

Executive Summary

Introduction

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

Research Design

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

Contact Information

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

Hong Kong Family Wellbeing Index: Results and Trends

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

Effects of Demographic Variables on Family Wellbeing and Their Trends

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

14. Age

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

15. Marital status

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

Relationship between Family Income and Six Family Wellbeing Domains

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

Wellbeing of Families with Carers

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

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

Family Health: Results and Trends

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

Social Connection: Results and Trends

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

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