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Social Welfare System

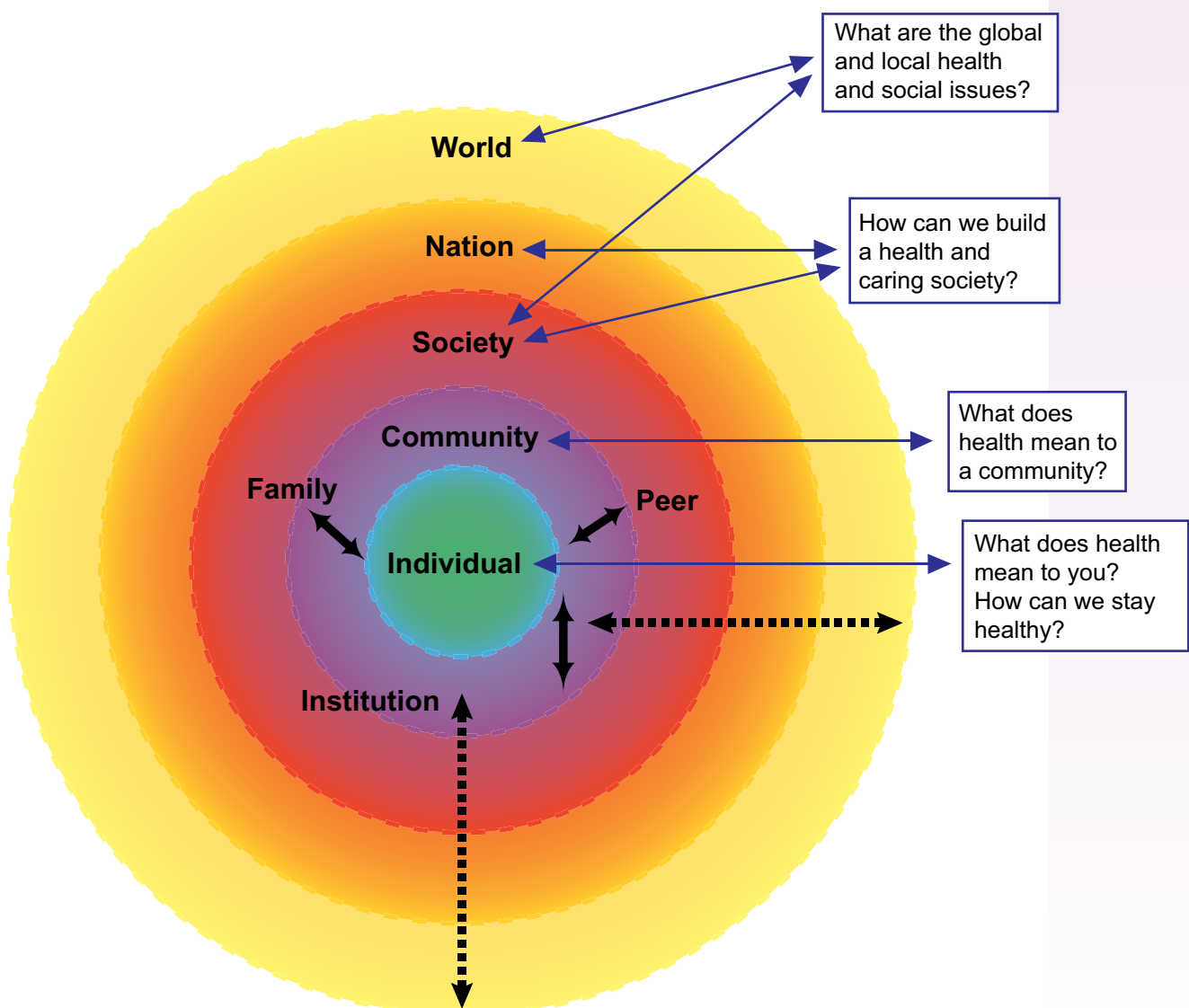
**Health Management
and Social Care
(Secondary 4-6)**



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 (Figure 1).

Figure 1 The Various Levels and Essential Questions of HMSC



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 Curriculum and Assessment Guide (Secondary 4-6)(2007). The booklets facilitate teachers to develop an overall framework of HMSC and identify the key concepts of the curriculum so that their students will be more able to critically assess the relevant issues. Details of these booklets 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
		15B	Health and Social Care Issue - Discrimination
		15C	Health and Social Care Issue - Domestic Violence
		15D	Health and Social Care Issue - Addiction
		15E	Health and Social Care Issue - Poverty

Each booklet will start with the essential questions. The expected learning outcomes in terms of knowledge, skills, value and attitude as well as the content outline will be listed as an overview. Teachers are advised to adapt and flexibly use the materials based on school or community situation, background of students, interest, learning skills and the prior knowledge of students. Social issues as well as the graphic organizers that illustrated in Booklet 3.1.5 can be used to help student organize and analyze complex and abstract concepts, construct their knowledge effectively and achieve deep understanding.

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 the use of resources in the most appropriate way in the most appropriate time and place through planning, organising, 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. Therefore, health management is planning, organising, 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 organising, allocating and utilizing resources from the levels of the system, policy, professionals and professional services.

The topics of Health Management and Social Care Curriculum and Assessment Guide included in the Booklet 10-14 are listed in the following table:

Booklets		Topics in HMSC Curriculum and Assessment Guide
10	Health Care System	<u>Compulsory part</u> 2D Developments in the health and care industries
11	Social Welfare System	3B Developing health and social care / welfare policies 3C Implementing health and social care policies 3D Cultural and political disagreements and tensions 4A 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> 5A Professions in health and social services 5B Health and social care services and agencies
13	Health and Social Care Policies	<u>Compulsory part</u> 3B Developing health and social care / welfare policies 3C Implementing health and social care policies 3D Cultural and political disagreements and tensions
14	Social Care in Action	<u>Compulsory part</u> 4D Social care, healthy relationships, social responsibility and commitment in the family, community and groups 5A Professions in health and social services 5D Leadership in health and social care

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Learning Targets

Through the study of the topic on social welfare system, students are expected to:

Values and attitudes

- ❖ Make commitments to family, community and groups

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
- ❖ Develop basic understanding of the social welfare in Hong Kong and/or in other regions /countries

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?
- ❖ How do social security and social welfare cater for the needs of vulnerable groups?

11.1 Concept of 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 carers. These people include children, the disabled and the elderly. Care is to support and take care of other persons through formal or informal means. Formal care is a type of health and social service provided on an organised and paid basis. Informal care is care provided on no pay basis. The care recipients are usually friends, family members, neighbours or relatives.

(A) Informal social care

Informal care is care provided by the private sphere. Informal carers are usually friends, family members, neighbours or relatives. They may form a social support group/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 grandparent or looking after someone with the flu etc.

Mutual informal care between carers and the recipients enhance personal growth of both parties. Some of them even form self-help or mutual aid groups for people who have personal experience of the same problem or life situation. Sharing experiences enables them to give each other a unique quality of 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.

Informal care is usually the first choice to solve problems. Only when it fails, will individuals or families seek help from formal care.

(B) Formal social care

Formal care is a type of care provided by the public/statutory sector, private sector or voluntary sector. It is provided on an organised and paid basis. The carers are trained in providing care e.g. nurses, doctors, social workers, health care assistants. 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.

The government sets themes and directions on these formal care services every year. For example, in the Policy Agenda 07-08, 'Investing a Caring Society' was the theme of the care services. Resources were planned to be allocated to support some projects of social care such as the Child Development Fund, implementation of health care vouchers and programmes for combating juvenile drug abuse. Authority was given to a range of organisations to run the programmes and deliver the formal care to the society.

In Hong Kong, a larger proportion of services are provided by Non-governmental Organisations (NGOs) such as the Agency for Volunteer Service, the Hong Kong Family Welfare Society and St. James' Settlement. The Social Welfare Department (SWD) is the government department responsible for implementing the welfare policies. The SWD provides formal care to different client groups through different branches such as the Elderly, Family and Child Welfare, the Rehabilitation and Medical Social Service, Social Security, Youth and Corrections and the Clinical Psychological Service.

(C) Care provided by Volunteers

Voluntary work overlaps the spheres of formal and informal care. Nowadays, the volunteers are usually organised and led by professionals in the non-profit making organisations, such as the Youth Volunteer Network of the Hong Kong Federation of Youth and the Agency for Volunteer Service. These volunteers are well-trained and organised to provide care services. However, they do not belong to any organisations and are able to enjoy their autonomy and independence from the government and the market. They do not charge the clients for their services.

On the one hand, volunteer work is the realisation of social care and the responsibility of citizens in order to achieve holistic health. On the other hand, volunteer work is the community support to complement private healthcare services, for example, visiting of the elderly who are living alone, organising activities for mentally retarded children, providing home helper services for the disabled or providing emotional support to carers of psychiatric patients. (More details are available in Part 7.6 of Booklet (7)).



✧ **Agency for Volunteer Service — <http://www.avs.org.hk>**

Agency for Volunteer Service (AVS) is a non profit organisation. The work of AVS is to mobilise and organise volunteer services. AVS offers referral services for those who wish to volunteer and supports organisations requiring volunteer services.

✧ **Youth Volunteer Network — <http://yvn.hkfyg.org.hk>**

VNET is a service unit of Hong Kong Federation of Youth. It was established in 1998 and is responsible for facilitating the implementation of volunteer work in Hong Kong by encouraging the youth to participate in voluntary work.

11.2 Development of Social Welfare in Hong Kong

The care for vulnerable groups and people in need has always been regarded as charity, and not the responsibility of government. In fact, since the early days of British settlement, social welfare in Hong Kong has undergone many changes. To understand social welfare in Hong Kong, we have to look into these changes and identify the directions. Generally speaking, the development of social welfare in Hong Kong can be divided into the following four phases:

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

Family and clan are of the utmost importance in traditional Chinese society. Most of the people seek mutual support and protection of personal life from their family and clan members if they come across any difficulties in their livelihood.

However, the situation is different in a society of immigrants like Hong Kong. Since the early settlement of the British, a large number of Chinese came to Hong Kong to make a living. Due to the uncertainty, they left their parents, wives and children behind. Most of these immigrants from the Mainland were single men. 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.

However, there was not much for the government to do at that time. The government might have needed to slow the influx of migrants from South China and provide humanitarian relief. Thus, only limited assistance was provided during this period. Social security was only provided for disaster relief and the funding for social welfare was relatively inadequate. The symbolic meaning of the assistance was greater than its monetary value. It was only a kind of emergency relief.

Consequently, during this period, social security was in the form of mutual help in the private sphere and was mostly taken up by voluntary agencies. There were mainly two types of voluntary agencies: the Chinese and religious groups. Most of the voluntary agencies relied on funding from other countries and overseas charity organisations, providing refugees with food, clothing and shelter. At the time, the Secretary for Home Affairs under the Bureau of Social Affairs (currently the Social Welfare Department,) supplied 2000 tons of hot meals daily to those in need.

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 western 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. The Tung Wah Hospital and Po Leung Kuk have contributed much in the relief work for the poor and the underprivileged.

The clan associations also played an important role in the provision of social services. This was due to the deeply rooted concepts of family and provincialism in the Chinese traditional culture. It was also reinforced by the needs of the migrants who were living apart from their families. 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.

The missionaries contributed to social development by building schools and hospitals. In those early days, most of the residents in Hong Kong were the lower classes and lived in poor living condition. The problem of abandoned children was serious. The Sisters of St Paul of Chartres established orphanages to take care of unwanted and abandoned babies. In 1848, they admitted 170 children and provided them with education to facilitate their development.

In the plague in 1894, the nuns not only accommodated children, but also provided hospital care for the elderly and the disabled. The plague lasted for two years. 2,500 people died and about 80,000 people went back to China to avoid being infected. Not many medical staff stayed in Hong Kong. Therefore, patients were mainly cared for by the nuns and the missionaries.

(B) 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. According to the statistics, the population in 1946 was back to 1.6 millions, the population before World War II. After that, due to the civil war, a large number of refugees arrived in Hong Kong. In the spring of 1950, the population rocketed to 2.36 million. 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 voluntary agencies. Grantham, the Governor of Hong Kong (1947-1957), admitted that the provision of social welfare could not solely rely on the Secretariat of Chinese Affairs and voluntary agencies.

During this period, social assistance was mainly provided by three parties:

1. 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. After World War II, the Government strongly supported the organisation of Kaifong Welfare Associations among local residents. In 1960, there were 60 Kaifong Welfare Associations in Hong Kong, offering free education and medical services for the poor and food and clothing in emergency relief.

2. 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.

3. Government

The devastating blaze in Shek Kip Mei in 1953 destroyed the huts of 50 thousand people, making them homeless overnight. After the incident, the Government realized that the refugees were no longer temporary residents. Owing to the pressing need of the victims for housing and the pressure from public opinion, the Government started to provide public housing in order to accommodate the people who were living in poor conditions.

The Government started to assume greater responsibility in the provision of social welfare. After World War II, the Government Social Welfare Office was set up under the Secretariat of Chinese Affairs. The Kowloon Riot in 1956 severely disturbed the daily lives of the local residents. The Government Social Welfare Office then launched a massive relief effort, serving 26 thousand people. In 1958, the Government Social Welfare Office was renamed the Social Welfare Department, serving victims of disasters and the poor through emergency relief. In 1960, the Social Welfare Department set up six service units on Hong Kong Island and Kowloon, serving meals for 10 thousand people. 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. For example, under the provision of 1970, assistance was only provided to residents living in Hong Kong for more than five years with an income less than 33 dollars after deduction of rent and school fees. Under these criteria, only 7,300 individuals and families were eligible. The relief was mainly in the form of packed and cooked food. At that time, the Government only spent 5 million dollars each year in public assistance. The assistance could barely meet the needs of the poor.

To sum up, 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. However, social security was still remedial and relief-oriented in nature, providing limited institutionalised protection. The government intended to make use of the resources from civil society to address the social problems. Although the Government participated in a number of welfare programmes, it avoided replacing or interfering with the work of voluntary agencies. Social service was regarded as charity rather than a government responsibility. Relief from the charity organisations and government led to social services being regarded as an expression of compassion and mercy.

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

Struggling for more than a decade, Hong Kong became an industrialised society. In such an industrialised society, the relief-oriented social security would be unable to keep up with the economic development if it kept on relying on mutual help in civil society. Under the economic development, local residents who were born and raised in Hong Kong began to strive to improve their living conditions.

In the late 1960s, large-scale social conflicts broke out. In 1966, Star Ferry increased their fares, which led to a riot. In 1967, several strikes also caused instability in the local society.

In a survey conducted by the Government, it was concluded that the riots were caused by the economic downturn in 1966. At that time, there was an accumulation of anxiety among young people, and discontent towards the Government. The Government began to review its policy in order to reduce the mistrust and confrontation between the government and the public.

By the end of 1971, Governor MacLehose put forward a number of initiatives to improve people's livelihood. During the period from 1973 to 1974, the world oil crisis led to an economic downturn with high inflation and unemployment rates in Hong Kong. Trade unions and related organisations initiated action to request the Government to relax the eligibility for public assistance to allow the unemployed to receive assistance. During this period, social welfare developed rapidly. Due to the affluence of the Government, public funds for social welfare, education, housing and infrastructure were increased. Up to 1978, the number of residents living in government public housing increased to more than 2 million people, accounting for 46% of the total population. In 1978, nine-year compulsory education was launched.

At this stage, the Government gradually took over the role of the voluntary agencies to provide basic welfare services. The voluntary agencies started to develop new services to meet the needs of the deprived. However, after the 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 voluntary agencies increased their reliance on government funding.

Entering into the 1970s, a new era of social services in Hong Kong started. The Government began to take up the responsibility of providing social security and developed the social security system. The scope of social security gradually expanded to cover the needs of the poor, the elderly, the unemployed and the disabled. A variety of situations in need of help were incorporated into the social security scheme. The development of social services, especially the youth service, was more or less subject to the effects of the riots in late 1960s. These events revealed the dissatisfaction of the community towards the social system at that time. 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.

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

When economic development accelerated, the income gap also widened. The Gini coefficient, commonly used as a measure of inequality of income or wealth, was 44 in 1971. It reached 48 in 1981 (More information about Gini coefficient is provided in Booklet (15E)).

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 elderly also dropped. All these changes added to the pressure on families. The poor families had to apply for the Comprehensive Social Security Assistance (CSSA). Thus, the expenditure on welfare unavoidably increased during this period.

In 1995, the representative of China in the Sino-British Liaison Group, Chen Zuo'er, accused the Government of spending too much on social welfare. He used the metaphor of car crash to warn that if the Government continued to increase its expenditure on social welfare, it would eventually destroy the stability of Hong Kong. How could the Government cope with the increasing demand for welfare and cut the budget at the same time? Privatisation was one of the solutions.



What is privatisation?

The concept includes two main elements: to reduce Government intervention and to strengthen market mechanisms. Government intervention in the public services is generally in three forms: direct provision, funding and monitoring. The direction is to keep the Government away from direct provision of services as far as possible. 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.

In 1985, the Scott Report recommended establishing a statutory authority for providing hospital services. The Hospital Authority was then set up and introduced a series of new measures on cost management and out-of-pocket payments. In 1993, it was proposed that public medical services be provided to serve as a safety net for the most deprived groups. For other people, a policy for cost recovery should be gradually adopted.

The first housing policy issued in 1987 suggested a shift in policy orientation from public housing to home ownership. The Government introduced sales of public housing units and outsourcing of the maintenance work.

In social welfare, a comprehensive review was commissioned to be conducted by a consultancy in 1995. The report proposed establishing the indicators of social services and financing the service based on 'cost effectiveness'. It also suggested a lump-sum grant mode in the financing system.

To sum up, since 1980s, although there was a mass emigration in 1997, the Asian financial crisis in 1997, the SARS epidemic in 2003 and the global financial tsunami in 2008, stability has been maintained. The contribution of the welfare system should not be overlooked. In addition to twelve-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 reconstruction. It explains why stability is able to be maintained when the income gap keeps widening in Hong Kong.



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60th Anniversary of the Social Service Council - Historical Retrospect






<http://www.hkcss.org.hk/60>

11.3 Social Welfare

(A) Concept of Social Welfare

1. In a Broad Sense

Social welfare is conceived in a **broad** sense, which is also called “social service” provided by the welfare states which includes:

-  Housing
-  Medical and health
-  Education
-  Income maintenance
-  Personal welfare

In the categorisation of financing and policy areas in Hong Kong, social welfare, education, health and housing are regarded as social services.

2. In a Narrow Sense

“Social welfare” if defined in a **narrow** sense refers to the services provided by the Social Welfare Department (SWD) and Non-governmental Organisations (NGOs), which include social security, family and child welfare services, medical social services, group and community work, services for young people, services for the elderly, rehabilitation services for people with disabilities, as well as services for young offenders.

In the ***White Paper: Social Welfare into the 1990s and Beyond*** (1991), the Social Welfare Department stated that:

Social welfare embraces laws, programmes, benefits and services which address social needs accepted as essential to the well-being of a society. It focuses on personal and social problems, both existing and potential. It also plays an important developmental role by providing an organised system of services and institutions which are designed to aid individuals and groups to achieve satisfying roles in life and personal relationships which permit them to develop their full capacities and to promote their well-being in harmony with the needs and aspirations of their families and the community.



Welfare State

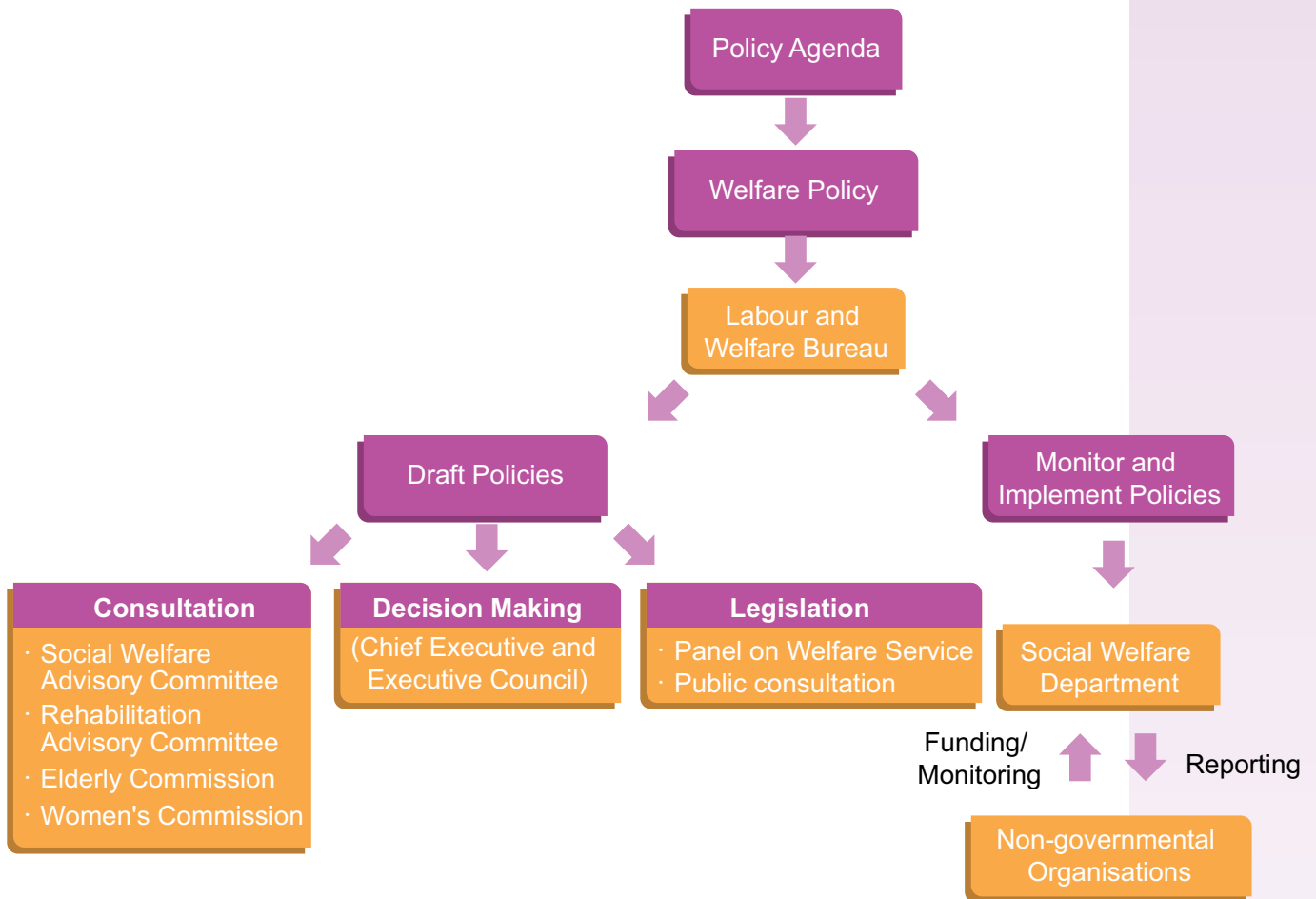
It is a social system whereby the state assumes primary responsibility for the welfare of its citizens. In the strictest sense, a welfare state is a government that provides for the welfare, or the well-being, of its citizens completely. Such a government is involved in citizens' lives at every level. It provides for physical, material, and social needs rather than the people providing for their own. The purpose of the welfare state is to create economic equality or to assure equitable standards of living for all.

(B) Planning of Social Welfare in Hong Kong

❖ Different levels of policy paper/plans before 1997

- ✎ 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. The 4 White Papers for social welfare are: 1965, 1973, 1979 and 1991 "Social Welfare into the 1990's".
- ✎ 5-year Plan: 5-year rolling plan of various social welfare programs, reviewed biannually by both SWD and the voluntary sector (HKCSS).
- ✎ Program Plan: detailed plan of a particular social welfare service, e.g. personal services for youth, elderly, rehabilitation, social security....etc.

❖ Existing Structure of Planning and Implementation (2009)



❖ Social Welfare Department

The Social Welfare Advisory Committee is responsible for studying long-term development planning for social welfare and the Social Welfare Department is responsible for implementing the welfare policies formulated by the Labour and Welfare Bureau.

Responsibilities

- The Social Welfare Department is the executive arm for implementing the welfare policies formulated by the Labour and Welfare Bureau. The Social Welfare Department is responsible for helping individuals to solve their personal and social problems, and to take care of the needs of the elderly, the disabled, the socially disadvantaged and the vulnerable. The Department strives to assist them to nurture suitable skills to improve their living and to provide support services to strengthen families.
- Facing the increasing demand for social security and welfare services, the Social Welfare Department takes steps to ensure the long-term sustainability of the Hong Kong welfare system. It invests resources in areas which will benefit those genuinely in need and help them move from “welfare to self-reliance”. The Department also mobilizes social resources to encourage mutual help among people and communities by promoting the spirit of volunteering and by building social capital.

Financing

It is totally financed by government funding through taxation.



For more information on the Social Welfare Department, refer to the website: <http://www.swd.gov.hk/>

(C) Welfare Services in Hong Kong

1. Family and Child Welfare

The services are mainly provided by the Social Welfare Department (SWD) and Non-Governmental Organisations (NGOs).

Family Services

- At the primary level, attempts are made through early detection, public education, publicity and empowerment to prevent family problems from occurring. The SWD provides a telephone hotline to provide service information.
- At the secondary level, a range of support services, from developmental programmes to intensive counselling, are provided by Integrated Family Service Centres across Hong Kong.
- At the tertiary level, specialised services, including crisis intervention, are provided in cases of domestic violence, family crisis or custody dispute.

Services for Children

The SWD provides a wide range of welfare services for children and young people who need care or protection because of serious family problems or because of their behavioural or emotional problems, in the form of foster homes, small group homes, child care centres and boys' and girls' homes and hostels. The services also include adoptions for children abandoned by their parents or whose parents are unable to support them, aided stand-alone child care centres, child care centres and kindergarten-cum-child care centres, occasional child care, day foster care and small group homes.

2. Services for the Elderly

The Government encourages and assists elderly people to lead active and healthy lives. It provides various community care and support services for them to live in their homes or familiar surroundings. Elderly people who need long-term care but cannot be adequately cared for at home may apply for government-subsidised residential care services.

Community Care and Support Services

The services include elderly centres, integrated home care service teams, enhanced home and community care service teams, support teams for the elderly and a home help team, day care centres or units, and holiday centres for elderly people. Support is also provided for their carers.

Residential Care Services

The services include subsidised residential care in subsidised self-care hostel places and homes-for-the-aged, subsidised care-and-attention places with some from private residential care homes for the elderly (RCHEs) and nursing places. The Government is committed to enhancing the quality of RCHEs. The Residential Care Homes (Elderly Persons) Ordinance and its subsidiary regulations provide for the regulation of RCHEs through a licensing system.

3. Rehabilitation Services

With the aim of integrating persons with disabilities into society and helping them to develop their capabilities fully, government departments and NGOs provide a variety of rehabilitation services to meet their different needs. These services are coordinated by the Commissioner for Rehabilitation on the advice of the RAC.

Services for Children with Disabilities

The services include the integrated programmes of ordinary kindergarten-cum-child care centres, special child care centres, including residential care, and early education and training centres for children with disabilities before they enter school. In addition, small group homes are also provided for mildly mentally handicapped children who cannot be adequately cared for by their families.

Services for Adults with Disabilities

Persons with disabilities are provided with employment support to work in open settings with support and assistance. Those not yet ready to compete for jobs in the open market are accommodated in sheltered workshops.

Besides this, integrated vocational training centres and integrated vocational rehabilitation service centres have been created to provide a range of integrated vocational training and rehabilitation services. The Marketing Consultancy Office (Rehabilitation) assisted the vocational rehabilitation services units to develop their marketing and business strategies and employment-aided services.

Day activity centres aim to teach the mentally handicapped persons how to live more independently. The training and activity centres are also set up to help former mental patients adjust to normal daily life.

Hostels and care homes for persons with disabilities are provided for those who are unable to live independently in the community, or whose families cannot care for them adequately. Elderly blind persons are served in care-and-attention homes. For former mental patients and discharged chronic mental patients, there are halfway houses and long-stay care homes.

Professional Back-up and Support Services

Back-up services provided by clinical psychologists, occupational therapists and physiotherapists are available to persons with disabilities in rehabilitation day centres and hostels. A speech therapy service is also available to children attending pre-school rehabilitation centres.

Other support services include home-based training and support services for persons with mental handicaps or physical disabilities, community rehabilitation day services for discharged patients with mental, neurological or physical impairment, community mental health care services and after-care services for those discharged from halfway houses, and rehabilitation services for persons with visceral disability or chronic illnesses.

Residential respite services for adults with disabilities, occasional childcare services for pre-schoolers with disabilities and parents/relatives resource centres are also available. In addition, there are social clubs for ex-mentally ill persons and social and recreational centres for persons with other disabilities to encourage them to participate in community leisure activities.

4. Medical Social Services

Medical social workers are stationed in public hospitals and some specialist clinics to help patients and their families with psychosocial problems. Such patients are given counselling, financial and other tangible assistance, as well as referrals to rehabilitation and support services to help them recover and reintegrate into society.

5. Services for Offenders

Under related ordinances, the SWD discharges statutory functions and provides community-based and residential services to help people who have committed crimes to reintegrate into the community and become law-abiding citizens.

Probation officers assess and report to the courts on ex-offenders' suitability for Probation Orders, and continue to supervise them while they are under those orders. The officers also prepare reports on long-term prisoners and petitioners for consideration of early release.

The Young Offender Assessment Panel, jointly run by the Correctional Services Department (CSD) and the SWD, provides the courts with professional views on sentencing options for offenders aged between 14 and 24. The Post-Release Supervision of Prisoners Scheme, another joint service of the SWD and the CSD, assists discharged prisoners during their rehabilitation and reintegration into the community.

6. Services for Young People

The overall aim of welfare services for young people is to help those aged between 6 and 24 to become mature, responsible and contributing members of society. A range of preventive, supportive and remedial services is provided by NGOs to help bring this about.

The services include the Integrated Children and Youth Services Centres (ICYSCs) providing children and youth centre services, outreach social work services and school social work services under one management to address the changing needs of young people in an integrated and holistic manner. The ICYSCs also provide what is called 'overnight outreaching service' to help young night drifters get back on the right track. With funds from the Hong Kong Jockey Club Charities Trust and the Lotteries Fund, five ICYSCs were able to modernise their premises with trendy furniture and equipment that better caters to the needs of today's young people in the last batch of modernisation programmes.

Each secondary school is provided with a school social worker to help students with academic, social and emotional problems and to maximise their educational

opportunities. District Youth Outreaching Social Work Teams provide services to high-risk youths and deal with juvenile gang issues.

The Community Support Services Scheme (CSSS) assists young people who have broken the law or are under the Police Superintendent's Discretion Scheme to avoid breaking the law again. The Family Conference Scheme, jointly run by the SWD and the Hong Kong Police Force, assists juveniles cautioned under the Police Superintendent's Discretion Scheme for the second time or who are in need of the services of three or more parties. Social workers, police officers, teachers and the parents of these young people work together to decide on which treatment is best for them.

The SWD adopts different approaches to providing drug treatment and rehabilitation services for young drug abusers. The services include subvented voluntary Drug Treatment and Rehabilitation Centres (DTRCs)/halfway houses, counselling centres for psychotropic substance abusers and social clubs for ex-drug abusers.

7. Clinical Psychological Services

Working under the SWD and NGOs, the clinical psychologists provide a range of services to welfare units handling family casework, rehabilitation and correctional matters. The services include psychological assessment, treatment, consultation, staff training and public education.

11.4 Social Security

(A) Concept of social security

What happens 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 individuals during these tough times in their life.

Social security is a form of social protection. It primarily aims at reducing vulnerability and managing the risk of people, households and communities with low incomes by offering fundamental necessities of life and social assistance. This is a form of safety net that provides individuals with a degree of income security when faced with contingencies of old age, incapacity, disability, unemployment and child-rearing (International Social Security Association). Therefore, people will know that their standard of living is not threatened by any socially or economically unfavorable circumstance.

Social security in a broader sense can be understood as a communal or societal pooling of resources for sharing and mutual help. One example is the financial aid we might receive from family, a kinship network or neighbours. However, as mentioned above, the weakening of communal spirit and the break-down of community bonds have handicapped the functioning of the community in providing care and support to individuals.

In all, social security can be understood at two levels:

Individual level, it refers to:

- ❖ Income protection in times of uncertainty (e.g. illness, unemployment, maternity, ...etc.) and helping to alleviate individual suffering;
- ❖ Distribution of resources over one's lifetime for future possible risks.

Society level, it refers to:

- ❖ Communal/societal pooling of resources for sharing of risk, mutual help in modern industrial society;
- ❖ Social stabilisation for economic production;
- ❖ Egalitarian income redistribution.

(B) Different Social Security Programmes

Social security programs can be categorised into (1) contributory and (2) 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.

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)

- It aims to protect individuals from illness, disability, pregnancy, retirement, unemployment etc;
- It is non-means-tested (no eligibility criteria);
- It is based on the social / collective responsibility for individuals.

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).

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.

2. Non-contributory Programmes

Assistance provided under non-contributory programmes may be subject to the means and needs of the recipients (means-tested), or a universal rate can be applied.

Public assistance (PA)

- It aims at the maintenance of a basic living standard (poverty line);
- It is means-tested with eligibility criteria.

Universal subsidy (US)

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

In Hong Kong, Old Age Allowance is provided to all those aged 70 or above, irrespective of being rich or poor. Disability Allowance has to be certified by medical practitioners.

(C) Social Security in Hong Kong

1. Social Security Provided by the Social Welfare Department

The financially vulnerable would suffer extreme hardship without the government's social security support. A single parent with young children to look after, or the temporarily unemployed may need short-term help. Therefore, the overall objective of social security in Hong Kong is to provide for the basic and special needs of the members of the community who are in need of financial or material assistance (Social Welfare Department, 2009).

The above objective is achieved through a non-contributory social security system administered by the Department. It comprises the Comprehensive Social Security Assistance (CSSA) Scheme, the Social Security Allowance (SSA) Scheme, the Criminal and Law Enforcement Injuries Compensation Scheme, the Traffic Accident Victims Assistance Scheme and Emergency Relief.

Comprehensive Social Security Assistance (CSSA) Scheme

The CSSA Scheme provides a safety net for those who cannot support themselves financially. It is designed to bring their income up to a prescribed level to meet their basic needs. The CSSA Scheme is non-contributory but means-tested. The scheme provides cash assistance to people suffering from financial hardship to enable them to meet basic needs. Elderly people who have received CSSA continuously for at least one year are allowed under the Portable CSSA Scheme to continue receiving assistance in Guangdong or Fujian if they choose to retire there.

Social Security Allowance (SSA) Scheme

The objective of the SSA Scheme is to provide a monthly allowance to Hong Kong residents who are severely disabled or who are 65 years of age or above to meet special needs arising from disability or old age.

The Scheme includes Normal Disability Allowance, Higher Disability Allowance, Normal Old Age Allowance and Higher Old Age Allowance. Except for Normal Old Age Allowance, the allowances paid under the scheme are non-means-tested.

Criminal and Law Enforcement Injuries Compensation (CLEIC) Scheme

The scheme aims to provide financial awards to persons (or to their dependants in cases of death) who are injured as a result of a crime of violence, or by a law enforcement officer using a weapon in the execution of his duty. It is non-contributory and non-means-tested.

Traffic Accident Victims Assistance (TAVA) Scheme




The scheme aims to provide speedy financial assistance to road traffic accident victims (or to their dependants in cases of death). It is non-means tested, and does not take into account the element of fault leading to the occurrence of the accident. Payments are made for personal injuries, while loss of or damage to property is not covered.

Emergency Relief

Emergency relief in the form of meals or cash-in-lieu of meals and other necessities is given to victims of natural and other disasters. Grants from the Emergency Relief Fund are paid to eligible victims or to their dependants in cases of death.

2. Income Security for the Retired

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 report: *'Averting the Old-Age Crisis: Policies to Protect the Old and Promote Growth'* 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:

-  A publicly managed system with mandatory participation and the limited goal of reducing poverty among the old;
-  A privately managed, mandatory savings system; and
-  Voluntary savings.

The Mandatory Provident Fund System in Hong Kong is built on the second pillar. In 1995, Hong Kong took a major step in enacting the Mandatory Provident Fund Schemes Ordinance (MPFSO) to provide a formal system of retirement protection. 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 September 1998 to regulate, supervise and monitor the operation of the MPF System. The MPF System came into operation on December 1, 2000.

However, since MPF is an occupational insurance, the protection is only applied to the full-time 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, people with disabilities, self-employed people and workers earning lower than the median wage.

(D) The Changes in the Policies of Social Welfare and Social Security

Year	Policy Paper/ Related Report	Development in Social Welfare	Development in Social Security
1962			Emergency Relief Fund Scheme (since 1962) (formerly known as the Community Relief Trust Fund) provided immediate relief in both cash and material aid to disaster victims.
1965	White Paper: Aims and Policy for Social Welfare in Hong Kong	Based on government revenue, limited funding was reserved for social welfare.	Social Security was understood in a conservative way. Complying with the Chinese tradition, poverty, illness and disasters were regarded as personal troubles that could be resolved by families.
1966	Report on the Feasibility of a survey looking into Social Welfare Provision and Allied Topics in Hong Kong	Professor Gertrude Williams of University of London was invited to be the advisor to study the social welfare provision in Hong Kong.	She believed that the extended family in Hong Kong no longer functioned well. The traditional family functions such as care for the young, the old, the handicapped and the unemployed were weakened. She proposed to establish a social insurance scheme to deal with the crisis of illness and death in the short term and problems of ageing in the long term.

Year	Policy Paper/ Related Report	Development in Social Welfare	Development in Social Security
1967	Report by the Inter-departmental Working Party to Consider Certain Aspects of Social Security		<p>The report put forward the principle of social insurance and recommended to gradually establish a comprehensive social insurance system covering illness and medical care for the protection of the aged, widows and orphans, work injury, maternity and unemployment. It also suggested that Hong Kong should take immediate steps in preparing for the aging population in the future. The longer the delay, the greater the cost in the future.</p>
1971			<p>Means-tested "public assistance" was introduced to protect the elderly, no income or low income individuals and families by providing cash assistance. Before that, only some voluntary agencies provided limited cash assistance to the poor and the assistance from government was mainly in material support. After the reform, public assistance was rendered in the form of cash with the amount adjusted in line with price changes to ensure that the living standard of the recipients would not decline due to inflation.</p>

Year	Policy Paper/ Related Report	Development in Social Welfare	Development in Social Security
1973	White Paper: Social Welfare in Hong Kong – the Way Ahead	<p>The Government announced the Ten-year Housing Programme for the development of public housing. The Housing Authority was formed.</p> <p>A large scale five-year plan of social welfare programme was proposed to develop a system of consultation, training and financing of the voluntary agencies.</p>	<p>The scheme of disability and infirmity allowances (later renamed as Special Need Allowances) and the Criminal and Law Enforcement Injuries Compensation (CLEIC) Scheme were established for residents who are severely disabled or who are 65 years of age or above.</p> <p>The allowances paid under the scheme were non-means-tested and not counted as income in the means-test of public assistance.</p>
1974		The plan for future development of medical and health services was announced.	
1977	White Paper: Integrating the Disabled into the Community : a United Effort	It was proposed to increase the services and care workers for the disabled from 1977 to 1986.	
	Green Paper: “Services for the Elderly”	It suggested more services for the elderly and building of recreational centres for the elderly.	The importance of public assistance in improving elderly service was emphasised. The old age allowance increased and the medical, housing and home help services for the elderly expanded.

Year	Policy Paper/ Related Report	Development in Social Welfare	Development in Social Security
1977	Green Paper: Help for Those Least Able To Help Themselves		<p>Extended the scheme of Public Assistance to cover able-bodied aged between 15 and 55 in April.</p> <p>The old age allowance and disability allowance also increased with the introduction of elderly and long-term supplements. It was also suggested to set up a centrally organised half-voluntary social insurance for illness and death, being contributed by the employers and employees in 2%.</p>
	Program Plan on Personal Social Work Among Young People	It started the outreaching social work, school social work and family life education.	
1978		The Housing Authority launched the Home Ownership Scheme to help families of low-middle income to buy their own flats in an affordable price.	From October, 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.

Year	Policy Paper/ Related Report	Development in Social Welfare	Development in Social Security
1979	White Paper: Social Welfare into the 1980's	It was suggested to increase places in the aged and nursing homes by 3,000 and the number of elderly hostels by 5,000. At the same time, the elderly service was also developed by providing various community services. The scope of youth counselling service was also extended to school social work and family life education.	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.
1981	White Paper: Primary Education and Pre-Primary Services	Nursery was set up in the community centres to take care of the children from low income family. Besides, the school social work was extended to primary schools and supported the development of youth organisations.	
1982			It became mandatory for employers to provide occupational insurance for diseases and injuries.
1985	Scott Report	Hospital Authority was established to introduce a series of policies on cost recovering and out-of-pocket payment.	
1987	The first Long Term Housing Policy	The strategy was amended from public rental housing to assisted home purchase flats.	

Year	Policy Paper/ Related Report	Development in Social Welfare	Development in Social Security
1991	White Paper: Social Welfare into the 1990s and Beyond		The importance of the protection for retirement was recognised and it was agreed that the elderly should be provided with financial support.
1993			The Comprehensive Social Security Assistance Scheme and Social Security Allowance Scheme was introduced to replace the Public Assistance Scheme and Special Needs Allowance Scheme respectively.
1995	White Paper: Rehabilitation – Equal Opportunities and Full Participation: a Better Tomorrow for all	The first White Paper on rehabilitation.	Enactment of the Mandatory Provident Fund Schemes Ordinance (Cap.485) (MPFSO) upon the release of a consultancy report on MPF by a government-appointed consulting firm.
1997		Social Workers Registration Board was established. It is a statutory and regulatory system to monitor the quality of social workers and ultimately protect the interests of service users and the general public.	

Year	Policy Paper/ Related Report	Development in Social Welfare	Development in Social Security
1999		The Government outsourced social services through open tenders.	Support for Self-reliance (SFS) Scheme was implemented under the Social Security scheme.
2000		Implementation of Lump Sum Grant system.	
2001		<p>Community Investment and Inclusion Fund to develop social capital .</p> <p>Establishment of Women Commission.</p> <p>'Enhanced Home and Community Care Services was set up and the residential care services started to be contracted out.</p> <p>SWD launched "3E's Project" to provide funding support to NGOs to set up small business for the creation of employment opportunities.</p>	
2002		The community-based support project was launched for persons with disabilities and their families and expanded Home-based Training and Support Service.	SWD set up the Emergency Relief Support Unit following the closure of the Kowloon Kitchen.
2003		<p>During SARS, the social welfare and health sectors collaborated to combat the communicable disease.</p> <p>Every aged home for the elderly designated an Infection Control Officer.</p>	SWD commissioned NGOs to operate the Intensive Employment Assistance Projects

Year	Policy Paper/ Related Report	Development in Social Welfare	Development in Social Security
2004		<p>Integrated Vocational Rehabilitation Services Centres were established to provide persons with disabilities with a range of vocational rehabilitation services.</p>	
2005		<p>In elderly service, the subvented self-care hostels and homes for the aged places were converted into long-term care places.</p> <hr/> <p>Integrated family services centres (IFSC) were set up to provide preventive, support and remedial services. The IFSCs were run by SWD and NGOs.</p> <hr/> <p>Commission on Poverty was established.</p> <hr/> <p>SWD launched Partnership Fund for the Disadvantaged to encourage the collaboration of commercial and welfare sectors in providing social services.</p>	

Year	Policy Paper/ Related Report	Development in Social Welfare	Development in Social Security
2006			<p>SWD launched the New Dawn Project to help CSSA single parents and child carers with the youngest child aged 12 to 14 to integrate into the community and move towards self-reliance.</p> <hr/> <p>NGOs were commissioned to operate two 'Special Training and Enhancement Programmes' to help the long-term unemployed able-bodied CSSA recipients aged between 15 and 24 to secure employment.</p>
2007		Child Development Fund was established.	
2008		SWD launched a five-year 'Home Environment Improvement Scheme for the Elderly'.	NGOs were commissioned to operate the Integrated Employment Assistance Scheme to help the unemployed able-bodied CSSA recipients secure employment and move towards self-reliance.

11.5 Welfare Systems in Different Countries

(A) Welfare States in Western and Northern Europe

Western and Northern European countries were the earliest countries to develop their social security system. They are typical welfare states to protect their citizens across their entire lifespan. Immediately after World War II, the United Kingdom announced a series of legislative measures on social security from the cradle to the grave, claiming itself as a welfare state. France and Germany followed by improving and expanding their legislation on social security measures and became the 'display windows' of the welfare states.

1. United Kingdom

One of the important features of the social security in the United Kingdom (UK) is the concept of universal and comprehensive protection. A UK resident, even living 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.

Benefits are divided into four groups. The following are some examples of the allowances in each group which are different from the provisions in Hong Kong:

Group	Examples of Allowances	
People of working age	Jobseeker's Allowance	For people who are out of work or work less than 16 hours a week on average.
People who have retired or are planning to retire	Winter Fuel Payment	For people aged 60 or over to pay for keeping warm in winter.
Families and children	Child Benefit	A tax-free payment. Usually paid every four weeks but in some cases can be paid weekly. Separate rates for each child.




Group	Examples of Allowances	
Disabled people and carers	Disabled Students' Allowances	<p>Provide extra financial help if the students have a disability or specific learning difficulty like dyslexia.</p> <hr/> <p>Pay for:</p> <ul style="list-style-type: none"> ✧ specialist equipment needed for studying such as computer software. ✧ a non-medical helper, such as a note-taker or reader. ✧ extra travel costs because of disability.

(Reference: Department for Work and Pension : <http://www.dwp.gov.uk>)

2. 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, 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, means-tested benefits, as well as income-related benefits.

-  Universal benefits are paid to everyone at the same rate and include 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.

The following are some examples of protection in the social insurance in Sweden:

Group	Insurance	Coverage
Families with children	Parental benefit	<p>Payable for a total of 480 days:</p> <ul style="list-style-type: none"> ✧ For 390 days the benefit paid is equivalent to the parent's income qualifying for sickness benefits (80 per cent of income up to the income ceiling). ✧ Parental benefit can also be paid for a further 90 days on the lowest benefit level.
	Child allowance	<p>Paid for all children up to the age of 16.</p> <p>A supplementary allowance for additional children is paid to families with two or more children.</p>
Sick and disabled	Sickness compensation and activity compensation	<p>Provides compensation for sickness that reduces work capacity by at least one quarter.</p> <p>The employer pays sick pay during the first 14-day period (sick pay period). No compensation at all is paid on the first day (the waiting period).</p> <p>After the first 14 days, sickness benefit is paid by the Swedish Social Insurance Agency.</p>
Public Pension System	Guarantee pension	<p>Anyone who has not earned an adequate pension is guaranteed a top-up guarantee pension. This compensation is financed via the central government budget.</p>
	Housing supplement for pensioners	<p>Provided to pensioners with low pensions.</p>

(Reference: Social insurance in Sweden
<http://www.sweden.se/eng/Home/Work-live/Society-welfare/Facts/Social-insurance-in-Sweden>)

(B) Liberalism and Market-Oriented Countries

The social security system in the United States (USA) is different from those in Western and Northern Europe, as well as those in Canada. The funding 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 also. 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. U.S. Social Security is a social insurance program funded through dedicated payroll taxes called the Federal Insurance Contributions Act (FICA). Tax deposits are formally entrusted to the

- ❖ Federal Old-Age and Survivors Insurance Trust Fund
- ❖ Federal Disability Insurance Trust Fund
- ❖ Federal Hospital Insurance Trust Fund
- ❖ Federal Supplementary Medical Insurance Trust Fund

The provisions of social security in USA include:

	Measure	Target	Coverage
Retirement Benefits	Primary Insurance Amount (PIA)	Retired workers- the earliest age at which benefits are payable is 62. Full retirement benefits depend on a retiree's year of birth.	The average of the highest 35 years of the worker's covered earnings.
	Spouse's retirement benefit	Spouses are eligible if the marriage lasts for at least 10 years.	Half the PIA of the worker.

	Measure	Target	Coverage
Retirement Benefits	Widow's benefits	<p>If a worker covered by Social Security dies, a surviving spouse can receive survivors' benefits.</p> <hr/> <p>The earliest age for a nondisabled widow(er)'s benefit is age 60.</p>	The benefit is equal to the worker's full retirement benefit for spouses who are at, or older than, normal retirement age.
	Children's benefits	Children of a retired, disabled or deceased worker receive benefits as a "dependent" or "survivor" if they are under the age of 18, or between 18 and 19 and have not yet graduated from high school, or are over the age of 18 and were disabled before the age of 22.	
Employment	Unemployment benefits	Given only to those registering as unemployed, and often on conditions ensuring that they seek work and do not currently have a job.	6-9 months in general but may be extended according to different situations of the states.
Temporary Assistance for Needy Families		Providing cash assistance to indigent American families with dependent children.	Provides temporary financial assistance while aiming to get people off of that assistance, primarily through employment.

	Measure	Target	Coverage
Disability	Disability benefits	<p>A worker who</p> <ul style="list-style-type: none"> ✧ has worked long enough and recently enough. ✧ must be unable to continue in his or her previous job and unable to adjust to other work, with age, education, and work experience taken into account; furthermore, the disability must be long-term, lasting 12 months. 	These benefits start after five full calendar months of disability, regardless of his or her age.
	Supplemental Security Income (or SSI)	<p>Not based upon insurance coverage.</p> <p>A system of means-testing is used to determine whether the claimants' income and net worth fall below certain income and asset thresholds.</p>	
Medical Assistance	Medicare	Providing health insurance coverage to people who are aged 65 and over, or who meet other special criteria.	
	Medicaid	A means-tested programme for eligible individuals and families with low incomes and resources.	
	State Children's Health Insurance Program (SCHIP)	Uninsured children in families with incomes that are modest but too high to qualify for Medicaid.	

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 favour 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 exempted. The income from the non-labour work such as dividends, interests and rent are all exempted. 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) Universal Protection or Safety Net Only

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

“Welfare is a human right for every citizen”.

The two different statements above represent different views of classic social welfare models.

1. Residual Welfare 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. Meanwhile, the assistance should not exceed the basic standard of living. The recipients should pass through mean-tested and rigorous screening for their eligibility.

2. Institutional Welfare Model

Social welfare is an integrated institution in the society and the government is the major provider of welfare. Social services are provided on a universal basis outside the market and based on individual needs. Social services should be institutionalised to meet basic human needs.

	Residual	Institutional
Nature	Charity, assistance	Citizen's right
Basis of provision	Selective (e.g. means test, eligibility)	Universal entitlement
Social stigma	May carry stigma	No stigma
Ideology	Free market, individual responsibility	Collectivist, state responsibility

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 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.

Industrialisation and modernisation brought great changes to the above situation. As discussed in Booklet (7), due to the decreasing capacity for individuals and families to bear the risks and solve problems in modern life, government intervention through welfare programmes are needed. The Great Depression from 1929 to 1933 encouraged many western countries to choose the path of becoming a welfare state and provided the poor with social services from the cradle to the grave.

After World War II, many European countries started to provide their citizens with universal or some particular kinds of social services. The social welfare system in Sweden was comparatively comprehensive. The welfare included maternity leave for both prospective fathers and mothers, allowances for sick leave, insurance for unemployment and pensions, as well as free education. The wide range of coverage provided protection across the entire lifespan of the people.

The oil crisis in the 1970s brought a slow down in economic development. Western countries found that the cost of providing welfare was rather high. The critiques to welfare states increased. Some people accused welfare states of fostering a culture of dependency, and that social welfare could only have limited contribution to economic development. At that time, although the economy and social welfare of USA were not as good as those in the Netherlands; its income per capita was higher than almost all welfare states.

In addition, it was widely questioned: who was responsible for social welfare? Was it the only choice for the government to take up all the responsibility of welfare provision? What kind of welfare system could better meet the needs of the society? The conclusions were different due to different social cultures, environments, conditions and politics. In general, a majority of people agreed that besides government, there should be the participation of the community. The social care services should be provided by different sources such as states, family, commercial or voluntary agencies.

Some academics regard that the welfare model in Hong Kong is neither residual nor institutional. It is difficult to classify. Social welfare has been jointly provided by the government, voluntary agencies, families, charity organisations and business companies. Among them, the government plays the vital roles in policy making, providing resources and monitoring services. Meanwhile, the dependency of non-governmental organisations on government funding has increased. Except for the welfare organisations which are relatively financially independent, all the other non-governmental organisations comply with the government's welfare policy. Social welfare is greatly controlled and dominated by the government.

Some scholars suggested that the two white papers on social welfare issued in the 1970s and emphasising 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. Yet, the government's responsibility is still limited to the assurance of a basic living standard, rather than reallocation of social resources.

Being affected by the ideology of a welfare state, some people advocate a welfare system of universal provision in Hong Kong to redistribute the social resources and alleviate the income gap. The advantages of the universal provisions are on the redistribution of resources and having no mean-test for those who need the services. However, some people reject the idea in view of the heavy cost of the social expenditure in the welfare states, resulting in a deficit in their budget, a shrinking of productivity and a soaring unemployment rate.

(B) Privatisation

In response to the increasing needs of the community, the social welfare expenditure is also increasing. The recurrent government expenditure on social welfare increased from 4.15 billion in 1989-1990 to 29 billion in 1999-2000 (7 times). The proportion in the total recurrent government expenditure also increased from 8.46% to 16.2% (1.9 times). Since 1991-1992, the increase in welfare expenditure has been greater than the increase of the total recurrent government expenditure. In the government expenditure in 2009-2010, the expenditure on social welfare was 17.2% of the total governmental expenditure.

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, as well as encourage enterprises and business organisations to provide services through contracting. The government is no longer the sole provider of social welfare. The responsibility of welfare provision has shifted from government departments to non-governmental bodies, jointly shared by the private market, welfare organisations in the community, families and individuals.

Privatisation may refer to the transfer of ownership or management of the services from the public sector to the private sector. It can be realised by:

Forms of Privatisation		Examples
Securitisation	The idea is that the government sells only future cash flows without selling the asset.	The Government of Hong Kong sells or securitises assets including five tunnels and the Lantau Link which represent key infrastructure links in Hong Kong.
Contracting Out	The government contracts private firms to manage public programmes, provide services, or conduct public projects using public funds.	This is common in the cleaning service of the Food and Environmental Hygiene Department and the security service of the Housing Department. The old aged homes subvented by the government have been gradually contracted out to be owned and managed by the private sector.

Forms of Privatization		Examples
Trading Fund	<p>This is a financial and accounting framework established by law to enable a department, or part of a department, to adopt certain accounting and management practices common in the private sector.</p> <hr/> <p>It is self-financing and does not need to seek annual funding from the Legislative Council to finance its operations.</p>	<p>The Post Office Trading Fund was established in 1995. Although there are non-civil service managers with commercial sector experience, the staff are still mainly civil servants.</p>
Corporatisation	<p>Corporatisation does not involve the sale of public assets. It refers to the transformation of state assets or agencies into state-owned corporations in order to introduce corporate management techniques to their administration.</p>	<p>In Hong Kong, the Mass Transit Railway Corporation Limited (MTRCL,) operates the mass transit railway system. The government maintains a majority stake in the MTRCL.</p>



Relationship between Government and Non-governmental Organisations

Under the privatisation of the social services, the relationship between the government and non-governmental organisations (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.

❖ Pro-Privatisation

In general, the arguments for privatisation of an industry are as follows:

- ✎ Government run industries cost more because they have larger bureaucracies.
- ✎ Government run industries leave people with little choice in the market place.
- ✎ Privatising an industry fosters competition in the market place, which transfers to lower prices and greater choice for the consumer.
- ✎ Governments should not be in the business of controlling industries or services since this gives them too much control over the people.

❖ Against Privatisation

Arguments against privatisation include the following:

- ✎ A privatised industry is most concerned with profit, so while initial benefits to the consumer may occur, the industry may not be induced to keep prices low unless government controls are exerted.
- ✎ The competition fostered in privatized industries may result in dirty or unsavory business practices.
- ✎ Privatisation may limit access to certain industries for people who cannot afford them.
- ✎ The public has little control over a private industry, and decisions in that industry may adversely affect those in the public sector.

(C) Lump Sum Grant Subvention

During 1970-1980, social welfare in Hong Kong was characterised by the features of central planning and development. Although the progress of the planning was relatively slow, it made the development of social welfare comprehensive and organised. For example, the social allowances had to be implemented based on the five year plan.

Under central planning and standardisation of services, 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. Due to the comprehensive plan and the clear standards, the agencies who were interested in providing services were able to plan with the information about the programmes and the related services, as well as the funding.

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. Even though the services were delivered in an integrated mode, some problems still existed.

During the period of funding based on the White Papers, the Government reimbursed subvented non-governmental organisations (NGOs) for the actual costs incurred in delivering social welfare services. This subvention system imposed tight controls on the staffing structure, levels of pay, staff qualifications, and individual items of expenditure for each type of social welfare service. This system was commented on as "inflexible, complex and bureaucratic," as cumbersome rules and procedures were in place to handle processes like vetting of staff qualifications and reimbursement of expenses. There was no incentive in the system to encourage more effective use of resources to achieve lower costs, better value for money or improved services to users, as NGOs were not allowed to deploy resources flexibly to improve cost effectiveness, nor were they allowed to keep the savings they attained.

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. 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.

Under the Lump Sum Grant System:

- ❖ NGOs are given greater autonomy and flexibility to deploy resources and re-engineer their services to meet changing social needs in a timely manner.
- ❖ Various measures can be taken to enable NGOs to make good use of the flexibility and operate more efficiently and deliver services in a more cost-effective manner.
- ❖ It provides NGOs with the flexibility needed for introducing initiatives which would improve their services.
- ❖ It increases accountability.

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.

The amount of the grant depends on the performance of the agencies. They have to take into account their income and expenditure. For example, a centre has to pay

cash or resources for borrowing resources from another centre. All costs need to be taken into account. All services have their own prices and charges, contributing to the phenomenon of 'money follows the patient/user'. In the Government's view, the purchase of services through the market helps to reveal the real cost of operation of the agency.

Regarding the operation of agencies, when the amount of the subsidy is capped, the managers of the agencies may reallocate their time from organising services and making contact with the clients to finding resources and funding for developing and maintaining the services. They may consider increasing the number and charges of the services through 'out-of-pocket-payment' or covering the cost.

The lump sum grant system has gradually shaped the clients of welfare agencies into customers. When the customers use the services, they will decide what to buy based on their affordability, not the professional judgement of the social workers and social work agencies. In this case, the service users are the ones who define their own needs and assistance will only be given to the people who are not able to afford the services. This is a targeting or refocusing approach to welfare provision.

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- 3** Physical Well-being – Healthy Body
- 4** Mental Well-being – Healthy Mind
- 5** Social Well-being – Inter-personal Relationship
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