

11

Social Welfare System

Health Management and Social Care (Secondary 4-6)



The purpose of this learning resources is to provide learning and teaching resources for teachers' reference. Schools are welcome to use the learning resources for teaching purposes on a non-profit making basis.

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Health Management and Social Care Booklets

The design of the HMSC curriculum rests on the notion of the interconnectedness of the various levels at which phenomena related to health and sickness, well-being and ill-being, and personal and community care are to be understood. The curriculum aims to enable students to explore all of these levels as well as the relationships between them. The different levels can be interpreted as the individual, the family, the peer group, the community, the institutional setting, society, the nation and the world.

This part includes 19 booklets of learning and teaching reference materials for teachers. The topics and information in these booklets are selected and organized based on the five essential questions from various levels mentioned in the curriculum design in Chapter 2 of the Health Management and Social Care (HMSC) Curriculum and Assessment (C&A) Guide (Secondary 4-6). The booklets facilitate teachers to develop an overall framework and identify the key concepts of the curriculum so that their students will be able to integrate and apply relevant knowledge as well as develop their analytical skills. Details are as follows:

Levels	Essential Questions	Booklets	
Individual, Family and Peer	What does health mean to you?	1	Personal Needs and Development across Lifespan
		2	Health and Well-being
	How can we stay healthy?	3	Physical Well-being – Healthy Body
		4	Mental Well-being – Healthy Mind
		5	Social Well-being – Inter-personal Relationship
Community	What does health mean to a community?	6	Healthy Community
		7	Caring Community
		8	Ecology and Health
		9	Building a Healthy City
Society	How can we build a healthy and caring society?	10	Health Care System
		11	Social Welfare System
		12	Medical and Social Care Professions
		13	Health and Social Care Policies
		14	Social Care in Action
Local and Global Societies	What are the local and global health and social issues?	15A	Health and Social Care Issue – Ageing Population
		15 B	Health and Social Care Issue – Discrimination
		15 C	Health and Social Care Issue – Domestic Violence
		15 D	Health and Social Care Issue – Addiction
		15 E	Health and Social Care Issue – Poverty

How can we build a healthy and caring society?

The holistic concept of health has been elaborated from different perspectives and dimensions in Booklet 1 -9. In Ottawa Charter, definition of health is further elaborated as ‘a resource for everyday life, not the objective of living. It is a positive concept, emphasizing social and personal resources as well as physical capabilities.’ If health is the social and personal resources, it needs to be properly managed.

Simply speaking, management is to guarantee use of resources in the most appropriate way in the most appropriate time and place through planning, organizing, directing, coordinating and controlling the use. Management is not just the concern of government and commercial organisations. Non-governmental organisations and other social care organisations also need to be properly managed. Health management can be understood as planning, organizing, directing, coordinating and controlling the resources to meet the health needs. In Booklet (10) to (14), it is explored how to achieve holistic health through organizing, allocating and utilizing resources from the levels of the system, policy, professionals and professional services.

The topics of HMSC C&A Guide included in the Booklet 10-14 are listed below:

Booklets	Topics in HMSC Curriculum and Assessment Guide
10) Health Care System 11) Social Welfare System	<u>Compulsory part</u> <i>2D</i> Developments in the health and care industries <i>3B</i> Developing health and social care / welfare policies <i>3C</i> Implementing health and social care policies <i>3D</i> Cultural and political disagreements and tensions <i>4A</i> Disease prevention (primary, secondary and tertiary) and using precautions in our daily living patterns and lifestyles
12) Medical and Social Care Professions	<u>Compulsory part</u> <i>5A</i> Professions in health and social services <i>5B</i> Health and social care services and agencies
13) Health and Social Care Policies	<u>Compulsory part</u> <i>3B</i> Developing health and social care / welfare policies <i>3C</i> Implementing health and social care policies <i>3D</i> Cultural and political disagreements and tensions
14) Social Care in Action	<u>Compulsory part</u> <i>4D</i> Social care, healthy relationships, social responsibility and commitment in the family, community and groups <i>5A</i> Professions in health and social services <i>5D</i> Leadership in health and social care

11 Social Welfare System

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Learning Targets

By using this booklet, we are expecting students to:

Values and Attitudes

- Make commitments to family, community and groups
- Care for the disadvantaged groups and people in need

Knowledge

- Identify and understand the roles of formal and informal care
- Identify the support and services available for people / families in need and suggest other possible means or solutions
- Understand the social welfare in Hong Kong and/or in other places
- Understand the potential future development of social care and welfare in Hong Kong

Key questions

To achieve the above learning targets, teachers may use the following questions to enhance understanding:

- What is social care? How should we care for the people in need?
- What are the objectives and values of social welfare?
- How do social security and social welfare cater for the needs of vulnerable groups?
- What are the features of the social welfare in Hong Kong and other places?

11.1 Social Care

Social care is based on the premise that societies have an obligation to assist their members to overcome personal and social problems and to fulfil their role in life to the optimum. In particular, it is a responsibility to help the vulnerable groups to attain an acceptable standard of living in a society.

Some people who are not able to take care of themselves need care and support from the caregivers. Care is the act or process of looking after people by undertaking tasks that they are unable to do for themselves¹.

(A) Formal care

Formal care is a type of care provided on a paid basis. It is provided by the public/statutory sector, private sector or voluntary sector. The caregivers are often professionally trained in providing care, e.g. nurses, doctors, social workers, counsellors, psychologists, health workers, and personal care workers. Formal social care serves to provide information and support services so that everyone in the society would have access to the services needed to maintain their health and well-being.

(B) Informal care

Informal care is a type of care provided on no pay basis. The care recipients are usually family members, intimate friends or partners. It is provided by the private sphere. Informal caregivers are usually friends, family members, neighbours or relatives. They may form a social support network to give mutual support through difficult times. They can get help and support for themselves and the people they are caring for. The care may be in the form of cleaning or shopping for an older adult or his/her family caregivers, escort services for out-patient services, or looking after the sick etc.

Mutual care between caregivers and the care recipients enhance personal growth of both parties. Some of them form self-help or mutual aid groups, sometimes under the facilitation and mentorship of workers from formal services, for people who have personal experience of the same problem or life situation. Sharing experiences enables them to give each other mutual support and to pool practical information and ways of coping. Groups are run by and for themselves. Members are motivated by the need to meet people who are in very similar circumstances.

¹ Harris, J., & White, V. (2018). A Dictionary of Social Work and Social Care (Oxford Quick Reference) (2nd ed.). Oxford University Press.

Informal care is usually the first choice to solve problems related daily needs, emotions and health. Only when the informal supports could not provide the professional services that the care recipients need, or these informal caregivers could no longer afford the tasks due to their own physical and mental health limitations, then individuals or families seek help from formal care. For example, as an older adult's health deteriorates, it is getting more difficult for the family caregiver to afford the challenging tasks day after day. The caregiver may need to seek help from formal care, such as sending the care recipient to a day care centre or even consider applying for the residential care service.

(C) Volunteer Services

- Informal care - volunteers

The volunteers do not charge the care recipients for the volunteer services. Volunteer work is the realisation of social care and the responsibility of citizens and also the community support to complement the private care and the community care, such as visiting of the older adults who are living alone, sharing the caring burdens with family caregivers, organising activities for children with special needs, providing home help for the disabled or providing emotional support to caregivers of psychiatric patients.

- Formal care – Non-governmental organisations (NGOs) for organizing the volunteers

Nowadays, the volunteers are usually organised and facilitated by professionals in NGOs, such as the Agency for Volunteer Service.

Agency for Volunteer Service <https://www.avs.org.hk/>

Agency for Volunteer Service (AVS) is a non profitnon-profit organisation. It offers referral service for those who wish to volunteer and supports organizations requiring the service of volunteers.

11.2 Social Welfare

A. Concept of Social Welfare

Social welfare refers to the system of programmes, benefits, and services provided by the government to help people meet their social, economic, educational, and health needs, contributing to the collective wellbeing of a community or society².

The provision promotes the collective wellbeing in different aspects such as³:

- Education
- Health
- Housing
- Social security
- Social services

In Hong Kong, the categorisation of financing and policy areas social welfare, education, health and public housing are regarded as “**social services**”. They are provided by different government departments such as Social Welfare Department (SWD), Education Bureau, Department of Health, and Housing Authority.

In **social welfare**, the government aims to help individuals and families in need. The programmes, benefits, and services are mainly provided by the SWD and NGOs.

B. Planning of Social Welfare in Hong Kong

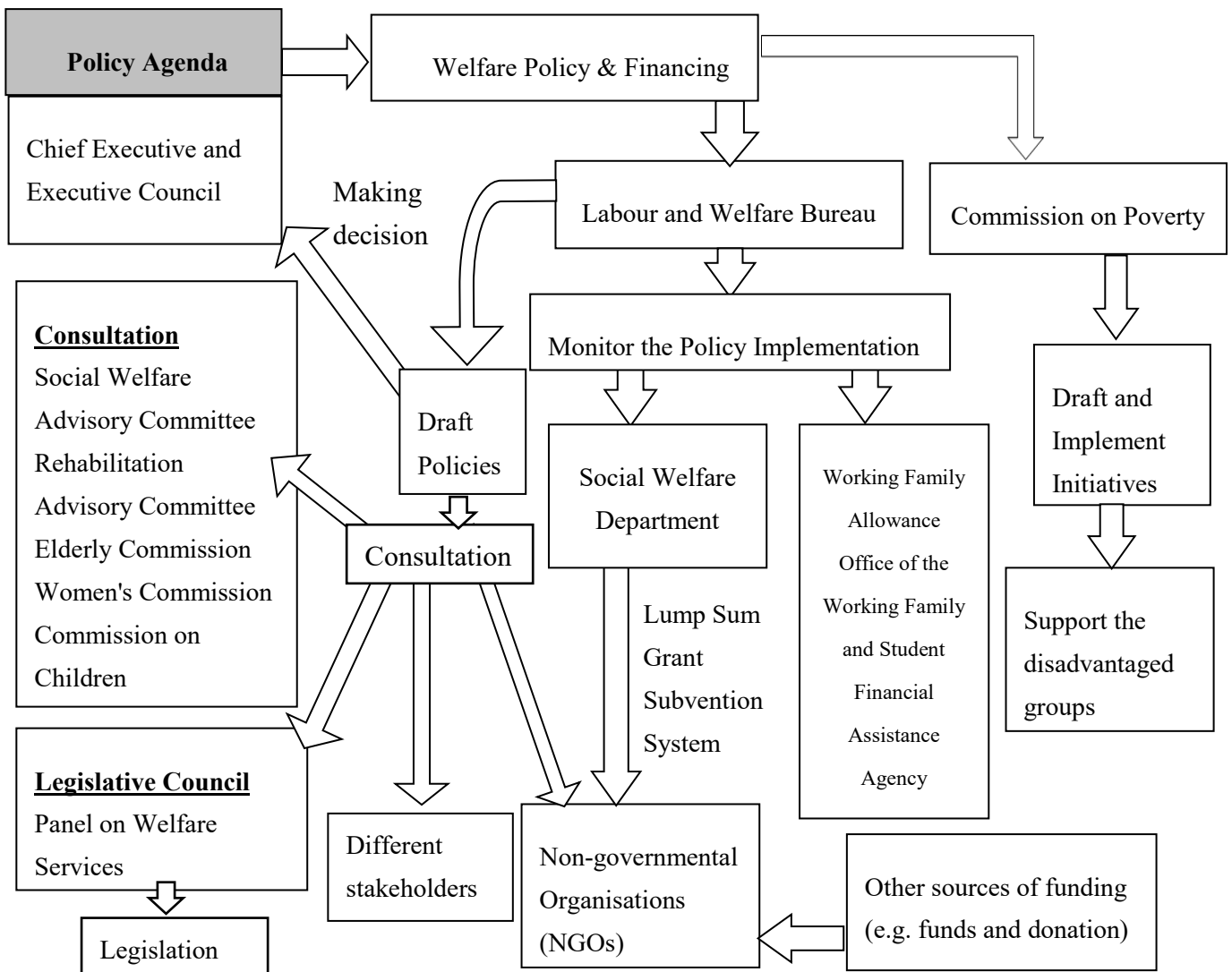
The government sets themes and directions in the Policy Address every year. The Labour and Welfare Bureau (LWB) formulates social welfare policies and oversees their implementation by the SWD and the Working Family Allowance Office of the Working Family and Student Financial Assistance Agency. The Social Welfare Advisory Committee, Elderly Commission, Rehabilitation Advisory Committee, Women’s Commission and Commission on Children advise the government on welfare policies.⁴ Meanwhile, the Commission on Poverty (CoP) has introduced various initiatives from setting the official poverty line, formulating and launching the Low-income Working Family Allowance, to furthering the work of the Community Care Fund and social innovations.⁵

² Barker, R. L. (2003). *The Social Work Dictionary*, 5th Edition (5th ed.). NASW Press.

³ Harris, J., & White, V. (2018). *A Dictionary of Social Work and Social Care* (Oxford Quick Reference) (2nd ed.). Oxford University Press.

⁴ Hong Kong Yearbook 2020 - <https://www.yearbook.gov.hk/2020/en/index.html>

⁵ Commission on Poverty - <https://www.povertyrelief.gov.hk/eng/welcome.html>



- **Social Welfare Department⁶**

The Social Welfare Department (SWD) is responsible for implementing the government's policies on social welfare and for developing and coordinating social welfare services, including social security, services for the elderly, family and child welfare services, medical social services, group and community work, services for young people, rehabilitation services for people with disabilities, as well as services for offenders...etc.

⁶ Hong Kong : The Facts - Social Welfare - https://www.swd.gov.hk/en/index/site_pubpress/page_fact/

- **Non-governmental Organisations (NGOs)**

In Hong Kong, a large proportion of social welfare services are provided by NGOs such as the Hong Kong Family Welfare Society, Caritas, Tung Wah Group of Hospitals and St. James' Settlement. Yet, there are some social service schemes that are not subsidised by SWD, such as Community CareAge Foundation Limited, Crossroads Foundation Limited. These services are usually operated by NGOs or private institutions with the aim to provide more choices to service users, but financially they need to rely on the fees paid by service users or other sources of donation.

- **Financing**

It is mainly financed by government funding through **taxation**. **The Lotteries Fund** is also a major source of capital funding for NGOs. According to the information of the Hong Kong Council of Social Service in early 2022, among the more than 500 Agency Members, approximately 30% are receiving regular subventions from the Social Welfare Department (subvented agencies), while the remaining 70%, most of which are relatively small, are primarily supported by various charity funds and the commercial sector, along with donations from individuals.

- **Lump Sum Grant (LSG) Subvention System**

- To provide recurrent subventions to NGOs as to provide social welfare services.
- NGOs may also seek grants from the Lotteries Fund to meet their non-recurrent commitments
- The SWD monitors the output, outcome and service quality of subvented service units by reviewing the NGOs' regular self-assessment reports and conducting review and surprise visits. The Lump Sum Grant Independent Complaints Handling Committee handles LSG-related complaints that cannot be resolved satisfactorily at the NGO level.

C. The Welfare Support Services in Hong Kong

The social welfare services in Hong Kong are broadly fall into two categories, namely, direct financial assistance and welfare support services. The direct financial assistance will be introduced in Part 11.3 on Social Security and the following areas of the **welfare support services**⁷ will be introduced in this part:

1. Family and Child Welfare Services
2. Services for Young People
3. Services for the Elderly
4. Services for Persons with Disabilities
5. Medical Social Services
6. Clinical Psychological Services
7. Services for Offenders
8. Community Development

⁷ Report on Long-term Social Welfare Planning in Hong Kong (July 2011) by Social Welfare Advisory Committee

1. Family and Child Welfare Services

I. Families

Objective	To help preserve and strengthen the family as a unit, improve relationships among family members, enable individuals to prevent and deal with personal and family problems, and assist families by providing suitable services to meet their needs. ⁸
Services	
Primary level	<ul style="list-style-type: none"> - To prevent family problems - through early identification, public education, publicity and empowerment - a departmental hotline provides service information, counselling and other supports
Secondary level	<ul style="list-style-type: none"> - To offer a spectrum of preventive, supportive and remedial family services - through integrated family service centres and integrated services centres operated by SWD or NGOs - including family life education, parent-child activities, enquiry service, volunteer training and service, outreaching service groups and programmes, counselling and referral services for individuals and families in need
Tertiary level	<ul style="list-style-type: none"> - To provide specialised services for cases of domestic violence and child custody and guardianship disputes - The Family and Child Protective Services Units of SWD provide services for families having problems of spouse/cohabitant battering, child abuse and child custody disputes - The refuge centres for women, a multi-purpose crisis intervention and support centre and a family crisis support centre provide emergency shelter, temporary accommodation and integrated package of services for individuals and families in face of domestic violence or in crisis - The Specialised Co-parenting Support Centres provide support service for separated / divorced families

⁸ Hong Kong Year Book 2020 - <https://www.yearbook.gov.hk>

II. Children

Objective	To provide and arrange a safe and intimate environment where children with varying needs can grow and develop into healthy and responsible members of society ⁹
Services	
Child care	<ul style="list-style-type: none"> • Day child care services support parents who cannot take care of their children temporarily because of work or other reasons. The SWD subsidises some stand-alone child care centres and child care centres attached to kindergartens to provide full-day child care
Financial assistance	<ul style="list-style-type: none"> • The means-tested Kindergarten and Child Care Centre Fee Remission Scheme administered by the Student Finance Office of the Working Family and Student Financial Assistance Agency helps families with social needs place their children in full day child care centres
Residential care	<ul style="list-style-type: none"> • Residential child care services are available for children and young people who are in need of out-of-home care owing to family, behavioural or emotional problems
Foster care	<ul style="list-style-type: none"> • The Central Foster Care Unit of SWD promotes and co-ordinates the recruitment of foster homes as well as co-ordinates the foster care agencies to provide foster care for needy children
Adoption	<ul style="list-style-type: none"> • The Adoption Unit of SWD works with the NGOs accredited under the Adoption Ordinance to arrange local or overseas adoption for children whose parents have abandoned or are unable to maintain them

2. Services for Young People

Objective	To develop the potential of youth, facilitating their healthy development and assisting them to face challenges from family, peers, school and society, and to become a responsible member of the community with a sense of
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⁹ Social Welfare Department Review 2017-18 & 2018-19

	belonging ¹⁰
Services	
Young people (aged between 6 and 24, including those at risk)	<p>The SWD subsidises NGOs to provide with preventive, developmental, supportive and remedial services. SWD's Planning and Co-ordinating Teams promote and co-ordinate youth development services in the districts</p> <p>Integrated Children and Youth Services Centres (ICYSCs) are operated by NGOs adopting a whole person and community approach providing children and youth centre services, outreach social work services and school social work services people through multiple intervention methods including casework, group work and community work to meet the multifarious needs of children and youth in an integrated and holistic manner. Services provided include personal guidance and counselling, supportive services for young people in disadvantaged circumstances, developmental and socialisation programmes as well as community engagement programmes</p> <ul style="list-style-type: none"> • The outreach social work services <ul style="list-style-type: none"> - The outreach services at night to help those who loiter at neighbourhood black spots - Youth outreaching social work teams seek to reach out and provide counselling and guidance to those young people who normally do not participate in conventional social or youth activities and are vulnerable to undesirable influences • School social work service: aims to identify and help students with academic, social or emotional problems, maximise their educational opportunities, develop their potentials and prepare them for adulthood • The cyber youth support teams : provide professional social work intervention such as online and offline counselling, and form partnerships with other

¹⁰ Social Welfare Department Review 2017-18 & 2018-19

	community stakeholders to foster cross-sectoral collaboration, to address the needs of at-risk and hidden youths
Juvenile Delinquents	<ul style="list-style-type: none"> • Community Support Service Scheme: teams operated by NGOs to help young people who are subject to the Police Superintendent’s Discretion Scheme (PSDS), arrested youths and their peers with delinquent behaviour • Family Conference Scheme: social workers, police officers, and the teachers and parents of juveniles under the PSDS work together to help juveniles who have been cautioned under the PSDS for the second time or are in need of the services of three or more parties
Drug abusers	<ul style="list-style-type: none"> • The SWD subvents residential drug treatment and rehabilitation centres and halfway houses, counselling centres for psychotropic substance abusers and centres for drug counselling. It also regulates the treatment and rehabilitation centres under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance, and provides practical guidelines and professional advice on licensing requirements to safeguard the wellbeing of the residents
Disadvantaged children and young people	<ul style="list-style-type: none"> • District Support for Children and Youth : The SWD provides direct cash assistance via a District Support Scheme for Children and Youth Development to address the developmental needs of disadvantaged children and young people aged 24 or below’

3. Services for the Elderly

The mission of **elderly services** is to enable our elders to live in dignity and to provide necessary support for them to promote their **sense of belonging, sense of security and sense of worthiness**.¹¹

Long-term Care (LTC) services are currently provided in the form of community care services (CCS) and residential care services (RCS). CCS provides various community care and support services guided by the cornerstone principles of “Ageing in Place” and “Continuum of Care”, to assist elderly persons to continue living in the

¹¹ Social Welfare Department - <https://www.swd.gov.hk>

community for as long as possible. Residential care services should be the last resort for frail elderly persons who require intensive personal and nursing care.¹²

I. The Elder Persons Living in the Community

Objective	To promote the well-being of elders in all aspects of their life through the provision of a wide spectrum of services to enable them to remain living in the community for as long as possible	
Services		
Opportunities for the Elderly Project	The project encourages elderly people to take part in community affairs and in building an age-friendly community	
Senior Citizen Cards	The Cards allow their holders to enjoy concessions, discounts and priority service provided by public and private organisations and government departments	
Community Care and Support	More integrated approach is adopted for the elderly people and to give supports to the caregivers to assist elderly people to remain living in the community for as long as possible	
	Elderly centre services	To provide community support services for elders and their caregivers at district and neighbourhood levels, and to facilitate elders and their caregivers to receive multifarious services at centres close to their homes
	District Elderly Community Centre (DECC) and Neighbourhood Elderly Centre (NEC)¹³	The services include: carer support, counselling, drop-in, educational and developmental activities, health education, meal and laundry, provision of information on community resources and referral, reaching out and networking, social and recreational activities and volunteer development. DECC further provide case

¹² Social Welfare Department Review 2017-18 & 2018-19

¹³ Consultancy Study on Community Care Services for the Elderly (June 2011)

			management, community education and support team for the elderly
		Social Centre for the Elderly	The services provide recreational, social, or educational / developmental groups or activities, giving information and making referral to appropriate services or organizations, encouraging members to organize mutual help activities and participate in community affairs, providing a drop-in area providing a place for social contact
		Community Care Services	<p>To provide personal care, nursing care, rehabilitation training and social activities in a familiar home and community environment to the frail elderly who cannot receive care from their family caregivers during daytime</p> <p>Services include the Day Care Centres/Units for the Elderly, Day Respite Service for the Elders, Enhanced Home and Community Care Services, Integrated Home Care Services and Home Help Services. There are also respite Service providing temporary day care service or short-term residential service for the elders</p>
		Community Care Service Voucher for the Elderly	Provided for the eligible elder persons to choose community care services that suit their

		individual needs under the 'money-following-the-user' mode
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II. The Elder Persons in Needs of Residential Care

Objective	To provide residential care and facilities for the elders who have long-term care needs but cannot receive adequate care at home to meet the personal as well as the social and recreational needs of residents	
Services		
Residential Care	The subsidized Residential Care Services	include subsidised Homes for the Aged, Care and Attention Homes and Nursing Homes
	The private residential care homes	SWD collaborates with them through the Enhanced Bought Place Purchase Scheme and Nursing Home Place Purchase Scheme to provide more residential care spaces for elders in need
	The Residential Care Homes (Elderly Persons) Ordinance and its subsidiary regulations	The regulation through a licensing system to enhancing the quality of residential care homes for the elderly (RCHEs)
	Residential Care Service Voucher	Adopting the 'money-following-the-user' principle to provide an additional choice for elderly persons in need of residential care services and are wait-listing for care-and-attention (C&A) places on the Central Waiting List (CWL). Elderly persons can freely choose and switch RCHEs under the Scheme according to their needs

4. Services for Persons with Disabilities

Objective	To assist persons with disabilities to become full members of the community by developing their physical, mental and social capabilities to the fullest possible extent and by promoting their integration into the community
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Services		
Education	Early Child Education	<ul style="list-style-type: none"> • Social Welfare Department provides integrated programme in kindergartencum-child care centres; special child care centres; early education and training centres; and on-site preschool rehabilitation services for children with special needs • Children with special needs on the waiting list of SWD-subsented pre-school rehabilitation services may apply under a Training Subsidy Programme for subsidised training provided by NGOs. • The teams in the Pilot Project on Tier 1 Support Services in Kindergartens/Kindergarten-cum-Child Care Centres provide training for children awaiting assessments by the Department of Health’s Child Assessment Centres and for children assessed as having only mild developmental problems who are studying at the kindergartens covered by the project. The teams also provide consultation services to the children’s teachers and parents
	Primary and secondary education	<ul style="list-style-type: none"> • The Education Bureau (EDB) adopts a dual-track mode in providing special education ¹⁴ ○ Integrated Education - Ordinary schools are encouraged to implement the Whole School Approach to set up a Student Support Team and motivate all teachers to take care of the students with special educational needs so they could

¹⁴ Education Bureau - <https://sense.edb.gov.hk>

		<p>receive education in ordinary schools as far as possible.</p> <ul style="list-style-type: none"> ○ Special Education - Subject to the assessment and recommendation of specialists and the consent of parents, the students with more severe or multiple disabilities will be referred to aided special schools for intensive support services
Day Training and Vocational Rehabilitation	Day Training	<p>Day activity centres provide day training for aged 15 or above severely mentally handicapped persons. It provides day care and training in daily living skills and simple work skills to mentally handicapped persons. It trains them to become more independent in their daily lives, and prepares them for better integration into the community or for transition to other forms of service or care.</p>
	Vocational Rehabilitation	<ul style="list-style-type: none"> ● Sheltered workshops, supported employment, integrated vocational rehabilitation services centres, integrated vocational training centres, the On the Job Training Programme for People with Disabilities, and Sunnyway - On the Job Training Programme for Young People with Disabilities are provided for persons with disabilities to enhance vocational rehabilitation support for them. SWD provides enhanced measures including provision of job attachment allowance for trainees of supported employment service and wage subsidy for employers offering job trials to these trainees ● The Enhancing Employment of

		<p>People with Disabilities through Small Enterprise Project aims at enhancing the employment of persons with disabilities through direct creation of jobs, providing seed money to NGOs to create small businesses with the condition of employing no less than 50% of persons with disabilities in the total number of persons on the pay-roll. The businesses such as cleaning services, food and beverage, eco-tourism, car beauty services, massage services provided by visually impaired persons, retail shops, vegetable supply and processing, etc. create employment opportunities, for persons with disabilities</p> <ul style="list-style-type: none"> • A Support Programme for Employees with Disabilities provides employers with subsidy for employees with disabilities to buy assistive devices and to modify the workplace for these employees
<p>Residential Care</p>		<ul style="list-style-type: none"> • Small Group Home for Mildly Mentally Handicapped Children / Integrated Small Group Home provided places for children with mild intellectual disabilities not receiving adequate care from their families. • The SWD provided subvented residential places to persons with disabilities who were unable to live independently in the community, or whose families could not offer them adequate care including Residential Special Child Care Centre, Long Stay Care Home, Halfway House, Hostels for Moderately / Severely Mentally Handicapped Persons, Care-and-Attention Home for Severely Disabled Persons, Hostel for Severely Physically Handicapped Persons, Care-and-Attention Home for the Aged Blind, Supported Hostel, Integrated Vocational Training Centre (Residential Service).

	<p>Residential places were also provided under the Bought Place Scheme for private residential care homes for persons with disabilities.</p> <ul style="list-style-type: none"> • Residential Respite Service - provides family members/carers of persons with disabilities with a planned short break so that they may attend to their personal business such as undergoing a medical operation or taking a vacation tour. Its purpose is to make life for those involved in routine care for persons with disabilities less stressful.
<p>Community Support</p>	<ul style="list-style-type: none"> • The SWD supports persons with disabilities living in the community, including persons in mental health recovery, and their families and carers. There are district support centres for persons with disabilities, parents/relatives resource centres, home care services for persons with severe disabilities, integrated support services for persons with severe physical disabilities, day care service for persons with severe disabilities, a transitional care and support centre for tetraplegic patients, community rehabilitation day centres, support centres for persons with autism, social and recreational centres for the disabled, and rehabilitation services for people with visceral disabilities or chronic illnesses. • The Integrated Community Centre for Mental Wellness (ICCMW) is an integrated centre providing one-stop, district-based and accessible community support and social rehabilitation services ranging from early prevention to risk management for ex-mentally ill persons, persons with suspected mental health problems, their families / carers and residents living in the serving district. • Special Needs Trust Office provides reliable and affordable trust services to parents with sufficient assets to meet the long-term daily needs of their children with special needs.

5. Medical Social Services

Objective	To provide timely psycho-social intervention and/or tangible assistance to patients and their families to help them cope with emotional or daily living problems arising from illness, trauma or disability. Medical Social Workers (MSWs) plays an important role in linking up the medical and social services to facilitate patients' recovery and rehabilitation in the community. ¹⁵	
Services		
The Medical Social Services Units managed by the SWD can be broadly classified into general and psychiatric settings		
MSWs in the general setting	stationed at public hospitals and some specialist out-patient clinics of the Hospital Authority (HA), and at child assessment centres and integrated treatment centres of the Department of Health	<ul style="list-style-type: none"> • To provide counseling services for patients and their family members with emotional, family, caring, relationship problems etc. arising from illness, trauma or disabilities; • To formulate discharge plan and conduct psychosocial assessment for patients, and make referral for rehabilitation services and community resources for patients and their families; • To offer financial/material assistance e.g. waiving of medical charges, application for trust fund, referral for social security benefits, and purchase of medical appliance, etc.;
MSWs in the psychiatric setting	stationed at psychiatric hospitals and out-patient clinics of the HA	<div style="border: 1px solid black; padding: 5px;"> <p>Example: Community Care Fund (CCF) Medical Assistance Programmes administered by the HA were implemented with MSWs' assistance in processing the applications for financial assistance. Doctors in charge will decide, based on their professional judgment, if patients should be suggested to use self-financed drug items. If patients have financial difficulty in meeting the cost of the items and fulfill the specified clinical</p> </div>

¹⁵ Social Welfare Department Review 2017-18 & 2018-19

		<p>criteria, doctors may refer patients to the medical social worker for assessment of the patients' eligibility for assistance. Known Comprehensive Social Security Assistance (CSSA) recipients are not required to go through financial assessment.</p> <ul style="list-style-type: none"> • To collaborate with medical and allied health professionals to identify persons in the community who are in need of treatment or rehabilitation services, and to meet the needs through early identification and intervention services. They take up a key role in the following community-based services: <ul style="list-style-type: none"> - Psycho-geriatric Teams - Community Geriatric Assessment Teams - Community Psychiatric Teams - Early Assessment Service for Young People with Psychosis - Elderly Suicide Prevention Programme - Extended-care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping-stone • To provide group counseling services or organize seminars for patients or their families with similar problems.
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6. Clinical Psychological Services

Objective	<ul style="list-style-type: none"> • The aim of psychotherapy is to help service users change the framework of their perceptions, to alter their emotional responses, to ameliorate psychological symptoms, or to reduce psychological disturbances. • By providing psychological assessment and psychotherapy, to help individuals in need to overcome their crises and problems. • To assess and treat service users who have psychological
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	<p>disturbances, aiming to ameliorate their distress and enhance their functioning.</p> <ul style="list-style-type: none"> • To provide clinical consultation and training to allied professionals and public education on mental health issues.¹⁶
Services	
Casework service	<ul style="list-style-type: none"> • They received referrals mainly from integrated family service centres, family and child protective services units, probation and community service orders offices and medical social services units. • A thorough and objective psychological assessment will be conducted to determine the nature of the problem, and appropriate psychological services. If warranted, a treatment plan will be formulated and psychotherapy is provided. Psychotherapy or psychological intervention is based on psychological theories, clinical judgment and research evidence. <ul style="list-style-type: none"> - Children and adolescents formed the main client group served by the Clinical Psychologists. They were often victims of physical or sexual violence, cases for custody evaluation, or individuals presenting behavioural or emotional problems which were psychological in origin. - Adults were seen for a variety of reasons ranging from mood disorders, chronic difficulties in interpersonal relationships, adjustment problems, sexual deviations and various forms of offences against the law. - Some others might be perpetrators or victims in cases of domestic violence.
Central Psychological	<ul style="list-style-type: none"> • Through the Central Psychological Support Services, Clinical Psychologists also provide clinical case

¹⁶ Social Welfare Department - <https://www.swd.gov.hk>

Support Services	consultation, staff and parent trainings for pre-school centres as well as adult rehabilitation units operated by NGOs.
Crisis Intervention	<ul style="list-style-type: none"> Clinical Psychologists also provide psychological support, such as critical incident stress management and psychological first aid to the survivors, their families and the community at large after natural or man-made disasters
Public Education	<ul style="list-style-type: none"> Preventive work is conducted through giving talks or conducting training on the subjects of mental health, stress management, resilience, positive psychology and mindfulness
Professional Training	<ul style="list-style-type: none"> Different training programmes are provided for social workers and other professionals

7. Services for Offenders

Objective	To help the offenders to reintegrate into the community as law-abiding citizens. This is achieved through both community-based and residential services, adopting social work approaches. It is hoped that through supervision, counselling, academic, prevocational and social skills training, the offenders can be equipped with the necessary skills to deal with life demands. ¹⁷
Services	
The probation service	<ul style="list-style-type: none"> Probation officers (PO) - In serving the courts and the parties concerned, POs prepare pre-sentence reports including Probation Officer's Reports, Suitability Reports for Community Service Order, progress reports of the probationers and social welfare reports on long-term prisoners and petition cases. The services provided for the probationers include statutory supervision, personal guidance and family counselling through regular interviews, home visits, group work and other activities during their probation period. Where appropriate, offenders, probationers and their family

¹⁷ Social Welfare Department - <https://www.swd.gov.hk>

	<p>members are referred to approved institutions run by the SWD or residential homes for children and youth with emotional / behavioural problems run by NGOs, related units or agencies for psychological treatment, welfare services and other services such as Volunteer Scheme for Probationers.</p>
Community Service Orders (CSO) Scheme	<ul style="list-style-type: none"> • A court may make an order requiring a person of or over 14 years of age and convicted of an offence(s) punishable with imprisonment to perform unpaid work for a number of hours not exceeding 240 hours within a period of 12 months under the supervision of a probation officer (PO) • POs will provide statutory supervision, personal guidance and group work service to the offenders placed under CSO.
The residential services	<ul style="list-style-type: none"> • Correctional / Residential Home - provides residential training for mal-adjusted children / juveniles and young offenders through social work intervention to give effect to the directions of the court. Tuen Mun Children and Juvenile Home (TMCJH) is a gazetted home providing temporary custody and residential training for children / juveniles and young offenders in accordance with the statutory requirements. TMCJH is a multi-purpose residential complex, which serves the functions of a place of refuge, a remand home, an approved institution (probation home) and a reformatory school. • Residential Service for Young Probationers and High-Risk Youth - the Youth Outreach operates Transitional Housing for Young Probationers and High-Risk Youth under the subvention of Social Welfare Department. It is a residential service providing hostel facilities and supportive training programmes lasting not more than 12 months for young probationers and high-risk youth who are referred by Probation Officers and social workers respectively. Through a structured environment and properly designed programmes, the Service aims at helping the probationers and the high-risk youth develop greater degree of self-control and independent living skills so that they can return to the community as responsible citizens.
Others	<ul style="list-style-type: none"> • SWD in Collaboration with the Correctional Services

	<p>Department run</p> <ul style="list-style-type: none"> - a Young Offender Assessment Panel provides the courts with professional views on sentencing options for offenders aged 14 to 25 - a Post-Release Supervision of Prisoners Scheme, which helped discharged prisoners rehabilitate and reintegrate into the community during the year. <ul style="list-style-type: none"> • The SWD also funds an NGO - Society of Rehabilitation and Crime Prevention, Hong Kong to offer hostel and support services to former offenders.
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8. Community Development

Objective	To promote social relationship and cohesion within the community, and to encourage the participation of individuals in solving community problems and improving the quality of community life.
Services	
Community Centre	The community centres are operated by NGOs under the subvention of SWD and serve people of all ages to gather, to meet and to interact with the one another. Through the provision of a wide range of group and community work activities, they also contribute in strengthening the residents' civic awareness, promoting mutual care and developing a sense of belonging to the community.
Neighbourhood Level Community Development Project (NLCDP)	NLCDPs are introduced to serve the deprived and transient communities where the provision of welfare services and facilities was inadequate or non-existent. Such areas include temporary housing areas (THAs), squatter areas, cottage areas, boat squatters and some public housing estates (PHEs) affected by the Housing Authority's redevelopment programme.
Care and Support Networking Team (CSNT)	Through the provision of outreaching, support, casework and group work services operated by the Society for Community Organisation, it aims at assisting mainly the (i) ex-offenders (ii) ex-mentally ill persons and (iii) street sleepers in West Kowloon to reintegrate into the community.

11.3 Social Security

A. Concepts of social security

If individuals are unable to cope with their problems or difficulties during times of economic hardship on their own and, at the same time, fail to get any support from their networks or from their own community, the provision of social security then serves as a safety net for them during these tough times in their life.

According to International Labour Organization (ILO), social protection, or social security, refers to the set of policies and programmes designed to reduce and prevent poverty and vulnerability across the life cycle. Social protection includes nine main areas: child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits and survivors' benefits. Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed social assistance.¹⁸

B. Different Social Security Programmes

The World Bank¹⁹ suggested the following three categories in social security programmes:

Programmes		Objectives
Social insurance	contributory	Ensure adequate living standards in the face of shocks and life changes
Social safety nets/ social assistance	non-contributory	Reduce poverty and inequality
Labor market programmes	contributory and non-contributory	Improve chances of employment and earnings; smooth income during unemployment through training, wage subsidies and unemployment insurance etc.

To simplify, social security programmes can be broadly divided into contributory and non-contributory programmes. The former requires regular payment to the scheme by the public or employers whilst the latter is being financed by the government.

¹⁸ ILO. (2021). World Social Protection Report 2020-22: Social protection at the crossroads – in pursuit of a better future. *International Labour Organization*.

¹⁹ “World Bank. 2018. *The State of Social Safety Nets 2018*. Washington, DC: World Bank. © World Bank. <https://openknowledge.worldbank.org/handle/10986/29115> License: CC BY 3.0 IGO.”

1. Contributory Programmes

Assistance provided under contributory programs may be earnings-related or subjected to a flat rate. The following are the two examples of the contributory programmes:

- Social insurance (SI)
- Provident fund (PF)

Social insurance (SI)

- It aims to protect individuals from illness, disability, pregnancy, retirement, unemployment etc.
- It is non-means-tested and has no eligibility criteria
- It is based on the social / collective responsibility for individuals
- Social insurance departs from the requirements of the commercial insurance schemes in ensuring that the insured contribute adequate amounts matched in various ways to the likelihood that claims will be made. Rather, social insurance schemes would pool risks much more radically across social groups.

Example 1 - Social Insurance in Mainland China

According to the Social Insurance Law of the People's Republic of China, the Social Security Insurance (“SSI”) consists of five types of insurance including a basic old-age insurance, basic medical insurance, work injury insurance, unemployment insurance, and maternity insurance to guarantee citizens’ rights to receive assistance upon old age, sickness, work injury, unemployment and maternity.²⁰

The local employers withhold the employee’s SSI contributions from payroll and send them, together with the employer’s SSI contributions, to the in-charge authority on a monthly basis. The contributions are as follows²¹:

Insurance type	Employee’s Contribution	Employer’s Contribution	Remarks
Basic Old-Age Insurance	✓	✓	<ul style="list-style-type: none"> • For self-employed, part-time staff and flexible-employed, who do not participate in the SSI scheme under the name of local employers, they are allowed to contribute pension and medical insurances
Basic Medical Insurance for Employees / Basic	✓	✓	

²⁰ Social Insurance Law of the People's Republic of China (October 28, 2010)

²¹ Constitutional and Mainland Affairs Bureau. (2020, February 18). Introduction of Social Security Insurance (“SSI”) in Mainland China ., Retrieved February 14, 2022, from https://www.bayarea.gov.hk/filemanager/en/share/pdf/Introduction_of_SSI_in_Mainland_China.pdf

Insurance type	Employee's Contribution	Employer's Contribution	Remarks
Medical Insurance			<p>themselves based on the relevant regulations</p> <ul style="list-style-type: none"> • certain supplemental medical insurance might be levied by local governments which may vary for different locations
Work Injury Insurance		✓	
Unemployment Insurance	✓	✓	
Maternity Insurance		✓	

Example 2 – Social Insurance in Sweden

In Sweden, social insurance provides economic security in the event of illness, disability and old age as well as for families with children. It is individually based and compensates loss of income when a person is unable to support themselves by working as a result of, for example, old age, disability, an illness or caring for a child at home. Social insurance is administered by the Swedish Social Insurance Agency (Försäkringskassan). It is financed through a combination of employer and employee contributions and through taxes.

Social insurance includes universal benefits, individual-base social insurance, means-tested benefits, as well as income-related benefits.

- Universal benefits are paid to everyone at the same rate and include medical benefits, child allowance and adoption allowance.
- Mean-tested benefits include housing allowance, a housing supplement for pensioners and the top-up benefit in maintenance support. These allowances are not taxable.
- Income-related benefits are taxable.

Social insurance is divided into a residence-based insurance relating to guaranteed benefits and allowances, and a work-based insurance relating to benefits for loss of income. Both insurance categories apply equally to anyone living or working in Sweden.

For more examples of social insurance in Sweden, please refer to the following website of Government Offices of Sweden: Social Insurance in Sweden - <https://www.government.se/government-policy/social-insurance>

Provident fund (PF)

- It may include voluntary or compulsory saving
- It is based on individual responsibility for self
- It can be Central Provident Fund (CPF) - centrally managed by the government or a single statutory body, e.g. the CPF of Singapore and Malaysia.

Example – Central Provident Fund in Singapore

The Central Provident Fund (CPF) is a type of “all-in-one” scheme which integrates several aspects of social security: retirement savings, healthcare financing, childcare, home ownership, and educational needs, into a comprehensive programme. The CPF members could also transfer their savings among family members for mutual support. Its major difference with the typical social insurance and social assistance schemes in other countries is the CPF is a programme operated on the basis of individual memberships and the amount of savings of individual accounts.

Example – Mandatory Provident Fund (MPF) in Hong Kong

There is no CPF in Hong Kong. However, the Grant/Subsidized Schools Provident Fund is provided for payments to be made upon resignation, retirement, dismissal or termination of contract to teachers employed in grant/subsidized schools or to their estates in case of death.

Hong Kong has the Mandatory Provident Fund (MPF), i.e. contribution required by law but privately operated, i.e. individual employer together with their employee choose the provident fund service provider in the private market, e.g. banks, insurance companies. However, the individual MPF accounts are managed by the private fund managers.

2. Non-contributory Programmes

They include the universal benefits and social assistance.

- **Universal benefits**

- It is non-means-tested but with certain eligibility criteria
- The payment is in terms of special needs allowance

The financing sources for the non-means-tested schemes are mainly the tax system.

Examples in Hong Kong

Universal benefits	
Consumption Vouchers	Given to each eligible Hong Kong permanent resident and new arrival aged 18 or above. People can use the

	consumption vouchers in the ways that best suit their consumption pattern.
Student Grant	A student grant for each secondary day-school, primary school and kindergarten student is provided to alleviate parents' financial burden in defraying education expenses.
Elderly benefits	
Old Age Allowance	Provided to all those aged 70 or above, irrespective of being rich or poor.
Government Public Transport Fare Concession Scheme	People aged 60 or above could travel on designated public transport modes and services at a concessionary fare

Social assistance

- The assistance provided is subject to the disabilities, means and needs of the recipients. It is means-tested, or a universal rate can be applied through medicalized ability tests that are used to discriminate those with various levels of disability, aiming at the maintenance of a basic living standard

Examples of Social Assistance in Hong Kong

Working Family Allowance Scheme	It is a pro-employment measure aims to support lower-income working households who are not on Comprehensive Social Security Assistance ("CSSA") and have longer working hours to encourage self-reliance and alleviate intergenerational poverty. Application for it is on a household basis (including singleton households). A household meeting the working hour requirements, income and asset limits may apply for the three levels of allowance. Depending on the household income, the allowances may be granted at full rate, 3/4 rate or half rate. Each eligible child may also be eligible for a Child Allowance. ²²
Comprehensive Social Security Assistance	<ul style="list-style-type: none"> • Provides cash assistance to bring the income of needy households up to a prescribed level to meet basic livelihood needs • Payments can be broadly classified into three types:

²² Working Family Allowance Office - https://www.wfsfaa.gov.hk/wfao/en/key_features.htm

	<ul style="list-style-type: none"> - different standard rates to meet the basic and general needs of broad categories of recipients - special grants to meet particular needs of individual recipients, such as rent, school related expenses and special diets etc. - long-term supplement, single parent supplement, community living supplement, transport supplement, residential care supplement and employment support supplement for specific categories of recipients • Able-bodied adult recipients have to join the Support for Self-reliance Scheme to help them become self-reliant through the provision of employment support services • Elderly recipients meeting the prescribed criteria can continue to receive cash assistance under the Portable Comprehensive Social Security Assistance (PCSSA) Scheme if they choose to retire to Guangdong or Fujian Province
<p>Social Security Allowance</p>	<ul style="list-style-type: none"> • Old Age Allowance and Disability Allowance (including Normal Disability Allowance and Higher Disability Allowance) provide a non-means-tested flat-rate allowance to elderly people aged 70 or above and people with severe disabilities to meet their special needs arising from old age or disability respectively • Old Age Living Allowance (including Normal Old Age Living Allowance and Higher Old Age Living Allowance) provide a to Hong Kong residents who are 70 years of age or above or who are severely disabled Old Age Living Allowance aims to provide a special allowance per month to supplement the living expenses of Hong Kong residents aged 65 or above who are in need of financial support • Guangdong Scheme and Fujian Scheme are to provide Old Age Allowance or Old Age Living Allowance for eligible Hong Kong elderly persons

	<p>who choose to reside in Guangdong or Fujian without requiring them to return to Hong Kong each year</p>
Accident Compensation	<ul style="list-style-type: none"> • The non-means-tested Criminal and Law Enforcement Injuries Compensation Scheme offers financial help to those injured, or to their dependents in the case of death, as a result of a crime of violence or by a law enforcement officer using a weapon in the execution of his duty • The non-means-tested Traffic Accident Victims Assistance Scheme provides financial assistance to people injured in road traffic accidents or to their dependents in the case of death, regardless of who is responsible for the accident
Emergency Relief	<ul style="list-style-type: none"> • Meals or cash in lieu of meals and other necessities are given to victims of natural or other disasters. Grants from the Emergency Relief Fund are paid to eligible victims, or in the case of death to their dependents.
Short-term Food Assistance Service("STFASPs")	<ul style="list-style-type: none"> • The STFASPs provide one-off basic food assistance for a specified period to help individuals and families encountering sudden change and facing immediate financial hardship in coping with their daily food expenditure.

11.4 Development of Social Welfare in Hong Kong

Since the early days of British settlement, social welfare services in Hong Kong has undergone many changes. Generally speaking, the development of social welfare in Hong Kong can be divided into the following six phases:

Phase 1: Emergency Relief in a Community of Immigrants (Early Settlement to 1950s)

Phase 2: Beginning of Social Assistance (1950s to 1960s)

Phase 3: Golden Decade of Welfare Development (1970s)

Phase 4: Challenges in the Development of Social Welfare (1980s to 1998)

Phase 5: Social Welfare under Financial Crisis (1998 -2011)

Phase 6: Coping with the Challenges in 21st Century (2012-present)

Phase 1: Emergency Relief in a Community of Immigrants (Early Settlement to 1950s)

- Since the early settlement of the British, a large number of Chinese came to Hong Kong to make a living. They lost their protection from their original social support and network, as well as their community ties. Whenever there was unemployment, sickness, disability or natural disasters, they fell into helplessness easily. For this reason, there was an urgent need for the government and the community to give a helping hand to them.
- During this period, social security was in the form of mutual help in the private sphere and was mostly taken up by the Non-governmental Organisations (NGOs). There were mainly two types of NGOs: the Chinese and religious groups. Most of the NGOs relied on funding from other countries and overseas charity organisations, providing refugees with food, clothing and shelter.
- In the Chinese society, the main charity organisations were the Tung Wah Group of Hospitals and the Po Leung Kuk. The Tung Wah Group of Hospitals was established in 1869 in response to the poor hygiene and bad smell of the corpses in the Tai Ping Shan Temple. It was described as ‘hell’ by the reporters of the newspapers. Chinese people from various industries gathered to build a hospital for the Chinese residents in Hong Kong. In 1872 the hospital was established, providing medical, relief, education, maternal and funeral services. In disasters including the hurricane in 1906, the racecourse fire in 1918 and the gas explosion in 1934, relief work was organised by the hospital. In 1878, the Po Leung Kuk was set up. At the time, the abduction and trafficking of women and children were serious problems in Hong Kong. Po Leung Kuk was set up to prevent kidnapping

and to protect the victims as well as to provide the victims with shelter and education.

- The clan associations also played an important role in the provision of social services. These associations provided practical help, such as conflict resolution, referrals of employment and financial aid. Some well-organized associations also provided free medical, education and funeral services. The clan associations facilitated the continuity of the traditional form of social security in the urban society.
- Other types of charity organisations were the organisations owned by the churches. The churches in Hong Kong built hospitals, clinics, orphanages and homes for the elderly. They also provided free medical services for local residents and sheltered the homeless people. They provided the poor with different forms of relief which more or less helped them overcome their difficulties.

Phase 2: Beginning of Social Assistance (1950s to 1960s)

- In the 1950s, the major challenge in society was the crisis of survival generated by the population expansion. A large number of refugees arrived in Hong Kong. At that time, economic development in Hong Kong was limited. Industrialisation was in the initial stage. Many people lived in hardship. Basic needs such as food, shelter and clothing were not secured. The great mission of meeting the increasing demand of social assistance exceeded the capacity of the NGOs. The provision of social welfare could not solely rely on the Secretariat of Chinese Affairs and NGOs.
- During this period, social assistance was mainly provided by three parties:
 - Chinese Organisations - In addition to the Tung Wah Group of Hospitals, Po Leung Kuk and clan associations, the Kaifong Welfare Associations also played an important role in welfare provision.
 - Overseas Relief Organisations - International voluntary organisations were active in Hong Kong during the 1950s and 1960s. The influx of refugees aroused the attention of the international community. More international aid agencies were set up in Hong Kong in addition to the existing international voluntary organisations. With overseas financial support, they offered emergency relief for local residents. For example, the Red Cross and the Salvation Army distributed materials they received from their headquarters to the refugees during this period.
 - The Government

Housing	After the devastating blaze in Shek Kip Mei in 1953, the six-storey Mark I resettlement blocks were completed in Shek Kip Mei to rehouse the fire victims. The government appointed Commissioner for Resettlement to coordinate the task. North Point Estate, the first low-cost housing estate built in 1957. The Government Low-cost Housing Programme was then formally implemented in 1961 to provide rental accommodation of a higher quality than the resettlement estates.
Education	The Senior Secondary Fee Remission Scheme was implemented in 1965 to provide assistance in the form of fee remission to needy Secondary 4 to Secondary 7 students to continue their secondary education. The School Textbook Assistance Scheme was first introduced for students of government and aided primary schools only in the 1968-69 school year.
Social Welfare	<ul style="list-style-type: none"> • The government set up the Social Welfare Office under the Secretary for Chinese Affairs in 1948²³. In 1958, the government Social Welfare Office was renamed the Social Welfare Department, serving victims of disasters and the poor through emergency relief. • A branch on Public Assistance was established to provide regular assistance and material support to the poorest. However, the assistance was relatively low in scale and quantity. The relief was mainly in the form of packed and cooked food. The assistance could barely meet the needs of the poor. In 1962, Emergency Relief Fund Scheme (formerly known as the Community Relief Trust Fund) started to provide immediate relief in both cash and material aid to disaster victims.

- The measures of social assistance in 1950s and 1960s helped people live through these difficult times. Many people regarded housing policy as the most important social welfare policy in this period. The social security was still remedial and relief-oriented in nature, providing limited institutionalized protection. After the

²³ Jones, John F. 1978. *Government Funding of Voluntary Social Services*. Hong Kong: Occasional Paper No. 68, Social Research Centre, The Chinese University of Hong Kong.

1960s, many international organisations regarded that Hong Kong was out of her predicament. They withdrew their aid and left Hong Kong. When overseas donations were cut, the NGOs increased their reliance on government funding. The government gradually took over the role of the NGOs to provide basic welfare services. The NGOs started to develop new services to meet the needs of the deprived.

Phase 3: Golden Decade of Welfare Development (1970s)

- The take-off of the Hong Kong economy took place in the 1970s and a new era of social services in Hong Kong started.

Education	The government implemented free primary education in 1971 and extended it to junior secondary as 9 year free education in 1978.
Housing	The government announced a Ten-year Housing Programme and established the Hong Kong Housing Authority , putting management of all resettlement blocks and low-cost housing estates under one roof. The Housing Authority is a policy-making body which formulates policies on planning, design, construction, maintenance and management of public housing while the Housing Department carries out the policies and day-to-day operations. The Housing Authority launched the Home Ownership Scheme to help families of low-middle income to buy their own flats in an affordable price.
Medical and Health Services	The policy objective was to "safeguard and promote the general health of the community as a whole and the need to ensure the provision of medical and personal health facilities for the people of Hong Kong, including particularly that large section of the community which relies on subsidized medical attention". Since the Government did not have a differential charging policy at that time, public health care services in effect were accessible to all Hong Kong residents regardless of income.
Social Security System	The scope of social security gradually expanded to cover the needs of the poor, the elder persons, the unemployed and the people with disabilities. A variety of situations in need of help were incorporated into the social security scheme. <ul style="list-style-type: none"> • The poor - means-tested Public Assistance was introduced to protect the elderly, no income or low-income individuals and families by providing cash assistance.

	<ul style="list-style-type: none"> • The elder persons and people with disabilities - the scheme of Disability and Infirmity Allowances (later renamed as Special Need Allowances) and the Criminal and Law Enforcement Injuries Compensation Scheme were established for residents who are severely disabled or who are 65 years of age or above. The age eligible for Old Age Allowance was lowered from 75 to 70 to serve more elderly. Besides, Old Age Supplement was offered to the elderly aged 60-70 who were also on Public Assistance. The Disability Supplement was included in the Public Assistance. The Traffic Accident Victims Assistance Scheme will be introduced to relieve the victims from financial hardship. • The unemployed - the scheme of Public Assistance was extended to cover able-bodied aged between 15 and 55 who were unemployed.
<p>Social Welfare Services</p>	<ul style="list-style-type: none"> • Youth services - the outreaching social work, school social work and family life education started. The scope of youth counseling service was also extended to school social work and family life education. • Rehabilitation services - Comprehensive Observation Scheme, introduced for all children from birth to the age of five; the establishment of services for people with a mental handicap such as day activity centres, sports associations, recreational centres and social clubs, as well as home-based training and respite care; the expansion of the rehabilitation bus service; subvention of parent resource centres etc. • Services for the elderly - more services and building of recreational centres for the elder persons and the medical, expanded housing and home help services, increase places in the aged and nursing homes and the number of elderly hostels and providing various community services.

- The government realised that economic development was faster than social development. Thus, a large amount of public funding was invested into social services, resulting in a shortage of manpower. This brought to light the need for **long-term planning in social welfare**. In 1973 a large-scale five-year plan of social welfare programme was proposed to develop a system of consultation, training and financing of the NGOs. During this period, there were two subsequent

social welfare White Papers - **Social Welfare in Hong Kong – the Way Ahead** and **Social Welfare into the 1980's** published in 1973 and 1979 respectively.

The different levels of policy paper and plans at that time included:

- **White Paper:** policy paper for laying down the major basic principles of the government in the provision of welfare, usually published after the consultative **green paper**.
- **5-year Plan:** 5-year rolling plan of various social welfare programs, reviewed biannually by both SWD and the voluntary sector, mainly represented by Hong Kong Council of Social Service (HKCSS).
- **Programme Plan:** detailed plan of a particular social welfare service, e.g., personal service for youth, elderly, rehabilitation, social security.... etc.

Phase 4 : Challenges in the Development of Social Welfare (1980s' to 1998)

- The 1980s was the period of consolidation of the economic development of Hong Kong.²⁴ When economic development accelerated, the income gap also widened.
- Under the open-door policy in 1978, many manufacturing industries moved northward to Mainland China, leading to the decline of the local manufacturing industries. For this reason, the restructuring of the economy in Hong Kong brought about structural unemployment. Meanwhile, due to the relocation of the factories, a number of family members needed to work in Mainland China, resulting in the separation of families and adjustment problems which were stressful to individuals and families. Family problems such as extra marital affairs in China were then created. The unemployment not only led to financial difficulties but also to social pressure. The unemployment problem was also caused by age discrimination in which people in their middle age had more difficulties in getting a job. Even if they did have a job, their wages were relatively low. The employment rate of the elder persons also dropped. All these changes added to the financial stress on families. The poor families had to apply for the CSSA. Hong Kong began to undergo demographic and economic restructuring in the mid-1980s, which had brought enormous socio-economic changes, such as an ageing population and the changes in family structures and roles. These gave rise to the higher demands of social security and social services.

Social Security	<ul style="list-style-type: none"> • The Comprehensive Social Security Assistance Scheme and Social Security Allowance Scheme were
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²⁴ Census and Statistics Department (2006), Economic Development of Hong Kong over the Past 40 Years - https://www.censtatd.gov.hk/FileManager/EN/Content_1064/A2_E.pdf

	introduced to replace the Public Assistance Scheme and Special Needs Allowance Scheme respectively
Education	<ul style="list-style-type: none"> • The full-time students were provided with a travel card to travel on public transport at half fare and later replaced by the Student Travel Subsidy Scheme. • School Textbook Assistance Scheme was provided for financial assistance to Primary and Secondary students. • Kindergarten Fee Remission Scheme was introduced to provide parents in need with financial assistance, in the form of fee remission, so that their children could receive pre-primary education. • The Non-means-tested Loan Scheme provided financial assistance in the form of loans to all students studying in tertiary institutions for paying their tuition fees. • The school social work was extended to primary schools in addition to secondary schools.
Labour and Retirement Protection	<ul style="list-style-type: none"> • it became mandatory for employers to provide occupational insurance for diseases and injuries • Occupational Retirement Schemes Ordinance was implemented in which the schemes were set up voluntarily by employers and governed by rules that determine the major aspects of the scheme, including: the vesting of the scheme's benefits, retirement age, eligibility, the amount of contributions, and the bearer of administration charges. • In 1995, Hong Kong took a major step in enacting the Mandatory Provident Fund Schemes Ordinance (MPFSO). The MPFSO provides the framework for the establishment of a system of privately managed, employment-related MPF schemes to accrue financial benefits for members of the workforce when they retire. The Mandatory Provident Fund Schemes Authority (MPFA) was established in 1998 to regulate, supervise and monitor the operation of the Mandatory Provident Fund (MPF) System that came into operation in 2000.
Rehabilitation	<ul style="list-style-type: none"> • Rehabus service and Selective Placement Division of

<p>services</p>	<p>the Labour Department came into operation.</p> <ul style="list-style-type: none"> • The Office of the Commissioner for Rehabilitation was set up under the then Health and Welfare Branch to coordinate the formulation of rehabilitation policy and provision of rehabilitation services. • Various major rehabilitation services experienced rapid development, including pre-school training, day activity centres, hostels for mentally handicapped persons, half-way houses for discharged mental patients and vocational rehabilitation services. • Mandatory requirements for barrier-free access of persons with disabilities were first imposed on various kinds of buildings under the Buildings Ordinance. • The Disability Discrimination Ordinance was enacted to ensure equal opportunities for persons with disabilities in areas such as employment, access to education, housing, and daily living in the community. • The Mental Health Ordinance was enacted to provide necessary legal safeguards for persons with mental disorder and/or mental handicap as well as their carers. • Integrated education was introduced
<p>Services for the elder persons</p>	<ul style="list-style-type: none"> • The Bought Place Scheme / Enhanced Bought Place Scheme launched in private homes for the elders • The Residential Care Homes (Elderly Persons) Ordinance came into full operation • Elderly Commission was established

- The **White Paper: Social Welfare into the 1990s and Beyond** was published in 1991. It outlined the overall philosophy on the provision of social welfare services, the respective roles of government and NGOs in the delivery of these welfare services as well as the objectives and broad direction for future growth in five areas: family and child care; children and youth; elderly; social security; and support services (including financing of welfare services, social welfare manpower planning and training). The **Five-Year Plan for Social Welfare Development in Hong Kong - Review 1998** was the last issuance of Five-Year Plans.
- The public expenditure on the related services had been increasing during this period. The cost-effectiveness and efficiency of the public services and the

expansion of the public expenditure become the major concerns. In 1989, the Finance Branch of the Hong Kong government published a report entitled "**Public Sector Reform – A Sharper Focus**" which set out proposals for reform in public service management for delivery of more efficient and effective service, greater job satisfaction for civil servants, and above all, better service for the community. It encouraged introduction of new forms of delivery agency, such as Trading Funds and Statutory Corporations, as well as outsourcing of services.

Medical services	In 1985, the report The Delivery of Medical Services in Hospitals recommended an independently administered hospital system should be established and the cost of hospital services should be reduced and recovered. The Provisional Hospital Authority established in 1988. It was replaced by the Hospital Authority in 1990. Between 1990 and 2000, the Government published two public consultation documents on health care financing, namely Towards Better Health (the Rainbow Document) and Improving Hong Kong's Health Care System – Why and for whom (the Harvard Report).
Housing services	Long Term Housing Strategy was issued in 1987 setting the framework for Hong Kong's housing policy that suggested a shift in policy orientation from public housing to home ownership. The Tenants Purchase Scheme was introduced in 1998 for sales of public housing units.
Social welfare	The government appointed Consultants to start to review the subvention system in 1994 with the aim of changing from input to output control and devising new monitoring mechanisms to enhance public accountability and cost-effectiveness in the delivery of welfare services.

Phase 5: Social Welfare under Financial Crisis (1998-2011)

- The **Asian financial crisis in 1997** had imposed enormous pressure on the public finance, economic prospects, and quality of life. After that, the economy was hit by a series of challenges, like the avian flu, the SARS epidemic and the **global financial tsunami in 2008-2009**. The government **reduced the benefits of CSSA** twice in 1999 and 2003 as revenues were unstable from time to time. During this period, the government emphasized the principle of "**Big Market, Small Government**", and the importance to control public expenditure as far as possible.

Services for the elder persons	The SWD introduced competitive bidding in identifying providers of elderly services . The residential care homes for elders were put out for competitive bidding. Services procured through this process include meal services, home care, enhanced home and community care services and residential care homes for the elders. The quality of service is governed by service specifications and contractual agreement , underpinned by vigorous monitoring by the department's Contract Management Unit .
Medical services	The Health Care Reform Consultation Document entitled Lifelong Investment in Health recommended supplementary sources of funding and revamp the fee structure of public health care services by implementing new fees and charges for Accident & Emergency (A&E) Service and Public Health Care Services under HA. The fee waiver mechanism has been implemented. Under the mechanism, low-income patients, chronically-ill patients and elderly patients in economic hardship are granted a fee waiver for A&E and other public medical services.

- Apart from the financial crisis, the structural change in the economy also led to the income disparity. During this period Hong Kong transformed from a manufacturing-oriented economy to a knowledge-based and service-oriented economy. There was a shift in labour demand towards workers with better knowledge and skills such as professionals, associate professionals, managers, and administrators, who had relatively higher monthly income while the median monthly income of low-skilled workers remained. The Hong Kong economy had recovered since the latter half of 2003. However, at the same time, the income disparity was widened.
 - The government increased policy and resource commitments to reduce income disparity and provide a safety net for the needy.

Commission on Poverty	set up in 200
Child Development Fund²⁵	founded in 2008, is a collaboration among the community and family, the business sector, and the government to support longer-term development of children from a disadvantaged background, with a view to alleviating inter-generational poverty.

²⁵ Child Development Fund - <https://www.cdf.gov.hk/>

Electricity Charges Subsidy Scheme	provided in 2008 that offered the electricity charges subsidy to all households with registered residential electricity accounts.
Community Care Fund²⁶	established in early 2011 to provide assistance to people facing financial difficulties, in particular those who fall outside the social safety net or those within the safety net but still have special circumstances that are not covered.
Work Incentive Transport Subsidy Scheme	launched in 2011 to help all eligible employees in Hong Kong meet part of their travelling expenses so as to relieve the burden of the expenses on low-income earners and encourage them to stay in employment.
Minimum Wage Ordinance	passed by the Legislative Council

- The following are some developments in social services during this period:

Education	12-year Free Education has been offered since 2008-09 school year. In 2002, the non-means-tested Continuing Education Fund was set up to subsidize adults with learning aspirations to pursue continuing education and training courses so as to better prepare them for the knowledge-based economy.
Medical benefits	The Elderly Health Care Voucher Pilot Scheme was launched in 2009 for a period of three years to provide five vouchers of \$50 each to each elder person aged 70 or above annually, aiming to supplement existing public healthcare services (e.g. General Out-patient and Specialist Out-patient Clinics) by providing financial incentive for elder persons to choose private healthcare services that best suit their health needs, including preventive care.

- The **Social Welfare Advisory Committee** issued the **Report on Long-term Social Welfare Planning in Hong Kong²⁷** in 2011, in which they concluded the following directions in the provision of welfare services:

²⁶ Community Care Fund - <https://www.communitycarefund.hk>

²⁷ Social Welfare Advisory Committee (2011), Report on Long-term Social Welfare Planning in Hong Kong

Direction	Example
Reinforcing core social values	<p><u>Self-reliance</u></p> <p>Support for Self-reliance Scheme was implemented under the Social Security scheme to help able-bodied unemployed CSSA recipients and other socially disadvantaged groups overcome barriers to work and become self-reliant.</p>
Promoting multi-partite collaboration among the welfare sector, the business community and the government, and the development of social capital .	<p>Community Investment and Inclusion Fund was set up to provide seed money to NGOs and community organisations for projects conducive to the development of social capital.</p> <p>Partnership Fund for the Disadvantaged was introduced for promoting multi-partite collaboration among the government, the welfare sector and the business community and encourage service users' participation so as to utilize the community resources in establishing community support network for enhancing welfare support to those in need.</p>
Enhancing flexibility of policy and service planning	<p>Lump Sum Grant Subvention System (LSGSS) was introduced in 2001 to provide participating NGOs with greater flexibility in resource deployment to improve the effectiveness of their operation. Under the LSGSS, the recurrent funding is granted to NGOs in a lump sum (thus the name Lump Sum Grant, or LSG).</p> <p>Standardised Care Need Assessment Mechanism for Elderly Services and the Central Waiting List for Subsidised Long Term Care Services</p> <p>The SWD subsumed the Placement Office for the Elderly under the five Standardised Care Need Assessment Management Offices (Elderly Services) to provide assessment and registration for subsidised long term care services at single entry points so as to facilitate elderly persons in making applications, waitlisting and allocation of such services.</p>
Developing service diversity and specialisation	<p>Elderly care - the community care services are provided for elderly persons who are able and willing to age in the community on the one hand, and the various types of</p>

	residential care services for elderly persons in need are also provided on the other hand.
Enhancing service innovation and proactiveness	Pilot Cyber Youth Outreaching Projects reached out through the internet platform to youth in need, in particular those identified as at-risk or hidden, to offer them timely support.
Integrating services	SWD re-grouped all Family Services Centres, Single Parent Centres and Post-migration Centres into Integrated Family Service Centres to provide one-stop service with no labelling effect in the family welfare services for the persons in need.
Enhancing accountability and performance monitoring of welfare services	Service Performance Monitoring System has been introduced and enhanced to improve accountability and quality of welfare services. All private homes for the elders were licensed and regulated by the government.

Phase 6: Coping with the Challenges in 21st Century (2012-present)

The wealth gap, housing and the ageing population are the issues of greatest public concern in this period. The government has developed some proactive measures in social welfare and significantly increased the expenditure on welfare.

- For poverty alleviation, the **Commission on Poverty** was re-established in 2012 to take forward various initiatives including setting the **official poverty line**, which provides a clear and objective basis to review the poverty situation, formulate policies and assess the effectiveness of measures. The analyses of the **Hong Kong Poverty Situation Reports**²⁸ show that elderly and working poor households require special attention. Provisions of public rental housing and cash benefits are the major poverty alleviation measures in this period.

Cash benefits	Working Family Allowances	The government implemented the Low-income Working Family Allowance Scheme in 2016 and it has been renamed as the Working Family Allowance (WFA) Scheme since 2018. It is implemented by the Working Family Allowance Office under the Working Family and Student
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²⁸ Commission on Poverty - <https://www.povertyrelief.gov.hk/eng/archives.html>

		<p>Financial Assistance Agency. The basic allowance of the Scheme is granted on a family basis and tied to employment and working hours to encourage self-reliance so as to assist the non-Comprehensive Social Security Assistance (non-CSSA) working families that helps keep them from falling into the CSSA safety net. In 2021, the working hour requirement of the WFA was reduced and the Work Incentive Transport Subsidy Scheme was abolished so the resources can be pooled for implementation of the WFA Scheme.</p>
	Old Age Living Allowances	<p>The government launched the Old Age Living Allowance under the Social Security Allowance Scheme of the SWD to provide a special monthly allowance to supplement the living expenses of Hong Kong elderly people aged 65 or above who are in need of financial support. It provides an extra level of retirement protection benefit between CSSA and the existing Old Age Allowance. More senior citizens who were not eligible for receiving CSSA but having financial needs could be benefited.</p>
Housing	Housing supply	<p>The Long Term Housing Strategy was announced. The government updates the long term housing demand projection annually and presents a rolling 10-year housing supply target provide more public rental housing units and subsidised sale flats, as well as to stabilise the residential property market through steady land supply and appropriate demand-side management measures.</p>
	Community Care Fund	<p>The One-off Living Subsidy for Low-income Households Not Living in Public Housing and Not Receiving Comprehensive Social Security Assistance (CSSA)" provides cash allowance to the low-income households who are not living in public housing. The applicants should not be receiving CSSA or own any property in Hong Kong. Their</p>

		monthly income must not exceed the specified limits.
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- To deal with the aging population:

Universal benefits to elder persons	<ul style="list-style-type: none"> The Old Age Allowance which is available for all the citizens of age 70 or above and not required to go through a means test. Government Public Transport Fare Concession Scheme has been implemented to enable elderly people and eligible persons with disabilities to travel on designated public transport modes and services at a concessionary fare. The Elderly Health Care Voucher has become a recurrent programme to provide all elder persons with annual voucher.
Retirement protection	<ul style="list-style-type: none"> The existing multi-pillar retirement protection system continues but each pillar is / will be enhanced, especially the pillar of the Mandatory Provident Fund (MPF). It is decided to progressively abolish the “offsetting” of severance payments or long service payments with MPF contributions.
Services for Elder Persons	<ul style="list-style-type: none"> The Elderly Services Programme Plan was released by the Elderly Commission in 2017. The policy direction is to give priority to the provision of home care and community care, supplemented by residential care. Service vouchers - Pilot Scheme on Residential Care Service Voucher for the Elderly has been implemented. Medical-social collaboration - the Food and Health Bureau, in collaboration with the Hospital Authority (HA) and SWD, launched “Dementia Community Support Scheme” to provide appropriate support services to elderly persons with mild or moderate dementia in the community through a medical-social collaboration model. The Government has regularised the scheme and expanded it to all the District Elderly Community Centres and HA clusters throughout the territory. Living allowances for the carers - the government launched the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families with a view to providing carers of elderly persons from low- income families with a living allowance to help supplement their

	<p>living expenses, so that the elderly persons in need of long-term care can, with the assistance of their carers, receive proper care and continue to age in place in a familiar community.</p> <ul style="list-style-type: none"> • Retirement in the Mainland - the Guangdong Scheme allows Hong Kong elderly people residing in Guangdong to continue receiving the Old Age Allowance. The Fujian Scheme was introduced. The Old Age Living Allowance was extended to Guangdong and Fujian Provinces so as to further facilitate Hong Kong elderly persons who choose to reside in these two provinces. Furthermore, the Residential Care Services Scheme in Guangdong provides an option for elderly persons who are on the Central Waiting List for subsidised care and attention places to consider choosing to live in the residential care homes for the elderly (RCHes) operated by non-governmental organisations of Hong Kong.
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- In response to the social development:

<p>Promoting multi-partite collaboration among the welfare sector, the business community and the government, and the development of social capital.</p>	<ul style="list-style-type: none"> • set up the Social Innovation and Entrepreneurship Development Fund, which encourages individuals and organisations who care about social development, including young people who wish to start their own business, to help tackle poverty and associated social problems by innovative ideas and modes of operation. • This period also marks the flourish of social enterprises in Hong Kong in serving and empowering the disadvantaged groups. Social enterprise is a business model that emphasizes specific social objectives. Its profits will be mainly reinvested in the businesses themselves to further achieve the targeted social objectives. There are a number of social enterprises in Hong Kong encompassing different industries. For example, the elderly medical care and personal services; youth, education and business support; clothing, food, lifestyle and handicraft; eco-living, transport and
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	others. Some social enterprises are operated as registered companies, and some are a department or project under a registered charity or NGO.
Education	<ul style="list-style-type: none"> • Free Quality Kindergarten Education Scheme has been implemented since 2017/18 academic year to extend the duration of free education to 15 years.
Rehabilitation services	<ul style="list-style-type: none"> • Persons with Disabilities and Rehabilitation Programme Plan was announced by the Rehabilitation Advisory Committee in 2020. It sets out the strategic directions and measures to address various service needs of persons with disabilities, which include residential and community support services, employment support services, provision of barrier-free facilities and transport, healthcare, education, sports and arts, etc.

- To cope with the pandemic:

Hong Kong's economy has been severely hit by social unrest and the pandemic since 2019. The government announced a series of measures to support enterprises, safeguard jobs and relieve people's financial burden, including the Anti-epidemic Fund to support the sectors and members of the public that have been hard hit by the epidemic, such as Consumption Voucher Scheme, Public Transport Fare Subsidy Scheme and Electricity Charges Subsidy Scheme.

To sum up, since 1980s, although there was a mass emigration in 1997, the Asian financial crisis in 1997, the SARS epidemic in 2003, the global financial tsunami in 2008, intensification of poverty, accelerating population ageing and the COVID-19 pandemic etc., stability has been maintained. The contribution of the welfare system should not be overlooked. In addition to fifteen-year free education, the government also provides medical services on primary health care. Half of the population in Hong Kong lives in public housing units or flats under the Home Ownership Scheme. The CSSA serves as a safety net for the low-income people. These measures of social welfare and services, to a certain extent, have relieved stress under economic downturn brought by social unrest and epidemic.

11.5 Social Welfare in Different Countries

(A) Welfare Models

Welfare refers to the charity work to help people in need.

Welfare is a human right for every citizen.

Welfare is based on merit.

The three different statements above represent different views of social welfare²⁹.

	Residual Model	Institutional Redistribution Model	Industrial Achievement Performance Model
Welfare is...	Charity, assistance	Citizen's right	Occupational and employment based
Basis of provision	Selective (e.g. means test, eligibility)	Universal entitlement	Membership of social insurance
Social stigma	May carry stigma	No stigma	May carry stigma (variations in eligibility and benefits between occupations and income levels)
Ideology	Free market Individual responsibility	Collectivist Government responsibility	Merit and performance in the labour market

1. Residual Model

The model is based on the assumption that an individual's needs are properly met by the private market and the family. Only when these break down should social welfare institutions come into play and then only temporarily. The assistance does not exceed the basic standard of living. The recipients need to pass through mean-tested and rigorous screening for their eligibility. It aims to minimise government intervention so that people will not rely on the government in welfare provision.

Example: Traditional Welfare

Before industrialisation and modernisation, traditional welfare was based mainly on the residual model. Families, communities, churches and charity organisations offered assistance and care to their members in times of difficulties and hardship. The

²⁹ Titmuss, R. 1974 Social Policy: An Introduction, London: Allen and Unwin.

government seldom gave direct assistance to the living of the citizens. In the Chinese societies, the functions of welfare provision played by the clans and families were important. In traditional Chinese society, the social welfare was residual in nature. Social welfare was equal to family welfare. The government only provided emergency relief in great disasters such as famine.

2. Institutional Redistribution Model

Social welfare is a major system in the society, incorporating systems of redistribution of resources. It provides universalistic services on the principle of need, outside the private market.

It holds that social welfare programmes are to be accepted as a proper, legitimate function in helping individuals achieve self-fulfilment. There is no stigma attached to receiving funds or services, and recipients are viewed as being entitled to such help. The relevant view is that an individual's difficulties are due to causes largely beyond his or her control. When difficulties arise, causes are sought in the society and efforts are focused on improving the social institutions within which the individual functions.³⁰

Example: Income-related and universal benefits in Sweden³¹

Sweden

- Income-related benefits compensate the loss of income when individuals are unable to support themselves by working as a result of, for example, illness or caring for a child at home.
- Universal benefits are paid to everyone at the same rate and include child allowance and adoption allowance.

3. Industrial Achievement Performance Model

Social welfare is being seen as a by-product of the economy, in which the amount of welfare benefits that one could receive depends on his or her merit and contributions to the society. Merit could be reflected from productivity.

³⁰ Zastrow, C. (2008). *Introduction to social work and social welfare* (9th ed.). Belmont, CA: Thomson Higher Education.

³¹ Social insurance in Sweden - Ministry of Health and Social Affairs, Government Offices of Sweden, https://www.government.se/495457/globalassets/government/dokument/socialdepartementet/socialinsurancensweden_august-2016.pdf

Example: social insurance in Germany³²

In countries like Germany, France, Netherlands and Austria, most social insurance schemes are employment-based. Criteria of eligibility and benefits are highly based on one's occupation, the institutions they are employed in (e.g. government and public institutions) and years of work and contribution to the pension or social security schemes.

In Germany, the social insurance system is a tripartite contributions of employees/self-employed persons, employers and subsidies from government, assisting in the emergency situations of the employees/self-employed persons such as illness, unemployment, old age and need for nursing care. The contributions are dependent upon one's income.

The welfare model in Hong Kong is difficult to be classified. A universal retirement protection scheme and unemployment benefits are absent from the welfare system. Social welfare has been jointly provided by the government, NGOs, families, charity organisations and business companies. Some scholars suggested that the two white papers on social welfare issued in the 1970s and emphasizing helping those who could not help themselves were based on the residual model, i.e. an individual's needs should be met by the private market and the family first and intervention from government is needed only when they could not function well.

In the 1990s, the government introduced the concept of a safety net which was a step forward in social welfare. Entering 21st Century, the government has provided more universal benefits such as 15-year free education, Public Transport Fare Subsidy Scheme and Health Care Voucher. Meanwhile, there are also employment-based social security programmes in Hong Kong. For example, in the MPF scheme, the retirement benefits depend on the years and amount of contribution during the employment. Furthermore, the Employment Support (ESS) launched in 2020 under the COVID-19 pandemic, the government helped employers pay their employees' wages in exchange for their retention and also offered a one-off lump sum to self-employed persons who did not satisfy the ESS requirements.

Meanwhile, the government plays the vital roles in policy making, providing resources and monitoring services. Meanwhile, the dependency of NGOs on government funding has increased. Except for the welfare organisations which are

³² Federal Employment Agency: <https://www.arbeitsagentur.de/en/social-insurance>

relatively financially independent, all the other NGOs comply with the government's welfare policy. Social welfare is basically under the control of the government.

(B) Social Welfare in Different Countries (e.g. UK, USA)

1. United Kingdom

One of the important features of the social welfare in the United Kingdom (UK) is the provision of universal and comprehensive protection. A UK resident, even residing overseas, enjoys various forms of protection under the benefits system. Benefits are available for people of working age, for pensioners, for families and children, and for disabled people and their carers.

However, since 2010, the UK had experienced a series welfare reforms that aimed to reduce the spending deficit and balance the national budget, such as: various reforms to tax credits, such as the abolition of the "Baby Tax Credit". The Welfare Reform Act 2012 introduced a number of significant changes, such as: the introduction of Universal Credit, replacing six existing means-tested benefits and tax credits for people of working age; cap on the amount of benefits working-age people can receive. The Welfare Reform and Work Act 2016 was also aimed at reducing expenditure such as: imposing a two-child limit in Child Tax Credit.

The following are some examples of the benefits in UK:

Group	Examples of benefits
1. Working population	<ul style="list-style-type: none"> • Jobseeker's Allowance for persons who are looking for jobs but they must commit to the agreement to look for work
2. People who have retired	<ul style="list-style-type: none"> • State Pension
3. Children	<ul style="list-style-type: none"> • Child Benefit
4. Disabled people and carers	<ul style="list-style-type: none"> • Personal Independence Payment for persons who have problems moving around or looking after themselves
	<ul style="list-style-type: none"> • Attendance Allowance for the elder persons who have problems looking after themselves due to illness or disability
	<ul style="list-style-type: none"> • Carer's allowance for persons looking after someone

(Reference: Website of UK government - <https://www.gov.uk/browse/benefits>)

2. United States of America (USA)³³

The funding of social welfare in the United States of America (USA) comes from the tax paid by employers and the benefits are provided to the employees. A variety of community and social welfare organisations also contribute to various interest groups which becomes part of the funding of Social Security. Individuals pay for their private insurance and tax which are also part of the funding. Donations from the people for charity are important to support those people in need. In all, the funding of social security mainly comes from the community, companies and individuals.

The existing social welfare system in USA is built on the Social Security Act of 1936. The U.S. Social Security is a social insurance programme funded through dedicated payroll taxes called the Federal Insurance Contributions Act (FICA), a federal payroll contribution directed towards both employees and employers to fund Social Security and Medicare. Tax deposits are formally entrusted to the

- Old-age, survivors, and disability insurance (OASDI)
- Medicare

The following examples are the information in 2022 :

Employed	Social Security Tax	Medicare Tax
Paid by employees	6.2%	1.45%
Paid by employers	6.2%	1.45%
Self-employed		
Paid by self	12.4%	2.9%

The following are the examples of benefits in USA:

Area	Example
Social Security	• Retirement benefits
	• Disability benefits
	• Family benefits for the family members of a person who starts receiving retirement or disability benefits
Medical	• Medicare - for elder persons and people with disabilities, including Hospital insurance, Medical insurance and Medicare prescription drug coverage
	• Medicaid - helps with medical costs for people with low incomes and limited resources

(Reference: Website of USA government - <https://www.ssa.gov>)

³³ Social Security – United States of America - <https://www.ssa.gov/policy/docs/progdsc/ssptw/2018-2019/americas/united-states.html>

Being dominated by the market economy and affected by its development, the social security in USA has its inadequacies. For example, there are considerable differences in the tax and benefits between different states and local governments, especially between the affluent districts in the North East and those in the South. Meanwhile, different enterprises and businesses have different potentials and performance in terms of making profits. Besides, the welfare in the large enterprises with high technological support is different from the small enterprises. The negotiation power of the unions also plays an important role.

Although there is assistance to low income families, the tax and retirement policies seem to be in favor of the high-income earners. For example, there is a ceiling for the taxable income which goes into the social insurance. Income which exceeds the ceiling is exempt. The income from the non-labour work such as dividends, interests and rent are all exempt. The donations to welfare funding are also exempt. This creates inequality for the middle-income families who need to pay heavy tax. With regard to retirement benefits, government officers and soldiers are able to enjoy more privileges and lower requirements on the time of work and retirement. As a result, they can engage in another job after retirement and enjoy an additional pension.

11.6 Related Issues

A. Public and private sectors and their roles in care services

I. Competitive or complementary roles between the public sector and the private sector

Since the 1980s, there have been some major developments in welfare provision: the governments gradually withdraw from the degree and the areas of intervention in social welfare on one hand and encourage enterprises and business organisations to provide services through contracting and voucher schemes on the other hand. The government is no longer the sole provider of social welfare or funding all services directly. Some of the responsibility of welfare provision has shifted from government departments to NGOs, jointly shared by the private market, welfare organisations in the community, families and individuals.

(1): Contracting Out

Example: **Residential Care Services (Contract homes) and Nursing Home Place Purchase Scheme**

Rationale:

- Increase the supply of residential care places and shorten the waiting time

Content:

- Contract home is based on a competitive bidding mechanism for selecting operators for the delivery of residential care services for elders with moderate to severe level of impairment. Service performance of the operator is monitored by the Social Welfare Department (SWD) to ensure compliance with the service contract.
- Under the Nursing Home Place Purchase Scheme, SWD purchased vacant nursing home places from self-financing nursing homes operated by the non-governmental and non-profit-making organisations

The market mechanism of supply and demand has been introduced to social services such as voucher schemes under “money-following-the-user” that provide more choices for service users. The market principle of “supply and demand” could facilitate competitions between services and provide more choices for the users. Moreover, due to limitation of resources, it is also easier for the government to keep the expenditures on social welfare under control.

(2): Voucher Schemes

Example: **Community Care Service Voucher for the Elderly**

Rationale:

- "Money-following-the-user" principle : provides greater flexibility and choice for the eligible elderly persons to choose community care services that suit their individual needs
- The community care services are delivered in the following three modes:
 - Centre-based service (full-time or part-time)
 - Home-based service
 - Centre-based and Home-based service (mixed mode)
- Service scope includes rehabilitation exercise, nursing care and personal care, etc.
- Voucher users pay for the services in accordance with the co-payment arrangement, depending on their affordability

Example: **Residential Care Service Voucher for the Elderly**

Rationale:

- "Money-following-the-user" principle : provides greater flexibility and choice for the eligible elderly persons to freely choose and switch among residential care homes according to their needs
- 'Users pay in accordance with affordability' : allows elderly person who can afford less to receive more subsidy from the government: the co-payment level is determined based on the asset and income of the elderly person on an individual basis
- Waiting time for service is shortened: users can receive subsidised residential care services in a shorter period of time

Content:

- Recognised Service Providers provide individual voucher holders with a "standard service package" covered by the voucher value such as accommodation, meals, basic and special nursing care, laundry service.

The tripartite model of collaborations is also formed between three-way partnership among the community, business sector and the government. In 2005, the government set up the "Partnership Fund for the Disadvantaged" (the PFD) to promote tripartite partnership among the welfare sector, the business community and the government to help the disadvantaged. The PFD has encouraged the business sector to work with non-governmental welfare organisations and schools to implement more

after-school learning and support programmes for primary and secondary students from grassroots families to facilitate their whole-person development.

Meanwhile, the government promoted the role of the “Third Sector” in social welfare. “Third Sector” is referring to a type of enterprise which is not aimed at profit-making and not affiliated to the government and fully follow the principles of market economy. The term “Third Sector” was later changed to “social enterprise”. Similar to the NGOs in the rationale of service and social missions, but the social enterprises are not subsidised by the government, but certain marketing and commercial strategies are adopted in operation and production.

II. Privatisation

“Privatisation” is also known as “marketisation”, referring to the trend of transferring some welfare responsibilities from the government to the private sectors. The welfare measures and services may not necessarily be financed and implemented by the government, but resources and services could also be allocated and adjusted by market mechanisms.

For example, in 2005, the Hong Kong Housing Authority (HA) divested a majority of these facilities, including retail and carparking facilities, that are owned and operated by the private sector - the Link Real Estate Investment Trust (renamed as Link Real Estate Investment Trust (Link), while only a small portion are still owned by HA.

The concept includes two main elements: to reduce Government intervention and to strengthen market mechanisms. Government intervention in the social services is generally in three forms: direct provision, funding and monitoring. The direction of privatisation is to keep the government away from direct provision of services as far as possible to provide more flexibility for service providers and users, as well as lower the burden of the increasingly service demands on public finance. It only subsidises and provides simple regulations to non-governmental or private organisations based on the principle of cost-effectiveness in order to replace government role.

Privatisation may solve the following problems that are created when the government run industries, including higher cost due to larger bureaucracies and leaving people with little choice in the market. Privatizing a social service fosters competition in the market, which leads to lower prices and more choices for the consumer.

Some problems may be found in privatization. A privatised industry is most concerned with profit. Even though privatization may benefit the consumer at the initial stage, the industry may not be willing to keep the lower prices unless government

controls are exerted. Some people have expressed concerns that Link's market-oriented commercial approach in managing those facilities would lead to high rental increases, thereby driving out small neighbourhood shops and depriving the grass-root residents of affordable living necessities and goods.

B. Cost Effectiveness in Financing Social Services

I. Under central planning and standardisation of services

Under the central planning (programme plan) and standardisation of services introduced in 1981, each kind of service can be developed rapidly. For example, based on the comprehensive plan and standards provided, the school social work and elderly centres developed rapidly during this period. The system was able to guarantee the consistency of a service. The services provided by the youth centres were similar although in different modes. A client could receive similar home help services in two different centres so that uniformity of services could be maintained. The agencies who were interested in providing services were thus able to plan with the information about the programmes and the related services, as well as the funding.

However, under this system, the government exercises tight 'input' control over NGOs by imposing standard staffing structures, levels of pay and staff qualifications but has little control over their 'output'. The cumbersome and rigid rules and procedures have generated substantial workload both on the part of SWD and NGOs in dealing with such matters as vetting of staff qualifications and reimbursement of expenses for procurement of recognized items.

The pitfall of standardisation is to make services homogeneous and there may be a lack of flexibility in responding to emerging needs. Since the limited resources had been deployed and incorporated into government services according to the five-year plan, it was impossible to reallocate some funds to meet new needs. Once subvention is provided to an NGO to run a particular service, it is seldom revised even when service needs have changed or the modes of operation require revamping. This does not encourage innovation and service reengineering to meet changing community needs. Nor is there any incentive in the existing system to encourage more effective use of resources to achieve lower costs, better value for money and improved services to clients. This system has resulted in a situation whereby resources are locked into certain welfare services and cannot be readily released to meet new needs in the community.

II. Lump Sum Grant Subvention

The Lump Sum Grant Subvention System (LSGSS) was introduced in January 2001 as a major revamp of the public funding and management of NGOs in the social welfare sector. The Hong Kong government launched a subvention review with the aims of altering high resource dependency of subvented NGOs on government grant and enhancing NGOs management and service quality.

With the introduction of the LSGSS, the Social Welfare Department no longer imposes rigid input controls on NGOs' staffing and salary structures or individual items of expenditure. Recurrent funding is granted to NGOs in a lump sum (thus the name Lump Sum Grant, or LSG), and NGOs are given greater autonomy and flexibility to deploy resources and re-engineer their services to meet changing social needs.

The relationship between the government and NGOs changes from partners to funder (government) and service operators (NGOs). They sign the Funding and Service Agreement (FSA) in which the NGOs have to list the purpose and objectives, nature, performance standards and funding arrangement of the service. The Service Quality Standard (SQS) defines the level of which, in terms of management and service provision, service units are expected to attain to ensure the quality of service to the clients.

The LSGSS has the following advantages:

- NGOs are given greater autonomy and flexibility to deploy to meet changing social needs in a timely manner.
- streamlining procedures to achieve greater efficiency and effectiveness
- encouraging innovation in service delivery
- enhancing accountability
- improving service quality and performance

From the government's point of view, the objective of the lump-sum grant is to make use of limited resources to provide the most services. Obviously, the one-off grant helps to control expenditure on social welfare. It is easier to achieve goals through setting standards and limiting expenditure. Additional funding will only be provided to help some organisations to solve their problems in special cases.

In 2008, the Panel on Welfare Services of the Legislative Council (LegCo) issued a general notice inviting views on the LSGSS and posted it on the LegCo website. The following are some expressed concerns about the impacts of the LSGSS:

- Impact on staff in the subvented welfare sector
 - Some NGOs reduced the salaries of their staff and appoint new recruits on less favourable employment terms in order to save costs. This resulted in wage cut, pay disparity, and poor staff morale in the welfare sector
 - Some NGOs on LSG reduced the number of staff in order to save costs, which resulted in an increase in the workload of the existing staff.
- Impact on NGOs on LSG
 - Due to the reduction in subvention, NGOs on LSG were forced to organise "profitable" activities only in order to attain financial viability.
 - NGO operators played the role of contractors, instead of the Government's partners.
- Impact on service users
 - An increase in workload and a reduction in salaries resulted in high staff turnover rate in the welfare sector, which affected adversely the continuity and quality of services
 - If it is needed to charge fees for some of their services in order to increase income, it would further aggravate the financial burden on the service recipients

To further optimise the LSGSS, the government set up the Task Force for Review on Enhancement of LSGSS in 2017 to conduct a review on the enhancement of the LSGSS with stakeholders and make recommendations. The government also sets up the Lump Sum Grant Independent Complaints Handling Committee to handle complaints relating to the lump sum.

C. Emerging and Long-term Social Needs

1. Special Relief Measures in the Pandemic

The outbreak of novel coronavirus took place in 2019. The stringent anti-epidemic measures are essential for fighting the disease, but they inevitably affect the normal life of individuals and business operations, dealing a heavy blow to many people and business sectors when they are already facing challenging economic conditions. The following assistance or relief are provided to enterprises and members of the public hard hit by the epidemic or affected by anti-epidemic measures.

Anti-epidemic Fund	<ul style="list-style-type: none"> • Relief for businesses that are hard hit by the pandemic and premises that are required to be closed or their business significantly restricted by the tightening of social distancing measures, such as a one-off subsidy for catering business, beauty parlours, massage establishments and party rooms, hair salons and barber shops, cinemas, fitness centres, amusement game centres, kindergartens and private day schools etc. • Support for employees and individuals working in the hard-hit business and frontline staff who have been making contributions to anti-epidemic efforts, such as providing monthly allowances to staff of Residential Care Homes for Elderly (RCHEs) and Residential Care Home for Persons with Disability (RCHDs), the cleansing workers, toilet attendants and security workers in government premises, public areas and public housing estates • A one-off subsidy for the short-term/temporary unemployed due to the the pandemic (including eligible self-employed individuals) • A special allowance was given to eligible recipients of Working Family Allowance and student financial assistance.
Additional allowance	<ul style="list-style-type: none"> • The government provided additional month's standard-rate payments to CSSA recipients and additional month's allowance to recipients of SSA and the Individual-based Work Incentive Transport Subsidy Scheme.

2. Aging Population - Old Age Financial Protection

Since the 1960s, a system for income security after retirement has been discussed with different proposals in different years. The proposals included a private provident fund and a central provident fund. In 1994, the World Bank published a report³⁴ which concluded that financial security for the old would be better served if governments developed three systems, or "pillars" of old age security. The three pillars are:

Mandatory publicly managed pillar	Mandatory privately managed pillar	Voluntary pillar
tax-financed social safety net	regulated personal savings plan	personal savings plan

³⁴ *Averting the old age crisis : policies to protect the old and promote growth (English)*. Washington, D.C. : World Bank Group.

The World Bank subsequently proposed the five-pillar model of retirement protection in 2005³⁵:

Zero Pillar	First Pillar	Second Pillar	Third Pillar	Fourth Pillar
“basic” or “social pension,” at least social assistance (universal or means tested), universal or residual participation, funding by general revenue	public pension plan, publicly managed, mandated participation, funding by contributions (perhaps with some financial reserves)	occupational or personal pension plans, mandated participation, in form of financial assets	occupational or personal pension plans, voluntary participation, in form of financial assets	access to informal support (family), other formal social programs (health care), and other individual financial and nonfinancial assets, voluntary participation

Example: Relevant Measures in Hong Kong³⁶

Pillars	Characteristics	Relevant Measures
Zero Pillar (No contribution required)	Publicly funded pension or social security schemes	Old Age Allowance Old Age Living Allowance Comprehensive Social Security Assistance Scheme Disability allowance Guangdong scheme
First Pillar (Mandatory)	Publicly managed mandatory contributory plans / public pension plans	NIL
Second Pillar (Mandatory)	Privately managed mandatory occupational	Mandatory contributions to MPF schemes

³⁵ Holzman, R., & Hinz, R. P. (2005). Old-age income support in the 21st century: An international perspective on pension systems and reform. Washington, D.C., DC: World Bank Publications.

³⁶ Commission on Poverty (2016) Report on Public Engagement Exercise on Retirement Protection

	pension plans	Occupational retirement schemes Civil service pensions Grant /Subsidised schools Provident Funds
Third Pillar (Voluntary)	Voluntary contributions or retirement savings plans	Voluntary contributions to MPF schemes Retirement savings- related insurance
Fourth Pillar (Voluntary)	Other financial or non- financial supports, such as: – public services – family support – personal assets	Public transport fare concession Elderly health care vouchers Public healthcare Public housing Residential and community care services Family support Self-owned properties

In terms of overall design, Hong Kong's system has a privately managed, mandatory, individual account-based contributory system (pillar 2) - Mandatory Provident Fund (MPF) System to compel savings throughout one's working life and to preserve such savings for very long-term investment before withdrawal upon retirement.

However, since MPF is an occupational insurance, the protection is only applied to the employees. It also fails to cover the population who do not contribute to the MPF, such as elderly who have retired before the implementation of the scheme, housewives, self-employed hawkers and workers earning lower than the median wage.

Thus, the pillar 2 is also complemented by a largely targeted social security pillar (pillar 0) to take care of the vulnerable elderly persons. In Hong Kong, both pillars 0 and 2 have very high coverage rates – the social security pillar (pillar 0) is taken up by over 70% of our elderly population, while the MPF (pillar 2) is covering almost all of the working population not protected by other occupational retirement schemes.

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