local friends or expected to get familiar with their local neighbourhood.

- “如果（在內地）有緊要事，主要都係打電話搵細佬妹啦。” (Mainland participant, BG028)

Some participants who had retired to the GBA developed their informal support network by joining local social groups and meeting neighbours to make new friends. Although many participants mentioned a desire to join a social group for Hong Kong residents, some also mentioned their willingness to join local groups and become integrated into the community. In fact, most participants were ready to make new friends in GBA Mainland cities and did not want to isolate themselves from local inhabitants.

- “（在內地）有啲朋友比較好啲咯，可以認識啲新嘅朋友嘍。如果可以識到啲新嘅圈子新嘅朋友，噉樣可能我親友都會支持我去大陸養老呢。” (Hong Kong participant, HKGA001)

- “我哋（小區）隔離左右個個都幾乎識我噉制。” “隔離左右有時得閒有嘢做過嚟同我吹水啊，老人有朋友唔得嘍嘛，我日日都有節目啊。而家俾疫情關咗喺度唔準開門咋，如果唔係有好多朋友過嚟同我玩架。” (Mainland participant, BDG027)

- “（如突然有一些什麼急事）就是朋友（幫忙了），（在內地的）親戚比較老了。我老公那一代的人他們都比較大，知識不夠，有一點不夠反應快，靈敏度比較差。我的一幫（在內地的）姐妹經過我們長期互相的幫助（關係很好）。比如如果哪裡不大舒服，（她們）馬上帶你到那個中醫或自然療法。她們也可以上網，什麼東西有的（都可以）學嘛。” (Hong Kong participant, HKGA004)

- “之前有親朋戚友喺度，疫情之後佢（子女）就好支持，覺得（去內地養老）安全。而且（在內地的）社區建立左一個服務中心，為我哋建立咗一個橋樑，識咗好多朋友。係呢個社區，平時有活動都去參加，有時搞下旅遊。” (Mainland participant, BZS020)

Some participants living in GBA care homes indicated that they had other close friends living in the same care home and that they had a better understanding of the environment and

routines in the GBA care home. Having close friends living in the same care home also had a great impact on their decision to move into a GBA care home.

- “就係之前睇過（內地養老院）覺得好，就想過嚟噉樣（指入住內地養老院）。我經過見到佢哋平時成堆人玩，我覺得嘩都幾好啱。另外，好多熟人喺呢度，我工作喺鬱南，好多熟人都住喺呢間老人院，噉我好熟識啫。” (Mainland participant, AZQ032)

#### 4.5.2 Formal support for living in the Mainland

Formal support networks such as NGOs and residential committees are also increasingly considered necessary for help and emergencies although normally as secondary sources of help or as a last resort.

- “真係唔掂就會搵居委，如果唔係去邊度姐，個細佬都死埋。但係都好少（搵居委）。自己處理得到就唔洗，同埋個女返來可以幫我哋填野。而家啲家人都去曬香港了。我先生好中意返來，即使冇子女係度。特別哩兩年都唔去（香港）了，果邊動亂，見到啲人都驚。佢而家都係喺度睇病架。我就細病係度睇，拿血壓、甲亢藥就返香港拿。” (Mainland participant, BFS008)

Some participants also reported they had joined owners' committees which helped in communicating with property management companies. These committees held regular meetings and ran different social activities for the owners. Those with a closer connection with GBA may have already joined a residents' group giving them access to activities organized by friendly neighbourhood clubs.

- “業主會係主要嘅社交活動，一個管道咯，自然大家會有多啲聯絡喇，起碼一個月有一次。佢哋搞一個群組一齊食宴啊。未有疫情嗰陣時，佢哋都已經有一個聯繫方式，就係每一個月一定有一次好大棚人嘅生日聚會，四月之星啊，五月之星啊，六月之星噉。喺大陸搞嘅，因為大陸食嘢先平吖嘛。而家嚟到香港佢哋有時都會叫你出嚟飲茶。睇你去唔去（參加活動）咯，（在內地）通常幾廿蚊之嘛，噉佢哋就會好似係開party開聚會噉樣嘅，但係多數都係中式噉，一圍十個一圍十個人噉。上面地方好大嘛，一開可以開十幾台。” (Hong Kong participant, HKGA009)

Some participants also indicated that they would join the activities in local community centres if they were eligible.

- “（如果內地有長者中心）有活動呢就一定去，唔好嫌我老我就去玩啦。” (Hong Kong participant, HKGA010)



### 4.5.3 Family involvement in decision-making for cross-boundary retirement

We noted that many participants intending to retire in the Mainland had their families' support on cross-boundary retirement. In some cases, their families also resided in the Mainland. It seems that retirees were appreciative of the efforts of their children in arranging their retirement life.

- “（啲子女）都有點嘅，我鐘意嘅嘢佢就唔會反對。” (Mainland participant, ASZ046)

- “（女兒）支持（我在內地養老），我幾個女唔理我嘅，我要個啲功夫啊，耍醉龍，耍仙艇啊，（佢哋）話都由得佢玩啦，而家身體嘅好；冇得玩嘅身體冇嘅好。佢都有理我。” (Mainland participant, BZS023)

Although retirees themselves were likely responsible for their decisions to retire in the GBA, they also took into consideration how they would maintain their connection with their Hong Kong families in retirement planning. In addition, participants would consider the convenience for their adult children to visit as an important consideration. Some participants suggested that GBA care homes should provide accommodation for visitors to enable them to spend time together. Visitors' convenience should also be considered to enable cross-boundary retirees to maintain their contacts with friends and family members, even when their health is not very good.

- “（喺疫情之前）我差唔多每個月都會返去（香港）嘅，每兩個禮拜一次或者半個月一次，最少都一個月去一次咯。” “咪見下我仲有少少嘅親人同埋兄弟姊妹，主要係探親。” (Mainland participant, BDG027)

- “（如果以後疫情冇咗，可以恢復通關之後）我梗係去（香港）啦。主要係見下啲孫仔孫女，住一頭半個月又返來。” (Mainland participant, BSZ042)

## 4.6 Portability of public benefits

Most participants reported that portable public benefits were vital to their decisions on cross-boundary retirement, particularly among those facing social and health care needs or on a low income. Some participants who were still thinking about cross-boundary retirement expressed their concerns about how they could continue to use Hong Kong health and social care services if they moved to GBA Mainland cities.

### 4.6.1 Medical care following cross-boundary retirement

Participants shared their attitudes and opinions about using local medical services. As mentioned in section 4.4.1, medical care was the major concern for cross-boundary retirement

life. Most participants revealed that they would use Mainland medical services if they could have the same benefits and access as in Hong Kong. Some even indicated that they would prefer using Mainland medical services if the costs and service systems were equivalent to those in Hong Kong.

- “除非佢（內地醫療服務）同香港冇分別嘅，噉我就唔需要特登走一趟嚟啦，因為走一趟返嚟都要花時間啊，同埋要就好多嘢。” (Hong Kong participant, HKGA007)

First, they complained that they could not use their medical voucher in most GBA hospitals except for HKUSZ Hospital. Thus, they had to return to Hong Kong to use their medical vouchers. They considered it unreasonable that they could not use the medical vouchers when they had a medical need in the Mainland.

- “如果畀咗兩千蚊我，我就唔使成日返嚟呢度睇醫生啦。即係廣州都可以用咯。” (Hong Kong participant, HKGA013)

- “冇咩準備搞（醫療保險）。我以前喺度住，保險都係買個旅遊保險嘅姐，噉因為呢幾年疫情我都停咗個旅遊保險。” (Hong Kong participant, HKGA020)

- “呢樣嘢（醫療券）好緊要啦。我哋而家仲有啲醫療券，雖然唔係好多錢。噉當然我覺得喺大灣區，都可以用得到，呢個唔難做到嘅，兩邊都可以洗啲咯。我覺得呢，如果香港人可以上到去，應該可以做到好似喺香港噉樣。” (Hong Kong participant, HKGA020)

Second, the out-of-pocket payment for medical care in the Mainland schemes they were able to join was still very expensive. They perceived that moving to the Mainland helped save health care resources in Hong Kong.

- “其實醫療係一個（擔憂），一過咗六十歲呢，年紀大咗真係諗點樣去解決醫療問題，譬如當你有危急嘅時候，上高嘅醫療係咪真係應付到呢。” (Hong Kong participant, HKGA008)

- “喺上高住三個月返嚟住兩個月，再住三個月住兩個月噉樣咯，因為你覆診呢，如果情況穩定，通常就係擺六個月藥。噉又唔可以完全唔響香港嘅，你始終有親戚朋友子女響度啊，噉你都係要返下嚟嘅，不過而家我哋兩個都有做嘢啦，變咗就唔使話一定邊日返嚟咯。” (Hong Kong participant, HKGA009)

During our interviews in Hong Kong, many participants first heard about their eligibility for Mainland social medical insurance and expressed their willingness to join. Some mentioned that they would try to meet the requirements for joining Mainland schemes. However, there were no channels enabling them to get the right information.

- “都會樂意去（買社保），如果佢話有嘢乜要求先買到嘅話，都會做咗佢嘅，譬如要住夠一年，噉你都會等住夠一年，跟住買社保噉。” (Hong Kong participant, HKGA007)

- “我唔知點樣參加（醫療保險），我呢方面有瞭解。” (Hong Kong participant, HKGA018)

#### 4.6.2 Social care for cross-boundary retirement

##### 4.6.2.1 Residential care settings

We interviewed 14 retirees living in GBA care homes, including two operated by Hong Kong NGOs and three operated by local organisations. Some participants indicated that they enjoyed living in a GBA care home, which relieved the burden of their families. They indicated that the ecological environment and facilities in GBA care homes were much better than in Hong Kong.

- “在大陸呢邊，環境又好空氣又好，有醫生有護士，有乜事好簡單，唔使擔心嘍，所以我啲女唔使擔心我嘍。” (Mainland participant, ASZ043)

- “設施來說一般都比香港好好多。例如好似話齋飯堂啊，啲啲廳啊，啲啲空地啊，或者啲啲設備啊，一般嚟講呢都係比香港好。” (Mainland participant, ASZ045)

Some reported their experience of difficulties making friends in GBA care homes and the long time it took for them to familiarize themselves with the new environment.

- “當然不適應了。但是呢，人家不理你，你可以去理人家，認識一些朋友吧。但是我要睇睇你惡唔惡嘍，睇起身惡煞嘍人，我唔會同你傾嘍。我少傾計，我就係噉嘍人，冇辦法。” (Mainland participant, AFS006)

- “我住這頭，她住那頭，這樣一間屋兩個人（指雙人間）。初初來到唔認識，現在就認識了。那個阿婆啊，哎，好辛苦架，點解呢，呢個婆，佢食又求其，唔食又得食又得，小便大便臭到我要走到門外。哎，你以為好自在啊。佢一大便，過陣味道，你唔醒都要醒嘍，要走出門口企，好辛苦架，我亦都有去嚟（抱怨）過。” “兩個（一起住），同一個百耶婆一起，激到我傻呀。” (Mainland participant, AFS006)

Two participants reported their choice of moving into a GBA care home was to avoid quarrels or conflicts with family. Meanwhile, they had more freedom living in the GBA.

- “喺香港有是有（摩擦），但我很少返去兒子那裡。我俾四千幾蚊定係幾多錢租那裡的（指養老院）。點講呀，出聲難，唔出聲又難。唔出聲，心就屈住，出聲，就黑口黑面有何用。她（媳婦）的家鄉又不同我們恩平，我又不知道她說什麼，費事啦。係啊（指以後都打算在內地養老），家和萬事興，家衰口不停。” (Mainland participant, AFS006)

- “我中意自由啊，我知道好多婆媳關係啊，我唔中意啊，所以我中意做自己嘅嘢咯。我中意食飯就食，唔中意我就食面，唔使就人咁啊。我喺公園都識得啲阿姨，一陣又趕住返去煮飯，一陣又話買乜嘢餸啊，又就呢個就個個，我覺得好辛苦，我覺得都到咗嗰嘅年紀應該放鬆啲咯。” (Mainland participant, BDG025)

Some participants revealed their interests in living in a GBA care home was the result of watching videos on GBA care homes, which portrayed retirement life there very attractive.

- “講真大陸嘅養老院我就真係未去睇過，未去到嗰嘅年紀。喺電視有睇過，真係幾吸引。我哋都睇到好多電視介紹大陸嘅養老院，各方面都照顧得好好，環境啊，收費啊。我有想過去睇，啲視頻就有（睇過）嘅，覺得幾吸引下，實地就未，因為未去到嗰嘅年紀去住。” (Hong Kong participant, HKGA018)

- “我去睇過大陸啲安老院，我有個朋友帶我去睇嘅，佢自己住一間房。佢係啲退休老兵，住得好舒服啦，收費唔貴，又請個工人。係順德附近，冇咩設施，唔似得香港啲設施嘅好，但地方大，樹又多，變咗你行出嚟啊，你都會覺得舒服啲嘅樣。” (Hong Kong participant, HKGA010)

- “係睇咗《幸福院》，好靚好舒服。《幸福院》係呢度電視劇，中央一台 CCTV1，嗰你會睇到內地而家都好鼓吹呢樣嘢啦，老人家住啲啲老人院。佢啲老人院個設備係好好嘅，唔係話個個馴響度啲啲。行得走得啲啲都好多活動畀佢哋，啲啲質素咪ok 咯。” (Hong Kong participant, HKGA009)

“如果係自理唔到呢，都係想參加當地啲啲安老院咯，都會走去睇下參觀下先。” (Hong Kong participant, HKGA001)

Some participants expressed concerns about accommodation for visitors and highlighted the importance of their families' or friends' convenience for visiting. An area within or near the care home was also suggested as a meeting place.

- “地方上交通上係方便親友可以探嘅嘅就更加好。甚至有埋個配套，探嘅人可以當嚟度假，有埋酒店啊，去玩就更理想咯。變咗去玩嘅，方便探嘅人又方便自己。” (Hong Kong participant, HKGA007)

- “（家人）耐不久都要上嚟探你架嘛，瞭解下佢個個老人院有冇配 apartment。事關（家人）上親去，就梗係個 family 一班人嘅。最好就有啲 apartment，一個單位有兩三間房，佢哋約埋當旅行嘅樣上嚟探你，有供應埋食啊。” (Hong Kong participant, HKGA014)

Care home fees in the GBA were a great concern, as participants usually had limited incomes and assets. If the cost of living in a GBA care home (around HK\$10,000 per month) is similar to a Hong Kong care home, living in the GBA would not be very attractive.

- “都開始留意國內有冇一啲做得比較好，又唔會太貴，性價比較高嘅。我自從嗰次去完廣州之後，佢哋有保留我名同理電話，佢哋久唔久都會打電話嚟啊，話邊度開左間，你過唔過嚟睇。最近佢哋打過一次電話畀我，我就問佢哋如果係港澳人士需要入住，係乜嘢嘅價錢，每個月要畀幾多錢。佢就同我講要萬幾蚊一個月。我覺得呢個消費太高，同香港都差唔多啦。而且好似我哋普通人啊，唔係話有咩投資，有幾多資產，只係靠自己以前嘅積蓄過日子。呢個太貴，所以我話我唔會去睇。” (Mainland participant, BSZ019)

Besides, many considered service quality provided in care homes an important factor in their considerations. They expected GBA care homes to organize many social activities for their residents and help them make friends in the new environment.

- “未至於好似酒店級嘅樣，但如果個院舍可以提供好多活動啊，大家有啲朋友嘅樣，會比較好啲咯，即係可以認識啲新嘅朋友嘅咯。” (Hong Kong participant, HKGA001)

They thought it would be helpful if the care home had a service package covering a wide variety of services at a lump sum cost. It would be more convenient for them if the care home could take care of all the administrative duties in running the services and not getting them involved in the procedures.

- “（希望安老院提供）一條龍（服務）咯，去到某個位唔會再有個心理要畀乜錢，今個月要畀護老費啊，學習啲雜費啊。你統一咗一個（價錢和服務）嘅，就算畀啲子女睇我哋每個月，你要畀七千蚊我啊或者畀四千蚊我啊，都容易少少咯。” (Hong Kong participant, HKGA017)

#### **4.6.2.2 Community care setting**

For participants retiring in the GBA, they preferred to live in their own homes as health permits. They usually knew little about the community care services and thought they were not eligible for local welfare services for older people. Participants in good health usually had very limited experiences of using local community care services.

- “暫時我仲未曾去瞭解（內地社區長者服務），我而家暫時未需要，所以我就唔會知道。長者飯堂都有聽講嘅。” (Mainland participant, BSZ019)

- “冇（用內地社區養老服務），我戶口唔係度。” (Mainland participant, BSZ041)

#### 4.6.3 Other public benefits

Some participants reported the need to return to Hong Kong to meet the eligibility criteria for Hong Kong public benefits and take care of their property and banking affairs in Hong Kong before the COVID-19 outbreak.

- “我哋每個月都要返嚟（香港）攞錢，我哋生活費呢度出嘅嘛，返嚟攞錢，又要攞藥。返嚟冇可能逗留三四日啦，有時睇下病都唔係話嘅順嘅，咪等多幾日。” (Mainland participant, BJM015)

A few participants living in public housing expressed their need to think about keeping their current accommodation in Hong Kong. Some also needed to deal with public housing administrative procedures, such as transferring their public housing tenancy to their son or daughter before moving to the GBA. Those owning private property may have to sell or rent out their homes in Hong Kong before moving to the GBA. Some participants suggested that temporary housing in Hong Kong should be provided for those who have given up their public housing for cross-boundary retirement and decided to return later. Also, some thought the government should provide them with new accommodation in the GBA as compensation.

- “交咗租就得啦，房屋署唔會理你返上大陸住。我唔係永遠返上去大陸住，我覺得大陸係好住，但係我都要留返間屋有時落嚟香港，或者我啲親戚個仔結婚啊，噉我要返嚟飲，都要返嚟香港住一兩晚，唔使去住酒店啊，好昂貴啊。呢啲係我哋舊思想嘅諗法姐，或者人哋新潮啲話我香港間屋唔要我淨係上大陸，但我就唔會噉諗咯。” (Hong Kong participant, HKGA002)

- “間屋唔係我，但係寫我嘅名，我一毫紙冇出，每個月女婿交錢，我啲福利，畀咗個女。” (Mainland participant, AZQ037)

- “可以考慮畀佢（放棄公屋去內地養老的長者）一個（在香港的）中轉房。好似我同前夫分開呢，嗰陣時就同而家唔同啦，可能十零年前會好啲，好快比到中轉房喇。我一分開我攞個戶籍去，噉佢就畀咗個中轉房。但係中轉房就係比較細間冇噉好，跟住三年之後就可以有間新嘅，單人屋噉我就覺得嗰陣時就好好多咯。” (Hong Kong participant, HKGA013)

- “如果真係諗住長期（在內地居住），唔返嚟（香港），交咗（交公屋回房署）都冇所謂嘅，無需要呢度又交千幾蚊，而家都唔平，單人嗰啲（公屋）而家升到千八。如果我係一個人，冇其他牽掛嘅，我就不如交返畀佢返大陸。但係如果我有屋企人嘅，我就要顧我屋企人呢，因為我係戶主我都有責任。” (Hong Kong participant, HKGA013)

Some reported that procedures for claiming social security allowances in Hong Kong remained very complicated, particularly following the COVID-19 outbreak. They also reported they did not know how to claim public benefits when living in the GBA, and there was no organisation to help them.

- “香港啲啲（津貼）喺呢度養老，基本上就生活唔到啊。譬如三千幾蚊，加埋高齡津貼都係唔夠嘅，唔夠之後冇計啦，嗰咪死慳咯。國內又有話有多多少少補貼一千幾百貼啊，我感覺好似香港人係另類人，要去申請好麻煩咯。香港人而家好尷尬嘅，都唔知去邊度投訴。” (Mainland participant, BDG026)

#### **4.7 Impact of COVID-19 pandemic on cross-boundary retirement**

Participants who had retired in the GBA revealed that due to the COVID-19 pandemic boundary control, they were facing a huge problem in getting medical prescriptions and could not maintain connections with their families and friends in Hong Kong. Some disrupted their cross-boundary life and returned to Hong Kong. Participants intending to retire in the GBA had to postpone their on-site visits in the GBA Mainland cities.

- “等佢通咗關，睇定咗之後，七八年去廣州或者深圳定居咯，始終未通關都係驚啊，尤其是我哋嗰嘅長者，嗰嘅年紀呢，出街嘅次數都唔能夠太多咯。” (Hong Kong participant, HKGA002)

- “我哋都有咩朋友，都好少出去行，疫情都唔好周圍行。我哋兩只老鬼孤單到鬼嘅，仔子女女都唔係度，自己都好少同其他人有交集，必要時去買餸嘅，都好少出街。” (Mainland participant, BFS008)

- “另外就係因為依家疫情呢，譬如想睇一睇視察（內地）環境啲啲啊，變咗都有得去。” (Hong Kong participant, HKGA003)

- “響一九年上面業主會搞咗聖誕party，專登返上去玩完之後返落嚟（香港），就有返過上去咯，我都驚間屋發曬毛。” (Hong Kong participant, HKGA009)

- “當時諗住退休可以（在內地）住耐啲喇，一退休嘅時候已經係封咗關，返唔到去。” (Hong Kong participant, HKGA005)

#### **4.8 Future care arrangement**

##### **4.8.1 Returning to Hong Kong**

From the perspective of future care planning, some participants indicated that they would return to Hong Kong to live in the community or care home or live with an adult child if their

health deteriorated, as it would be easier for their children to take care of them if they were living in Hong Kong.

- “會返香港嘅，因為我嘅屋企人嚟曬香港嘛。如果我係大陸養老院，佢哋成日上去唔方便嘛。因為大部分嘅屋企人都嚟香港，噉如果真係話方便呢，都係返嚟香港個邊嘅。佢哋冇理由一個禮拜上去一兩次噉樣探我吖嘛。” (Hong Kong participant, HKGA002)

- “估計以後病了，唔做得嘢個時候，真係要返去（香港），有子女在身邊。（受訪者的嫂嫂）住嚟古井鎮個邊，隔離有一個又係香港人，佢個老公呢，嚟屋企醫來醫去洗幾十萬啊。” (Mainland participant, BGM013)

#### 4.8.2 Moving into a GBA care home

Some Hong Kong participants revealed that once they moved to the GBA, they would not return to Hong Kong. They would move into a GBA care home when they needed to be cared for. However, they had no idea about GBA care homes and would need to make more on-site visits and gather information. As noted above, some participants reported learning about GBA care homes from videos that portrayed them as a pleasant place to live in.

- “香港的養老院我覺得沒那麼好，好狹窄啊。呢度好寬落，空氣又好，有那麼大地方給我們做運動，香港沒有那麼好的條件。” (Hong Kong participant, ASZ044)

- “睇香港有冇更好嘅設施啊。政府個啲安老設施我都有參觀過，因為以前我阿爸年紀大，佢都輪候過。個啲設施好好架，有曬醫護啊，有人同佢做物理治療啊，教你做運動啊，有啲營養餐單啊，營養師啊各樣嘢。問題就要你自己畀，每個月要兩三萬，即係自己付出。如果輪政府個啲津貼位呢，就要輪候好耐嘅，我阿爸都輪過，輪到佢嘅時候佢已經過身喇，輪咗成五六年噉樣，佢都即管去輪，但係都輪到都過左身。” (Hong Kong participant, HKGA005)

- “我都諗過，如果係自理唔到呢，都想參加當地個啲安老院咯，都會走去睇下參觀下先咯。” (Hong Kong participant, HKGA001)

- “香港嘅老人院就比較貴，又差。香港嘅老人院好少獨立（房），間間都係大房，有噉多位。所以如果係老人院呢，國內比香港好好多啊。香港嘅老人家好抗拒老人院，因為好唔自在，個生活質素降低咗好多啊。嚟屋企話曬都係自己嘅地方，可以想點就點。嚟老人院就完全好局促，生活質素降得好低。但係嚟國內呢，我識好多人，（佢地嘅）父母、長輩而家越嚟越鐘意去老人院。譬如講而家啲老人院好多都係單間獨戶喇，你兩夫婦就一齊住，又或者剩翻一個就一個人住。你關埋門係自己嘅，其他乜服務都有。佢有自理嘅服務，咪同你打掃衛生啊。你唔想洗衫，同你洗埋啲衫咯，有人煮飯畀你食咯。如果你係半護理嘅，



佢又有半護理，完全唔郁得嘅，就全護理。我媽現在都九十歲啦，佢哋都係比較舒服咯。我都買咗樓畀佢住，但係佢到咗一定嘅年齡，就唔能夠完全自己去照顧自己啦。譬如你餐餐煮飯嘅時候，又要買餸，又要買米，佢都主動提出去老人院住嘅樣。” (Mainland participant, BGZ002)

#### 4.8.3 Continuing to live in the GBA community

In general, participants indicated their preference to continue living in the community and their own homes, even if they experienced functional impairment. If they moved to the Mainland, they expected to live in a community for older adults equipped with well-developed facilities and services to meet their needs in each stage of impairment.

- “我諗住都係會喺返一啲好似香港嘅長者屋啊，即係一個屋苑嘅樣，專門係畀長者居住，嘅可能安好曬嘅平安鐘啊，各樣嘢，裡便有護士啊，醫生啊，定期去駐診啊，有啲嘅樣嘅設施嘅。我都有去參觀過一兩度。碧桂園都有一啲樓盤呢，佢擺三幾棟出嚟專門畀啲嘅長者住嘅，佢又同一啲國際知名品牌嘅安服服務機構合作嘅，嘅個度有曬啲嘅醫療嘅服務，有埋地方畀老人家做運動啊。” (Hong Kong participant, HKGA005)

- “我的想法是，我有一個朋友，他是做地產的，我們請他（在內地）造一個好像四合院，大家出錢一個人買一個單位。就是大家志同道合的人（住在一起），然後我們請一個廚師請一個清潔的。有病的話就進醫院，不要在這裡住。” (Hong Kong participant, HKGA004)

- “噉同埋啲個地方唔會話太偏僻啊。如果有乜嘢事要車去醫院，要成個幾兩個鐘頭車先去到，即係好偏僻嘅地方又唔係噉好囉。如果真係有乜事嚴重嘅，要車你去醫院，噉都好快脆，可能半個鐘頭就已經附近一間重點嘅醫院啦，即刻車到你去急救啊。如果你話喺山裡便，車出嚟成兩三個鐘已經個人人都去咗。” (Hong Kong participant, HKGA005)

## **Chapter 5 Findings from comparative policy analyses**

### **5.1 Hong Kong's current cross-boundary portability arrangement for public benefits**

We comprehensively reviewed the public benefits available to older adults and retirees and their implications on retirement arrangements in GBA Mainland cities. The relevant policies are listed in Appendix 4. Generally speaking, cross-boundary portability arrangements for public benefits still have rooms for improvement. We summarised our review findings as follows:

#### **5.1.1 Cash benefits**

Older residents who choose to reside in Guangdong and Fujian Provinces can benefit from the Portable Comprehensive Social Security Assistance (PCSSA) Scheme and the Old Age Living Allowance Scheme (OALA). As at the end of July 2022, 780 Hong Kong elderly residents were recipients of the Portable CSSA Scheme and 19,678 and 1963 were recipients of the Guangdong Old age Allowance Scheme and the Fujian Old Age Allowance Scheme respectively. In other words, over 20,000 Hong Kong elderly residents were living in either Guangdong or Fujian and were benefiting from social security cash allowances.

The establishment of the HKUSZ Hospital provides the potential to make the healthcare service portable from Hong Kong to Shenzhen. The Hong Kong Government launched a Pilot Scheme at the HKU-SZ Hospital on 6 October 2015 to enable eligible Hong Kong older people to use health care vouchers to pay the fees for outpatient services provided by designated clinics/departments of the HKU-SZ Hospital. The Pilot Scheme was regularised on 26 June 2019.

To address cross-boundary retirees' medical needs for chronic diseases during the COVID-19 pandemic, the Hong Kong Government initiated special arrangements, including the HKSAR Government Special Support Scheme for Hospital Authority Chronic Disease Patients living in the Guangdong Province to sustain their medical consultation under Coronavirus Disease-2019 ("the Special Support Scheme"). The Special Support Scheme was first launched through the HKUSZ Hospital, which took up follow-up consultations on behalf of the Hospital Authority for patients with chronic diseases and it allowed the deliverance of prescription medications to Hong Kong residents in Guangdong and Fujian with urgent medication needs.

To address long-term care needs, two Hong Kong NGOs provide publicly-funded residential care for Hong Kong residents living in Guangdong under the Residential Care Services Scheme in Guangdong. This is the only residential care option provided by the Hong Kong Government for older adults with care needs in the GBA. No publicly-funded community care services are available for cross-boundary retirees.

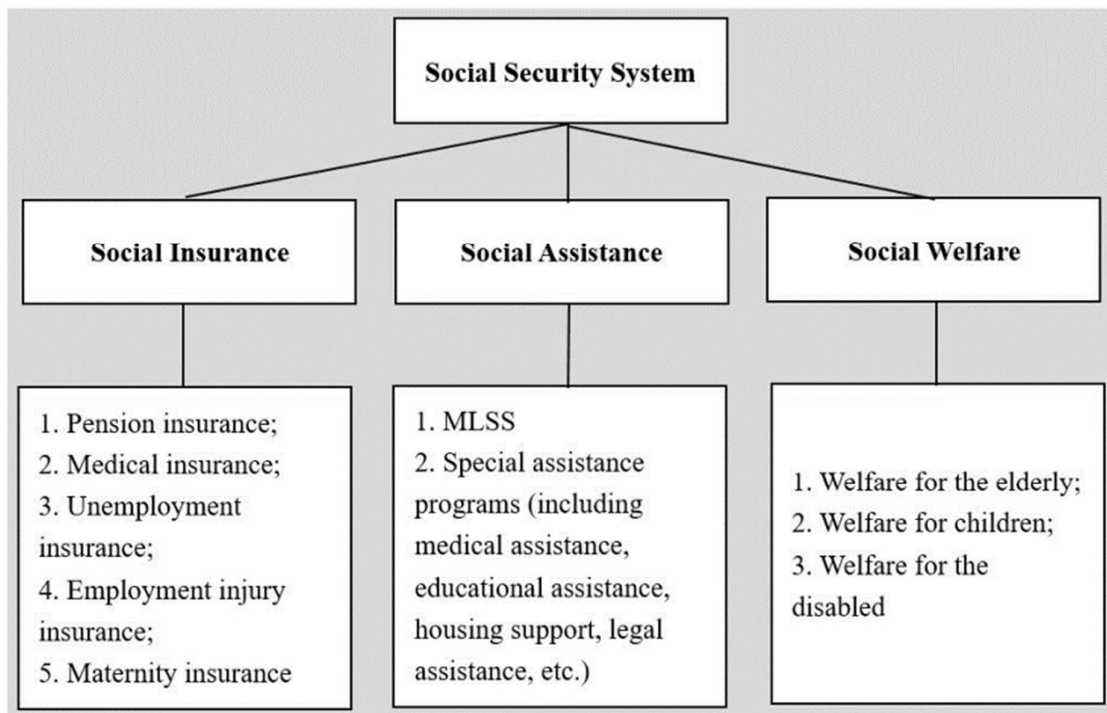
### **5.1.2 Housing**

No portability arrangement for public housing is available for tenants interested in residing in the Mainland. Furthermore, public housing tenants must forfeit their housing if they officially move outside Hong Kong.

## **5.2 Social welfare schemes in GBA Mainland cities**

The term “Social Security” is officially used as an umbrella term for comprehensive public benefits and welfare in the Mainland. After rapid development in recent years, the current social security system consists of three types of social programmes (Lu et al., 2020): contributory social insurance, non-contributory social assistance, and tax-financed social welfare (See Figure 1). Among these, the social insurance schemes are the core of the social security system, covering most employees and residents. For example, over 95% of citizens are covered under the social medical insurance scheme, providing an in-patient reimbursement rate of 85.8% for employees and 68.8% for residents (National Healthcare Security Administration, 2020).

In response to the ageing population, a three-tiered long-term care system has been highlighted in several high-profile national policies since the beginning of this century, emphasizing “home-based care as its foundation, supported by community-based services and institutional care” (Feng et al., 2020). The number of care homes increased more than fourfold (from 44,300 to 204,000) between 2012 and 2019. Also, there are 64,000 care facilities and 101,000 mutual help groups for older persons at the community level in China (Ministry of Civil Affairs, 2020). The central government also launched a nationwide pilot long-term care insurance scheme in 2016 and the number of pilot regions was extended in 2020. The development of the welfare system and its infrastructure in the Mainland also benefits Hong Kong residents as they are generally allowed to join the local schemes on the same par as their Mainland counterparts.



**Figure 1 The Mainland Social Security System (Lu et al., 2020).**

Note: MLSS, Minimum Living Standard Scheme.

To understand the policy design, we collected policy documents related to retirees and older people introduced in GBA Mainland cities (See Appendix 5) and reviewed the eligibility and benefit levels in each scheme or programme (See Appendix 6). Generally, public benefits for older adults in the Mainland are primarily based on contributions (i.e., insurance-based schemes) or local resident identity (as a civil right) combined with means-testing or specific conditions. It should be noted that many resident identity-based benefits are based on their household registration (known as *Hukou*).

To facilitate Hong Kong, Macau and Taiwanese residents to live, work and study in the Mainland, the “Interim Measures for Residents of Hong Kong, Macau and Taiwan to Participate in Social Insurance in Mainland China” was introduced in 2019. In other words, Hong Kong residents have now the legal right to join local social insurance schemes on the same basis as Mainland citizens.

It is notable that Hong Kong residents are only eligible for the medical insurance for residents rather than for employees, as they usually relocate for retirement and have not previously worked in the Mainland. As social insurance, the contributions for the medical insurance for residents are very reasonable. The annual contribution to participate in the 2022

scheme in Guangzhou is RMB 483 (HKD 531) per person after the local government subsidy of RMB 722 (HKD 795) (Guangzhou Tax Bureau, 2011). Due to the low contribution rates, the benefits of the schemes for residents are also lower than those for employees. In contrast, contributors to employee schemes have individual accounts for treatment and medicine, which will be used to reimburse their inpatient costs with a much higher reimbursement rate and outpatient service. More importantly, employees are exempted from contributions in retirement if they reach the required contribution years. For example, the reimbursement rate for in-patient services costs is around 80% and 55% for contributors of the medical schemes for employees and residents, respectively, in Guangdong province.

### **5.3 Welfare policy gaps and barriers for cross-boundary retirees**

The policy analyses shown in Appendix 4 and Appendix 6 revealed the following policy gaps and barriers for cross-boundary retirees:

Generally, older Hong Kong people living in Hong Kong have access to comprehensive public health and social care services for a nominal or no charge. These non-cash benefits are non-contributory and wholly funded by the government's general revenue but with less efficiency, given the long waiting time. In contrast, eligibility to public benefits in the Mainland is mainly based on insurance contributions or means-testing. There are, therefore, vast differences between the two social welfare systems and in short, Hong Kong retirees wishing to live in the GBA might have to pay more to meet their health and welfare needs. This must be addressed if cross-boundary retirement is to be encouraged.

The long-term care policy differences between the Mainland and Hong Kong are briefly presented in Table 2. Older people in the Mainland can receive publicly-funded care services normally only if they are in poverty and have significant care needs or are eligible for long-term care insurance. Although long-term care insurance covers a wider range of services, only Guangzhou and Shenzhen are the two places piloting the long-term care insurance scheme. The usage rate of residential and community care facilities in the Mainland is generally low, even after partial subsidization and promotion by local authorities. One of the reasons is that the older people's services policy does not target all older adults with care needs as it is a means-tested benefit, unlike the universal coverage policy design in Hong Kong. It was reported that the vacancy rate of private care home beds reached 41.3% (12,000 beds) in 2015 in Guangzhou, while the number of private care home beds accounting for 68% of the total care homes. In

other words, long-term care resources could be deployed for the use of older Hong Kong people but there must be measures to facilitate the latter to take them up.

**Table 2 Policy comparison for long-term care between Guangdong and Hong Kong**

	<b>Guangdong Province</b>		<b>Hong Kong</b>
Welfare schemes	Long-term care insurance <sup>a</sup>	Welfare services for older people	Long-term care services
Financial mechanism	Contributions	Government revenue	Government revenue
Eligibility	Contribution-based; Needs assessment	Means-test; Needs assessment	Needs assessment
Coverage	All contributors	Normally low-income residents	Elderly with moderate to severe care needs
Out-of-pocket	Yes	Nearly no	Nearly no

Notes: <sup>a</sup> Long-term care insurance is only piloted in Shenzhen and Guangzhou.

As for medical care, policy differences between the Mainland and Hong Kong are briefly presented in Table 3. Hong Kong older adults residing in the Mainland are now eligible to join a local contribution-based medical programme. However, since the policy rationale is to satisfy only basic medical needs and operates on a shared responsibility principle, patients need to pay for out-patient services and partly for inpatient services. Even under the employees' scheme which provides a higher reimbursement rate, and where retirees do not need to pay insurance contributions, medical expenses could still be high for the patients. Compared with the virtually free health services in Hong Kong, the out-of-pocket payment for health services in the Mainland can be a big burden for cross-boundary retirees, particularly those of lower socio-economic class.

**Table 3 Policy comparison for medical care between Guangdong and Hong Kong**

	<b>Guangdong Province</b>		<b>Hong Kong</b>
Welfare schemes	Social medical insurance for employees	Social medical insurance for residents	Medical care services
Financial mechanism	Self-contribution + Employer's contribution	Self-contribution + Government subsidies	Government revenue
Eligibility	Contribution-based	Contribution-based	All residents
Coverage	All contributors	All contributors	All residents
Out-of-pocket	Yes Around 20% for inpatient services	Yes Around 45% for inpatient services	Nearly no

## **Chapter 6 Discussions and Policy Recommendations**

Regarding the attractions and hurdles of cross-boundary retirement, the research team has considered the opinions of Hong Kong residents who have participated in this study, i.e., those who have already retired to the GBA and those intending to do so. We are of the view that the Hong Kong SAR Government should actively facilitate the choice of retiring in the GBA, since cross-boundary retirement has been a long-existing option for Hong Kong retirees and is also a solution to the problem of insufficient resources for elderly care in Hong Kong. While the decision of cross-boundary retirement depends ultimately on the wishes of the older people, the Hong Kong SAR Government should make it not so much a difficult and complicated choice by providing the necessary information and assistance so that Hong Kong residents are well informed of the possibilities of retiring in the GBA.

Our recommendations are drawn on (1) in-depth interviews with 68 retirees who have already retired or intend to retire in the GBA; (2) a comprehensive review of government policies on public benefits for the care of older people, both in Hong Kong and in the Guangdong Province; and (3) an examination of the portability of public benefits for Hong Kong residents wishing to retire in the GBA.

### **6.1 Summary of findings**

#### **6.1.1 Findings from in-depth interviews**

With the rapidly growing population of older people in Hong Kong, coupled with the development of GBA integration, it is expected that cross-boundary retirement will no longer be an impossible option for Hong Kong residents, and the choice of retiring in the GBA will grow and increase in numbers in the foreseeable future. To understand the attractions and hurdles older Hong Kong people may face in retiring to the GBA, our research team has identified, through in-depth interviews, the following factors which have influenced decision-making of cross-boundary retirement:

1. Observations from the in-depth interviews show that the main motives promoting retirement to the GBA include reunion with families and relatives, living where they feel familiar with, and the wish to start a new way of living. Many participants intending to retire in the GBA reported a wish to spend the rest of their lives in a favourable environment than they could possibly enjoy in Hong Kong and settle down to a better way of living.



2. Several attractions about retiring in the GBA were identified, including more spacious accommodation, lower living costs, cheaper home ownership, more variety of outdoor activities, a better environment, friendly neighbourhood, shared value system and fewer cultural adaptations. These findings were basically consistent with the thematic study in 2019 (Census and Statistics Department, 2020), which suggested the reasons for the interests in living or retiring in the GBA included more spacious accommodation (49.5%), a lower cost of living (44.2%), a lower flat price (26%) and a better environment (24.7%). Notably, the rapid development of transportation between Hong Kong and the Mainland in recent years, such as the completion of the High-Speed Railway and the Hong Kong-Zhuhai-Macao Bridge, was highlighted, meaning that travelling within and between GBA Mainland cities is now much more convenient than before and maintaining contacts with families and friends in Hong Kong are also made easier.
3. Medical care remains a common concern of retirees but is not a strong barrier preventing them from choosing to retire in the GBA. They have found from their experiences in the COVID-19 pandemic outbreak that special arrangements could be made to ensure their continuing consultations and medications. They might also use the local health care services where they retired and this has increased their confidence in the Mainland medical and health care system, though they were still worried about the different treatment methods, drugs dispensing and recording systems, administration and the fees charged. Many participants were concerned about the high out-of-pocket medical costs in the Mainland for services that were virtually free in Hong Kong.
4. Among participants intending to retire in the GBA, uncertainty about their life after relocation and adjustments in the migration process is a deciding factor in making up their minds. In other words, availability of information and assistance in planning is required for those intending to retire in the GBA to make intelligent choices.
5. Findings from the in-depth interviews revealed that the availability of formal and informal support networks in their intended destination is decisive in retirees' planning and choice of location. Retirees without connections in places they intend to retire have concerns about developing local support networks to obtain daily assistance or emergency help. Most participants were keenly interested in integrating with local communities. At the same time, the possibilities of

maintaining contacts with families and friends in Hong Kong was also expressed in retirees' planning.

6. Lacking portability arrangements for non-cash benefits, especially health care, has been an important barrier for Hong Kong residents to retire in the GBA. Participants interviewed expressed a strong desire to continue receiving their public benefits after cross-boundary retirement, though they also considered the use of local health care services for older people acceptable and necessary.
7. Due to travel restrictions imposed following the COVID-19 pandemic outbreak, cross-boundary retirees could not return to Hong Kong on time for follow-up medical consultations, and reunions with families and friends in Hong Kong were difficult. Some have disrupted their stay in the GBA and returned to Hong Kong, while some intending to retire in the GBA postponed their on-site investigations.
8. Retirees' views on future retirement arrangements reflected the dynamic needs for various types of facilities and accommodations in cross-boundary retirement. A full life-cycle retirement arrangement is required to meet the variant needs of the retirees at their different life stages. For example, the health care needs of one who is capable of self-care are different when one deteriorates in health and in need of support and care.

#### **6.1.2 Findings from comparative policy analyses**

Comparative policy analyses were conducted to understand the differences in social policies for older adults between Hong Kong and the Mainland and the purpose is to explore the possibilities of policy integration and collaboration, so as to enhance Hong Kong cross-boundary retirees' access to public services in the Mainland and improve, as a result, their quality of life. Our findings are summarised below:

1. The Hong Kong SAR Government has adopted certain portability arrangements for cross-boundary retirement; these mainly relate to cash social security benefits. However, arrangements to satisfy cross-boundary retirees' health, social care and housing needs are significantly deficient and require urgent review.
2. The welfare systems in Hong Kong and the Mainland are very different in terms of their financing mechanism, eligibility criteria and benefit levels. Older people living in Hong Kong enjoy a wide range of health and social care services at nominal or no cost, though the waiting term for them are usually very long. In contrast, older

people in the Mainland do not need to wait long for the services but they have to pay a substantial part of the costs under the insurance-based system.

3. Hong Kong residents are eligible to participate in Mainland social insurance schemes, but older people may have missed the time to build up their contributions and thus unable to enjoy the same benefits as their counterparts in the Mainland. Special arrangements are, therefore, necessary for Hong Kong residents intending to retire in the Mainland, to join a Mainland social insurance scheme as soon as possible and reduce the charges they have to pay when in need.

## **6.2 Policy Recommendations**

Based on the above findings, the research team has the following policy recommendations to remove the hurdles for Hong Kong residents to retire in the GBA and make cross-boundary retirement an easy and intelligent choice:

### **1. Enhance portability arrangements for non-cash benefits for cross-boundary retirement**

The rationale for enhancing the portability of public benefits, especially housing and medical care, is to ensure the continuity of retirees' welfare rights. Current governmental regulations require retirees in the GBA to return to Hong Kong to resume their non-cash benefits, such as medical care, service support and public housing. Although special arrangements have been introduced for Hong Kong older people to use the medical services at the HKUSZ Hospital with the health care voucher, it is difficult for those who are living outside Shenzhen.

It is obvious that the Hong Kong SAR Government is unable to cover the medical care needs of the Hong Kong retirees in the GBA, and the only solution is to encourage and facilitate those who have chosen cross-boundary retirement to participate in Mainland government-run medical insurance schemes. As a first step, we believe that it is important to disseminate the information about the medical care system in the Mainland and, in particular, the methods of payment and ways to join the various medical insurance schemes. From our study, we found that Hong Kong residents have a lot of misunderstanding about the Mainland medical care system and their impressions of it are often out-of-date and misled. This is certainly one of the hurdles which has discouraged Hong Kong residents to consider the possibilities of retiring in the Mainland, and not just the GBA. Hence, to eradicate the fear of the Hong Kong residents

about the medical care system in the Mainland, the dissemination of the relevant information is the first step that the Hong Kong SAR Government must take.

Secondly, we would like to point out that the Hong Kong and Mainland medical care systems are operated on two entirely different administrative and financing bases. In brief, the Hong Kong medical care system is modelled after the British National Service (NHS) and medical care services are provided for all Hong Kong residents at nominal or no charges. The medical care system in the Mainland is basically insurance-based, though often with huge governmental subsidies. Unless Hong Kong residents retiring in the GBA are expected to return to Hong Kong to avail themselves of the medical care services when they are in medical needs, ways must be found to assist Hong Kong residents to join local medical insurance schemes, including paying for them part of the contributions and to reimburse them a part of the self-paid costs. The other way is for the Hong Kong SAR Government to liaise with the Mainland health care providers and work out arrangements to cover the medical care costs of the Hong Kong retirees. We admit that any of the ways to ensure the continuity of medical care of Hong Kong residents who have chosen to retire in the Mainland will not be easy and if this hurdle is not removed, we believe that most Hong Kong residents would be hesitant of retiring in the GBA for fear that their medical care needs would be left unmet or they would have to pay for a service which they can now enjoy almost free.

Likewise, care institutions like nursing homes do not pose themselves as attractive for Hong Kong retirees needing long-term care, even when the Hong Kong SAR Government is prepared to pay for their fees as though they were staying in a subsidized nursing home in Hong Kong. The introduction of long-term care insurance, as we have found in most economically developed countries like Japan, is probably the ultimate solution to the financing of long-term care, but it does not fall into the perimeter of our study. What we have found is unless Hong Kong residents are free of the worries about how their health care needs could be met in cross-boundary retirement, they would be hesitant to choose the GBA as the place where they would like to retire. The hurdle of this uncertainty about health care must be overcome if the GBA could genuinely present itself as a retirement destination choice for Hong Kong residents.

As a last note, our review of care facilities in the GBA found that though the number of nursing homes has been increasing rapidly in number, the utilisation of the service is low. The reason for this is probably the lack of professional management and the absence of trained workers. In September 2022, “The Planning and Roadmap for the Standard System of Elderly Services in Guangdong Province (2022-2026)” was released but it would take some time for

care institutions in Guangdong Province to reach the required standards. Our note may be discouraging but from the comments of our participants, we could hardly anticipate care institutions in the GBA as alternatives to relieve the shortage of nursing home places in Hong Kong. We must accept that ultimately it is the choice of the Hong Kong residents to retire in the GBA or not and the uncertainty about health care remains their primary concern.

## **2. Explore ways to maintain and build cross-boundary retirees' social support networks**

Cross-boundary retirees need social activities, support in their daily lives and help in emergencies in the Mainland. While most participants in our study expressed their wish to continue their contacts with their families and friends in Hong Kong, they understand that once they have retired in the Mainland, it is also important for them to establish new contacts and truly become members of the local communities. Travelling between Hong Kong and other GBA Mainland cities is now much easier with the completion of the Hong Kong-Zhuhai-Macau Bridge and the Rapid Railway System, and this has helped the visits of Hong Kong retirees in the GBA by their families and friends in Hong Kong.

The integration of Hong Kong retirees in the GBA into local communities is indeed a great challenge. Some of the participants revealed that they have chosen to retire in the GBA because they have relatives and friends already living in their retired places and this would certainly help when they need care and support. Also, the social network they have already had would increase their chances of participation in local social activities and hence leading to a more colourful retirement life. As for those who have no or few social connections in the places where they have chosen to retire, it may be desirable for Hong Kong NGOs or welfare organizations with offices in the GBA to liaise with Mainland local authorities if they can provide support to these Hong Kong retirees, at least in the initial period of their settlement when they are unfamiliar with the local environment and its social structure.

## **3. Build a one-stop shared information platform to inform retirement arrangement planning**

The lack of information or more correctly the incomplete or misinterpretation of retirement life in the GBA, has been identified in our study as a hurdle which has often made Hong Kong residents who are planning to retire in the GBA rethink or prolong their decisions. We understand that several NGOs in Hong Kong are providing information about life in the GBA and what older people should consider in preparing themselves for spending their retirement

there. Unfortunately, such information is not available to all who are interested in retiring in the GBA as it is often disseminated by individual organizations. We hence propose that a one-stop platform be established, probably by an NGO designated by the Hong Kong SAR Government, which will provide up-to-day information which will cover every aspect of retirement life in the GBA, including at least (1) Information about residence and rights and duties associated with it; (2) Information about the provision of medical and welfare services; (3) Information about the portability of public benefits which Hong Kong residents are now enjoying in Hong Kong. Consultation and assistance programmes should also be considered to provide help to those who are thinking or retiring in the GBA

#### **4. Develop retirement villages in the GBA for Hong Kong residents**

The attractions of retirement in the GBA for Hong Kong residents remain almost the same as revealed in a previous study done nearly two decades ago, namely: more spacious accommodation, better physical environment, relative lower living standard, and same lifestyles and languages. In addition, as we have mentioned before, the inconvenience of commuting between Hong Kong and other GBA Mainland cities has very much be reduced and is no longer seen as a hurdle. Hence. We do believe that it is time for the Hong Kong SAR Government to consider the possibility of setting up a retirement village for Hong Kong residents that could house 50,000 people in a place near Hong Kong in the GBA. Unlike a care institution which takes care of people needy care, a retirement village is for people who have retired and are looking for comfort accommodation and pleasant environment where they can lead a satisfying retirement life.

We are not going into details of how such a retirement village could be developed in the GBA for Hong Kong residents but we would like to point out that retirement villages exist long ago in most developed countries and regions as retirees dependent on their insufficient pensions or other meagre incomes could hardly afford to remain in the big cities where they used to work and must look for a place which could afford them a better living but with less costs. We do believe with the changes that have occurred in the last two or three years, such as the development of the Northern Metropolis Plan and the integration of Hong Kong into the GBA, setting up a retirement village in the GBA for Hong Kong residents should no longer be seen as a castle in the air, but as a possible alternative to breaking the deadlock we are facing in giving Hong Kong residents a better retirement life.

## Chapter 7 Public dissemination

- (1) A social gathering with 18 retirees who were enrolled in the in-depth interviews in Hong Kong was held via Zoom on September 16, 2022. During the event, the research team shared the findings and the collected information for cross-boundary retirement. Participants were invited to comment on the research findings and further share their concerns on retiring in the GBA. The research team took notes of all feedback and comments, which are reflected in this report.
- (2) On June 23 2022, the research team delivered an online presentation, “The Future of Senior Hong Kong Residents to Retire in the Greater Bay Area”, at an international symposium on Social Policy and Social Services Challenges in Guangdong-Hong Kong-Macau Greater Bay Area, hosted by Lingnan University (Appendix 7).
- (3) The research team also published an article (Appendix 7) regarding the concerns of older people in Hong Kong retiring in the GBA in *China Social Security* (《中國社會保障》). This is a nationally distributed magazine sponsored and supervised by the China Ministry of Human Resources and Social Security.

## Chapter 8 Conclusion

Hong Kong is facing a rapidly ageing population, and the shortage of land and manpower resources cannot satisfy older people's needs for care. Given the geographical location, retiring in the GBA presents itself as a solution to addressing the care problem of older people in Hong Kong. Past studies indicate that older people in Hong Kong are finding it difficult to make up their minds on cross-boundary retirement, partly because of the lack of information and partly because of the differences in institutional structures between Hong Kong and the Mainland. The COVID-19 pandemic travel restrictions further complicated cross-boundary retirement which has almost come to a standstill. However, the development of the GBA and the Northern Metropolis Plan of the Hong Kong SAR Government opened a new light on retiring in the GBA.

The purpose of our study is to find out new ways to facilitate Hong Kong residents to retire in the GBA. Based on the information we have collected from our participants who have either moved to live in the GBA or are planning to do so, it appears that we simply have to do more if our wish is to offer Hong Kong residents a genuine choice of retirement locations and the chance of leading a more fruitful and satisfying retirement life. The old idea of providing care homes for Hong Kong residents in the Mainland is simply not workable and we must rethink our strategies of enabling them to retire in the GBA. It is always said that the portability of public benefits, especially medical care, is crucial to the lives of Hong Kong residents in the Mainland, but our study suggests that in the longer run, Hong Kong residents must find their care and support in the welfare and medical systems in the place where they retired. Enabling Hong Kong residents retiring in the GBA to establish their welfare and medical rights is hence the ultimate solution to satisfying their needs in these aspects.

We also found from our study that Hong Kong residents are ill-informed about retirement life in the GBA and still hold the idea that life in the Mainland is entirely different from Hong Kong. While we acknowledge the differences, which exist between Hong Kong and the Mainland, as they have adopted two different systems, lives between the two places have in fact more similarities than differences. It is obvious from our study, as we have stated in the beginning of our concluding remarks, the shortage of land and manpower, both are essential to meeting the care needs of older people, could not be resolved in Hong Kong and must find our solution in better integrating with the GBA. We hence perceive that retiring in the GBA is not



only an option for Hong Kong residents but is perhaps a better choice if they are looking for a more fruitful and colourful retirement.

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# Appendices

## Appendix 1. Letter confirming ethical approval

THE UNIVERSITY OF HONG KONG

香 港



大 學

May 17, 2021

Dr. Gloria Hoi Yan Wong  
Department of Social Work and Social Administration

Dear Dr. Wong,

**Application for Ethics Approval**  
**HREC's Reference Number: EA210213**

I refer to your application for ethics approval of your project entitled "Attractions and Hurdles of Retiring in the Greater Bay Area in the Post-pandemic Period: Investigating the Portability of Public Benefits and Effects of Social Support Network on Selection of Retirement Migration".

2. I am pleased to inform you that the application has been approved by the Human Research Ethics Committee (HREC) regarding the ethical aspect of the above-mentioned research project, and the expiration date of the ethical approval is May 16, 2025.
3. Please be reminded of the following points concerning the approved project:
  - (a) The HREC reference number of your project (EA210213) has to be shown in all materials sent to potential and actual participants to enable participants to link the materials to an approved project.
  - (b) You should report to the HREC any amendments and new information on the project using the prescribed form ('Application for Amendment of an Approved Project' downloadable from the Research Services website (<http://www.rss.hku.hk/integrity/ethics-compliance/hrec>)). Application for extension should be submitted well before the initially approved expiration date.
  - (c) Any deviation from the study protocol or compliance incident that has occurred during a study and may adversely affect the rights, safety or well-being of any participant or breaches of confidentiality should be reported to the HREC within 15 calendar days from the first awareness of the deviation/incident by the Principal Investigator.

Yours sincerely,

Secretary  
Human Research Ethics Committee

c.c. Co-Investigator(s) of the project

## Appendix 2. Interview guide for data collection in the Mainland (In Chinese only)

# 大灣區跨境養老研究-訪談手冊

## 1. 項目介紹

**項目名稱：**後疫情時期大灣區養老的引力與阻力：公共福利的可攜性和社會支持網絡對跨境養老選擇的影響

### 項目背景

據估計，2019年有53.8萬名港人常住廣東省，包括8.9萬名65歲及以上長者。2019年的主題性住戶統計調查發現，26.6萬人十分/非常有興趣在大灣區內地城市生活。大灣區近年的發展促進了區內合作，以及港人在大灣區內地城市養老（即跨境養老）。然而，疫情爆發影響了區內長者的日常生活，亦為跨境養老帶來機會和挑戰，包括返港使用醫療服務、長期照顧和醫療服務受限、資訊及通訊科技使用急增、以及遠程醫療/照顧的發展，都可影響地理位置的重要性。這些因素對跨境養老的影響尚屬未知。研究旨在瞭解後疫情時期香港長者對大灣區跨境養老的考慮，以識別吸引和阻礙養老選擇的因素，尤其公共福利可攜性和社交網絡的影響。研究結果將提示跨境養老選擇政策，協助長者安享晚年。

### 內地調研的目的

希望通過深度訪談瞭解在大灣區內地城市養老的港人選擇跨境養老的原因以及疫情前後所面臨的困難，特別是公共福利的可攜帶性及社會支持網絡兩個方面對跨境養老決定的影響。

**項目資助：**Public Policy Research Funding Scheme from the Policy Innovation and Co-ordination Office (PICO) of The Government of the Hong Kong Special Administrative Region

**項目參考編號：**EA210213

## 2. 訪問對象

訪問對象：跨境養老的港人，內地地區共 40 名。

說明：

- 跨境養老的港人指現居大灣區內地城市的香港永久居民，**只要自我定義是目前是在大灣區內地城市養老即可**。不限制其在內地居住時間長短以及從何時開始。居住安排和養老方式不限，養老院或社區居民都可參與。
- 若夫妻共同跨境養老，可以一同接受訪問，作為一個案例。
- 若訪問對象因健康原因不便直接回答問題，可由其照護者（例如子女、親屬、護工等）代為回答問題，但需要在訪談記錄中註明。

## 3. 工作流程

### 訪問前準備

1. 訪問員應提前熟悉訪問的問題。
2. 列印訪談時會用到材料，例如基本資訊表、知情同意書。
3. 準備好錄音設備（錄音筆或是手機錄音），請確保錄音器材有足夠容量及確保訪問場地和錄音器材距離皆能清晰收錄對話內容。
4. 準備好筆記本，用來記錄訪談中的觀察和體會。
5. 準備好訪問結束後發放給受訪人的禮券或禮物。

### 訪問期間

6. 訪問員介紹項目並宣讀研究同意須知，請受訪者簽署研究知情同意書（附件 1）。

7. 受訪者明白研究同意書內容並簽署同意書後，開始錄音並進行訪問。

**注意：**若受訪者不便簽署紙版訪談同意書，也可以通過錄音的方式口頭確認同意參與調研。**知情同意錄音與訪談錄音應分開為兩個錄音文件。**

8. 為受訪者填寫基本資料（附件 2）。
9. 根據訪問指引進行訪問。

10. 訪問過程中可做田野筆記和記錄回答要點。

11. 訪問完成時請受訪者簽收禮券或禮物。

### 訪問結束後

12. 根據訪談錄音和調研期間的筆記為訪談對象逐一整理訪談記錄（附件 3），包括：訪談內容的逐字稿（transcript）、田野筆記和訪問總結。

13. 將個案的基本資訊表錄入至 Excel 匯總表。

14. 按個案號碼為每個個案建立獨立電子文件夾並將其相關材料逐一上傳 OneDrive 雲端空間，包括：訪問錄音、簽名後訪問同意書（掃描件）或口頭同意錄音檔、基本資訊表（掃描）、訪談記錄。

15. 文件上傳地址（略）

## 4. 訪問期間注意事項

1) 提問的順序可以根據訪談者的回答進行，確保所回答的內容能囊括所有訪問問題即可。要避免重複提問。

2) 訪問員提問時，應視情況口語化訪問的問題。訪問期間盡量讓受訪者詳釋其各方的選擇及其原因，如果受訪者對問題難以回答，可根據訪談問題說明進行舉例。

3) 請選擇一個安靜並可讓受訪者專心的地方進行訪問。請注意訪問場地可能影響錄音效果（如安靜的咖啡室或餐廳等）。

4) 訪問時確保受訪者能充分理解問題及表達答案，並保持專業態度讓受訪者安心。

5) 如受訪者有疑慮，應解釋訪問的重要性及重申資料的保密性。

6) 訪問員必須確保個人資料的保密性，不能將受訪者名單及訪問內容透露他人。

7) 如果受訪者受訪期間感到太累，可稍作休息，閒聊一下受訪者近況後，視情況繼續訪問。如果訪問超過兩小時或訪問時間太長，可視情況再安排第二次訪問。如果談話內容令受訪者感到不適或是受訪者不願意提及，訪談員應立刻停止而不應再追問，視受訪者情況繼續訪問其他問題。



## 5. 訪問問題及說明

### A. General considerations

說明：這部分問題是為初步瞭解受訪者跨境養老的原因和感受，後續部分的訪問可以根據這部分的回答做進一步的詳細詢問。

1) 您從什麼時候開始來內地養老的？當初為什麼決定來內地養老？主要考慮了哪些因素？可從經濟、家庭、社會關係等方面談談。例如：內地生活成本較低，有親友在內地，香港生活成本高且居住空間狹窄；子女在內地工作或會因工作原因經常來內地，跨境養老是為了方便與子女見面等。

2) 在開始內地養老之前，有做過哪些準備？可分在內地和香港兩個地方所做的準備回答。例如：在內地已購置房屋，有提前瞭解內地的生活情況等；對香港的房屋做了安排，為了去內地養老修改了原來的保險計劃等。您是如何瞭解到關於跨境養老的資訊的？例如有在內地居住或工作過，已有親友去內地養老，在新聞中瞭解到相關資訊等。

3) 您覺得在內地養老怎麼樣？有什麼好處？例如，網絡購物非常方便，居住空間大，生活成本低等。有什麼不足或不適應？例如不適應內地的電子支付（如微信，支付寶等）、不熟識內地的養老和醫療服務政策、有一些文化差異等。

注意：題 1) 關注當初為什麼決定來香港。題 3) 關注受訪者在內地生活後的感受。

### B. Social support network

說明：本部分問題是為瞭解受訪者在當地的社會支援網絡及其對跨境養老的影響。

4) 子女或其他親友支持您來內地養老嗎？他們對此的態度怎麼樣？原因是什麼？他們的態度對您決定來大灣區養老有什麼影響嗎？

注意：如果子女或親友的態度曾有轉變，最好進一步詢問原因。例如，子女開始不支持但是經過溝通後也支持了，請受訪者大致描述溝通的過程；因為疫情，子女改變以往支持的態度，提出希望受訪者返港或搬去其他地方。

5) 平時與子女聯繫多嗎？疫情前多久見一次？見面的話，一般是他們來內地還是您回香港見面？決定來內地養老的時候，有沒有跟家人討論過見面安排或家庭團聚的頻率？跨境養老有沒有對與家人團聚帶來一些困難或麻煩？請具體描述。

6) 當地有親戚朋友嗎？是如何認識到這些當地朋友的？例如都是港人圈子，或者社交活動認識。平時與他們的聯繫多嗎？有哪些社交活動？例如：同鄉聚會、喝茶、老年大學、廣場舞、打麻將等。有沒有加入社區或當地的互助性性質群組（微信群）？例如代購群、同鄉群、買菜群、活動群等。是如何加入這些微信群的？

7) (針對社區受訪對象) 您現在跟誰一起居住? 周圍的鄰居熟識嗎? 為什麼選擇居住在這個社區 (或選擇租住或購置這個物業的原因)? 例如, 熟識的朋友或親戚住在附近、是出生或長大的地方、之前在此生活過比較熟識、地理位置方便回港等。

8) (針對社區受訪物件) 當地是否有親友 (或子女) 可以提供日常的幫助? 比如買東西、做家務、生活照料等。如果生活上遇到緊急事務, 會找誰求助? 注明可以提供幫助的人與受訪者的關係, 以及提供說明的內容。

### C. Portability of public benefits

說明: 本部分主要為瞭解公共福利的可攜帶性如何影響跨境養老, 以及跨境養老的港人在使用公共服務中遇到的障礙。

#### 9) 醫療服務

- 跨境養老之後, 一般使用哪裡的醫療服務? 回香港還是用當地的醫療服務? 可以分疫情前和疫情後談。
- 使用醫療服務時有哪些困難或者不便嗎? 例如在內地不能使用香港的醫療券, 沒有當地醫療保險, 對內地醫療的機構就診流程不熟識 (如掛號難); 回港覆診成本高等。
- 是否有參加當地的醫療保險 (例如城鄉居民醫療保險或商業醫療保險等)? 參考過程有什麼困難嗎?

#### 10) 養老服務 (安老服務)

##### - (社區訪問對象)

- 是否使用過當地社區提供的上門服務或在社區服務中心接受過養老服務 (包括參加老年人活動)? 如果有, 請說明服務內容, 並從滿意度、價格、服務品質、便利性等方面評價一下, 有什麼使用感受 (例如優點和不足)? 可以與香港的養老服務進行比較。

##### - (院舍訪問對象)

- 您在這間院舍住多久了? 是政府買位還是自費? 大概等了多久才正式入住?
- 入住這裡之前是在哪裡生活 (養老)? 為什麼選擇內地的養老院? 例如在香港等住不到。注意: 本題的主要目的是瞭解為什麼選擇內地養老, 而不是為什麼住養老院。
- 對養老院的生活是否滿意? 可以從生活、服務、社交、與家人的聯繫等方面談談。  
參考問法: “養老院既照顧服務感覺係點啊? 滿唔滿意? 比如衣食住行各方面住起來您覺得點啊?”
- (針對自費舍友) 您每個月的養老院費用大概要多少? 您覺得是否負擔得起?

#### 11) 其他公共福利

- 跨境養老之前，是否有享受過**香港的其他公共福利**？例如，公共房屋。來大灣區養老對這些福利有什麼影響嗎？例如，要定期返回香港才可領取福利；或者因為跨境養老，所以放棄了一些福利項目。
- 除了醫療保險，是否有參加過**內地的其他公共福利計劃或享受了其他公共福利**？例如居民養老保險計劃、高齡津貼等。

12) 是否有在政府機構或社會組織登記過目前在內地養老？如果有，是哪些機構？登記後有過什麼福利或者服務嗎？

13) 您認為香港或者內地地區的公共福利政策針對在內地養老的港人可以有哪些改善的地方（例如養老、醫療、住房等各個方面）？有什麼建議？例如有一些福利計劃您想參與但是未能符合當地政府的要求或者香港政府的要求，所以一直不能參加。

#### **D. COVID-19 pandemic impact**

- 14) 疫情前，您通常多久回香港一次？（比如3個月一次，每半年一次）回港的主要原因有哪些？比如覆診，探親，處理銀行事務等。
- 15) 新冠肺炎對您跨境養老有什麼影響嗎？如果有，具體是哪些方面？例如，延誤了返港覆診時間，影響與在香港的親友相聚等。

#### **E. Future care planning**

- 16) 您未來的養老安排是怎麼樣的？打算一直在內地養老嗎？還是計劃搬回香港或搬去其他地方？主要的考慮是什麼？
- 17) 注意：若受訪者因疫情影響打算回港，則繼續提問若沒有疫情會怎麼考慮。受訪員提問時應保持中立，不要暗示建議受訪者回港養老，例如若受訪人回答打算繼續在內地養老，不要追問為什麼不回港養老。
- 18) 關於港人在內地養老所面臨的困難還有什麼補充？或是您認為還有哪些可以改善的地方？有什麼建議？

## 附件

### 1) 知情同意書

香港大學  
社會工作及社會行政學系

後疫情時期大灣區養老的引力與阻力：  
公共福利的可攜性和社會支持網絡對跨境養老選擇的影響

#### 個人面談同意書

香港大學社會工作及社會行政學系邀請您參與由周永新教授主理的研究調查。這項學術研究旨在瞭解後疫情時期香港長者對大灣區跨境養老的考慮，以識別吸引和阻礙養老選擇的因素，尤其公共福利可攜性和社交網絡的影響。

您需要完成一項訪談以回答於大灣區的中國內地城市跨境養老的考慮因素及新冠肺炎對跨境養老的影響，需時約六十分鐘。過程中會被錄音以作記錄及分析之用。您有權利檢聽您的錄音及刪除您的部分或全部的錄音。您將會得到\_\_\_\_\_作為回報。

在研究過程中所收集的記錄及資料會完全保密，除研究團隊外不會透露給其他人，並只會作研究用途。在數據記錄和分析過程中，每位參與者的身份都會保持匿名。為了確保匿名性，每位參與者會被分發一個不包含個人資料的識別碼以作辨認。參與者的名字不會於任何研究報告中披露。在這項研究中獲得的匿名數據將保留長達 10 年，之後將被銷毀。

您的參與純屬自願性質，您有權隨時拒絕參與或退出此項研究，有關決定將不會引致任何不良後果或損失您有權獲得的利益。

如日後您對是項研究有任何查詢，請與 \_\_\_\_\_ 聯絡(電話：\_\_\_\_\_；電郵地址：\_\_\_\_\_)。如您想知道更多有關研究參與者的權益，請聯絡香港大學研究操守委員會 (電話：+852-22415267; 研究參考編號：EA210213)。

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## 簽署

我\_\_\_\_\_ (參與者姓名) 明白上述條文及同意參與是次研究。

我 同意 / 不同意在過程中被錄音。

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參與者簽署

---

日期

## 2) 基本資訊表

個案編號：

訪問員：

訪談日期：

1.姓名：	2.性別： <input type="checkbox"/> 1 男 <input type="checkbox"/> 2 女
3.年齡：	4.聯繫電話：
5.婚姻狀況	<input type="checkbox"/> 1 未婚 <input type="checkbox"/> 2 已婚 <input type="checkbox"/> 3 同居 <input type="checkbox"/> 4 喪偶 <input type="checkbox"/> 5 分居 <input type="checkbox"/> 6 離異
6.教育程度	<input type="checkbox"/> 1 未接受正式教育 <input type="checkbox"/> 2 撲撲齋 <input type="checkbox"/> 3 小學 <input type="checkbox"/> 4 初中(中一至中三) <input type="checkbox"/> 5 高中(中四至中七/工業學院) <input type="checkbox"/> 6 大專(非學位) <input type="checkbox"/> 7 大學或以上
7.健在的子女數目	____個，其中____個住在香港，____個住在內地
8.居住狀況	<input type="checkbox"/> 1 自置物業 <input type="checkbox"/> 2 租住單位 <input type="checkbox"/> 3 親戚家 <input type="checkbox"/> 4 老年公寓 <input type="checkbox"/> 5 養老院 <input type="checkbox"/> 6 其他：_____
9.與何人同住(多選)	<input type="checkbox"/> 1 獨居 <input type="checkbox"/> 2 配偶/伴侶 <input type="checkbox"/> 3 子女(____位) <input type="checkbox"/> 4 新抱/女婿(____位) <input type="checkbox"/> 5 孫/曾孫(____位) <input type="checkbox"/> 6 家傭(____位) <input type="checkbox"/> 7 兄弟姊妹(____位) <input type="checkbox"/> 8 其他(共____位)，請註明關係：_____
10.自評健康狀況	<input type="checkbox"/> 1 差 <input type="checkbox"/> 2 普通 <input type="checkbox"/> 3 良好 <input type="checkbox"/> 4 極好
11.自評自理狀況	<input type="checkbox"/> 1 完全依賴別人照顧 <input type="checkbox"/> 2 大部分時候需要 <input type="checkbox"/> 3 有時候需要 <input type="checkbox"/> 4 不需要
12.收入來源(多選)	<input type="checkbox"/> 0 沒有收入 <input type="checkbox"/> 1 薪金 <input type="checkbox"/> 2 家人及親友資助 <input type="checkbox"/> 3 綜援 <input type="checkbox"/> 4 高齡津貼(生果金) <input type="checkbox"/> 5 長者生活津貼 <input type="checkbox"/> 6 傷殘津貼 <input type="checkbox"/> 7 儲蓄/退休金 <input type="checkbox"/> 8 投資收入(利息、紅利、出租物業) <input type="checkbox"/> 9 其他，請註明：_____

### 3) 訪談記錄（範本）

（可根據需要增加或刪減表格或頁數。請將完成後的訪談記錄上傳至 OneDrive 雲端）

個案編號：

訪問員：

訪談日期：

#### A. 訪談內容逐字稿

時長： 分鐘； R – 受訪者 E – 訪問員

根據訪談錄音，按提問和回答逐字逐句記錄訪談內容。

R/E	內容	相關題號

#### B. 田野筆記

訪問員可將訪談過程中的觀察和體會整理為電子文檔，記錄在此。

觀察筆記：

重點說明或訪談體會：

### C. 訪談總結

根據逐字稿和筆記從以下方面進行簡要總結。

主題	總結
受訪者簡要介紹	(可填寫居住單位性質，是否與妻子同住或獨居，已住多少年，子女是否在港會否來探望，是否有居住內地經驗等)
在大灣區養老的主要原因	(總結個案在大灣區養老的主要原因，其原因可多於一個)
主要困難	(總結個案在大灣區養老面對的主要困難，其困難可多於一個)
社會支持網絡	(總結個案在大灣區的社會支持網絡情況)
公共福利	(總結個案在大灣區使用養老和醫療服務的情況)
其他特別要點	(總結其他與研究主題相關的要點，即大灣區養老吸引之處和困難，政策改善建議等)



### Appendix 3. Interview questions for Hong Kong participants (In Chinese only)

#### 香港受訪者訪談問題

(有意向在大灣區跨境養老的退休人士)

##### A. General consideration

說明：這部分問題是為初步瞭解受訪者跨境養老的原因和感受，後續部分的訪問可以根據這部分的回答做進一步的詳細詢問。

- 1) 您打算什麼時候開始到內地養老的？為什麼有跨境這個打算？主要考慮了哪些因素？  
可從經濟、家庭、社會關係等方面談談。  
例如：內地生活成本較低，有親友在內地，香港生活成本高且居住空間狹窄；子女在內地工作或會因工作原因經常來內地，跨境養老是為了方便與子女見面等。（目的是主題）
- 2) 您認為要到內地養老，需要做哪些準備？  
可分在內地和香港兩個地方所做的準備回答。  
（做了哪些準備？或是打算做哪些準備？）  
例如：在內地已購置房屋，有提前瞭解內地的生活情況等；  
對香港的房屋做了安排，為了去內地養老修改了原來的保險計劃等。  
您是如何瞭解到關於跨境養老的資訊的？  
例如有在內地居住或工作過，已有親友去內地養老，在新聞中瞭解到相關資訊等。
- 3) 您覺得在內地養老可能有哪些好處？  
例如，網絡購物非常方便，居住空間大，生活成本低等。  
可能有什麼不足或不適應或者擔憂？  
例如不適應內地的電子支付（如微信，支付寶等）、不熟識內地的養老和醫療服務政策、有一些文化差異等。

##### B. Social support network

說明：本部分問題是為瞭解受訪者在當地的社會支持網絡及其對跨境養老的影響。

- 4) 子女或其他親友支持您去內地養老嗎？  
他們對此的態度怎麼樣？原因是什麼？  
他們的態度對您決定來大灣區養老有什麼影響嗎？  
注意：如果子女或親友的態度曾有轉變，最好進一步詢問原因。例如，子女開始不支持但是經過溝通後也支持了，請受訪者大致描述溝通的過程；因為疫情，子女改變以往支持的態度，不希望受訪者之後去內地養老。
- 5) 子女在香港嗎？平時見面多嗎？  
如果去內地養老，子女會經常過去看望嗎？

或者會計劃經常返港同家人團聚嗎？有沒有跟家人討論過見面安排或家庭團聚的頻率？

跨境養老會對與家人團聚帶來一些困難或麻煩嗎？請具體描述。

- 6) 當地有親戚朋友嗎？是如何認識到這些當地朋友的？  
例如都是港人圈子，或者社交活動認識。  
（疫情前）平時與他們的聯繫多嗎？有哪些社交活動？  
例如：同鄉聚會、喝茶、老年大學、廣場舞、打麻將等。
- 7) 您去內地養老計劃在哪裡居住？跟誰一起居住？為什麼有這樣的安排？  
例如，熟識的朋友或親戚住在附近、是出生或長大的地方、之前在此生活過比較熟識、地理位置方便回港等。
- 8) 當地是否有親友（或子女）可以提供日常的幫助？  
比如買東西、做家務、生活照料等。如果生活上遇到緊急事務，會找誰求助？  
注明可以提供幫助的人與受訪者的關係，以及提供幫助的內容。

### C. Portability of public benefits

說明：本部分主要為瞭解公共福利的可攜帶性如何影響跨境養老，以及跨境養老的港人在使用公共服務中遇到的障礙。

- 9) 醫療服務
  - （如果）跨境養老，對使用醫療服務有什麼計劃或者安排嗎？  
一般會使用哪裡的醫療服務？你會打算接受哪裡的醫療服務？  
會選擇使用香港的醫療服務為主，還是內地為主？抑或是兩邊都會使用？  
具體會怎麼樣分配？回香港還是用當地的醫療服務？  
可以分疫情前和疫情後談。
  - 有沒有用過內地的醫療服務？  
是否對在內地養老時使用醫療服務有一些擔心？  
請詳細說明。例如，費用、服務質量、藥品供應等方面。  
按照過往經驗（如果有）使用醫療服務時有哪些困難或者不便嗎？  
例如在內地不能使用香港的醫療券，沒有當地醫療保險，對內地醫療的機構就診流程不熟識（如掛號難）；回港覆診成本高；對內地藥品和服務質量的擔憂等。  
  
針對在內地就醫，是否有一些安排，例如計劃參加當地的醫療保險（例如城鄉居民醫療保險或商業醫療保險等）？購買私人醫療保險等。
- 10) 養老服務（安老服務）
  - 使用過哪些香港的安老服務？
  - 如果在內地養老期間有照護的需要，有什麼計劃嗎？
  - 是否會考慮使用當地的安老服務或者養老院嗎？主要的考慮因素有哪些？
  - 如果不考慮，是否因為當地有親屬可以提供照顧？

- 11) 其他公共福利
- 現在有享受哪些香港公共福利？  
例如，公共房屋。到大灣區養老會對這些福利有什麼影響或者擔憂嗎？例如，要定期返回香港才可領取福利；或者因為跨境養老，所以要放棄一些福利，例如公屋。
- 12) 您認為香港或者內地地區的公共福利政策針對在內地養老的港人可以有哪些改善的地方（例如養老、醫療、住房等各個方面）？有什麼建議？例如希望參加當地的醫療或安老等方面的福利計劃。

**D. COVID-19 impact**

- 13) 疫情前，您通常多久去內地一次？（比如3個月一次，每半年一次）主要原因有哪些？比如探親，旅遊等。
- 14) 如果開始了跨境養老，你計劃多久回香港一次？回香港的原因主要都有哪些？
- 15) 新冠肺炎對您跨境養老計劃有什麼影響嗎？如果有，具體是哪些方面？例如，延誤了到內地安頓養老事項，影響與在內地的親友相聚等。

**E. Future care planning**

- 16) 將來您會打算依然在內地繼續養老？還是選擇回來香港？
- 17) 關於跨境養老您還有其他什麼擔憂，建議或是需求嗎？（比如說養老資訊？會是哪方面的資訊？醫療，或者說規劃養老方面？）

## Appendix 4. Policy review of public benefits for Hong Kong senior (In Chinese only)

公共福利		資格條件及待遇	離港寬限	疫情期間特殊安排	跨境安排及資格
現金福利		年滿 70 歲；			
	高齡津貼 (生果金, OAA)	已成為香港居民最少七年； 在緊接申請日期前連續居港最少一年(在該年內如離港不超過 56 天, 亦視為符合連續居港一年的規定)。 年滿 65 歲或以上;	考慮到部分領取社會保障金額的人士或有需要在領款期間短暫離港(如求醫、探親), 綜援計劃和公共福利金計劃設有離港寬限。綜援受助人的離港寬限為每年 60 天, 而長者或殘疾綜接受助人的離港寬限則為每年 180 天。領取公共福利金計劃下津貼的受惠人每年更可獲 30 5 天離港寬限, 即受惠人只要在領款年度內居港不少於 60 天, 便可領取全年津貼。有關的寬限安排同樣適用於「廣東計劃」、「福建計劃」的受惠人, 以照顧他們在領款期間短暫離開廣東省或福建省的需要。	酌情豁免計算有關申請人/受助人的離港日數。	廣東計劃, 福建計劃
	高齡長者生活津貼 (OALA)	已成為香港居民最少七年, 以及在緊接申請日期前已連續居港最少一年 (在該年內如離港不超過 56 天, 亦視為符合連續居港一年的規定);		廣東計劃及福建計劃受惠人/受委人可在香港境外提取社會保障款項。	
	普通長者生活津貼 (OALA)	申報資產及入息的水平沒有超過 <b>規定限額</b>			
	傷殘津貼	申請人須被評估為嚴重殘疾, 以致極需他人協助應付日常生活, 而其嚴重殘疾情況將持續不少於六個月。		酌情豁免計算有關申請人/受助人的離港日數。	無
	綜合社會保障援助 (綜援) 計劃	經濟上無法自給的人士應付生活上最基本的需要		酌情豁免計算有關申請人/受助人的離港日數。 綜援長者廣東及福建省養老計劃受惠人/受委人可在香港境外提取社會保障款項。	綜援長者廣東及福建省養老計劃 資格: 65 歲及以上, 連續領取綜援不少於 1 年; 公屋住戶需交回公屋或取消租約上的戶籍。
實物/服務	安老院舍服務	重度失能者; 免費, 但需等位	無	無	廣東院舍住宿照顧服務試驗計劃: 深圳鹽田和肇慶
	社區服務	中度及重度失能; 免費, 但需等位	無	無	無

公共福利	資格條件及待遇	離港寬限	疫情期間特殊安排	跨境安排及資格
長者醫療券計劃	<p>所有 65 歲或以上、持有香港身份證或豁免證明書的長者</p> <p>符合資格長者每年可獲發 2,000 元醫療券，以資助他們使用私營基層醫療服務的部分費用。可保留和累積剩餘金額至 8,000 元為上限。長者亦不可預先使用仍未獲發的醫療券。</p> <p>醫療券可用於：西醫、中醫、牙醫、脊醫、註冊護士、登記護士、物理治療師、職業治療師、放射技師及醫務化驗師所提供的服務（專職醫療及化驗服務須按現行的轉介安排）。</p>	無	<p>二〇一五年十月推出試點計劃，讓醫療券使用者可以使用醫療券支付香港大學深圳醫院（港大深圳醫院）指定科室提供的門診醫療護理服務費用。2000 元醫療券直接派發至醫療券戶口。</p>	符合資格擁有醫療券的 65 歲以上港人
醫療服務			<p>1) 2020 年 2 月推出為廣東和福建有緊急藥物需要港人送遞處方藥物特別計劃，旨在解決當時居於內地的港人在短時間內面臨處方藥物不足的情況而採取的臨時措施。</p> <p>2) 2020 年 11 月 10 日-2022 年 11 月 9 日出台“特區政府對居粵之醫管局長期覆診港人特別支援計劃”(下稱特別支援計劃)，委託香港大學深圳醫院（港大深圳醫院）為已預約醫院管理局（醫管局）為身在廣東省並已預約前往醫管局指定專科門診診所或普通科門診診所覆診的慢性病患者提供受資助的跟進診症服務。特別支援計劃的服務及資助範圍涵蓋醫管局提供的主要專科及普通科門診服務，包括麻醉科（只包括痛症科門診）、心胸外科、臨床腫瘤科、耳鼻喉科、眼科、婦科、內科、神經外科、產科、矯形及創傷外科（骨科）、兒科及外科。偶發性疾病、需要住院或日間住院及急症室服務則不包括在內。由於港大深圳醫院現時未有提供精神科專科門診服務，故特別支援計劃未能涵蓋精神科門診診症服務。</p>	
門診	<p>持香港永久居民身份證的港人均可使用，並可享用港人醫療價格。</p> <p>醫療費用減免機制： -75 歲或以上高齡長者生活津貼(包括廣東計劃及福建計劃下)受惠人</p>	無		<p>1) 廣東和福建有緊急藥物需要港人</p> <p>2) 身在廣東省有慢性病的港人</p>
住院		無	香港大學深圳醫院的特別支援計劃的服務並不包括需要住院或日間住院及急症室的服務	無
公共房屋	為低收入市民而興建的公共房屋；一般申請者的平均輪候時間為 5.6 年	逾三個月非經常持續居於單位屬濫用公屋行為；“若租戶嚴重違反租約濫用公屋，我們將不予警告，終止其租約。”	無	無

## Appendix 5. List of welfare policies in Mainland China (In Chinese only)

### 內地主要福利政策梳理

#### 社會保險政策

#### 0. 《香港澳門臺灣居民在內地（大陸）參加社會保險暫行辦法》

#### 1. 養老保險

#### 1.1 企業職工基本養老保險

《國務院關於完善企業職工基本養老保險制度的決定的通知》

《廣東省關於進一步完善我省港澳臺居民養老保險措施的意見》

《關於進一步完善我省港澳臺居民養老保險措施的意見》政策解讀

#### 1.2 城鄉居民基本養老保險

《廣東省城鄉居民基本養老保險實施辦法》

廣州市基礎養老金標準

深圳市基礎養老金標準

珠海市基礎養老金標準

佛山市基礎養老金標準

中山市基礎養老金標準

東莞市基礎養老金標準

惠州市基礎養老金標準

肇慶市基礎養老金標準

江門市基礎養老金標準

#### 2. 醫療保險

《廣東省關於進一步完善基本醫療保險政策和規範管理有關問題的意見》

《廣州市社會醫療保險辦法》

《深圳市社會醫療保險辦法》

#### 2.1 企業職工基本醫療保險

《國務院關於建立城鎮職工基本醫療保險制度的決定》

#### 2.2 城鄉居民基本醫療保險

《國務院關於整合城鄉居民基本醫療保險制度的意見》

《廣州市城鄉居民社會醫療保險辦法》

#### 2.3 城鄉居民大病醫療保險

《廣東省人民政府辦公廳關於進一步完善我省城鄉居民大病保險制度的通知》

《廣州市城鄉居民大病醫療保險辦法》

《深圳市重特大疾病補充醫療保險辦法》

#### 2.4 醫療救助

《廣東省關於進一步完善醫療救助制度全面開展重特大疾病醫療救助工作的實施意見》

《廣州市醫療救助辦法實施細則》（戶籍+非戶籍人口）

《佛山市人民政府辦公室關於印發佛山市醫療救助辦法的通知》（戶籍+非戶籍人口）

《珠海市困難群眾醫療救助實施辦法》

#### 3. 長期護理保險/長期護理補貼

《廣州市長期護理保險試行辦法》（最新）

《深圳市長期護理保險辦法》（尚未執行）

《佛山市基本醫療保險家庭病床管理辦法》

《珠海市高齡重度失能長者長期照護服務工作實施方案(試行)》

### 養老相關政策

#### 1. 高齡老人津貼（長者長壽保健金）

廣東省《關於建立 80 歲以上高齡老人補（津）貼制度的通知》

廣州市《廣州市長者長壽保健金發放管理辦法》

深圳市《深圳市高齡老人津貼發放管理辦法》

珠海市《關於規範 80 周歲以上高齡老人政府津貼發放工作的通知》

佛山市《我市高齡津貼發放標準》

中山市《中山市高齡老人津貼發放管理辦法》

東莞市《東莞市 80 周歲以上高齡老人生活津貼發放方案》

惠州市《惠州市高齡津貼管理辦法》

肇慶市《肇慶市 80 歲以上高齡老人政府津貼試行辦法》

江門市《關於擴大江門市區高齡老人政府津貼發放範圍的通知》

#### 2. 養老服務

##### 2.0 機構和社區居家養老服務統合制定

廣東省民政廳關於進一步做好政府購買養老服務工作的通知（機構+社區居家）

《深圳經濟特區養老服務條例》（戶籍老人）

《惠州市養老服務補貼辦法》（戶籍老人）

##### 2.1 機構養老院

《廣州市特殊困難老年人入住養老機構資助辦法》（戶籍老人）

## 2.2 社區居家服務

《廣州市人民政府辦公廳關於印發廣州市社區居家養老服務管理辦法的通知》  
(社區居家管理辦法：居住人口即可)

《廣州市天河區社區居家養老服務管理辦法》(居住人口)

《廣州市老年人助餐配餐服務管理辦法》(助殘配餐，戶籍人口)

《廣州市老年人居家適老化改造工作實施方案》(居家適老化改造：戶籍人口)

《廣州市民政局 廣州市財政局關於全面開展家庭養老床位建設和服務工作的通知》(家庭養老床位：戶籍老人)

《深圳市社區居家養老服務實施方案(第二次修訂)》

《珠海市關於促進居家社區養老服務發展的若干措施》(戶籍老人)

《中山市居家社區養老服務管理辦法》(政府資助戶籍內的困難老年人，其他老年人需自費)

《佛山市人民政府辦公室關於逐步擴大我市居家養老服務物件範圍和調整服務標準的通知》(戶籍老人)

《東莞市居家養老服務管理辦法(修訂)》(戶籍老人)

《江門市社區居家養老服務管理辦法》(徵求意見稿)

《肇慶市社區居家養老“大配餐”實施方案》(戶籍老人)

《肇慶市老年人居家適老化改造實施方案》(戶籍老人)

## 3. 公共服務優待

《廣東省老年人優待辦法》(戶籍老人)

《廣州市老年人優待辦法》(戶籍+非戶籍老人)

《深圳市人民政府辦公廳關於擴大我市老年人享受敬老優惠待遇範圍的通知》  
(戶籍+非戶籍老人)

《佛山市老年人優待辦法》

《東莞市老年人優待辦法(修訂)》(戶籍+非戶籍)

## 住房政策

### 1. 公共租賃住房

《廣州市新就業無房職工公共租賃住房保障辦法》(戶籍人口)

《廣州市關於來穗務工人員申請承租市本級公共租賃住房實施細則》(非戶籍人口)

《深圳市公共租賃住房輪候申請條件》(戶籍人口)

《珠海市公共租賃住房管理辦法》(戶籍+非戶籍人口)

《東莞市公共租賃住房管理辦法》(戶籍+非戶籍人口)

《佛山市保障性公共租賃住房管理辦法》(戶籍+非戶籍人口)



《中山市加快發展保障性租賃住房實施方案》（戶籍+非戶籍人口）

《惠州市公共租賃住房建設和管理辦法》（戶籍+非戶籍人口）

《惠州市城鎮住房保障租賃補貼管理辦法》（以戶籍人口為主）

《江門市公共租賃住房管理實施細則》

《肇慶市端州城區公共租賃住房保障實施細則》

## 2. 共有產權房

《廣東省關於因地制宜發展共有產權住房的指導意見》

《廣州市共有產權住房管理辦法》（戶籍+非戶籍人口）

珠海市人民政府辦公室關於暫緩制定《珠海市共有產權住房試點方案》的通知（非戶籍人口，但限人才申請）

《佛山市人民政府辦公室關於推進共有產權住房政策探索試點工作的實施意見》（戶籍+非戶籍人口）

《東莞市三限房（共有產權住房）建設和分配試點方案》（戶籍+非戶籍人口）

## 3. 經濟適用住房/安居型商品房

《深圳市經濟適用住房管理暫行辦法》（戶籍人口）

《深圳市安居型商品房建設和管理暫行辦法》（戶籍人口）

《東莞市經濟適用住房管理辦法》（戶籍人口）

《江門市區經濟適用住房管理實施辦法》

## 針對香港居民的其他社會福利項目政策

《關於進一步做好港澳臺居民及外籍人士在境內意外急救醫療保險工作的通知》（粵衛函〔2010〕692號）

《粵港澳大灣區（內地）事業單位公開招聘港澳居民管理辦法》

Full text QR code:



## Appendix 6. Policy review of public benefits in GBA mainland cities (In Chinese only)

大類	福利	類別	地區	資格條件	待遇享受
社會保險	養老保險	城鎮職工養老保險	廣東省	<p><b>資格：</b>在內地（大陸）依法從事個體工商經營的港澳臺居民，可以按照註冊地有關規定參加職工基本養老保險；在內地（大陸）靈活就業且辦理港澳臺居民居住證的港澳臺居民，可以按照居住地有關規定參加職工基本養老保險。</p> <p><b>領取條件：</b>參加職工基本養老保險的港澳臺居民達到法定退休年齡時，累計繳費不足15年的，可以延長繳費至滿15年。社會保險法實施前參保、延長繳費5年後仍不足15年的，可以一次性繳費至滿15年。</p>	<p><b>繳費滿15年：</b> 基本養老金由<b>基礎養老金</b>和<b>個人帳戶養老金</b>組成。 <b>基礎養老金</b>月標準：以當地上年度在崗職工月平均工資和本人指數化月平均繳費工資的平均值為基數，繳費每滿1年發給1%。 <b>個人帳戶養老金</b>月標準：個人帳戶儲存額除以計發月數，計發月數根據職工退休時城鎮人口平均預期壽命、本人退休年齡、利息等因素確定。</p> <p><b>繳費未滿15年：</b> 不發給基礎養老金；<b>個人帳戶儲存額</b>一次性支付給本人，終止基本養老保險關係。</p>
		城鄉居民養老保險	廣東省	<p><b>資格：</b>在我省居住且辦理了港澳臺居民居住證的未就業港澳臺居民，可在居住證所在縣（市、區）參加城鄉居民養老保險，並按規定享受相應待遇和財政補貼。</p> <p><b>領取條件：</b>參加城鄉居民基本養老保險的港澳臺居民，符合領取待遇條件的（年滿60周歲、<b>累計繳費滿15年</b>），在居住地按照有關規定領取城鄉居民基本養老保險待遇。達到待遇領取年齡時，<b>累計繳費不足15年</b>的，可以按照有關規定延長繳費或者補繳。</p> <p>多元化籌資： <b>個人繳費：</b>參加城鄉居民基本養老保險的人員（以下簡稱參保人）應當按規定繳納養老保險費。繳費標準設為每年180元、240元、360元、600元、900元、1200元、1800元、3600元、4800元九個檔次。參保人可以自主選擇其中一個檔次繳費。在一個自然年度內，參保人只能選擇一個繳費標準。 <b>集體資助：</b>有條件的村（居）集體經濟組織應當對參保人給予繳費補助。 <b>政府補貼：</b>對選擇低檔次標準（每年180元、240元、360元）繳費的，補貼標準不低於每人每年30元；對選擇較高檔次標準（每年600元及以上）繳費的，補貼標準不低於每人每年60元。 <b>社會捐助：</b>鼓勵社會各界捐款，資助城鄉困難居民參保</p>	<p>城鄉居民養老保險待遇由<b>基礎養老金</b>和<b>個人帳戶養老金</b>組成，支付終身。</p> <p><b>（一）基礎養老金</b> 參保人累計繳費年限超過15年的，超過15年的部分，每增加1年每月加發不少於3元的基礎養老金，所需資金由地級以上市、縣（市、區）人民政府負擔。</p> <p><b>（二）個人帳戶養老金</b> 個人帳戶養老金的月計發標準，目前為個人帳戶全部儲存額除以139。參保人死亡，個人帳戶資金餘額可以依法繼承。</p>
	醫療保險	城鎮職工基本醫療保險	廣東省	<p><b>資格：</b>在內地（大陸）依法從事個體工商經營的港澳臺居民，可以按照註冊地有關規定參加職工基本醫療保險；在內地（大陸）靈活就業且辦理港澳臺居民居住證的港澳臺居民，可以按照居住地有關規定參加職工基本醫療保險。</p> <p><b>領取條件：</b>參加職工基本醫療保險的港澳臺居民，達到法定退休年齡時累計繳費達到國家規定年限的，退休後不再繳納基本醫療保險費，按照國家規定享受基本醫療保險待遇；未達到國家規定年限的，可以繳費至國家規定年限</p>	<p>參加基本醫療保險的港澳臺居民，在境外就醫所發生的醫療費用不納入基本醫療保險基金支付範圍。</p> <p><b>待遇享受</b> 起付標準以上的醫療費用，城鎮職工基本醫療保險統籌基金支付比例原則上不低於80%，城鎮職工基本醫療保險基金累計年度最高支付限額原則上不低於10萬元，有條件的地區可以試行取消年度最高支付限額。</p>
		城鄉居民基本醫療保險	廣東省	<p><b>資格：</b>在內地（大陸）居住且辦理港澳臺居民居住證的未就業港澳臺居民，可以在居住地按照規定參加城鄉居民基本醫療保險。</p> <p><b>領取條件：</b>參加城鄉居民基本醫療保險的港澳臺居民按照與所在統籌地區城鄉居民</p>	<p><b>待遇享受：</b> 城鎮居民基本醫療保險基金支付比例原則上不低於55%，累計年度最高支付限額原則上不低於6萬元。</p>

大類	福利	類別	地區	資格條件	待遇享受
				同等標準繳費，並享受同等的基本醫療保險待遇。	(廣州市)城鄉居民醫保基金主要用於支付參保人員發生的住院和門診醫藥費用。穩定住院保障水準，政策範圍內住院費用支付比例保持在75%左右。
		城鄉居民大病醫療保險	廣東省	<p>參加城鄉居民社會醫療保險的人員，應當在新居民醫保年度前的規定時間內辦理參保繳費手續，並按保險年度足額繳納城鄉居民社會醫療保險費。</p> <p><b>全省適用於城鄉居民基本醫療保險參保者，部分地市同時適用於城鎮職工基本醫療保險參保者。</b></p> <p><b>資格：</b>足額繳納城鄉居民醫保費的參保人員，在享受城鄉居民醫保待遇的基礎上享受大病保險待遇，享受待遇的時間與享受城鄉居民醫保待遇的時間一致。</p>	<p><b>廣州市：</b>在城鄉居民醫保年度內，參保人員住院或進行門診特定專病治療發生的基本醫療費用中，本人自付的部分全年累計超過1.8萬元的，由大病保險資金支付60%；全年累計超過城鄉居民醫保統籌基金最高支付限額以上部分，由大病保險資金支付90%。</p> <p><b>深圳市：</b>在同一社會醫療保險年度內，參保人住院時發生的醫療費用，本人自付的部分累計超過1萬元的，超出部分由承辦機構支付70%；</p> <p><b>待遇範圍：</b>長護險服務專案範圍內的生活照料費、與之相關的醫療護理費、設備使用費等符合規定的費用。</p>
		長期護理保險	廣州市	<p><b>資格：</b>本市職工社會醫療保險參保人員、年滿18周歲的城鄉居民社會醫療保險參保人員，在參加我市社會醫療保險的同時參加長護險。</p> <p><b>領取條件：</b>享受長護險待遇應符合以下條件之一。</p> <p>(一)因年老、疾病、傷殘等原因，生活不能自理已達或預期將達六個月以上，病情基本穩定經失能評估為長護1-3級的人員(以下統稱長期失能人員)；</p> <p>(二)年滿60周歲在本市醫保定點醫療機構因規定的病種住院治療後病情穩定，經延續護理評估出院後有醫療護理需求的其他失能人員(以下統稱延續護理人員)；</p> <p>(三)未入住護理服務機構，經設備使用評估後需使用規定設備的長期失能人員及延續護理人員(以下統稱設備使用人員)。</p>	<p><b>長護險服務形式：</b>機構護理和居家護理。</p> <p><b>支付比例：</b></p> <p><b>(一)生活照料費用和醫療護理費用</b></p> <p>1.職工參保人員由長護險基金按機構護理75%、居家護理90%的比例支付；</p> <p>2.居民參保人員由長護險基金按機構護理70%、居家護理85%的比例支付。</p> <p><b>(二)設備使用費用</b></p> <p>1.長護3級的失能人員，延續護理人員由長護險基金按90%的比例支付；</p> <p>2.長護2級的失能人員由長護險基金按85%的比例支付；</p> <p>3.長護1級的失能人員由長護險基金按80%的比例支付。</p>
		長期護理補貼	珠海市	<p><b>享受長期照護服務的老年人，必須同時具備以下條件：</b></p> <p>(一)具有珠海市戶籍且年滿80周歲及以上；</p> <p>(二)因年老、疾病、傷殘等原因，生活完全不能自理已達或預期將達六個月以上，病情已基本穩定，未患有急需治療的各種危重疾病，護理等級評定達到3級及以上；</p> <p>(三)未納入城鄉最低生活保障以及政府集中供養、分散供養的高齡老人。</p>	<p><b>補貼標準：</b></p> <p><b>1.參保物件補貼標準。</b>對已參加本市基本醫療保險且入住定點服務機構的重度失能及以上的服務物件，按照不高於5000元/人·月的標準，予以50%的補貼，其餘部分由服務物件個人承擔。</p> <p><b>2.非參保物件補貼標準。</b>對入住定點服務機構、未參加本市基本醫療保險的重度失能及以上的服務物件，按照不高於5000元/人·月的標準，予以20%的補貼，其餘部分由服務物件個人承擔。</p>
			廣東省	廣東戶籍、年齡在80周歲以上(含80周歲)的老年人	由各地按照自行制定
養老服務	現金福利	高齡老人津貼(長者長壽保健康金)	廣州市	本市戶籍70周歲及以上老年人	<p>70至79周歲，每人每月30元；</p> <p>80至89周歲，每人每月100元；</p> <p>90至99周歲，每人每月200元；</p> <p>100周歲及以上，每人每月300元</p>
			深圳市	本市戶籍70周歲及以上老年人	<p>70至79周歲每人每月200元；</p> <p>80至89周歲每人每月300元；</p> <p>90至99周歲每人每月500元；</p> <p>100周歲以上每人每月1000元</p>

大類	福利	類別	地區	資格條件	待遇享受
			珠海市	珠海市戶籍且年齡在 80 周歲以上的高齡老人	80 周歲至 89 周歲每人每月 200 元； 90 周歲至 99 周歲每人每月 300 元； 100 周歲以上每人每月 500 元。
			佛山市 (禪城區)	年滿 70 周歲的禪城區戶籍老年人	70 至 79 周歲每人每月 30 元； 80 至 89 周歲每人每月 100 元； 90 至 99 周歲每人每月 150 元； 100 周歲以上每人每月 500 元
			佛山市 (南海區)	年滿 70 周歲的南海區戶籍老年人	80-89 周歲每月 100 元； 90-99 周歲每月 150 元； 100 周歲以上每月 300 元；
			佛山市 (順德區)	年滿 80 周歲的順德區戶籍老年人	70 至 79 周歲每人每月 40 元； 80 至 89 周歲每人每月 120 元； 90 至 99 周歲每人每月 200 元； 100 周歲以上每人每月 500 元
			佛山市 (高明區)	年滿 70 周歲的高明區戶籍老年人	80-89 周歲每月 200 元； 90-99 周歲每月 250 元； 100 周歲以上每月 500 元；
			佛山市 (三水區)	年滿 80 周歲的三水區戶籍老年人	80 周歲至 89 周歲每人每月 100 元； 90 周歲至 99 周歲每人每月 200 元； 100 周歲以上每人每月 500 元。
			中山市	中山市戶籍且年滿 80 周歲以上的老年人	80 周歲至 89 周歲每人每月 100 元； 90 周歲至 99 周歲每人每月 200 元； 100 周歲以上每人每月 300 元。
			東莞市	東莞市戶籍且年齡在 80 周歲以上的高齡老人	80 周歲至 89 周歲每人每月 100 元； 90 周歲至 99 周歲每人每月 200 元； 100 周歲以上每人每月 300 元。
			惠州市	惠州市戶籍年滿 80 周歲以上的老年人	80 周歲至 89 周歲每人每月 100 元； 90 周歲至 99 周歲每人每月 200 元； 100 周歲以上每人每月 500 元。
			肇慶市 (中心區)	肇慶市戶籍(端州區、鼎湖區、四會市、高要市、肇慶高新區)且年齡在 80 周歲以上的高齡老人	80 周歲至 89 周歲每人每月 50 元(鼎湖 300 元, 高新 200 元)； 90 周歲至 99 周歲每人每月 100 元(鼎湖 90-94 歲 600 元、95-99 歲 2000 元, 高新 300 元)； 100 周歲以上每人每月 300 元(鼎湖 5000 元, 高新 2500 元)
			肇慶市 (山區縣)	肇慶市戶籍(廣寧縣、德慶縣、封開縣、懷集縣)且年齡在 80 周歲以上的高齡老人	80 周歲至 89 周歲每人每月 30 元； 90 周歲至 99 周歲每人每月 50 元； 100 周歲以上每人每月 300 元(懷集 2000 元)
			江門市	江門市戶籍且年齡 80 周歲以上的高齡老人	80 周歲至 89 周歲每人每月 30 元(鶴山市為 50 元)； 90 周歲至 99 周歲每人每月 100 元； 100 周歲以上每人每月 300 元
		慰問金	廣州市	本市戶籍 100 周歲以上老年人	每年在敬老月期間向本市戶籍 100 周歲以上老年人發放長壽保健金(慰問金)每人 1000 元。

大類	福利	類別	地區	資格條件	待遇享受
		機構+社區居家养老服务	廣東省	<p><b>機構養老</b>：主要為“三無”（無勞動能力，無生活來源，無贍養人和扶養人或者其贍養人和扶養人確無贍養和扶養能力）老人、低收入老人、經濟困難的失能半失能老人購買機構供養、護理服務。</p> <p><b>居家養老</b>：主要包括為<b>符合政府資助條件的老年人</b>購買助餐、助浴、助潔、助急、助醫、護理等上門服務。</p>	
		機構养老服务	廣州市	<p>條件：  <b>廣州市戶籍低保、低收入困難家庭高齡老年人和我市戶籍、年滿 60 周歲、輕度失能及以上，且具有下列情形之一的老年人</b>（簡稱“特殊困難老年人”）：            （一）“三無”（無勞動能力，無生活來源，無贍養人和扶養人，或者其贍養人和扶養人確無贍養和扶養能力）老年人，包括農村“五保”老年人；            （二）低保、低收入困難家庭老年人；            （三）根據我市公辦養老機構評估輪候有關規定納入優先輪候通道的其他老年人。</p>	<p><b>特殊困難老年人入住定點養老機構繳費標準為：</b>            （一）“三無”老年人（含農村“五保”老年人）免費入住養老機構，其供養費用由定點養老機構統一安排使用；            （二）低保、低收入困難家庭的失能、高齡老人，其基本养老服务收費按照我市公佈的最低生活保障標準收取；            （三）根據我市公辦養老機構入住評估輪候有關規定納入優先輪候通道的其他老年人，按照我市價格行政管理部门核定的公辦養老機構收費標準繳費。            入住定點民辦養老機構的月收費標準低於公辦養老機構收費標準的，按實際收費繳費。</p>
	养老服务	機構养老服务	深圳市	<p><b>本市戶籍老年人</b>申請入住公辦養老機構，有下列情形之一的，市、區民政部門應當保障其在一個月內入住：            （一）特困老年人；            （二）低收入困難家庭的中度以上失能、殘疾、高齡老年人；            （三）中度以上失能的撫恤定補優撫對象；            （四）經市、區人民政府認定的對社會做出重大貢獻的老年人；            （五）計劃生育特殊家庭老年人。  <b>其他本市戶籍重度失能老年人</b>申請入住公辦養老機構的，市、區民政部門原則上應當保障其在三個月內入住。</p>	
		社區居家养老服务	廣州市	<p><b>社區居家服務物件</b>：在本市行政區域內居住的 60 周歲及以上的居家老年人。  <b>可申請政府服務資助的物件</b>：符合條件的兩類物件。            第一類：            1. 散居特困供養人員；2. 最低生活保障家庭、低收入困難家庭、享受撫恤補助的優撫對象等 3 類人員中失能的；3. 最低生活保障家庭、低收入困難家庭、享受撫恤補助的優撫對象、80 周歲及以上的老年人等 4 類人員中獨居或者僅與持證重度殘疾子女共同居住的；4. 曾獲市級及以上勞動模範榮譽稱號中失能的；5. 100 周歲及以上的；6. 計劃生育特別扶助人員。            第二類：            本人月養老金低於本市最低工資標準，且自願負擔一半費用的下列失能老年人：            1. 80 周歲及以上的；2. 純老家庭（含孤寡、獨居）人員。</p> <p><b>第三類（僅廣州市天河區）：</b>            70 周歲-79 周歲的獨居或者僅與持證重度殘疾子女共同居住的。</p>	<p><b>社區居家服務內容</b>：社區居家養老基本服務包括康復護理、生活照料、助餐配餐、醫療保健、日間託管、臨時托養、文化娛樂、精神慰藉、臨終關懷、“平安通”等服務專案。  <b>社區居家服務-資助標準</b>：            資助物件可申請以下資助標準的服務，當月使用，不能滾存。同時符合兩項及以上標準的，按照較高的資助標準執行。            （一）第一類資助對象每月 400 元。經評估屬於重度失能的，每月增加護理資助 200 元。            （二）第二類資助對象每月最高資助 200 元。            服務資助不得用於發放現金、購置實物和支付醫療費用。  <b>（三）第三類資助物件每月資助 200 元（僅廣州市天河區）。</b></p> <p><b>助餐配餐-資助標準</b>：            1、在本市行政區域內居住的 60 周歲及以上的戶籍居家老年人：補貼標準為每人每次就餐費用的四分之一，最高不超過 3 元。就餐補貼在老年</p>

大類	福利	類別	地區	資格條件	待遇享受
				<b>助餐配餐對象：</b> 1、在本市行政區域內居住的 60 周歲及以上的戶籍居家老年人。 2、老年人照顧需求等級 1-6 級的本市戶籍老年人。	人給付就餐費用時自動扣減。 2、為老年人照顧需求等級 1-6 級的本市戶籍老年人：老年人照顧需求等級 1-3 級補貼標準為每人每次 2 元，4-6 級補貼標準為每人每次 4 元。
			深圳市	對具有深圳戶籍老人群體中的失能老人、特殊群體老人（以下簡稱“受助人”），政府實行社區居家養老服務補助。	<b>享受補助的條件、標準如下：</b> 1、60 歲以上享受低保且生活不能自理（介護）的老人，按人均 500 元/月的標準給予補助。 2、60 歲以上非低保對象但生活不能自理（介護）的老人，按人均 300 元/月的標準給予補助。 3、60 歲以上“三無”老人、低保老人、重點優撫老人按人均 300 元/月的標準給予補助。
			珠海市	<b>政府支持對象：</b> （1）具有本市戶籍且未享受機構養老服務的特困人員、計生困難家庭中的高齡、失能等老年人。 （2）對具有本市戶籍且未享受機構養老服務的其他高齡、失能老年人。	<b>服務支援標準：</b> （1）對具有本市戶籍且未享受機構養老服務的特困人員、計生困難家庭中的高齡、失能等老年人，經過老年人能力綜合評估後，以政府購買服務的形式，按照輕度失能老年人 200 元/月、中度失能老年人 300 元/月、重度失能老年人 500 元/月的標準，提供居家上門服務。 （2）對具有本市戶籍且未享受機構養老服務的其他高齡、失能老年人，經過老年人能力綜合評估後，以政府購買服務的形式，按照 40 元/月的標準，提供居家上門服務。
			中山市	<b>具有本市戶籍且在本市行政區域內居住的老年人</b> ，符合以下情形之一可申請服務資助： （一）政府分散供養的特困老年人； （二）低保低收入家庭中失能、高齡老年人； （三）市級以上勞動模範中的孤寡老年人； （四）三級以上傷殘軍人中的老年人； （五）享受國家定期撫恤補助優撫對象中的孤寡老年人； （六）獲得《獨生子女父母光榮證》，獨生子女發生意外傷殘、死亡的失能老年人； （七）困難空巢失能老年人。	<b>資助內容：</b> 各鎮人民政府（街道辦事處）為我市困難老年人提供服務資助。服務資助僅限於老年人按需購買養老服務（含入住養老機構），按照服務情況支付給服務提供方，不直接發放至資助對象。 <b>資助標準：</b> 各鎮人民政府（街道辦事處）可以根據本轄區經濟社會發展情況確定本轄區資助標準，但鎮人民政府（街道辦事處）確定的養老服務資助標準不得低於市指導標準。
			佛山市	原政府補貼的 9 種老人擴大到 14 種老人，並按以下三類老人調整服務標準，設定下限，具體標準和資助形式由各區自定，入住有關福利機構的老人不再享受以上居家養老服務政府補貼。	<b>（一）以下 7 種老人享受每月不低於 300 元服務時間：</b> 1.在冊救濟“三無”孤老； 2.低保戶裡 70 歲以上的獨居或僅與殘疾子女生活的老人； 3.低收入孤老（月收入低於 600 元）； 4.優撫對象孤老； 5.1—4 級 60 歲以上革命傷殘軍人； 6.市級以上勞動模範； 7.100 歲以上老人。 <b>（二）以下 4 種老人享受每月不低於 200 元服務時間：</b> 8. 低保戶裡 60 歲—69 歲的獨居或僅與殘疾子女生活的老人； 9.低收入孤老（月收入低於 800 元）； 10.民政、社保代管退休人員中月退休金 800 元以下，70 歲以上的獨居及生活自理困難的老人；

大類	福利	類別	地區	資格條件	待遇享受
					<p>11.1—4 級未滿 60 歲的革命傷殘軍人；</p> <p><b>(三) 以下 3 種老人享受每月不低於 100 元服務時間或其它補貼形式：</b></p> <p>12.90 歲—99 歲老人。</p> <p>13.低收入（月收入低於 800 元）困難戶裡 70 歲以上的獨居或僅與殘疾子女生活的老人；</p> <p>14.民政、社保代管退休人員中月退休金 800 元以下，60 歲以上的獨居及生活自理困難的老人。</p>
			東莞市	<p>具有<b>本市戶籍且在本市行政區域內居住</b>，符合以下情形之一的服務物件可申請政府資助：</p> <p>(一) 年滿 60 周歲及以上的重度失能老年人；</p> <p>(二) 年滿 70 周歲及以上的中度失能老年人；</p> <p>(三) 孤寡人員、計劃生育特殊家庭、部分享受定期定量撫恤生活補助優撫對象中年滿 60 周歲及以上的失能老年人；</p> <p>(四) 特困供養人員、低保家庭、低收入家庭中年滿 60 周歲及以上的老年人。</p> <p>有條件的園區、鎮（街道）可根據轄區實際，適當拓寬資助物件範圍，該類物件的服務費用由園區、鎮（街道）自行解決。</p>	<p><b>屬於政府資助對象的老人，可申請以下資助標準的服務。</b></p> <p>(一) 經評估屬於重度失能的，按照每人每月 720 元的標準提供居家養老服務。</p> <p>(二) 經評估屬於中度失能的，按照每人每月 480 元的標準提供居家養老服務。</p> <p>(三) 經評估屬於輕度失能或能力完好的，按照每人每月 360 元的標準提供居家養老服務。</p> <p>服務資助通過養老服務卡以服務的形式發放。資助標準內的服務。對於入住養老機構的資助對象，園區、鎮（街道）民政部門可通過發放服務資助補貼的形式，按標準發放至對應養老機構的銀行帳戶，督促養老機構收取相關費用時扣減其已獲得的資助金額。</p>
			肇慶市	本市戶籍老人、外地老人。	<p><b>大配餐-資助物件和標準：</b></p> <p>對特困、低保及低收入困難家庭老年人、失能老人、年滿 80 周歲及以上老年人每餐給予 6 元就餐補貼，自費 5 元；其他年滿 60 周歲及以上的老年人每餐給予 4 元就餐補貼，自費 7 元，就餐補貼直接在餐費中減除，<b>外地老人也同樣可以以 11 元/份左右的惠民價享受服務。</b></p> <p><b>居家適老化改造-資助標準：</b></p> <p>各縣區應根據當地實際和老年人家庭情況，合理確定每戶特殊困難老年人居家適老化改造項目，按每戶改造費用不高於 3000 元的標準支付，超出部分由個人支付。</p>
		家庭病床	廣州市	<p>服務物件（同時滿足 3 個條件）：1.居住在本市行政區域內；2.有養老服務需求但因各種原因未入住養老機構或目前家庭有一定的照料條件暫時不需要入住養老機構；3.資助物件須接受本市老年人照顧需求等級評定。</p>	<p><b>建床資助：</b></p> <p>對新建床並經本市老年人照顧需求等級評定為照顧等級 2-6 級的廣州市戶籍老年人連續提供服務滿 12 個月，且經所在區民政部門核實合格的家庭養老床位，以每張床位適老化改造項目不超過 1500 元、智慧化改造設備不超過 1500 元的標準，在實際改造費用的範圍內給予一次性建床資助。</p> <p><b>護理資助：</b></p> <p>1.經評估為照顧需求 5-6 級的老年人，由服務機構每日派服務人員上門提供不少於 1 小時的照護服務，每人每月資助 500 元。</p> <p>2.經評估為照顧需求 3-4 級的老年人，由服務機構派服務人員上門提供服務，每月上門次數不低於 12 次（同一天多次上門的只計 1 次），每月服務時間不少於 28 小時，每人每月資助 300 元。</p>

大類	福利	類別	地區	資格條件	待遇享受
公共服務	公共交通、公共文化場所、公立園景區、房屋租賃		廣東省	60 周歲以上戶籍老人	3.經評估為照顧需求 2 級的老年人，由服務機構派服務人員上門提供服務，每月上門次數不低於 8 次，每月服務時間不少於 16 小時，每人每月資助 200 元。
			廣州市	年滿 60 周歲，具有本市戶籍或者 <b>持有本市有效居住證件</b> 的公民，享受本辦法規定的優待。	各類公共場所、公共交通、醫療機構等優先優待福利。
			深圳市	凡在我市居住，年滿 60 周歲以上的老年人（包含港澳臺老年人），憑本人身份證（ <b>港澳臺居民居住證</b> ）可享受敬老優惠待遇。	略
			東莞市	東莞市敬老優待卡：東莞市戶籍、男性年滿 60 周歲、女性年滿 55 周歲的老年人	敬老優惠待遇內容如下： （一）免費進入全市各公園； （二）免費進入我市政府投資建設各旅遊景區，鼓勵社會投資建設旅遊景區對老年人實行優惠或免費； （三）免費進入全市各公共文化場所（博物館、文化館、美術館、圖書館等）； （四）免費或優惠使用全市公共體育場館（含公立學校體育場館），其中收費專案應面向老年人設立免費或優惠的時段和區域，高危險性體育專案應當遵從經營場所對參加人員的身體要求和相關限制； （五）免費使用全市各公廁； （六）在全市各醫療機構看病，享受優先視窗和通道服務； （七）積極引導律師向有需要的老年人優先提供法律服務，收費專案對老年人實行優惠；優先向有需要的老年人提供公證法律服務，並按照有關規定減免公證費。對於合法權益受到侵犯需要提起訴訟但無力支付律師費的老年人，只要符合法律援助條件，法律援助機構優先給予免費法律援助； （八）免費乘坐市內公車和軌道交通（限普通車廂）。
			東莞市	東莞市非莞籍敬老優待卡：（一）非東莞市戶籍、男性年滿 60 周歲、女性年滿 55 周歲、在莞工作至退休且在莞享受養老保險待遇的中國公民；（二）非東莞市戶籍、男性年滿 70 周歲、女性年滿 65 周歲且在莞辦理了《廣東省居住證》或《境外人員臨時住宿登記表》的中國公民。	（一）享受乘坐本市公交企業運營的公共汽車的政策優惠 （二）享受乘坐市內線路地鐵的政策優惠 （三）免費進入全市享受財政補助的所有公立的公園、園林、旅遊景區（點） （四）免費進入公立的各類博物館、美術館、科技館、展覽館、圖書館等公共文化場所； （五）純老年人戶租住鎮街產權的出租房屋，可優先選擇樓層。
佛山市	1、具有本市戶籍、60 周歲以上的老年人均可依照本辦法在本市行政區域內享受優待服務。 2、常住本市 60 周歲以上的外埠老年人，可依照本辦法享受第三條至第六條規定的優待服務。	<b>非戶籍人口待遇：</b> 第三條 年滿 60 周歲不滿 65 周歲的老年人憑《佛山市老年人優待證》乘坐本市各區內編碼線路的公共汽車和地鐵，享受半價優惠。65 周歲以上的老年人憑《佛山市老年人優待證》免費乘坐。 第四條 年滿 60 周歲不滿 65 周歲的老年人憑《佛山市老年人優待證》進入市內國有及國家投資為主體的公園、風景區、文化宮、博物館、科技（學）館、紀念館、圖書館、文化館（站）、展覽館等，享受半價優惠。65 周歲以上的老年人憑《佛山市老年人優待證》免費進入上述場所。			



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					<p>第五條 老年人憑《佛山市老年人優待證》進市內各公共體育場所進行體育活動、進市內各影劇院看電影的享受半價優惠。</p> <p>第六條 老年人乘坐車、船等交通工具享受優先購票、進站、檢票、上下車船等待遇。候車室、候船室應設置老年人專座。</p>
			廣州市	<p><b>戶籍人口-新就業無房職工：</b></p> <ol style="list-style-type: none"> <li>1.廣州市戶籍；</li> <li>2.18周歲以上（含本數），35周歲以下（含本數），具有完全民事行為能力；</li> <li>3.本科及以上學歷且獲得相應學位，或具有技師、高級技師職業資格證書；</li> <li>4.申請人、配偶及未成年子女在本市無自有產權住房，且當前未享受公共租賃住房（含廉租住房）保障；</li> <li>5.申請人在本市工作，連續繳納社會保險半年以上。</li> </ol> <p><b>非戶籍人口-來穗時間長、穩定就業的來穗務工人員：</b></p> <ol style="list-style-type: none"> <li>1.辦理並持有《廣東省居住證》3年以上，且申請時仍在有效期內。</li> <li>2.申請人在廣州地區參加社會保險，連續繳費（含補繳）滿3年或者5年內累計繳費滿3年，且申請時處於在保狀態。</li> <li>3.申請人及共同申請人在本市無自有產權住房，且申請時處於合同有效期內</li> <li>4.已與本市用人單位簽訂2年以上期限的勞動合同，且申請時處於合同有效期內</li> </ol>	<p>新就業無房職工：</p> <p>1人戶原則上分配單間。以家庭為單位申請的，配租成套住房。申請合租的，人均住房建築面積不得低於5平方米，不得高於30平方米。</p> <p>來穗時間長、穩定就業的來穗務工人員：</p> <p>申請人和共同申請人在本市只限申請承租1套公共租賃住房。</p>
住房保障	公共租賃住房	深圳市		<p><b>輪候申請條件：</b></p> <ol style="list-style-type: none"> <li>1.申請人年滿18周歲，且具有本市戶籍；</li> <li>2.申請人參加本市社會保險累計繳費3年以上，申請人具有大學本科及以上學歷或者中級及以上職稱的，參加本市社會保險累計繳費1年以上；</li> <li>3.申請人及其配偶、未成年子女或者其他共同申請人（及其配偶）在本市未擁有任何形式自有住房，未領取購房補貼，在申請受理日之前3年內未在本市轉讓過或者因離婚分割過自有住房。</li> <li>4.提出申請時，申請人及其配偶、未成年子女或者其他共同申請人（及其配偶）未租住任何形式的保障性住房（包括廉租住房、公共租賃住房）</li> </ol>	<p>公共租賃住房應當面向全市範圍在冊輪候人配租。</p> <p>公共租賃住房以建築面積65平方米以下的小戶型為主，配租單位可以結合房源情況按照以下規則確定：</p> <ol style="list-style-type: none"> <li>（1）單身居民、兩人家庭配租建築面積為35平方米左右；</li> <li>（2）兩至三人家庭配租建築面積為50平方米左右；</li> <li>（3）三人及以上家庭配租建築面積為65平方米左右。</li> </ol>
		珠海市		<p><b>申請條件：</b></p> <p><b>（一）家庭人均收入低於城鎮低保標準150%的低收入住房困難家庭：</b></p> <ol style="list-style-type: none"> <li>1.申請人與共同申請人應當具有本市城鎮戶籍且實際居住3年以上；申請人配偶非本市城鎮戶籍但在本市工作或居住的，應當作為共同申請人。</li> <li>2.在本市屬無房戶或家庭人均居住建築面積低於13平方米。</li> <li>3.申請人與共同申請人無機動車輛，但殘疾人專用機動車除外。</li> <li>4.申請人及共同申請人在申請受理之日前5年內沒有出售過房產。</li> <li>5.家庭人均資產不超過10萬元。</li> </ol> <p><b>（二）其他低收入住房困難家庭：</b></p> <ol style="list-style-type: none"> <li>1.申請人具有本市城鎮戶籍且實際居住3年以上，共同申請人可為非本市戶籍的常住人口。</li> <li>2.家庭人均收入低於上年度本市城鎮居民人均可支配收入60%。</li> <li>3.在本市屬無房戶或家庭人均居住建築面積低於13平方米。</li> <li>4.申請人與共同申請人無機動車輛，但殘疾人專用機動車除外。</li> </ol>	<p>公共租賃住房的分配實行分類輪候和公開配租制度。</p> <p>公共租賃住房租賃合同期限為3年。</p> <p>公共租賃住房的租金標準參照市場租金水準確定，原則上按適當低於同地段、同類型住房市場租金的標準收取。</p>

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				5.申請人及共同申請人在申請受理之日前5年內沒有出售過房產。 6.家庭人均資產不超過15萬元。	
			東莞市	<b>本市中等偏下收入家庭、新就業職工、外來務工人員、新入戶人員可以申請公共租賃住房。</b> 例如，外來務工人員的申請條件： 1.申請人在本市工作及參加社會養老保險逐月繳費累計滿5年； 2.在本市工作且與用人單位簽訂1年及以上勞動合同，該單位在本市為其繳納社會養老保險、繳存住房公積金； 3.申請人及其配偶在本市無自有住房； 4.申請人及其配偶未正在租住公共租賃住房、領取租賃補貼，未享受經濟適用住房、人才住房及房屋修葺等政策。	新就業無房職工、外來務工人員、新入戶人員，租金按照不超過公共租賃住房所在地同區域、同地段、同品質普通商品住宅平均租金的80%確定。
			佛山市	我市住房保障對象主要包括本市戶籍中等及偏低收入住房困難家庭、新就業無房職工、符合條件的新市民。 <b>非戶籍人口申請條件：</b> 在本市常年生活或工作，持有本市居住證，並在本市連續按月繳納社會保險費滿3年且申請家庭當年人均可支配收入低於上一年度本市人均可支配收入，在本市沒有自有住房的非本市戶籍家庭。	根據公租房房源情況組織輪候到位的申請人進行選房
			中山市	解決符合條件的新市民、青年人等群體的	以建築面積不超過70平方米的小戶型為主，租金低於同地段同品質市場租賃住房租金。
			惠州市	<b>戶籍人口：</b> 1.申請人及共同申請人已取得惠州市所屬城鎮居民戶籍； 2.申請人及共同申請人在本縣（區）無自有產權住房或擁有的自有產權住房建築面積低於40平方米； 3.市政府批准的其他條件。 <b>非戶籍人口：</b> 1.持有本市、縣（區）城鎮居住證； 2.在本市城鎮工作，並在同一用工單位連續工作滿3個月以上，簽訂勞動合同滿一年以上； 3.就業單位為申請人繳納社會保險滿3個月以上； 4.申請人及其配偶、未婚子女在本縣（區）無房產。	根據公租房房源情況組織輪候到位的申請人進行選房
			江門市	保障對象主要是城鎮中等偏低收入住房困難家庭、新就業職工、符合保障條件的外來務工人員及環衛工人、公車司機等從事社會公益服務性特殊行業人員。 <b>符合下列條件的住房保障物件可申請公共租賃住房：</b> 1.在本地無住房或者住房面積低於規定標準； 2.收入、財產低於規定標準。 符合低收入條件的保障物件除按前款規定執行外，在房源不足的情況下，可申請租賃補貼，解決基本居住需求。	公共租賃住房的分配必須做到公平、公開、公正，以公開搖號或電子系統搖號等方式進行，分配後公示結果；

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		共有產權房	廣東省	<b>供應對象：</b> 1.符合當地規定條件的城鎮無房家庭（含單身居民） 2.符合條件的人才、城鎮穩定就業的外來務工人員、 <b>在粵工作和生活的港澳居民</b>  <b>分配方式：</b> 採取按房配售或輪候配售制度。申請人的配售排序，可通過綜合評分、搖號抽籤等方式確定。	<b>產權比例：</b> 承購人的產權份額為共有產權住房銷售價格占評估價格的比例，原則上不低於 50%，其餘部分為政府產權份額。政府產權份額應由國有機構代為持有  <b>住房待遇：</b> 承購人享受與購買商品住房居民同等的公共服務待遇。
			廣州市	<b>申購本市共有產權住房應同時符合下列條件：</b> 1.已婚人士申購的，不受年齡限制；未婚、離異、喪偶等單身人士申購的，應當年滿 30 周歲。 2.本市戶籍申購人應具有本市城鎮戶籍滿 10 年；具有國家承認的國內院校本科及以上學歷並獲得學士及以上學位，或者取得國家承認的境外院校學士及以上學位、屬於本市公佈的中高級專業技術職稱和執業資格目錄、屬於高技能人才和緊缺工種（職業）目錄、持有有效的廣州市人才綠卡主卡人員的， <b>可以不受戶籍或戶籍年限限制。</b> 3.申購前在本市連續繳納基本養老保險滿 60 個月，發生中斷、補繳情況的累計不超過 6 個月且相應的月份不計在內。 4.申購人及其配偶和未成年子女名下無本市的住宅、商鋪、寫字樓。 5.每批次房源公佈時，市住房保障辦公室或各區住房保障部門規定的其他條件。	產權比例：購房人產權份額不低於 50%
			珠海市	按隨機抽籤方式，首先對優先申購物件抽籤確定選房順序，再對普通申購物件抽籤確定選房順序。  <b>人才住房面向個人配租（售）的，申請資料提交前必須滿足以下條件：</b> 1.申請人及其配偶和未成年子女在本市無任何形式不動產產權份額（包括但不限於住宅、商鋪、寫字樓、廠房等）； 2.近 5 年內在本市無不動產轉移登記記錄； 3.申請人與現工作單位簽訂有 1 年以上勞動合同，且自申請日期前連續 6 個月繳交社保或工資薪金個人所得稅； 4.申請人及共同申請人 5 年內均未因違反住房保障和人才政策相關規定而被行政處罰或納入不良行為記錄； 5.法律、法規、規章及市政府規定的其他條件。	售價：人才住房的租金和售價分別為屆時同區域同類型品質市場商品住房的 60% 和 50%
			佛山市	<b>供應對象：</b> 1.本市戶籍居民。具有本市戶籍，家庭成員及本人在本市沒有自有住房且 5 年內沒有住房轉讓記錄的家庭或個人 2. <b>新市民。</b> 本人在本市常年生活或工作，持有本市居住證，在本市連續購買社保 5 年及以上，家庭成員及本人在本市沒有自有住房的非本市戶籍家庭或個人，以及 <b>在本市工作和生活且家庭成員在本市沒有自有住房的港澳居民家庭或個人。</b>	<b>產權比例：</b> 承購人的產權份額為共有產權住房銷售價格占評估價格的比例，原則上不低於 50%。 共有產權住房評估價格，採用代持機構委託房地產估價機構評估等方式，參考同時期、同地段、同品質普通商品住房的市場價格確定。  <b>住房待遇：</b> 共有產權住房應當用於承購人自住。 1 個家庭只能購買 1 套共有產權住房，並享受與購買商品住房同等的落戶、入學等公共服務。
			東莞市	<b>承購人應同時符合以下條件：</b> 1.有配偶或共同生活子女，承購人及其配偶、共同生活子女在我市均無自有產權住	<b>產權比例：</b> 承購人按總價的 50% 出資購買 50% 產權，另 50% 產權由代持機構持有

大類	福利	類別	地區	資格條件	待遇享受
				房，且申購前3年內在東莞市沒有住房轉移登記記錄； 2. 具有東莞戶籍且在莞累計繳納養老保險滿3年，或 <b>不具有東莞戶籍但在莞累計繳納養老保險滿5年</b> ； 3. 與三限房銷售區域用人單位簽訂勞動合同並逐月繳納養老保險滿1年（勞動合同簽訂單位與養老保險繳納單位須一致）； 4. 具備以下條件之一：大專或以上學歷，中級工或以上職業技能，助理級或以上職稱。	
		經濟適用住房/安居型商品房	深圳市 東莞市 江門市	經濟適用住房：本市低收入家庭 安居型商品房：本市戶籍人口、參加醫療保險 本市戶籍的低收入困難家庭 本市戶籍的低收入困難家庭	經濟適用住房的銷售價格實行政府指導價

## **Appendix 7. Publicity**

### **Conference abstract**

#### **International Symposium:**

#### **Social Policy and Social Services Challenges in the Greater Bay Area**

Lingnan University

23 June 2022

#### **The Future of Senior Hong Kong Residents to Retire in the Greater Bay Area**

Professor Nelson CHOW & Dr Cheng SHI

Department of Social Work and Social Administration, The University of Hong Kong

#### **Abstract of the Presentation**

In 2019, approximately 538,000 Hong Kong permanent residents resided in the Guangdong Province, including 89,000 persons aged 65 years or over. The Thematic Household Survey 2019 of the Hong Kong Census and Statistics Department suggested that 266,200 Hong Kong residents were either very or quite interested in spending their retirement in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA). Recent developments in the GBA have increased the flow of population between Hong Kong and other GBA cities, including the likelihood of cross-boundary retirement. The COVID-19 outbreak since early 2020 has, however, significantly changed the lives of many Hong Kong residents and their choice of retirement plans.

This presentation reports on an on-going study which aims to unveil the attractions and hurdles for Hong Kong residents to retire in the GBA. Other than identifying the pull and push factors influencing the choice of cross-boundary retirement, such as the portability of public benefits and the existence of social support networks, we will also examine, in particular, the impacts which the onset of the COVID-19 pandemic has brought about on the retirement plans of Hong Kong residents.

【社会】 Society  
民生味道

责任编辑：徐颖 QQ：9208660

## 香港老人“跨境养老”的忧思

■文/石璋

上世纪八九十年代，一些早年从内地来香港生活的老年人希望在退休后“叶落归根”，返回内地定居养老。如今，随着粤港澳大湾区（以下简称大湾区）发展规划的出台，三地的融合发展进一步深入，极大地便利了大湾区居民的往来和交流。在大湾区内地城市“跨境养老”，已成为不少香港老年人安享晚年的选择。

### “不可携的福利”

2021年香港特区政府统计处的数据显示，香港居民的平均预期寿命为男性82.9岁、女性88岁，香港是全球最长寿的地区之一。未来20年，香港人口老龄化速度将进一步加快，65岁及以上的老年人口将从2018年的127万（占总人口比例17.9%）增加到2038年的244万（占总人口比例31.9%），75岁及以上老年人将由57万（占总人口比例7.9%）增加至140万（占总人口比例18.3%）。香港地区的老龄化和高龄化给社会保障体系可持续发展带来巨大的挑战，当前社会已面临巨大的养老压力，社会养老资源严重不足。以养老院（香港地区称为“安老院”）服务为例，目前大概6万名香港老年人居住在养老院，另外有3万多名老年人满足服务资格，正在等候政府资助的养老院床位。尽管近年来香港特区政府出台了一些福利措施，但养老院床位的平均等候时长仍达20个月，不少老年人在轮到床位前就已去世。在香港人口结构持续老龄化和养老资源短缺的背景下，推动香港



老年人在内地养老似乎是缓解香港养老压力的一条出路。

内地生活成本低、居住空间大、房间较便宜以及社区环境好等因素是吸引香港居民到内地居住或退休的主要原因。近年来开通的广深港高速铁路和港珠澳大桥，进一步增加了内地和香港之间的往来便利。不少香港老年人产生了定居内地养老的想法，而大湾区内地城市更是大多数人规划养老的首选之地。据估计，2019年约54万香港永久居民经常在广东省生活，其中近9万为65岁及以上老年人。

然而，由于香港特区和内地的社会保障制度存在差异，政策壁垒使得“福利不可携带”，即香港老年人回到内地养老既难以获得当地的养老和医疗服务，也无法享受到由香港特区政府资助

的社会福利，甚至还会因为要去内地定居而不得不放弃一些已有的社会福利，例如公共房屋。为了保留获得社会福利的资格，这些跨境养老的老年人不得不在两地频繁往返，从而形成一种“候鸟养老”的状态。

### 香港老人的跨境福利探索

公共福利的不可携带性阻碍了一些老年人的跨境养老安排，也影响了在内地定居的香港老年人的生活质量。从1997年开始，香港特区政府开始就如何改善老年人社会福利的可携性进行探索，旨在为跨境养老的老年人提供更多支援。1997年4月，香港特区政府在综合社会保障援助计划（以下简称“综援”）下推出“综援”老年人广东省养老计划，为符合申请资格并选择定居在

广东省养老的受助老年人继续提供现金援助。之后，这一计划于2005年8月扩展至福建省。2013年，特区政府也在公共福利金计划下推出“广东计划”，选择移居广东省且符合资格的香港老年人，无须每年返港即可每月领取高龄津贴。2018年，公共福利金“广东计划”又扩展至老年人生活津贴。截至2022年3月底的数据显示，有836人正在参加“综援”老年人广东及福建省计划，19509人在参加公共福利金“广东计划”。

在非现金福利方面，香港特区政府社会福利署自2014年6月开始推行《广东院舍住宿照顾服务试验计划》，向两间由香港非政府机构营运的、位于深圳盐田和肇庆的养老院舍购买床位，让正在轮候政府资助的护理养老床位的老年人自愿选择入住。参与试验计划的老年人可获得住宿费用资助。在医疗方面，2015年，香港社会福利署推出香港大学深圳医院老年人医疗券试点计划，符合资格的香港老年人可在香港大学深圳医院使用医疗券，以支付指定门诊和体检服务的费用。从2019年开始，这项医疗券试点计划步入常态化。截至2020年底，累计有超过3万人次使用。

2019年初，中共中央、国务院印发了《粤港澳大湾区发展规划纲要》，提出要促进大湾区城市社会保障合作，强调要为港澳居民在广东省养老提供便利，尤其是加强跨境公共服务和社会保障的衔接，提高香港社会保障措施的可携带性。2020年1月1日，《香港澳门台湾居民在内地（大陆）参加社会保险暂行办法》生效。在内地就业的港澳台居民（就业人员）及在内地居住但未就业的港澳台居民、在校大学生等（非就业人员）正式纳入社保适用范围，其中在内地就业人员参加5项基本社会保险，而非就业人员可以在居住地按规定参加城乡居民基本养老保险和医疗保险。据2022年2月广东省人社厅公布

的数据显示，港澳居民在粤参加养老、失业、工伤保险累计已达27.5万人次，社保卡持卡人数达19.5万人。另外，为方便港澳老年人在内地的生活，大湾区内地城市逐步开展了一系列便民措施，例如深圳、东莞、惠州、珠海、佛山和江门宣布扩大敬老优惠待遇，将持有当地居住证的香港老年人纳入优待范围。

### 医疗和养老服务是关键

在香港，老年人可以非常廉价的费用获得公立医疗服务，还能领取每年2000元的医疗券（按照2020年的额度）。医疗券可以用于已登记的私营西医、中医、牙医、兽医、物理治疗师、职业治疗师、医学化验师、验光师等提供的各类预防性、治疗性及康复性服务。而在内地养老的香港老年人目前只能通过参加居民医疗保险或自行购买商业医疗保险以应对医疗需求，且内地的居民医疗保险计划主要以保障大病和住院为主，门诊服务和药品费用不包括在内，即便在可报销范围内，个人也需要承担一半左右的费用。考虑到两地医疗系统和费用负担上的差异，大多数跨境养老的老年人通常会选择定期回港复诊。据2020年初的数据估算，有1.8万至3.8万名香港医管局的病人常住广东省。新冠疫情暴发后，关口的限制和14日强制检疫的措施严重影响了这些老年人返港复诊和取药的安排。

笔者正在参与的一项有关大湾区跨境养老的研究发现，如何在内地看病、费用是否有减免或报销、与香港药品目录是否一致、医疗记录能否互通等，是有意向去大湾区内地城市养老的香港老年人普遍关心的问题。在未来的养老安排上，大部分受访者希望能够在内地也可以享受香港特区政府资助的养老服务，在有需要的时候选择内地的养老服务。目前，在大湾区内地城市中，只有一家医院（在深圳）和两家养老院（在

深圳和肇庆）能够提供由香港特区政府资助的医疗和养老服务。

跨境养老为解决香港养老资源的不足带来了新的解决方案，也给内地养老服务的发展带来了新机遇。由于香港和内地的社会保障制度是基于两种完全不同的筹资机制，参保和待遇享受的条件难以在短期内实现统一。因此，提高社会福利的可携带性是相对可行的方案。从目前来看，现金福利的可携带性是较容易完善的，也是对跨境养老安排影响相对较小的。

如何让有意在大湾区内地城市跨境养老的香港老年人及时获得所需的医疗和养老服务，是实现他们在内地安享晚年的关键。在医疗方面，建议推进香港医管局与大湾区珠三角9市的医保经办机构以及医疗机构间的合作，建立定点医院并尝试直接结算香港居民的医疗费用。在合作机构中为患有慢性病的老年人提供复诊和常用药品定期递送服务，允许在定点医院使用医疗券。在常住地满足老年人的医疗需求，从而降低回港就医的必要性。其次，加大宣传并落实定居内地的香港老年人参加居民医疗保险。对于低收入群体，建议由香港特区政府出资帮助其参保。在养老服务方面，建议大湾区地方政府对在当地养老的香港老年人的需求进行统筹规划，根据老年人的特点进行资源整合和配置。特区政府可以学习和利用内地政府购买养老服务的经验，探索在当地为老年人购买居家和养老院舍服务。

在粤港澳大湾区建设背景下推进跨境养老，一方面有助于缓解港澳地区的养老压力，提高港澳老年人晚年的生活质量，另一方面也有利于激活大湾区的医疗和养老产业。因此，促进社会保障制度的融合和福利的可携带性，特别是医疗和养老服务在香港和内地之间的跨境融通，极具现实必要性。■

作者系香港大学社会工作及社会行政学系博士后研究员