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Enhancing the Social Participation of Older People with Lived Experiences of Homelessness: A Community Based Participatory Research

提高無家狀態長者的社會參與：基於社區的參與性研究

Final Report

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Abstract of the Research

Rationale for the Study

In Hong Kong (HK), Older Persons with Lived Experiences of Homelessness (OPLEH), aged 50+, face severe health challenges similar to those aged 70+. They experience higher morbidity and mortality, with life expectancies up to 25 years shorter. Despite growing numbers and rising homelessness durations, no recent studies have focused on this group. Social participation is essential for their reintegration, promoting health and preventing homelessness relapse. However, there is a critical gap in targeted, culturally appropriate interventions and research for OPLEH.

Objectives of the Study

To address knowledge gaps and tailor insights to HK, this study aimed to:

1. Explore social participation perspectives, patterns, experiences and needs of older people with lived experience of homelessness (OPLEH) in Hong Kong (HK)
2. Construct a theory of change framework to enhance their social participation
3. Create a community-based participatory research (CBPR) team comprising OPLEH in HK, their service providers, and researchers
4. Develop an intervention to enhance the social participation of OPLEH in HK

Methods

This study employed two qualitative methods to achieve its objectives: Community-Based Participatory Research (CBPR), engaging the community as active research partners, and Constructivist Grounded Theory (CGT), which develops theories from participant perspectives and experiences. Two non-governmental organizations (NGOs) facilitated the recruitment of 51 participants, including 44 OPLEH and 7 key informants (frontline staff and supervisors), for the study. A CBPR team of five OPLEH participants and two staff helped refine research tools, recruit additional participants, and analyze preliminary data and its implications. Data was gathered via semi-structured interviews and analyzed in cycles using the CGT approach, guiding ongoing participant recruitment and the development of a theory of change (ToC) to enhance social participation for OPLEH. This ToC informed an intervention that was piloted, evaluated, and discussed in a focus group to assess its impact and mechanisms.

Findings

We identified eight key themes that are important in understanding social participation perspectives, patterns, experiences and needs of OPLEH in HK:

1. The Invisible Wall: Complex Mental Health Problems as a Significant Barrier to Social Participation for OPLEH

2. "Saving-Face" – How Shame and Stigma Deters Help-Seeking and Participation among OPLEH

3. Chronic Pain and Age-Related Decline: Major Barriers to Participation for OPLEH

4. The Heart of Reconnection: Volunteerism as the Gateway to Participation for OPLEH

5. Hidden Talents Among OPLEH

6. Music and Sports: Charting the Social Playground for OPLEH

7. Incentives as Catalysts – How Incentives can Initially Drive Participation for OPLEH

8. Potential Demographic Differences in Social Participation of OPLEH

A ToC to enhance social participation among OPLEH was developed, resulting in a pilot choir group intervention. A focus group assessed the intervention, revealing motivations like prior interest in singing and wanting to support the NGO; impacts such as improved mood and self-expression; and mechanisms such as having co-leaders. The following section discusses how the study findings raise key points for policy discussion regarding OPLEH in HK.

研究摘要

研究理由

在香港，曾經歷無家可歸的 50 歲以上長者（簡稱 OPLEH）面臨著嚴峻的健康挑戰，其程度堪比 70 歲以上的普通長者。這群人不僅患病率和死亡率較高，預期壽命更可能短缺 25 年之多。令人憂心的是，儘管這個群體人數持續增加，他們無家可歸的時間也越來越長，但近年來卻鮮有針對他們的專門研究。

社會參與對這些長者來說至關重要，不僅有助於他們重新融入社會，還能促進健康，預防再度陷入無家可歸的困境。然而，當前針對 OPLEH 的文化適切性干預措施和研究仍然存在巨大缺口。

研究目標

為了填補現有的知識空白，並針對香港的特殊情況提供深入見解，本研究旨在：

1. 深入了解 OPLEH 的社會參與情況：我們將全面探索這群長者對社會參與的看法、他們參與社會活動的方式、相關經歷以及實際需求。

2. 開發針對性干預措施：我們將設計並推行一項專門的干預計劃，旨在提升香港 OPLEH 的社會參與度。

3. 採用社區參與式研究（CBPR）的方法，組建一個多元化的研究團隊：這個團隊將匯集香港曾經歷無家可歸的長者（OPLEH）、為他們提供服務的工作者，以及專業研究人員。

4. 制定變革理論框架：為促進 OPLEH 更好地參與社會活動提供指導。

研究方法

本研究採用了採用了兩種質性方法：社區參與式研究（CBPR）和建構主義紮根理論（CGT）。CBPR 使社區成為研究的積極夥伴，而 CGT 則從參與者的角度和經驗出發，發展理論。

在兩個非牟利機構的協助下，我們招募了 51 名參與者，其中包括 44 名曾經歷無家可歸的長者（OPLEH）和 7 名工作人員。我們還組建了一個由 5 名 OPLEH 組成的核心 CBPR 團隊，他們協助完善研究工具、招募更多參與者，並參與初步數據分析。

我們通過半結構式訪談收集數據，並運用 CGT 方法進行循環分析。這個過程不斷指導我們招募新的參與者，並發展變革理論（ToC），旨在提升 OPLEH 的社會參與。基於這個 ToC，我們設計了一項干預措施，並進行了試點和評估。最後，我們通過焦點小組討論，深入探討了這項措施的影響和運作機制。

研究結果

通過研究，我們識別出八個關鍵主題，這些主題對理解香港 OPLEH 的社會參與至關重要：

1. 無形之牆：複雜的心理健康問題如何阻礙 OPLEH 的社會參與

2. 「顧面子」心理：羞恥感和污名化對 OPLEH 尋求幫助和參與的影響

3. 身體限制：慢性疼痛和年齡相關衰退如何影響 OPLEH 的參與

4. 重建聯繫：志願服務作為 OPLEH 重新參與社會的橋樑

5. 發掘潛能：OPLEH 群體中被忽視的才能

6. 社交平台：音樂和運動在 OPLEH 社交生活中的作用

7. 參與動力：激勵措施如何推動 OPLEH 初步參與

8. 多樣性：OPLEH 社會參與中的人口統計差異

基於這些發現，我們制定了一個提升 OPLEH 社會參與的變革理論，並據此開展了一個業餘合唱團小組試點項目。通過焦點小組訪談，我們深入了解了參與者的動機（如對唱歌的興趣、支持服務機構的想法）、項目帶來的影響（如改善情緒、增強自我表達能力），以及促進成功的關鍵機制（如設立共同領導）。

這些研究結果為香港 OPLEH 相關政策的討論和制定提供了重要的參考點，我們將在下一部分詳細探討這些啟示。

1. **Mental health problems a priority policy area for helping older homeless.** Mental health was identified as the main obstacle to doing social activities in the community, underscoring the importance of addressing mental health to help reintegrate older homeless into the community, particularly those with severe mental health issues. We outline several recommendations to address this issue:

   - **Policy support for improving mental health training for homeless service workers.** We need policies that enhance training for homeless service workers, especially in handling complex mental health issues. The unpredictable working hours and challenging cases, including those with combined mental and physical health issues, make it hard to recruit and keep qualified staff. To tackle these challenges, we should boost support for staff programs with better benefits and resources.

   - **Policy support for flexible schedules and different goals for the older homeless with severe mental health issues.** Being socially active can help reduce mental health issues like depression. However, encouraging people who are withdrawn, such as those with severe depression, is tough. We may need to rethink what "success" looks like for them. Starting with small, manageable activities can help older homeless gradually engage more, especially those with complex mental health issues. This approach allows for meaningful progress and can help prevent worker burnout.

   - **We need more research on hoarding and homelessness to improve policies and practices to target this issue**. Hoarding, a complex mental health problem, complicates homelessness, sometimes causing it or making it harder to escape. For example, owning a home filled with hoarded items can disqualify individuals from certain social welfare assistance and public housing. Further studies should focus on how widespread hoarding is among the older homeless in places like Hong Kong's Public Rental Housing, and explore ways to help those affected.

2. **Understanding the importance of 'face-saving' in helping the older homeless in Hong Kong.** Stigma and shame, often linked to the cultural concept of 'saving face,' can prevent older homeless individuals in Hong Kong from using available social supports and welfare assistance, posing an invisible barrier that should be considered in policy discussions and research. We outline several recommendations to address this issue:

   - **Policy support for research on low uptake of social assistance among older homeless adults.** Policy support is needed for research to understand why and the prevalence of eligible individuals, like older homeless adults, do not take up social assistance. This research should investigate the barriers they face, such as cultural issues around face-saving and stigma. It could also explore how social assistance is marketed and delivered, ensuring it aligns with cultural values. Moreover, examining how different types of welfare, like universal versus means-tested benefits, are perceived could inform policies that reduce stigma and increase uptake.

   - **Policy recommendations for enhancing public education and service inclusivity for older homeless.** Policy support for programs that focus on public education and awareness to foster empathy and reduce the stigma associated with homelessness. Policies should support comprehensive community initiatives that not only provide direct aid but also enhance societal understanding of homelessness. Additionally, it is crucial to integrate and improve competencies within mainstream elderly services in Hong Kong, ensuring they are inclusive and accessible to older homeless individuals without stigmatization.

3. **Building geriatric competencies and addressing chronic pain as priority policy areas for helping older homeless**

   - Policy support for addressing age-related issues like hearing and cognitive decline is crucial for improving the mental, physical, and social well-being of older homeless. Implementing geriatric assessments at accessible locations to older homeless (e.g., hostels, homeless service providers' centers and local churches) and training frontline staff in old-age related health issues can help detect and manage these conditions more effectively, supporting better community reintegration.

- Chronic pain is common among older homeless and limits their social interactions and ability to rejoin the community. Tailored physical therapy in shelters can lessen pain and improve health. It is important for interventions for chronic pain to also address mental health, since the two are closely linked. Policy support for combining mental health care with physical therapy is essential. This approach, which considers both physical and psychological factors, is key in helping older homeless effectively.

4. **Promoting volunteer opportunities for older homeless individuals as a strategy for community reintegration.** This policy recommendation explores the less-discussed potential of homeless individuals, especially the older ones, to volunteer and serve others. Typically, programs focus on people volunteering to help the homeless, but allowing the homeless to volunteer can boost their mood, increase their sense of belonging, and expand their social networks. This can lead to reduced loneliness and even offer a route to employment and community reintegration. For older homeless people who face job barriers due to age or health issues, volunteering can be particularly valuable. This suggests that policies should support and fund volunteer opportunities for these individuals as a key strategy for helping them reintegrate into the community.

5. **Implement strength-based programs to boost community re-engagement among older homeless.** Policy support for programs should be designed to identify and leverage the unique talents and interests of older homeless individuals. By involving these individuals in the creation and leadership of activities tailored to their skills and past interests, and adapting physical activities to be age-appropriate, we can foster more meaningful engagement. This strength-based approach may not only enhance their mental well-being but also facilitate more effective community reintegration.

6. **Policy recommendations for enhancing community reintegration programs through sports and music for older homeless.** Sports and music-based activities are an interesting point for policy discussions and practices aimed at supporting the reintegration of older homeless into the community. One recommendation that should be discussed is the potential of explicit funding for older homeless extending beyond basic needs such as housing, food, and clothing to include activities that facilitate community reintegration. Specifically, policy support for funding pilot programs that integrate sports, music –

highlighting the integration of arts with social and health sciences to develop more effective support for older homeless.

7. **Policy support for utilizing incentives to enhance activity engagement for older homeless.** To increase participation in social activities among older homeless, we recommend a policy that strategically uses incentives, such as free meals and supermarket vouchers, to encourage initial engagement. These incentives should be supported by a dedicated budget, ensuring that they are not only effective at the onset but also contribute to sustained involvement. This approach aims to foster both initial participation and ongoing engagement, thereby improving community integration and the overall well-being of older homeless.

8. **Policy support for customized pathways: Catering to the unique and diverse needs of older homeless.** Policy support for further research to explore how demographic factors such as gender, age, and marital status influence the social participation of older homeless. For example, this study identified different subgroups that can be further explored to inform specific policies: (i) older homeless women, (ii) older homeless doubletons, and (iii) newly versus chronic older homeless. Overall, the study underscores that the older homeless population is diverse, and policy approaches should not be one-size-fits-all.

政策影響和建議的通俗摘要

1. **將心理健康問題列為幫助年長無家者的優先政策領域**：研究發現，心理健康是參與社區社交活動的主要障礙，突顯了解決心理健康問題對幫助年長無家者重新融入社區的重要性，特別是那些有嚴重心理健康問題的人。我們提出以下建議：

• **加強無家者服務工作者的心理健康培訓的政策支持**：無家者服務工作往往面臨不定時的工作時間和具有挑戰性的個案，例如那些同時有心理和身體健康問題的人。這些因素使得招募和留住優秀的員工變得非常困難。為了應對這些挑戰，我們應該加強對工作人員的支持計劃，提供更好的福利待遇和工作資源。

• **針對患有嚴重心理健康問題的年長無家者提供靈活的時間表和不同目標的政策支持**：社交活動可以有助於緩解抑鬱等心理健康問題。但是，要鼓勵那些情緒封閉的人，如重度抑鬱症患者，卻是一項相當困難的任務。我們或許需要重新

定義對他們來說的「成功」目標。我們可以從小型、可管理的活動開始,逐步幫助年長無家者,特別是那些有複雜心理健康問題的人,參與更多的社交活動。這種循序漸進的方法可以讓他們實現有意義的進步,同時也有助於預防工作人員的工作倦怠。通過提供靈活的時間安排和個性化的目標設定,我們能夠更好地滿足這些患有嚴重心理健康問題的年長無家者的需求,幫助他們更好地融入社會及提高生活質素。

- **我們需要加強關於囤積行為和無家可歸問題的研究,以此改善相關政策和實踐。**
囤積行為是一個複雜的心理健康問題,它可以加劇無家可歸的情況,有時甚至直接導致個人陷入無家可歸的困境,或使他們更難擺脫無家可歸的處境。例如,擁有一個堆滿囤積物品的家可能會使個人失去獲得某些社會福利援助和公共住房的資格。未來的研究應該重點關注香港公共租住房屋等地區無家者中囤積問題的普遍程度,並探索幫助受影響者的具體方法。

2. **了解「顧面子」在幫助香港年長無家者中的重要性:**污名化和羞恥感常常與「顧面子」的概念相關。年長無家者可能擔心在他人面前「丟臉」或失去尊嚴,從而選擇不去尋求所需的幫助和服務。這是一個在政策討論和研究中應當考慮的無形障礙,我們提出以下建議:

- **支持研究年長無家者低使用社會援助的原因:**我們需要政策支持開展相關研究,以了解為什麼符合資格的個人(如年長無家者)選擇不使用社會援助,以及這種現象的普遍程度。這項研究應該深入探討他們面臨的具體障礙,包括圍繞「顧面子」和社會污名化等文化因素。同時,還可以研究如何通過調整社會援助的宣傳推廣和提供方式,使之更好地符合目標群體的文化價值觀。此外,研究還應該審視不同類型的福利政策,如普遍性福利與經濟狀況審查型福利·分析它們在目標群體中的接受程度。這將有助於制定出更能減少污名化、提高使用率的政策措施。

- **支持加強公眾教育和服務包容性的政策:**支持關注公眾教育和意識的計劃,培養公眾對無家可歸者的同理心,減少負面偏見和污名化,提高社會各界對無家可歸問題的認知和理解。再者,增進社會服務對此群體的支持,整合和改善香港主流長者服務的包容性,提高長者服務的易達性和友善度,消除可能阻礙年長無家者使用服務的障礙。

3. **將培養老年人能力和解決慢性疼痛作為幫助年長無家者的優先政策領域:**

- 支持解決與年齡相關問題（如聽力和認知能力下降）的政策對改善年長無家者的心理、身體和社交福祉至關重要。在年長無家者容易到達的地點（如宿舍、無家者服務提供者中心和當地教會）實施老年評估，並培訓前線工作人員處理老年相關健康問題，可以更有效地檢測和管理這些狀況，協助他們更好地重新融入社區。

- 對於年長無家者而言，慢性疼痛是一個很常見的問題，它嚴重限制了他們參與社交活動和重新融入社區的能力。首先，在庇護所等場所為年長無家者提供量身定制的物理治療服務。這對於增強他們重拾社交生活、重新融入社區至關重要。其次，在治療慢性疼痛的同時，也要重視解決相關的心理健康問題。因為身體疼痛和心理健康密切相關，需要同時予以關注和處理，是有效幫助年長無家者的關鍵。

4. **推廣年長無家者的志願服務機會作為重新融入社區的策略：**這項政策建議探討了為無家者，特別是年長無家者,提供參與志願服務和服務他人的機會。通常，大部分計劃都是集中於讓一般民眾為無家者提供志願服務，但如果讓無家者自己參與志願服務，也能為他們帶來莫大的好處。這種做法可以提升無家者的情緒狀態，增強他們的歸屬感·拓寬他們的社交圈。這不僅能減少他們的孤獨感，還可能為他們日後重新就業和融入社區提供契機。對於因年齡或健康等因素而難以就業的年長無家者來說，參與志願服務尤其有價值。因此，政策制定應該支持和資助這些人參與志願服務的機會，將之作為幫助他們重新融入社區的關鍵策略。

5. **為了提高年長無家者的社區參與度，我們應採取一種強調優勢的計劃設計方式。**政策支持的計劃應重點關注發掘和發揮年長無家者的獨特才能及興趣愛好。具體來說，我們可以讓這些人參與創建和領導一些貼合他們技能和過去興趣的活動。同時，也要對一些體育娛樂活動進行適度調整，以適應他們的年齡特點。這種優勢導向的方法不僅有助於提高年長無家者的心理健康，還可促進他們更有效地重新融入社區。

6. **通過體育和音樂加強年長無家者重新融入社區計劃的政策建議：**體育和音樂活動是一個有趣的政策討論和實踐點，旨在支持年長無家者重新融入社區。我們為年長無家者提供專門的資金支持，不僅用於滿足他們的基本生活需求，如住房、食品和衣物，還應包括促進他們融入社區的活動。

7. **運用獎勵機制提升年長無家者參與活動的政策支持**。為了提高年長無家者參與社區活動的積極性,我們建議政策制定應該採取一些獎勵措施。這些獎勵可包括免費餐點和超市購物券,以此來鼓勵他們最初參與社交活動。我們建議應專門預留相關經費,確保這些獎勵措施不僅在活動初期有效,還能持續推動他們長期參與。這種獎勵機制的目的,是希望既能促進年長無家者首次參與,又能鼓勵他們持續投入其中。這種措施不僅可以增加他們的參與度,還有助於改善他們融入社區的整體狀況和整體福祉。

8. **我們建議政策制定應該更加針對性地滿足年長無家者的多樣化需求**。不同性別、年齡和婚姻狀況的年長無家者,在社交參與方面可能存在差異。因此,我們強調有必要進一步研究這些人口因素如何影響他們的社區融入需求。例如,我們發現以下幾個需要重點關注的群體:(i) 年長無家女性,(ii) 無家雙老,(iii) 新無家者與長期無家者。總的來說,年長無家者是一個複雜多樣的群體。政策不應採取一刀切的方式,而應根據不同群體的特點和需求,制定更加靈活、針對性的措施。

Older People with Lived Experiences of Homelessness on the Rise

The global count of older individuals facing homelessness is on the rise, signalling a pressing need for action in research, policy-making, and practical interventions. In the United States, for instance, those over 50 now make up nearly half of the homeless population—a sharp jump from just 11% in 1990 (Pope et al., 2020). In Canada, the number of homeless individuals over 50 has quadrupled over the past twenty years (Burns et al., 2020), while England has seen the figure double in a single year (AgeUK, 2019). These statistics underscore a growing trend that demands immediate attention.

Older People with Lived Experiences of Homelessness: A Marginalized Group

Older people with lived experiences of homelessness (OPLEH) typically face more health problems and are at higher risk for age-related conditions such as memory loss and falls compared to those with stable housing (Martins & Sullivan, 2006). They often live 15 to 25 years less than their housed counterparts (Milaney et al., 2020). The term "older" in homelessness research refers to those 50 and above because their health is on par with housed individuals aged 70 and older (Hurstak et al., 2017). These individuals also deal with discrimination, stigma, and social exclusion, making it difficult for them to integrate into society (Rutenfrans-Stupar et al., 2019). Isolation is common due to loss of family, friends, employment, and housing. Additionally, prevalent physical and mental health issues, substance misuse, and behavioural problems add to their challenges in participating in social activities. Addressing homelessness among older adults is crucial for their well-being and societal inclusion.

Beyond Housing: Why Focus on the Social Participation of Older People?

Social participation or "involvement in activities that provide interaction with others in society or the community" (Levasseur et al., 2010, p. 7) among older people has been studied extensively. It has been found to be associated with lower rates of morbidity and mortality (Hsu, 2007), reduced depressive symptoms (Mechakra-Tahiri et al., 2009), attenuated age-related functional changes (Lovden et al., 2005), well-being (Litwin & Shiovitz-Ezra, 2006), and reduced loneliness (Newall et al., 2009). For OPLEH, social participation may enhance access

to networks and resources, and self-concept. Rutenfrans-Stupar et al. (2019) found that for older people living in a homeless shelter social participation improved their social support network, mental and physical health, communication skills, self-esteem, and personal growth. These impacts of social participation can facilitate community re-integration, a primary outcome of programs supporting the homeless (Marshall et al., 2020).

Enhanced community re-integration may lead to less likelihood of returning to homelessness. Aubry and colleagues' (2016) longitudinal study of homeless individuals residing in emergency shelters, found that larger social support networks were a predictor of housing stability, for those housed after homelessness. Enhancing social participation of OPLEH is important to enhance health and well-being, build on or create new social support networks, and to facilitate exits out of homelessness. However, and despite that social participation can minimise homelessness and its impact, empirical knowledge about the social participation of OPLEH, who have distinct differences from their domiciled counterparts (Rutenfrans-Stupar et al., 2019), is extremely limited.

Most research on social participation and homelessness is not specific to older people, it focuses primarily on housing (Rutensfrans-Stupar et al., 2019). Findings of this research are mixed, indicating a positive association between housing and social integration (Gulcur et al., 2007), no relationship between being housed and social integration (Tsai et al., 2012), a negative association between housing programmes and social participation (Chang et al., 2015), and an undesirable side effect (loneliness) of housing interventions (Busch-Geersema, 2013). It is unclear if housing alone can facilitate social participation. Supplementary and alternative interventions are necessary to enhance social participation and tackle homelessness (Rutensfrans-Stupar et al., 2019) which as a problem is rising rapidly.

Older Homelessness in Hong Kong

The homeless population is increasing in Hong Kong and older people (50+) make up the majority of this population

According to official reports, from 2011 to 2018, the number of homeless people 50+ increased from 269 to 721 (GovHK, 2019). Older people accounted for 64 per cent of the homeless population in 2018. The Homeless Outreach Population Estimation (HOPE) in HK

found that the homeless population was 1,414 in 2013 and 1,614 in 2015, double the official registry figures (Au & Ching, 2014; Wong et al., 2016). In both years, older people (50+) made up more than 50% of the homeless population. In terms of *demographic characteristics*, neither the HOPE project nor the official statistics provide demographic information by age group. However, the demographic information of the total homeless population may provide insights into the 50+ cohort. The homeless population is 90% male (GovHK, 2019; Wong et al., 2016). According to HOPE's 2015 data, almost half (46.7%) had no or only primary-level education, about one-third (29.4%) had completed high school, and the remainder had a matriculated level or above (Wong et al., 2016). Most were unmarried (37.4% single, 32.5% separated or divorced). In terms of ethnicity, the majority

were Chinese (89.9%), followed by Vietnamese, Nepalese, and Indian. The majority (64.7%) were unemployed and low-income, the median monthly income being HKD 6,337, "which is slightly lower than an income of a full-timer with legal minimum wages" (Wong et al., 2016, p. 40).

The duration of homelessness, relapses/episodes of homelessness, and first-time homelessness are increasing

The average duration of homelessness increased from 3.9 to 5.1 years from 2013 to 2015 and the average relapse rate (homelessness after a period of being housed) also increased from 2.8 to 4.18 times in the same time frame (Wong et al., 2016). Across analysis of the HOPE project's 2015 data found that an average of 60 per cent of the 55–64 age group and 68 per cent of the 65+ age group were homeless for the first time (Wong et al., 2016). Regarding social interaction and service utilization, the 2015 HOPE census reported that more than half (55.2%) of those sampled had lost contact with family, friends and social support networks. About 60 per cent reported being in contact with social workers/social service agencies.

Scholarly discourse and empirical studies on homelessness in HK are rare, and on older homelessness are even more limited

The official registry and HOPE reports, focus on the homeless population as a whole and provide the most information about this population. Notable scholars like Kornatowski (2010) and Wong (Kornatowski & Wong, 2018) have written about the historical evolution of homelessness, welfare reforms and homelessness supports in Hong Kong. Albeit, supports related to social participation were not explicitly discussed. There are also a few empirical

studies investigating oral health status (Luo & McGrath, 2006), the prevalence of mental health (Chan et al., 2023a; Yim et al., 2015), and factors associated with street sleeping (Chan et al., 2023b). amongst the general homeless population. Despite data demonstrating the growth of older homelessness and trends highlighting increased duration and relapse/episodes of homelessness, there are no empirical studies focused exclusively on older homelessness in HK, to the PI's knowledge, in the last ten years.

Objectives of the Study

Social participation is important for OPLEH for its positive effects on health and well-being, fostering community re-integration, and exits out of homelessness. Culture and context play an instrumental role in influencing the social participation of older people (Aw et al., 2017). Most literature on social participation and older people (and on the homeless population) has been produced in the west (Grenier et al., 2016). Data from diverse sociocultural, political, economic, and geographical contexts are necessary to inform theory, provide opportunities for cross-country and/or cross-cultural comparisons, and contextually appropriate services to address the diverse experiences and perspectives of OPLEH. There is a need to understand OPLEH social participation patterns in HK and to inform policy, practice and research that are appropriate to the local context. To address these knowledge gaps and generate new insights that are locally appropriate to the HK context, the objectives of this study were:

1. Explore social participation perspectives, patterns, experiences and needs of older people with lived experience of homelessness (OPLEH) in Hong Kong (HK)
2. Construct a theory of change framework to enhance their social participation
3. Create a community-based participatory research (CBPR) team comprising OPLEH in HK, their service providers, and researchers
4. Develop an intervention to enhance the social participation of OPLEH in HK

This study was approved by the Human Subjects Ethics Application Review Board (HSEARS HSEARS20220725003).

Study Design

Community-based participatory research (CBPR; Minkler & Wallerstein, 2003) and constructivist grounded theory (CGT; Charmaz, 2006; 2014) are qualitative approaches that informed the research principles, methods, and techniques of this study. Homeless people are a marginalised group requiring a sensitive and collaborative approach to research (Burns et al., 2020). The principles of CBPR prioritize: (i) partnership and collaboration between community and academics throughout the research process, (ii) creating a platform for marginalized and vulnerable groups to have their voices heard, and (iii) a research process geared towards social action. Accordingly, CBPR was used to help to meet the study objectives one and four. CGT is epistemologically aligned with CBPR (Duckles et al., 2019), and provides systematic research methods and tools to ensure the quality and rigour of the research process and findings (which CBPR lacks). CGT is well-suited to investigate processes and develop substantive theories (Charmaz, 2014); thus, was used to meet objectives two and three.

There were three phases to this study: i) create and build a CBPR team, made up of two to three practitioners, six to eight OPLEH, and the academic PolyU research team; ii) sampling, data collection and analysis of 50 participants; and iii) development of intervention based on findings. Below we outline in more details the key activities and goals within in each phase.

Phase 1: Recruit, Create and Build a CBPR Team

In Phase 1, the main goals were to recruit a CBPR team, develop trusting relationships between team members and enhance the members' research capacities. We partnered with an NGO homeless service provider to support recruitment for both the OPLEH interested in participating as co-researchers and participants of the study. While we had initially recruited seven OPLEH to be co-researchers, only five remained till the end of the study. Reasons for dropping out included, finding employment (no time to commit), health reasons, and personality conflicts with another OPLEH member.

The CBPR team met for a total of 26 meetings throughout the study duration, and activities in these meetings included learning components (e.g., learning about studies and interventions on older homeless locally and abroad; learning basics of program design, implementation, and evaluation; and conflict management), assisting with revisions and piloting of interview guides, discussing preliminary findings after each cycle and how it can inform the development of an intervention. OPLEH are a marginalized group and have limited material resources. It was important we reimbursed them for their time, knowledge, and expertise as contributing members of the CBPR team (Kwan & Walsh, 2018). They therefore received HKD 150 per meeting.

Phase 2: Sampling, Data Collection and Analysis

Conducting several cycles of sampling, data collection, and analysis is a hallmark of CGT (Charmaz, 2014). Systematic and simultaneous data collection and analysis enables the researcher "to steadily focus on developing concepts about the data and to gather further data [theoretical sampling] that flesh out their nascent concepts" (Charmaz & Thornberg, 2021, p. 307). Preliminary findings of each cycle of data collection and analysis inform further theoretical sampling and revision of data collection tools (e.g., interview guides). This type of sampling is not about obtaining a representative population sample or increasing statistical generalizability; it is meant to direct the researcher to obtain data that will help further explicate emerging theoretical categories (Charmaz, 2014). This study had five cycles of sampling, data collection, and analysis. The initial sample was collected by convenience and purposive sampling.

First Cycle and Initial Sample

The initial sample comprised of audio recordings and transcriptions of ten interviews with three staff from the NGO and seven OPLEH (which were the initial members of the CBPR team). Eligibility criteria for recruitment of the OPLEH study participants were: (i) 50+, (ii) was or currently homelessness at old age (50+), and (iii) Hong Kong residents. Recruitment is not restricted to Chinese-speaking OPLEH only, and interpreters will be used if the OPLEH speaks languages other than Chinese (Cantonese or Putonghua) or English. Additionally, maximum diversity sampling was used to recruit OPLEH with a wide variety of differing characteristics (e.g., gender, age [young-old, middle-old, and oldest old]) to provide a more

holistic understanding of the research phenomenon. This study adopted an inclusive and contemporary definition of homelessness used in the HOPE projects, which include both those living on the streets (the "visible" homeless) and those in a variety of housing (the "invisible" homeless), in substandard, precarious, or provisional housing (e.g., couch surfing, hostels, living temporarily with friends and family, living in extremely overcrowded dwellings or 24-hour fast food restaurants or airports) (Wong et al., 2016). OPLEH with cognitive impairments that prevented them for providing informed consent were excluded. Two NGOs homeless service providers collaborated with us to recruit participants. Their support with this was instrumental to the study, as this is a hard-to-reach population, and the NGOs made the referrals from their services, whereby the participants had already built up a trust and rapport with them. Further, this strategy also helped to ensure that potential participants match the inclusion criteria.

Cycles Two to Five and Theoretical Sampling

Following data collection from the initial sample, four cycles of theoretical sampling, data collection, and analysis ensued. Data analysis was guided by Charmaz's (2014) two-stage framework: initial and focused coding. Initial coding "should stick closely to the data" (p. 116), and thus line-by-line coding following the constant comparison method was applied to the transcripts. At this stage of coding, analysis focused on exploring theoretical possibilities and identifying gaps in the data. Initial coding directed the analysis to further data sources that could contribute to theory development. Theoretical sampling (Charmaz, 2014) enabled the research team to identify: (i) others who need to be interviewed (e.g., different staff and OPLEH with specific demographic characteristics and circumstances) and (ii) different questions and prompts for interviews.

After each cycle of data collection, analysis ensued to develop theoretical core categories further; focused coding was used in the later cycles to develop the final model of the theory of change framework, selecting, synthesizing, integrating, and organizing the most significant or frequent initial codes to develop theoretical categories (Charmaz, 2014). Importantly, in GT the coding (initial and focused) focuses on gerunds rather than topics and themes. Gerunds help to provide a sense of action and sequence, necessary for understanding processes and developing analytical categories for a theory of change framework.

Memo-writing and diagramming were two other CGT techniques that were employed throughout the research process (Charmaz, 2014). Memos, informal analytic notes that help to make the analysis progressively stronger, clearer, and more theoretical, were drafted after each cycle. Diagramming can be particularly useful in developing theory of change frameworks, as the visual image of the diagram "help[s] to see the relative power, scope and direction of the categories in analysis as well as connections among them" (Charmaz, 2014, p. 218). Diagrams were also used after each cycle to develop the emerging theory. The analysis was primarily conducted by the PI, with a preliminary analysis of the data after each iteration presented to the CBPR team for review and discussion. Incorporating memo-writing, diagramming, and review and discussions of findings after each cycle was a method that helped to build the credibility and reliability of the data.

Fifty interviews was the initial sample size, and our final sample size was 51, which was sufficient for theoretical saturation (Thomson, 2010). In a content analysis of 100 GT studies, Thomson (2010) found that the average sample size was 25 but recommended 30 interviews "to fully develop patterns, concepts, categories, properties, and dimensions of the given phenomena" (p. 45). Our sample size ensured rich data that helped to address the research objectives. CGT's intensive interview techniques (Charmaz, 2014), a unique feature of which is that each iteration focuses on obtaining data pertinent to developing the theory of change framework.

While the interview questions and probes should be emergent in a CGT study, Charmaz (2014) strongly recommended an initial open-ended interview guide. Developed by the PI, the guide (Appendix A) ensured the interviews were conducted efficiently and effectively. The guide was reviewed and revised based on ongoing analysis and discussions with the CBPR team. All interviews were conducted at a location that was comfortable and accessible for participants, which ended up being the NGO centres. Participants were provided with an HK$150 supermarket voucher as an incentive. Interviews were between 30 to 60 minutes long. They were audio-recorded, and then transcribed. Written informed consent was obtained from all participants. Further, at the beginning of each interview participants were reassured that participation in the study and whatever they said would be anonymous and confidential and not impact services with the NGOs that referred them. confidentiality was achieved through removing identifying information during the transcription phase, then deleting the audio-recording.

Phase 3: Develop Intervention

Originally, this stage was meant to be initiated after stage two was complete, but in the end was implemented iteratively with stage two. The rationale for this is when sharing the preliminary research findings from each cycle we found the CBPR team already discussing the development of the project intervention, so we decided as a team to develop the intervention alongside the five cycles of data collection and analyses, whereby the preliminary findings of each cycle informed the intervention development. The Medical Research Council (MRC) Framework for the Development and Evaluation of Complex Interventions (2019) still guided these sessions focusing on the four essential phases to intervention development and evaluation: 1) developing an intervention, 2) feasibility and piloting, 3) evaluating the intervention and 4) implementation and beyond.

The intervention was developed based on some of the key findings and are presented in the findings section. As stage two and three were conducted iteratively, the CBPR team had time, specifically led by the OPLEH members to pilot and evaluate the intervention. A focus group discussion (FGD), approximately two hours, was conducted using a semi-structured interview guide (Appendix B) with the OPLEH CBPR members who led the intervention and some of the OPLEH participants they recruited ($n = 7$). The FGD was audio recorded and transcribed, and then the recording was deleted. All identifying information was removed from the transcripts. All participants of the FGD provided written informed consent and were provided with a HK$200 incentive for participating. Thematic analysis (Braun & Clarke, 2006) was used to analyze the FGD. Findings of the FGD are also provided in the next section.

The study's dataset included 44 transcripts from OPLEH and 7 transcripts from front line staff. Table 1 presents the demographic characteristics of the OPLEH.

Table 1

Demographic Characteristics of OPLEH

	Participants (*N* = 44)
Gender	
Female	11
Male	33
Age	
50 – 59	13
60 – 64	10
65 – 69	10
70 – 74	10
75+	1
Homelessness status	
Chronic	34
Newly (Never been homeless and homeless less than 12 months)	10
Education level	
No education	9
Primary	13
Secondary	15
Higher diploma	2
Bachelor's degree	2
Preferred not to say	3
Employment status	
Full-time employment	5
Part-time employment	7
Self-employed (Freelance)	1
Informal work	6
Unemployed	25

The interviews provided detailed, rich, and nuanced insights into the social participation of OPLEH. Through thorough analysis of this data, we identified eight key themes that inform policy discussions, practice and research. While qualitative studies do not emphasize using quantitative/numerical measures, in the findings section two numbers are identified when presenting the qualitative data to enhance transparency and rigour. First, is the number of participants who discussed the theme, which gives a general idea of how common this theme is across the participants. Second, is the number of quotes/references that was coded under this theme, which signifies a topic/issue that was talked a lot about by the study participants.

For each theme, we included multiple illustrative (and some lengthy quotes) as this is best practice for qualitative studies which are aimed at conveying: i) the authentic experiences and perspectives of the participants; ii) the complexity and nuances of the phenomenon (social participation of OPLEH); and iii) transparency, by enabling the reader to see the basis on which interpretations and conclusions are made, and it offers an opportunity for readers to engage with the data directly, potentially drawing their own conclusions (Wolcott, 2009). We have intentionally organized these themes alongside corresponding discussions around how each of them may influence policy, practice and research to ensure a direct connection between our findings and actionable strategies.

Theme 1: The Invisible Wall: Complex Mental Health Problems as a Significant Barrier to Social Participation for OPLEH (*n* = 37, 175 references [refs])

Complex mental health problems were identified as a significant barrier to participation by 37 (84%) of the participants, making it the most frequently discussed topic with 175 references. This theme reveals the complexity of mental health challenges faced by participants and how these impede their engagement. For instance, three participants explained how their depressive symptoms diminish their motivation to engage:

I feel like this… I don't know, is it? Some people say it is depression. Actually, that's a type of mental illness. There are many things…and I don't have the motivation to deal with those things. Basically, you don't have the mood for it. You need to have this kind of mood, for example, we chat together… maybe hiking tomorrow, having a barbecue, or going swimming… but I don't have this kind of mood at all, to do these activities. (I9, 71, Male, Primary education, Chronic, Part-time employed)

My life completely fell into the bottom of the valley. What is the meaning of living? Also, I've aged. So, for a certain period of time… in fact, this is my current attitude too. Day after day…if death is approaching, please come earlier. In fact, I have nothing to hold and miss in the world. My family…my wife and children are not coming to visit me. No, I am nothing. No, I am nothing good. (I26, 58, Male, Primary education, Newly, Unemployed)

I don't know. Now… I have nothing. I am the only person in the family and still living on the street. I seem to be a dead person without spirit. I only wear a shell. I like to use or do something to numb myself. (I34, 57, Male, Primary education, Chronic, Unemployed)

Other participants shared their struggles with mental health illnesses:

I am mentally ill. The social worker told me when I came out of [name of Hospital]. I stayed in the hospital once. It's settled now. When I got sick before, I would act out of control. I feel like I'm being persecuted, and I often hear voices... Because I couldn't drive a car, I later became a cleaner. I also worked as a security guard. Sometimes I got emotional issues, and the residents didn't like it, so I was fired… (I12, 73, Male, Primary education, Chronic, Unemployed)

Sometimes I may not fully understand and explain why my mindset and behaviour is like this. The social worker took me to the psychologist once. I might have some psychological problems. They said I have obsessive-compulsive disorder (OCD). When I was in jail, I visited the doctor due to my annoying behaviour. (I34, 57, Male, Primary education, Chronic, Unemployed)

Another participant explained that her mental health deteriorated after her brother's suicide, which ultimately led to her homelessness. She noted that this tragedy continues to impact her daily mood and her motivation to engage in activities,

There was a lack of communication. Everyone was busy with their own things. We didn't communicate much. In 2020, my younger brother committed suicide, and it took me about three years to start letting go a little bit. Because of the pandemic, he had just gotten married and started his own business. With the pandemic and not communicating with us,

I was the first one to find him, but he didn't come back... It was already too late when I found out. It had a significant impact on my physical and mental well-being… and it's been tough for me. I've been relying on medication for a long time. Like these past two days, I've been feeling down, and it's been tough. I haven't taken my medication, so my mental state isn't great. I'll have to go buy the medication soon. At least 10 tablets of 7.5mg sleeping pills. But even lying down, I can't fall asleep. I just want to knock myself out quickly. If I take the medication, I'll feel better the next day. I've been relying on medication to maintain my physical stamina. Actually, I have tried to learn some classes before, and I wanted to join. First, it was because of financial reasons, and second, my life has had ups and downs, so I lost my motivation. I don't want to trouble others too much. Sometimes I wonder why I'm like this, being constantly pessimistic is exhausting. (I41, 50, Female, Primary education, Newly, Part-time employed)

There were three participants that used to have secure housing (e.g., living in PRH housing) but due to severe hoarding which has led not only to their entry into homelessness but also preventing them from finding secure housing,

I used to live in a public housing. It's my own fault to become homeless because I don't tidy my home. I have a house. I think this is not good to ignore the rubbish in the house and stay outside. This is my fault. Someone gave me something, but I haven't used it before, like some washing machines and old TV… there are many things and some don't work. I have to throw it away, even if they can work, I still need to throw them away. I can't keep too many things in my house. There are a lot of junk machines inside, so I can't live here. Do you understand? The most important thing is… it's impossible for oneself to be troubled like this, like me, why can't I handle my flat and I have to sleep outside… right? I am human, I want to control this matter, not be controlled by it, right? No, it is related to a health illness. (I9, 71, Male, Primary education, Chronic, Part-time employed)

Now my house is filled with too much clutter, and the relationship with the upstairs neighbour is very bad. I live on the ground floor. When the drain is blocked, he said it's not his concern because my house is under his. (He said) his place is clean, no leaks. But it's reasonable that the water from below can go up, right? He refuses to fix it. I fixed it once, twice, three times, and I got so angry that I didn't return to my house. There are still

many maintenance issues that I can't handle, so I just lived outside. (I40, 70, Female, Higher diploma, Chronic, Unemployed)

Actually, I've had this habit since I was young. But because I lived with my older brother [and their mother], he tried to stop me a little. I like hoarding things. As soon as he saw it, he tried to stop me. But when he moved out, I started to go crazy with it. Sometimes when he came back and saw it, he would kick my things with his feet. My nephew used to get scared and cry. But he moved out. Then it was filled with things... I lived there and when the house was sold, I moved my things to my own public housing. Sometimes I feel it is narrow, so I go out and live on the street. That's how it is. The house is full of stuff and makes living uncomfortable. It's even more comfortable outside. (I5, 65, Female, Primary education, Chronic, Part-time employed)

While most participants highlighted mental health issues as barriers to their participation, some shared strategies for overcoming these challenges. Notably, the theme of taking small, positive steps was emphasized, as illustrated by these participants:

The first step is everything. When I made the first step to application, I have a place to stay. And step two, if I can make more money by myself. This [name of NGO] gave me a lot of ideas about what to do … Don't compare yourself to others. If you walk out from the dark. Give yourself some confidence and make the next move, conquering the fear. The sense of responsibility. I learned not to worry the social workers and let them see the potential that I can take care of myself in the future. They can only help you in a certain way- they change the wrong thoughts in you and tell you where you can go, but it's you yourself that walks. (I38, 59, Male, No education, Chronic, Informal work)

Yes. I think it [referring to participation] helps me. I dare not say that I can help others. But at least I can produce something… which is not bad… it means that I am not incompetent to do something. I want to learn more...I usually stay alone… I seldom get along with others…but yes, I am trying to change myself. Although it is slow, it is still progressing. The amount is not important…at least I have tried. (I4, 52, Male, Primary education, Chronic, Unemployed)

It's quite nice, sometimes I do some things to enrich myself, like helping people out. Let me tell you, I have been through the bottom, so now I am slowly climbing up again. People are important. People are social beings. If you don't have friends, you'll be lonely. Try it. If someone does not go out, this person is very foolish, he will be overthinking too much. So, what you can do is to relax slowly, do more activities, socialize more. (I6, 62, Male, No education, Chronic, Unemployed)

This theme was also mentioned by six service providers, referenced 17 times. For instance, one staff member shared,

The most difficult problems are those with a mental illness and drug addictions, which we are not yet able to solve. We have not seen any significant results nor found a useful method to deal with these groups…They are also completely affecting the other homeless. (S7)

Why is this Theme Meaningful? How does it Inform Policy Discussions, Practice and Research?

Complex Mental Health Problems a Priority Policy Area to Support OPLEH

This theme emerged as the most frequently discussed barrier to social participation, highlighting its significance and the need to prioritize mental health interventions for OPLEH to aid in community reintegration, especially those suffering from severe and complex mental health problems (as some of the interviews' highlight). This finding aligns with Chan et al.'s (2023a) quantitative study, a population survey of homeless individuals in Hong Kong, which found a higher prevalence of depression and anxiety among the homeless compared to the general population. This theme stresses the importance of focusing on mental health as a key area for policy and practice intervention, and further research. Specifically, we outline several recommendations that can help support OPLEH in this area.

Policy Support for Strengthening Mental Health Competencies in OPLEH Service Providers

There is an essential need for policy support to train and maintain service providers with comprehensive mental health competencies, which include both general well-being and

the management of complex conditions such as mental illnesses and trauma. This necessity underscores the importance of enhancing mental health training and initiatives within homeless service providers. While services like counselling are recognized within frameworks such as the Fundings and Service Agreements (FSA) (Audit Commission HK, 2022) between the Department of Social Welfare and the sub-vented NGOs providing direct services, there must be explicit support for developing mental health competencies aimed at effective and efficient screening and support for clinical diagnosis.

The irregular hours associated with homeless services, including overnight shifts, along with the complexity of cases involving co-morbidities (e.g., complex mental and physical health issues), present significant implementation challenges. NGOs, hostels, and outreach programs face persistent difficulties in recruiting and retaining qualified staff due to the unpredictable and demanding nature of the work, which often leads practitioners to seek more stable and less demanding roles. To address these issues, policies should strengthen support for a robust staff program that provides sufficient benefits and resources. Additionally, further research is necessary to identify barriers that deter mental health practitioners from this sector, which will help inform strategies to attract and retain qualified staff. For example, a U.S. training hospital incorporated street outreach into their psychiatry residents' community psychiatry rotation (Koh, 2020). This approach could be expanded to include all allied health professionals—nurses, social workers, occupational therapists, PTs, etc. in Hong Kong—integrating early clinical exposure to the complexities and possibilities of supporting OPLEH into their education and training early on.

Policy Support for Adaptive Timelines and "Performance Indicators" for OPLEH with Complex Mental Health Challenges

While it is well-documented that social participation can alleviate negative mental health outcomes such as depression (Mechakra-Tahiri et al., 2009), motivating those who are withdrawn (e.g., OPLEH with severe depression) remains a significant challenge that requires patience and potentially a revised understanding of what "success" means for these individuals. This theme suggests that initiating small, incremental steps may effectively foster engagement. Participants described how minor activities helped them gradually re-engage, providing valuable insights for both practice and policy development. For instance, policies and practices related to the FSA should diversify outcomes and performance standards to accommodate those

with mental health challenges, especially complex ones. Performance indicators should reflect the extended time required for individuals experiencing mental health changes to reintegrate into the community.

Additionally, definitions of "success" should be tailored to reflect meaningful achievement and engagement for these participants, particularly when mental health challenges significantly impact their daily functioning. For instance, goals could shift from "finding employment" to simpler achievements like "participating in one activity." This theme also suggests that practitioners adopt a philosophy of "small incremental steps" in their toolkit. This approach can support OPLEH with complex mental health issues as they reintegrate into the community *and* may also help mitigate worker burnout. Research has shown that the mental health challenges of clients negatively impact the job satisfaction and burnout levels of social workers (Acker, 1999; Maddock, 2024).

More Research to Explore Hoarding and Homelessness to Inform Policy and Practice

More research is needed to explore hoarding and homelessness to inform policy and practice. Hoarding is not only a complex mental health illness that can drive some individuals into homelessness, as shared by some participants of this study, but it is unique in that it can also prevent them from exiting homelessness. For instance, being a homeowner prevents them from applying for certain social welfare supports and benefits, as they do not meet the eligibility criteria. Also, in these cases, it is not that they lack housing, but rather their hoarding issues that are contributing to their homelessness. Further research is required to examine the relationships between hoarding and homelessness in Hong Kong (e.g., identifying the prevalence of the problem—especially in Public Rental Housing), and interventions aimed at addressing this issue.

Theme 2: "Saving-Face" – How Shame and Stigma Deters Help-Seeking and Participation (*n* = 38, 130 refs)

Shame and stigma were identified as a significant barrier to participation by 38 (86%) of the participants, with 130 references (the second most discussed issue). For instance, this participant describes how shame and stigma not only cause him to avoid interactions with others but also how these feelings intensify the longer he remains homeless:

There was no social interaction. It is natural for a street sleeper to sleep on the street alone and not want to see anyone because I was dirty. It's natural to feel low self-esteem when you go out on the street. Even if you don't feel inferior on the first day, you will gradually feel inferior. Naturally, there is no such kind of self-confidence. People rely on self-confidence. Without self-confidence, nothing can be shown. (I11, 63, Male, Primary education, Newly, Full-time employed)

This participant recounts how, despite having a strong support network, shame led him to avoid reaching out to his close friends,

He [his god brother] was looking for me everywhere. He heard from my friend and knew that I got into troubles. When he heard about it, he looked for me. He and I have a very good relationship. One day randomly, I met him in a public washroom. He was surprised to see me. He seemed to want to cry when he saw me. I was like a beggar. I didn't want to see him. I turned around and walked away. He caught me. Each of them dotes on me. They are very caring, I don't want to see them, each of them lives well. Everyone has grandchildren. They are kind. My god brother told me: "I never thought you would become like this." I didn't dare to reply, I didn't even want to answer him. I don't know how to answer him… It's not that there is no one to help you, but you really don't want to. Maybe it's your own feelings of inferiority. If I ask for help at this age, how low have I really gone? (I11, 63, Male, Primary education, Newly, Full-time employed)

These participants, who are employed, explains how the stigma and shame associated with homelessness can deter one from forming close relationships with colleagues and others at work:

I try to sleep as far away from my workplace as possible. I am afraid that other colleagues or guests in the restaurant may have a chance to see me. So, I try to live as far away as possible. (I21, 63, Male, Secondary education, Chronic, Informal work)

They [colleagues] don't know about it. I haven't mentioned it because it would be troublesome. They are completely unaware, and I don't want to bring it up. Of course, my old friends would know, but I don't talk about it with the new colleagues. It's better for

everyone that way. After all, it's about the people you interact with... Yes, I am worried. Because society is not very accepting nowadays when people truly know about your situation. I work with colleagues… Some of them have little education, and their thoughts are not very open-minded. Even if you mention it to my family, who are all educated, they wouldn't accept it, right? Let alone other people. (I39, 59, Female, High diploma, Chronic, Full-time employed)

These participants shared how despite knowing there are access to resources and support, the need to "save-face" was stronger than their basic needs, as illustrated by these participants:

I don't want people to know that I'm homeless. I don't want this. They will provide us with meals and biscuits. I don't want to take these from them. I'd rather drink water to be full. They just come here to distribute food, soup, and they will give me a lot of things. They also buy me bread. I don't want to be pitied. On the one hand, I don't have enough money to pay back. I don't think it's good to get others' food. My mom told me when I was young, if others give you food, you should give them too. But I don't have money, I have no job. So, I cannot give them food in return. I don't like this. I lose my face even more. Yes. I would rather go hungry and drink water. I am the person like this. If you like talking to me, we can chat. If you don't like chatting, then we won't. (I33, 65, Female, Secondary education, Chronic, Unemployed)

There are many people I can seek help for, but I don't want to ask others for help. I just care about my reputation and face. (I6, 62, Male, No education, Chronic, Unemployed)

Some people told me, "婆婆 [grandma], you might as well apply for the CSSA, you should qualify." I said IF I'm capable on my own, I don't want to apply for these things. That's what I said. I have nothing at all. Not even old age allowance. Not even medical vouchers, I don't have any. I don't want to take these. If I really was that clueless, without even the ability to work, then I would consider. I must rely on myself to earn a living. In society, to earn money, you must use your own abilities. Otherwise, you are using the taxpayer's money. Since I still have some ability, I might as well work for myself. I haven't applied, but I know the allowance is now HK$1460 dollars from the casual jobs. Since there are

food provided here, I have no problem with eating, nor the clothing. (I46, 67, Female, No education, Newly, Informal work)

Interestingly, this participant shared how he shifted his perspective in receiving help,

At that time, I didn't know about social welfare or anything like that. I didn't think about it. I heard about it, but I only thought about my face, no face. I did not want to seek help from the Social Welfare Department or other organizations. Everyone knows that McDonald's has a place to stay. At first it was a shame for me, eating someone's leftover. But I found that no one was looking at me. You are doing it for survival…I called my friend later on and I said that I need his help. He said that I want to help you, but you know I am married now; I need to take care of my family; I can help you get through the emergency, but since you are divorced, over-60, homeless and jobless, you can try to seek help from social welfare departments. He said that this is the welfare you deserve, you should apply for it whether it is granted or not. My god brother is right. If I can eat other's leftover in McDonald's, why can't I seek help from social welfare? At the SWD, they arranged an officer for me…Now I have the most update one- I'll show you. (I38, 59, Male, No education, Chronic, Informal work)

Another participant explains why he chooses to only participate in activities facilitated by homeless service providers and churches,

So, if I participate, I will participate in activities for homeless people, they will not discriminate against us. But in case I want to participate in some other activities, where all participants own a house and are wealthy, well, they will discriminate against us and disrespect us. I would not choose to participate because I'm worried that they will look down on us on the streets or see us as inferior people. Apart from activities for the homeless, I like going to church. The church respects us homeless people. God loves everyone…We won't go to participate in those activities where people will look down on us. We try to flock together with those people who are in the same situation. We do the same things and participate with them. They know what we have all been through or going through being homeless. (I23, 63, Female, Secondary education, Chronic, Part-time employment)

This theme was also found in the staff interviews (*n* = 4, 5 refs). As illustrated by these two staff members:

How do we make the 50+ with non-social behaviours and are isolated, join our small group activities? It is not easy. Some of them never got services from NGOs and they also feel that seeking help from the social workers brings shame upon themselves. (I7, 60, Female, Bachelor's degree, Newly, Unemployed)

There are still many homeless people on the street where even we provide them with accommodation, they still refuse to accept it. That's related to their emotional health or that kind of thing, it's not clear, or it's related to their habits, or it's about the culture, the choice in certain situations will affect the service, will affect us, because we need them to come in to provide a comprehensive service. (I3, 56, Male, Secondary education, Chronic, Full-time employed)

Why is this Theme Meaningful? How does it Inform Policy Discussions, Practice and Research?

Face-saving, a Key Chinese construct, in Understanding OPLEH in Hong Kong

This theme is meaningful because it illustrates another "invisible" barrier - stigma and shame - to social participation. The theme highlights how even if there are resources and social support networks that the OPLEH can reach out to, in some cases, they rather not access such supports due to shame. So, in some cases it is not that they do not have these, its shame and stigma that is preventing them from accessing them. This theme relates to the culturally significant concept of 'saving face,' which is particularly salient among Chinese individuals (Kong et al., 2020). This concept is likely more pronounced and deeply ingrained in older people (OPLEH), who may adhere more strongly to traditional values. This theme suggests another invisible barrier, but this time one that is socio-culturally and locally salient, that should be identified as a potentially significant factor in policy discussions, practice and research concerning OPLEH.

Policy Support for Research on Low Uptake of Social Assistance Among OPLEH

The theme also suggests that policy support for further research to examine the phenomenon of eligible individuals not taking up social assistance. We need to understand the prevalence and impacts of this issue on those who are eligible and in dire need, such as the case of those OPLEH who are homeless but refuse assistance. This research should also explore potential solutions and interventions. For instance, could this be a marketing issue? Do we need to consider how we can reframe and disseminate social assistance in our society, ensuring that we accommodate the unique cultural constructs of Chinese people, like prioritizing face-saving when discussing social assistance or during screening processes?

Additionally, this theme also brings in another policy discussion point regarding the types of social assistance that may help to mitigate the shame and stigma associated with welfare programmes. For example, some scholars have argued that universality of certain types of social welfare support does not evoke shame and stigma (Li & Walker, 2018). Future policy and research discourse should examine older people's perspectives of different social welfare supports, such as Old Age Allowance (OAA), which is universal versus OALA, which is means-tested.

Policy Support for Enhancing Public Education and Service Inclusivity for OPLEH

Furthermore, this theme is significant to inform policy discussion and practice as it highlights a broader societal issue of education and awareness about homelessness. Homelessness can affect individuals from all walks of life. This insight emphasizes the need for policy support for programs that enhance awareness and understanding of homelessness in Hong Kong. Such initiatives aim to cultivate a more compassionate view of this social issue and foster genuine empathy within the community. This theme suggests that initiatives to address OPLEH should focus should not only on individual-level case management but also on broader community and societal interventions designed to change the social environment by reducing the stigma and shame linked to homelessness. With a better-informed and empathetic general population, and less stigma and shame attached to being homeless, individuals like the OPLEH from this study might be more inclined to seek help from their support networks and colleagues. Addressing homelessness effectively requires a collective effort—"it takes a village."

A starting point for building public education, awareness and empathy, is with mainstream elderly services and providers. As this theme also sheds light on why some OPLEH may not access mainstream elderly services available in Hong Kong, preferring instead to approach homeless service providers (that are not elderly specific NGOs) or churches that traditionally serve the homeless, as these venues are perceived as less stigmatizing. This observation underscores the need for public education awareness, and competency building in mainstream services regarding homelessness. A starting point could be for mainstream elderly service providers to develop competencies around older homelessness, especially if the overarching goal is to reintegrate OPLEH into society. This would involve transitioning from exclusive reliance on homeless-only service providers and churches to more inclusive, mainstream service providers.

Theme 3: Chronic Pain and Age-Related Decline: Major Barriers to Participation for OPLEH (*n* = 21, 69 refs)

Forty-eight percent of the OPLEH participants discussed how their experiences with chronic pain and/or age-related decline were barriers to their participation, making this the third most significant barrier to participation amongst the OPLEH in this study. For instance, the participants explained that ongoing issues from previous injuries, compounded by their advanced age, have worsened their condition and hindered their ability to engage in activities,

> *It's been a long time. I can't do this right now. I am too old and have too much pain. When it rains, my whole-body hurts. I fell from a truck once when I was working and hurt my back. So, I don't run anymore, not now, my back hurts. I just walk. (I8, 63, Male, Primary education, Chronic, Informal work)*

> *But now I can't carry heavy objects because my previous injury. I fell from the 10th floor before. Yes, my left knee hurts. It is very painful. No, I can't go now. Before, more than ten or twenty years ago, I could still hike but no, I can't hike no more. (I22, 57, Male, No education, Chronic, Unemployed)*

> *I'm old, I can't walk very far, and I feel dizzy even when I squat down to work. (I19, 84, Male, No education, Chronic, Unemployed)*

Yes, it's shameful to say that I have completely changed to another person. I was bed-bound at the hospital for 3 years. I slept in the bed for 3 years. I was arranged to stay at the residential home after being let go from the hospital. I stayed there for a few years. I slowly got used to the life there. Later, I moved out once I could manage the wheelchair on my own. I liked playing ball and snooker when I was young. Now, I cannot do anything. Activities…I think…I think to me…[pause] I think I can't join…no special activities fit me because I cannot walk. Maybe singing a song. For instance, go outing and meal gathering are not convenient to me as I am in a wheelchair. So, nothing fits me. (I26, 58, Male, Primary education, Newly, Unemployed)

Other participants noted that age-related declines and conditions often create obstacles to their social participation. For example, one participant described how her hearing impairment serves as a barrier to interacting with others,

I don't have any hobbies. I don't have much to do, but I also had a major surgery, but I don't want to talk about it too much. Why is that? One of my ears doesn't work and I can't hear you with that ear. The other ear also has constant sound in it. You see I am talking to you, but I might not be able to hear you clearly. Seriously, just listen to me, I'll say a little and that's it. Poor hearing. Sometimes when I go to the [activity centre at the NGO], My friends ask me questions and I answered them all wrong. They would complain that I gave them the wrong answer. I said I can't hear clearly. Please understand me, there's no way. You see, look at me, my appearance is good. But actually, I have a lot of problems, heart, my back, this joint. … You can't hear clearly at all. When you talk to others, your answers are all wrong. So, I dare not chat with them too much. If you ask me, I'll answer. Sometimes I answer incorrectly. There was one time when a person asked me, and I answered all wrong. He said, "I didn't ask that." I said, "Can you speak louder? What are you saying? "I can't hear clearly at all. (I31, 69, Male, No education, Chronic, Unemployed)

This participant explained that despite his desire to join activities with others, he prefers to go alone due to his physical limitations,

Sometimes I go hiking. But I mostly go alone, why? It's nice to have someone with me, but sometimes hiking can be very individualistic. It's hard for me to keep up with others because of your age. Sometimes I am older, sometimes I am not in good health, and I cannot keep up. (I11, 63, Male, Primary education, Newly, Full-time employed)

Another participant shared their experience with cognitive decline (memory issues),

I don't have any family left. I was very young when my parents were no longer with me. I can't even recall when they left me, because now I feel old, and I have brain degeneration. I can't remember many things. Sometimes on the street there is a blood-pressure measuring stall, I would sit down, and I would be asked what my name was. I suddenly forget my own name. I can't answer, I needed to take out the senior citizen card and look. Maybe I really am starting to have dementia? In the past year, people ask me what my name is? Sometimes I can't answer... (I46, 67, Female, No education, Newly, Informal work)

This theme was echoed among some of the staff participants ($n = 5$, 7 refs). An illustrative example is this staff who explained how their team found out that a large proportion of their OPLEH had vision issues,

Of course, their [OPLEH] medical conditions can be more advanced, or some conditions that bother him/her a lot like unknown pains, and many things you don't check, you don't actually know. For example, half of them can't see clearly. Yes, because we and a charity organization did eye tests for them. We found this problem, about their eyesight, because we generally feel that mental illness, other cancers, or high blood pressure, those are the important ones, right? But actually, they have these things that will affect them in their daily life. Think about it, if you take off your glasses – see what I mean? S3

Why is this Theme Meaningful? How does it Inform Policy Discussions, Practice and Research?

Policy Priority for OPLEH: Building Geriatric Competencies Among Frontline Staff

This theme suggests that addressing age-related decline may be another important priority area for OPLEH in interventions and policies aimed at community re-integration. This finding reveals that age-related decline affects not only the mental and physical health of older homeless individuals, but also their social well-being. This finding shed light on examining more age-related decline, like hearing impairment and cognitive decline, that can go undetected in this population. Geriatric assessments and screenings may be needed for this growing subpopulation of homeless individuals, and it may be beneficial to have them at locations that are more accessible to this group (e.g., NGO homeless service providers and churches). Future studies could also examine the prevalence rates of various geriatric conditions in this population, which can further inform policy and practice. There also needs to be future research examining the health care use (especially with acute care) for OPLEH. Also, like the recommendation of building the mental health competencies of frontline staff and homeless service providers, this theme suggests that there may need to be training and building of geriatric competencies of such staff and service providers to enhance their ability to pre-screen and/or understand specific geriatric conditions and consider this in their protocols and approach to supporting community reintegration.

Policy Priority: Addressing Chronic Pain among OPLEH

This theme is significant as it also underscores the necessity of exploring, understanding, and addressing chronic pain among OPLEH. It aligns with other studies that have highlighted a high prevalence of chronic pain among the homeless (Vogel et al., 2022). Chronic pain is shown to hinder social participation and community re-engagement, warranting further exploration and intervention development. For instance, Jimenez-Sanchez and colleagues (2024) implemented individualized physical therapy interventions in homeless shelters, which significantly reduced pain and improved the physical self-perceived health of participants. Importantly, interventions for chronic pain should consider the well-documented correlation between chronic pain and mental health (Vogel et al., 2022), another significant barrier found amongst our study participants. Thus, integrating psychiatry and mental health with rehabilitation sciences is crucial. The theme emphasizes that Rehabilitation Sciences may play a vital role in supporting this demographic and further supports a biopsychosocial approach to policy, practice and research.

Theme 4: The Heart of Reconnection: Volunteerism as the Gateway to Community Re-engagement for OPLEH (*n* = 29, 117 refs)

When asked about the types of social participation activities they either engage in or are most interested in, 66% of the participants discussed volunteering activities. These discussions provided some interesting insights into why and how volunteerism and being of service to others can act as a gateway to community re-engagement for OPLEH. For instance, volunteering was the only activity that sparked this participant's interest, leading him to engage with the NGO outreach services and eventually secure formal employment,

> *It took a long time for [NGO] to persuade me. It wasn't until -- almost a year and a half that I really started to do it. Actually, some of them had been in contact with me for a long time, but I didn't care, until [staff] said, "I have a volunteer job. Would you like to try it?". I looked up, and finally started to talk to him, and I said, okay, give it a shot, and that's how it started, but it went from volunteering to them asking me to work part-time until now that I've found a job, or you could say a half-time job. (I17, 60, Male, Secondary education, Chronic, Part-time employed)*

This participant, discussed the impacts of volunteering for people even older than him and how it influences their mood,

> *It affects everyone. Sometimes when I see elders who are older than me, some of their legs become weak and they are even worse than me. If I can help them, I'll be happier…. After helping others, they feel happy, and I feel happy too. Everything has two sides."*
> *(I11, 63, Male, Primary education, Newly, Full-time employed)*

Another participant shared how volunteering enhanced his social support network in addition to improving his overall mood,

> *My temper used to be bad, but now it has improved. When I came to Hong Kong before, I was only focused on making money. I never thought about doing volunteer work, absolutely not. I wouldn't consider doing such things without getting paid, that would be foolish. I didn't have these concepts before. I started volunteering at the [NGO] … I have*

made many friends, and some of the relationships are really good. [Another OPLEH], for example, doesn't live in the same dormitory as me, but we got to know each other through delivering meals and volunteering together. He is a really kind person. He used to ignore me before, but now he is willing to help us move, go to the outlying islands to deliver meals, and do volunteer work together. I think it's wonderful when you happen to meet a group of people with similar goals, walk together, and do volunteer work together, it brings a lot of happiness. I think the biggest change in these many years of doing volunteer work is that it has made a difference in my own loneliness. (I43, 68, Male, Primary education, Chronic, Unemployed)

Another participant echoes the sentiment of volunteering to boost mental health,

I also do volunteer work sometimes. Just to kill time as well…it makes me not be alone and start having negative thoughts. Many people go crazy, having mental problems because they have too much time. Yes, helping people, how should I put it, it's a bit better for my emotions and myself. If there is time, I will do it. If there is no time, I won't do it. (I22, 57, Male, No education, Chronic, Unemployed)

Another rationale for volunteering is the want to repay the debt of gratitude to the NGOs who have helped them as expressed by this participant,

Yes, that's right. I want to give back to others. During my most difficult and challenging times, they [NGO] helped me start anew, and I no longer feel lost." (I39, 59, Female, Higher diploma, Chronic, Full-time employed)

Volunteerism may be particularly important for those who find it difficult to find employment, as this 70-year-old participant mentioned,

I go to the nursing home to feed the elderly, chat with them, help them write letters, and see if they need anything. I feel giving is better than receiving. Even if there are no rewards, I feel so happy. They feel happy as well. What is money? You can't take it with you when you're gone. So, there's no need to earn so much money. There is no job opportunity for me anyway, I am already old. (I40, 70, Female, Higher diploma, Chronic, Unemployed)

This theme was also apparent in the staff interviews ($n = 4$, 5 refs). This staff shared her thoughts and observations on the rationale for and impacts of volunteering,

Yesterday, I took them [OPLEH] to visit an ill homeless person with hot soup. As soon as we went out, they said, "let's go together. Let's go". They now have the life to care for others. I feel that this social transformation is a great help. S4

Why is this Theme Meaningful? How does it Inform Policy Discussions, Practice and Research?

This theme is both meaningful and interesting because it highlights a less explored area in policy, practice and research, specifically the opportunities for homeless individuals to *serve others*. Typically, discussions around homelessness and volunteering focus on programs where volunteers help the homeless, rather than homeless individuals themselves acting as volunteers. While basic needs (e.g., food and housing) programs are crucial, this theme proposes that even the most vulnerable individuals (OPLEH) often desire to contribute and help others. The study participants shared how volunteering can provide numerous benefits such as improved mood, increased sense of belonging, expanded social networks, reduced loneliness, and potentially, a pathway to employment, all contributing to community reintegration.

Volunteering may be particularly significant for OPLEH (especially those aged 70 and above), whereby securing employment may be challenging due to ageism or chronic health issues. For instance, nearly half of the participants ($n = 21$) in our study reported chronic health problems and age-related decline. Policy discussion and practice may consider explicitly integrating volunteer engagement as a performance standard in the FSAs. While employment is often considered the benchmark for reintegration, the reality for OPLEH facing age discrimination and health problems is quite different. Therefore, another policy discussion point is to increase funding for volunteer-based programs as viable means for community reintegration. This includes funding pilot programs that evaluate such initiatives, specifically targeting outcomes that foster community re-integration. Chronic homelessness is a difficult and challenging issue, yet this theme, which represents the voices and perspectives of a number of chronically homeless individuals, suggests that volunteering and serving others should be further explored as a pathway to community re-integration.

Theme 5: Hidden Talents Among OPLEH (*n* = 15, 29 refs)

When asked about their current interest in activities and hobbies, 34% of the participants discussed their dreams and talents in their past. For instance, these participants shared an array of unique interests, talents, and dreams,

You used to have dreams and then you stopped thinking about them after growing up, those things, right? ... For decades, I only have one dream... it's just a dream…Chinese medicine. I've had it since I was young. My grandfather was a traditional Chinese medicine practitioner. Um, I also studied in Hong Kong, and I took some short-term courses. No, but they are all dreams... (I10, 52, Male, Secondary education, Chronic, Full-time employed)

I was lucky enough to learn kung fu from a master. When I was young, I learned kung fu from him and learned how to fight. (I11, 63, Male, Primary education, Newly, Full-time employed)

It's not smoking or drinking. Those [interests and hobbies] are all things you can't guess. I liked raising fish when I was a child. Breeding tropical fish on my own. Taking some fish of this species and breeding them with another species, mixing up the breeds, it's a lot of fun. (I15, 68, Male, Secondary education, Chronic, Unemployed)

I quite like sports. I used to be a gymnast. I was almost in the national sports team. I was in provincial team when I was young. I22, 57yo, Male Chronic, little education Later, I immigrated to Hong Kong and then came here to work as a cleaner. I worked as a cleaner, and later became a lifeguard. I have worked for many years. I have also been to many places. I also saved two children at the swimming pool in Causeway Bay. (I24, 72, Male, Education not mentioned, Chronic, Unemployed)

I used to be active, running and jumping around in my hometown. I was an athlete. I was a track and field athlete, and my best achievement was winning first place nationally. I still have my awards from that time. I won the national youth long jump championship in 1972 when I was still very young. (I43, 68, Male, Primary education, Chronic, Unemployed)

Hobbies? When I was young and I still earned money, I learned Chinese dance at the center, Chinese dance, Chinese folk dance, I learned some. I was also very interested in learning arithmetic, like bookkeeping. (I46, 67, Female, No education, Newly, Informal work)

I go do survival in the wilderness. This organization chose me. I signed up for the dates in November. It's our organization collaborating with another organization. I don't know if you've heard of it. [Campsite Name in Area in Hong Kong]. Have you heard of it? This style is very famous in the UK. We changed it to "People in the Wild". (I29, 50, Male, No education, Chronic, Full-time employed)

This theme was also echoed in some of the staffs' interviews (*n* = 3, 8 refs). For example, when asked to envision a social participation programme for OPLEH this staff shared,

Hmm… If we don't consider resources and cost? I am allowed to think wildly? Ha-ha. I was thinking about having a center that is actually ran by them [OPLEH]? It could be a resource center for the homeless. Because through their experiences, they know what they actually need. I also think that it depends on what THEY want to do, maybe starting some activities that they can manage. For example, one member is originally from Thailand who likes to cook, maybe she can open Thai food workshops for the public to participate in, how about that? I think in addition to providing resources, providing job position, is there space to let them demonstrate their own strengths? S2

We would like to empower them. On this matter, we hope to connect with them in our community or build social rapport, this is what we value most. It is important to find their hopes and dreams. I think many of them have lost these a lot, because they don't even have social rapport around them, or even basic living necessities. This is what we hope to achieve in the end. I think every service should be carried out with the hope, which our service users also have. We're not trying to change them, we're trying to explore their past and strength, which will take more time, more relationships, especially their trust and confidence. We are not trying to change them, we are trying to help them to unleash their strength and empower them. We hope that our attitude to

the OPLEH is also like this, not to change them, which is difficult, also they tend to have their own personalities and thoughts, plus being homeless. S3

Why is this Theme Meaningful? How does it Inform Policy Discussions, Practice and Research?

This theme is meaningful in terms of informing policy discussions, practice and research regarding the types of activities and program designs to engage participation among OPLEH. First, it illustrates the wide array of unique hidden talents and interests that this population possesses, highlighting the need to identify such assets. This population is often characterized by deficits (e.g., addictions, drug use, and troubling personalities) and is among the most vulnerable in society, and while the primary theme of this study is addressing mental health illnesses and disorders, there can be at the same time a focus on boosting mental well-being and offering a strength-based model for intervention to support participation and ultimately community re-engagement.

Second this theme suggests including a participatory approach in the design of interventions, whereby the focus is on identifying the interests and strengths of the participants and have them co-construct and co-lead social participation programs and activities. This finding is also important because it aligns with the other theme about volunteerism, matching the volunteer opportunity with the specific skills and strengths of the participants. While it may be challenging for this older population to engage in more physical activities like gymnastics or Kung Fu, these can still be approached in creative ways, such as exploring elderly gymnastics with age-appropriate and age-friendly dimensions (Veri et al., 2022). This theme suggests identifying and use the OPLEH's unique strengths, talents, interests and dreams to facilitate social participation, because when a social activity extends beyond merely "passing time and alleviating boredom" and becomes deeply personal (connected to younger dreams), it is easier to sustain and more likely to encourage participation.

Theme 6: Music and Sports: Charting the Social Playground for OPLEH

Aside from volunteering, the two other most discussed social participation activities were sports-based ($n = 29$, 78 refs) and music-based ($n = 10$, 23 refs).

Sub-theme: Sports-based Activities

The participant discussed how and why he initially got into a sports-based activity, recognizing the importance of exercise for older adults,

> *I recently do [sports-base activities, because I have seen in [name of Park] in recent years that doing exercise is good for health. I saw those elders; I asked one of them why they were walking around at the age of 98? It turned out that this elderly woman had been doing exercises and walking around, and she was very energetic. She lived in a tenement building without an elevator, so she had to walk up to the sixth floor every day. She's awesome. So now I go to [name of street] in the afternoon and walk through the stairs. (I12, 73, Male, Primary education, Chronic, Unemployed)*

Another participant echoes this sentiment,

> *Every day, if I have nothing to do, I go to the third floor - over there to exercise and stretch, and do some fitness dance, and participate in many activities, like fighting, hitting the wooden stake, playing floorball, and playing table tennis with them. It's a fitness center, an activity center. There are many elderly people exercising there, so I have the opportunity to exercise there. I feel better, I don't think about things as much, I put them aside. No matter what, we should all exercise and train our bodies. Exercise is the first priority. By exercising more, we can strengthen our physique. (I31, 72, Female, No education, Newly, Unemployed)*

These participants shared how the NGO specifically has a fitness centre providing services for them to access,

> *I picked up the ball [referring to table tennis]. I haven't touched a paddle in over 30 years. There are other activities as well, and they have cool names. The first one is boxing, where they teach some basic boxing techniques. It starts slowly, like stretching for about half an hour, and then we do some boxing movements. There's also Tai Chi, which is very gentle. In the beginner level, we start with an hour of stretching, followed by two-minute sessions of learning the basic movements of Tai Chi. It's like imagining you have a Tai Chi ball in your hand, and you move your hand accordingly. It's really nice because the setting helps you with moving your hands, feet, and waist, just like in elementary school physical*

education. The instructors are great. One of them teaches karate. You've probably heard of karate, right? … The karate teacher is amazing. I enjoy all of the activities. (I45, 70, Male, Secondary education, Chronic, Unemployed)

Another participant from a different NGO that began a running group, shared a similar sentiment,

> *Actually, I love this. For example, there is a running team here and someone teaches stretching. I think its beneficial. I will try to practice… at least something weekly. Before I used to practice three days per week. It is not just a practice; we need to train according to the criteria of the race. At least I have to stretch well first before I practice again. Especially stretching. I found out that… I still feel the pain now. So, I need to train different muscle group to achieve the certain result… (I9, 71, Male, Primary education, Chronic, Part-time employed)*

Albeit for some participants, despite having interest in a sport they feel due to their old age they can no longer engage,

> *I used to play football, but very rarely. Now, at this age, even if I want to play, others won't let me join them. (I31, 72, Female, No education, Newly, Unemployed)*

Similarly, others shared despite their interests in sports their mental health and/or chronic health problems acted as a barrier:

> *I like everything. On Wednesdays, I go running. After running, we eat, sometimes we go to Yum Cha. They provide us with uniforms. But it seems like more male's clothes. Yes, I like doing sports. But now I can't even run, I can only walk. I participated in running 10kms, but I could only run 4kms, and I walked for the remaining. It made me out of breath and I needed to take a pain killer. It was really painful. it's much better now. (I33, 65, Female, Secondary education, Chronic, Unemployed)*

> *At that time, there were many things to learn here, such as Yoga… classes for the elderly. I used to often participate in it. But now I seldom participate. Actually, I like playing table tennis. But now I don't have enough energy to play. I used to have depression one month ago, but I feel better now. There may be many things to handle, and a lot of pressure.*

Fortunately, [NGO] is helping me. (I35, 66, Female, Secondary education, Chronic, Unemployed)

This theme was also evident in the staff interviews ($n = 4$, 13 refs). For instance, this staff helps to explain why sports-based activities maybe an easier type of initial social participation activity for OPLEH to initially engage in,

> *Of course, these activities are long-term, such as having a tour guide plan that I just mentioned or some volunteering teams, or just brainstorming here like letting them to run a small newspaper stall together. To engage in THIS kind of social participation, really takes a lot of time. But if you're talking about sports classes, for example, it's really just about participating in activities, so I think the time needed is relatively shorter. Like I said when they moved in the dorm, I would ask them to do something, joining at least one activity. That takes less time. (S2)*

Another staff explained how it's the non-verbal or minimal need of verbal communication that can make sports-based activities a more easily accessible activity,

> *Most of the planned activities don't require too much talking. For instance, doing exercise focuses on physical responses by individuals, not verbal. It fits for different groups of people to do together, like playing ball where the rules are universal. So, these types of activities do not bring any verbal barriers for different nationality folks to join. (S7)*

Another staff shares what he observes as the positive impacts of organizing fitness activities at their centre and opening it up to non-homeless as well,

> *We have opened a sports centre on the third floor. We hope that the homeless or others in need can participate in activities there to improve their physical health and well-being. Another aspect is that we originally intended to use sports to enhance their health and well-being. We found that there is a kind of social connection inside, making the whole thing better, or it can be called the integration of the homeless and non-homeless people. It has already formed an image where the homeless are almost the same as others. We have seen the effects on these aspects. (S3)*

Another staff mentioned how sports-based activities was a new method being used in their centre to support engagement,

> *Over the past year, we have organized hiking groups. We have also held several seminars on diabetes care and back pain care. We have invited instructors from other organizations to speak. So, it's mostly these kinds of groups. The main one is the running group, as we have it every week as a regular activity. It's because in the past, our services didn't really emphasize this aspect. In the past, it was mainly focused on case work. There weren't many programs being organized in recent years. Perhaps we wanted to try new methods to help the homeless. So, we wanted to organize some programs to see if this intervention would be helpful for them. One of the relapse preventions that we could think of is sports, which many studies show that there are great benefits of physical exercise. One of the things we chose was running, because it has a low barrier to entry. You only need a pair of shoes to do it. So, that was the consideration at the time. We also know the many benefits of aerobic exercise, so we chose to incorporate that. We cover between 10 to 15 people. On average, it's about 11 to 12 people. I would say the male ratio is approximately 80%. The female ratio is 20%. In terms of age, it's roughly between 50 and 70 years old, varying across these age groups. I think it's about their mental readiness, because in fact, some of the participants have never really exercised before. In fact, I would say that 70% of the members have never exercised before. It's more difficult for them to start compared to someone who exercises three times a week as a routine. Some participants find it difficult because of physical or functional issues We are still exploring other exercise options, but the simplest is running because you don't need to book a venue, you can just go out and run. But the direction we are heading in is that we might do some hiking later, or try playing ball games, to see if there are opportunities. If more people join, it may not be all about running, it could become a sports group. (S6)*

Subtheme: Music-based activities

When asked about their interests and hobbies, participants also mentioned their preferences for music-based activities. Specifically, these participants shared how music was a medium not only for entertainment but for regulating mood. For example, this participant

shared how listening to music helped with his eczema flare ups (which was noted before as a barrier to participation for him),

> *I can listen to music here... When I was sick [eczema flare up] at the beginning, those songs helped me a lot because it relieved my emotional discomfort. Yes, originally, I was annoyed, but these can distract my attention. When I feel itchy, I don't want to scratch. So, I use this (music) as a soother. I use this method. (I9, 71, Male, Primary education, Chronic, Part-time employed)*

For these participants, they were specific about the song/music-choice, and how it was related to their generation:

> *I find ways to entertain myself. For instance, sing and play music alone. I still have strength to sing. Ha ha... All the olden pop songs. I like singing old songs. My favourite song...走天涯! I feel comfortable listening. (I26, 58, Male, Primary education, Newly, Unemployed)*

> *For now, I like to watch TV and sing karaoke. I don't have any big ambitions. Mostly old-pop songs. I'm not interested in recent pop songs, I don't find them appealing, and they lack rhythm. Well, I don't know why, but I'm not interested in sports. But singing is fine. Loosens me up a bit. (I27, 72, Male, Secondary education, Chronic, Unemployed)*

> *I don't have special Interests. Sometimes I listen to songs, listen to era songs, listen to dance songs. (I30, 62, Female, Education not mentioned, Newly, Informal work)*
> *Sometimes there are Cantonese opera performances for about 90 minutes. I like to listen to Cantonese opera, so I will be there. I know the songs are very popular, like 帝女花之香夭 everyone listens to them. I can still remember the lyrics of those songs like 夢會太湖. I can sing too. (I46, 67, Female, No education, Newly, Informal work)*

For this participant, despite language barriers his joy of singing made him engage in group singing activities and even learn Cantonese (not his main dialect) and English (a foreign language for him),

Singing, I've always enjoyed singing. I just haven't tried performing in front of others. I sing at home by myself, but I don't really go around singing. These past couple of years, I have been singing a bit more. However, it's not like here, where there's a group of people regularly singing together. Everyone knows that I like singing, but they tell me not to sing so loudly, that it's too noisy. I apologize. In the past two years, living in the dormitory, I discovered that the [name] association there has karaoke for singing. The elderly there mostly enjoy singing Cantonese opera. One time I went there; they asked me to come over and sing. They were singing Cantonese opera and Cantonese songs, but I'm not very familiar with them. I sing songs in Mandarin. Well, our director is a very kind person. Everyone sings together and encourages me to sing, so I sang. One granny told me, "You have a great voice, you sing loudly, and it sounds good." So, I learned to sing Cantonese songs there. The first song I learned to sing was 獅子山下 because the place I lived was under Lion Rock. There are many elderly people there, and I call them 仙女姐姐. Some of them are 97, 95, or 98 years old. Every time they see me, they greet me, and we chat very well. They let me sing Cantonese songs, so that's when I started learning to sing in Cantonese. The song "You Raise Me Up," I first heard it in 2017 when I came out of the hospital. The hospital had a chaplain who was very kind. When I was in the hospital, he accompanied me and read the Bible with me. I understand the Bible because my family is a Christian family. After I left the hospital, I stayed in touch with him, and he said he would take me to church. I said, "Okay." He took me to [name of church]. It was the first time I heard that song there. I found it very beautiful, and I could understand the lyrics. Wow, I thought it sounded so good. When people are not happy, there's someone to help. So, I was very determined to learn to sing that song. I may not necessarily know how to sing other English songs. (I43, 68, Male, Primary education, Chronic, Unemployed)

This theme was also raised in a couple of staff interviews (*n* = 2, 4 refs). As one staff shared,

I would say - our music activity could become extremely popular- they can listen to music, sing, and dance without any limitations. Yes, music. They can sing along or sing alone to express their vocal cords and emotions. They like it, but some of them have a more introverted personality, they just sit and listen, but they also enjoy it. I think listening to music and singing, these are the most suitable for the elderly. (S5)

Why is this Theme Meaningful? How does it Inform Policy Discussions, Practice and Research?

This theme is meaningful because it highlights two types of activities (aside from volunteering) that engage OPLEH, which can be further explored in policy, practice, and research pilot initiatives. Particularly, sports-based activities may be an important intervention for OPLEH, as studies have shown how such activities have physical health benefits, including chronic disease and pain management, better sleep (which is a significant issue for OPLEH), mental health benefits including the reduction of depression, anxiety, and stress, and social health benefits, including social connections—especially when participating in such activities with groups (S Oliveira et al., 2023). Indeed, this is already recognized by the NGOs that helped recruit for this study, as both service providers offer group and sports-based activities for their OPLEH service users. This finding provides research support for such activities and informs policy discussion, practice and research to continue exploring the how and the impacts of sports-based interventions for OPLEH as contributing to the pathway to community re-integration.

The subtheme of music-based activities is also meaningful to policy discussion and practice, because it provides another viable option for designing social participation activities that can potentially enhance community re-engagement for OPLEH. Indeed, there is strong research evidence (Skingley & Vella-Burrows, 2010) illustrating the therapeutic benefits of music and singing on older people in the general population with dementia, and specific disorders (e.g., osteoarthritis pain, post-operative delirium, sleep difficulties, chronic obstructive pulmonary disease). Particularly, what this subtheme highlights are that the specific music/song selection may also be important when designing such programs, specifically keeping the generation/era in consideration. The song choice and types of music are less discussed in the literature examining the impacts of music and singing on older people. Interestingly, in one qualitative study examining how self-selected music can impacts health and wellbeing in people with chronic health diseases/illnesses. It suggested that the participatory aspect of creating your own CD (self-selected music) could contribute to participants healing journey (Batt-Rawden, 2010).

This sub-theme informs future research (to inform policy and practice) to explore further the impacts of music-based activities in community re-integration of OPLEH. For

example, potential questions for exploration would be to understand the differences between individual and group-based music interventions. Also, further exploration could be regarding the types of music-based activities and how and if they have the same impacts – such as simply listening to music, singing (individual vs group), and playing instruments (individual vs group). More research is needed to understand the mechanisms by which the music-based intervention impacts older people's lived experience of health.

Regarding how these two sub-themes inform policy discussion is regarding funding priorities for OPLEH not only to focus on the basic needs (e.g., housing, food security and clothes), but also incorporate the "softer/higher-level" needs if community re-integration is the ultimate goal. Funding could be explicitly allocated for such pilot programmes examining the mechanism and impacts (especially those that would eventually contribute to community re-integration) of sports and music-based activities. This theme also draws attention to the need to integrate more of the "arts" disciplines with the "social sciences, social work, rehabilitation sciences, health sciences" – in interventions to support OPLEH in community re-integration.

Theme 7: Incentives as Catalysts – How Incentives can Initially Drive Participation for OPLEH (*n* = 31, 93 refs)

Participants shared that an important factor that initiated their participation in activities, were incentives (n= 31, 93 references). For instance, this participant shared how incentives can shape not only the decision to participate but how he would engage,

[staff] from [NGO] also asked whether I could be a volunteer. I said: "Ok, but what can I get?" It would be better if it has something to offer me. If not, it's also good. He told me: "you will receive 50 dollars." So, I participated a few days before. There were free meals offered too. Honestly, I know you guys [PolyU research team] will give me vouchers so I would like to share more. If you don't give me, I will only talk with you for around 15 minutes. (I13, 65, Male, Primary education, Chronic, Unemployed)

Another participant echoed a similar sentiment, but also shared how it was nice to have the intergenerational exchange with the PolyU research team (interviewers),

They told me there was an interview today. In fact, I am here for the HK$150 supermarket voucher. I am here for the money, to be honest. But when I arrived here, I saw you three, just like my three daughters… (I16, 65 Male, Secondary education, Chronic, Informal work)

Another participant shared his observation about the role of incentives in participating in church activities,

They'll [OPLEH] see if you have any souvenirs. Do you have a lunchbox? Do you have coupon? If not, then just turn around and leave. The church distributes coupons. If you attend mass or course, they will give you other coupons. (I15, 68, Male, Secondary education, Chronic, Unemployed)

When asked about how he initially knew about the NGO centre for activities, this participant shared it was due to incentives,

Other homeless friends told me I could get meals here. So, I signed up and came here. They also have some gifts, which are more attractive. it's important that we can get meals. Thanks to them. (I32, 69, Male, No education, Chronic, Unemployed)

Interestingly, an NGO offered the incentive of waiving rent in their temporary housing/hostel for OPLEH if they would participate in activities at the centre. These participants shared how such an incentive led them to engage in activities:

They told me that to live in the dormitory I need to attend their activities at least 3 times a week and I can get lunch and dinner from here. Ping Pong, workout, etc. It's compulsory. At first, I wasn't that happy… but for the dormitory, I have to. Yes, but later I found that I was benefitting from it. (I38, 59, Male, No education, Chronic, Informal work)

For now, we are living there for free temporarily. When we moved in, it was all free, but we have to participate in activities. Then they can waive our rent. For example, waive it for a few months, three months, or a few months. (I31, 72, Female, No education, Newly, Unemployed)

This subtheme was also echoed by a couple of the staff (*n* = 2, 6 refs). For example, when asked why he thought OPLEH joined their running programme he said,

> *Actually, if you ask me, the meal is the main incentive. Honestly, if you look at their [OPLEH] level, they have never exercised. So, the incentive of exercise itself is not significant for them, but when we introduce the meal, more people participated. Of course, there may be some people who purely come for the meal, but relatively, they all participate. I think, from our perspective, we have won them over, because ultimately, they don't just come for the meal anymore, we hope to have some kind of change because of this group. I think that's the original intention. We want them to try first and then gradually realize the benefits of exercise. We want to develop in this direction. (S6)*

Another staff member opined that the types of incentives may be important:

> *Hmm…I personally don't prefer giving gift coupons. For some reasons, most of our service-users love to have them. However, being together to have meals seems something more that they are treasuring now. Since it works, no need to give gift coupons, right? Giving gift coupons makes the service-users look greedy and materialized. (S7)*

Why is this Theme Meaningful? How does it Inform Policy Discussions, Practice and Research?

This theme is meaningful and contributes to informing policy discussion, practice, and research in several ways. It connects to the other themes, which have suggested, making the first step to participate in an activity can be challenging due to mental health and/or chronic conditions among OPLEH. Although research has shown that social participation can help alleviate such symptoms and problems, the issue remains the initial starting point. Thus, this theme provides valuable insight into *how* to encourage OPLEH to start participating, especially those who are not already involved. It suggests that incentives, such as free meals and supermarket vouchers, can be impactful and important motivators for OPLEH to join activities. This indicates that a budget should be allocated for activities that provide such incentives for participation. Additionally, the theme highlights that while incentives were initially the main reason for some OPLEH to join, they were not the sole reason over time. Therefore, this theme emphasizes a practical and tangible addition to intervention programs aimed at engaging

OPLEH in activities—simply by offering incentives.

Theme 8: Potential Demographic Differences in Social Participation of OPLEH

This last theme is noteworthy not because it was raised by many participants nor discussed a lot (number of references attributed to the theme), but because it suggests potential demographic differences in the findings that warrant further exploration in research. For example, there were a few interviews, specifically the staff interviews (n =4, 9 refs) that spoke about gender differences in social participation among OPLEH:

There are few female homeless people who tend to be more actively participating, especially exercise programs. We do provide static programs, such as gardening and Zentangle. Obviously, male participants are not interested. I would say [female OPLEH participate] more in static programs. For example, the exercising program includes yoga. Lifting dumbbell or barbell, etc, may not be their first choice because their bodies may not handle that. (S1)

I don't know if I...because previously, I worked in an elderly center, and there are more ladies than men. Instead, if you ask them (men) for help with some things, maybe in the volunteer group. In the volunteer group, there will be relatively more men. If you ask them for help and talk to them, give them space to perform. This way, there will be relatively more men. They want to contribute in some way, or in my interpretation, they want to show more of their abilities, you know, so they can feel "I can still achieve something in my age." (S2)

Further, regarding types of activities that are of interest, cooking together was identified by only female OPLEH (n = 3, 3 refs), as this one participant illustrated,

I have participated in the food making activity. If I am available, I will come. But I have to work sometimes. I also like cooking. There's food. Ha ha. I tried to make dumplings. I like making food. (I30, 62, Female, Education not mentioned, Newly, Informal work)

Also, there was one case, a female OPLEH, who is currently living in temporary housing with her husband, whose family situation is quite complex and prefers not to talk about it, but shared

how she has care-giving duties still for her grandson and how such duties can impede social participation,

> As long as I have time [I will do the activities], because sometimes I have to pick up my grandson. A few days ago, my grandson was in the hospital, so I couldn't participate in the table tennis competition. Some teammates in my team said, "Oh, what a pity, you didn't come. (I31, 72, Female, No education, Newly, Unemployed)

Further, throughout the interview she asked the interviewers to remind her when it was 4:30pm, as she needed to pick up her grandson from school. This situation was unique, as it was the only participant who shared they had caregiving duties, and that such duties fell on her rather than her husband. This case was also interesting in shedding light about living arrangements of OPLEH, as they were also the only known couple from the sample that were homeless together. She shared how they live separately in the temporary housing/hostel:

> He lives across from me, he's in a different room. We live on the [#] floor. He's across from me. Men live on this side, women live on that side, I live on this side for women. There are many rooms in one floor. If you ask me to talk about the past life, I don't want to talk about it anymore in details. In a word, I'm very grateful, in general, I'm thankful to the government for their help. (I31, 72, Female, No education, Newly, Unemployed)

Another potential demographic factor that may implicate social participation of OPLEH, is their time being homeless, namely newly homeless (being homeless for the first time and homeless less than 12 months) or chronic homeless. For instance, these two staff shared their observations in working these two types of service users,

> Well…I can tell that for newcomers they are easily persuaded to enter our services rather than those being in a long period of time homeless. Newcomers may want to make a change because their current situation is not stable, and they don't know how to adapt yet. (I1, 70, Male, Secondary education, Chronic, Unemployed)

> Because the long-time homeless don't like to communicate with others and they don't get along with peers in their own community. We are also concerned about whether they are fitting in our program setting and participants, in terms of their aggressive and agitative

behaviours. We are trying not to trigger any of their sensitives in these groups. So, the newcomers are comparatively easier to be influenced through the existing setting of the centre… For the longer-time homeless, their problems are too complicated. We only provide visits of chit-chat communication, not vey in-depth. We understand that they are not interested in financial management and housing arrangements matters etiher. (I7, 60, Female, Bachelor's degree, Newly, Unemployed)

Why is this Theme Meaningful? How does it Inform Policy Discussions, Practice and Research?

This theme highlights the need for more research (to inform policy and practice) to understand how demographic factors like gender, age, and marital status can impact the social participation of older adults. This theme provides initial ideas for further exploration. Firstly, it raises the idea that perhaps there needs to be a greater focus on engaging female OPLEH and providing more female-specific activities. This is interesting because it seems to be the opposite of mainstream elderly activities in Hong Kong that predominantly attract females. There is a need to further examine gender-based approaches to support the social participation of OPLEH, and specifically to identify and explore female-specific activities.

Second, this theme also identified a unique case – a homeless older couple, and the challenges related to living arrangements, as they are geared towards singletons only. While this appears to be a rare case within the study sample, it raises the question of whether such situations may become more common with a growing trend of elderly doubletons living in poverty (Commission on Poverty, GovHK, 2024). Further research should explore the risks of homelessness among this sub-population and how service providers can address the unique temporary housing needs and social participation of OPLEH doubletons.

Lastly, this theme also draws attention to the importance of how the duration of homelessness (e.g., Newly vs Chronic) impacts participation among OPLEH. It suggests that there may need to be different services and also timelines for supporting cases that are newly versus chronically homeless. Further, it raises the question of whether policies on OPLEH need to also explicitly define what constitutes newly and chronic homelessness in the context of Hong Kong. Overall, this theme further aligns with some of the other themes in this study that

point to the need for more diverse services and performance indicators, illustrating that the OPLEH population is not homogenous and that interventions cannot be one-size-fits-all.

Based on the findings, the eight key themes were translated into a theory of change (ToC) to enhance the social participation of OPLEH (Figure 1).

Figure 1

Theory of Change to Enhance the Social Participation of OPLEH
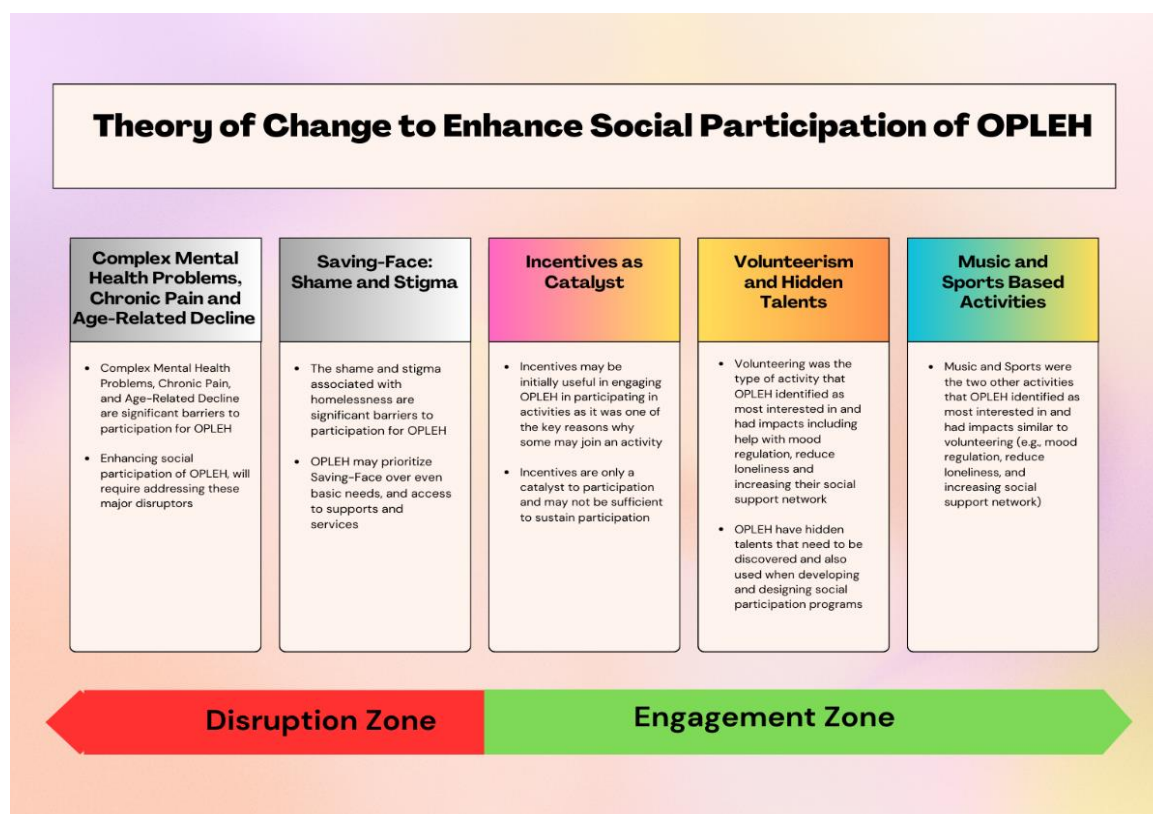
How Can this Theory of Change be used to Inform Policy and Practice?

The theory of change can guide policy and practice in several targeted ways:

- Direct policy and practice towards a multi-level approach to enhancing social participation of OPLEH. For instance, the need to address stigma at the mezzo and macro-level (community and society), while there is a need to address the mental health and chronic health conditions of the OPLEH at the micro/individual level.

- Identify influential and modifiable factors. By identifying the specific factors that can be changed or influenced, the ToC can pinpoint areas where policy and programs can

intervene effectively. The goal is to focus on modifiable factors - things that can actually be changed through interventions. This ensures the interventions can make a tangible difference in increasing the social participation of OPLEH.

- Identifying and integrating assessment tools tailored to the needs of OPLEH, such as geriatric-based and mental illness-based screenings.

- Identify service goals, outcomes, and measurable impacts.

Development of the Intervention

The development of the intervention was grounded in the ToC, and specifically focused on leveraging several key elements. First, providing opportunities for volunteerism was seen as an important component, allowing the OPLEH population to be of service to the community and contribute their skills and talents, rather than just being passive recipients of services. Additionally, the ToC highlighted the significance of identifying and showcasing the "hidden talents" of OPLEH. One such talent that was identified as both accessible and impactful was singing. As a result, organizing an amateur choir group was selected as the core activity for the intervention. This allowed the OPLEH participants to inspire and bring joy to the community (being of service and linked to the spirit of volunteerism) through their musical performances. Incentives were also incorporated as a means of catalyzing engagement and active participation. Specifically, the intervention offered free refreshments during the choir practice sessions, which helped encourage consistent attendance and involvement in the music-based activities. In summary, the intervention was designed to capitalize on volunteerism, uncover hidden talents (with a focus on singing), provide music-based activities, and leverage incentives - all of which were informed by the ToC as important elements to increase social participation among the OPLEH population.

A two-page laymen proposal (Appendix C) was created by the CBPR team, it is meant to be a simple non-jargon-based proposal template that the OPLEH members of the CBPR team can not only participate in but actively lead in the development of. The PolyU researchers and NGO staff members of the CBPR team were involved in helping facilitate the discussion and decision-making with the OPLEH CBPR team members to produce the final project proposal. During the implementation of the pilot intervention, the OPLEH members took the lead as facilitators, and the PolyU researchers and NGO staff members took the role as observers, who did not participate nor facilitate any of the proposed activities of the choir group.

Implementation of the Intervention

The OPLEH members of the CBPR team piloted the intervention from Feb to Apr 2024. The five OPLEH CBPR members recruited other OPLEH, and places for recruitment included friends they know, and residents living in the hostels. Interestingly, a couple of their practice

sessions were intentionally done in the parks, where OPLEH who sleep rough are likely to be, as way to also try to recruit participants. They were able to recruit five other OPLEH, making the final choir group number to ten and facilitated a total of nine practice session. Each practice session had at least 80% participation rate (a minimum of eight showing up), and one specific member had a part-time job so had to miss a few of the practices.

Within the practice sessions, there were three roles identified: An MC, piano player, and person responsible for purchasing the refreshments (the money was provided to this OPLEH prior to each session by the staff). In the last two sessions, the OPLEH members were interested in advancing their skills, and asked, if possible, to bring in a professional singing coach to help them refine their performances. The research team was able to locate a professional singing coach who volunteered two sessions; though to honour her time we provided her with a HK$200 honorarium for each session.

The intervention ended with two public performances attended by all ten OPLEH members. One at the a local church supporting OPLEH (with about 20 in attendance, all of which were other OPLEH). The other at the Hong Kong Polytechnic University with 46 in attendance, included students, practitioners/service providers, researchers, and other OPLEH invited by the CBPR OPLEH team members all of whom either have a lived experience of homelessness, or have an interest in supporting OPLEH in Hong Kong.

Evaluation of the Pilot Intervention

Table 2

Demographic Characteristics of OPLEH in Amateur Choir Group

	Participants ($N = 7$)
Gender	
Female	2
Male	5
Age	
50 – 59	1
60 – 64	2
65 – 69	2
70 – 74	2

There were three key themes related to the evaluation of the intervention: i) reasons for joining; ii) impacts; and iii) mechanisms.

Reasons for Joining the Choir Group

Already interested in Singing. Five of the participants shared how they were already interested in singing:

> *I'm also interested in singing. I have been singing for a very long time, I used to go to the karaoke a lot … it's been a long time since I sang. I need to practice from the beginning even though I've done karaoke before. At that time, we were just...We didn't have any particularly musical people, but we were very interested in singing. (P2, 73, Male)*

> *I also like singing, even though I have been sick all the time, so it's a bit difficult. I joined this group very late haha, but because I like singing. (P6, 64, Female)*

> *I like listening to songs. I rarely sang before; in Hong Kong it is difficult to find a place to sing by yourself. There's no place for you to sing. So here, when you guys told me we can sing here, I joined. There's no place outside to sing, except for karaoke. You have to pay for karaoke. Here you can sing and don't have to pay. How joyful it is! So, if there's any chance to sing again, for example, in your area, if there's a bigger place, I think it would be better, I will continue to participate. (P1,69 Male)*

> *I think singing is simple and easier. Personally, it's more enjoyable. (P3, 64, Male)*

> *I like it. Sometimes I listen to songs, and I will be dancing and moving around. (P5, 61, Female)*

Wanting to support the NGO. Another reason for joining included feeling like wanting to support the NGO who helped them as this participant shared,

...and [I joined] to thank the people who helped us when we were down [NGO staff].
Also, you [PolyU] are willing to do this. I think it's quite good, [I'm] quite happy. (P3,
64, Male)

Nothing else to do. This participant explained,

I joined because I had nothing else to do. Whenever I have time, I come to the gathering.
It's really better than being foolish all day. (P4, 55, Male)

Doing something one can be proud of. One participant shared the following,

Since I joined here at [NGO], I feel like every time there is an activity, it's like oh, we
participate, and then it's over. I feel a bit disappointed that we didn't really form a
group or something, but even though I have failed myself until today, I really want to
do something that we can be proud of. (P7, 71, Male)

Impacts of the Choir Group

Mood regulation and Self-Expression. Mood regulation and self-expression were discussed
the most as the impacts of the choir group, and by five of the participants:

First of all, it's to express myself by singing some songs, because my mood was very bad
before. When I heard there is a singing group, I think singing helps to express one's
emotions. Singing can help to express oneself as much as possible. So, I am very happy to
be able to join this choir. Inside, everyone cooperates with each other, looks out for each
other, sings, chats, sings old songs, reminisces about how I used to be, slowly exploring
the lyrics, and after singing, the state of mind is very comfortable. After joining this group,
I feel the biggest gain is that it allows myself to see and understand many things. (P2, 73,
Male)

I don't have such high aspirations. It's not about being happy or not. I just want everyone
to gather together and sing together and express our feelings in our hearts. Sometimes,
whether the singing is good or not, there are many effects, it's how I personally feel. I

think there's no need to exhaust yourself, it's a way to express your emotions and your inner harmony in singing, (P3, 66, Male)

As for this group, I will continue to participate. I received a lot of joy, and I forgot about all those sad things by singing, so I believe that in the future, we will be better and understand singing better. (P7, 71, Male)

I think singing involves feelings and emotions. And when doing sports, someone might get injured, like the first time I went to do some sports, [name of friend] she got cramps. I also got a rash. So, it is not a very good experience, but singing doesn't have this problem. When singing, we all use our voices to sing. It's different, singing brings out everyone's happiness. I think it's more refined. (P6, 64, Female)

I can only add one thing. There's something very important about singing. I think, over the years, I like singing because the songs can encourage people. [You Raise Me Up] is a good song, I think, the only one I can sing from start to finish without looking at the lyrics, because the lyrics are very special. When I first listened to this song, my emotions were very poor, and my situation was also very poor. It's really a coincidence. I like singing, I like listening to songs, but I have never tried singing English songs. I'm a person who came from the mainland China. Our English is just average. It's just a coincidence I listened to this song. Wow, it sounds really good. Singing can really encourage people. This is really important. (P1, 69, Male)

Our voices being heard. Interestingly another impact shared by two participants, was that by performing for others, the choir group was a way for their voices to be heard and to raise more understanding about their situation:

…and many people will listen to us sing. (P6, 64, Female)

Let's not say it's helping others, but to let everyone feel what we felt when things were very difficult for us (referencing time of homelessness). (P1, 69, Male)

Feeling nervous and anxious. Another impact identified by one participant was feeling nervous and anxious about the performance aspect,

I was a bit nervous. Like if there's music playing, I don't know if we can synchronise with the background music like whether we sing too fast or too slow. And then it's my solo, I said I'll try it then, I don't need music, I'll just sing acapella. It was hard for [name of member playing the piano] too, she needed to practice playing a lot of songs. (P4, 55, Male)

Mechanisms of the Choir Group

Singing Together and Harmonizing. When identifying specific mechanism of what makes the choir group "work" – by far the most discussed theme (20 references) was around the idea of singing together and harmonizing by six of the participants. For instance, what made this participant happy was not simply singing together but progressing as a group through practice and being able to harmonize the singing,

But singing, building a choir group is very important. Yes, if it's about singing individually, I still need to practice. But in a group, we need progress together, harmonize together. I mean, if everyone sings that song very harmoniously, I will be really delighted. It's like when you are at someone's concert, those kinds of feelings. I'm not saying the performance of our singing, but when the singing is not in harmony or for some reason, when the singing is not very good, I feel very frustrated and unhappy. Like there was one song we sang that night at the banquet, our voices didn't match with each other's because we didn't train and cooperate with everyone well enough. So, cooperation, everyone in the group should work together, each side should take the lead, so everyone can join in, so that we can make everyone, the audience, feel happy. When they are happy, we will be happy singing above the stage. (P3, 66, Male)

Another participant echoed this sentiment,

I think the most touching thing is really when everyone in the group cooperates with each other. It's very difficult to sing well by yourself, I think it really requires a choir, really everyone singing together for each song. Singing so that everyone can sing that song very well, smoothly and everyone sings every note well. I think this is very important. It's no use if only one of you sings well. You have to sing together. So, in the end, our performance

of 上海灘. I actually think everyone sang quite well, because we are used to singing it normally. The most important thing in choir is that everyone will sing in unity and harmony. It's not about who sings well, everyone should harmonize well. It's not like you sing well individually and I sing well individually, It's not like that. It is like we sing together very smoothly, real smoothly. After we finished singing, I felt good about it. We sang the song quite well too. (P1, 69, Male)

These other participants also shared about the importance of singing together:

The most important is the group spirit. It gives us strength. (P6, 64, Female)

Yes, I have a built-up relationship with everyone haha. We all have the opportunity to cooperate like this…I originally didn't have much confidence, um, I felt it might, I just had a scattered feeling. I thought it would be like everyone just sings a few random lines, that's it. So, I think overall, if we all cooperate, it will result in something good. This will make me very happy to participate. (P7, 71, Male)

So, I think since joining the singing class, it's quite good. I feel very comfortable every time I come to sing, and my mood that day is also very comfortable. I have met a group of brothers and sisters who get along very well, so I am very happy, thank you. (P2, 73, Male)

Need for co-leaders. Six of the participants also discussed the future of the group, as the key leader had decided not to continue:

The most important thing now is that we, this singing group, should have a leader. (P3, 66, Male)

Actually, I thought about the singing class, actually before the graduation ceremony, I also thought about this. [name of OPLEH member] asked me, after the graduation ceremony, if the class will continue. At that time, I thought that I also wanted to take a break. But later I saw [name of OPLEH member] stopped coming. I thought, if I can't hold on, they will stop. (P6, 64, Female)

It's really because of this sense of responsibility that I held on...It can also be seen as a strength by God. I can do it. Yeah, but these technical things must be done by me. For example, no one else can play the music, so I must continue to commit, otherwise this group will end. (P4, 55, Male)

If some topics are about how to lead group activities, it will be good. Like how to organize, how to allocate. When there are some conflicts, how should you handle it? Everyone is just acting as a whole to charge uphill. Actually, that's everyone's job. (P1, 69, Male)

Involvement of External Stakeholders. It was also raised by four of participants that the involvement of external stakeholders like PolyU and the professional singing teacher was important. As this one participant explained, about the PolyU research team being an observer in the practices:

With you guys here, I think we would practice more seriously. I don't know why. Maybe it is about the shame or some kind of encouragement. No matter who is sitting in the back, we sing more seriously. It's much more serious when you are here. (P3, 66, Male)

Because you invite a singing teacher to teach us. This thing is really valuable. We have much better techniques after the teacher taught us every time. It is very helpful. This really makes me very happy. (P7, 71, Male)

Actually, it's good to have a teacher to teach us, but for us, these groups, it's hard to hire a professional teacher again. Of course, it has been really helpful. (P1, 69, Male)

How do these Findings Inform Policy Discussion, Practice and Research?

As this evaluation was based on a single focus group discussion, it only shares preliminary ideas regarding the choir group as an intervention, specifically regarding reasons OPLEH join, impacts and mechanism of the choir group. While the findings from one focus group are not in-depth and rigorous enough to inform policy and most likely not a representative sample, the themes identified can provide an initial starting point for brainstorming ideas for further research (e.g., experimental designs in evaluating the impacts of a choir group for OPLEH) and

pilot initiatives (e.g., different versions of a choir group for OPLEH). For instance, the findings related to mood regulation and self-expression are interesting and can be further explored in research to see how participation in a choir group for OPLEH can help alleviate mental health problems alongside "treatment/services as usual" provided by service providers. An experimental research design that compares standard treatment with and without participation in a choir group for OPLEH could explore the additional benefits choir groups offer. Further, as the OPLEH themselves led the recruitment and facilitation of the choir group and their only requirement was to recruit OPLEH (purposive and convenience sampling) there was most likely a selection bias – indeed the findings from the FGDs indicated that existing interest in singing was why participants joined. Thus, in future intervention studies this selection bias issue can be further focused on being addressed.

Further the participants who shared that they felt their voices were being heard through the performances, is another impact that can be further explored in research. Specifically, as this study found that stigma/shame was a significant barrier to participation, perhaps the performance aspect of the choir group can be one way to build awareness and empathy of OPLEH through singing and storytelling. The findings of the FGD also provide some initial ideas regarding what mechanisms maybe essential in replicating such an intervention. For instance, it may be that its not merely about putting together a group who just sings, but actually the idea of practicing and progressing as choir group (e.g., developing semi-professional skills in singing) and harmonizing.

The findings about the impacts and mechanisms of the choir group not only reveal potential negative effects but also underscore important considerations for future studies. While participants noted that performances were valuable for getting their voices heard, these findings also suggest that there could be unintended side effects. Specifically, participating in performances might increase anxiety levels, and the concentration of leadership responsibilities on one or two members could present challenges. These nuances warrant careful examination in further research to fully understand the dynamics and broader implications of choir group participation.

The public dissemination activities held in this study can be divided into two types: i) research seminars and conferences and ii) research workshops translating findings into practice. The former is more focused on disseminating the research findings only and aimed to draw awareness to the issue of older homelessness and specifically the focus on social participation both in Hong Kong and internationally. The latter is more focused locally on Hong Kong and aimed specifically at local service providers and front-line staff engaged in direct services with OPLEH. The focus of this type is on training, and more practice-based workshop that will be interactive and have the deliverable of producing subsequent proposal and project ideas to inform policy regarding the OPLEH in Hong Kong.

i)   One Research Seminars and Three Conferences

We had initially planned a research seminar that combined OPLEH and other homeless service providers where the focus is to disseminate the research findings only, and then seek out additional interest in participating in a subsequent three-part workshop series. However, we decided to organize two separate activities—one for OPLEH as a research seminar (sharing the research) and one with the other homeless service providers as a research workshop. We wanted to incorporate training (building their qualitative research competencies) alongside sharing, as suggested by the HCKSS network, who helped us invite the other service providers and noted that building research competencies would be of additional interest to them. Therefore, the research seminar below only involves OPLEH, and the additional workshop with the service providers is detailed in the subsequent section. The seminar for the OPLEH was organized so that it served the same purpose of also seeing out additional interest of the OPLEH in participating in rather than the three-part workshop series, but the community-based research advisory group (which also includes various workshops planned for one year see details below).

Research Seminar and Translating Findings into Practice through Developing a Community-Based Research Advisory Group to Address the Issue of Older Homelessness in Hong Kong (July 5, 2024)

This research seminar lasted 1.5 hours and engaged 8 OPLEH and 3 service providers (from the ImpactHK and St James). This is the first of monthly meetings that the PolyU

research team held to develop this advisory group past the timeline of this project. The research findings were shared as the background for the creation of the advisory group, and also every meeting will integrate the research findings back into the discussion. The purpose and desired outcomes of the advisory group are to: i) amplify the voices of OPLEH through participatory research, ii) guide future research proposals and project ideas to shape policy and practice regarding OPLEH in Hong Kong, iii) develop and enhance practice and participatory research competencies of OPLEH, frontline staff, and NGOs, and iv) organize research sharing activities that reduce public stigma around homelessness in Hong Kong. The first few meetings of this advisory group are focused on getting to know each other, knowing more about what an advisory group is (as to assist the OPLEH in making an informed decision in continuing to participate due their interest in the group), and designing the structure and format of this advisory group. The agenda for the first two meetings have been developed already (Appendix D).

Hong Kong Council of Social Service Fourth Policy Research and Advocacy Conference (March 4, 2024)

Our research findings were shared through a poster presentation on March 4, 2024 at the Hong Kong Council of Social Service (HKCSS) Fourth Policy Research and Advocacy Conference, where we engaged with social welfare and care service providers. This event was titled "Combining Research and Service" and over 100 participants (service-providers and professionals in the social services sector) were in attendance (HKCSS, 2024). For the first time, HKCSS included a "poster presentation session allowing participants [NGOs only] to share their research work and experiences, collectively exploring how research can support the service development and drive to policy advocacy" (para. 1). We collaborated with one of our NGO partners (St. James' Settlement Integrated Services for Street Sleepers) to be one of the 15 organizations that presented at the poster session – sharing this study's findings, and impacts to service and policy development. Through this presentation we were able to connect with other NGOs who are interested in the social issues of OPLEH, and also how qualitative studies can be integrated in their own designs of practice research. We were able to collect the contact information of professionals and service providers who are interested in this study and the issue of OPLEH to our subsequent dissemination activities outlines below (as this was the first local dissemination activity).

International Conference on Primary Care Ecosystem: Integrated Care for Successful Ageing (March 22, 2024)

Another dissemination activity was a poster presentation which occurred at the International Conference on Primary Care Ecosystem: Integrated Care for Successful Ageing on March 22, 2024, in Hong Kong, in which the two guests of honours at the conference included: Dr. Libby Lee, Under Secretary for Health, HKSAR Government and Dr. Stephen Wong, Head, Chief Executive's Policy Unit, HKSAR Government (CityU, 2024). At this conference we were able to engage a broader type of stakeholder which included healthcare professionals, researchers and policymakers. We were the only study presentation on OPLEH, bringing attention to this marginalized group when discussing primary care for older adults and shedding light into how primary care for this specific subpopulation of older adults needs to include mental health care (as one of the key barriers identified in our study was complex mental health issues).

The 27th Nordic Congress of Gerontology (June 12-14, 2024)

We also presented a poster at an international conference: the 27th Nordic Congress of Gerontology, which took place in Stockholm, Sweden, from June 12-14, 2024. This conference, inaugurated by the Queen of Sweden, was attended by over 800 delegates from 44 countries (Karolinska Institutet, 2024). The primary participants of this conference were ageing researchers, thus presenting a different opportunity for our team to engage with – specifically highlighting the issue of OPLEH through the case example of Hong Kong and engaging in discussion about cross-cultural service and policy development for OPLEH, and potential for international research collaborations. From this conference, the research team was able to connect with a scholar in Manchester, England whose research area is also on ageing and homelessness. A subsequent zoom meeting was held on July 4, 2024 to discuss the preliminary ideas of a cross-cultural and comparative pilot study on OPLEH.

ii) Three Research Workshops Translating Findings into Practice

Originally, we had planned a research sharing followed by a three-part workshop series with the focus on training and more practice-based workshop that will be interactive and have the deliverable of producing subsequent proposals and project ideas to inform policy regarding

the older homeless population in Hong Kong. Importantly, the two NGOs who helped us to recruit were our key primary audiences in such practice-based workshops, as the data directly came from their service users and staff and would be most helpful in informing their services. We modified our plans to conduct individual workshops with each NGO, finding it more practical due to the busy schedules of OPLEH service providers involved in case management and service delivery. We decided to visit each service provider, to conduct a one-time workshop aimed at translating our findings into practice. This approach allowed us to accommodate the varying schedules of the NGOs and their staff, as the research team could be flexible with the service providers' availabilities.

Research Workshop and Translating Findings into Practice with ImpactHK (April 16, 2024)

At this dissemination activity we engaged through a 2.5-hour session with the senior management team and front-line staff of OPLEH. At the event 9 were in attendance. We first shared the research findings, then facilitated a discussion on their current model of practice and services regarding how the findings can inform their current approaches (e.g., What do the findings tell you about your current practices and services? What should you do more of? Less of? Differently? Now that you have this research evidence and insights?). Lastly, the discussion ended with future possibilities and next steps. The NGO agreed to participate in the follow-up research project – which will be a music-based intervention research. Also, the NGO agreed to help with recruitment of OPLEH for the community-based wider advisory council, which is another outcome of this project and discussed in the latter section.

Research Workshop and Translating Findings into Practice with St. James Settlement Integrated Services for Street Sleeper (May 10, 2024)

This dissemination activity was 2.5 hours and engaged senior management and front-line staff of OPLEH (8 in attendance) in the same format and topics as the activity with ImpactHK, namely sharing the findings, including the development of a theory of change framework, reflections on practice and own services, and translating the research into practical applications. The NGO also agreed to participate in the follow-up research project – which will be a music-based intervention research. The NGO also agreed to help with recruitment of OPLEH for the community-based wider advisory council. Further, this NGO also agreed to help organize the other subvented NGOs by the Social Welfare Department and other stakeholders involved in

homelessness in Hong Kong to invite them to a research seminar of this project, which was held on July 3, 2024 at the HKCSS building (details of activity are provided below).

Research Workshop and Translating Findings into Practice with Other Local NGOs (July 3, 2024)

This was the research workshop that was added on and lasted 1.5 hours and engaged 18 senior managers (e.g., Centre ICs and service supervisors) and frontline staff from 10 different NGOs that provide direct services to OPLEH, covering all geographical neighbourhoods in Hong Kong. The participants included all the subvented NGOs operating the three integrated services teams for street sleepers. This event was held at the HKCSS building, and HKCSS also assisted with marketing the event to their network. This activity was similar to those facilitated for the two partnering NGOs, which included sharing key research findings and outcomes and discussing how to translate research insights into feasible policies and practices. There was also an additional focus on building the qualitative practice research competencies of the participants. Furthermore, this activity aimed to bring together various NGOs in direct service with OPLEH to discuss the next steps for proposal and pilot project ideas to guide the provision of social service and policies for OPLEH. The music-based intervention (follow-up study) was also proposed to the group, and the participants expressed interest in collaborating with St. James Settlement Integrated Services for Street Sleepers and ImpactHK. Additionally, all participants were invited to the community-based advisory group meetings to help co-create this group and the follow-up music-based intervention research study.

Conclusion

The number of OPLEH in Hong Kong is increasing, as are the average duration of homelessness and the frequency of relapses into homelessness (GovHK, 2019; Wong et al., 2016). The principal goal of homeless service providers and policies is to facilitate the reintegration of OPLEH into society and their communities. This qualitative study aimed to explore how reintegration can be achieved by focusing on social participation as a key pathway for this specific subgroup of homeless individuals.

The research was based on interviews with 44 OPLEH and 7 key informants, who are frontline staff and supervisors at NGOs directly serving this population in Hong Kong. The findings provided a rich variety of perspectives and experiences, highlighting critical themes that enhance our understanding of the barriers to and facilitators of social participation. These

include complex mental health issues, shame and stigma, chronic pain, age-related decline, and positive influences like volunteerism, hidden talents, and engagement in music and sports activities. The use of initial incentives and the consideration of demographic differences were also noted as important factors.

These insights were synthesized into a theory of change, intended to serve as a foundational reference for service providers and policymakers to develop supportive policies and practices that enhance social participation for OPLEH. This theory is grounded in the real experiences and voices of the OPLEH themselves. The study underlines that while social participation is currently an underexplored and underemphasized aspect of support for OPLEH, it is crucial for their successful reintegration into community life and wider society.

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Appendix A: Initial Semi-Structured Interview Guide for OPLEH and Staff Participants

Draft of Initial Interview Guide (OPLEH participants)

1. Currently, what types of activities do you participate in?

2. Tell me more about what keeps you going to these activities?

3. What sort of activities have you tried in the past and stopped going to?

4. Tell me more about why you stopped going to these activities?

5. What activities do you tend to avoid?

6. As you age, what sorts of activities do you see yourself doing more of, less of, or continuing?

7. What types of activities are you most willing to try?

8. Is there anything else that we have not discussed that you feel is important for us to know about this topic?

Draft of Initial Interview Guide (staff/homeless service providers)

1. Tell me about your role and work with homeless/formerly homeless older people (50+)?

2. From what you know, what are some of the current activities that these older people do?

3. In your opinion and experience, what types of activities have worked well in the past for these older people? Why did they work so well?

4. In your opinion, and experience, what types of activities do you know were unsuccessful for these older people? What aspects made them unsuccessful?

5. In your opinion and experience, what impact(s) do these activities have on this group's well-being?

6. In your opinion and experience, what types of activities do you think this group is most willing to try? Tell me more.

7. If I was a new staff member and you were training me, what would be the top three pieces of practical advice that I should follow when trying to increase the social participation of this group?

8. Is there anything else that we have not discussed that you feel is important for us to know about this topic?

Appendix B: Semi-structured Interview Guide for Focus Group Discussion Evaluating Pilot Intervention: Amateur Choir Group

1.   How did you learn about this program?

2.   What convinced you to try this program out?

3.   What is the single most personal impact from this program?

4.   What was hard/difficult for you in this program?

5.   If we asked you to help us change one thing about the program, what would it be?

6.   What factors made you stay participating in this program till the end?

Appendix C: Two-page Laymen Proposal of Pilot Intervention: Amateur Choir Group

同路人—歌唱茶會

目標：提升 1）無家者 或 2）曾經是無家者 的長者的社會參與。

活動簡述：活動簡述：由有無家經歷的義工籌備及帶領，共節的歌唱練習及茶會，完成訓練後將會進行公眾演出。

歌曲包括：上海灘、獅子山下、朋友、前程錦繡、漫步人生路、祝福你

目標對象：15 位 無家者 或 曾經是無家者的人士（50 歲以上、男女不限）。

益處和影響：

短期影響：讓參加者建立人際關係及互相提供適當的情緒支援。

長期影響：讓參加者重新投入社會，建立自信，而且建立一個可持續的活動模式影響更多無家者。

場地：

- 西安中心
- 聖巴拿巴會之家

宣傳：

目標參加者：西安中心服務使用及宿舍使用者

公眾演出：參加者家屬、朋友及西安中心員工團隊

宣傳方式：海報及單張、口頭宣傳

資源：1.歌譜（西安中心）、2.電子琴（自備）、3.茶點、4.宣傳海報及單張、5.演出 T-shirt

預算：

項目	金額 ($)	總金額 ($)
茶點	200 x 11 節	2,200
宣傳海報 (10 張) (A3)	21	21
宣傳單張 (100 張) (A5)	450	450
演出 T-shirt	~2,000	2,000
		4,671

評估和標準：邀請 50 人出席觀看公眾演出。

時間表：

環節	活動內容	活動概要（**90 分鐘**）
前期籌備及邀請參加者	／	／
第 1 堂	簡介及破冰遊戲	破冰遊戲（45 分鐘）介紹計劃（30 分鐘） 分組活動（15 分鐘）
第 2 堂	練習第 1 首歌曲	分組活動（15 分鐘）練習（60 分鐘） 茶點時間（15 分鐘）
第 3 堂	練習第 1、2 首歌曲	分組活動（15 分鐘）練習（60 分鐘） 茶點時間（15 分鐘）
第 4 堂	練習第 2、3 首歌曲	分組活動（15 分鐘）練習（60 分鐘） 茶點時間（15 分鐘）
第 5 堂	練習第 3、4 首歌曲	分組活動（15 分鐘）練習（60 分鐘） 茶點時間（15 分鐘）
第 6 堂	練習第 4、5 首歌曲	分組活動（15 分鐘）練習（60 分鐘） 茶點時間（15 分鐘）
第 7 堂	練習第 5、6 首歌曲	分組活動（15 分鐘）練習（60 分鐘） 茶點時間（15 分鐘）
第 8 堂	練習第 6 首歌曲	分組活動（15 分鐘）練習（60 分鐘） 茶點時間（15 分鐘）
第 9 堂	總練習	分組活動（15 分鐘）練習（60 分鐘） 茶點時間（15 分鐘）
第 10 堂	總練習	分組活動（15 分鐘）練習（60 分鐘） 茶點時間（15 分鐘）
第 11 堂	彩排	
公眾演出	／	／

Appendix D: Agenda for Initial Meetings of the Community-Based Research Advisory Group

Purpose and Desired Outcomes of the Community-Based Research Advisory Group:

1   Amplify the Voices of Older People with Lived Experiences of Homelessness (OPLEH) through Participatory Research

2   Guide future research proposals and project ideas to shape policy and practice regarding OPLEH in Hong Kong

3   Develop and enhance practice and participatory research competencies of OPLEH, frontline staff, and NGOs, Educate researchers, practitioners, and policymakers about the multifaceted nature of homelessness.

4   organize research sharing activities that reduce public stigma around homelessness in Hong Kong.

Hey there, I appreciate you coming to this meeting today. I know your time is valuable, and I want to explain why we're starting this advisory group and why your input is so important.

The main purpose of this group is to make sure that the voices of people who have actually experienced homelessness are heard when decisions are being made about homeless services and policies. You see, too often, people in offices who've never slept on the streets or in a shelter are the ones making all the decisions about how to help folks like us. But they don't really know what it's like, do they?

That's where you come in. You've lived it. You know first-hand what works and what doesn't when it comes to shelters, food programs, healthcare, and all the other services out there. You know what it's really like to try and navigate the system. Your experiences and ideas are incredibly valuable.

By being part of this group, you'll have the chance to:

▪   Share Personal Stories: Provide personal experiences related to older homelessness to help

guide the research focus.

- Set Research Goals: Help decide what issues the research should look into, making sure it tackles the most important community concerns.
- Learn how to become a Citizen Researcher: The group will also function as practice research learning group, offering workshops to help members develop their own research in this area
- Create Solutions Together: Work with researchers and staff to come up with practical solutions based on what the research finds.
- Make sure that the dignity and rights of older homeless individuals are respected in all research, programs and policies.

Basically, you'll be acting as an expert advisor, helping to shape how this city approaches homelessness. Your voice matters, and through this group, we want to make sure it's heard.

What do you think about that? Does this sound like something you'd be interested in being a part of?

Meeting 1 Agenda (90 minutes):

Welcome and Introduction (15 minutes)

Brief overview of the purpose of the advisory group

Introduction of facilitators and any staff present

Ice Breaker: "Two Truths and a Lie" (20 minutes)

Each participant shares three statements about themselves, two true and one false

Others guess which is the lie

This helps people get to know each other in a fun, low-pressure way

Understanding Advisory Groups (15 minutes)

Discuss why these groups are important and impactful

Presentation on examples from Austin and other cities

Q&A session

Break (10 minutes)

Group Discussion: Our Advisory Group (25 minutes)

What do participants hope to achieve through this group?

What concerns do they have?

What unique perspectives can they bring? (Personal strengths)

Wrap-up and Next Steps (5 minutes)

Summarize key points from the discussion

Preview next meeting's agenda

Thank everyone for their participation

Meeting 2 Agenda (90 minutes):

Welcome Back and Ice Breaker: "Proudest Accomplishment" (20 minutes)

Each person shares their proudest accomplishment

Recap of Last Meeting and Any Questions (5 minutes)

Designing Our Advisory Group (25 minutes)

Small group discussions on:

- Roles and responsibilities
- Meeting frequency and duration
- Communication methods
- Decision-making processes

Each small group presents their ideas to the larger group

Break (10 minutes)

Creating Group By-laws (25 minutes)

Based on the Austin example, co-create basic by-laws for the group

This helps establish group norms and creates a sense of ownership

Next Steps and Closing (5 minutes)

Decide on any immediate actions or assignments – Specifically related to the follow up PPR research project

Set date for next meeting

Final thoughts and thank you